October 1, 2014

The Honorable Edward J. Kasemeyer
Chairman, Senate Budget & Taxation Committee
3 West, Miller Senate Building
Annapolis, Maryland 21401-1991

RE: Alternative Response in Maryland – Independent Program Evaluation – Preliminary Report

Dear Chairman Kasemeyer:

In accordance with the provisions of Chapter 397 (House Bill 834), Acts of 2012, the Department of Human Resources is pleased to submit the enclosed independent preliminary report on the implementation of Alternative Response in Maryland, as well as a brief presentation summarizing the report's key findings. The author of the report, the Institute of Applied Research (IAR), has conducted a similar implementation and outcome analysis for Alternative Response programs in Ohio and Minnesota. The evaluator's preliminary findings, as outlined below and in the enclosed presentation, are encouraging.

House Bill 834, Child Abuse and Neglect - Alternative Response, was signed by Governor Martin O'Malley in May 2012. This legislation authorized the establishment of Maryland's Dual-Track Child Protective Services (CPS) System comprised of two pathways to serve screened in reports of child abuse and neglect: either through an Investigative Response (IR) or an Alternative Response (AR). Alternative Response is a family-engagement approach designed to keep children and families safe and together whenever possible. This approach has been implemented in more than 20 other states.

The preliminary AR Report is an analysis of seven months worth of data representing primarily ten counties that began AR implementation in 2013. Through June 2014, a total of 1,355 families received an Alternative Response. Data collection will continue through mid-2015 and the final report will be available in October 2015.

Case workers and supervisors were surveyed between 90 and 120 days after AR implementation began in each jurisdiction concerning their knowledge, attitude and experiences related to AR and IR. Site visits were also conducted in local offices where the evaluators interviewed case workers and supervisors along with additional staff including administrators and intake screeners. The key survey results are as follows:

- *Staff Felt Children Were As Safe or More Safe in AR:* A total of 95% of all staff surveyed indicated that children were as safe or safer when served with an AR. Staff attributes this to the AR approach being non-judgmental and less punitive, which enables staff to partner with families to identify their specific needs and create plans and solutions to keep their children safe.

October 1, 2014

The Honorable Norman H. Conway
Chairman, House Appropriations Committee
121 Lowe House Office Building
Annapolis, Maryland 21401-1991

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- *AR Families Received More Services:* The number of services received by AR families was significantly higher than those received by families receiving an IR. AR families reported receiving more services than IR families in most categories, including: counseling services, food or clothing, mental health services, medical care, housing and financial assistance.

- *Family that Received AR Felt the Department Treated Them More Fairly:* Families who received an AR reported more often than families who received an IR that their worker treated them in a respectful and friendly manner and that they participated in decisions made about their family.

- *Staff Requested More Training:* As with any new initiative, large percentages of the survey respondents felt they would benefit from more training. This additional training is already underway for both existing staff and new staff.

As data continues to be tracked through September 2015, we believe that it will support these preliminary findings and provide concrete information to us about how this shift in practice has strengthened our child welfare system and the families that we serve.

If you require additional information, please contact me at (410) 767-7109, or Netsanet Kibret, Director of Government Affairs within the Department of Human Resources at (410) 767-6886.

Sincerely,

Theodore Dallas

Enclosures

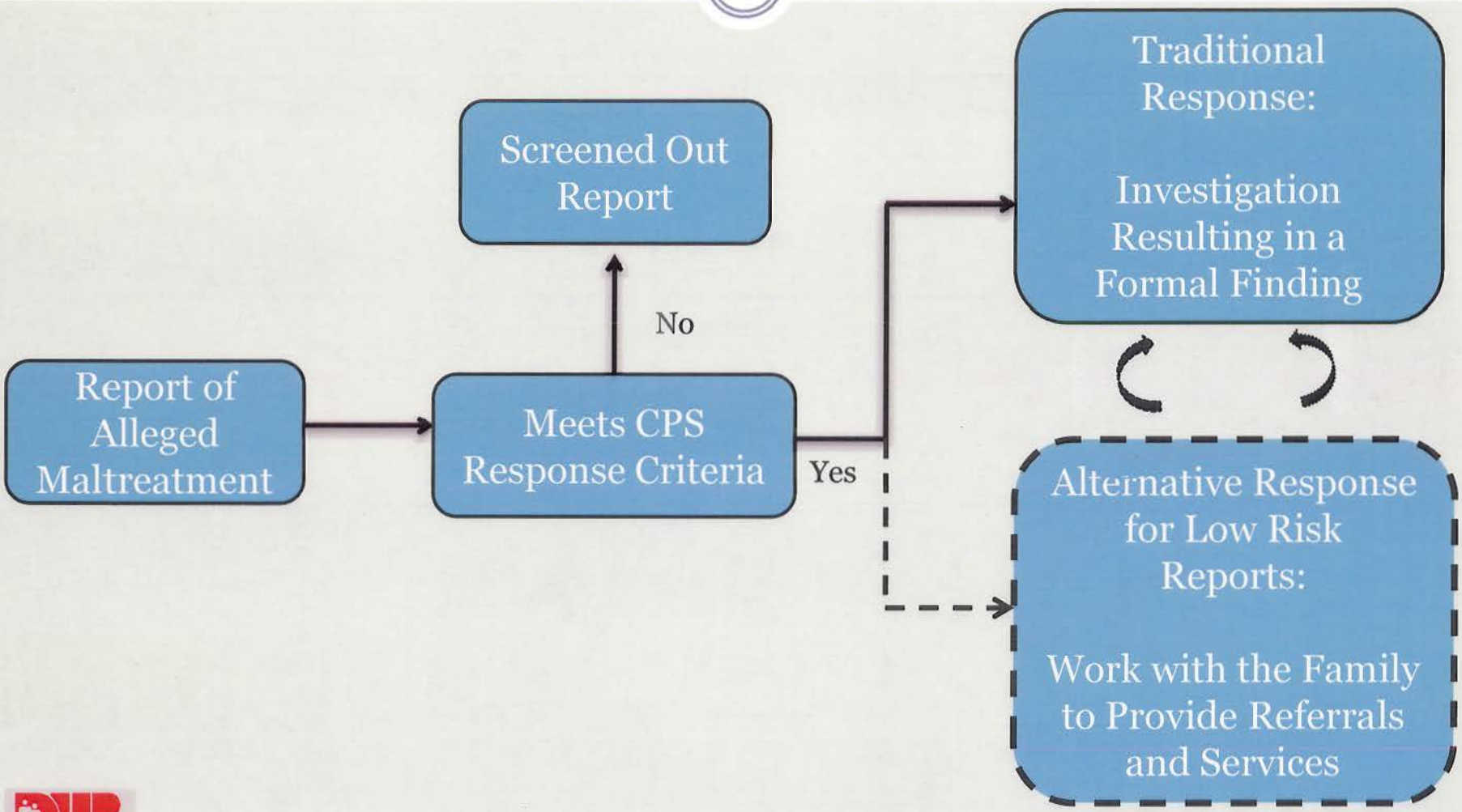
Alternative Response in Maryland

Maryland Department of Human Resources
September 18, 2014

Protecting Children by Strengthening Families

- HB 834, signed by Governor Martin O'Malley in May 2012, authorized the establishment of Maryland's Dual-Track Child Protective Services System: either through an Investigative Response or an Alternative Response (AR).
- AR is a family-engagement approach to designed to keep children and families safe and together whenever possible.
- This approach has been implemented in more than 20 other states.
- AR builds collaborative connections among the local Departments of Social Services, community agencies and families to identify issues and meet family needs using available supports and services.
- Research has shown that AR results in increased child safety, increased family involvement and greater family satisfaction.

AR Practice Model: A better way to handle low risk reports of child abuse and neglect

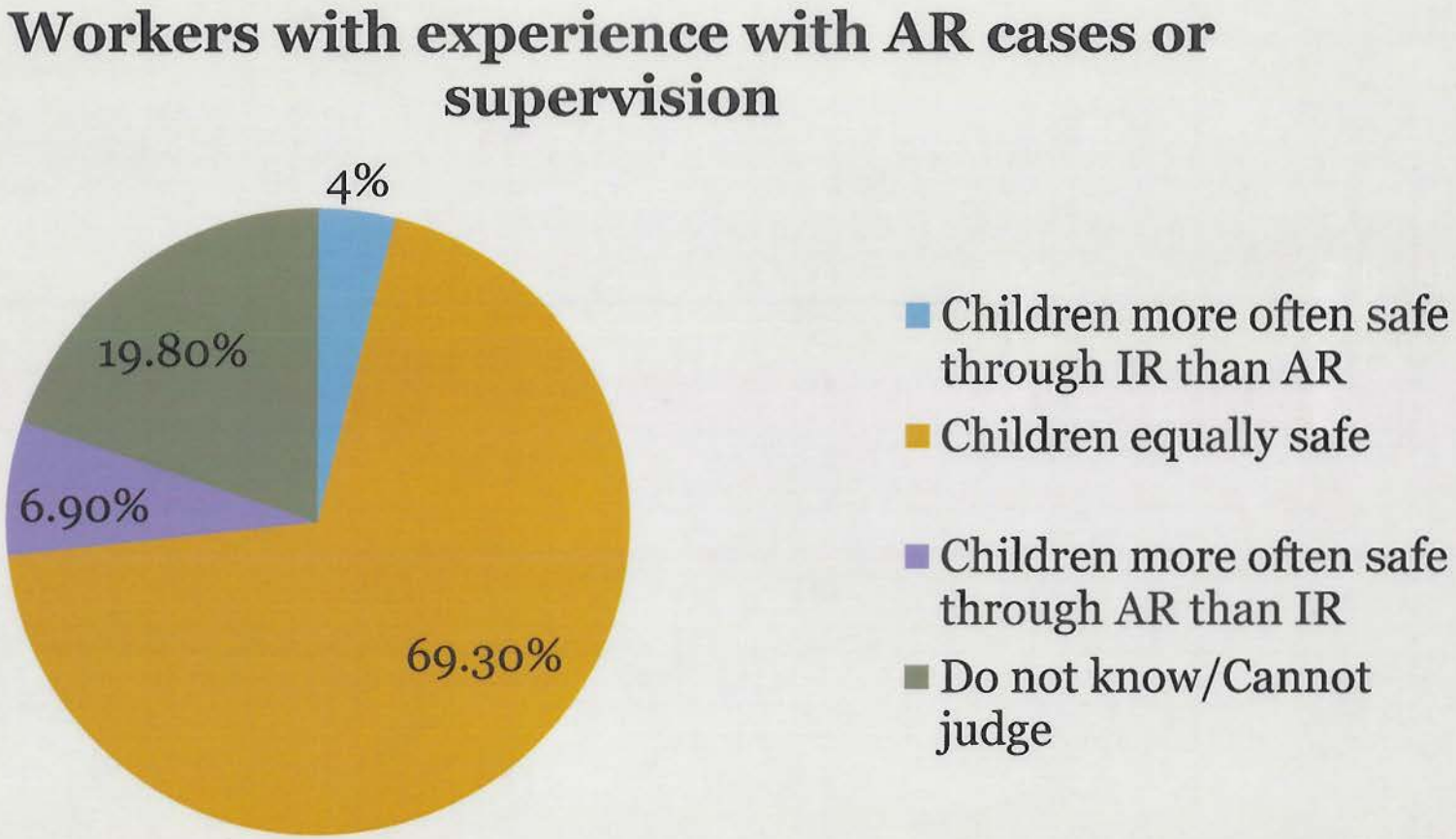


Key Findings*

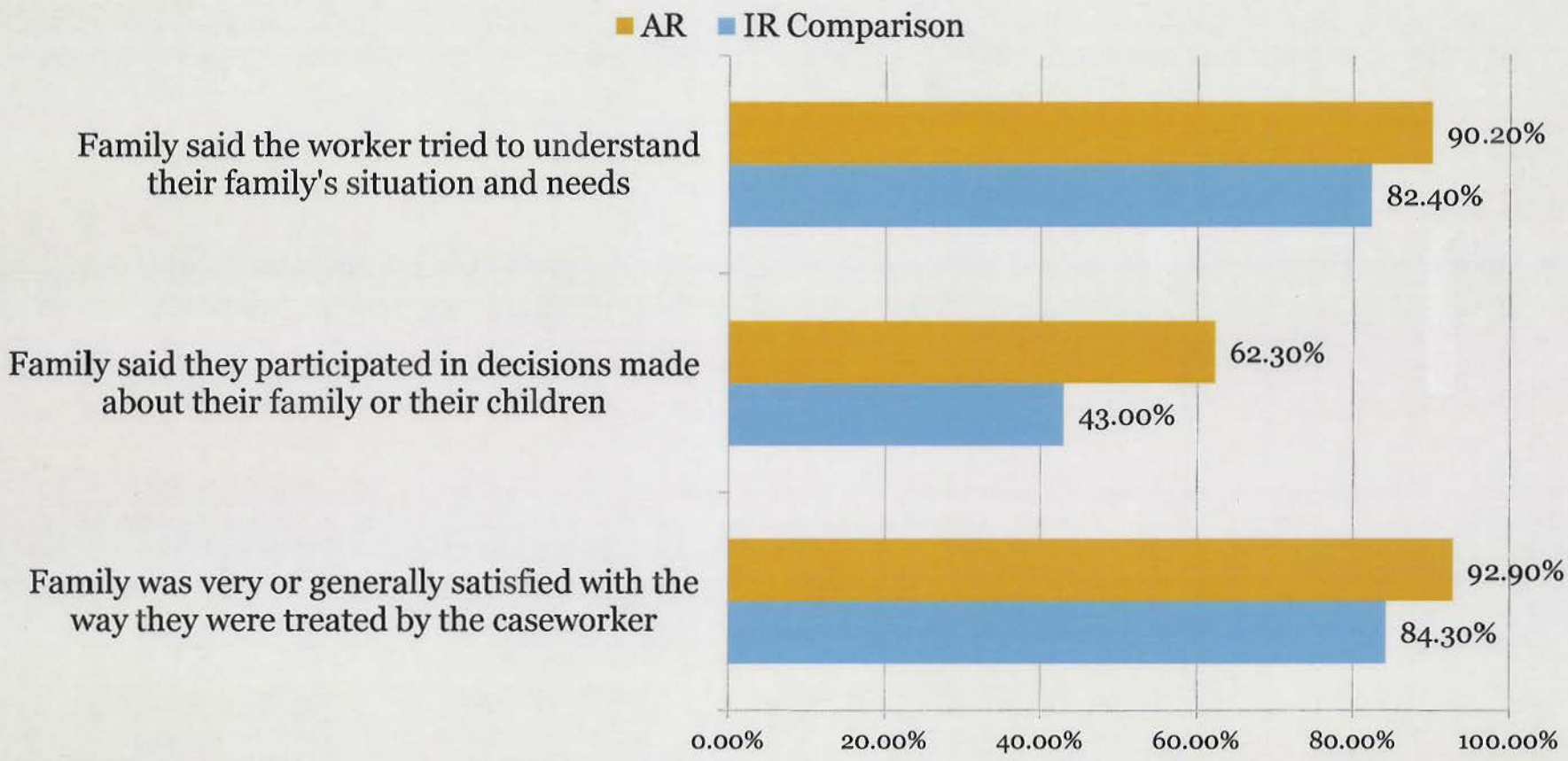
- **Workers** believe children are as safe or safer in AR as in Investigation Responses (IR).
- **Families** responded positively to AR – key measures of family participation and satisfaction are ranked as high or higher in AR as in IR.
- **Workers** have an overall positive view of AR's implementation, though there is a need for ongoing training.

**Survey data represents responses from ten counties from the first three phases of AR.*

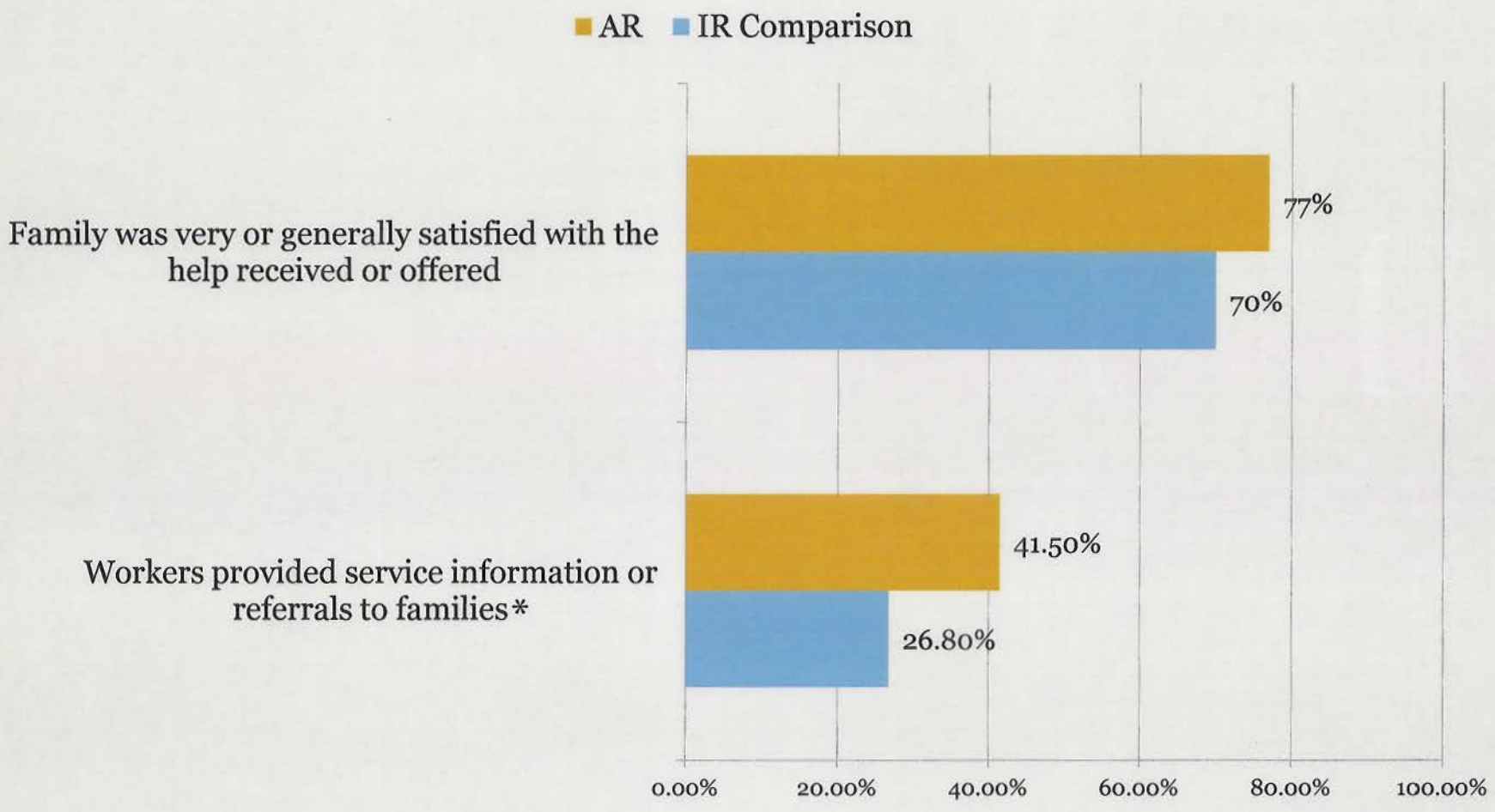
Workers believe children are as safe in AR as IR



Families responded positively to AR



Families satisfied with referrals to services

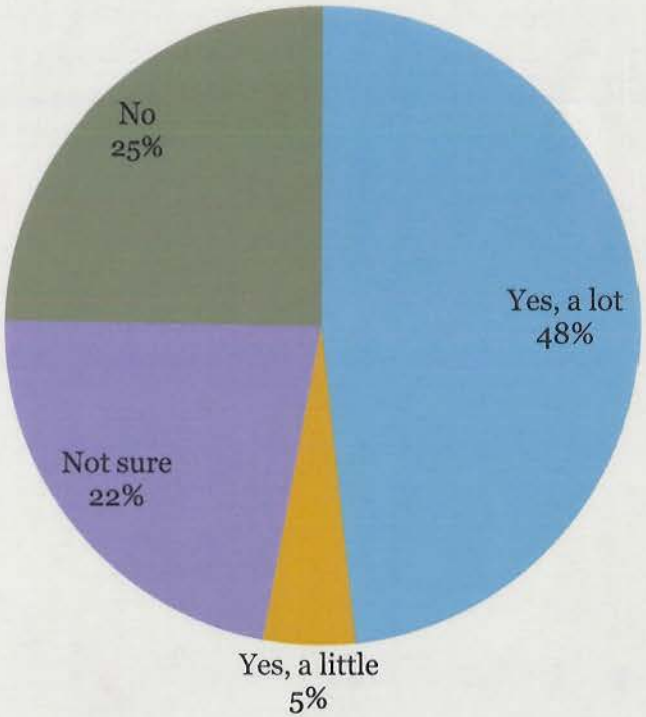


* Statistically significant difference

Staff would like ongoing training

- Staff reported that training was very useful and workers suggested future training in:
  - Facilitation
  - Techniques useful in family meetings
  - Application of procedure and policy
- In partnership with Casey Family Programs, SSA is is offering a monthly learning collaborative to build staff capacity to sustain the practice.
- Additional training will be provided by the Child Welfare Academy.

Do you feel the need for more training related to alternative response?



Alternative Response in Maryland
Program Evaluation

Interim Report
to the
Social Services Administration

IAR Associates
St. Louis, Missouri

August 2014

Table of Contents

Executive Summary

This is an interim evaluation report on the implementation of Alternative Response (AR) in Maryland after one year. While findings presented in this report may be indicative of trends, data collection in all areas is ongoing and the present report *should not be regarded as definitive or final*. A second and final evaluation report will be completed in September 2015 and be statewide in scope, include full study samples and fuller analyses. Conclusions reached after two years will be firmer but analytically restricted by the state's strict requirements on expunging records.

Implementation of AR has been phased in sequentially throughout the past year in five sets of counties. Data related to AR in this report pertains primarily to counties in implementation Phases 1 through 3, with some information from Phase 4 counties. Data sources include survey feedback from families, surveys and interviews with county staffs, case reviews by county CPS workers, and administrative data available through CHESSIE. Key findings are highlighted in the following bullets and described more fully in the rest of the Executive Summary and in greater detail in the report itself.

Key Findings

- The judgment of most workers and supervisors (approximately 95%) surveyed and interviewed thus far is that children are as safe or safer in AR family assessments as in IR (investigative response) cases. A small minority (5%) think children are generally kept safer through investigations.
- In reviewing sample AR cases, workers identified child safety threats as of the first contact with families in 44% of cases. Workers in similar IR-comparison cases also identified child safety threats in 44% of cases. When child safety issues were found they were rated as mild about half the time. Looking at changes in safety between the first and final contact of the CPS worker, no differences were found between AR families and IR-comparison families, that is, safety issues were addressed comparably in both groups of families.
- Evidence to date indicates reduced family flight, diminished hostility of family caregivers toward workers and greater cooperation of families with workers under AR.
- AR Families reported increases in various services compared to families in IR-comparison cases and more AR families reported being satisfied with services offered or received.
- Workers in AR cases reported providing information and referral to families significantly more often compared to workers in IR cases.
- Nearly all caseworkers and supervisors have a positive attitude toward AR and see it either, minimally, as consistent with existing practice or as a new and significant opportunity to help families more. All but a relatively small number of caseworkers see AR as a move in the right direction.
- Nearly half (48%) of surveyed workers with AR cases said they needed "a lot" more training in AR.
- A relatively large percentage of caseworkers and supervisors (8 in 10) see some need for greater agency support, information and/or training related to community outreach.
- While some caseworkers and supervisors believe AR can have a significant impact on families without additional funds for services, a larger percentage (nearly half) does not.

The Project and Evaluation

Alternative Response reforms were implemented in Maryland during a one-year period between July 2013 and July 2014. The program was implemented successively in five separate groups of counties during this period, ending with Baltimore City in July 2014. While evaluation planning took place slightly before and simultaneous with the earliest implementation, the evaluation itself began in December 2013. Data sources for the present report included statewide administrative data from MD CHESSIE, feedback from families, case reviews by workers in AR and IR families and general surveys of workers throughout the state and on-site interviews of staff in Phase 1, 2 and 3 counties.

Characteristics of AR families

Through June 2014, 1,355 families were identified as assigned to an Alternative Response in state administrative data received by evaluators. AR was implemented in five phases from July 2013 through July 2014. Most of the AR families (60.5%) identified and tracked through mid-June 2014 came from the 10 Maryland counties that began AR in 2013. Following are some of the characteristics of those families:

- The full range of ages of children were included with 38.5% of families with one or more children under six years of age, 54.5% with children ages 6 to 12, and 31.8% with one or more teen children.
- A single adult was found in 52.4% of families; two adults in 32.8%; and more than two adults in the remaining 14.8%.
- In 80.0% of cases a woman was the case head; a man in 10.3%; the remaining undetermined.
- The average age of the adult who was the head of the case was 30.6 years.
- When race and ethnicity could be identified, 41.5% of families were Caucasian and 20.0% were African American. Hispanic identity was indicated in 3.7% of cases.
- Allegations of physical abuse were received in 38.6% of AR cases and child neglect in 57.6%; among the latter were included: food or nutrition: 3.4%; inadequate clothing or hygiene: 5.8%; unsafe conditions in the home: 20.6%; and inadequate supervision in 23.4%. As dictated by policy, there were no sexual abuse cases assigned to AR.
- Overall family risk was assessed as no risk or low risk for 86% of AR families, although 21.3% were assessed as at moderate or high risk in area of economic resources, such as indebtedness, housing problems, clothing, other money pressures, etc.

Child Safety and Well-Being

Workers provided standardized information on specific cases to evaluators for a sample of 185 AR cases and identical information in 164 very similar IR cases that were selected for comparison purposes from counties that had not yet implemented AR. This was called the *case-specific survey*. These cases were used for the more detailed comparisons that follow.

- Workers identified at least one child safety threat at the time of first contact in 43.8% of the AR cases and 43.9% of the IR-comparison cases. In the majority of both these groups, only one child safety threat was identified.

- In about half the cases, the child safety threat identified was child neglect (46.5% of the AR case reviews and 55.8% of the IR case reviews). These included: a) child lacked basic needs (food, clothing, hygiene, etc.); b) unsafe or unclean home; c) homelessness or potential homelessness; d) educational neglect or truancy; e) lack of proper supervision; and f) medical neglect. The remaining categories (55.8% of AR and 44.2% of IR) included abuse or other forms of child endangerment: a) abandonment or locking out or in; b) non-disciplinary violence to a child; c) excessive discipline; d) emotional maltreatment; e) other harm (e.g., burns, poisoning, etc.); f) verbal or physical fights; and g) rejection of child.
- In half of each group the safety threat was rated as *mild* (51.8% of AR and 51.9% of IR) and *moderate* in a minority (43.9% of AR and 31.7% of IR), but *severe* in the remaining (4.4% of AR and 16.3% of IR).
- Workers then rated the change in safety as of their final contact with the family as either reduced or not present, the same, or increased.
    - No statistically significant difference was found between AR and IR-comparison cases in changes in child safety. *Maryland workers rate children as no less safe in AR than in the IR-comparison cases and indicate that safety threats were addressed and resolved at about the same rate in AR as in IR cases.*
- Workers also reported on extenuating circumstances in cases that made work with the family unnecessary, difficult, or impossible. Among the reasons cited were several that showed that greater family cooperation occurred under AR:
    - Families fled or moved away in 3.7% of IR and 0.5% of AR cases (statistically significant difference, $p < .05$).
    - Families were hostile throughout the case in 6.1% of IR and 1.1% of AR cases (statistically significant difference, $p < .01$).
    - Caregivers were uncooperative in 12.8% of IR and 7.5% of AR cases (statistical trend, $p < .1$).
- Workers were also asked about child safety in another staff survey that asked general opinions about AR and Child Protection Services (CPS). Responses were received from 178 workers and 27 supervisors in all Maryland counties except Baltimore City (which at the time had not begun AR).
    - Among workers and supervisors who had experience with AR, 69.3% felt children were equally safe in both AR and IR cases, 6.9% felt they were safer under AR and 4.0% felt that were safer under IR. Of this group, 19.8% did not know or could not judge. Many of these were new workers. Of all workers who felt able to respond, 95% indicated that children were as safe or safer under AR.
    - This finding is very similar to findings in previous evaluations in Ohio and Minnesota. *The large majority of Maryland workers and supervisors who had experience with AR and who felt able to respond believed that children in AR-appropriate families were equally safe or safer under AR* and only a very small proportion felt that children in these types of families would be safer under traditional investigations.

- Changes in child and family well-being were also measured through the case-specific survey.
    - Needs in three areas were considered: 1) basic material needs, 2) parenting and family interaction and 3) individual family member issues.
    - In general, the AR and IR-comparison families had similar needs.

Family Responses to AR

Family surveys were conducted of AR and IR-comparison families.

Indicators of Family Engagement:

- 92.9% of AR families compared to 84.3% of IR-comparison families responded they were *very or generally satisfied* in response to the question: How satisfied are you with the way you and your family were treated by the caseworker who visited your home?
- 91.3% of AR families compared to 84.3% of IR-comparison families responded *yes* to the question: Did the worker who met with you listen to what you and other family members had to say?
- 90.2% of AR families compared to 82.4% of IR-comparison families responded *yes* to the question: Did the worker who met with you try to understand your family's situation and needs?
- When asked whether they participated in decisions made about their family or their children, more AR families said they had (62.3% vs. 53.0%).
- Response of AR families to these and other family engagement questions were very similar to those of AR families in previous evaluations in Ohio and Minnesota.
- Unlike findings in other evaluations, measures of the emotional responses of family caregivers to their first meeting with the worker were more ambiguous with a mixed positive and negative response among Maryland families.

