



on Differential Response
in Child Protective Services



ISSUE BRIEF #3

Formal Public Child Welfare Responses to Screened-Out Reports of Alleged Maltreatment

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In 2008, the U.S. Children's Bureau awarded a grant to American Humane Association and its partners, Walter R. McDonald & Associates Inc. and the Institute of Applied Research, to operate the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). The QIC-DR focuses on advancements related to differential response, a CPS system reform that is being implemented in a growing number of States and countries and is described in more detail in this brief.¹ The QIC-DR's purpose is to (1) design and conduct an evaluation to rigorously study implementation, outcomes, and cost impact of differential response in selected research and demonstration sites; (2) learn if differential response is an effective approach in CPS; and (3) build cutting-edge, innovative, and replicable knowledge about differential response, including guidance on best practices.

The QIC-DR spent its first year (2008-2009) conducting a comprehensive needs assessment to identify knowledge gaps in the field of differential response to select research priorities and to construct a rigorous, multimethod evaluation design to support research on differential response. The QIC-DR used a variety of methods to collect information and diverse opinions, including a literature review; multidisciplinary summits; individual interviews of child welfare administrators, supervisors, line workers, attorneys, and judges; a web-based national survey; focus groups with a variety of stakeholders; and listening sessions to hear from families who experienced a non-investigation response. It collected information about the history of differential response and similar CPS system reforms; the strengths and challenges of developing, implementing, and sustaining these reforms; and the effects on children, families, child welfare professionals, and other stakeholders. All of these activities added to a rich knowledge base about differential response and other innovative CPS reforms.

1 For more comprehensive reports and information on differential response, please visit www.differentialresponseqic.org.

Purpose

The purpose of this issue brief is to provide readers with a national landscape of how State child welfare systems nationwide are responding to screened-out reports of alleged child abuse and neglect.

Introduction/Background

In 2005, American Humane Association launched a national initiative on differential response with the release of a double volume of its journal, *Protecting Children*, addressing the use of differential response with varying case characteristics; evaluative findings; community- and State-specific lessons surrounding implementation; and the practice, policy, and data implications of moving forward with integrating this approach in child protective services. In 2006, American Humane Association and the Child Welfare League of America jointly conducted a national study of differential response models and cited 8 core elements² of all models (Merkel-Holguin, Kaplan, & Kwak, 2006). In addition to identifying 8 core elements that define differential response systems, the authors detailed a number of innovations, including a formal response pathway for screened-out reports for families that do not meet the screened-in criteria for abuse, neglect, or dependency, but may nevertheless be in need of services or supports. In 2008, the U.S. Children's Bureau awarded a grant to American Humane Association and its partners, Walter R. McDonald & Associates Inc. and the Institute of Applied Research, to operate the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). One of the preeminent purposes of the QIC-DR is to build cutting-edge, innovative, and replicable knowledge about differential response, including guidance on best practices.

What has been demonstrated through research conducted to date is that differential response systems have the potential to offer a continuum of responses for families who come to the attention of the child welfare system due to particular situations or patterns of needs/challenges that range in severity from low to high threats of harm.

This continuum of responses allows for and can include opportunities for formal liaisons among prevention, early intervention, and tertiary prevention communities of practice.

In an effort to expand the knowledge base of relevant, innovative, and best practices related to how child protection systems respond to screened-out reports of child maltreatment, in spring 2011, the QIC-DR sponsored an electronic survey of the 50 States and the District of Columbia to explore the collaborative practices that currently exist between child protection agencies and the prevention/early intervention community. It is the intent of this issue brief to describe the survey results and, in so doing, detail the national landscape of innovative strategies States are using with families that are the subject of referrals/reports of alleged maltreatment that are made to the child welfare agency and "screened out," or not accepted for assessment or investigation.³

Methodology

The findings of the 2006 "National Study on Differential Response in Child Welfare" (Merkel-Holguin, Kaplan, & Kwak, 2006) and the 2009 "Online Survey of State Differential Response Policies and Practices" (QIC-DR, 2009) provided initial information from States regarding a variety of innovative assessment approaches. This information included States' use of formal pathways to refer families that did not meet the statutory threshold that warrants involvement by the child protection agency. These surveys, along with the apparent expansion of differential response, piqued the interest of the QIC-DR on how differential response systems were or were not addressing screened-out reports.

