The Differential Response Logic Model
And
Assessment of Model Fidelity

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This paper is a brief description of how the Institute of Applied Research assessed model fidelity in a series of evaluations of differential response programs within child protection systems in Minnesota, Missouri, Nevada, and Ohio.[1] It provides an overview of how IAR evaluators have conceptualized the differential response logic model and then, within this framework, describes the research methodology employed for examining program implementation and model fidelity.

Our understanding of the purpose and nature of differential response was originally shaped by the program model designed in Missouri for a dual-response pilot project in 1995. The Missouri model was replicated with enhancements by Minnesota for its own pilot project that began in 2000. It is the Minnesota model that has become the gold standard and spurred a number of child protection systems in other states and other countries to adopt a more flexible, differentiated approach to child maltreatment. Although Minnesota has not stood still and has continued to make adjustments in its child protection system, it is the core model developed and implemented in that state that is the focus of this paper.[2]

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Part 1. The Logic Model: What is Differential Response?

Differential response arises from the view that it is in the best interest of children and their families that not all child maltreatment reports should be treated the same; just as child maltreatment comes in many forms there should be flexibility in responding to it.

While differential response has begun to be implemented in a number of states, there is one model that is most commonly seen. This model involves the differentiation of reports into two groups. The first group includes allegations of a more severe nature that may involve criminal acts and/or represent an imminent safety threat to the child. Reports in this group are judged to require a traditional investigative response, sometimes with co-investigating police authorities accompanying child protection staff. The second group of reports involves allegations of problems or situations of a less severe nature, often involving conditions that are more chronic

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[1] Copies of the evaluation reports on these projects can be found on IAR's website: www.iarstl.org.

[2] A very brief review of the development of the differential response programs in Missouri and Minnesota is provided at the end of this paper.

and less acute and in which the risk to the child is real but not imminent. This second group of reports has come to be viewed as benefiting more from a broader assessment of the family situation, from an examination of the underlying causes of current problems, from a less threatening and more friendly approach that offers support and assistance and seeks the family's cooperation in working through issues of concern and identifying its own internal strengths and its natural support system. While the second approach, sometimes referred to as an alternative response or family assessment, also focuses first on the safety of the child, its priority is not identifying and accusing a perpetrator but understanding and untangling the broader dynamics of the family and enlisting the help of everyone in the family in resolving and improving the situation.

Any new program or treatment has its own logic model: why this particular approach can be expected to produce improved outcomes. The logic model is the starting point in developing a research methodology for assessing model fidelity. But before describing the logic model of differential response, there are a few preliminary points.

Terminology. The term differential response can be misleading. It was initially coined to refer not to a specific type of response to child maltreatment but to a child protection system (CPS) in which more than one intervention response to child maltreatment reports was permitted.[3] Sometimes, however, the term is applied to the non-investigative family assessment response. Nevada does this, for example, and distinguishes between an investigation and a differential response. Correspondingly, there are states that have stopped using the term investigation and prefer the term family assessment for what other states would call an investigation. Ohio has done this and in its differential response pilot (2008-2009) distinguished between a family assessment response and an alternative response. Ohio picked up the term alternative response from Minnesota where it was used in that state's differential response pilot (2000-2004). With the statewide implementation of differential response Minnesota replaced alternative response with family assessment and introduced the term "pathways" in speaking about the two types of responses, an investigation pathway and a family assessment pathway. This terminology has been picked up by a number of states influenced by the Minnesota model and is used here. In this paper, the term investigation will always be used as the term to designate the traditional response that involves a formal finding (that is, that the allegation of child maltreatment can be substantiated or not). The term family assessment will always be used to designate the alternative or non-investigative manner of responding to a child maltreatment report. For the

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[3] "Differential response…recognizes variation in the nature of reports and the value of responding differently to different types of cases." Child Welfare Information Gateway Issue Brief (2008). *Differential Response to Reports of Child Abuse and Neglect, p.3*. Washington, DC: US Department of Health and Human Services. Taken from Schene, P. (2001). Meeting family's needs: Using differential response in reports of child abuse and neglect. In *Best Practice, Next Practice*. Spring, 1-14.

sake of brevity, the family assessment response or pathway will sometimes be abbreviated AR and the investigative response or pathway will be abbreviated IR.

Response Pathways. In some locations where differential response has been implemented the number of response pathways to child maltreatment reports is more than two. Minnesota, for example, has added a third, early intervention pathway for reports that would normally not be accepted for either a family assessment or an investigation and where no home visit would have been made. Through proactive outreach to families this pathway seeks to avert future incidents of child maltreatment. Some California counties have a similar prevention response track. Massachusetts has adopted a three-pathway system and Kentucky purportedly has four. Sometimes additional pathways reside outside the formal child protection system, sometimes within it. As time goes on we are likely to see more states develop differential response systems with additional pathways. This paper focuses on the most basic differential response model, with two types of responses, a family assessment and an investigation.