Services

Information on services to AR and to IR-comparison families was collected from workers in the case-specific survey and directly from families in family feedback surveys.

- Workers provided service *information or referrals* to families in 41.5% of AR cases compared to 26.8% of IR-comparison cases. This difference was statistically significant ($p = .005$). Workers in AR cases reported more referrals to 1) housing, 2) emergency food, 3) clothing assistance, 4) help with house payments, 5) help with utilities, and 6) appliance, furniture, home repairs.
- No difference was found in worker reports of *services provided* by the county, a funded vendor or an unfunded source, with roughly 16% of families in both the AR and IR-comparison groups receiving services.
- Workers reported more services *already in place* in AR families (14.5%) compared to IR families (9.4%), but this may have been due to the locale of the family, since AR and IR-comparison groups were chosen from different parts of Maryland.
- No difference was found in reports of workers in AR versus IR-comparison cases concerning the sufficiency, appropriateness and effectiveness of services in the sample cases.

- A difference was found in the sources of services between AR and IR-comparison cases. Workers in AR cases reported utilizing vendors and providers more often compared to IR-comparison cases where family or support groups were used more often. The use of county staff as service sources was identical for both groups (AR: 33.2%; IR: 33.8%).
- In responses to the question, "How satisfied are you with the help you received or were offered?" 77% of AR families reported they were either "very satisfied" or "generally satisfied" compared to 70% of IR respondents.
- Concerning specific services, greater proportions of AR families reported receiving services in most categories. For example:
    - Counseling services (AR: 11.8%; IR: 5.9%)
    - Food or clothing for your family (AR: 11.8%; IR: 5.9%)
    - Help getting mental health services (AR: 10.8%; IR: 7.8%)
    - Medical care (AR: 8.6%; IR: 3.9%)
    - Housing (AR: 3.2%; IR: 0%)
    - Any financial help (AR: 3.2%; IR: 0%)
- Overall, the mean number of services received by AR families was 8.4 compared to 2.2 for IR families.
- In the family survey, most of the AR families came from counties in Phases 1 to 3. More AR families will be surveyed in the near future.

Staff Views about AR

The following information was based on interviews of workers and supervisors during site-visits to select Maryland counties and on responses to the general staff survey.

- Researchers have found Maryland county administrators and staffs well informed and dedicated to family-centered practice in their child protection programs. This practice was promoted and in place before implementation of AR.
- Preparation and planning for AR implementation has been well coordinated and thorough and the training provided to staffs has been valuable.
- Nearly all caseworkers and supervisors have a positive attitude toward AR and see it either, minimally, as consistent with existing practice or as a new and significant opportunity to help families more. All but a relatively few caseworkers see AR as a move in the right direction.
- Typically, administrators view AR as a bigger change in practice than do caseworkers. The degree to which caseworkers view AR as a significant change in practice varies considerably from county to county. Counties less likely to view AR as a substantial shift in their CPS programs tend to be less clear how it differs from investigations that emphasize family-centered practice.
- Nearly half (48.2%) of workers with AR cases who were surveyed said they needed "a lot" more training in AR. One in four (24.7%) reported no additional training needs. Among supervisors with AR case responsibilities, nearly as large a percentage also said they needed "a lot" more training. Another 26.7% said they need "a little" more. The training needs in some counties remain basic and

very practical. At least in certain locations, AR engagement practices require a broader skill set than is typically employed in IR interventions.

- A relatively large percentage of caseworkers and supervisors (8 in 10) see some need for greater agency support, information and/or training related to community outreach.
- In general, caseworkers tend to think that families who receive AR are more likely to view CPS as a source of support and to feel more positive about CPS intervention.
- While some caseworkers and supervisors believe AR can have a significant impact on families without additional funds for services, a larger percentage (nearly half) does not.
- Some workers remain uncomfortable with the policy that they are not to meet with children unless they receive permission from caregivers.
- The requirement to meet with families as a unit has meant caseworkers more often must work during evening hours.
- Caseworkers and supervisors report some additional job stress with the introduction of AR, but a large percentage do not report any increase in their workload.
- Overall, CPS caseworkers and supervisors report relatively high satisfaction with their job, workload and duties.

Chapter 1
Introduction

The purpose and progress of the evaluation of the Alternative Response (AR) initiative in Maryland, data collection methods and characteristics of the AR samples through June 2014 are summarized in this chapter. The AR program and select findings are discussed in the following chapters. While findings presented in this report may be indicative of trends, data collection in all areas is ongoing and the present report *should not be regarded as definitive or final*.

Purpose and Progress of the Evaluation

The Maryland Alternative Response Evaluation was designed to conduct an implementation and outcome study of the Maryland AR program approved by HB 834 and authorized by the Secretary of Human Resources as described in Policy Directive SSA #13-13. It was designed to be independent but under the direction of the Maryland Social Services Administration (SSA) and guided by the Alternative Response Advisory Council established for the project by SSA and consistent with SSA Policy Directive # 11-05 governing research involving human subjects. The evaluation is collecting information from families, Child Protection Services (CPS) staff, the general community and the state's child welfare data system.

The following is a list of the central research questions in the study.

1. How does the Alternative Response impact the safety of children and the well-being of children and families involved in the child welfare system?
2. Are screening criteria applied appropriately and consistently in selecting cases for AR versus the investigative response (IR), and are cases switched, if warranted by child safety or better service to families, from one response pathway to the other?
3. Is there consistency across counties in the implementation of AR?
4. What is the level of family engagement in AR interventions?
5. Do caseworkers actively engage families in assessing their needs and are families equal partners in the development of case plans?
6. Are AR case plans effective and are families successfully linked to services?
7. What differences are there in the provision of services to AR and IR families and in the allocation of caseworker time?

8. What is the response of families to AR and how does it differ from families receiving IR? (Compared to IR families, do AR families feel listened to, respected, satisfied? Do they see themselves and their children as better off, strengthened, better able to access community resources, better able to help themselves? What concerns or problems do AR and IR families express?)

9. What is the response of SSA caseworkers and supervisors to AR? (Do they have concerns about child safety, practice protocols, community outreach, training, and preparedness? How do they perceive their own ability to intervene effectively with families? Are there changes in the way they perceive their jobs and role or the role of the agency and how it is perceived? How do they perceive the response of families and the community to AR? Do they have ideas for improving AR or IR?)

10. What are the responses of community stakeholders to AR?

The present interim report will focus preliminary on data on child safety, child and family well-being, worker and family reports of services received, family reactions to AR, and staff views of Alternative Response as gathered through site visit interviews of administrators, supervisors and case workers, and staff surveys. Regarding the first research question, the present report looks at short-term comparative analyses. Long-term comparative analyses of child safety and child and family well-being outcomes are problematic (see final section of this chapter).

Preparation for the evaluation began in April and extended through October 2013. This consisted of construction and revision of data collection instruments (Appendix 1) and development of a method of receiving administrative data from the state's SACWIS system (MD CHESSIE). Use of the data collection instruments was dependent on identifying information for workers, cases and families available only in administrative data. During the preparatory period, data collection tools and methods were presented to the Research Review Board (RRB) of SSA and approval was granted for their use with Maryland families and workers. Full administrative data were first received by the end of November, 2013 and other data collection began in early December 2013. Data collection has continued but the present analysis is dependent on information received through late June 2014 and thus includes approximately 7 months of data.[1] Data collection is designed to continue through mid-2015 with a final report in September 2015.

Following a planning period of several months, Maryland began actual implementation of AR with the acceptance of the first AR cases in July 2013 in an initial group of five Phase 1 counties and has progressed through four other sets of counties (Phases 2 through 5) and has been implemented statewide (see **Table 1.1**) as of July 2014. Phase 5 implementation began on July 1, 2014 in Baltimore City. Consequently no information on AR cases in Baltimore City was available for the present report, which includes only limited information from phase 4 counties.

[1] As indicated below, MD CHESSIE child welfare data extends back for some years before the beginning of the project (in July 2013) and the evaluation (in December 2013).

Table 1.1. Phases of Maryland AR Implementation

Phase	*Date begun*	*Counties*
1	7/1/2013	Allegany, Frederick, Garrett, Montgomery, Washington
2	11/1/2013	Baltimore, Carroll, Cecil, Harford, Howard
3	1/1/2014	Anne Arundel, Calvert, Charles, Prince George, Saint Mary's
4	4/1/2014	Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester
5	7/1/2014	Baltimore City

Training of workers and supervisors was conducted in counties in each phase during the months preceding the implementation in that phase. In addition Casey Family Services sponsored several cross-county collaborative meetings, attended by local and state-level staff to share learning and experiences.

Data Sources

The following data sources are being utilized for the evaluation. Printed versions of data collection instruments 2, 3 and 4 below, as approved by the RRB, are shown in Appendix 1.

1. *MD CHESSIE data.* Administrative data is being collected via uploads to evaluators on a monthly basis. This includes tables dealing with intake, assessment/investigation, formal case activities, services, assessment tools, child removals and placements, etc. Data provided extends back for several years preceding the AR implementation.
2. *General staff surveys.* A survey is being conducted (in counties in each of the five phases after they began implementing) asking staff members a variety of questions concerning their knowledge, attitudes and experiences related to AR and CPS generally. Staff are notified of the survey via an emailed request with a link to an online automated version of the survey. To date, the surveys have been conducted in the counties in Phases 1 through 4. The survey will be conducted in Phase 5 (Baltimore City) in October 2014. Some of the questions in this survey are comparative in nature, and assume a second administration of the instrument. These items are not analyzed in the present report. A very similar follow-up survey will be conducted in the spring of 2015 to provide comparative analysis.
3. *Family feedback surveys.* Based on addresses available in MD CHESSIE uploads, evaluators are contacting AR and IR-comparison families for their feedback. Gift cards (valued at $20) to various retail establishments (e.g., Walmart, Target, CVS, etc.) are being provided to each responding family.
4. *Worker case-review surveys.* These surveys are being conducted on samples of AR and IR-comparison families in order to collect data generally not found in SACWIS or, at least, not as fully and/or consistently as needed for the evaluation. The instrument is designed to be completed by the workers assigned to each family. Workers have been contacted by email and asked to complete the survey online.
5. *Community stakeholder surveys.* Surveys of community stakeholders are planned for 2015 and will emphasize agencies and individuals who may provide services to families and children in the child welfare system.

6. *Site visit interviews.* Site visits are also being conducted in local offices. Individual and group interviews are being conducted that cover implementation and process study topics. To date interviews have been conducted in counties in Phases 1, 2 and 3.

Data Collection and Sample Sizes

As noted, data collection in all areas is ongoing and the findings presented in the following chapters are tentative and may change as fuller information is collected.

MD CHESSIE: AR and IR-comparison Families. Fortunately, monthly downloads of administrative data were already being provided to a professor at the University of Maryland, who generously agreed to transfer the data to evaluators. This has continued from the first full download in November 2013 to the present. Tables are received in SAS format and converted for use in the evaluation. The process involves identification of screening information, encounters with families assigned to AR, variables associated with families and family members, assessments of risk and safety, and other associated data. To date 1,355 families have been identified as receiving AR.

Selection of the comparison group. The original research plan involved the selection of a comparison group of families from counties that had not yet implemented AR. The comparison group consisted of Investigative Response families that were very similar to AR families in demographics, report allegations and various risk and safety concerns. These are referred to as *IR-comparison* families in the following pages. This process of selecting comparison families continued on a monthly basis from CHESSIE data received through May 2013. At this point the selection process was terminated because the only county left from which comparison families could be selected was Baltimore City. The matching process proved to be useful in implementing the family feedback and worker case-specific surveys (discussed next), but the comparison group will not be used for longer-term outcome analyses. The design modification is explained at the end of this chapter (see the section "Limitations on Follow-up of Comparison Families").

Family Feedback Surveys. Beginning in December 2013 and continuing each month to the present, families that were provided with AR were identified in administrative data. As part of the planned comparison analysis, each family was matched with an IR family from counties that were yet to implement AR. Regular surveys were conducted of families assigned to AR from October 1, 2013 through May 2014 and their IR-comparison families. By the time of the final survey in June 2014, 194 surveys had been received. The analysis pursued in the following pages is limited to 93 families assigned to AR and 51 IR-comparison families from Maryland counties that had not yet, at the time of the survey, implemented AR. AR families came from all Maryland counties except Baltimore City, which implemented AR in July 2014. IR-comparison families were selected from throughout the state, but the comparison families considered in the present analysis were all selected *before* AR was implemented in their county.

The following discussion concerns characteristics of families who *responded* to the surveys (approximately 25%). Greater detail about the characteristics of families that responded to the surveys can be found in *Appendix 1* of this report. Comparison families were similar on the whole to AR families

demographically, including family size and ages of caregivers. No significant differences were found in the levels of child safety influences that workers discovered and recorded in the data system. There was similarity in the characteristics of the locales in which they resided, with one exception: there were greater proportions of AR families from high income zip codes (with median incomes of $40,000 or more) and correspondingly there were higher proportions of AR families with incomes greater than $50,000 per year. This may indicate a bias in the types of families responding. In later analyses weighting will be considered to adjust for these differences but the present interim analysis is *unweighted*. In addition, some differences were found in report allegations, with more responding IR-comparison families reported for physical abuse and more AR families reported for child neglect of various kinds. The absence of differences in safety assessments, however, mitigates the importance of these differences. No significant differences were found among survey families that were provided with family risk assessments using the standard Maryland instrument. The family survey process will continue during the coming months but will be limited to AR families only, since no further IR-comparison families can now be selected.

Case-Specific Worker Surveys. Samples of AR and IR-comparison cases were selected each month for case-review follow-up with the initial worker in the case. The samples were selected randomly from the families screened and referred during the previous period. Only one case per worker was selected (randomly within the worker's caseload) for each survey and no worker was surveyed more often than every 40 days. The response rate for these surveys was approximately 85% overall. Non-responses occurred for several reasons. The most frequent included worker turnover and invalid email addresses as derived from MD CHESSIE and SSA provided lists. In addition, there were a few cases that had reached the 120-day expunge limit by the time workers were contacted, courtesy cases that a worker was handling for another county, extended worker sick leave, worker retirement and other reasons.

By the time of the present analysis, information had been obtained on 185 AR cases and 164 IR-comparison cases, selected in counties that had not at the time implemented AR, for a total of 349 families. There will be no more IR-comparison families selected since the final county (Baltimore City) began AR as of July 1, 2014. However, like the family survey, the case-specific survey of AR cases will be continued during the coming months. This will permit continuing comparisons to be made of early-late implementation differences in approach to families as well as variations among counties.

A more detailed discussion of the characteristics of the 185 AR cases compared to the 164 IR-comparison cases can be found in *Appendix 1*. An important characteristic of cases that should be pointed out is, based on MD CHESSIE records, 41.6% of AR families had had a previously opened child welfare case compared to 39.0% of IR-comparison families. This figure, of course, does not include previous contacts with the agency that were ruled out and expunged from the system. On that basis *it can be assumed that at least half of the families had had previous encounters with child protection*. As shown in all our past AR evaluations and discussed later in this chapter previous reports of any kind—whether ruled out or not—are *risk factors*, that should be considered within analyses. The similarity of

the two groups in this variable indicates some success in locating similar families for the comparison group.

The two groups were similar in demographic characteristics with one difference: AR families averaged 2.38 children compared to 1.93 in the IR-comparison group. A racial disparity was found but was considered questionable since racial and ethnic designations were missing for all family members in about one-third of families. No relevant differences were found in the proportions of various kinds of allegations of child maltreatment. No differences in safety influences were found except in the area of alcohol and drug use by a caregiver, where no AR cases were listed compared to 5.4% of IR-comparison cases. Based on these comparisons, therefore, we felt that valid analyses contrasting the AR and comparison groups were acceptable and no adjustments were needed at this time.

General Staff Survey. Another series of surveys was carried out, that sought to measure staff attitudes, opinions and experiences with child protection and AR generally in their local offices. These were conducted between 90 and 120 days after AR was begun in each county. To date the surveys have been completed in Phases 1 through 4 counties and will be conducted in Phase 5 (Baltimore City) in October 2014. Responses were received from 205 workers and supervisors in 23 Maryland counties. Respondent totals included the following: Phase 1: 60; Phase 2: 56; Phase 3: 50; Phase 4: 39. Respondents included 27 supervisors and 178 workers. About half of responding workers (87 or 48.9%) had had AR cases, while the remainder (91 or 51.5%) had not. Similarly 15 (55.6%) of the supervisors had experience supervising AR workers compared to 12 (44.4%) who had not. The survey excluded workers who worked exclusively in out-of-home care and adoption cases but included intake and screening workers, CPS workers, ongoing case workers, family preservation workers, and some other similar categories. As noted, several items in the general staff survey are only useful in before-after analyses, which will be conducted after the survey has been repeated in late Spring of 2015.

Site Visits. Site visits have been conducted in Phase 1 through 3 counties. This has included contacts and interviews with administrators, supervisors and case workers and intake screeners in 12 counties. Visits to phase 4 and 5 counties will be conducted during September and October 2014.

Limitations on Follow-up of Comparison Families

A topic of importance concerns a *modification of the research design*. As noted in the discussion of MD CHESSIE data reception, a process of selecting IR-comparison families was established and continued on a monthly basis through the analysis of June-2014 CHESSIE data. The idea underlying the selection of a comparison group was to *identify a pool of potential match families that would very likely have received AR if AR had been implemented in their area.* It was necessary to select these families from counties that had not yet implemented AR. For example, Phase 1 AR families could be matched with similar IR families In Phase 2 through Phase 5 counties. Later, Phase 1 and Phase 2 AR families could be matched with Phase 3 through Phase 5 counties. And so on. No matches would be available for Phase 5 AR families. To accomplish this, a series of computer algorithms were developed to determine the characteristics of each AR family and then to search through the pool of potential IR matches to find

the family that was most similar. The object of this pair-matching was to developed a *matched group* of IR-comparison families that, as a group, would be very similar to the group of AR families.

The purpose of selecting a comparison group is to have a kind of standard against which to measure changes in the new program. In this process it is important that 1) the pool be large enough to yield similar cases and 2) that follow-up data be available on all AR and IR-comparison cases. We did not fully appreciate at the time of presenting the design the strictness of the rule that information on *ruled-out* cases be expunged within 120 days of the original child abuse and neglect report. Apparently, no exceptions can be permitted to this rule, not even for program evaluation purposes. Like most states, the majority of investigations of reports end by being ruled-out.[2] This means that many (a majority based on worker reports) of IR-comparison cases that have been selected cannot be tracked.

The importance for the evaluation of full follow-up data on a similar control or comparison group of families that did not receive AR cannot be overemphasized. In all past evaluations of AR that we have conducted, we followed both AR cases and a comparison or control group over months and years following the initial case that led the family into the evaluation. The groups could then be compared on the quantity and types of new reports received, children subsequently removed from homes and placed in foster care and the emergence of various safety problems after the initial contact was terminated. Unless an exception can be provided, this will not be allowed in Maryland for ruled-out IR cases. In fact, a large proportion of the IR-comparison families have been ruled out.

An alternative approach might be to determine which of the AR cases *would have been* ruled out had they been investigated in the traditional manner. If there was a foolproof method for accomplishing this we would do it, but we have found in past attempts in other states that this is impossible, primarily because of disparities in the process of assigning families to the AR track.[3] Furthermore, it would be inappropriate to compare the full AR group with the minority portion of the comparison group that was not ruled out. *This problem effectively vitiates the long-term comparison process. SSA should be aware of the implications of this limitation: the planned 2015 final report will include few dependable comparative findings on long-term safety of children, long-term child and family welfare and changes in risk and safety assessments of AR families.* If SSA representatives wish to continue the evaluation beyond 2014 the final report will contain comparative findings on implementation and process issues but no conclusions about long-term outcomes (for example related to child safety) that would require AR-IR comparisons.

[2] The terminology varies. These are more commonly referred to as "unsubstantiated" or "unfounded" in other states.

[3] AR track or pathway assignment is based on certain fixed criteria (e.g., no sexual abuse reports may be assigned) but there is a large discretionary component that varies significantly among offices and local decision makers. This means that a family that is assigned to AR in one county or by a certain supervisor might have been judged to be inappropriate in another context and would have been assigned to an investigation. The process is not random but there is enough variation that any attempt to predict assignments across an entire state produces numerous false positive and false negatives.

Why Follow-up of Ruled-Out Cases is Relevant. As noted, many families assigned to AR *would have been ruled out* had their report been investigated. Families with the most serious allegations (such as, severe physical abuse, child abandonment, sexual abuse, and so on) are generally excluded from an alternative response. These are the kinds of reports with highest probability of being continued in the traditional child protection system. So, it is natural to ask why it is so important to track ruled-out families. Doesn't ruling out mean that nothing happened in this family? This may be true, but it is more accurate to say that no serious child abuse and neglect or ongoing child safety and family risk problems *could be discovered* in ruled out cases. What does the data in other states that maintain records for several years on such cases tell us? We will very briefly discuss two studies and present a table that may help in understanding this issue. A fuller discussion can be found in our paper on chronic child abuse and neglect (Loman, 2006).[4] (In that report the term *unsubstantiated* is equivalent to *ruled out* in Maryland.) In the following we have indicated differences in terminology in **brackets [ ]** to make the studies understandable to Maryland readers.

Without belaboring the issue, we present the results of two studies. Hussey et al. (2005) examined outcomes for 806 children in four US locations. They found no significant differences on several measures of developmental and behavioral outcomes between children with one or more [in MD: ruled out] reports to CPS by age 8 versus children with at least one [in MD: not ruled out] report by age 8. All the children in these two groups, therefore, had been reported at least one time for child maltreatment. If [not ruling out] of a CA/N report means that greater harm to children occurred compared to a [ruled out] report it might be expected that more children in the former group would be damaged and that the damage would be manifested in higher rates of problems in behavior and development. This was not the case. On the other hand, differences in behavior and development *were found* between each of these two groups of children and a third group that had never been reported to CPS. The variable that had effects on children's developmental and behavioral outcomes was *any report of child maltreatment* regardless of whether the report had been [ruled out or not]. Another study by Drake et al. (2003) of 14,707 children found no difference in later child maltreatment reports of children with [ruled-out] reports versus children in reports that had not been [ruled-out]. These studies tell us that reports to child protection are *risk factors*, that is, any report received and screened-in is a harbinger of future maltreatment and child well-being concerns.

The following table (**Table 1.1**) is based on Missouri data. We have changed the terminology in the table to fit Maryland. It is based on child abuse and neglect reports on families tracked over four years. Missouri maintains data on these for several years before expunging. First, several thousand families were tracked over two years and placed in appropriate cells in the table. For example, 6,000 families received one [ruled-out] report but no [not-ruled-out] reports (second cell, upper left of table) during this two-year period. Or looking at the middle column and top cell, 160 families received two reports that were [not-ruled-out] but no [ruled out] reports during this two-year period. The p value is

[4] See: Families Frequently Encountered by Child Protection Services: A Report on Chronic Child. (2006). St. Louis, MO: Institute of Applied Research, pp. 3-5, at: http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf

the *probability* or *proportion* of families in the cells just to the right of each p with new reports that were **not ruled out** during the *next two years*. For example, of the 160 families referred to above, about one-third (.33 or 33%) received at least one report during the final two years that was not ruled out.

Looking at the table it is evident that the probability values increase from upper left to lower right. This tells us that both [ruled-out] and [not-ruled-out] reports during the first two years were predictive of later reports that were [not-ruled-out]. It shows that reports of any kind, no matter what the outcomes of investigations, are ***risk factors***. Families reported one time are likely to be seen by CPS a second time. And this analysis followed the families only for two subsequent years. When families are tracked for several years, all the p values in the table increase. This can be seen in our Ohio follow-up study (Loman and Siegel, 2014) where families were tracked for about 4.5 years (see Table 3 and discussion in that article).

Table 1.1 Probability (p) of a Report Not Ruled Out during a Two-Year Period by Number of Not Ruled out and Ruled out Reports during the Preceding Two Years (n = Number of Families in each condition)

	Not Ruled Out (NRO) reports during first two years of data period									
Ruled out (RO) reports during first two years of data period	*No NRO's*		*One NRO*		*Two NRO's*		*Three NRO's*		*Four or more NRO's*	
	p	*n*	*p*	*n*	*p*	*n*	*p*	*n*	*p*	*n*
No RO's	.10	382	.13	1694	.33	160	.56	34	.58	12
One RO	.09	6000	.25	642	.40	111	.27	26	.23	13
Two RO's	.15	1330	.30	308	.40	86	.52	23	.56	9
Three RO's	.24	465	.30	149	.44	48	.44	18	.64	14
Four RO's	.28	195	.37	70	.43	21	.43	7	.75	12
Five RO's	.32	100	.22	23	.50	16	.63	8	.78	9
Six or More RO's	.29	58	.47	34	.43	14	.62	13	.43	7

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Chapter 2
Families Entering AR

This chapter contains an analysis of the characteristics of families that have initially received an Alternative Response. The analysis is based on MD CHESSIE data provided on families assigned to AR from July 1, 2013 through June 2014.

We identified families assigned to AR by using the new tables created for AR in MD CHESSIE, the SSA administrative data system.[5] Through this process, 1,355 families were identified out of 20,467 families screened and referred to CPS statewide during this period.[6] The breakdown of AR families by phase and county is shown in **Figure 2.1**. We found that there was a gap between the dates and reports and screening and the appearance of AR assignment in data, and this accounts for the rather low proportions among Phase 4 counties that had begun AR in April 2014.[7] Most of the cases in this analysis, as might be expected, are from counties that entered the program in Phases 1 and 2, both of which began in the second half of 2013. Montgomery and Washington Counties are the most populous in Phase 1 and Baltimore County in Phase 2. Together these three counties account for about 46% of the cases, but 60.5% of all cases were assigned in the five counties in Phase 1 that began AR in July 2013.

We have found in previous studies of AR in other states that local offices sometimes vary substantially in the proportions of reports assigned to AR. Whether the variations in percentages among counties reflects different rates of AR assignment cannot be determined at this time but should become apparent as fuller data is received in the coming months. In addition, later analyses comparing changes in rates *within* counties will permit us to consider another common development in AR programs, namely, that proportions of screen-in reports that are assigned to AR tend to increase as local supervisors and workers become more comfortable with the program.

Demographic Characteristics of Families. Most AR families had only one or two children that were included in the case. There were 40.5% in which a single child was identified and 30.6% in which 2 children were present. Families with 3 or 4 children made up 21.7% of AR families. In the remaining 7.2%, there were 5 or more children. In 38.5% of AR families a child under 6 years of age was present; 54.5% had one or more children in the 6 to 12 year age range; 31.8% had one or more teens present. These proportions were based on cases in which the birthdates of family members were entered. We

[5] These were tb_alternative_response_clients, tb_alternative_response_summary, and tb_alternative_response_picklist.

[6] Statewide data is being transferred each month. Total families were from counties that were implementing AR for the entire period, those that began AR at some time during this period and Baltimore City that began AR after this period.

[7] We sometimes found screening and referral information in one month but the AR designation appeared only in data received in the next month. This is not meant as a criticism of the system but may indicate a delay in data entry.

counted 52.4% of AR cases in which a single adult was listed in the case and 32.8% with 2 adults, and 14.8% with three or more. The case head was a woman in 80.0% of AR families and a man in only 10.3%, although we could not identify the case head or gender in administrative data in 9.7% of cases. The age of AR case heads averaged to 30.6 years. Again, this was based on persons with birthdates entered into administrative data. Race and ethnicity were unknown in 38.5% of AR cases but otherwise 41.4% of families were Caucasian and 20.0% were African American. Hispanic identity was indicated in 3.7% of cases.