Therefore, the QIC-DR developed a survey of the 50 States and the District of Columbia on their formal responses to screened-out child maltreatment reports/referrals. All activities associated with this effort were collaborative with the QIC-DR federal project officers and their review/input, and approval of process and product occurred throughout this endeavor.

2 These 8 core elements include: (1) Use of two or more discrete responses to reports of alleged maltreatment that are screened in and accepted; (2) Assignment to response pathway is determined by established factors/criteria; (3) Original response assignment can be changed as warranted; (4) Families that qualify for the non-investigatory response may accept or refuse to participate in it if they prefer to receive a traditional investigatory response; (5) Establishment of discrete responses is codified in statute, policy, and/or protocols; (6) Following assessment, services are voluntary for families that receive a non-investigatory response as long as child safety is not compromised; (7) No substantiation or finding of maltreatment occurs with the non-investigatory response, and the terminology of child victim and alleged perpetrator is not used; and (8) Use of central registry is limited to the traditional investigatory response.

3 According to the "Child Maltreatment 2009" report, a referral may be either screened in or screened out. The reasons behind the determination to screen out a referral may include one or more of the following: the allegation did not meet the state's intake standard; the allegation did not concern child abuse and neglect; the allegation did not contain enough information to enable a CPS response to occur; the children in the referral were the responsibility of another agency or jurisdiction (e.g., a military installation or a tribe); or the alleged victim was older than 18 years.

In April 2011, 102 State public child welfare administrators and Community-Based Child Abuse Prevention (CBCAP) lead agency contacts⁴ were sent an email that described the purpose of the survey, a request for a survey response by a specified date, and a link through which they could access and respond to a web-based survey.⁵ SurveyMonkey was the free online software used to administer the survey. In order to be as comprehensive as possible in the pursuit of this information, the decision was made to survey both the CBCAP State leads and the individuals with primary responsibility for the State's child welfare system.

QIC-DR project staff monitored the web-based survey responses. Review of the information provided by respondents indicated the need for additional follow-up by project staff in a number of cases where: (1) responses were incomplete (i.e., respondent did not answer all of the survey questions); (2) responses were provided, but did not answer the question(s) asked in the survey; and (3) the survey was not completed by the identified respondent. Project staff were diligent about obtaining accurate, comprehensive information from as many of the potential respondents as feasible and made multiple attempts to gather accurate information from all States queried. Summaries of each of the State's responses, in addition to aggregate findings, were prepared by the QIC-DR staff and submitted to respondents for their approval of the content — with or without amendments — and consent to publish.

Limitations

It is important to note that there was confusion on the part of some survey respondents about what was meant by “formal, established responses to screened-out reports of alleged child abuse and neglect.” Many respondents thought the inquiry was about their differential or alternative response system. Clarification was provided to these respondents by project staff by phone, email, or both. In addition, there were instances in which the two respondents of a single State provided conflicting information about the State's formal response to screened-out reports. Resolution of these situations was done on a case-by-case basis and sent for approval to both contacts. In addition, even with great efforts to identify the “correct” individuals to direct the survey to, there were instances in which project staff were informed that the email and

survey link were directed to the wrong party. Finally, the decision was made to limit the inquiry to States only and not to query local jurisdictions or counties. Given that the beginnings of innovation often occur at the local level, particularly in county-administered States, it is quite possible that there are gaps in the information captured given that the questionnaire was directed only to State-level personnel.

Findings⁶

Of the 102 potential respondents who were sent an invitation to complete the survey, 49 respondents (48%) completed the survey, 13 respondents (13%) chose to defer to the information provided by the other respondent from their State, and 40 potential respondents (39%) did not provide a response to the survey. Given these responses, project staff were able to collect information on the formal response to screened-out reports in all but 7 States.

As described in the Methodology section of this issue brief, each respondent was asked to approve a summary from the project staff regarding the presence or absence of a formal response to screened-out reports of child maltreatment in their State. Information from States that approved the publication of their survey responses is included in the Findings and Discussion sections of this report. Therefore, the map on the following page (Figure 1) indicates the type of formal responses to screened-out reports of child maltreatment that were described in the survey and approved for publication.

While the findings and discussion of this issue brief will focus almost exclusively on exploring the practice approaches in the States that do have some type of formal response to screened-out reports of child maltreatment (implemented either uniformly Statewide or in selected jurisdictions), Appendix B includes information provided by some of the respondents about the development of child welfare practice in their State despite their indication that they do not have a formal response to screened-out reports.