Child Safety. Child safety is the primary goal of the child protection system generally. In this an assessment response is no different from an investigative response. The two approaches are not helpfully distinguished by this as they share this goal. For a program evaluation, the focus is on aspects of the two approaches that are different. Does it make a difference that now this is done whereas formerly that was done? However, because child safety is the starting point of the child protection system, any substantial change in the system must ask the question: What impact does the change have on child safety?

Most children coming into CPS, despite what is sometimes assumed, do not face imminent safety risks, and the family assessment pathway is primarily designed for these cases. Historically, unless an allegation is substantiated and children are assessed at high risk, few reports lead to post-investigation services. The goal of differential response is to protect more children more of the time by making CPS more flexible and responsive to the varying family problems with which it is presented and by increasing the number of reports in which some service or needed assistance is provided.[4]

The Logic Model

In human service systems, change in outcomes is predicated on change in practice. A change in treatment or the nature of intervention is not a guarantee of improved outcomes, but it is a precondition. Therefore, before asking whether a new program has achieved its goals, the questions that need to be asked and answered are: Was there a shift in practice? How is the new

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[4] The introduction of differential response poses a "services dilemma." See attachment.

practice or the new treatment different from the old? And, was the practice shift faithful to the new treatment model?

The logic model described here applies to the AR pathway only. It assumes there is an investigation pathway for reports that require a forensic response. It also assumes intake and screening procedures consistent with pathway assignment criteria. These criteria will be constrained by state statutes and agency policies that specify when an investigation must be conducted. Different criteria (more inclusive, less inclusive) will yield different populations of families who receive AR rather than IR and this, in turn, will affect the relative impact of introducing the multiple response approach into a child protection system.[5]

Stripped to its essential, distinguishing parts, there are two basic components of the family assessment approach within a differential response system. The first involves the manner in which families are approached. The second is an increase in the provision of assistance or services.

The basic logic model of the differential response family assessment pathway, written as an equation, can be expressed very simply as:

$$a + b = c$$

where

(a) involves approaching a family from the start as a unit and in a respectful, supportive, friendly and non-forensic manner consistent with sound family-centered practice, focusing broadly on strengths and needs, and involving family members in decisions about what to do;

(b) involves providing services and assistance, often of a basic kind, that fit the needs and circumstances of the family, utilizing the family's strengths and natural support network and linking the family to community resources when these are available and helpful; and

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[5] Historically, states that have implemented AR pathways have begun with caution in exempting families from an investigative response. The percentage of families assigned to AR has typically grown with time as policy makers and practitioners adjust to the AR approach. Fully implemented, mature differential response programs may have a majority of all reports assigned to the family assessment pathway. In Minnesota, where the program has been operating for ten years, 70 percent of all reports statewide are now assigned to the AR pathway, and in Olmsted County Minnesota the figure has reached as high as 90 percent.

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(c) is the outcome, the results desired by the family and the public service system: reducing future risks to the child, enhancing child and family well-being, and strengthening of the family's ability to take care of itself.

The first two components of the logic model (a and b) involve the nature of the CPS practice. The third (c) is the product or consequence of this practice. The logic is: If you want to change outcomes you must first change practice; but you have to change practice in a particular way. The first component (a) is essentially interactive and participatory and involves the active and positive engagement of families by workers. Further, the first component (a) informs the second (b): it is only through what is learned (by both workers and family members) through the engagement process that appropriate and effective follow-up actions (again by both the family and the worker) can take place.

For the most part, the AR approach does not involve the introduction of totally new practice elements, as anyone familiar with family-centered practice will recognize. Rather, AR is an attempt to operationalize family-centered practice in a manner that ensures it is done as fully and often as possible and begins at the very first contact with a family.

Model Components

The following is an elaboration of the two core model components. Elements of these components are described as objectives or markers that can be turned into measures.[6]

(a) Approach

The first component of the AR model involves the manner in which families are approached. Family assessments are intended to get beyond the reported allegations, which may be just the tip of the iceberg of issues that could affect child welfare. The objective is to discover not just what may have been the causes of this incident, but to discern the broader set of underlying issues within the family that may produce future risks to a child.

    1. Child Safety and Pathway Change

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[6] Each objective or marker is viewed within the comparative context of similar families with similar reports receiving the investigative response. In practical terms, this means that the first objective under the engagement element below (a2a) could be written: "AR Families are more likely to be approached in a manner that is respectful, supportive and friendly, and less confrontational, accusatory and coercive than IR families." Similarly, the first objective (b1) of the service component could be written: "More AR families receive some assistance or services than comparable IR families."