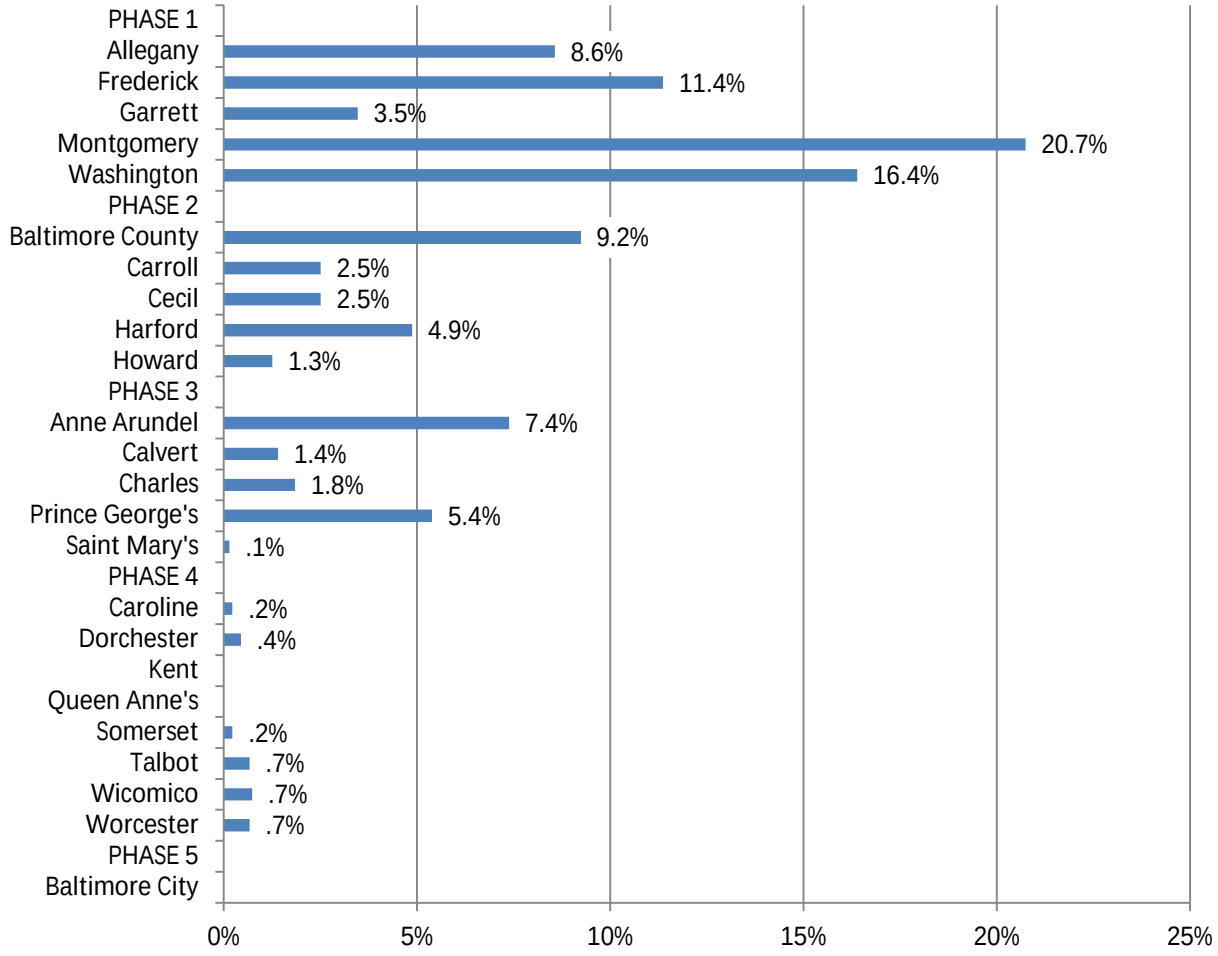

Figure 2.1. Percentage of Families (N = 1,355) assigned to AR by Phase and County (Registered and available in MD CHESSIE data extractions through June 2014)

Child Maltreatment Allegations. Among AR families, 38.6% were categorized as physical abuse cases. Of these, 16.9% were reported as non-accidental physical injuries; 4.4% were reported to have children with suspicious injuries; 2.7% with injuries inconsistent with the caregiver's explanation; and 4.9% in which the caregiver's action was reported to have likely caused the injury. Reports were given a final categorization of child neglect in 57.6% of these cases. Among these, inadequate food or nutrition was reported in 3.4%; inadequate clothing or hygiene in 5.8%; unsafe conditions in the home in 20.6%; inadequate supervision in 23.4%. There were no sexual abuse cases assigned to AR.

Family Risk. Family risk levels assigned in risk assessments of 1,210 of the AR families are shown in **Figure 2.2**. An overall score of no risk or low risk was assigned to nearly 9 of every 10 families (87.0%), although family risk was rated as much greater in some risk categories. It is possible utilizing the Maryland instrument to obtain an overall score of no risk when various low risk items have been checked in certain component areas. Overall risk is not determined mechanically from other risk scores but represents the professional judgment of the worker. For example "no risk" indicates that "there are generally positive family conditions and circumstances" and that "negative influences that are present are low to none."

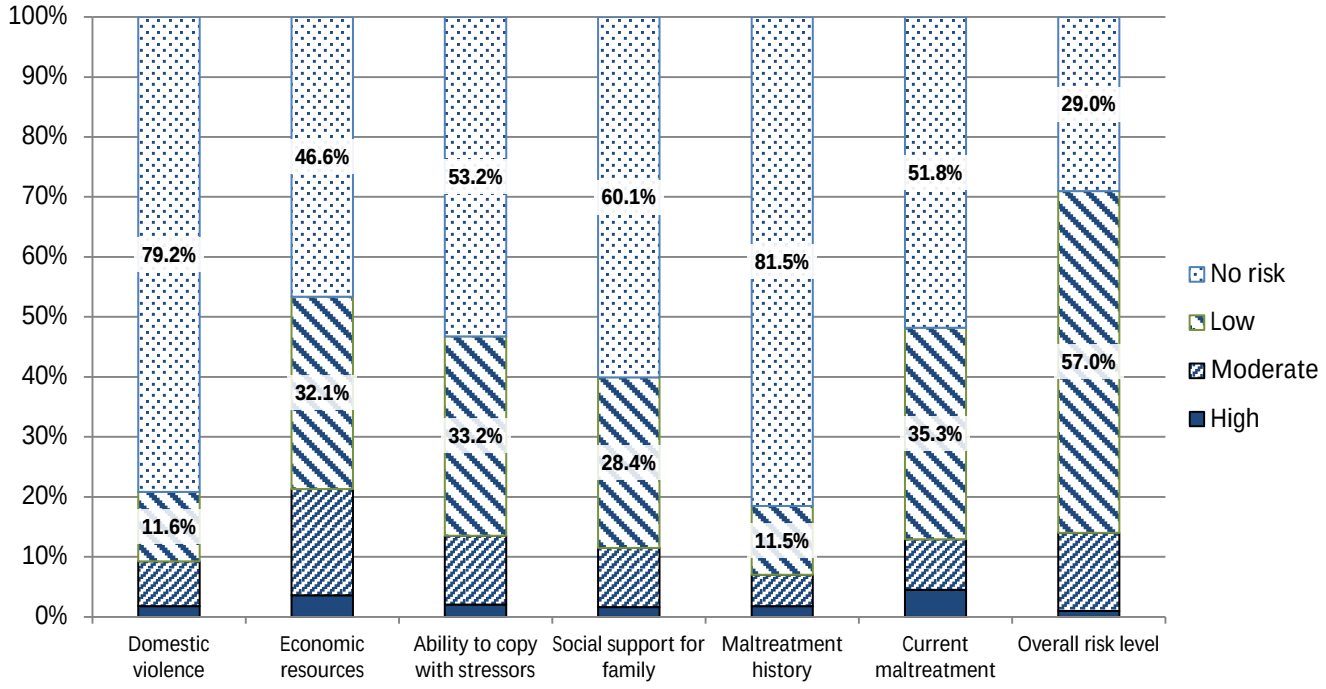

Figure 2.2. Family Risk Levels Assigned to AR Families (N = 1,210)

The areas in which greatest risk was indicated were 1) economic resources, 2) ability to cope with stressors, 3) current maltreatment, and 4) social support. Each of these items is based on multiple indicators specified in the risk assessment tool. Only in the area of economic resources (such as indebtedness, housing problems, clothing, other money pressures, etc.) were more than 20% of the AR families considered to be at moderate to high risk. Importantly, according to workers interviewed the risk assessment instrument is completed near the end of contact with the family and may, therefore, reflect assistance that was provided.

Narrative Data. Each record of assignment of families to AR is accompanied by a narrative summary in MD CHESSIE. This is a description of the strengths and needs and services entered by the AR worker that visited and worked with the family. We intend to conduct a content analysis of this information at a later date after a more complete set of families has been assigned to AR statewide.

Chapter 3
Child Safety and Family Well-Being

In this chapter we consider the perspective of workers on the safety and well-being of children and families in AR and IR cases. First, we consider worker reports of the presence of safety problems in specific families with whom they worked and changes in child safety that occurred by their final contact with the family. Second, an analysis of general worker opinions about the relative safety of children in AR and IR cases is presented. Third, worker reports of child and family well-being in specific families is examined.

Changes in Immediate Child Safety Problems in Specific AR and IR Families

This analysis is based on the case-specific survey and concerns short-term child safety, that is, 1) child *safety threats* identified by workers at the time of their *first meeting* with the family and 2) *improvement or declines in the same safety problems* by the time of their *final meeting* with the family. The focus is on categories of safety threat in AR and IR-comparison cases. For example, how many cases of abuse through excessive discipline did workers identify in AR and IR families and how did this problem change during the time they were in contact with families?

In the case-specific sample, as described earlier, workers were asked to respond concerning types of child safety problems and family well-being issues in particular cases for which they were responsible. The following analysis concerns the case-specific sample of 185 *AR cases* compared to the case-specific sample of 164 *IR-comparison cases* in counties that had not yet implemented AR. Child safety problems were not considered to be present in the majority of AR and IR families encountered. In 43.8% of the AR cases, workers identified at least one child-safety threat that was present at the time of their first encounter with the family. In the large majority of these (71.6% in which a threat was found) only one safety threat was identified. Similarly, in 43.9% of the IR-comparison cases, workers identified at least one child-safety threat present at the first encounter. Among these also, only one threat was identified in the majority of cases (63.9%).

Because a minority of cases included two or more child safety threats some duplication of families occurred. For example, the same family might be counted two different categories, such as 1) a child lacked basic needs and 2) an unclean home. This is acceptable since our main concern was whether any notable AR versus IR differences appeared in the *change in particular categories of safety reported by workers*.

About half of the safety issues discovered involved child neglect (46.5% of the AR sample and 55.8% of the IR sample). These included: a) child lacked basic needs (food, clothing, hygiene, etc.), b) unsafe or unclean home, c) homelessness or potential homelessness, d) educational neglect or truancy, e) lack of proper supervision and f) medical neglect. The remaining categories (55.8% of AR and 44.2%

on IR) included abuse or other forms of child endangerment: a) abandonment or locking out or in, b) non-disciplinary violence to a child, c) excessive discipline, d) emotional maltreatment, e) other harm (e.g., burns, poisoning, etc.), f) verbal or physical fights and g) rejection of child.

About half the problems identified (51.8% of AR and 51.9% of IR) were considered by workers to be *mild* safety threats at the time of the first encounter with the family. A minority was categorized as *moderate* (43.9% of AR and 31.7% of IR) and a smaller minority was rated as *severe* (4.4% of AR and 16.3% of IR). Workers were asked to indicate the level of the threat at their final meeting with family in one of four categories: *mild, moderate, severe*, and *not present*.

Figure 3.1 shows worker responses concerning child safety issues in AR and IR cases for which they were responsible. These bars represent the *number of cases* in which child safety problems were identified and in which the workers were able to rate of the level of safety threat when they first contacted the family and when they last contacted them.

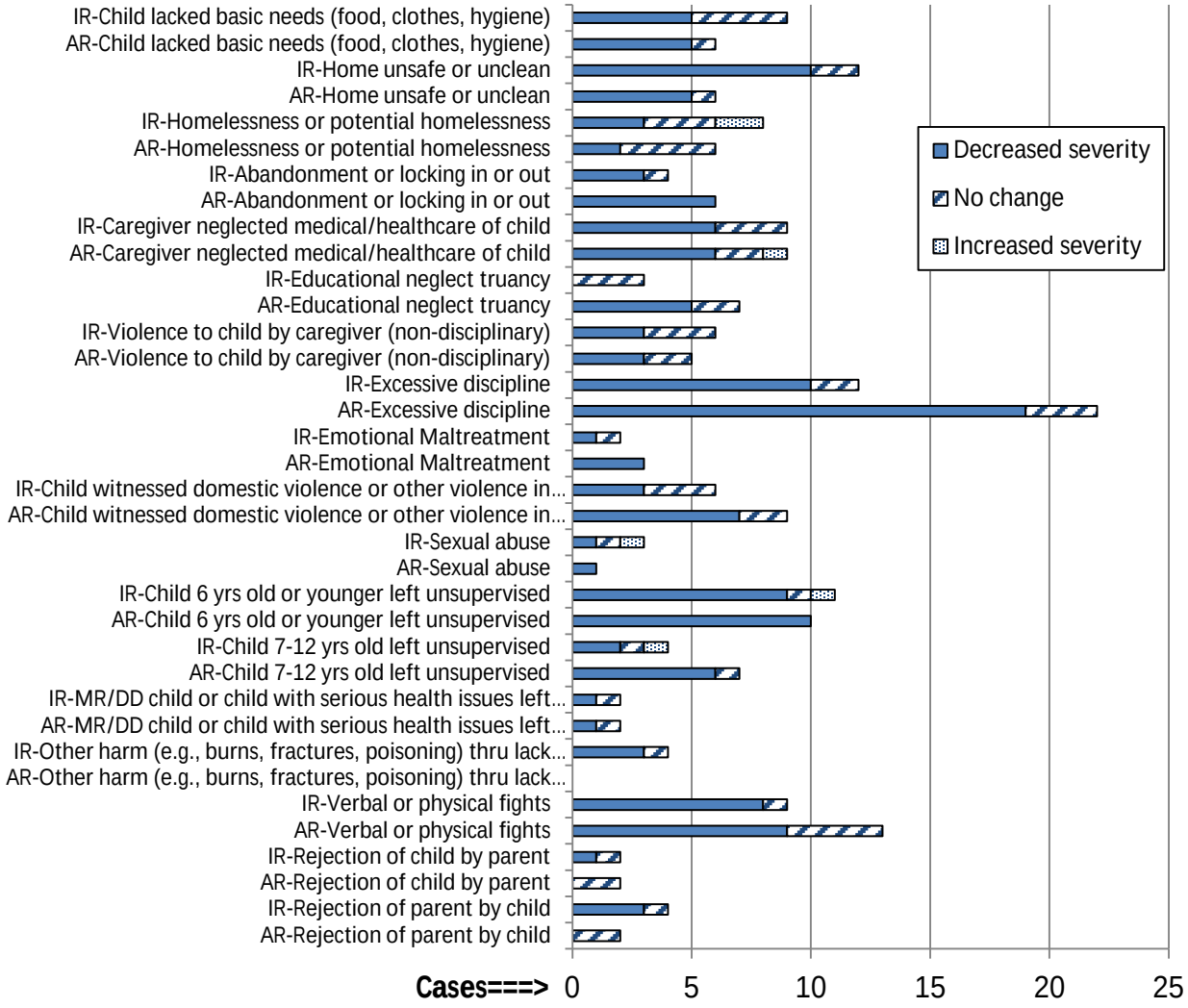

Figure 3.1. Child safety issues in AR and IR-Comparison cases. (Case-specific sample for the July 2013 to June 2014 period)

For each safety category in **Figure 3.1** there is a bar for AR cases and IR cases, enabling comparisons to be made. The shading shows three outcomes. 1) In most cases the safety threat had decreased by the conclusion of the case and in most of these workers indicated that the problem was no longer present. 2) The threat was rated at the same level in some cases and the majority of these had been considered mild at the start of the case. 3) In a few instances severity was thought to have increased by the end of the case. There were more cases of this kind on the IR side and several these involved referrals to court and/or child removals.

As is evident from the lower axis of **Figure 3.1** (see 'Cases===>'), the number of cases in each category was quite small. The numbers of AR and IR cases were roughly comparable in each category except for *excessive discipline* where more AR cases were identified. Note that workers completed these rating in isolation and none knew how other workers were rating their cases, yet no statistically significant difference ($p < .05$) was found in the changes in safety across any of the categories (Chi Square, exact tests). *Maryland workers rate children as no less safe in AR than in the IR-comparison cases and indicate that safety threats were addressed and resolved at about the same rate in AR as in IR cases.*

Extenuating Circumstances. Workers were asked whether there were any extenuating circumstances that made work with this family difficult, impossible or unnecessary. Their responses explain in part why no change occurred in some cases, and in a few IR-comparison cases, the problem became more severe. First, it is interesting in the light of our comments about ruled out cases in Chapter 1 to note how often this reason was cited by workers in IR-comparison cases as to why work with the family was unnecessary or could not be done. This is shown in **Figure 3.2** where it can be seen that in 54.3% of IR-comparison cases the conclusion of the investigation was that the report should be ruled out. The 3.8% of AR cases occurred for AR cases that were switched to IR. The high percentage of ruled-out cases in the comparison group shows that something similar would have happened in AR cases had they been investigated in the traditional manner. It again demonstrates why we cannot use the planned comparison method in an evaluation in which no follow-up and tracking is possible for ruled-out cases. For our purposes here it also shows one reason why workers felt further work with these families was unnecessary.

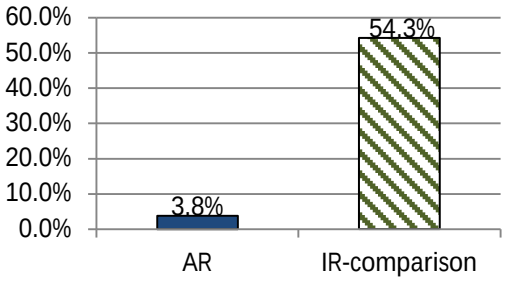

Figure 3.2. Proportion of AR and IR-comparison cases that were ruled out

In Figure 3.3, we show other extenuating circumstances listed by workers. In most of the categories these occurred more often in IR-comparison cases. It is not surprising that the first category in which child maltreatment was indicated but further work was unnecessary occurred significantly more often in comparison cases. Maltreatment was determined to be indicated only in investigations (and in AR cases that were switched to IR). While all the categories were offered as reason why working with the family was difficult or unnecessary, they provide an interesting finding that replicates findings

from out AR evaluations in other states. Family flight and in caregiver hostility occurred significantly more often on the IR side, and this is consistent with findings in the Minnesota and Ohio evaluations and especially in the first evaluation in Missouri, where there were very similar findings. This is an indication a difference in reaction and attitudes of families to the AR versus IR approach. In addition, lack of caregiver cooperation was cited more often in IR-comparison cases (statistical trend).

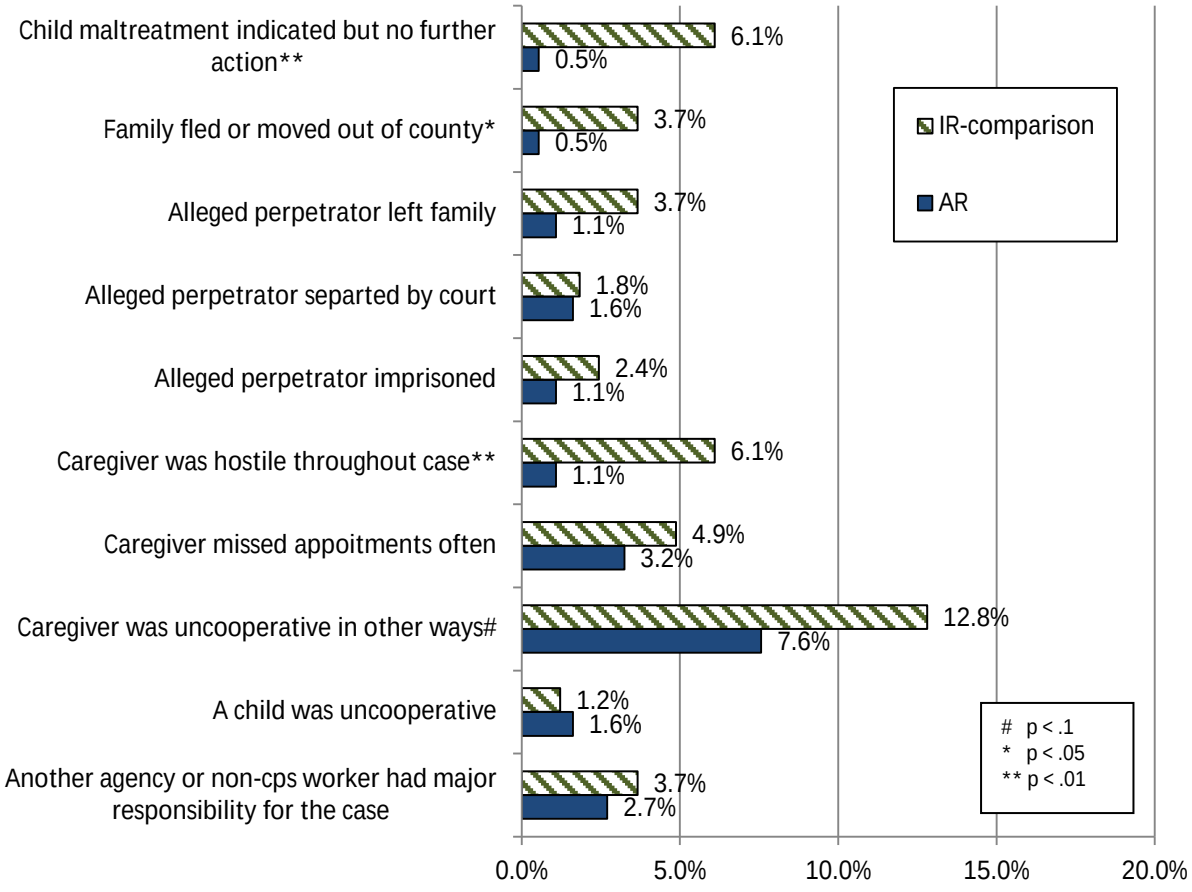

Figure 3.3. Extenuating circumstances listed by workers in AR and IR-comparison cases that made work with the family very difficult, impossible or unnecessary (Case-specific survey)

Child Safety in General

The general worker survey was not concerned with specific cases but with attitudes and opinions of workers and supervisors about AR and CPS generally. The survey included both workers and supervisors who were experienced with AR and workers who had no experience with AR. (Adoption and Foster Care workers were not included in the survey.) Workers were asked about child safety under AR as follows: "For cases that are appropriate for AR, in your opinion, how does the AR approach compare

to the traditional investigative approach regarding child safety?" The response categories can be viewed in **Figure 3.4**.

In **Figure 3.4**, responses were divided between workers and supervisors who had experience with AR and those who did not. The latter group was much more likely (52.5%) to indicate that they did not know or could not judge concerning this question. Only very small proportions (2.0% and 4.0%) of both groups felt that children were safer in traditional investigations (IR cases) than in AR. About 7 in 10 workers and supervisors who were in the best position to know the answer to the questions (that is, those who had experience with AR) said there was no difference and that children were equally safe in either approach. Small percentages felt that children were more safety through AR. Among AR workers and supervisors who were willing and able to answer the question (100% - 19.8% = 80.2%), 95.0% indicated that children were equally safe and more often safe under AR. Among workers with no AR experience who were willing and able to answer the question (100% - 52.5% = 47.5%), 95.7% answered similarly. The question of why nearly 1 in 5 (19.8%) of AR workers and supervisors did not answer the question is an important one that will be explored later. For example, 19% of workers in this category were new to the job and had begun working in CPS after AR was implemented.

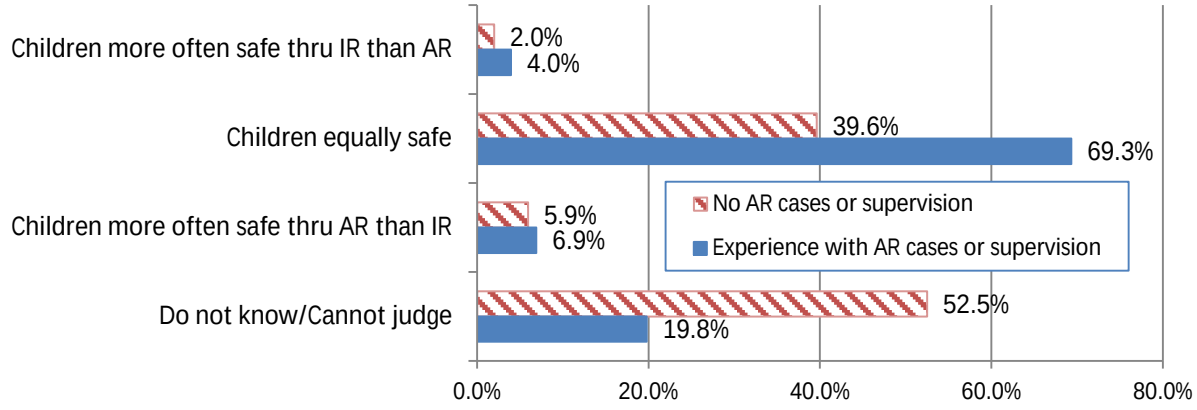

Figure 3.4. Response of Maryland workers to the question: For cases that are appropriate for AR, in your opinion, how does the AR approach compare to the traditional investigative approach regarding child safety? (First Maryland General Worker Survey December 2013 – July 2014)

The responses of workers and supervisors in Maryland are similar to those of staff we have surveyed in other states. For example, **Figure 3.5** shows the responses of worker in Ohio who were surveyed in early 2013 and were asked the same question. AR had been operating for 4.5 years in the 10 Ohio counties that were included in this survey, yet the pattern of responses is remarkably similar to those of Maryland staff. In this case, we know that the 17.8% of AR-experienced staff who did not know or could not judge were workers who were new to the job and had no experience with AR.

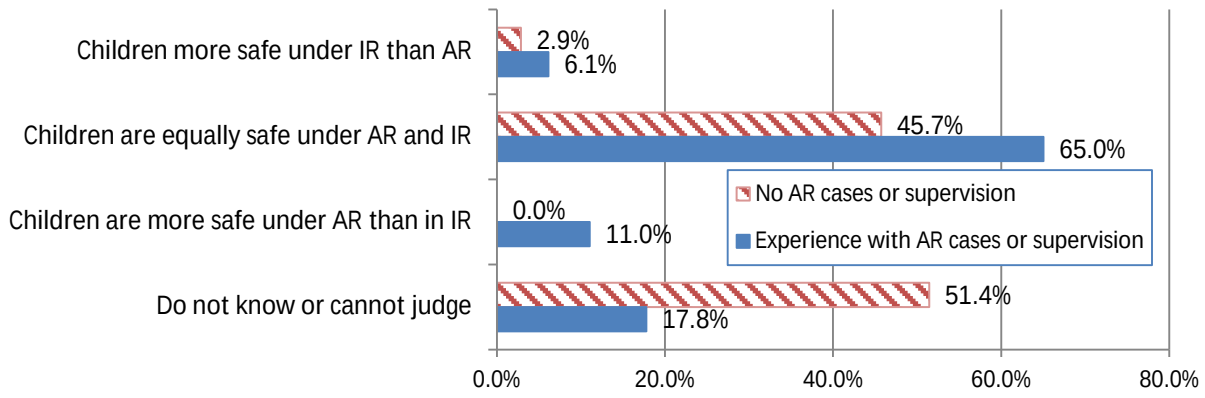

Figure 3.5. Response of Ohio workers to the question: For cases that are appropriate for AR, in your opinion, how does the AR approach compare to the traditional investigative approach regarding child safety? (Third Ohio General Worker Survey, January 2013)

The large majority of Maryland workers and supervisors who had experience with AR and who felt able to respond believed that children in AR-appropriate families were equally safe or safer under AR and only a very small proportion felt that children in these types of families would be safer under traditional investigations.

Here are some representative comments from workers that allude to child safety (emphasis added). First some generally positive comments:

> "…the AR approach is non-judgmental, as there will be no finding. Therefore more attention is given to the safety of the children to avoid repeated referrals."

> "[AR is] basically an alternative less punitive approach to child safety concerns. People are perhaps more apt to listen and take in the concern with this approach."

> "AR is social work! You are using models, interventions, finding strengths in the family to correct concerns, and changing the face of the help tradition. Families are being assisted before issues rise, [and before] risk becomes high and safety is compromised. AR is preventive, which social work should be…correcting the concerns before they become issues."

> "I like that I am not investigating the families but giving them the opportunity to discuss their situations and assisting them with creating plans and solutions to keep their children safe. I also like to meet families where they are."

Some workers still have child safety-related concerns about making family contacts before first interviewing the child, but there was no indication that child safety is compromised:

> "[AR involves] no finding. Assessment of safety and risk remains the same. I am contacting family ahead of time and going to the home to meet with the family. I miss having the one on one with a child in a neutral place where they feel safe. I feel limited in talking with a child in their own home."

"[The] introduction [to the family] is different. Gaining parental permission to interview kids at school is new. [The] safety plan referrals and services are the same. I feel though that the outcomes for AR are left too open ended whereas an IR has closure."

But there was also a difference of opinion about interviewing children first:

"I feel that not interviewing children first and separate is a good practice for ensuring safety. I do like not making a finding."

Note that there is additional, related information on worker views about AR from staff interviews and surveys can be found in Chapter 6.

Changes in Family and Child Well-Being during the Initial Case

In the case-specific survey workers were also asked questions about the well-being of the children, the adults and the family in general. The format of the questions was the same as that used with the child safety items analyzed at the beginning of this chapter. For each of the cases in the survey, workers were asked to rate the level of problem or needs when they first encountered the family (*mild, moderate, severe*) and the same at their final contact, with the addition of the *not present* category. The questions addressed many items, which we have grouped into three categories: 1) basic material needs, 2) parenting and family interaction and 3) individual family member issues. These are shown with stacked bars that contrast AR versus IR-comparison cases. As was noted in describing safety issues, the number of families in each category is relatively small. We again note that the *no change* category was composed primarily of issues rated as mild and moderate at the initial contact with the family. In addition, the *no change* response does *not* mean that nothing was done in the case. Workers often indicated that they referred families to various sources of assistance, as is shown in the next subsection in this chapter and in the following chapter.

Figure 3.6 compares basic material needs. There were no significant differences in either the initial presence of needs or in the outcomes.

It is apparent from the chart in **Figure 3.6** that workers felt that there was little change in most of these areas. This corresponds to comments by workers, particularly those in less densely populated areas of the state, that there was little they could do to assist families directly with financially related problems. Yet, as we showed in the first chapter, a large portion of the families encountered in both groups were in poverty. In two of the states we have previously studied, additional funds were available (from private foundations) to purchase services for families provided with family assessments, and under those conditions services addressing the problems listed in **Figure 3.6** increased significantly. (Note that there is more information on the views of staff on these and related issues in Chapter 6.)