4 Appendix A contains a list of survey respondents who approved the release of their contact information in this issue brief.

5 The survey included questions related to understanding current formal, established practice responses to screened-out child welfare reports, as well as exploration into interest by states without a formal response in establishing this type of preventive response in the future.

6 This information is current up to April 2011.

States With Statewide, Uniform Implementation of a Formal Response to Screened-Out Reports

As highlighted in Figure 1, 9 States (or 23% of responding States) have a Statewide formal response to screened-out reports of child maltreatment that is implemented uniformly across the State: Connecticut, Florida, Illinois, Indiana, Iowa, Kentucky, Missouri, Oklahoma, and Tennessee. Below is a descriptive summary of the formal response in each of these States, along with any applicable resources regarding a State's response.

Connecticut

In 2005, the State of Connecticut created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response is uniformly implemented throughout Connecticut by the Connecticut Department of Children and Families (DCF); the State is committed to maintaining an active response by the agency on all non-accepted reports regarding families with open protective service cases and/or reports involving congregate care situations. This response is established through agency practice guidance and/or protocols and is funded through State funds.

The hotline social worker and social work supervisor initiate this formal response only for selected screened-out reports that meet the criteria of a referral in which the family has an open protective service case with the agency and/or a referral involving a congregate care arrangement. All identifying information is relayed to the DCF social worker involved with the family (investigation or treatment).

Florida

In 2007, the State of Florida created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response is uniformly implemented throughout Florida by the Florida Department of Children and Families, in partnership with local community-based care agencies, in order to provide services to families that may be in need to prevent maltreatment. This response is established through agency policy and agency practice guidance and/or protocols and is funded through State funds. There are minimal Statewide guidelines regarding this formal response, as local jurisdictions and areas are given the flexibility for appropriate assessment and response.

Either the local child protective investigator or case manager initiates this formal response only for selected screened-out reports that meet the criteria of being a referral in which the family may be at risk or in need of

services, but no maltreatment has been determined at the time of the hotline call. The family is contacted by the agency staff member within 24 hours of receipt of the report, either by phone or face-to-face visit, depending on the information presented. The referral is housed in Florida's Statewide automated child welfare information system (SACWIS).

Illinois

In 1980, the State of Illinois created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, referred to as child welfare intake, is uniformly implemented throughout Illinois by the Illinois Department of Children and Family Services. Child welfare intake is established through agency policy and agency practice guidance and/or protocols and is funded through State funds.

The child welfare intake staff, who are all child welfare specialists or child protection service workers, initiate this formal response only for selected screened-out reports that do not meet the criteria for an assessment or investigation, but nevertheless present circumstances that may impede the family's function and/or create a risk to the overall functioning of the child (e.g., dependency, home management and life skills assistance, emotional support, routine/emergency medical care, mental health counseling, alcohol and other drug abuse (AODA) services, day care, parenting and parent/child conflict, and coordinating services between agencies). Child welfare intake referrals may only be taken from the subjects themselves, children who live within the residence, others residing in the subject's home, or a mandated reporter. Mandated reporters must have reason to believe that the family would welcome services, and the mandated reporter may not remain anonymous to make a referral, as he or she will be identified to the family as the source of the referral. Neighbors, friends, relatives, etc., cannot make a referral. Child welfare intake services are voluntary. Response times to child welfare intake service referrals vary Statewide. Callers can expect written, telephone, or in-person contact from a service provider within 5 business days.

Indiana

In 2006, the State of Indiana created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, referred to as Community Partners for Child Safety, is uniformly implemented throughout Indiana, established through agency practice guidance and/or protocols, and funded through Federal and State funds. Private agencies are contracted by the Department of Child Services to provide services for the Community Partners for Child Safety response.

Hotline staff initiate this formal response and provide referral information to the caller. If the caller is a family seeking assistance, a referral can be made for that family. The hotline staff (if the family is self-referring) or local office staff (if the family contacts one of the local offices) obtain permission from the family to share their contact information with the agency to which they are referring the family. The community agency then contacts the family. Alternatively, the program information can be given directly to the family and the family can make initial contact with the agency. The evaluator for the Community Partners for Child Safety response is Kristin Mena, Datatude, kcmena@datatudeinc.com.