Because the safety of the child is always the primary concern, if there is reason to do so, the pathway can be changed at any point from AR to IR and an investigation ordered. This assumes that the initial phase of a family assessment involves an assessment of the safety of the children in the family.

2. Focus

    a. There is no formal finding in a family assessment; reports are neither substantiated nor unsubstantiated. Typically, the family assessment response does not focus on the reported incident other than by way of explaining to the family what precipitated the interest of the child protection agency and as a guide to establishing the immediate safety of the child.

    b. The focus of the assessment is broad and holistic, with a comprehensive examination of the family's situation, strengths, resources, problems and needs.

    c. The focus of the assessment is not just child protection but family welfare because the two are firmly coupled. The logic is that if you attend more thoroughly to the whole family you have a greater likelihood of ensuring child safety, whether threats are imminent or potential, low or high. If you know more you can do more and make better decisions.

3. Engagement

    a. Families are approached in a manner that is respectful, supportive, positive and friendly and not confrontational, accusatory, or coercive.

    b. On the first visit with the family, if at all possible, the worker meets with all family members, parents and children, as a unit. (There may be exceptions to this related to safety concerns.) Throughout, the family is treated as a unit and, in turn, part of a larger, communal context of extended family and social networks.

    c. The family is the center of decision making. Members of the family are encouraged to take the lead in the assessment, in the identification of problems and ways of resolving them, and to be active participates in any decisions and plans that are made. The CPS worker is both social worker, trying to resolve problems and bring needed assistance to the family immediately, and facilitator,

seeking to involve the family in what happens next, how to move forward, and establishing who is going to do what.

    d. A family assessment seeks the voluntary participation of family members. It is up to the family to accept or reject offers of help or services. Consensus and a collaborative relationship between worker and family must be established. Family cooperation and worker patience and understanding are essential.

(b) Services

The second component of the model involves addressing key problems and needs that are identified during the assessment. As the assessment is a broad exploration of the family's situation, the practical response will also be broad and often, given the complex problems facing many families, multi-faceted. As the assessment has involved the family at its center, the service response will similarly be shaped by the family's views. Seven objectives of the AR service component can be identified and measured.

1. More families receive some assistance or service.

2. Assistance and services provided to families target a broader set of problems and needs.

3. As many of the families will be poor, the service response will more often address basic needs.

4. The natural support network of families, including the extended family, will more often become involved in the resolution of problems and needs that are identified.

5. The services and assistance provided to families will more frequently fit their needs as both family members and workers understand them.

6. Services and assistance will more frequently be sufficient to address the needs of families and, therefore, more likely to be effective.

7. There will be an expanded involvement of community resources.

    a. More families will be linked to resources available in the community.

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b. Workers will become more knowledgeable of community resources.

c. Workers will be in closer contact with community resources on behalf of the family.

d. There will be more community outreach to involve the public and private sector.

Other Factors

1. Prerequisites. A new program or service model cannot be implemented fully, with coherence and consistency across offices and case workers, without clear and understandable policies and practice protocols, nor without intake criteria that reflect the program model. Staff training is particularly important in order to turn concepts and protocols into behavioral interactions consistent with the model. There will also be certain SACWIS requirements, such as accommodating changes in pathway assignments, especially from AR to IR. Policies, protocols, training, intake criteria and MIS functions are administrative prerequisites for implementing any new program.

2. Operational Issues. Certain operational changes will need to be made to implement a multi-pathway system. However, the logic model does not require a specific structure or staffing arrangement—such as whether field workers are AR specialists or CPS generalists. Such matters are often constrained by external realities in any event. What is possible in a large urban office may not be possible in a small, rural location. Also, the level of involvement of community agencies may be more or less depending on availability from place to place. However, CPS supervisors are particularly important in the implementation process, as they typically represent continuity and institutional memory within field offices and direct the activity of case workers; it is the interpretation by supervisors of policies and practice guidelines that new workers learn first.

3. Worker Attitudes. In evaluating public services programs, it is not uncommon for researchers to be confronted with workers who describe a new initiative as the "same old things" wrapped up in new terminology. Not infrequently workers will insist that they have really been engaged in such activities before the demonstration came along. Even in new projects found to be effective, this reaction may be found, and it may be true. It is probable that some workers at least, informed by knowledge of best practice or committed to family–centered practice, have been attempting to do most of what a new initiative has focused on. New initiatives usually do not proceed from a belief that all or even most existing practice is bad. Rather, most new programs seek to build on good practice and extend it and, through various structural, training, funding, or practice adjustments to facilitate its use in as many offices and by as many workers as possible.

However, to the extent that a new initiative is truly "new," and represents some substantial departure from existing practice, the following axiom applies: It is unlikely that a new initiative is actually being implemented if workers insist they are essentially doing the same things they have always done, whatever that might be. When this occurs it is unlikely the experimental treatment is being applied, or that there is a difference between it and the control condition.