We also remind the reader that the duration of the worker's contact with the families in these cases was often very short. The kinds of reported child maltreatment that were referred to AR were the least threatening and if the children were found to be safe or safety problems were dealt with adequately, the AR worker closed the case. The same would generally be true of the kinds of IR cases that were selected for the IR-comparison group.

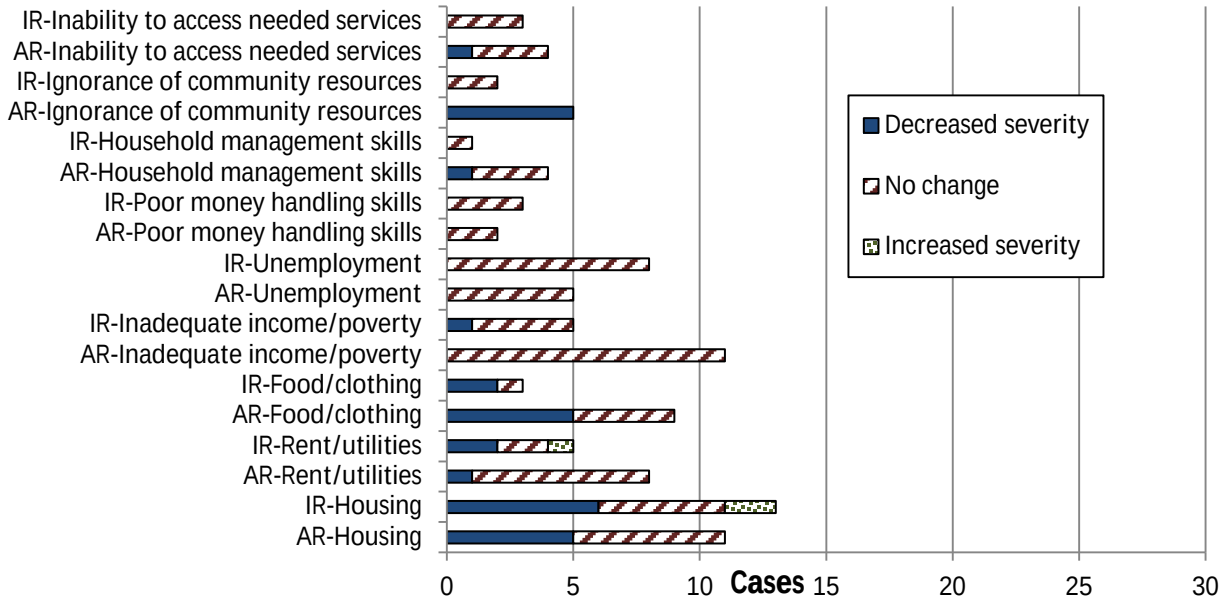

Figure 3.6. Basic material needs in AR and IR-comparison cases in the case-specific survey: frequency at the beginning of the case and change observed at final contact

In **Figure 3.7**, the second category of needs and problems is shown.

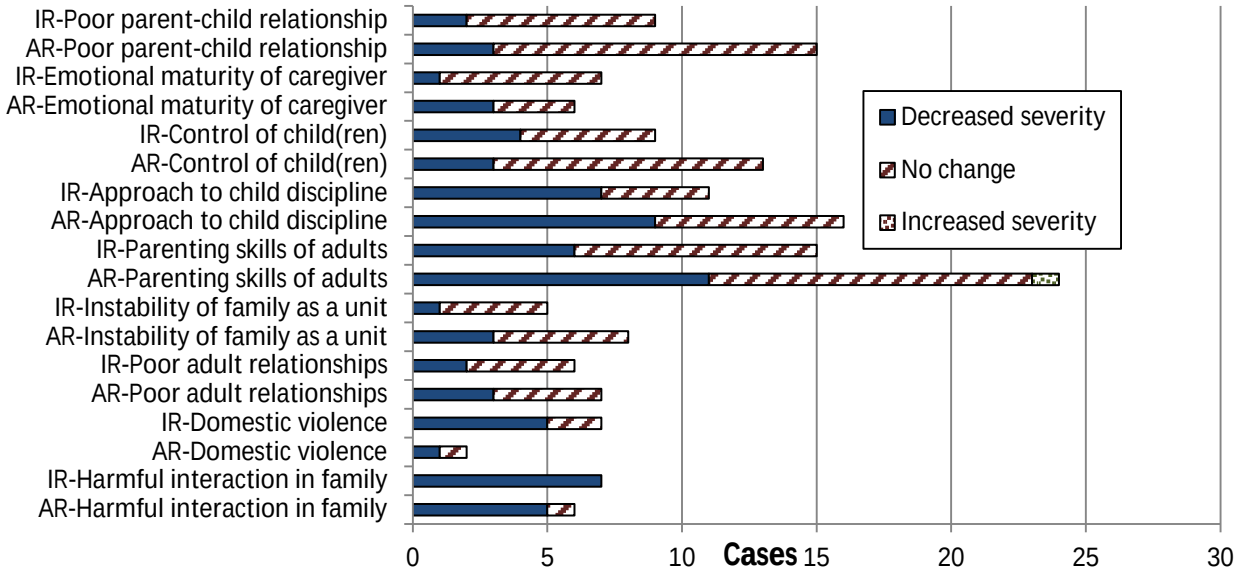

Figure 3.7. Parenting and family interaction issues in AR and IR-comparison cases in the case-specific survey of worker: frequency at the beginning of the case and change observed at final contact

There were few differences among AR and IR-comparison families in the initial presence of the needs in **Figure 3.7**, except for *parenting skills of adults* and *poor parent-child relationship*, which appears somewhat more often in the AR group. Many of these areas are the kinds of problems that CPS

workers address directly. Thus, a greater proportion of cases were rated as improving compared to the previous chart, although no significant differences appeared between AR and IR cases.

Finally, **Figure 3.8** shows results for individual family member issues. There was general similarity in the frequency of presenting problems that workers identified and in the change reported over the course of the workers contact with the family. The one exception was in the category *mental health of children*, which AR workers identified in 29 cases compared to 13 of the IR group. This may be due to errors in matching or simply to random variations among groups of otherwise similar families. Like the material needs listed in **Figure 3.6**, the kinds of problems outlined in **Figure 3.8** are generally beyond the capabilities and resources of child welfare workers to address and resolve. However, as also noted, this does not mean that nothing was done in the cases. It simply means that within the short timeframe of the case the workers often witnessed no change in the status of the family member.

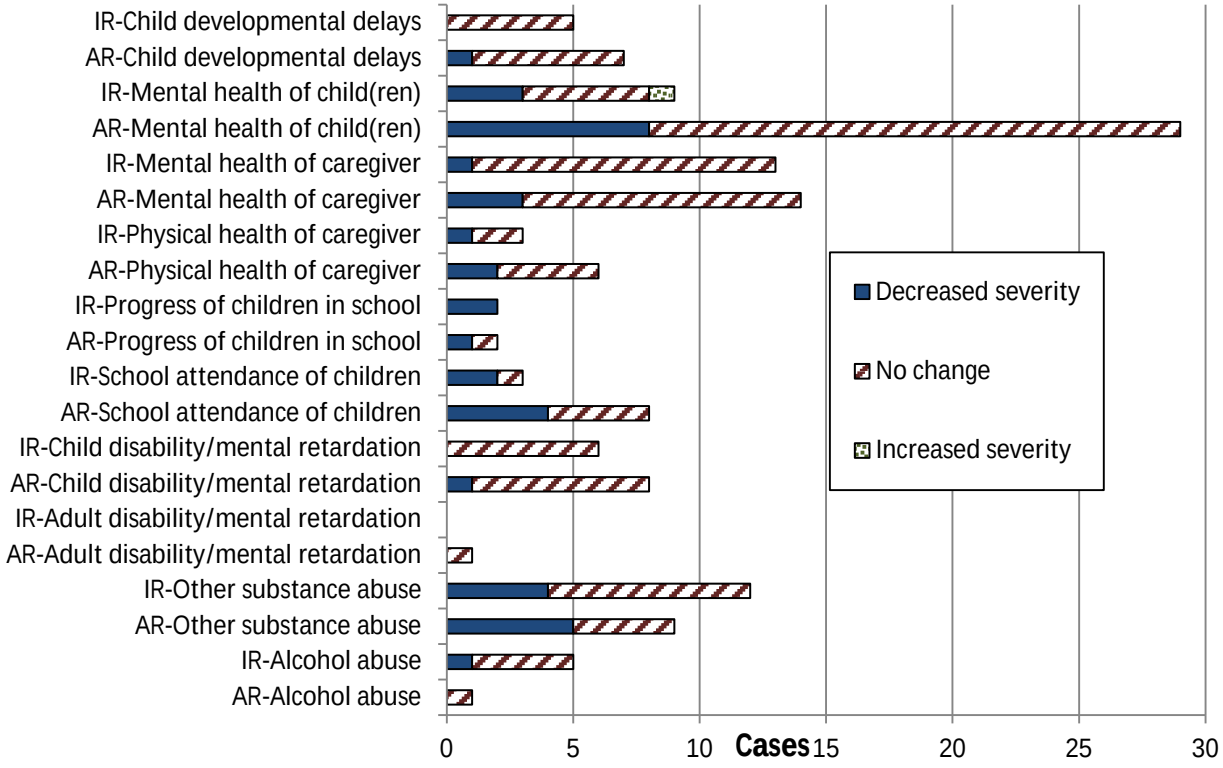

Figure 3.8 Individual family member issues in AR and IR-comparison cases in the case-specific survey: frequency at the beginning of the case and change observed at final contact

The child and family well-being issues evident in AR cases were, in general, very similar to the same kinds of cases in the comparison group from counties that had not yet implemented AR. This gives us greater confidence that the comparison selection process was satisfactory. No differences were found between AR and IR-comparison in the degree of resolution of the problems identified. However, as more AR cases are added to the case-specific survey in the coming months from all counties in the

state, including Baltimore City, it should be possible to conduct more in-depth comparisons, including contrasts among counties of family and child well-being changes in AR cases.

Chapter 4
Family Responses to AR

The analysis in this chapter is based on responses of AR and IR-comparison families to the family surveys conducted between December 2013 and June 2014.

Indicators of Family Engagement (Practice Indicators)

In surveys, families were asked a set of questions intended to measure differences in the engagement approach used in AR and IR interventions and to gain the reaction of families to them. These included the overall satisfaction of families with the way they were treated by caseworkers who visited them in their homes. More specifically, they were asked whether the caseworker who met with them listened to what members of the family had to say and whether the worker tried to understand the family's situations and needs. Families were also asked whether they were treated in a manner they would describe as respectful and friendly. To each question, families were asked to choose from one of four responses, from most positive to most negative.

Differences in the responses of AR and IR families to these questions were not large. Overall, responses of both groups were more often positive than negative--by a wide margin. At the same time, the percentage of families giving positive responses was higher among AR families.

For example, **Figure 4.1** shows the responses of families to the first question on the survey: How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?

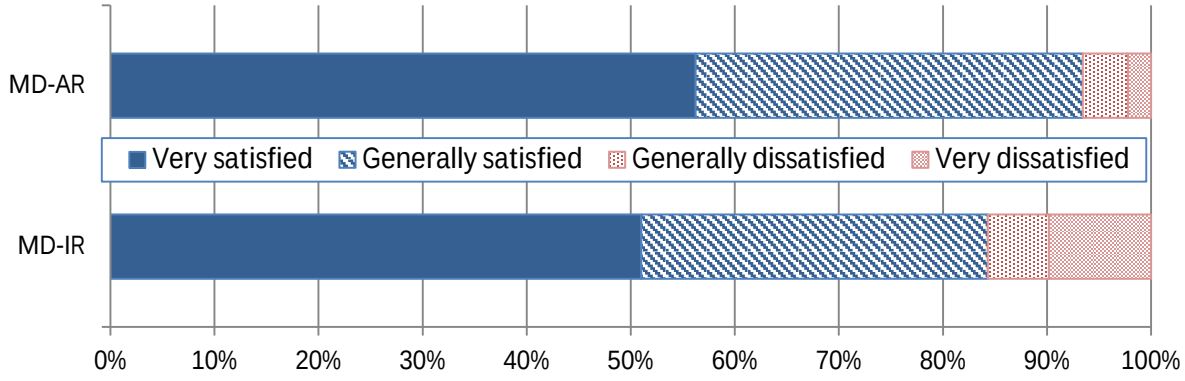

Figure 4.1. Maryland AR and IR-comparison family responses to the question: How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?

Respondents to the question in **Figure 4.1** were asked to choose among four response choices: very satisfied, generally satisfied, generally dissatisfied, very dissatisfied. As can be seen in Figure 1, the

differences between the two groups of families was not large, but a larger percentage of AR respondents indicated they were "very satisfied" – 56% to 51%, and a larger percentage of IR respondents said they were "very dissatisfied"—10% versus 2%. The degree of difference in the responses of the two family groups can be more clearly seen in **Figure 4.2** where response items are collapsed into either "satisfied" (whether "very" or "generally") or dissatisfied ("very" or "generally").

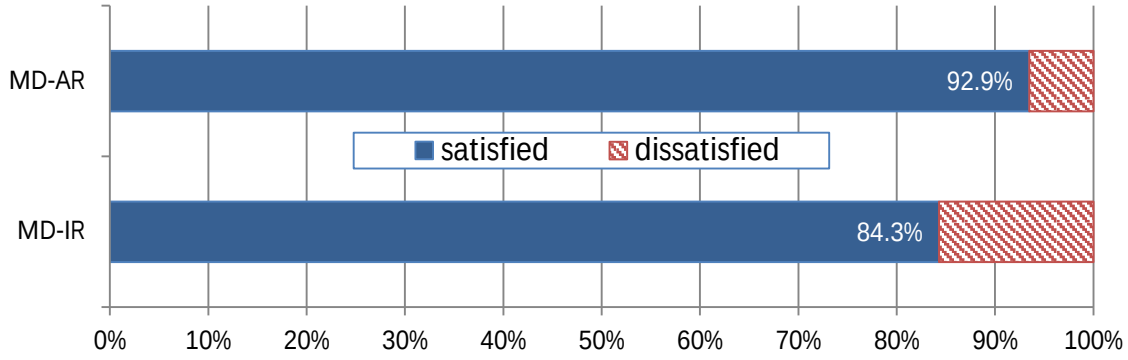

Figure 4.2. Maryland AR and IR-comparison family responses to the question: How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home? (Collapsed categories)

This pattern (in which the differences between AR and IR families is not large, but somewhat more positive for AR families) has been found on other survey items intended to measure differences in the manner in which workers approached families—as reflected in the reaction of families. A larger percentage of AR families said workers listened to what they and other family members had to say--91.3% versus 84.3% of IR families (see **Figure 4.3**). Similarly, a larger percentage of AR families said workers tried to understand their family situation and needs (see **Figure 4.4**). And fewer AR families said there were matters that were important to them that were not discussed (11.5% compared with 17.8% of IR families).

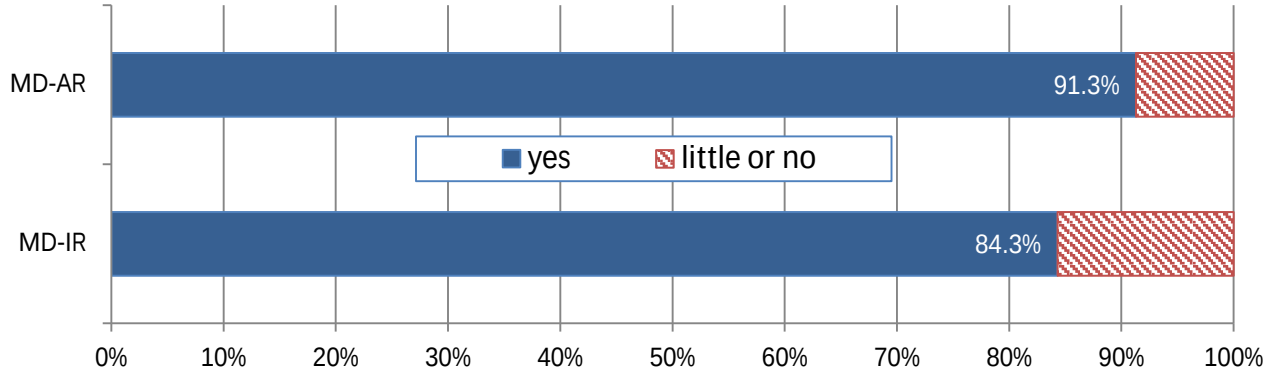

Figure 4.3. Maryland AR and IR-comparison family responses to the question: Did the worker who met with you listen to what you and other family members had to say?

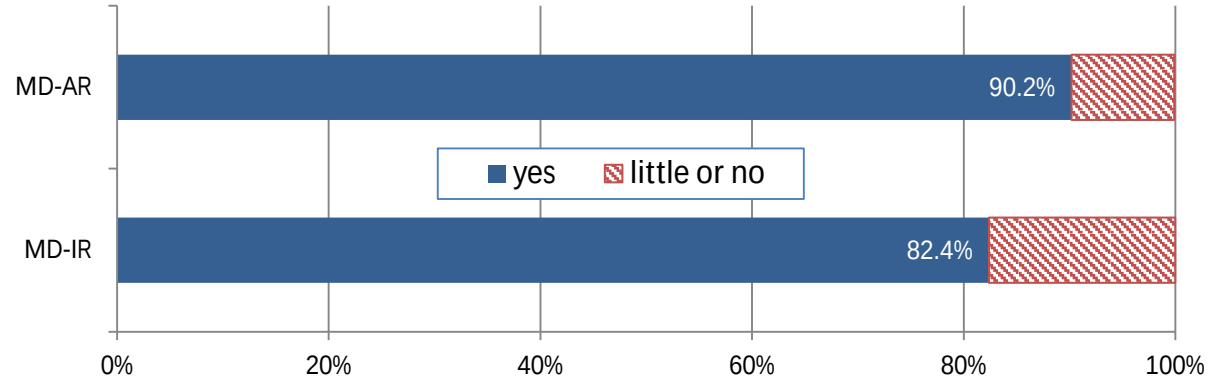

Figure 4.4. Maryland AR and IR-comparison family responses to the question: Did the worker who met with you try to understand your family's situation and needs?

Although a large majority of all families reported that workers treated them in a respectful, friendly manner, the majorities were larger among AR families—"respectful": 95.7 vs 88.2%; "friendly": 96.8 vs 88.2%. When asked whether they participated in decisions made about their family or their children, more AR families said they had (62.3% vs. 53.0%).

Families were asked: Overall, is your family better off or worse off because of this experience. About half of both AR and IR family respondents have said they were "better off." A larger percentage of IR respondents have said their families are "worse off" (19.6% vs. 3.3% of AR respondents), while more AR respondents have said it has made "no difference" (46.2% to 27.5% for IR respondents).

A summated engagement score is being calculated that combined responses to each of the items described above. The score favors AR at the moment, but only as a statistical trend ($p = .08$, F-test; .05 is usually considered a statistically significant difference between groups).

Similar family surveys were conducted in evaluations of AR programs in Minnesota and Ohio. The response pattern described above is very similar to what was found in those studies—but in those studies with full samples, larger *numbers of families*, and an unambiguous statistical difference. Two comparison examples are provided here**. Figure 4.5** shows the response percentages of AR and IR families in Minnesota, Ohio, and Maryland (to this point) to the question of general satisfaction with how they were treated. **Figure 4.6** shows the responses of families in the three states to the question: Did the worker listen to what you had to say? The relative similarities in the response pattern are evident.

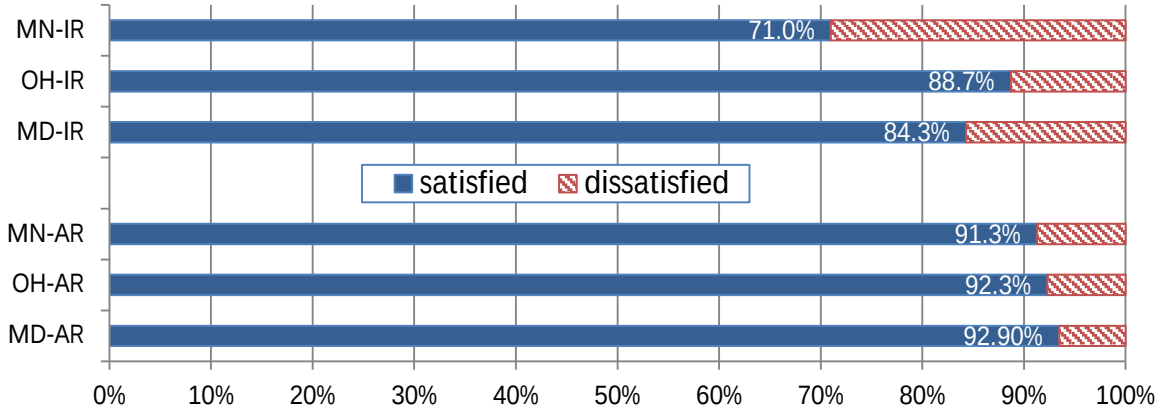

Figure 4.5. AR and IR-comparison family responses in Minnesota (MN), Ohio (OH) and Maryland (MD) to the question: How satisfied are you with the way you and your family were treated by the caseworker who visited your home?

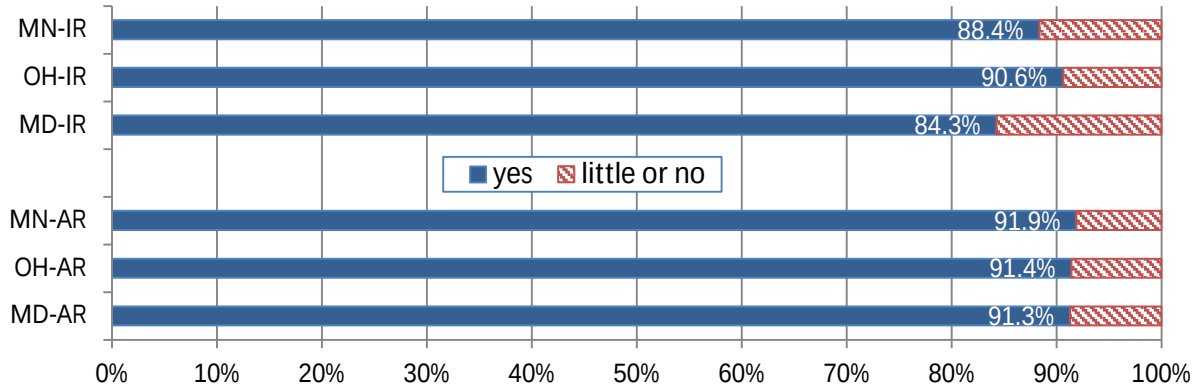

Figure 4.6. AR and IR-comparison family responses in Minnesota (MN), Ohio (OH) and Maryland (MD) to the question: Did the worker who met with you listen to what you and other family members had to say?

In summary, regarding the effect of AR on practice based on early evidence from family surveys: The introduction of AR appears to have had an effect on practice in the direction consistent with policy hypotheses. The relative impact does not seem to be substantial, but there is a consistency across dimensions captured by the survey. And, there is a similarity in the responses of Maryland families to families surveyed in Minnesota and Ohio. The extent to which the difference observed between AR and IR families derives from some, most or all counties and from some, and from most or all workers, will be examined as the evaluation continues and additional county programs are examined and families from those counties are surveyed.

Emotional Responses of Families (Practice Indicator)

To understand better the reaction of family caregivers to AR and IR interventions a semantic differential scale is being used to gauge the emotional response of families. Respondents are asked to describe their feelings at the end of the first visit from the caseworker by checking a list of positive and negative terms—"any that apply." Positive terms included words like optimistic, encouraged, reassured, and hopeful; negative terms included words like confused, worried, anxious, and angry. This tool has

been used in evaluations of the Minnesota and Ohio differential response programs. In both of those prior projects, the results were strong and convincing that families responded more positively to AR and more negatively to IR.

Thus far, the responses in the current research in Maryland present an ambiguous picture. Unlike family reactions presented above, in which a general positive response is being found overall, interim findings on the semantic differential scale have been mixed. AR respondents were more likely to check five of the eleven positive terms more often than IR respondents. See **Figure 4.7.** At the same time, AR responses were less likely to check seven of the eleven negative terms. See **Figure 4.8**.

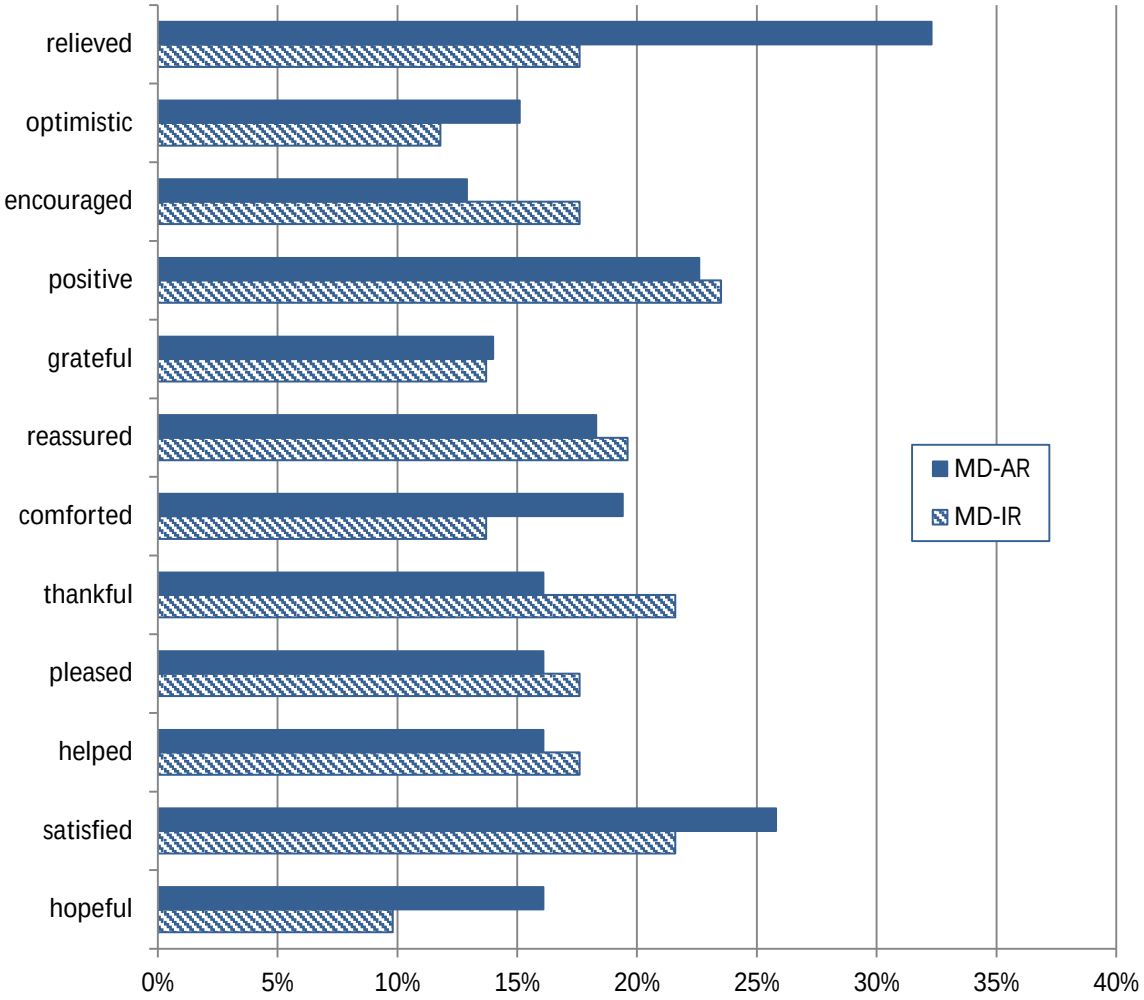

Figure 4.7. Maryland AR and IR-comparison family responses concerning positive emotional reaction to the first meeting with the worker

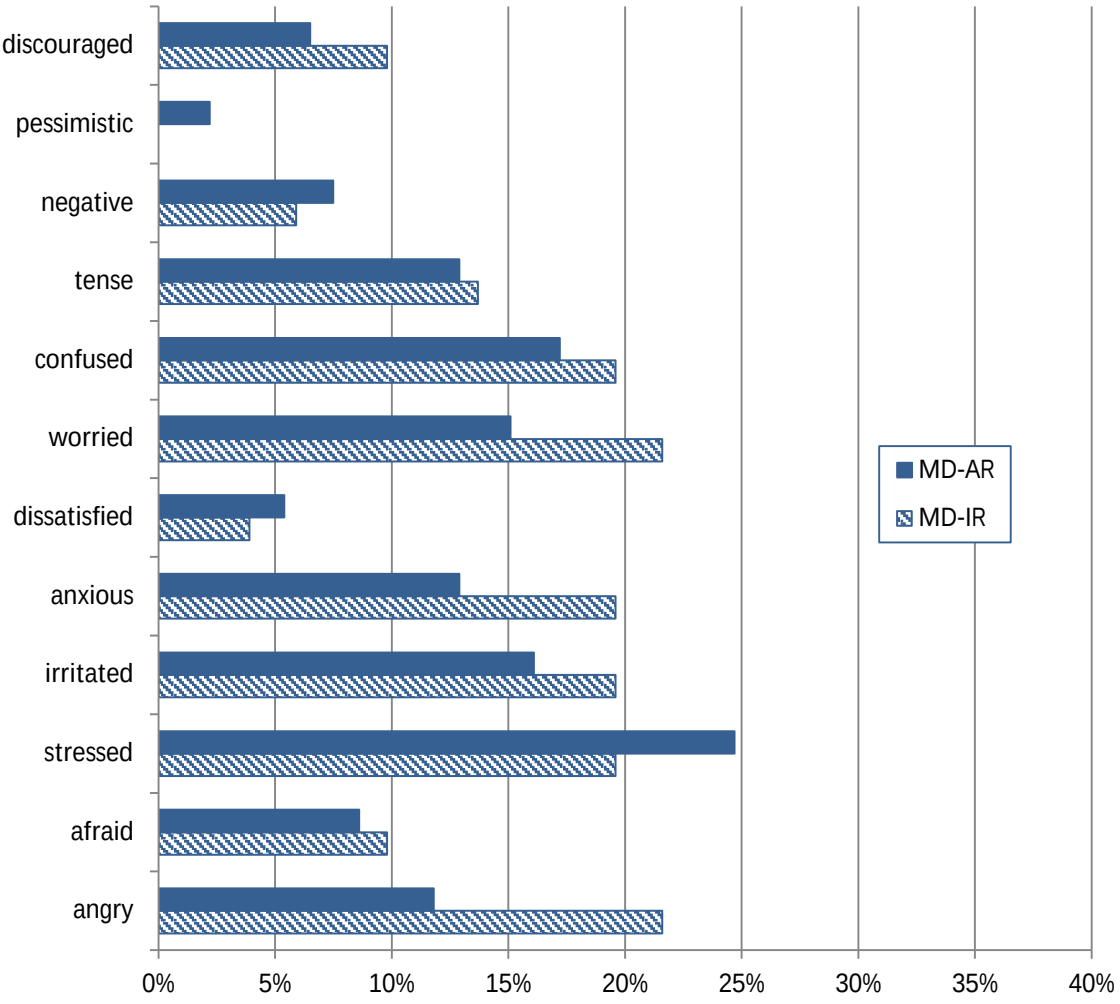

Figure 4.8. Maryland AR and IR-comparison family responses concerning negative emotional reaction to the first meeting with the worker

Chapter 5
Services

Workers and families provided information about services. In this chapter we examine what workers told us in the case-specific survey about particular families with whom they worked as well as what families reported about services they received in the family feedback survey. The state did not allocate additional funding for services under AR. However, differences in services may still occur as a result of at least two factors. First, because the majority of AR cases would have been *ruled out* had they been investigated, it is possible that greater attention will be paid to families that may have been ignored under the traditional approach. Secondly, if the change in approach to families under AR results in greater engagement of families then opportunities to work with them and to link them with existing resources may increase. *It is important to point out again that this report is based on incomplete data since most AR cases that could be included in this analysis came from Phase 1 and Phase 2 counties (see Chapter 1).* The proportions will change as more AR cases are added and particularly as information from Baltimore City is utilized.