Resource: Community Partners for Child Safety:
<http://www.in.gov/dcs/2455.htm>

Iowa

In 2007, the State of Iowa created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, referred to as Community Care, is uniformly implemented throughout Iowa by the Iowa Department of Human Services (DHS), in partnership with Mid Iowa Family Therapy Clinic Inc. Community Care began as part of the “Better Results for Kids” child welfare redesign, is established through State statute, agency policy, and agency practice guidance and/or protocols, and is funded through State funds.

The DHS worker initiates this formal response only for selected screened-out reports based on the following criteria: assessment of age and risk factors, no current open case, no current court case pending, family is open to services, alleged abuse did not take place in an out-of-home setting, family needs assistance to prevent future abuse, and the family needs support beyond current resources and services. The DHS worker provides a copy of the completed child abuse assessment report, which includes family risk-assessment information, to the contracted agency, Mid Iowa Family Therapy Clinic, Inc. The contracted agency contacts the family to provide support and services.

Resource: Title IV-B Child and Family Service Plan, Federal Fiscal Years 2010-2014 (June 2009): http://www.dhs.State.ia.us/docs/IA_2009_4BPLAN_FINAL.pdf

Kentucky

In 2001, the State of Kentucky created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency and do not meet agency criteria for a formal report. Kentucky’s differential response system has 4 tracks: (1) Family In Need of Services Assessment, (2) Investigation, (3) Law Enforcement, and (4) Resource Linkage. This fourth response track, the Resource Linkage track, was created as a way of consistently capturing reports that did not meet criteria, as well as documenting where a family may be linked. Resource Linkage is uniformly implemented throughout Kentucky by the Cabinet for Health and Family Services, and is established through agency policy and agency practice guidance and/or protocols.

Kentucky’s Cabinet for Health and Family Services has 9 Regional Centralized Intake Units that take calls, determine if the referral meets the required criteria, and if not, assess as to whether local resources exist to refer the family/caller to. If available, information on local resources is provided to the family or caller, and it is left up to the family/caller to pursue the recommended services if they so wish. For the most part, families/callers are referred to law enforcement, the court, or other community agencies.

Resources: Kentucky Cabinet for Health and Family Services Division of Protection and Permanency:
<http://chfs.ky.gov/dcb/dpp/>

Kentucky Department of Community-Based Services Standards of Practice Online Manual:
<http://manuals.sp.chfs.ky.gov/Pages/index.aspx>

Missouri

In 1995, the State of Missouri created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, referred to as non-child abuse/neglect referrals, is uniformly implemented throughout Missouri by the Department of Social Services Children’s Division and collaborative partners. Non-child abuse/neglect referrals began as a preventive measure, are established through agency policy and agency practice guidance and/or protocols, and are funded with State funds. One type of non-child abuse/neglect referrals — newborn crisis assessment referrals — is codified in State statute.

Staff at the Child Abuse Neglect Hotline Unit (centralized in Jefferson City, Missouri) take the calls through the hotline. A call is then referred to the county in which the child is reported to be residing for the next 24 hours. A local children’s service worker initiates this formal response only for selected screened-out reports that

involve a referral on an open case, a newborn crisis, a referral involving a child as the alleged perpetrator, or administrative referrals. The worker initiates contact with the reporter first.

Oklahoma

In 1995, the State of Oklahoma created a formal, established response to referrals/reports of alleged child maltreatment that are screened-out of Child Protective Services. This response, referred to as information and referral, is uniformly implemented throughout Oklahoma by the Department of Human Services. Information and referral is established through agency policy and agency practice guidance and/or protocols. The hotline worker or county staff taking the referral initiates the information and referral response only for selected screened-out reports where the family/caller asks for specific services or if the referral does not rise to the level of child abuse/neglect, but the family could benefit from a service. The staff member taking the referral informs the reporter of service options for the family. The family is responsible for initiating services. All CPS reports not assigned for assessment or investigation, including information and referral cases, are documented in the KIDS (Children's Information and Data System) system.