Similarly, if workers see the new practice model as different, but do not agree with it or accept it they may never try to implement it fully. In the early stages of a particular differential response pilot project, we encountered a set of case workers in one county who had been designated as AR specialists. However, key senior members of the group openly disparaged AR with its family friendly approach and referred to it as "CPS-Lite." They believed change was possible in CPS case families only through pressure exerted from the outside as in an investigation. When the county administrator realized the AR approach was unlikely to be implemented by these workers he replaced the unit.

As noted above, the role and attitudes of supervisors are key. CPS supervisors can make or break a new program. It is essential to enlist supervisors in creating the attitudinal field within which the program is implemented. Ultimately, a state or county's child protection policy is what workers do when they meet with families. All the directives and guidelines in the world can be gathered in three-hold punch binders, but it is what workers actually do that matters. And for this the cooperation and active facilitation of supervisors is essential.

4. System and Community Dimensions. Establishing a differential response system is more than the introduction of a second response track; it involves a different way of thinking about child protection. Successful implementation should produce observable differences in case practice throughout the child protection system, as the parts of the system do not operate in a vacuum. This may involve a change in the ratio between social work and police work, increases in both efficiency and family-centered practices in investigations, a greater awareness on the part of CPS staff of community resources and closer collaboration between CPS and these resources, changes in the way supervisors and workers think about and talk about what they are doing. If the differential response model has been implemented, evidence of broader system and community effects should begin to accumulate over time.

Part 2. Assessing Model Fidelity in a Differential Response System

Introducing the family assessment pathway means there will be a change in what workers do when they respond to certain reports of child maltreatment. The central question is: Do workers do what they are expected to do?

Data Sources. There are only two primary data sources to answer this question, the workers themselves and the families they meet with.   No one else knows what goes on in the interactions between families and workers during investigations and family assessments. For evaluators, who operate at a distance from a program, an investigation or family assessment remains a black box without the testimony or reports from participants. Program administrators, who need to be aware of how plans are being implemented, are in a position to obtain regular updates about what actually is taking place, but they too are subjected to the uncertainty of the "fog of war" and realize there is a friction between what is planned and what occurs.   In the end both the evaluator and the program administrator have to rely primarily on what workers and families tell them and then examine the consistencies and inconsistencies in what they say and the consequences of interventions.

Three surveys of families and workers were utilized in evaluations of differential response programs conducted by the Institute of Applied Research in Missouri, Minnesota, Nevada and Ohio. These were: 1) a survey of experimental and control families, 2) a case-specific review completed by workers of a sample of experimental and control families, and 3) general information surveys of workers. Specific items in these instruments were included to assess model fidelity. Other items were included to gather information on program outcomes (such as child and family welfare), intermediate outcomes (such as family satisfaction and attitudes), socio-economic characteristics of families served by the program, and the identification of program issues important to policy makers. Some instrument items contributed to the assessment of more than one issue.

In program evaluations of DR in the four states, the Family Survey was always conducted as soon as possible after a case had closed. In most instances these were mailed surveys with business reply return envelopes and respondents were paid a stipend for completing and returning the instrument. Some telephone surveying was done in the early stages until the research methodology was routinized. The Case-Specific Survey, or Case Review, was also completed as soon as possible after a case closed. For most evaluations these case reviews were designed as on-line, web-based surveys emailed to workers. The General Worker Survey was conducted at two points: as soon as possible after program implementation and as late as possible in the evaluation period. Both paper and web-based electronic versions of these surveys have been employed.

Site visits and interviews, an essential part of process studies, were also an important part of examining model fidelity, particularly model prerequisites. In the four evaluations, interviews were conducted in local offices as near the beginning of a project as possible and then annually thereafter. Among staff interviewed were county directors, CPS supervisors, AR and IR case

workers and intake workers. The interview schedules used by IAR researchers during evaluation site visits contain items related to model fidelity. Importantly, site visits provided a working knowledge of existing practice and the programmatic and local-office context into which the new approach was being introduced. Interviews with supervisors and case workers provide rich, qualitative data on the attitudes and first-hand experiences of program implementers.

Comprehensive program evaluations conducted by IAR often have included surveys of key informants in communities implementing the programs in question. CPS doesn't operate in a vacuum, but intersects on a regular basis with an array of community agencies and institutions— including family and juvenile courts, county attorneys or prosecutors, police and sheriff's departments, mandated reporters of various kinds, schools and school counselors, health and mental health agencies, child advocacy organizations, service providers and vendors, social workers, child advocates, and minority and immigrant group organizations. Surveys of a cross section of individuals from these organizations and institutions provide a third-party perspective on the service system and the new approach being implemented. The surveys were done at two points in time, as the project was starting and again as late as possible during the evaluation, and so provided information on aspects of practice that were observed to have changed or not changed. Key informant surveys also provided evidence on the extent to which local CPS offices had done educational outreach and informed critical elements of the community about DR to gain needed assistance and participation and to reduce community push-back. The involvement of the community-based organizations was a principal aim in Missouri, where no new service money was made available and CPS offices were expected to engage in community development as part of the model.

