
Minnesota Alternative Response Evaluation

Final Report

Executive Summary

L. Anthony Loman, Ph.D. and Gary L. Siegel, Ph.D.

**A Report of the
Institute of Applied Research
St. Louis, Missouri**

November 2004

Copyright © 2004 by the Institute of Applied Research
111 N Taylor
St. Louis, Missouri 63122
(314) 966-5101
email: iar@iarstl.org
website: <http://www.iarstl.org>

This document may be copied and transmitted freely. No deletions, additions or alterations of content are permitted without the express, written consent of the Institute of Applied Research.

Study Highlights

Among the many study findings of this evaluation, five stand out:

1. Child safety was not compromised by the Alternative Response (AR) to child protection. No evidence was found that this approach led to a decrease in the safety of children. On the contrary, there was evidence that the safety status of children improved during cases in which AR was used and that this was related to increased service provision.
2. Families who received the AR approach were less likely to have new child maltreatment reports than control families that received a traditional investigation.
3. While the initial cost of AR in services provided and worker time was greater than in traditional CPS interventions, it was less costly and more cost effective in the longer term.
4. Most families liked the AR approach and responded more positively to workers who used it. Under AR, families more often reported that they were treated in a friendly and fair manner, were listened to by workers, were involved in decision making and case planning, and benefited from the CPS intervention.
5. Most CPS workers also liked AR and saw it as a more effective way of approaching families with reports of child maltreatment. These attitudes strengthened among social workers as they gained experience using it.

Executive Summary

The Alternative Response (AR) demonstration began in the beginning of 2001 in 20 Minnesota counties. This is a summary of major findings of an independent longitudinal evaluation conducted by the Institute of Applied Research completed in 2004. The evaluation includes an impact and outcome study, a process analysis and a study of cost effectiveness. Tracking of families and costs will continue an additional two years.

The impact study was restricted to 14 counties and involved the random assignment of 5,049 families screened to be appropriate for AR into experimental (AR) and control groups that received traditional investigations (TR). System data was received on all Child Protection Services (CPS) families in the 20 counties throughout the evaluation. Feedback was obtained from 1,184 families through interviews and mail surveys. Interviews and surveys were also conducted of CPS county staffs and community stakeholders. The following is a list of current evaluation findings that were statistically significant.

Practice Shift/Model Fidelity. Feedback from families and workers indicated that CPS practice changed consistent with the model during the demonstration. Compared with control families, AR families were more likely to report:

- That they were treated in a friendly and fair manner.
- That workers met with them when their whole family was present.
- That CPS workers listened to them and tried to understand their situation and needs.
- That all matters important to them were discussed.
- That they were more involved in decision making.
- That workers helped them obtain services as well as providing direct assistance to them.
- That workers connected them to other community resources.

Family Response. AR families were more likely than control families to report:

- Greater satisfaction with the way they were treated by child protection workers.
- Greater satisfaction with the help they received.
- That they had an increase in positive feelings following the initial CPS visit from workers, more often reporting that they were relieved, reassured, hopeful, and optimistic.
- That they had a reduction in negative feelings following the initial CPS visit, less often reporting that they were worried, afraid, angry, confused, or pessimistic.
- That the entire family was better off because of the experience.

Worker Response

- With few exceptions, CPS workers involved in utilizing AR held very positive attitudes towards it. Overall, these attitudes strengthened among workers as they gained experience using it.
- CPS workers were more likely to report that AR families were cooperative and actively involved in case planning and decision making than TR families.

Services

- 54 percent of AR families received some specific services other than case management vs. 36 percent of control families.
- Among families that received services the mean number of services received was higher for AR (1.6) than control (0.9) families.
- AR families who received services compared to control families who received services were more likely to report satisfaction with the way they were treated and that the services they received were the kinds they needed.
- AR families who received services were more likely to be poorer and more likely to receive assistance to meet basic needs such as food, clothing, home repairs, help paying utilities, and help in finding a job.