Resource: Oklahoma Department of Human Services Policy, 340:75-3-7, Screening Reports and Instruction to Staff: <http://www.okdhs.org/OKDHS/Templates/Policy.aspx?NRMODE=Published&NRNODEGUID=%7b62DFBCBA-9649-4206-8483-02FFFB7D9CDE%7d&NRORIGINALURL=%2flibrary%2fpolicy%2foac340%2f075%2f03%2f000700%2ehtm&NRCACHEHINT=NoModifyGuest#1>

Tennessee

In 2005, the State of Tennessee created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, referred to as resource linkage, was created due to State legislative priority as 1 of the 3 tracks for the multiple-response system. Resource linkage is uniformly implemented throughout Tennessee by the Department of Children's Services, and is established through State statute, agency policy, and agency practice guidance and/or protocols. It is funded by both federal and State funds.

Staff at Centralized Intake primarily initiate the resource linkage response only for selected screened-out reports that meet criteria based upon guidelines related to the needs of the family and child safety. Some referrals for resource linkage are also generated from frontline staff. Families are contacted by regional staff via letter, visit, or phone call to share information with the family about available resources to meet their needs.

The evaluation of resource linkage is being conducted by the Tennessee Center for Child Welfare (www.tccw.org), with Daryl Cansuthus serving as the lead evaluator (chansuth@mtsu.edu).

Resource: Department of Children's Services webpage: <http://www.tn.gov/youth/services/multresapproach.htm>

States With Selected Jurisdictions Implementing a Formal Response to Screened-Out Reports

As highlighted in Figure 1, 5 States (or 13% of responding States) have selected jurisdictions in the State implementing a formal response to screened-out reports of child maltreatment: California, Georgia, Minnesota, New Jersey, and Wisconsin. Below is a descriptive summary of the formal response in each of these States, along with any applicable resources regarding the State's response.

California

In 2004, the State of California created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This response, initially tested in 11 pilot counties, was voluntarily expanded to 44 of 58 California counties, as well as some regional implementation having a specific local focus on a target population (e.g., children age 0 to 5 years). California is one of only 13 States that have a county-administered, State-supervised child welfare system. Each of California's 58 county welfare departments is responsible for administering a vast array of child welfare services and programs to meet the immensely diverse needs of children and families in their local communities.

There are three paths in California's differential response approach. Based on information collected from the initial call/report, the intake or hotline social worker assigns the referral to 1 of 3 paths. The path that constitutes the formal, established response to referrals/reports of alleged maltreatment that are screened out of CPS is Path #1: Community Response. Community response is selected when a family is referred to Child Welfare Services for child maltreatment, but the hotline/pre-contact assessment indicates that the allegations do not meet statutory definitions of abuse or neglect. There are indications, however, that a family is experiencing problems that could be addressed by community services. In the current system, these families are often screened out and may or may not receive a referral to a community agency. In counties with differential response, these families are linked to services in the community through expanded partnerships with local community organizations and other county agencies. Per county agreements

with partner agencies, specific services may include engaging the family in an assessment of family needs and subsequent service delivery, as well as providing feedback to Child Welfare Services concerning family participation.

Resources: California Child Welfare Services Eleven-County Pilot Project Evaluation Final Report (March 2010): http://www.childsworld.ca.gov/res/pdf/CWS_Pilot_Eval_Report_Final2010.pdf

Differential Response Guidelines and Resources for Implementation (May 2010): http://www.childsworld.ca.gov/res/pdf/DR_Guidelines.pdf

Differential Response Fact Sheet:
<http://www.childsworld.ca.gov/res/FactSheets/DifferentialResponseFactSheet.pdf>

Georgia

The State of Georgia created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. This diversion or family support response is implemented in selected jurisdictions throughout Georgia, with State guidelines and oversight from the Georgia Department of Human Services' Division of Family and Children Services. The diversion or family support response was instituted to offer an alternative response to families when a CPS investigative or intervention response may not be appropriate or necessary to address family issues. Georgia's diversion or family support practices are ultimately determined at the local level, where county departments interpret broad State or regional guidelines.

Minnesota

In April 2005, the State of Minnesota created a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency called the Parent Support Outreach Program (PSOP). Currently being implemented in select jurisdictions throughout Minnesota, PSOP is a voluntary prevention and early intervention program focused on families that have children under the age of 10 and that have been reported for child maltreatment concerns, but screened out from a formal child protection response.

PSOP is a voluntary program for both the county provider and the family receiving outreach or being served. Families can also self-refer to PSOP or be referred by a community professional or TANF worker. Within PSOP, a Structured Decision Making (SDM) Family Strengths and Needs Assessment and a Child Well-Being Assessment are completed with the family.