Finally, the state automated child welfare information system (SACWIS) was a crucial source for a wide range of data needed for the evaluations. These data were primarily needed for outcome and impact study purposes—such as data on new reports of child maltreatment, new substantiated reports and child removals. However, for a few process issues that related to implementation of DR, SACWIS was also important. For example, were needed changes made to the information system to permit pathway changes, especially from AR to IR?

Operationalization. The core AR logic model has two main components: approach and services. The approach component, as operationalized in our evaluations and outlined above, had three parts: a safety assessment, a focus element, and a suite of behaviors related to the engagement of families. The safety assessment will include certain requirements of workers, such as utilizing a specific instrument to gather information, and the worker must be able to transfer a report from the AR pathway to an investigation if safety concerns warrant it.[7] The

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[7] Being able to change pathways from IR to AR shows flexibility within the system but is not a requirement.

focus element is a requirement of the model and has three subparts that can be determined to be present or not present. The engagement element is also a model requirement but it permits the construction of an overall index and, in some cases, sub-indices, which measure the relative range of change on an engagement dimension.

The service component consists of a second suite of behaviors related to how assistance is provided to families. The seven service objectives also permit the construction of an overall service index and some sub-indices that measure the degree of practice change on the service dimension. The community measure in particular has a number of aspects that can be examined in detail, and may be seen as a fully integrated element within the service component or partly as a separate dimension in its own right that can expand the model and its implications.

Attached to the end of this paper is a list of research questions included in surveys and interviews in the four DR evaluations that were intended to capture data needed to assess model fidelity. After each question the data source or sources that were utilized is indicated. The survey instruments can be found on the IAR website at: IAR Differential Response Instruments. The specific survey item number(s) that corresponds to individual research questions will be evident to anyone who reviews the instruments. (It was often the case that multiple questions on survey instruments were involved in the consideration of specific model elements.) When the data source was an interview, the research question served as a specific topic area pursued. Note that the surveys found on the website represent generic forms of the instruments, which were always customized in the evaluations to suit the particular organizational structure in place. In general, only a minority of the research questions related to model fidelity were answered primarily through what was learned during site visit interviews. With important exceptions (for example, questions about policies and protocols), these interviews primarily provided a deeper and more detailed understanding to what was learned from the surveys.

Analysis and Synthesis. Our analysis has always involved the comparison of data on the measures within the two model components in an experimental design that included experimental families who received AR and control families who, while appropriate for AR, received a traditional investigation. Statistical significance on the measures between the groups has been considered programmatically significant when the results from workers and families were consistent and mutually supportive. Model fidelity was considered achieved when model prerequisites were in place and programmatic significance was found for the core model components, approach and services. The programmatic significance of the practice change is reinforced by outcomes that match the program's goals.

There are important and obvious differences in the data gathering tools and in the types of measures included in them. The Family Survey inevitably involves a self-selected sample of

cases and its representativeness can never be assumed. The size and randomness of case reviews completed by workers can be controlled and there can be greater confidence that the sample adequately represents the population of cases. In addition, some measures ask questions that are more subjective (*Were you treated in a friendly manner*?), whereas others ask about more concrete things (*What services did you receive*?). Consistency between the responses of families and workers on the more objective items, provides a level of confidence in the value of responses to qualitative questions. For example, in the family and worker surveys used in the Minnesota evaluation a series of questions were asked about services provided to families. On the control side, workers said 38 percent of families had received services, while 36 percent of control families said they had received services. On the experimental side, 59 percent of workers said AR families had received services, while 54 percent of AR families said they had received services. The degree of similarity in the responses about services of families and workers (even though they are not identical samples), permits greater confidence in the significance of findings on other items, such as measures related to family engagement.

The General Worker Survey was always conducted at two points in time. The responses of workers about IR in the first survey served as a benchmark to which the responses of about AR were compared. In addition, the early-late timing of the surveys also allowed for analysis of change over the course of the evaluation period for AR as well as IR pathways.

The objective of a model fidelity assessment is to look for evidence of practice change in the direction indicated in the logic model. The initial response of control families and of workers about control families is the benchmark from which change in practice can be measured. Not all CPS programs will start in the same place. Some will have already incorporated substantial aspects of family-centered practice within their traditional investigations. Nor will all program administrators be satisfied stopping in the same place. Implementing a human services model is not like taking a trip in a car with the child in the back seat asking: Are we there yet? Program managers will always want to maintain forward momentum in improving the service system. Differential response itself is not an end point, but a pathway for improving the child protection system. The path may have a direction but it has no end point with a sign reading: You have arrived; you can stop now.