Worker Reports regarding Services

Workers were asked in the case-specific survey to provide information about specific services available in AR and IR-Comparison cases. They were not asked to link the service to specific child safety problems or child/family well-being issues but only to tell whether the family was in contact with this service. They were asked to respond to one of three categories: 1) information or referral provided, 2) service was provided, and 3) service was in place at start of case. To show general differences, we first show summary results in **Figure 5.1** for three information or referral differences between the AR and IR-comparison groups.

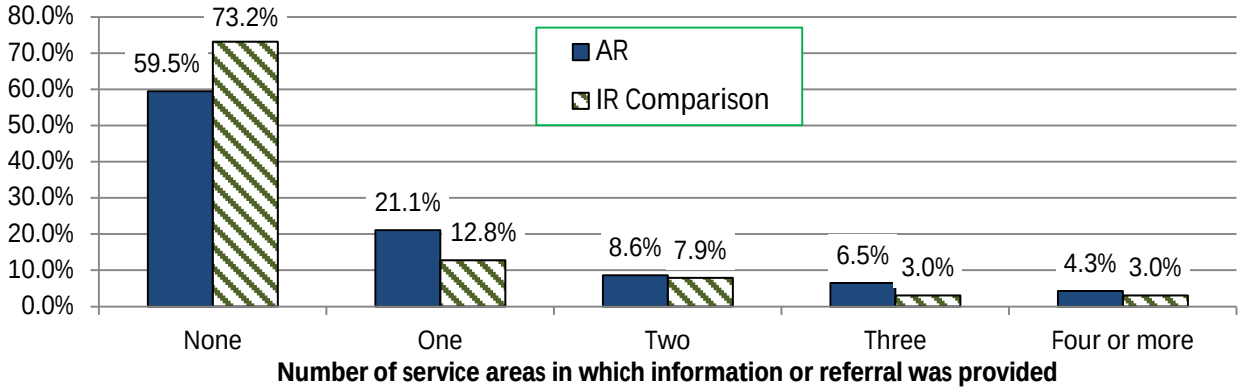

Figure 5.1. Information or referral services provided by workers in AR and IR-comparison cases (Case-specific survey)

Summing the four categories on the right side of **Figure 5.1**, 39.5% (21.1+8.6+6.5+4.3%) of AR cases received at least one service in this category compared to 26.8% (12.8+7.9+3.0+3.0%) of IR-Comparison cases. This difference is highly statistically significant (p = .005) and shows possible changes in service approach resulting from AR. This chart is expanded in **Figure 5.2** to show the specific service categories in which these differences were found.

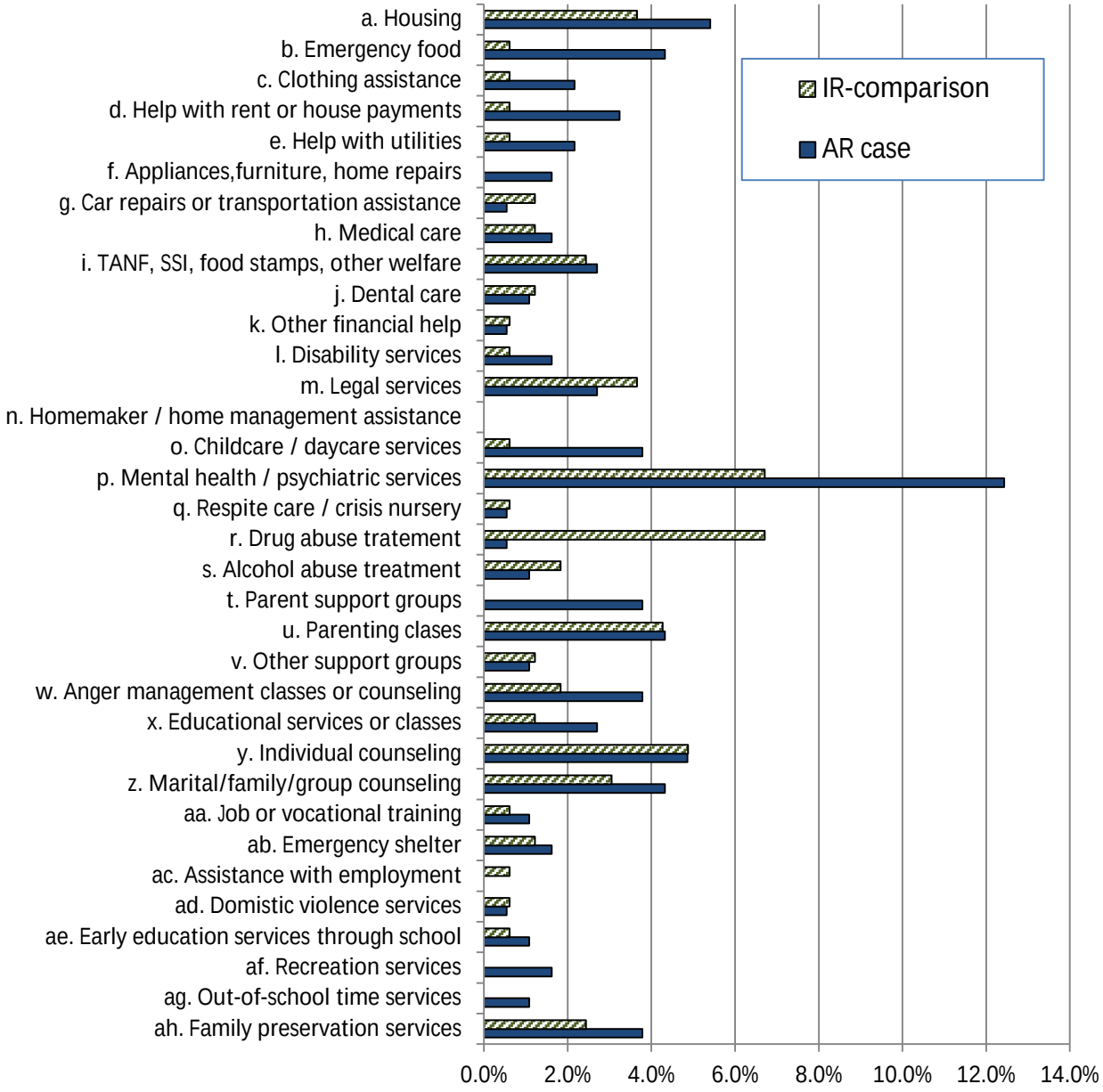

Figure 5.2. Proportion of cases provided information or referral to services for AR and IR-comparison families in specific service category.

A clear difference is apparent in **Figure 5.2** in the area of basic material needs. Workers in AR cases (the solid bars in the chart) reported more referrals to 1) housing, 2) emergency food, 3) clothing assistance, 4) help with house payments, 5) help with utilities, and 6) appliance, furniture, home repairs.

We refer back to earlier comments in Chapter 3 about responses to child and family well-being issues and attempts to serve. These results show that in the area of materials needs workers in AR cases were attempting to address family needs more frequently than workers in the IR-comparison cases. There was also increased activity in other more traditional child welfare categories under AR, including 1) mental health or psychiatric services, 2) marital/family/group counseling, 3) parent support groups, 4) recreation services, 5) childcare/daycare services, and 6) family preservation services. IR-comparison cases showed greater activity under 1) alcohol and drug abuse treatment and 2) legal services.

On the other hand, no difference was found in the category: *services provided* (**Figure 5.3**).

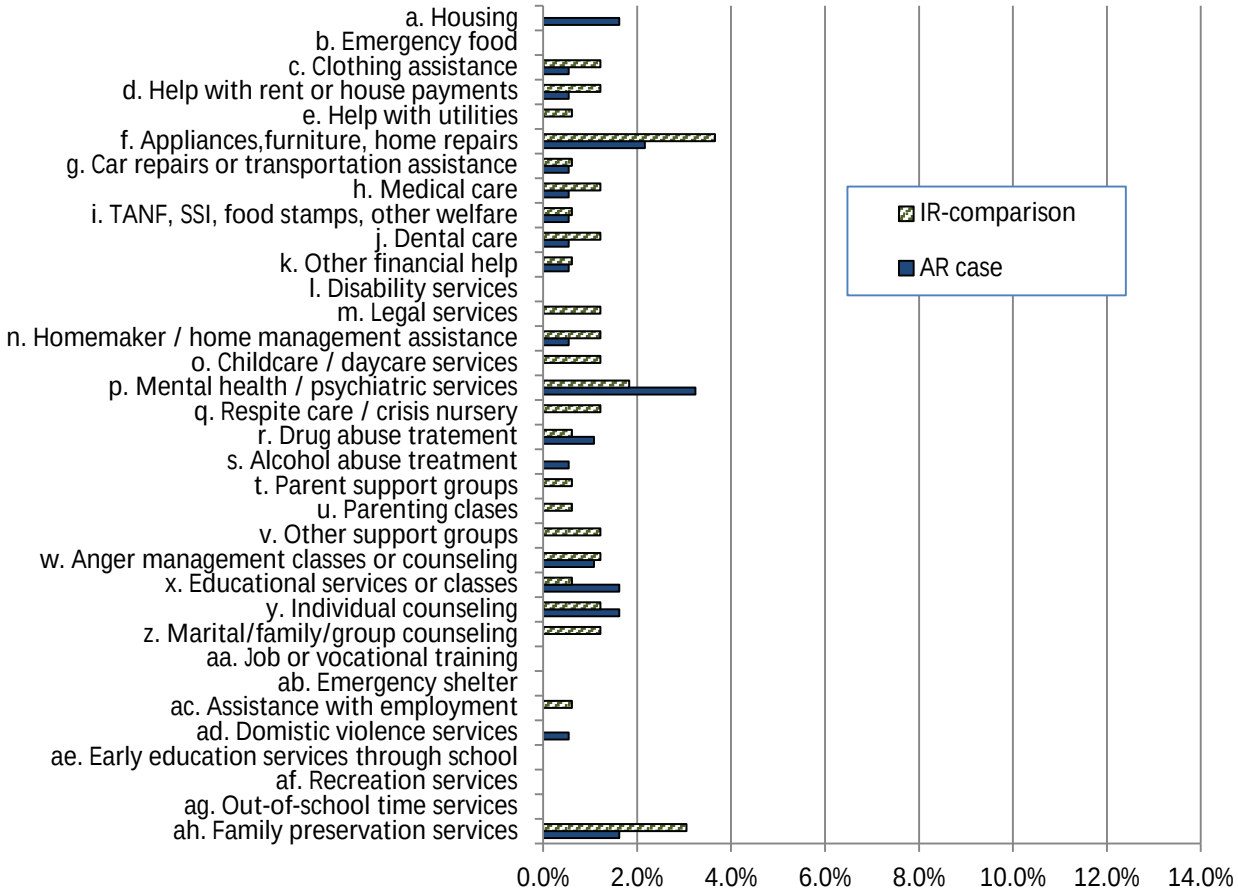

Figure 5.3. Actual services provided by county, funded vendor or unfunded source in AR and IR-comparison cases in specific service categories (Case-specific survey)

Services provided was defined as: *services actually provided by the county, by a funded vendor or an unfunded source while the case was open*. Summary statistics for such services showed that such services were provided in roughly 16% of families in both the AR and IR-comparison groups. The detailed look at service categories, however, in **Figure 5.3** revealed a great deal of AR versus IR variation. In most areas the IR-comparison cases more often received services, including several basic material services (clothing, rent, utilities, appliance, furniture, home repair) and in a number of more traditional areas, including family preservation services. These were balanced on the AR side by greater help with

housing, mental health or psychiatric services, drug abuse treatment domestic violence, etc. Thus, because the overall difference was not statistically significant and the actual percentages were very small (usually about 1.0% of the samples) that variation may simply reflect random fluctuations among families. Also, the scale of the bottom of **Figure 5.3** is the same as the one in **Figure 5.2**, permitting a visual comparison of the overall proportions of services. Actual services were provided in less than 2% of cases for all but 2 service categories.

Interestingly, AR families were more likely to have *services already in place* at the time of the first contact with the family. Summary statistics were that 14.5% of AR families had services in place compared to 9.4% of IR-comparison families, a statistically significant difference ($p = .01$). We do not show a chart of detailed service categories but families in AR cases were more likely to have mental health or psychiatric services in place (AR: 8.6%; IR: 3.7%) and individual counseling (AR: 6.5%; IR: 1.8%) and small differences in other services. The overall difference is interesting but the individual differences are not necessarily meaningful. One possible explanation may have to do with the part of the state in which AR and IR-comparison families lived. We attempted to match families on locale and type of locale (based on county median income and population) but, as is always the case in pair-matching, there was some variation, and we could only roughly control for location variations *within* individual counties. If more AR families lived in areas with access to mental health centers, for example, we might expect more to be receiving such services.

Based on worker reports, therefore, *information or referral assistance may have increased under AR*. We should be able to speak to this difference with greater certainty after more case-specific cases have been collected and analyzed. Currently we can detect *no difference between AR and IR-comparison families in worker reports of services provided by the county or other organizations*.

Sufficiency, Appropriateness and Effectiveness of Services

For each case in the case-specific survey were asked a series of five questions about the sufficiency and effectiveness of any services provided to the family. Again, it is important to remember that no worker was privy to how other workers were responding to these items—only the evaluators could view all worker responses. The questions concerned 1) immediate safety threats, 2) future abuse and neglect, 3) family and child well-being, 4) appropriateness for family needs and 5) service effectiveness. Workers responded on a 10-point scale, where 1 meant *not at all* and 10 meant *completely*. Average (mean) scores in AR and IR-comparison cases are charted in **Figure 5.4**

All workers rated the topics positively in both AR and IR-comparison cases and while the mean scores for AR were slightly higher on some questions the difference was in no case statistically significant. These means include only cases in which workers felt able to make the rating. Proportions who did not respond or indicated that they were unsure ranged from 15% to 25% of workers. This is not surprising from what was seen in Chapter 3 concerning cases with extenuating circumstances, such as family flight, hostility and lack of cooperation, and indeed in all cases higher proportions of workers in IR-comparison cases did not feel they could respond.

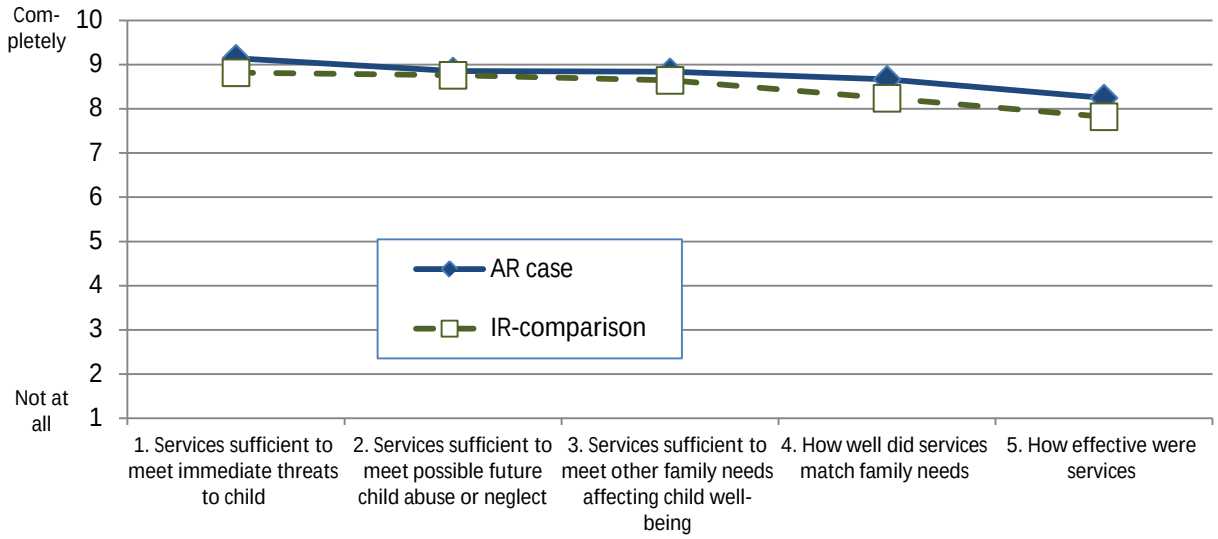

Figure 5.4. Worker responses in AR and IR-comparison cases concerning sufficiency, appropriateness and effectiveness of services in sample cases (Case-specific survey)

Worker Reports of Difference in Resources Utilized in AR and IR cases

For each well-being area that workers identified (see Chapter 3), we asked to them to specify the type of service or resource used to address the issue. These were 1) county staff; 2) family, kin or support group; 3) an unfunded resource, 4) a vendor or provider of services and 5) other types. The summary proportions are shown in **Figure 5.5**. It is apparent that workers in AR cases more often referred to vendors and paid service providers than in IR-comparison cases, while family, kin and support groups were used more often in IR-comparison cases.

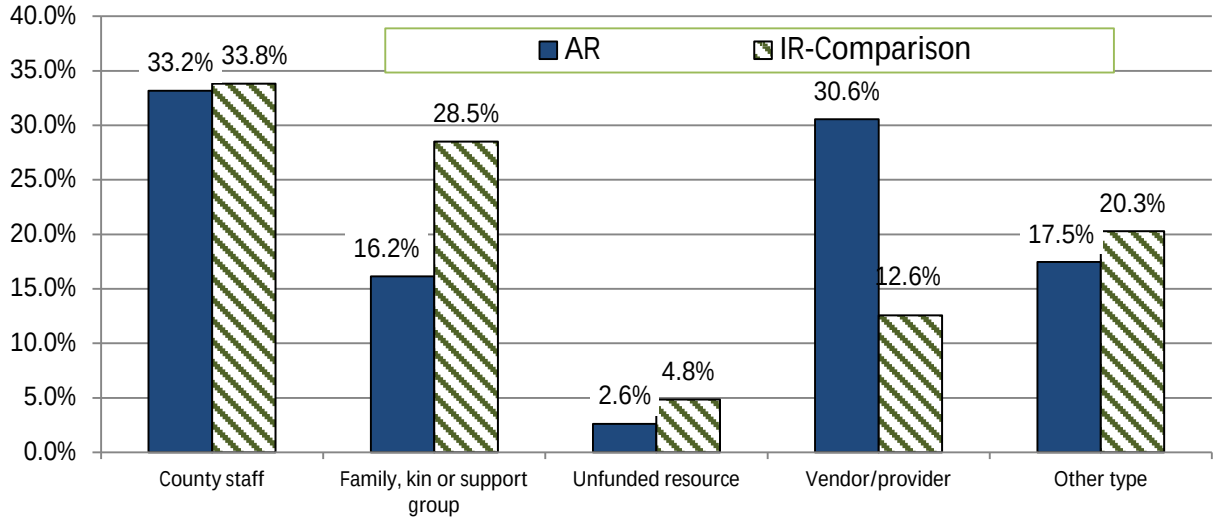

Figure 5.5. Proportions of service and resource sources utilized in AR and IR-comparison cases to address child and family well-being issues

The detailed chart in **Figure 5.6** shows types of resources utilized by well-being categories.

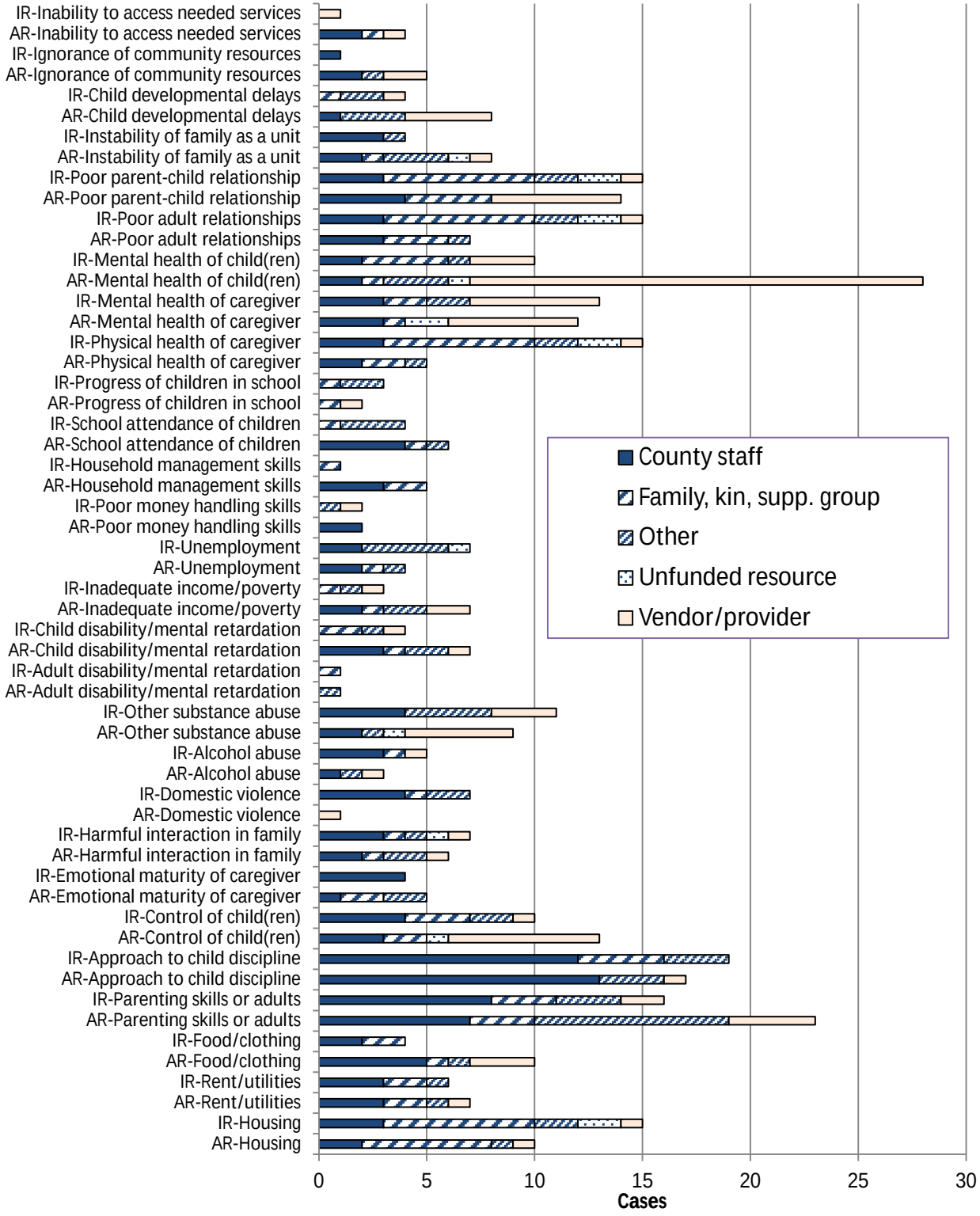

Figure 5.6. Services and Resources that AR and IR Workers Reported Utilizing for each Child and Family Well-Being category (Case-Specific Survey)

In **Figure 5.6**, we can see that the largest differences between AR and IR-comparison cases occurred in the areas of 1) mental health of children, 2) poor parent-child relationships, 3) control of children, and 4) developmental delays of children. In each of these areas AR families were more often assisted through a vendor referral. This difference was found consistently across a number of problem areas and was being reported, of course, by a large number of different workers across the state. It may reflect, therefore, a change in approach that is occurring under AR. As more AR cases are added to the case-specific survey during the coming year, we will be able to compare earlier AR and later AR cases to determine whether the difference persists. The detailed chart in this figure also shows that utilization of county staff (often ongoing services workers) was remarkably consistent between AR and IR-comparison cases across all the well-being categories.

Family Responses Concerning Services

In surveys, family caregivers are being asked questions about any assistance they may have received from caseworkers including help getting services. The general response pattern thus far has been twofold: 1) A majority of both AR and IR families responding to the survey have said they are satisfied with the help they have received or were offered, while the percentage is somewhat higher among AR families; and 2) AR families report having received more services.

The first service-related question families are asked in the survey is: How satisfied are you with the help you received or were offered? Their responses can be seen in **Figure 5.7**. Of AR families 77% reported they were either "very satisfied" or "generally satisfied." This compares with 70% of IR respondents. A larger percentage of IR respondents reported "no help was offered," 22% compared with 10% among AR families.

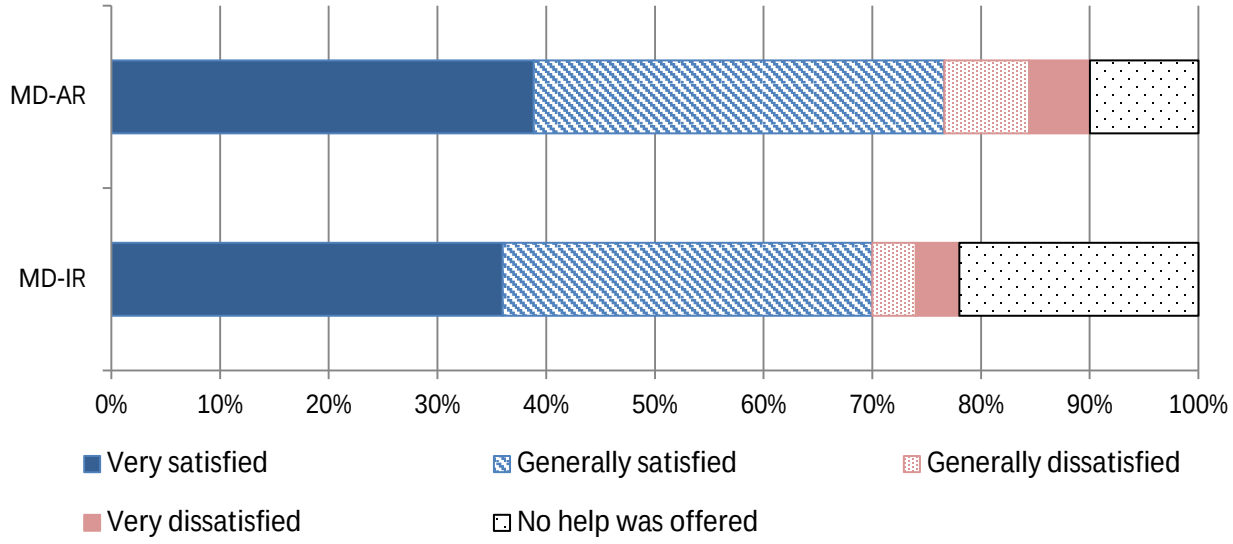

Figure 5.7. Maryland AR and IR-comparison families responses to the question: How satisfied are you with the help you received or were offered?

More specifically, families are asked whether the worker help them obtain specific services. Thirty services are listed in the surveys being conducted; the list can be seen in **Figure 5.8**.