Currently, PSOP is available in the following 30 of Minnesota's 87 counties: Anoka, Beltrami, Blue Earth, Carlton, Chisago, Clay, Cottonwood, Crow Wing, Dakota, Dodge, Houston, Marshall, Mille Lacs, Norman, Olmsted, Otter Tail, Polk, Pope, Ramsey, Roseau, Scott, Sherburne, Steele, Stevens, Waseca, Winona, Yellow Medicine, and the combined three county social services jurisdiction of Lincoln, Lyon, and Murray. Program supervision is through the child welfare/child protection supervisor in each of the identified counties. Services are either provided directly by the public child welfare agency or by a community provider through a contract for service. Funding for PSOP is partially supported by a State grant and partially from local county funding. Statewide implementation is considered desirable, but expansion funding has been unavailable due to a multi-year budget deficit.

The evaluation of PSOP can be viewed at the Institute of Applied Research website (see Resources below). Evaluation findings included lower subsequent reports of child maltreatment for families with significant poverty or substance abuse issues and receiving services addressing those issues. In addition, the greater the number of families served in PSOP, the greater the overall reduction of accepted child maltreatment reports during the time period of the evaluation. Since the development of PSOP in 2005, Minnesota has experienced an 8% reduction in accepted child maltreatment reports.

Resources: Minnesota Department of Human Services website: http://www.dhs.State.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=hs16_147684

American Humane Association's *Protecting Children* journal: Parent Support Outreach Program: Minnesota's Early Intervention Track (2008, pages 23-29): <http://www.americanhumane.org/assets/pdfs/children/protecting-children-journal/pc-23-1-2.pdf>

Institute of Applied Research's Evaluation of Parent Support Outreach Program (March 2009): <http://iarstl.org/papers/PSOPFinalReport.pdf>

New Jersey

In 2007, the State of New Jersey created a formal, established response to referrals/reports of alleged child maltreatment that are screened out of Child Protective Services. This response, referred to as differential response, is implemented in 6 selected jurisdictions within the State (e.g., regions, counties, tribal communities, cities, etc.). A differential response is provided for selected screened-out reports that involve families in need of social services, but with no suspected issues of child abuse or neglect, and to families that self-refer through the hotline. A family's participation is voluntary. Each county

jurisdiction has a private, nonprofit case management agency providing the differential response, working collaboratively with a network of community providers.

Resource: Differential Response: Supporting Families in Crisis: <http://www.njslom.com/featart0407.html>

Wisconsin

In 2006, the State of Wisconsin created a formal, established response to referrals/reports of alleged child maltreatment that are screened out of Child Protective Services or screened in, assessed and case closed. This response is implemented in selected jurisdictions within the State by the following organizations: ABC Family Resource Center; Children's Service Society of Wisconsin - Marathon County; Columbia County Family Resource Center, Renewal Unlimited; Dane County Department of Human Services; Exchange Family Resource Center, Children's Service Society of Wisconsin; Family Resources; Green Lake County; Lakeland Family Resource Center; Lakeshore Family Resources, Lakeshore CAP; and Pierce County DHS.

Discussion⁷

This issue brief highlights State survey results on public child welfare systems' responses to screened-out reports of child abuse and neglect. This study was prompted by the findings of the 2003 "National Study of Child Protective Services Systems and Reform Efforts," the 2006 "National Study on Differential Response in Child Welfare," and the 2009 "Online Survey of State Differential Response Policies and Practices." These three national studies indicated that child protection systems responded to alleged reports of abuse and neglect in a variety of ways, and that additional descriptive information was needed to increase our knowledge and understanding of the array of formal system responses to hotline reports.

Numerous research studies have made it apparent that current public child welfare systems do not always adequately or effectively distinguish the level of need and vulnerability that families possess. For example, decision-making research has found that case factors (i.e., the situations, events and circumstances specifically related to a given child and/or family) are not significantly different between the families that are "screened out" and the families that are "screened in" and become involved with the child protection agency.⁸ In addition, research has also shown that there are no significant differences

in behavioral, adaptive, or emotional functioning for children who are referred for investigation and substantiated for maltreatment, compared to children who are referred and not substantiated.⁹ With the current mandates of the CAPTA Reauthorization Act of 2010 providing States with an opportunity to develop differential response child welfare systems — with full recognition that screened-in reports are but one way to access needed services — it is clear further exploration is needed to fully understand the multiple responses that could exist under a "service umbrella" to support vulnerable families.