Attachment 1. A Brief History of Two Differential Response Models

When Minnesota developed its differential response model it adopted and adapted an approach that had been tried and tested in Missouri. The Missouri model grew out of an old-fashioned Missouri compromise. It was an effort to improve the effectiveness of the state's child protection system, but it was also a reaction to increasingly vocal critics who viewed the child protection agency as over-reaching its mandate and too often interfering with families' responsibilities to rear their children. Too many families, these critics maintained, were being traumatized unnecessarily in the name of child protection. The child advocacy community, on the other hand, thought the state should error on the side of child well-being and were concerned about alterations in investigative procedures. There were areas of general agreement between the groups, however. Both thought the state should act aggressively whenever a parent committed a crime, including assault against their children. Neither thought the state should be placing the names of parents on a central registry that stigmatized them and harmed them economically unless there were grave reasons to do so. A possible solution was found in an approach that was part of CPS reforms taking place in Florida. There, a dual-track response approach had been proposed and it made sense to key Missouri legislators and state agency administrators. While the Florida initiative would soon whither, the approach was tested in Missouri in a two-year pilot project, 1994-1996, before being implemented statewide.

The Missouri model was commonly referred to as a two-track system. Investigations remained unchanged, but an alternative to an investigation, called a family assessment, was permitted when the report received did not allege criminal behavior or suggest a child was in imminent danger. Unlike an investigation, a family assessment would not focus on whether or not an allegation of maltreatment was true but whether the well-being of the child and family required some kind of assistance that could be provided. The family assessment response was not to be police-like in any way, but positive and supportive, identifying problem areas that needed to be addressed. The children's services worker was to seek to form a collaborative relationship with the family and build on its existing strengths. Services offered to families were voluntary and, whenever possible, provided through community resources. Child safety remained as important in family assessments as in investigations, and at any time the response track could be changed by the CPS worker from a family assessment to an investigation. However, while children's services workers were asked to reach out to families, to assess their needs across a broad array of areas, no additional funds were authorized to pay for needed services. These were to be found, somehow, from pre-existing community resources.

Minnesota, meanwhile, had been testing the efficacy of providing services to families who were reported for child maltreatment but who would not have typically received post-investigative services. By the mid 1990's results of this testing showed positive results and counties were

encouraged (Minnesota has a county administered child protection system) to implement innovative child welfare programs. Even before Missouri's two-track pilot project was completed, Olmsted County in Minnesota had established its own dual response system, and in 2000 the state established a 20 county pilot project. The Minnesota model placed the same emphasis on changing the way families were approached in family assessments, but it placed much greater emphasis than Missouri had done on providing services to families (made possible with funds from the McKnight Foundation and the state legislature). Additionally, the adoption of the second response track in Minnesota was not meant as an indictment of the traditional investigative methods, which were viewed as always striving to incorporate a family-centered and strength-based approach to CPS interventions. Rather, it was an attempt to remove any barriers to family-centered practice that an unnecessarily forensic investigation might create and, when possible, to begin the engagement with the family, whenever possible, with a respectful, friendly, supportive approach that sought to facilitate the involvement of the family in what happened next. In 2003, based on the results of the state's pilot project and the attitudes and experiences of state and county administrators and staff, the Department of Human Services began phasing in its dual-response model statewide.

Attachment 2. The Service Dilemma in Differential Response

Because families who receive family assessments historically have received few or no funded services, program administrators are faced with a dilemma. Regarding funded services, without new money, if someone gets more, someone else gets less. The natural question is: Why would you take service dollars away from the most critical cases in which child safety is a central issue and spend them on the less severe cases on your caseload? Prudence and caution are essential here. Although Missouri implemented its differential response without additional funding, this limited the impact of the program and, over time, eroded its effects. There is a case to be made that half a loaf is better than none, that there are advantages to implementing the manner in which families are approached even in policy environments in which no additional funding is possible. But even half a loaf may cost more.

With its emphasis on social work over forensic work, AR can help CPS expand how services are thought of—with the hierarchy of solutions beginning closest to the family (whose inner resources may be activated by the facilitation of the worker) and proceeding outward: to the natural support network of the family (including the extended family, neighbors, friends, teachers, churches), to unfunded assistance from other community resources, to worker-organized arrangements involving local businesses, to public service systems for eligible families, to service vendors. There will not be anything new in this list for many CPS offices, but for others AR will represent an opportunity to revisit broader approaches to serving families.