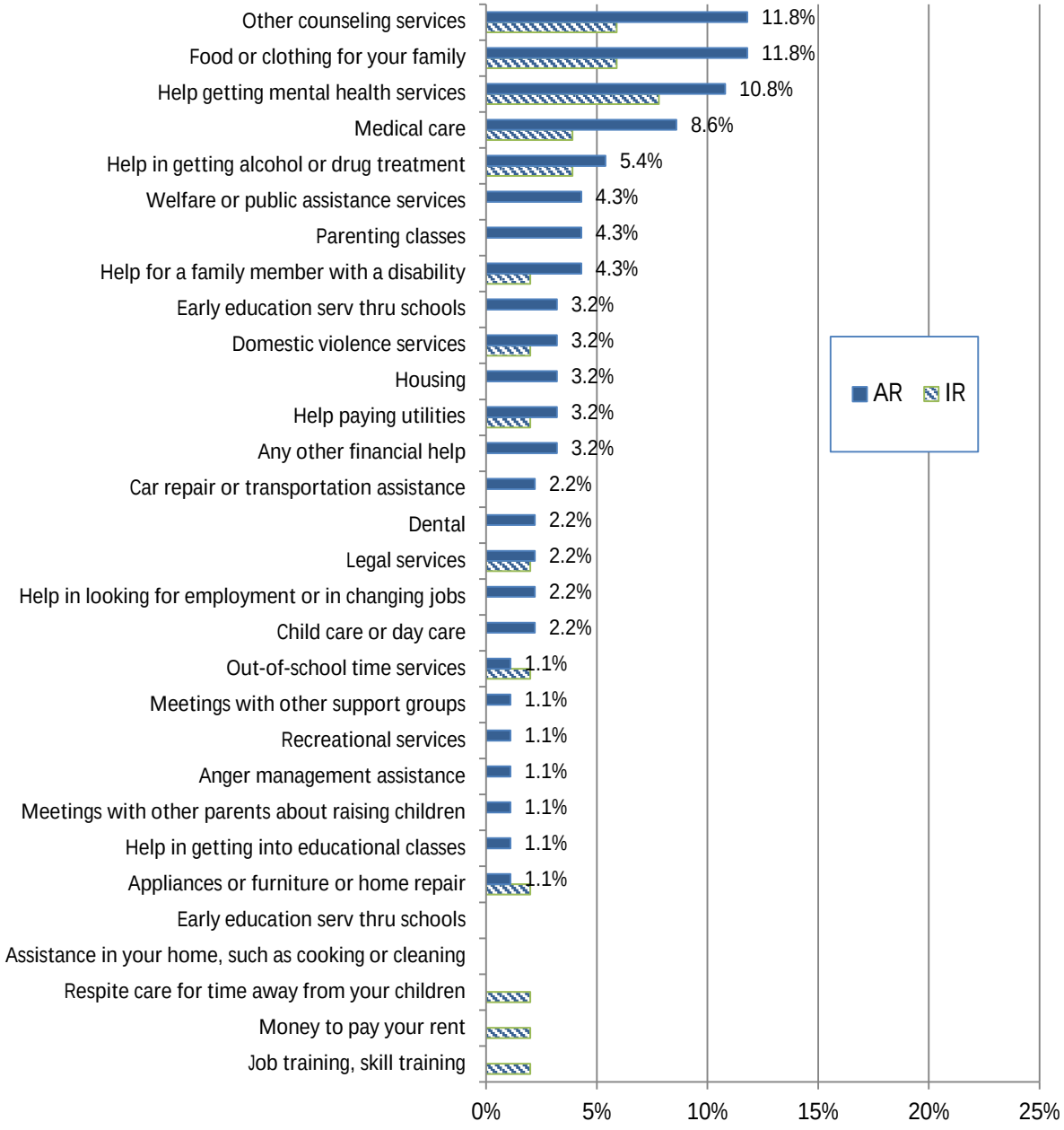

Figure 5.8. Responses of AR and IR-comparison families concerning specific services and assistance

As will be seen the services in **Figure 5.8** are varied and included therapeutic interventions, practical and poverty-related assistance, medical care, social supports, and child care among other things. In the figure, the services are ranked in order most received by AR families. Help getting mental health services and other counseling services are at the top of the list along with food and clothing. These, along with medical care and help getting alcohol or drug treatment were services mentioned by at least 5% of AR families. The last five items in the list, including job training and early education

services through schools, have not been reported as received by any AR families who have as yet returned surveys to researchers. Overall, the mean number of listed services received by AR families was 8.4 compared to 2.2 for IR families. Although the percentage of families who reported receiving many of the services is very small, more AR families reported receiving 23 of the services, while 5 of the services were reported received more often by IR families.

The increase in the proportion of services provided to AR families generally, the breadth of services provided to them, and the increased frequency of services that address basic needs (food and clothing, public assistance, housing, utility payments, help looking for employment) are all factors consistent with the social work model of the AR approach.

Again by way of context, **Figure 5.9** provides the response of AR families in Minnesota and Ohio as well as Maryland to common items in similar surveys of families.

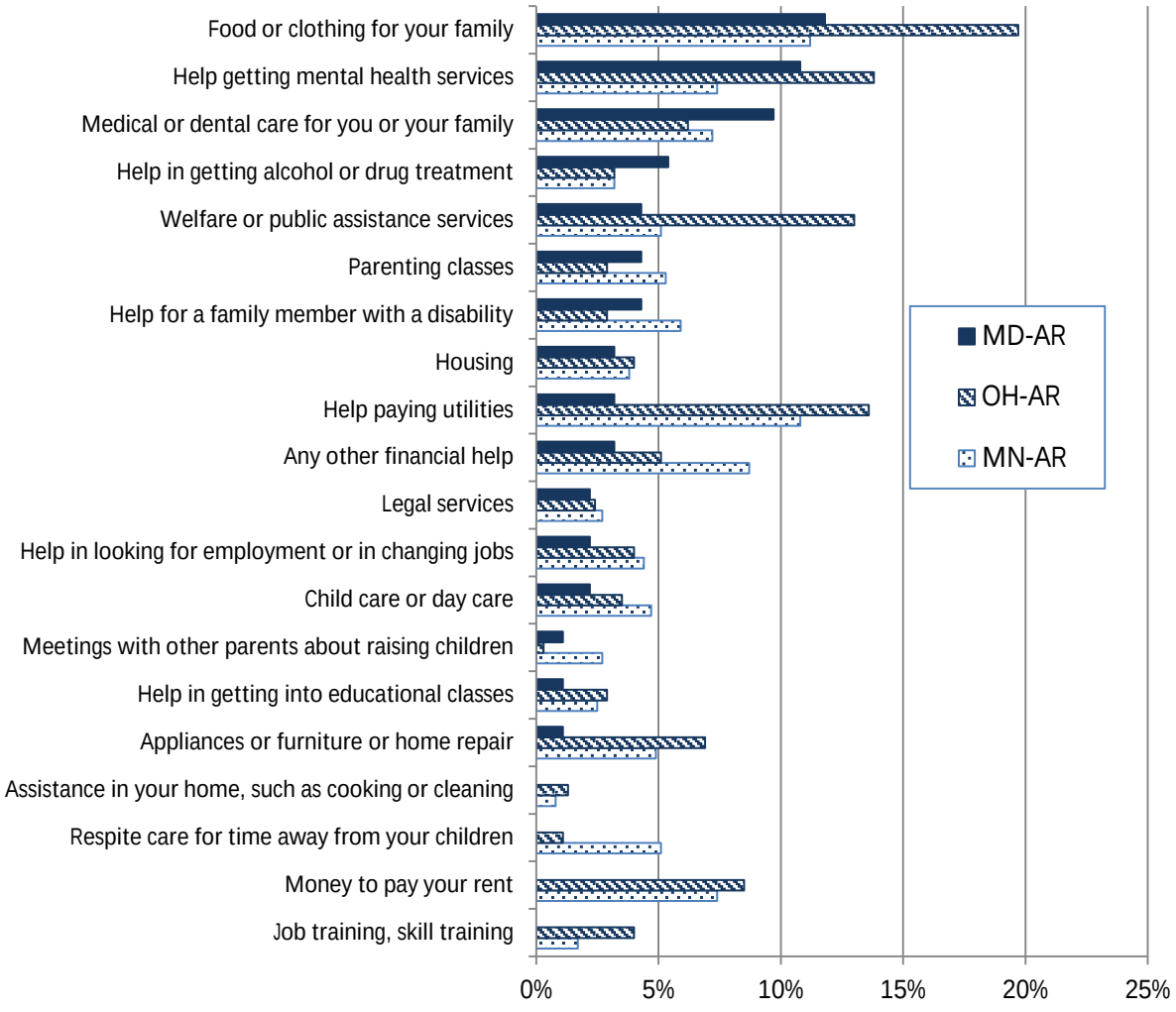

Figure 5.9. Services AR families reported receiving in Maryland (MD), Ohio (OH) and Minnesota (MN)

The data from Minnesota and Ohio, it must be remembered, are from final reports of the entire study population, while the Maryland data is partial and only from families in counties in earlier implementation phases. Variations in the data would be expected for many reasons, including from the fact that Minnesota and Ohio funded AR services in a way that is not being done in Maryland. **Figure 5.10** provides the response of IR families in the three states. Again, considerable variation can be seen, but also again caution should be used in interpreting results since the Maryland data are very much partial. However, differences in services to IR families cannot be explained by new services dollars being made available in Minnesota and Ohio due to the implementation of a new program.

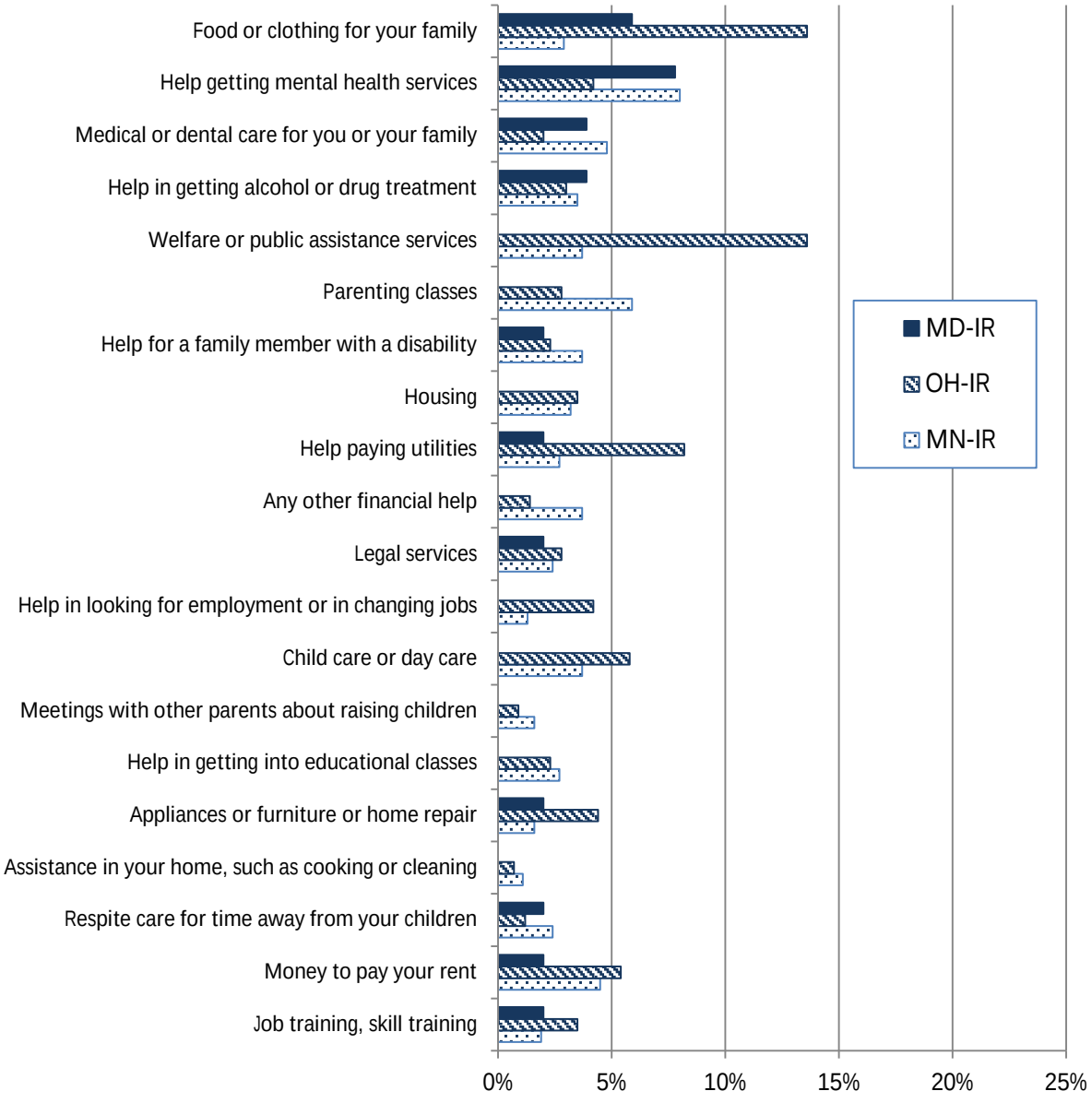

Figure 5.10. Services IR families reported receiving in Maryland (MD), Ohio (OH) and Minnesota (MN)

In addition to the 30 services listed in the above figures, researchers were requested to ask families whether caseworkers helped them obtain services or assistance from or through a particular set of programs, including many that are specific to Maryland. The list of these programs can be seen in **Figure 5.11**. In general, more AR families were likely to say caseworkers facilitated services through these programs, although the overall percentages at this point are small. Researchers expect that many of the programs on the list are not widely available, if at all, in certain early implementation counties.

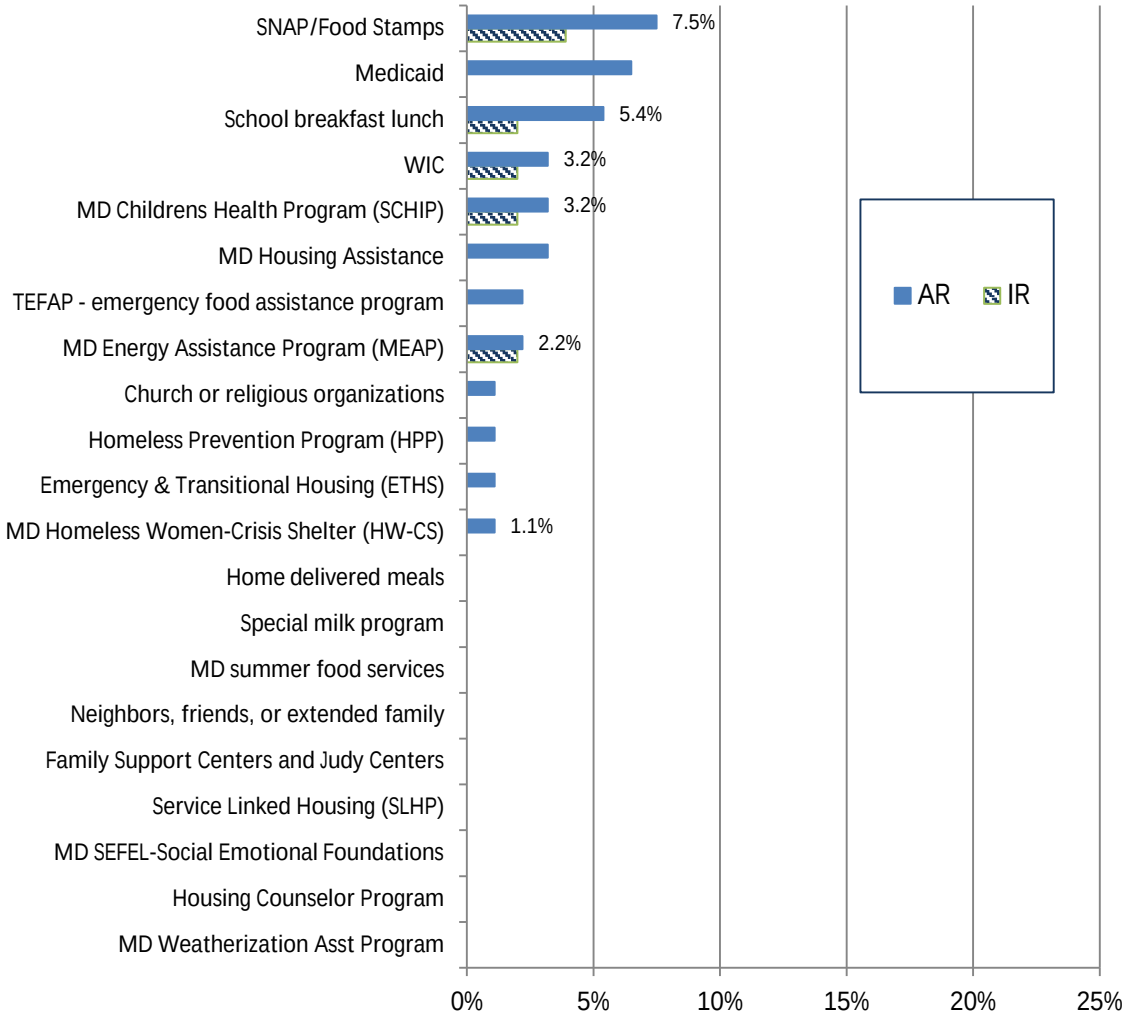

Figure 5.11. Responses of Maryland AR and IR-comparison families concerning facilitation to services or assistance through specific programs

In the survey, families are being asked if workers helped them obtain any type of assistance or services that was not previously been mentioned (as listed in the previous charts). Twice as many AR as IR families said yes to this and mentioned other services (13% vs. 6%).

Of AR families who reported receiving any services, 82% said they were the kind of services they needed, compared with 70% of IR-comparison respondents. In addition, 73% of such AR families said

the services they received were "enough to really help" them, versus 62% of IR families. Among IR families, 8% and said they were offered help they turned down compared to 11% of AR families.

There were other service-related differences in what families said AR and IR workers did for them or on their behalf. Large difference were found for the first and the third of the three following questions. Providing the names of service agencies corresponds to reports of workers noted at the beginning of the chapter (**Figures 5.1 and 5.2**).

	AR	IR
1. Did the worker give you the names of service agencies or anywhere else where they could get services or help for something you needed?	46.7%	31.4%
2. Did the worker contact any other agency or source of assistance for you?	12.9%	11.8%
3. Did the worker provide any direct assistance or help to your family (such as transportation, clothing, financial help, etc.)?	20.4%	7.8%

The provision of direct assistance to families in the third question is consistent with findings in the Ohio, Minnesota and Nevada evaluations where AR families also more often indicated such assistance. Families reported a variety of types of help. In order of frequency, these included:

Assistance with transportation
Help purchasing clothing
Utilities assistance
Food
Infant supplies
Financial assistance
Miscellaneous others

Families were also asked whether there was any help the family needed that did *not* receive. Following are some of the things that families mentioned. Notice that the direct assistance list and the list of not received overlap and that both lists are composed mainly of basic material services.

Beds
Childcare
Clothing
Food
Furniture
Financial assistance for evaluation that needed to be done
Funding for camps, out of school activities, camps, Big Sister program
Furniture or home repairs,
Anger management
Drug treatment,
Dental and disability care
Help getting a job

Help that was asked for never happened
Help with food
Help with rent & bills
House / Low Income
Housing , affordable housing, low income housing, eviction prevention
Rental Assistance, Respite
Respite care

Chapter 6
Organizational Issues, Staff Attitudes and Experiences

County administrators generally view AR as a significant modification to their CPS programs and most have an enthusiasm for the introduction of the dual response approach. Their expectations tend to be that if they are successful there will be a longer-term payoff in reducing recurrence, addressing conditions or resolving problems within some families that may not have been fully dealt with through IR-only practice. At the same time, some counties that have been visited see AR as a less significant change, primarily because they believe it reflects practice they have sought to develop for some time in all but name. Practically speaking, many of these latter locations tend to view AR as essentially the same as family-centered practice, that the difference is nominal or, perhaps, more a matter of tone or nuance. Certainly, the argument that can be made for this is understandable, but at the same time debatable.

Overall, CPS practice in Maryland at the start of AR implementation impressed researchers as already committed to a family-centered approach. At the same time, the AR model being implemented in Maryland is more limited than in some other states where additional resources were provided to expand the array of services and assistance that could be provided to AR-appropriate families. This has not been done in Maryland. For both of these reasons—a starting point that appears to have been more family-centered in operation at the start of AR and the provision of no additional resources for county staffs to utilize with AR families—the impact of the introduction of AR in Maryland might be expected to be less dramatic or obvious. Additionally, the state's strict requirement to expunge many reports, as discussed in Chapter 1, may make the detection of such impact more difficult.

Because Maryland has a state administered child protection system, programmatic consistency may be expected across the state, more than would be the case were the program county administered. But it is always the case that local conditions, demographics, resources and history produce differentiation. Local administrators have some autonomy in the way they structure and staff their programs, allocate monetary resources, and work with their communities. Two of the counties we have visited have decided to have dedicated AR staffs while the others have chosen to have current investigators take on the added responsibilities of the new approach, wearing two hats, as they say. Similarly, the approach to screening is not identical from place to place, with some counties having fewer supervisory staff involved in the final decision about which reports are AR appropriate and which are not, and other counties having more supervisors involved, sometimes changing from day to day. The degree to which local communities have been made aware of changes within CPS and the extent to which local operational partnerships have been established also differs. More obviously, and outside the control of administrators, the resource base varies from county to county. All counties have participated in planning and preparatory activities for the implementation of AR, and all county staffs

have participated in AR-specific training, but these also vary, sometimes in the control of local administrators and sometimes not.

There were differences among counties in the way workers talked about investigations, and within counties there were often differences among caseworkers. Counties did not all start from the same spot when implementation of AR began. Nor do they all share the same view about what that implementation means. Typically there is more similarity across counties at the top of organization charts than further below. What is true of social service interventions of all kinds is that they can vary greatly whether they are called the same thing or something different. Implementation of Alternative Response remains "a work in progress" (as one administrator noted) across the counties we have visited, more so in some than in others.

Workers and supervisors interviewed typically expressed strong support for the collaborative nature of the preparation and planning that was done for the implementation of AR. During the initial round of site visits and county staff interviews, evaluators were struck by the mutual support within county offices among the different organizational tiers. Supervisors tended to express, unsolicited, strong support for the administration's planning and program development. Caseworkers likewise spoke highly of the strong supervisory support they received. And, both administrators and supervisors praised the work and dedication of caseworkers and other staffs. Staffs generally struck evaluators as well-informed and as embracing family-centered practice.

Initial site interviews and the first general staff survey were intentionally conducted relatively soon after the start of the AR program in the various counties. For the most part, caseworkers as well as supervisors were still adjusting to the AR approach when they provided their views to researchers. A second round of interviews and surveys will be conducted after the program change has had some additional time to mature. This point should be kept in mind when considering staff views presented in this chapter.

Training

In the general survey workers were asked how well they understood the goals and philosophy of Alternative Response. They were given four response options from which to choose: fully, adequately, less than adequately, and poorly. Among direct service workers with AR cases, 57.1% answered "fully." Most of the others, 39.5% of those surveyed, answered "adequately." A small number said "less than adequately." None chose the fourth option they were given, "poorly." Among supervisors with AR responsibilities, 86.7% chose "fully" in answer to the same question, while the remainder, 13.3%, selected "adequately." None of the supervisors said their understanding of AR was either less than adequate or poor.

Workers from Phase 3 counties were somewhat more likely to answer this question with something other than "fully." This may have something to do with the timing of the start of the AR program in these counties, where training was delayed until after the 2013-2014 holiday season and, compared with Phases 1 and 2, somewhat more compressed. This left Phase 3 staffs with less time than

counties in Phases 1 and 2 to digest the results of training and organize AR operations prior to beginning implementation. This also left Phase 3 workers less clear about their continued training needs.

During site visit interviews, as well as in the general staff survey, field workers and supervisors were asked about AR training they had received and may still need. Nearly a half (48.2%) of workers with AR cases who were surveyed said they needed "a lot" more training in AR. One in four (24.7%) reported no additional training needs. Among supervisors with AR case responsibility, nearly as large a percentage also said they needed "a lot" more training. Another 26.7% said they need "a little" more. While about a quarter said they were unsure, none said they had no additional training needs. See **Table 6.1.**

Table 6.1. Question for caseworkers: Do you feel the need for more training related to Alternative Response?

	Worker with AR cases	Supervisors with AR cases
Yes a lot	48.2%	46.7%
Yes, a little	4.7%	26.7%
Not sure	22.4%	26.7%
No	24.7%	0.0%

When researchers visited offices within Phase 1, 2 and 3 counties and interviewed workers, differences were found both among county offices and within them among staff when the question of training was raised. Most workers and supervisors said the training was very useful. Some workers said they had received "too much" training; more, one said, than for any other new program she could remember. Others raised issues around the tone of the training, as if assumptions were being made that their previous work was inadequate, or that they were not already implementing family-centered practice, nor listening to families during investigations. At the same time many workers continued to have practical questions about AR and what they were being asked to do.

Although staffs in some county offices are more stable than in others, where turnover is higher, it is typically the case that workers vary in their experience with CPS—some are relatively new while others have had many years of experience. Workers vary also in their prior education and training—some have degrees and/or academic training in social work or clinical therapy that others do not. It is natural, therefore, that they all do not share the same training needs. When asked to comment on their present training needs, some said their needs were very basic:

> "The training offered thus far has been helpful and informative. It does not appear that many of us fully understand the purpose of AR, other than the new title and certain restrictions for the workers."

> "Training (is needed) to discuss basic guidelines of appropriate questions to ask the family that are not IR based."

"Some workers are confused on what they can and cannot do."

Workers in some offices said the training they received was helpful but in many ways "redundant." This view tended to come from staffs in locations where AR was seen as not a great departure from what they thought they were already doing. Caseworkers and supervisors in other locations, however, saw AR as a significant departure-- "a new way of thinking and operating" and so thought they required more training than they had so far received.

Experience can cut two ways. It may provide a worker with a rich context for understanding both the substance and the nuance of the new policy and practice. On the other hand, experienced workers may have a harder time changing what they have become good at doing and what they think has been effective for them. One supervisor noted:

> "There are many people in CPS that are stuck on the mind set of investigation and it is hard to see an AR response. Those that have been in foster care or family preservation seem to understand the concept and can shift from IR to AR case responses. So people may need further training on AR cases."

Other supervisors observed:

> "The training has helped workers understand the process for engaging families in a different manner - without the use of the authority that an IR worker carries."

> "Some workers are having a hard time changing their attitudes, especially when they are going out to families who have previously been in the system."

For a number of workers, the primary need for additional training involves very practical matters:

> "What do I actually say?"

> "What to do I do when families do not cooperate with AR?"

> "What are the IR/AR reassignment procedures and criteria?"

In addition, AR has introduced the potential need for broader skills than what may be required in conventional investigations. A supervisor wrote that what was needed was:

> "Training on how to empower a family to do things differently when you know the tools necessary to make that change are not readily available in your social work tool box. Training to empower the families to be self-sufficient and take the lead in developing plans or identifying services to preserve their family without continued agency involvement."

This supervisor's comments reflected what a number of workers noted, asking for help learning how to do "solution-focused interviewing," "motivating families to change," being effective in "implementing service plans and agreements." A couple of workers requested training in group facilitation, techniques useful in family meetings, particularly when there are a large number of participants, including nonfamily members, who all have an opinion to express.

One worker, echoing others, wrote that "More examples of various types of cases that have been taken as AR's would be helpful, examples of the AR summaries that are completed in CHESSIE, possible role playing of AR cases."

Several workers expressed interest in learning "what others are doing." "We would like to be able to hear how other jurisdictions are implementing AR." One suggestion was for "monthly peer case reviews so we can learn from each other."

One worker wrote, "We have done a lot of training for AR, more than other areas of child welfare in the last several years. But training is needed in locating and accessing community resources effectively and getting parents to 'buy in' to these services." Several other workers expressed a need for "training to discuss how the social worker can seek out services and advocate for clients" and improving worker "knowledge of resources available in the community."

Finally, a number of workers expressed the need for training that would help standardize screening decisions so that there would be more "consistency" in "what is and is not AR." One worker said

> "Different supervisors assign cases in dramatically different ways and there is no consistency as to how things get assigned. We have too many chiefs making decisions and none have any expertise in this so there is a huge variety in how things get assigned, and often policies are not followed because of their lack of knowledge."

When asked about training needs during an interview, one worker said, "An instruction manual would help." Another said that all counties needed to be provided with updated versions of case examples, procedural clarifications, policy descriptions, and questions answered as soon as they were available.

AR Practice

During on-site interviews and in the general staff survey, caseworkers and supervisors were asked about how AR case practice has been different from investigations. Two central factors were most often mentioned: that there is no finding with the Alternative Response approach and that families were supposed to be contacted ahead of time to schedule meetings and these were meant to include the entire family, which precluded, as a matter of policy, meeting with children separately before notifying their caregivers. Beyond these issues, responses tended to be of two sorts. Either 1) that the AR approach was not substantially different from IRs as these have been conducted in a particular county or by a specific worker, or that 2) AR represented something different in approach, focus, or emphasis—whether the difference was perceived as significant or more nuanced.

In the survey, workers were asked this question about their practice: "If you worked in child protection services before AR, has Alternative Response affected how you approach families or perform your work (that is, are you doing anything differently from before)?" Among caseworkers, 23% said "not at all." The others said AR had affected their practice in small ways (42%), a few important ways (23%),

or a great deal (12%). Supervisors were more likely to say AR had affected practice a great deal (21%) or in a few important ways (36%). See **Figure 6.1**.