Child Safety

- Local offices differed in the types of families screened as appropriate for AR. More liberal interpretations of screening criteria resulted in higher proportions of families with child safety problems entering the AR caseload.
- No evidence has been found—in analyses of case data, feedback from families, reports of workers or responses of community stakeholders—that the AR approach placed the safety of children in greater jeopardy than traditional investigations.
- Based on worker reports of changes in child safety, safety did not decline while families were receiving an alternative response, relative to control families that received a traditional investigation. On the contrary, workers in AR cases reported more improvements in child safety problems that had been found at the time of the first home visit.
- Service responses were distributed to a broader array of families under AR—both families with and without child safety problems. Most of the areas of increased services to experimental families were the type that addressed basic family needs related to low income and other financial stresses. Some evidence was found that delivery of such services was related to improvements in the safety status of children in families while being served by AR compared to those in families that received a traditional response.

Risk of Future Child Maltreatment

- Each experimental and control family was assessed using the SDM Family Risk Assessment instrument. Worker ratings of caregivers in experimental AR families indicated that they were substantially more cooperative and motivated than those in control families with traditional investigations. The immediate improvement in such attitudinal and behavioral risk factors is evidence of a reduction in risk apart from differences in the level of services later offered to families.

Recurrence

- Overall, AR families were less likely to have new maltreatment reports than control families. A survival analysis showed that this difference was consistent even though families were tracked for varying lengths of time.
- AR better assisted families not previously active in CPS than the minority of AR-appropriate families had had previous CPS cases.
- AR families were provided with formal service cases over twice as often as control families. Regarding services:
 - The AR approach reduced maltreatment recurrence whether or not services were offered.
 - Yet, AR families who received services were less likely to have new maltreatment reports than control families who received services.
- No relationship was found between the level of worker activity, as measured by the number of logged direct and collateral contacts of workers, and recurrence of child maltreatment reports. This finding may be due to absence of specific information about the nature of worker activities.
- On average, AR workers expended more time on cases overall than traditional workers during the initial activities with families. As families were tracked for longer periods, this difference was reversed because control families returned to the system significantly more often. This finding is reflected in differences in cost, discussed below.
- Among the three largest racial groups, Caucasian, African-American and American Indian families, the rates of recurrence during the follow-up period were lower for experimental families—those that received AR. The effects of AR were evident among families in each of these sub-populations. The positive effects of AR cannot be attributed to differential treatment of racial or ethnic minorities.
- Most families with recurring reports, regardless of their initial screening, were later screened into traditional investigation. Although fewer experimental families had recurring reports, among those that did, about the same proportions were later screened for the AR and traditional tracks as families in the control group.

-
- Looking *only* at families with later maltreatment reports, no difference was found in the level of findings of child maltreatment or in the level of formal case openings (case management workgroups). However, the following was also true:
 - Because fewer experimental families had later reports, overall they had fewer later findings of maltreatment (but not statistically significant).
 - Because fewer experimental families had later reports, the proportion of new CM workgroups for all experimental families was lower than for all control families (statistical trend).
 - Examining patterns of presented problems in recurring reports, the following was found:
 - Positive long-term outcomes of AR were not limited to families with particular types of initial presenting problems but were distributed among all types of problems and families in the experimental group. This finding is consistent with the broader approach embodied in AR, in which the focus is the full array of family needs rather than addressing only the immediate child maltreatment threat.
 - Fewer experimental families had children later removed and placed in out-of-home care than control families. This appeared to occur among families in which children were removed for shorter periods of time.

Family Well-Being

- A year after their last contact with CPS, AR families were less likely to report drug abuse and domestic violence problems within their households.
- Two years following their last contact with CPS, AR families were more likely to report that their family and children were better off because of the intervention.
- AR families were less likely to report feelings of stress related to their relationship with other adults in their family and less stress related to their home in general in each of the 3 annual follow-ups
- The mean income of AR families who received services increased during the first through the third year following case closing. This was not the case for AR families who did not receive services nor control families whether or not they received services.
- Control families more often reported serious problems obtaining health care for their children through the third year of the follow-up.

Cost Findings

- Costs related to case management and other services during the time the initial case was open were greater for AR than control cases. Costs for case management and other services following the closing of the initial case through the end of the follow-up period (mean of 452 days) was greater for control cases.

Total costs for case management and other services, both separately and combined, were less for AR cases than control cases.

Combining impact findings on recurrence (that positive outcomes were achieved more often for AR cases) and cost findings (that the long-term costs of AR were less than were control-group costs) produced a positive cost-effectiveness ratio. The mean cost of achieving the goal of recurrence avoidance with AR was \$398 less than with the traditional approach.