This occurred in both the Missouri and Minnesota differential response pilot projects where services to families were increased through a wider use of unfunded community resources that included a variety of community organizations and support networks, faith-based sources, and extended families. In Minnesota, the infusion of new service dollars that placed emphasis on buying "hard goods" to meet practical, concrete needs of families touched the social work inclination of CPS workers and helped expand the way many of them thought about services. The new funds, in effect, leveraged a different way of acting and helping. In the end, the assistance that families need is not always something that has to be purchased.

Even without new money to pay for more services, however, AR may cost more. AR workers typically spend more time working with families and indirect costs may rise even if no additional direct costs are incurred. There is no reason to think investing in prevention should not have up-front costs. A stitch in time may save nine, but the first stitch has to be paid for. And not all repairs last forever. We should not dismiss too quickly the first rule of economics: There is no such thing as a free lunch.

Attachment 3. Research Questions & Data Sources Used in the Assessment of Model Fidelity

Prerequisites

1. Pathway selection criteria and procedures
    i. Do pathway selection criteria accurately reflect AR policies?
        - Interviews of county office directors and CPS program directors
        - Interviews of CPS county supervisors and case managers/social workers

    ii. Do intake workers understand and accept the difference between AR and IR?
        - Intake worker interviews
        - General Worker Surveys
    iii. Do pathway selection decisions reflect AR policies?
        - Interviews of county office directors and CPS program directors
        - Interviews of CPS county supervisors and case managers/social workers
        - Intake worker interviews
        - SACWIS data on case characteristics
        - Case-Specific Review Form
    iv. Can pathway changes be made at any point?
        - Interviews of county office directors and CPS program directors
        - Interviews of CPS county supervisors and case managers/social workers
        - Review of SACWIS fields and change functionality
    v. Are pathway changes made, particularly from AR and IR?
        - Interviews of county office directors and CPS program directors
        - Interviews of CPS county supervisors and case managers/social workers
        - Analysis of pathway designation data in SACWIS

2. Policies and protocols
    i. Do policies and protocols adequately and accurately reflect the differential response model and AR model components?
        - Interviews of county office directors and CPS program directors
        - Interviews of CPS county supervisors and case managers/social workers
    ii. Do supervisors and field workers understand current policies and protocols and view them as adequate and sufficient?
        - General Worker Surveys
    iii. Does staff think current policies and protocols are reflected in practice within their office?
        - General Worker Surveys

3. Staff Understanding and attitudes

i. Do administrators, supervisors and field workers understand the difference between AR and IR?
  - ➤ Interviews of county office directors and CPS program directors
  - ➤ Interviews of CPS county supervisors and case managers/social workers
ii. Do they accept AR as legitimate CPS?
  - ➤ Interviews of county office directors and CPS program directors
  - ➤ Interviews of CPS county supervisors and case managers/social workers

➤ 4. Training
  i. Is training related to AR adequate and sufficient from the perspectives of supervisors and workers?
    - ➤ General Worker Surveys
  ii. Is training and technical assistance provided in an ongoing manner and available to all new staff?
    - ➤ Interviews of county office directors and CPS program directors
    - ➤ Interviews of CPS county supervisors and case managers/social workers

Approach

1. Focus
  i. Is there a formal finding or a substantiation or unsubstantiation of allegation?
    - ➤ Interviews of CPS county supervisors and case managers/social workers
    - ➤ Review of SACWIS fields
  ii. Do workers see AR as changing their own practice?
    - ➤ General Worker Surveys
  iii. Are workers able to provide more detailed and specific information about AR families with respect to:
      1) Aspects of family functioning
        - ➤ Case-Specific Review Form
      2) Safety threats faced by children
        - ➤ Case-Specific Review Form -Safety Insert
2. Safety
  i. Is a structured instrument used to assess the safety of children?
    - ➤ General Worker Surveys
    - ➤ Interviews of county office directors and CPS program directors
    - ➤ Interviews of CPS county supervisors and case managers/social workers
  ii. Are there clear policies and procedures in place to deal with families who refuse to cooperate that ensure children are safe?
    - ➤ Interviews of county office directors and CPS program directors
    - ➤ Interviews of CPS county supervisors and case managers/social workers
  ➤ iii. Are workers aware of procedures in place for making pathway changes?