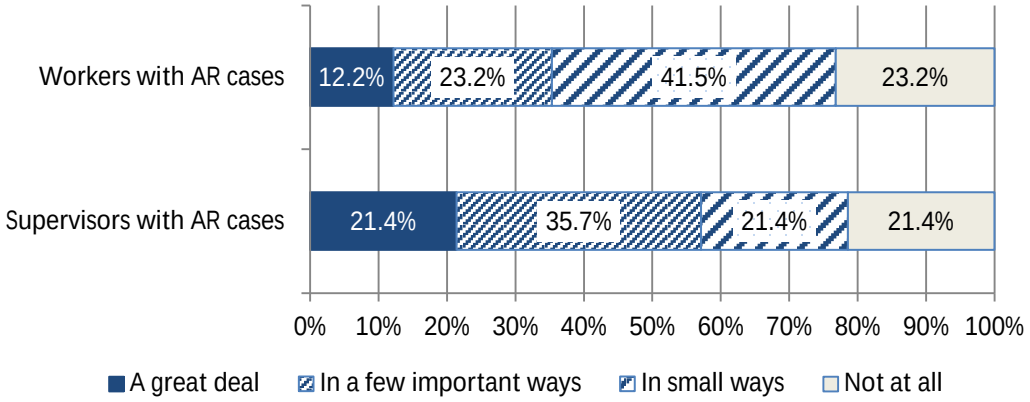

Figure 6.1. Worker and supervisor responses to the question: If you worked in CPS before the start of AR, has AR affected how you approach families or perform your work (that is, are you doing anything differently from before)?

In answering this question, when workers said AR had not affected their practice at all they were referring to the manner in which they engaged families; they were not referring to the fact that there were no official findings in Alternative Response or that workers were required to contact families before visiting them or their children. Thus, workers who tended to say AR had not affected their practice a great deal might point out that:

> "Compared to investigations I am scheduling the initial home visit with the entire family to discuss the reported information."
>
> "I am no longer interviewing children first, I am scheduling appointments and meeting with families later in the day."
>
> "I am contacting the family ahead of time and going to the home to meet with the family. I miss having the one on one with a child in a neutral place where they feel safe. I feel limited in talking with a child in their own home."

For some workers, these represented the only consequential changes in their practice. As one caseworker said, "The only change in my work is how the case is initiated. For example, the scheduling of the initial visit for a family meeting." Another commented: "Without more funds for services, the major differences are not having a finding and some procedural differences."

Other caseworkers see these procedural changes as setting the stage for a more significant modification in how they approach families.

> "My initial approach is completely different. I call clients first and I spend additional time explaining the AR process. In the past, I concentrated on the main incident."

"Parents are contacted before an interview, then the work is more collaborative."

Many workers, however, see Alternative Response as fundamentally the same thing as family-centered practice and say they approach families and conduct initial AR interviews in the same manner they have tried to conduct investigations. These workers generally express the view that prior to the implementation of AR they, individually, or their offices, more generally, were already engaging all families in a family-centered manner, and this has neither changed nor been greatly affected by AR.

"It just depends on which type of case I get and how I explain the process to families. My approach overall has not changed."

"The only thing I am doing differently is telling them they won't have a finding at the end. I have been approaching families in a very similar manner."

"I have always approached families with the attitude of wanting to help as opposed to the 'police' way of coming at families to determine guilt or innocence."

"My approach to AR cases is the same as with IR cases....very strengths based, friendly, warm, empathic and having a listening ear."

"...having to explain the new process to people but the interaction hasn't changed at all. We are always striving to engage with people and to work together."

"I always approach families in a low key and supportive way whether IR or AR."

"I continue to engage my clients in the same way I always have."

"[I] treat all families with respect and kindness whether an AR or IR."

"I provided full assessments and support/services prior to AR so the only difference is not doing the initial interviews with kids at school and not making a finding."

"I still offer the same services and community support to families with an AR case compared to what I offered when they would have been IR in the past."

On the other hand, there were many workers who did make the distinction (during interviews and/or in survey responses) between family-centered practice, on the one hand, and what they do during initial AR home visits, on the other. The impact of AR on their practice may be great or small, but perceived as real. The fact that there will be no finding has been found by some workers to affect how families respond to them. Other workers described how they have tried to make their engagement more positive, more helpful, and broader.

"We go in focusing on help and assistance rather than a punitive role."

"The approach with the AR response has allowed me to work more effectively with families and families appear to be much more thankful for the agency intervention."

"Yes, the AR approach is non-judgmental as there will be no finding, therefore more attention is given to the safety of the children to avoid repeated referrals."

"My interaction with the families has changed slightly in that I am less concerned with assessing blame. This allows me to analyze the macro issues in more detail and be more solution oriented."

"I think my approach to engaging families has changed and my mindset is even more so focused on services that I can potentially provide to the families."

"Follow through, attention to detail with follow-up by agency and client. Also looking beyond the incident that brought the family to our attention but more so the family as a unit and how did they get here."

"I approach AR cases in a more helping manner and not an investigative manner, although I still would end up helping families in an investigation as well."

"We are actually providing more services to families. AR cases are approached in a calmer atmosphere and families are more receptive."

"I'm able to spend more time with them concerning what matters to them. The clients' communication is more open, they are more trusting. I'm hearing about things from family members that I would have not been provided with, basically because a lot of what is presented has nothing to do with the allegations, where an IR case is allegation focused. And when I leave an AR family they feel more empowered and are better equipped with what they need to do to resolve their issues, even issues they had no knowledge of before, and they are appreciative that the Department was involved."

One worker used the analogy of receiving a warning rather than a speeding ticket.

"Just like when one is speeding and an officer gives them a warning rather than a ticket, the client feels better about the experience. They are more willing to share their mistake and willing to listen to advice and/or accept a referral for services. Rather than arguing and justifying their behavior when a ticket is being written. Also, at times, they are appreciative of my concerns and perceive me more as an advocate rather than an authoritarian. And because there is no ticket, mild trust and a bond is sometimes formed. Therefore, in some cases families will be more open and accepting of help, referrals, and my involvement."

Effectiveness

Workers were asked a series of questions in the general survey about how they and the families on their caseload see AR and IR interventions. Do AR and IR families view the agency as a source of support? Do they feel better or worse off because of the intervention of CPS? Do workers feel they are able to intervene effectively and help families. In the survey, these questions required responses on a scale from 1 to 10, where 1 represented the most negative response and 10 the most positive. The mean responses of workers and supervisors with some AR experience are shown in **Figure 6.2**.

The mean response of workers and supervisors to each question tended to be on the positive end (top half) of the scale. It was the overall experience of both workers and supervisors (as can be

seen on the left side of the figure) that families respond more positively to AR than IR interventions. AR families were more likely to be seen as viewing CPS as a source of support than IR families. Similarly, AR families were judged more likely to feel better off because of the involvement of the child protection agency than IR families. At the same time (as can be seen on the right side of the figure), workers tended to see themselves as able to intervene to the same degree of effectiveness in either an Alternative Response or Investigative Response.

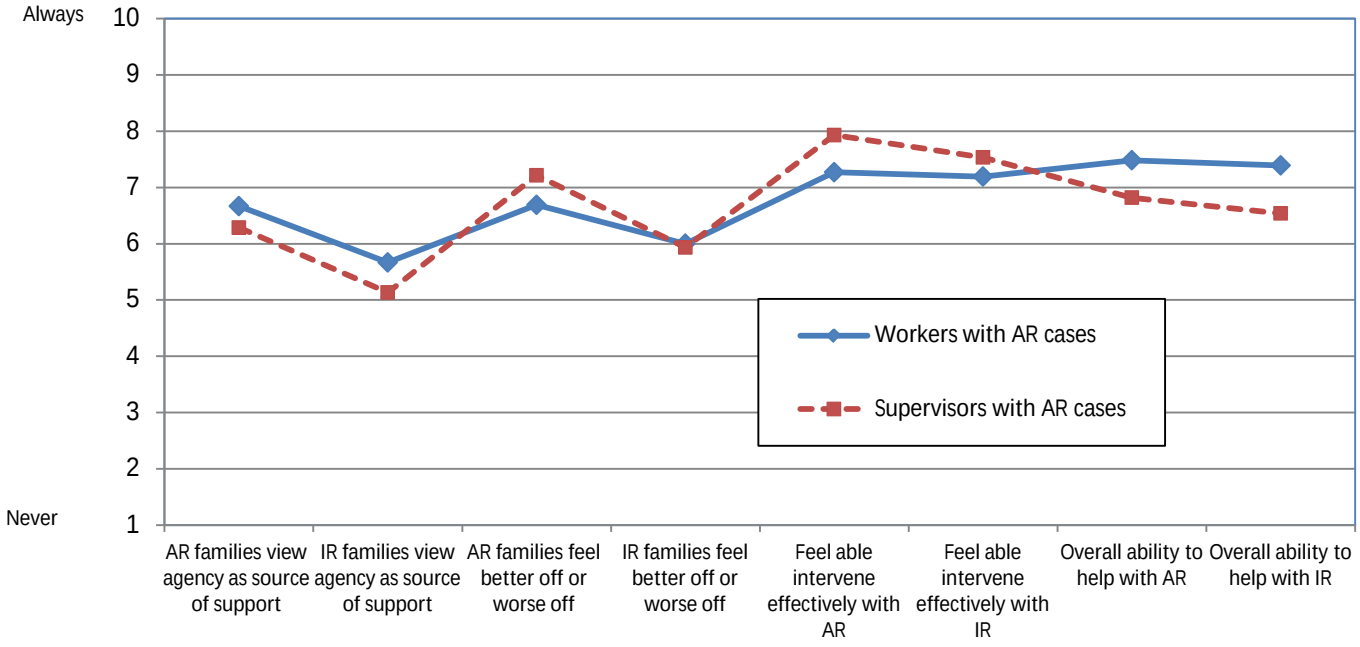

Figure 6.2. Responses of workers and supervisors with AR experience concerning reactions of AR and IR families and abilities to intervene and assist

Workers with differing views of the relative effectiveness of AR and IR were still adjusting to the AR approach. Some expressed discomfort in not conducting interventions in which "the truth," meaning a finding, was not ultimately recorded. Some felt impeded in their discovery process in AR in not being able to interview the child separately and before any warning could be made by a caregiver, or because they were not interviewing a broader set of informants to learn more about who did what. A couple of workers indicated that they thought AR would be the more appropriate province of consolidated, in-home services ("more experienced at doing service plans and connecting families to community agencies") rather than workers who otherwise do investigations. But early data shows many workers see consequential advantages to AR. (More about worker attitudes towards AR is discussed below.)

Effectiveness without additional funding. Differential response models often are seen as having two distinct parts: one that involves a new approach to families, an approach that is less accusatory and forensic and more participatory and supportive; and a second part that involves seeking to find ways of assisting families, often with services that address needs families have that they cannot obtain, or have

been unsuccessful in obtaining, without help. A question that arises with the Maryland differential response model, which emphasizes procedural changes and engagement methods, but does not provide additional financial support for services, can it nonetheless be successful in achieving its goals?

In the general survey, workers and supervisors were asked this question: Can the AR approach have a significant impact on families and child wellbeing without additional funds for services? Survey responses to this question are shown in **Figure 6.3**. As will be noticed, workers were somewhat more sanguine in their views than supervisors. About one in four workers believe AR can have "a lot" of impact as it is, versus about one in five supervisors, a slightly more skeptical group. Nearly half of both groups answered "no" to the question and would seem to believe, therefore, that success with AR required additional funds for services.

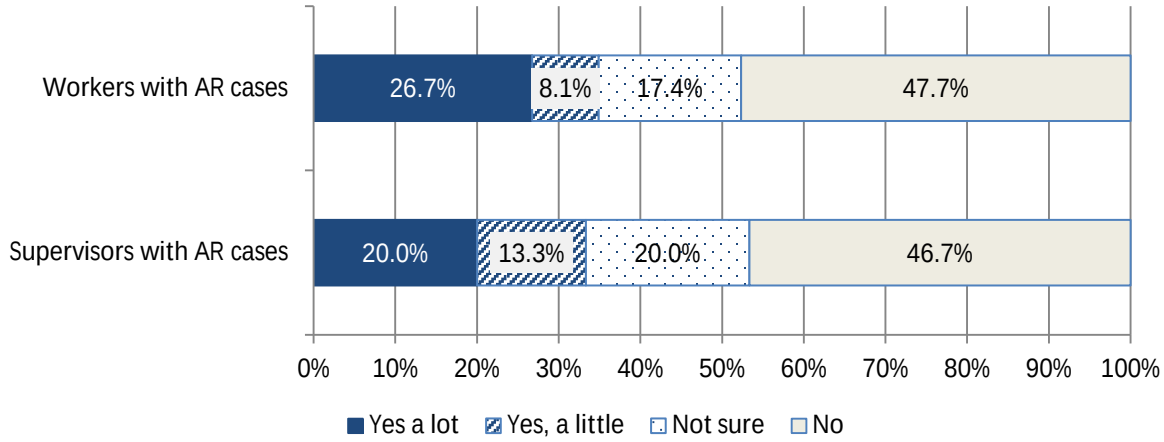

Figure 6.3. Responses to the question: Can the AR approach have a significant impact on families and child wellbeing without additional funds for services?

In commenting on the question of additional funding, some said there will always be a need for additional service dollars as there will be for additional staff. One worker commented: "The needs for services remain and the community resources continue to need funding. AR hasn't changed that."

Some workers and supervisors believe that AR can have a powerful impact on families without additional dollars by changing only how families are engaged. Comments of these workers included the following:

> "The approach in and of itself is more engagement-based and delivers a message of helping rather than investigating."
>
> "Sometimes the mere fact that the Department has been contacted about a family can impact the family and there is no need for additional involvement or the need for funds/services. Each situation is different but it is possible."
>
> "[AR families] don't feel they have a legal consequence hanging over them. They can address the issue without the thought of having the disposition."

"There are some cases/clients in which information alone—care, concern and/or generalized parenting education, etc. can significantly impact a family."

"The attitude of staff toward clients/families greatly influences and impacts the responsiveness of those clients/families."

"Families will be open to hearing suggestions more so than with IR approach, regardless of what resources are available."

One worker commented that it had a lot to do with the worker. "If done right, it can make all the difference in a family's situation. Many workers don't really try to do AR differently than IR."

Other workers see a relationship between the engagement change and the service issue. One worker said she thought AR engagement practice without added services dollars might be sufficient for some families, but that the AR approach "means they are more likely to reach out for assistance and identify needs more readily." In a similar vein, another worker commented:

"AR has opened up communication on the families' part and they are revealing needs that are not made known for whatever reason during an IR, so therefore more needs are being addressed within these families, which means more resources and better resources are needed. In the long run I believe with the AR approach more families will be empowered by developing and enhancing their coping and management skills which will ultimately lower the Department's contact with a lot of these families because they will have received just what they need to be more productive as the unique individual families they are. These families are more engaged in the process of solving their own issues."

Others believe AR can have an impact without additional funds, but its impact will be blunted, as one worker wrote: "The feeling the family gets in regards to their involvement with the Department has potential to be impacted without additional funds. Their cooperation with the case and services is likely to be more positive; however, this will be tempered by the lack of services available."

"It depends," one worker observed. The answer is… "Yes, if the worker is knowledgeable about resources and builds a good relationship with the family to motivate them. No, if the family cannot afford childcare and supervision is the main problem- little resources to help family in this case."

Workers and supervisors who believe additional service funds are essential made comments like these:

"Additional funds are needed in order to more thoroughly service families with AR, either through providing some financial assistance in some way or in providing additional staff to be able to handle AR cases."

"AR may require additional funds in order to have an impact on the families because of services they need to improve their lives and situations."

"Extra funding for both IR and AR would help families obtain the services they need. Now we must choose which families' needs are greatest and who will benefit the most."

"The needs of families receiving an AR response are largely related to financial challenges. In order to effectively deal with some of these issues it may require use of flex funds to stabilize the family and enable them focus on the other issues impacting the family."

"With the AR cases I have worked on, most times the families need funds for clothing, rent, or overdue bills. The families tend to be the ones who do not qualify for food stamps or other state benefits and as a result caregivers are working longer, having multiple jobs, and feeling forced to extend themselves excessively."

There may be a Catch-22 in the model according to some workers. Not knowing a family's needs may be cheaper, so would, perhaps, ineffective engagement. "The more families embrace the AR, the more resources and services they will need, which may mean additional funds to keep the system operational."

A number of workers noted that in their regions, "resources are limited." "Some issues can be resolved with community resources," but if the resources do not exist, money will be needed for resource development. Several workers were quite blunt:

"If we do not have the money and the resources to offer to these families, then how will the situation change? It can't change without money, resources, and more staff to utilize the changes in the system. We can tell these families we are going to give them services and support, but if it isn't available you can't give it to them. Most of these families do not understand that what they are doing is wrong, because they learned it from their parents."

"The AR approach will not be effective if there are inadequate resources and/or services to put into place."

In the comments of workers and supervisors about the needs for more services or more funds for more services, a frequent plea for "more staff" and "smaller caseloads" was also often made.

During interviews, one of the issues that was brought up by workers in several counties was that the *timeframe* allotted for AR cases was insufficient for many of them. One worker described the complex problem of too many families with too many needs that could not be addressed with available resources, particularly within the timeframe allotted for AR cases:

"AR working well requires increased community resources with regards to mental health, substance abuse, housing, support groups for parents of children with social/emotional challenges and child care resources. As well, the current time frame of 60 days is not practical in Maryland when almost every service needed to meet the goals of AR have extensive wait lists. To put resources in place that will successfully sustain a family and decrease the recidivism rate in terms of child abuse and/or neglect is not practical and sets the State up for failure due to all the inequities of resources that exist within the state and being compliant with time frames and following the model as intended."

On an issue related to effectiveness, community resources and training, workers and supervisors were asked if there was a need for more agency support, information, or training related to community

outreach? Forty percent of both workers and supervisors responded "Yes, a lot." About the same percentage answered "Yes, a little." A small number of workers, newer ones mostly, said they were unsure. See **Figure 6.4.**

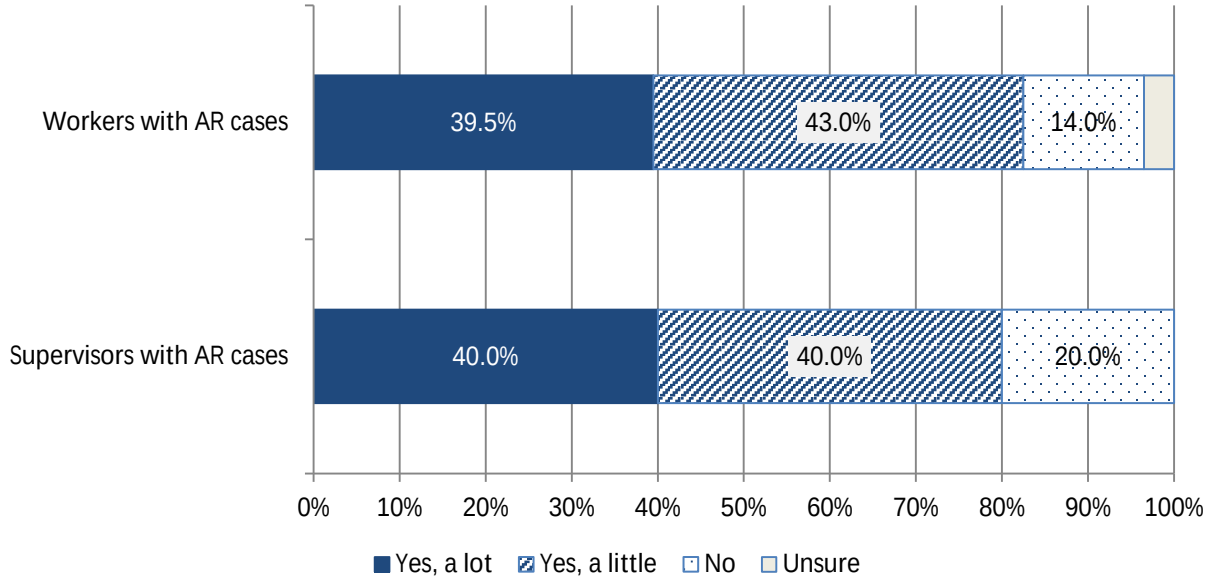

Figure 6.4. Responses to the questions: Do you think there is a need for more agency support, information or training related to community outreach?

Worker Attitudes about AR

Workers were asked what they liked most and what they liked least about the AR approach. There were a number of common themes that reappeared in their comments in the staff survey and during on-site interviews. Overall, workers provided thoughtful, useful comments that underscored the complexity of instituting new practice.

Case work practice is something that impacts both the family that is the focus of an interview and the worker who is responsible for conducting it. Changing or modifying practice, therefore, is viewed by many workers as impacting both sides of the interaction: families and workers. One worker made a number of points that were repeated by others.

> "Since becoming an AR worker, my personal stress level has decreased. The pressure of 'proving' an allegation is not the focus, which allows for greater rapport building and trust from the family. These cases have proven to be much more cumbersome, likely because the "threat" is somewhat diminished [and], therefore, families are more willing to provide information. The amount of time spent with each family has significantly increased, along with the amount of information collected from the family's perspective. The likelihood of evening hours has significantly increased. Hopefully more children stay with their parents and remain safe."

The perceived benefits of the approach were sometimes seen to come at a cost for the worker. The following comment expressed a view frequently mentioned in the staff survey and also came up during interviews:

> "What I like most about AR is the non-adversarial collaboration. What I like least is that because of the flexibility we have to extend to families, it becomes a hardship to workers at times--late home visits after hours where there are no other supports in place because it is after office hours."

Another worker commented:

> "I like that (AR) appears to relax caregivers when they learn that they are not involved in an investigation. I don't like the fact that the child has to be there for the AR meeting to occur. The result is that workers stay beyond normal work hours."

Contacting caregivers first to set up family visits often takes time to do, and can be complicated from the start without current, accurate contact information. "It's frustrating," one worker said, "how often a number isn't provided to contact the family in advance." In another county, however, a worker wrote, "Intake screeners are doing well obtaining phone numbers for the families so that the worker can contact the family before the face to face interaction."

A number of workers expressed a degree of discomfort not being able to speak to children before they meet with their caregivers; speaking to a child first in investigations is something workers have become accustomed to do, and many see it as a better way to learn if the child is really at risk. Worker comments included these:

> "I do like not making a finding. (But) I feel that interviewing children first and separate is good practice for ensuring safety."

> "I don't like that I have to call the parents beforehand to inform them that I have to interview their children regarding the incidents on the referral."

> "Having to talk with the children and the caregiver at the same time is hard and not realistic in most families."

During a site visit, a worker told researchers that she did not think she could "trust" what a child said in the presence of his or her parents, especially if the child thought there might be repercussions after the worker left.

In AR cases in which workers are required to make contact quickly, because of the nature of the allegation, some workers routinely call parents to request permission to see their children separately, normally in school. A couple of workers said if they cannot immediately reach a parent they presume their permission and head for the school. Another worker commented:

> "I understand the spirit of AR is to give the parents more power. However, things like having to wait for parents to contact me back before I can begin my case causes more work and more stress. Having to get parental permission to see kids at school takes more time, means more

trips and also I worry about the amount of information I am getting from children when I see them in the home. Most children speak more freely in the school setting. Also, I think it will increase work hours as most parents prefer us to see the kids in the home which means waiting until after school to begin interviews."

Nonetheless, during site visit interviews when asked whether AR raised safety concerns for them, workers regularly said it did not (see analyses in Chapter 3). Asked if there were safety concerns expressed in their communities, few workers said there were. Some workers described the advantages of parents hearing what their child had to say, as well as the advantages of hearing what other adults in the family had to say, and had gained respect for the emphasis in AR of trying to meet with the family as a unit. One worker said, "families like the idea (of being contacted prior to any home visit) and the approach that we are using with involving them in family meetings rather than interviewing their children without their permission." Another said:

"I like that it brings the whole family together at one time. Some families are finding out for the first time what other family members think, feel and need. I really can't say there is something I don't like about AR with the exception that I believe it deserves its own unit, which would also aid in the worker in being able to spend more time in becoming more knowledgeable about community resources."

A number of workers said they liked AR because it allowed them to do social work and family – centered practice, and that families were more "receptive" to the approach. Among comments made by workers were these:

"I like the general idea of AR in recognizing that every situation does not necessarily need to be labeled with a finding. Many families have situation where accidents or poor judgment may cause minor issues which can be handled without such a 'label'."

"AR is family oriented and the lack of finding means that the family can truly change without always having this haunting them."

"It is an enhancing way of inviting cooperation, and cultivates trust and mutual respect."

"I like that we are able to inform families that this is not an investigation and we are here to help and refer for services when needed; minimizing the stress."

"I like the fact that it is less confrontational, thus, elicits a better/positive response from the customer."

"I like that it is a decision making progress with the family so that the family does not feel like they are being interrogated."

"Not making a finding makes it easier to engage families."

"I like that I am not investigating the families but giving them the opportunity to discuss their situations and assisting them with creating plans and solutions to keep their children safe. I also like to meet families where they are."

"I like that the AR assessment is not incident driven and more family focused."

"The approach can be a team based approach with family and worker coming together to plan rather than worker building case against the family. Least no real downside."

"I like most that AR eliminates adversarial relationship between clients and workers and brings the clients to the table ready and actively participating in their family issues. It's less punitive."

Particularly in certain counties, workers were quite likely to indicate, as one did: "I like it but it's not a new approach. It's not a new practice in this county." As another said: "It is being presented as something new but is really at least in part what is supposed to have been happening in family centered practice. I do like," this worker added, "that there is an opportunity to avoid a finding." Some workers appreciate AR precisely because they believe "it facilitates family-centered practice."

But some workers remain somewhat puzzled by AR, given what they thought they were supposed to be doing already: "Nothing has really changed." And: "I don't really get it or see the difference."

Perhaps because of these latter sentiments, some workers say they have a hard time explaining AR to families with which they work. Some workers also have a hard time explaining to AR families that, although it is not a traditional investigation, the report will stay in the administrative record system for three years.

"I do not like that these families have an AR for 3 years when they would prefer a Ruled Out for 120 days."

One worker wrote:

"I like the philosophy behind AR. However, families do not see how it is beneficial to them when ARs stay on agency records for 3 years. I have had 3 families request for their cases to be reassigned as an IR and receive a Ruled Out finding so that it is not on the Agency record after 3 months. When they ask how it is beneficial to them, I have difficulty answering that question because I can provide them the same services under an IR."

While some workers see the issue of the three-year record retention as unfair to some families, others see value "in having access to the information" should future reports be made.

During research site visit interviews and in survey responses a few workers said they thought the introduction of AR has led to acceptance of reports that would have been screened out if investigation was the only response. This will be examined by researchers as analyses continue.

While a majority of workers surveyed and interviewed see the benefit or potential benefit of AR, a few do not. At one office in particular there were workers who expressed strongly the view that many of the reports being screened into AR should be receiving IRs instead. One worker in particular was quite forceful in stating the view that many reports screened as AR appropriate needed an investigation from the start; she did not think being able to switch reports from AR to IR was sufficient to address potential risks to children. She and some of her co-workers remained more confident that their

investigation skills would be more likely to ensure the safety of children and were not yet comfortable in their ability to do so with AR.

At the same time, most workers appeared to be gaining confidence doing AR. One worker said, "AR should be the norm, and IR the exception. There is not much that cannot be accomplished in a case when done as AR."

One supervisor noted that some workers were having a hard time adjusting to AR, in listening to families rather than interrogating them (and, further, not fully appreciating the difference). He said he thought it likely that having the same workers do both AR and IR would, over time, improve investigations as workers had to expand their interaction skills.

In the general staff survey, caseworkers and supervisors were asked to indicate their overall satisfaction with the Child Protection System in place in their county. They were also asked how satisfied they were with their county's Alternative Response program. They were asked to indicate their responses on a 10-point scale, where 1 indicated "very dissatisfied" and 10 represented "very satisfied." The mean responses of staff showed a higher level of satisfaction with county CPS programs overall than the AR program specifically—8.0 and 6.7, respectively, on the 10-point scale. A difference in mean responses was found among workers and supervisors with and without AR experience and responsibilities. **See Figure 6.5.**

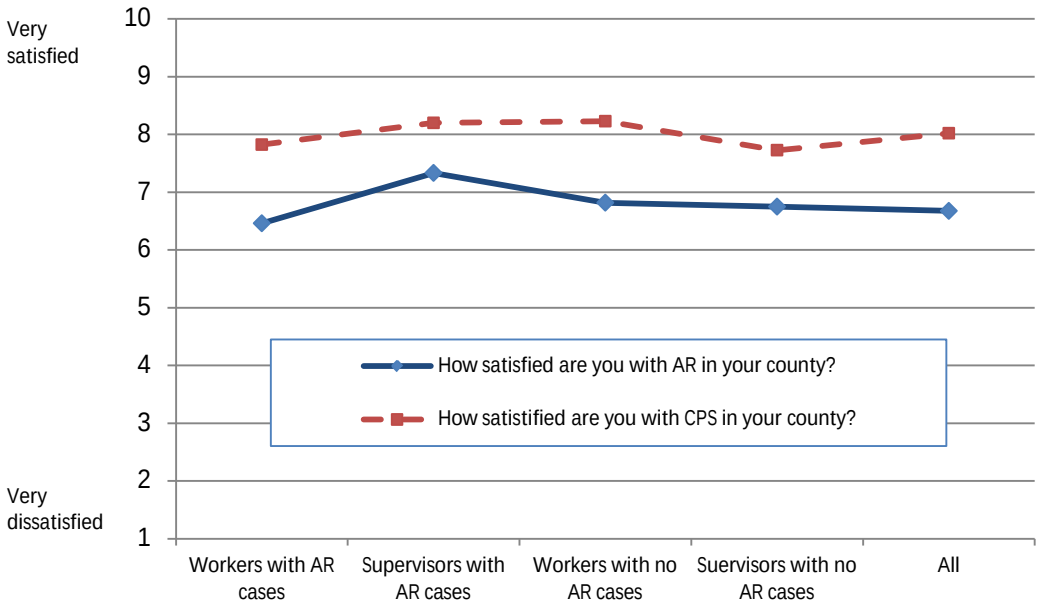

Figure 6.5. Level of staff satisfaction with county CPS and AR programs

Job and Workload Issues

The survey further asked staff to indicate on a similar 10-point scale how satisfied they were with their CPS job overall and with their own workload and duties. The mean responses of staff broken into four

work groups are shown in **Figure 6.6**. As can be seen, job satisfaction was at the higher end of the scale for both work groups.

