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Maryland Implementing Alternative Response*New Practice will Improve Outcomes for Families in the Child Welfare System***Background**

Alternative Response (AR) creates a new way to respond to less serious cases of child abuse and neglect. In those cases, when a Child Protective Services (CPS) caseworker responds to an allegation, rather than initiating a formal investigation into whether the alleged incident of abuse or neglect occurred, the CPS worker meets with the family, conducts a thorough family assessment, and offers voluntary services to the family.

In current practice, at the conclusion of an investigation, an administrative finding is made as to whether the parent abused or neglected the child. In Alternative Response, there is no formal investigation, so no parent will face the risk of being entered into the Central Registry. The family will be assessed to determine its strengths and areas of need, and will be offered services that the family can accept voluntarily. By taking a family centered and non-adversarial approach with families, they are often more open to accepting services, and more engaged while receiving those services.

Maryland's Alternative Response Program

Many of the details of Maryland's Alternative Response have not been finalized. There is going to be an Advisory Council which will include the Department of Human Resources (DHR), the Department of Health and Mental Hygiene, the Superintendent of Schools, the Maryland Disability Law Center, a child advocacy organization, a local service provider, a pediatrician with experience in child abuse and neglect, an attorney with experience representing children and parents in neglect and abuse cases, a parent and a child with experience with the child welfare system, two representatives from local departments of social services, and two representatives from local citizens review panels. The Advisory Council will also be meeting with local management boards across the state to ensure that there is a wide range of input and buy-in across all of Maryland.

The Advisory Council will help develop the implementation plan, oversee and monitor the implementation plan, consult with local departments to get their feedback on the implementation plan, and will define the scope of the independent evaluation of alternative response.

In Maryland's Alternative Response program, the CPS caseworker will still respond to allegations of physical abuse within 24 hours and allegations of neglect within 5 days, as is currently required. AR cannot be used in cases of sexual abuse or when there is a serious physical injury or death, and cannot be used in certain cases where the family has already been involved with the child welfare system. Maryland's AR will offer a great deal of flexibility for the local departments by allowing a case assigned to AR to be switched to an investigation and vice versa, when necessary.

In some states, AR increases the number of families the local department serves; however, that is not the plan in Maryland. Here, AR is going to be used in cases where families are currently being offered in-home services; however, these families will not be investigated, and will be able to access services voluntarily. It is expected that the families that are offered services through AR will be more willing to participate in services and more engaged in the services they are receiving.

Studies Demonstrate Alternative Response's Effectiveness

Minnesota implemented alternative response over 10 years ago, and is praised as having one of the best AR programs in the country. A 2004 study of their cases showed that families served through the non-investigatory pathway were seen by their caseworkers as "more cooperative, realistic, and motivated, and as having higher self-esteem, suggesting that the family-engagement process inherent in differential response changed the dynamics of interaction between workers and family



members.”¹ The families who received an alternative response were also more likely to receive services.²

Ohio’s alternative response program was modeled after Minnesota’s program, and the evaluation of their program yielded results similar to those of Minnesota’s. The Ohio families who received alternative responses were more likely to have participated in services and reported greater satisfaction with their experiences.³ The caseworkers in Ohio had experiences parallel to those in Minnesota as well. They reported that the families in the Alternative Response program “reacted more positively towards them, were more cooperative, and were more involved in the decision making process...than in a traditional investigation.”⁴

A national study by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services looked at case level data through the National Child Abuse and Neglect Data System (NCANDS). They found that child safety is not compromised by alternative response.⁵

ACY’s Recommendations for Implementation

There are approximately 20 states that currently have some form of Alternative Response. Maryland can learn from these states and needs to be flexible as AR is implemented, to make adjustments as we see practices that are most effective. Casey Family Programs published an extensive report with lessons learned from AR implementation in California. They identified family engagement as a promising practice in their implementation of AR (which they call differential response).⁶ Some techniques to engage families include bringing written materials describing services when meeting with families and

speaking to families in language that is easy for the family members to understand.⁷

A key aspect of family engagement that Maryland needs to embrace is seeing the family as a true partner. The family’s perspective needs to be included in all steps of service planning.⁸ Whenever decisions are being made about how the department will be proceeding, the family needs to have input on that decision.

Another practice that was critical to effective implementation of Differential Response in California was fostering community partnerships. In California they held joint trainings between service providers and local departments to help each understand the practice changes that were marked by the implementation of differential response.⁹ In Maryland a local service provider will be included on the Advisory Council, but other service providers need to be engaged as well.

It is essential that there is local buy-in for Alternative Response to be implemented effectively. If the case workers are not embracing AR and approaching families differently, the families will be unlikely to respond differently. By meeting with local management boards, and presenting information about AR at regional meetings of local departments, it is hoped that these discussions will generate widespread and statewide buy-in for AR.

It is also important that there is a gradual implementation of Alternative Response. It could either be phased in at different times in different jurisdictions, or could be applied to a smaller subset of cases initially, and then expanded upon receipt of a positive evaluation. One option is for, initially, AR only to be used in cases of neglect where there is no actual harm to the children. This could include cases where a child was left alone temporarily, but without incident.

ACY looks forward to being involved with the Advisory Council. We will help to ensure that AR is implemented in the most effective way possible in Maryland. We are hopeful that AR in Maryland will improve the experiences of families involved with the child welfare system.

¹ See “Differential Response in Child Protective Services: A Literature Review, Version 2,” at p. 26 by the National Quality Improvement Center on Differential Response in Child Protective Services, November 2011. This can be found here:

<http://www.differentialresponseqic.org/resources/>.

² Id.

³ Id.

⁴ Id.

⁵ See “Alternative Response to Child Maltreatment: Findings from NCANDS,” at p. 20 by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, July 2005. This can be found here:

<http://aspe.hhs.gov/hsp/05/child-maltreat-resp/#investigation>.

⁶ See “Implementing Differential Response in California: Promising Practices and Lessons Learned,” Casey Family Programs, February 2007. p35-55. This can be found here:

http://www.casey.org/resources/publications/BreakthroughSeries_DifferentialResponse.htm

⁷ Id.

⁸ Id. at p. 51.

⁹ Id. at p. 67.