> ➢ Interviews of CPS county supervisors and case managers/social workers

   iv.   Are safety concerns identified during visits addressed adequately and promptly?
> ➢ Case-Specific Review Form
> ➢ Interviews of CPS county supervisors and case managers/social workers

2. Does the engagement of families in AR reflect the logic model?
   - i. From the point of view of families:
     1) Do families report they were treated in a friendly manner?
        - ➢ Family Surveys
     2) Do families report workers listened to what they had to say?
        - ➢ Family Surveys
     3) Do families report workers tried to understand the family's situation and needs?
        - ➢ Family Surveys
     4) Do family members say matters important to them were discussed?
        - ➢ Family Surveys
     5) Do families report they were involved in decisions made about the family and their children?
        - ➢ Family Surveys
     6) Do families report satisfaction with how they were treated during the assessment or investigation?
        - ➢ Family Surveys
     7) Does the emotional response of families as they report it reflect an engagement that was supportive and positive vs. coercive and accusatory?
        - ➢ Family Surveys
     8) Do workers meet with the family as a unit?
        - ➢ Family Surveys
   - i. From the point of view of workers:
     1) Is there evidence that workers are able to engage families and gain their cooperation?
        - ➢ Case-Specific Review Form
     2) Are differences in AR and IR within local offices as described by workers consistent with the model?
        - ➢ General Worker Surveys
     3) When workers discuss specific AR family interventions are there indications model elements are being adhered to in a consistent manner?
        - ➢ Interviews of CPS county supervisors and case managers/social workers
     4) When workers describe AR as carried out in their counties is the intervention consistent with the model?
        - ➢ General Worker Surveys
        - ➢ Interviews of CPS county supervisors and case managers/social workers

Services

1. Are AR families more likely to receive services and assistance?
    i. From the point of view of families:
        ➢ Family Surveys
    ii. From the point of view of workers:
        ➢ Case-Specific Review Form

2. Do services and assistance to AR families target a broader set of problems and needs?
    i. From the point of view of families:
        ➢ Family Surveys I
    ii. From the point of view of workers:
        ➢ Case-Specific Review Form - Services Insert
        ➢ Case-Specific Review Form [from point of view of risk condition]

3. Are AR families more frequently provided services matched to their needs?
    i. From the point of view of families:
        ➢ Family Surveys
    ii. From the point of view of workers:
        ➢ Case-Specific Review Form
        ➢ General Worker Surveys

4. Are the services provided to AR families sufficient to help them and address their needs?
    i. From the point of view of families:
        ➢ Family Surveys

    ii. From the point of view of workers:
        ➢ Case-Specific Review Form
        ➢ General Worker Surveys

5. Are services provided to AR families as able or more able to address effectively safety threats to children?
        ➢ Case-Specific Review Form
        ➢ Case-Specific Review Form - Safety Threats Insert
        ➢ General Worker Surveys

6. Are AR families more frequently provided basic services?
    i. From the point of view of families:
        ➢ Family Surveys
    ii. From the point of view of workers:
        ➢ Case-Specific Review Form - Service Insert

7. Is the extended family of AR families more often involved in providing support or assistance?
        ➢ Case-Specific Review Form

8. Community-related services
    i. Are AR families more frequently provided information about or referrals to available community services?
        ➢ Case-Specific Review Form - Service Insert
    ii. Are AR families more frequently helped in obtaining services or assistance from specific community resources?
        ➢ Case-Specific Review Form
    iii. Are unfunded community resources more often involved in assisting AR families?
        ➢ Case-Specific Review Form

Community Dimension

1. Do AR workers know more about available community resources? (Does their knowledge increase over time?)
    ➢ General Worker Surveys

2. Do AR workers have more contact with a wider variety of community resources, agencies and institutions on behalf of their families?
    ➢ General Worker Surveys
    ➢ Case-Specific Review Form

3. Has the working relationship improved between the CPS and institutions and agencies in the community with the implementation of differential response?
    ➢ General Worker Surveys

4. Is there evidence of an increase in CPS outreach to the community related to the implementation of differential response?
    ➢ Interviews of county office directors and CPS program directors
    ➢ Interviews of CPS county supervisors and case managers/social workers
    ➢ Key-Informant Community Surveys

5. Is there evidence that key institutions and agencies in the community (see General Worker Surveys for list) have an increased working knowledge of CPS with the implementation of differential response?
    ➢ Interviews of county office directors and CPS program directors
    ➢ Interviews of CPS county supervisors and case managers/social workers
    ➢ Key-Informant Community Surveys

6. Is there evidence that key elements of the public and private sector are more involved in collaborative activity with CPS with the introduction of differential response?
    ➢ Interviews of county office directors and CPS program directors
    ➢ Interviews of CPS county supervisors and case managers/social workers
    ➢ Key-Informant Community Surveys

System Dimension

1. With the implementation of differential response, do CPS supervisors and workers view the child protection system overall as more effective in protecting children?
   - Interviews of county office directors and CPS program directors
   - Interviews of CPS county supervisors and case managers/social workers
   - General Worker Surveys

2. With the implementation of differential response, do investigations become more family-centered?
   - Interviews of county office directors and CPS program directors
   - Interviews of CPS county supervisors and case managers/social workers

3. With the implementation of differential reponse, do investigations become more effective and/or efficient?
   - Interviews of county office directors and CPS program directors
   - Interviews of CPS county supervisors and case managers/social workers