Of the 38 States that participated in this study and allowed disclosure of their responses, 14 States (9 with Statewide responses and 5 with responses in selected jurisdictions within the State) indicated the use of a formal, established pathway in their child welfare system that is dedicated to families whose reports did not meet the statutory threshold for a screened-in report of alleged maltreatment. Much like in the first two national studies of "Differential Response in Child Welfare" (2006 and 2009), this finding is not trivial. Instead, it is readily apparent that providing referrals, services, and/or interventions as soon as a family's needs are identifiable has notable benefits. Of the 26 States that participated in the survey that do not have a formal response to screened-out reports, 20 States indicated an interest in building preventive or early intervention capacity in their child welfare systems by considering the establishment of a formal preventive/early intervention response pathway.

That said, survey respondents' information about the availability of this dedicated pathway was often unclear, inadequate, or absent in entirety. The knowledge gap is evident at many levels and involved a variety of stakeholders. Often, the descriptions presented by the public child welfare agency and the CBCAP respondents from the same State varied considerably. The knowledge gap frequently existed between different governance levels as well, such as the State and county. It is difficult to know the origins of the knowledge gap. Possible contributing factors include: opportunity for greater cross-systems communication and collaboration; realistic workload and time constraints; and/or the need to develop communication vehicles to disseminate the information in a meaningful way to potential users.

Communication needs to exist in order for collaboration to be possible. Successful prevention/early intervention

⁷ This summary is based on the data provided by 40 states.

⁸ Wells, S. J. (1997). Screening for child protective services: Do we accept a report? How do we respond? T. D. Morton, & W. Holder (Eds.), *Decision making in children's protective services* (pp. 67-75). Atlanta, GA: Child Welfare Institute. Wells, S. J., Fluke, J. D., & Brown, C. H. (1995). The decision to investigate: CPS practice in twelve local agencies. *Children and Youth Services Review*, 17, 523-546.

⁹ Hussey, J., Marshall, J.M., English, D., Dawes Knight, E., Lau, A.S., Dubowitz, H. & Kotch, J.B. (May 2005). Defining maltreatment according to substantiation: Distinction without a difference. *Child Abuse & Neglect*. 29 (5), 479-492.

work of child welfare agencies is dependent upon solid partnerships between the public child welfare system and the entity/institution designated to provide State efforts on child abuse and neglect prevention/early intervention. The importance of collaboration and, where possible, integration of services and outreach to vulnerable families between the system mandated to respond to reports of abuse and neglect and the prevention community (including CBCAP lead agencies) cannot be overstated.

In addition to the misunderstandings and lack of common language within States related to responses to screened-out reports of alleged child abuse and neglect, it was noted that negligible information on these response approaches has been disseminated or targeted to the general public and specific communities. A predictive consequence, therefore, of the lack of awareness among the general public is the underutilization by families who may benefit from the available services and supports.

With the current economic realities and the constricted environment that typically accompanies such realities, there are numerous areas related to the practice of States in responding to screened-out reports that would benefit from additional study. Preceding such endeavors, as stated previously, it would be most beneficial to establish a common terminology, even on an interim basis, in order to minimize confusion, maximize meaningful discourse, and increase relevant knowledge.

With much more to be learned about this type of response to vulnerable families across the country, there are only growth opportunities in terms of future study. Future studies on State practices on screened-out reports of alleged maltreatment could include:

1. Comparable inquiry that targets counties and county-administered child welfare systems;
2. Factors that precipitated the establishment of this formal response;
3. Relationship between the response dedicated to screened-out reports and the other options within and outside of the child welfare system;
4. Community involvement in this response to families;
5. Evaluation of this effort to help uncover the impacts/outcomes of this type of intervention and to determine if family vulnerability and risks to child safety are lessened or eliminated; and
6. Families' perspectives and experiences — both challenges and benefits — to voluntary approaches and services.

While the value of a formal preventive/early intervention response in public child welfare systems remains to be demonstrated through research, it is clear through seeing the national landscape of States' responses that these States find intuitive benefit to responding in some way to reports that are screened out for a child protection response, but highlight vulnerabilities in families. Through further research and study — in addition to opportunities for national discourse on responding to screened-out reports of child maltreatment — best practices can emerge to guide States in their establishment or institutionalization of a preventive response. With such guidance, strong partnerships between public child welfare, public health organizations, and community-based child maltreatment prevention entities can form to provide coordinated service to the most vulnerable families in our society, ultimately contributing to improved safety, permanency, and well-being for children.

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Appendix B: Additional Information About Differential Response in States with No Formal Response to Screened-Out Reports

Arkansas

The State of Arkansas does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. Arkansas is currently developing a differential response system. During the 2011 legislative session, the Arkansas statute was amended to allow the Arkansas Department of Human Service the ability to develop and implement triage procedures for accepting and documenting reports of child maltreatment of a child not at risk of imminent harm if an appropriate referral is made to a community organization or voluntary preventive services.

Colorado

The State of Colorado does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. Given Colorado is a county-administered system, some counties' child welfare systems within the State have created a protocol for handling select screened-out reports. Two of these were identified as Arapahoe County and Larimer County.

Delaware

The State of Delaware does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. Current practice is to make any and all appropriate referrals to community agencies for screened-out reports. This includes all allegations of physical/sexual abuse of children in non-familial referrals; DFS receives the report, logs the information into its database, and makes the referral directly to the police for follow-up. Delaware does not have a process in place to triage reports alleging abuse and neglect to community agencies for assessment. Currently, the Division of Family Services investigates reports alleging child abuse and neglect or risk thereof.

Maine

The State of Maine does not currently have a formal, established response to screened out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. However, some of these reports that come to the attention of the child protection agency are referred to alternative response programs for voluntary services.

Maryland

The State of Maryland does not have a formal system of differential response for allegations of child abuse or neglect accepted for assessment/investigation. Maryland's Structured Decision Making protocol for screening of allegations not accepted for investigation does include referring the concern to other agencies or community services for assistance.

Michigan

The State of Michigan does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. However, Michigan does utilize a policy response to screened-out referrals/reports that includes, but is not limited to, referrals to law-enforcement and prevention programs.

Nevada

The State of Nevada does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. There are some formalized referrals that have been established in some areas of Nevada for screened-out cases, but they are localized.

New York

The State of New York does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. Reports that the New York State Central Register does not accept are not kept or tracked.

North Carolina

The State of North Carolina does not currently have a Statewide formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency (and do not meet the legal definition of abuse and/or neglect). However, some individual county jurisdictions in North Carolina have established and funded through all-county dollars a response model to those reports. North Carolina continues to explore a Statewide approach to these reports.

North Dakota

The State of North Dakota does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. North Dakota law requires that all reports be accepted; therefore, reports may not be “screened out.” North Dakota has implemented a system for “administrative assessments” to document the process of handling reports that do not meet the criteria for a full assessment, reports concerning children in another jurisdiction, etc.

Ohio

The State of Ohio does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection system. Ohio is a State-supervised, county-administered CPS system. County agencies are responsible for screening reports of child maltreatment, and some counties have internal policies and procedures, or have developed their own community programs, to respond to reports that are not accepted for assessment/investigation.

Rhode Island

The State of Rhode Island does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. However, Rhode Island CPS reviews all maltreatment reports, including those that do not meet criteria for a CPS investigation, but that reveal the need for service intervention. These particular reports are managed within CPS through CPS social workers who make outreach to the family for voluntary intervention, in order to address stress and other factors that may lead to future maltreatment. For those families that are interested, service referrals are made within the community. Maltreatment reports that do not meet criteria for a CPS investigation and involve families that are active with the Rhode Island Department of Children, Youth and Families (DCYF) are referred to the primary case worker for assessment and service intervention where warranted.

South Dakota

The State of South Dakota does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. Child Protection Services has a process to provide referrals to resources for families involved in screened-out reports. There is a plan to better clarify this process for staff and formalize it.

Utah

The State of Utah does not currently have a formal, established response to screened-out referrals/reports of alleged child maltreatment that come to the attention of the child protection agency. However, if a report alleging abuse, neglect, or dependency is received but does not meet the criteria for case acceptance, a referent may be referred to other resources as appropriate.

Vermont

The State of Vermont does not currently have a formal, established response to screened-out referrals / reports of alleged child maltreatment that come to the attention of the child protection agency. The Vermont Department for Children and Families is only involved in cases where it has the statutory authority to accept the case. However, the Vermont Department for Children and Families Centralized Intake Program routinely refers reporters to community-based services to address concerns that are not accepted for formal response.