Figure 6.6 Level of staff satisfaction with CPS job overall and with workload and duties.

The staff survey also asked whether and how the introduction of AR may have impacted the jobs of caseworkers and supervisors—in such things as caseload size, workload, paperwork and job stress. The responses of caseworkers and supervisors who have handled at least some AR cases can be seen in **Figure 6.7** (caseworkers) and **Figure 6.8** (supervisors). As will be observed, some increase in job stress was reported, but arguably not more than might be expected by the introduction of any programmatic change of consequence.

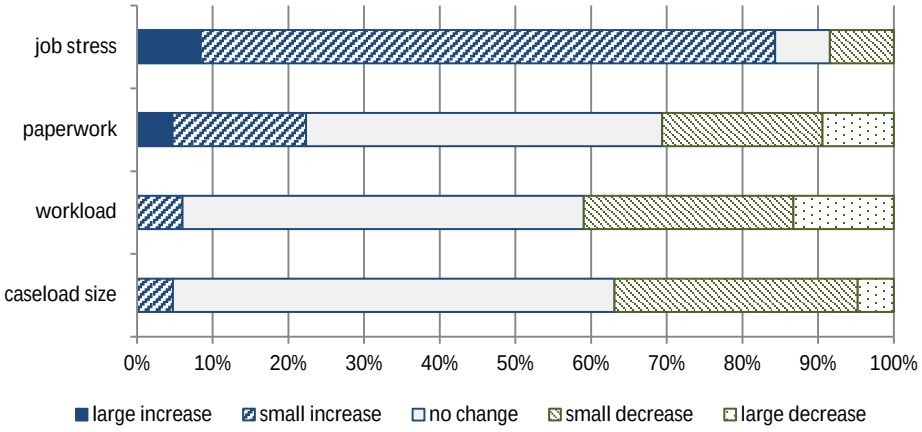

Figure 6.7 Responses of caseworkers to the question: Has Alternative Response in any way caused an increase or decrease in your caseload size, workload, paperwork, or job-related stress?

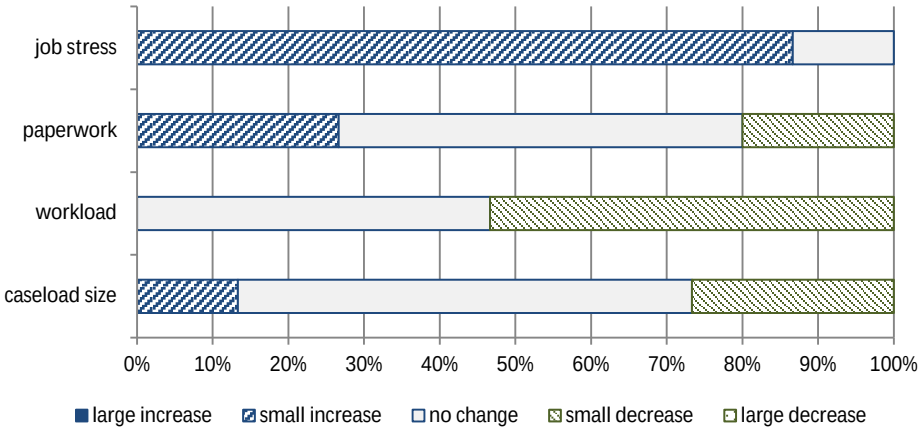

Figure 6.8 Responses of supervisors to the question: Has Alternative Response in any way caused an increase or decrease in your caseload size, workload, paperwork, or job-related stress?

Finally, the survey asked staff if the introduction of Alternative Response has made it any more or less likely that they would remain in Child Protection Services as a field of work. Among caseworkers and supervisors with some AR experience, most said it was not likely to make a difference (75.9% among caseworkers and 86.7% among supervisors). No respondent said it was "much more likely" they would leave the field, although 8.4% of caseworkers said it was "a little more likely" they might leave CPS. On the other hand, 13.2 percent of supervisors and 15.6% of caseworkers said AR made it more likely they would remain in the field. This latter figure included 8.4% of caseworkers who said it was "much more likely" they would remain in CPS.

Appendix 1

The Family Feedback and Case-Specific Worker Surveys: Detailed Descriptions

These surveys were described briefly in Chapter 1. In this section we provide greater detail concerning the characteristics of the AR and IR-comparison samples of families that were contacted directly and families about which workers provided greater detail.

Family Feedback Surveys. Beginning in December 2013 and continuing each month to the present, families that were provided with AR were identified in administrative data. As noted, each family was matched with an IR family from counties that were yet to implement AR. The first extraction included only Phase 1 counties and extended back to July 1, 2013—the date AR began in Phase 1 counties. However, because over 5 months had passed and in order to avoid violating the expungement rule for IR-comparison cases, the first survey was limited to families that were reported and screened after October 1, 2013. Regular surveys were conducted through June 2014 and at that time 194 surveys had been received. Because of the delay in designation of AR cases in MD CHESSIE, noted in the previous section, we also selected a second sample of IR families from counties in the same implementation Phase that we identified as *apparently qualified for AR*. This matching and sampling was done on the basis of screening criteria, risk and safety assessments and demographic characteristics of families. By the end of June, 73 families that we had originally identified as AR had returned surveys and in addition another 20 families with delayed entry into AR responded for a total of 93 families. On the comparison side, there were 51 families remaining in the *out-state* IR-comparison sample and additional 50 families in the in-phase comparison sample.[8] *The present analysis is limited to comparing the 93 AR families with the 51 out-state IR-comparison families.* We intend to continue surveying AR families until late spring 2015, and the final analysis will consider all responding AR and IR-comparison (both out-state and in-phase) families.[9] It will also be useful to compare families *within the AR group*.

[8] The family surveys began in December and were conducted regularly thereafter. "Out-state" refers to IR-comparison families from counties that had not *yet* implemented AR , at the time of selection of families for each successive family survey. "In-phase" refers to a second sample of IR-comparison families that were selected in counties that had already implemented AR.

[9] Comparison of AR and out-state IR-comparison families is the most conservative analysis. The 50 remaining in-phase comparison families were all selected from counties in which *AR had already been implemented*. Even though the *families that appeared to us to be qualified for AR* based on MD CHESSIE information, we were not privy to other information that may have influenced decision makers in <u>not</u> assigning the family to AR.

Cases from Baltimore City, where specialized staff are being used for AR, will be added to the survey sample, and it will be valuable to compare the reactions of families to these workers.

Surveys were only sent to families with full and apparently valid addresses in MD CHESSIE. Like most state administrative data systems, address information was incomplete or in error (wrong or missing zip codes, missing street numbers, wrong or missing apartment numbers) in a minority of cases. In addition, because families encountered by CPS are among the lowest income families in society they are often residentially unstable, and many had moved before the survey reached them. Overall, the response rate to survey was approximately 25%. This is a conservative estimate which is dependent on the number of bad-address returns received, as an unknown group of mailed surveys are simply lost in mail boxes or thrown away by new residents.

Comparison families *who responded to survey* were similar on the whole to responding AR families. Because comparison families (in the present analysis) were drawn from other counties, it was important to select areas that were similar in in income and population. No differences were found based on the population of zip code areas in which responding families resided. A difference was found in the highest income category (median income greater than $50,000), which may indicate a bias in families choosing to respond to the survey.

The median zip code income differences were also reflected in the yearly income reported by AR versus IR-comparison families themselves. Slightly smaller proportions of AR families fell into the lowest income categories: 31.8% of AR families earned less than $10,000 compared to 37.5% of IR-comparison families who responded to the survey. Similarly, in the $10,000 to $20,000 category, it was 16.5% for AR and 25.0% for IR. The midrange categories were very similar but 30.6% of AR families reported incomes $50,000 or more compared to 12.5% of IR-comparison families. Weighting to adjust for this difference will be considered in later reports but the analyses of the family survey in the present interim report are unweighted.

The demographics of the AR and IR-comparison families were very similar. Looking at the ages of children, 31.2% of AR families had a child under 5 years of age compared to 31.4% of IR-comparison families; for any child 6 to 12 years of age the values were AR: 65.6% versus IR-comparison: 58.8%; and, for 13 to 17 years of age the comparable values were AR: 39.8% versus IR-comparison: 31.4%. The age of the case head in AR cases averaged to 32.3 years compared to 34.9 years for IR-comparison. The average number of children in the case was 2.3 for AR compared to 1.9 for IR-comparison. None of these differences were statistically significant.

There were no significant differences in child safety influences that were indicated as part of child safety assessments for AR versus IR-comparison families. Child safety problems were children in only a small fraction of cases, usually less than 3% of families in any one category among families that responded to the survey. However, this was also true of the full sample of AR and IR-comparison families as well. This may reflect a conservative approach to screening and assignment to AR that often characterizes the early stages of AR implementation.

Some difference was found in types of reported child maltreatment *allegations* among families responding to the survey. For physical abuse generally, AR: 35.5%; IR-comparison: 51.0%. For neglect, AR: 58.1%; IR-comparison: 51.0%. None of the AR reports were for sexual abuse and consequently none of the IR-comparison reports were either. Among types of child neglect, unsafe home conditions, AR: 29.0%; IR-comparison: 19.6%; inadequate clothing or hygiene, AR: 7.5%; IR-comparison: 2.0%; inadequate supervision, AR: 18.3%; IR-comparison: 27.5%. Among types of physical abuse, non-accidental physical injury, AR: 11.8%; IR-comparison: 9.8%. Most of the other screening category had very small numbers of families or no families listed in either group.

No significant differences were found among survey families that were provided with family risk assessments using the standard Maryland instrument. The large majority (60% to 80%) of families in both groups were scored as having no risk in each of the risk categories. Among the families in which risk was indicated it was nearly always rated as low risk, again reflecting a conservative approach to AR assignment in first months of the AR program.

Case-Specific Worker Surveys. Samples of AR and IR-comparison cases were selected each month for case-review follow-up with the initial worker in the case. The samples were selected randomly from the families screened and referred during the previous period. A restriction of sampling was added to guard against unreasonable requests of workers. Only one case per worker was selected (randomly within the worker's caseload) for each survey and no worker was surveyed more often than every 45 days. Email lists were compiled of workers and workers were contacted with the identifying information on the case of interest with a link to an online survey. The response rate for these surveys was approximately 85% overall. Non-responses occurred for several reasons. The most frequent included worker turnover and bad email addresses as derived from MD CHESSIE and SSA provided lists. In addition, there were a few cases that had reached the 120 day expunge limit by the time workers were contacted, courtesy cases that a worker was handling for another county, extended worker sick leave, worker retirement and others.

By the time of this analysis, information had been obtained on 185 AR cases and 164 IR-comparison cases selected in counties before AR was implemented for a total of 349 families. There will be no more IR-comparison families selected since the final county (Baltimore City) began AR as of July 1, 2014. However, like the family survey, case-specific survey will be continued during the coming months of AR cases only. This will permit continuing comparison to be made of early-late implementation differences in approach to families as well as variations among counties.

No significant differences were found in the zip-code area analysis of population and median income indicating a relatively uniform geographic distribution of cases across the state. Again, we point out that *none of the AR cases came from Baltimore City* since AR was implemented there after the data cutoff (June 30, 2014) for this report. Some of the IR-comparison cases, however, were selected from Baltimore City. No differences were found in past case openings, although the proportions may be somewhat higher than readers might expect. Looking at past MD CHESSIE records, we found that 41.6% of AR families had had a previous case compared to 39.0% of IR-comparison families. This figure does

not, of course, include previous contacts with the agency that were ruled out and expunged from the system. On that basis it can be assumed that at least half of the families had had previous encounters with child protection.

Concerning demographic characteristics of families, some differences were found. There were slightly more AR Caucasian families (AR: 46.5%; IR-comparison: 37.2%) and more African-American comparison families (AR: 17.3%; IR-comparison: 32.9%), although race could not be determined based on MD CHESSIE records of each family member in a large proportion of cases (AR: 36.2%; IR-comparison: 29.3%). Thus, these racial differences are open to question. Hispanic identification was found for 3.8% of AR families and 4.3% of IR comparison families. No relevant differences were found in the proportions of families with any children under age 6 years (AR: 40.0%; IR-comparison: 38.4%), children 6 to 12 years of age (AR: 65.4%; IR-comparison: 59.8%) or teens (AR: 36.2%; IR-comparison: 31.1%). Differences were found in the proportion of families in which case records were present for only one child (AR: 32.8%; IR-comparison: 49.4%) with more two- and three-child families on the AR side. Thus, the mean number of children identified for AR was 2.38 compared to 1.93 in IR-comparison families. Average ages of heads of the cases were identical (AR: 33.4 years; IR-comparison: 33.7 years).

No relevant differences in the allegations of the initial report were found. Among AR families 39.5% were alleged to physically abused compared to 43.3% of IR-comparison families. Similarly, for neglect, it was 55.7% of AR versus 55.5% of IR-comparison. There were also no relevant differences in the subcategories of neglect, such as unsafety home conditions, food and nutrition, clothing and inadequate supervision. There were, of course, no sexual abuse cases.

Safety assessments were identified for 81.6% of the AR families and for 89.6% of the IR families. The lower rates among AR families and among study families generally may reflect difficulties experienced by evaluators in identifying and linking assessments with cases in monthly updates. Only a tiny fraction of families were considered to have safety problems in any one category, and no families were listed in many areas. No significant differences were found in the various categories of safety influences for families in which safety assessments were conducted, except in the area of drug or alcohol use by a caregiver: AR: 0.0%, IR-comparison: 5.4%. The proportion was the largest found and usually were applied to less than 2.0% of families of either kind.

Based on these comparisons, therefore, we felt that valid analyses contrasting the AR and comparison groups were acceptable and no adjustments were needed at this time.

Printed Versions of Three Research Instruments

The survey instrument that is being used with families is listed below. Following this the printed version of the case-specific survey instrument is listed. The actual survey, however, was conducted online and the instrument varied slightly from printed version. This is followed by the general worker survey, which was also conducted online and varies slightly from the printed version shown here.

Confidential Maryland Family Survey

As mentioned in the letter, a county caseworker visited you one or more times in the last year concerning the well-being of a child. Please answer the following questions about the visit(s).

1. How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?

£ Very satisfied £ Generally dissatisfied
£ Generally satisfied £ Very dissatisfied

2. How satisfied are you with the help you received or were offered?

£ Very satisfied £ Generally dissatisfied £ No help was offered
£ Generally satisfied £ Very dissatisfied

3. Overall, is your family better off or worse off because of this experience?

£ Much better off £ Somewhat worse off £ Made no difference
£ Somewhat better off £ Much worse off

4. Overall, were you treated in a manner that you would say was:

£ Very respectful £ Disrespectful
£ Respectful £ Very disrespectful

5. Overall, were you treated in a manner that you would say was:

£ Very friendly £ Unfriendly
£ Friendly £ Very unfriendly

6. Did you participate in the decisions that were made about your family and child(ren)?

£ A great deal £ A little £ No decisions were made
£ Somewhat £ Not at all

7. Did the worker who met with you listen to what you and other family members had to say?

£ Very much £ A little
£ Somewhat £ Not at all

8. Did the worker who met with you try to understand your family's situation and needs?

£ Very much £ A little
£ Somewhat £ Not at all

9. Please check everyone who met with the caseworker the first time he/she came to your home?

£ You £ Your spouse
£ Any of your children £ Other relatives
£ Friends £ A worker from another agency
£ Law enforcement £ Others (write in)

_____

10. Were there any matters that were important to you that were not discussed? £ Yes £ No

If Yes, please describe these matters:

11. How would you describe your feelings at the end of that first visit from the county worker to your home?

----------check all that apply:----------

£ Angry	£ Relieved	£ Worried	£ Comforted
£ Afraid	£ Hopeful	£ Confused	£ Reassured
£ Stressed	£ Satisfied	£ Tense	£ Grateful

£ Irritated	£ Helped	£ Negative	£ Positive
£ Anxious	£ Pleased	£ Pessimistic	£ Encouraged
£ Dissatisfied	£ Thankful	£ Discouraged	£ Optimistic

12. Please tell us who lives with you in this household.

£ My husband £ My boyfriend £ My mother £ My sister/brother (how many?) _____

£ My wife £ My girlfriend £ My father

Number of children you are responsible for:____ List their ages: ____ ____ ____ ____ ____ ____ ____ ____ ____

Other persons (please list their relation to you) _____ _____ _____ _____

13. Did the <u>worker(s) help</u> you or another family member get any of the following help or services?

----------Check any of the following you received ----------

£ Housing	£ Food or clothing for your family
£ Money for rent or house payments	£ Appliances or furniture or home repair
£ Help paying utilities	£ Car repair or transportation assistance
£ Medical care	£ Welfare/public assistance services
£ Dental care	£ Any other financial help
£ Help for a family member with a disability	£ Legal services
£ Assistance in your home, such cooking or cleaning	£ Child care or day care
£ Help getting mental health services	£ Respite care for time away from your children
£ Help getting alcohol or drug treatment	£ Meetings with other parents about raising children
£ Parenting classes	£ Meetings with other support groups
£ Anger management assistance	£ Help getting into education classes
£ Other counseling services	£ Job training or vocational training
£ Emergency shelter	£ Help in looking for employment or in changing jobs
£ Domestic violence services	£ Early education services through schools
£ Recreation services	£ Out-of-school time services

14. We would like to ask you about some specific programs. Did the <u>caseworker help</u> you or members of your family get services or assistance from any of the following? (check all that apply)

----------Check any of the following from which you received assistance----------

£ Medicaid	£ MD Children's Health Program (SCHIP)
£ MD Housing Assistance	£ MD Energy Assistance Program (MEAP)
£ MD Weatherization Assistance Program (HPP)	£ Homeless Prevention Program (HPP)
£ Housing Counselor Program (HCP)	£ Service Linked Housing Program (SLHP)
£ Homeless Women-Crisis Shelter Home Program (HW-CS)	£ Family Support Centers and Judy Centers
£ MD SEFEL-Social Emotional Foundations for Early Learning	£ Church or religious organizations
£ Emergency & Transitional Housing and Services Program (ETHS)	£ Neighbors/friends/extended family

Emergency food providers: £ SNAP/Food Stamps £ WIC £ TEFAP/Emergency Food Assistance Program
£ Home delivered meals £ MD Summer Food Service £ School breakfast/lunch £ Special milk program

15. Did the worker help you obtain other help or services? £ Yes £ No

If yes, what?_____

16. If you received some help or services, was it:

Ø The kind you needed? £ generally yes £ generally no £ did not receive any services

Ø Enough to really help you? £ generally yes £ generally no £ did not receive any services

17. Was there any help that your family needed that you did not receive? £ Yes £ No

If yes, what? _____

18. Were you offered any services or assistance that you turned down? £ Yes £ No

If yes, what did you turn down? _____

19. Did the worker give you the names of service agencies or anywhere else where you could get services or help for something you needed? £ Yes £ No

If yes, did you contact any of these agencies or places? £ Yes £ No

20. Did the worker contact any other agency or source of assistance for you? £ Yes £ No £ Not sure

21. Did the worker provide any direct assistance or help to your family (such as, transportation, clothing, financial help, etc.)? £ Yes £ No

If yes, what? _____

22. Please provide the following age and school information about ALL your children.

Child's FIRST name	Age	Check if he or she is **in school**	Write Grade in school	If the child is in school rate how he or she is **doing in school** currently.				If the child is in school rate whether he or she is doing **better or worse in school than in the past**		
				excellent	good	fair	poor	better	same	worse
Example à : Mary	7	£	2	£	£	£	£	£	£	£
# 1:		£		£	£	£	£	£	£	£
# 2:		£		£	£	£	£	£	£	£
# 3:		£		£	£	£	£	£	£	£
# 4:		£		£	£	£	£	£	£	£
# 5:		£		£	£	£	£	£	£	£

23. Do any of your children have a developmental, physical or learning disability? £ Yes £ No

If yes, please describe:

24. Do you feel <u>more</u> or <u>less</u> able to care for your child(ren) now than you did a year ago?

£ Much more £ Somewhat more £ About the same £ Somewhat less £ Much less

25. Compared to last year at this time, <u>how confident</u> do you feel about your ability to deal with issues in your life?

£ Much more £ Somewhat more £ About the same £ Somewhat less £ Much less

26. Regarding your child(ren), would you say the following problems are better, worse or the same as they were a year ago, or that they have never been a problem at all?

Child illnesses £ Better £ Worse £ Same £ never a problem

Missing school because of illness a problem	£ Better	£ Worse	£ Same	£ never
Child's complaints about his or her health a problem	£ Better	£ Worse	£ Same	£ never
Child's complaints about headaches or stomachaches a problem	£ Better	£ Worse	£ Same	£ never
Problems learning in school a problem	£ Better	£ Worse	£ Same	£ never
Difficulty getting along with teachers a problem	£ Better	£ Worse	£ Same	£ never
Difficulty getting along with other students at school a problem	£ Better	£ Worse	£ Same	£ never
Skipping school a problem	£ Better	£ Worse	£ Same	£ never
Aggressive behavior of your child in the household a problem	£ Better	£ Worse	£ Same	£ never
Having few friends a problem	£ Better	£ Worse	£ Same	£ never
Child's anxiety or feeling unsafe a problem	£ Better	£ Worse	£ Same	£ never
Child's fear of someone in your household a problem	£ Better	£ Worse	£ Same	£ never
Child acting out to get your attention a problem	£ Better	£ Worse	£ Same	£ never
Child acting in ways that are difficult for you to control a problem	£ Better	£ Worse	£ Same	£ never
Delinquent behavior a problem	£ Better	£ Worse	£ Same	£ never

27. For you personally, would you say the following are better, worse or the same as a year ago?

The money you have to live on each month	£ Better	£ Worse	£ Same
Your current job or job prospects	£ Better	£ Worse	£ Same
Your relationship with your children	£ Better	£ Worse	£ Same
The health and wellbeing of your children	£ Better	£ Worse	£ Same
Your living arrangements	£ Better	£ Worse	£ Same
Having someone to talk to about things going on in your life	£ Better	£ Worse	£ Same
Having someone to care for your children when you need it	£ Better	£ Worse	£ Same
Having someone to help with transportation if you need it	£ Better	£ Worse	£ Same
Having someone to turn to for financial help if you need it	£ Better	£ Worse	£ Same
Your own health or sense of wellbeing	£ Better	£ Worse	£ Same

28. How would you describe your current living arrangements?

£ Excellent £ Satisfactory £ Less than satisfactory £ Unacceptable

29. How long have you lived at your present address? _____ years (or _____ months)

30. How many times have you changed your address (moved) in the past year?

£ None £ One time £ Two times £ Three or more times

31. What current medical insurance do you have for yourself and your child(ren)

You £ no insurance £ private insurance £ Medicaid/MCHIP £ Other_____

Your child(ren): £ no insurance £ private insurance £ Medicaid/MCHIP £ Other_____

32. What is your marital status?

£ Married £ Separated £ Divorced £ Widowed £ Never married

33. Are you currently employed? £ Yes, full time £ Yes, part time £ Not currently employed

34. If you are currently employed, how many hours do you usually work each week? (check one)
£ Less than 20 hours £ 20 to 29 hours £ 30 to 39 hours £ 40 hours or more per week

35. How many months were you employed during the past 12 months? _____

36. If you are living with a partner (married or unmarried) is he or she employed?
£ Yes, full time £ Yes, part time £ Not currently employed £ does not apply

37. What is your level of education?
£ Grade school £ High school diploma or GED £ A four-year college degree or more
£ Some high school £ Some college or a two year degree

38. Has anyone in your household received any of the following during the past 12 months?
----------*check ALL that apply*----------
£ SNAP/Food stamps £ TANF (welfare check) £ WIC £ Child Support
£ Retirement check £ Unemployment benefits £ Utilities assistance
£ Housing assistance £ School breakfast or lunch £ Social Security disability check

39. What was your total household income during the past 12 months?
-------Please add up <u>everything</u>, including wages, salaries, welfare, gifts—all the money coming into the household-------
£ Less than $4,999 £ $15,000 to $19,999 £ $30,000 to $34,999 £ $45,000 to $49,999
£ $5,000 to $9,999 £ $20,000 to $24,999 £ $35,000 to $39,999 £ $50,000 to $59,999
£ $10,000 to $14,999 £ $25,000 to $29,999 £ $40,000 to $44,999 £ $60,000 +

40. Has your current household income increased or decreased since this time last year?
£ Increased £ Decreased £ No change

We are interested in anything else you might want to say about your experience.

Thank you.

Please fill in the following information so that we can send you your gift card.

Your Name _____ Street or PO Box _____

City _____ State _____ Zip _____

IAR Associates, 103 W. Lockwood, Suite 202, St. Louis, MO 63119

Confidential Questionnaire
Maryland Case Specific Instrument

Please provide the following information on the case identified below. If you want to explain a response or provide additional comments, you may do so using the comment sections you will find throughout the instrument. However, you should not feel compelled to write in any comments.

Family's Name_____ Referral ID _____ Case ID_____
Your Name_____ County_____

Please identify anyone else who may know more or other things about this case than you:

Name _____ **Position** _____ **Email address:** _____

---

1. Did this family receive
___ **an Alternative Response (AR)**
___ **an Investigative Response (IR)**

If AR, answer the following six questions:

1. If you had investigated the initial report, what type of finding would you have made?
   __ report substantiated __ report unsubstantiated __ report ruled out

2. Was this family approached any differently, in your judgment, than under an Investigative Response?
   __ certainly yes __ probably yes __ probably no __ certainly no __ unsure

3. Did this family receive any services under AR that it would not have received, in your judgment, under IR?
   __ certainly yes __ probably yes __ probably no __ certainly no __ unsure

4. Did this family refuse any offers of assistance and services?
   __ yes, all offers __ yes, some offers __ no __ family did not need services not currently receiving

5. Are you aware of any services this family did not receive that it might have received with an IR?
   ___ yes ___ no
   If yes, please explain briefly

6. In your judgment, would an IR have been more appropriate in this case?
   ___ yes ___ no
   If yes, please explain briefly

If IR, answer the following five questions.

1. Was this family approached any differently, in your judgment, than under an Alternative Response?
   __ certainly yes __ probably yes __ probably no __ certainly no __ unsure

2. Did this family receive any services under IR that it would not have received, in your judgment, under AR?
   __ certainly yes __ probably yes __ probably no __ certainly no __ unsure

3. Did this family refuse any offers of assistance and services?
   __ yes, all offers __ yes, some offers __ no __ family did not need services not currently receiving

4. In your judgment, would an AR have been more appropriate in this case?
   ___ yes ___ no
   If yes, please explain briefly

5. Are you aware of any services this family did not receive that it might have received with an AR?
___ yes ___ no
If yes, please explain briefly

2. Contact with Family

a. How many face-to-face meetings did you have with members of the family? _____
b. How many telephone contacts did you have with members of the family?_____
c. How many other contacts did you have with a family member (errands, court visits, transportation, etc.)?_____
d. How many contacts (including email or texting) did you have with others on behalf of this family?_____
e. How many face-to-face contacts (if any) did other service providers have with family members? (estimate)_____

---

3. On the following scale please rate the cooperation or attitude of family members the FIRST time you met with them.

(-5 = very uncooperative, 5 = very cooperative)
-5 -4 -3 -2 -1 1 2 3 4 5

---

4. If you met with this family or family members more than one time, please rate the cooperation or attitude of family members the LAST time you met with them.

(-5 = very uncooperative, 5 = very cooperative)
-5 -4 -3 -2 -1 1 2 3 4 5 __ *met with family one time only*

Add any comments to help us understand your ratings of cooperation:
_____

5. Child Safety

Below is a list of specific safety threats some children face. Check any that were present in this case.
For any that were present (and therefore checked), indicate:
1) The severity of the problem when the family was first contacted and again when the case was closed; and
2) If the issue was addressed while the case was open, click on the pull-down menu "Yes, by" and indicate who addressed the issue.
3) If it was not addressed, click on the drop-down "No, because" and give the reason.

[drop-down categories]

Severity		*Was this issue addressed?*	
at first contact	*at closure*	*Yes, by*	*No, because*
Severe	Severe	| county staff	| funds unavailable
Moderate	Moderate	| vendor agency / provider	| provider unavailable
Mild	Mild	| unfunded comm. resource	| uncooperative family
Don't know	Don't know	| family resource, kin, support group	| threat removed / no longer present
		| other	| other reasons
		| don't know	

Neglect or Abandonment

__ Child lacked basic needs (food, clothes, hygiene)
__ Home unsafe or unclean
__ Homelessness or potential homelessness
__ Abandonment or locking in or out
__ Caregiver neglected medical/health care of child
__ Educational neglect/truancy
__ Other neglect

Physical, sexual or emotional abuse

__ Violence to child by caregiver (non-disciplinary)
__ Excessive discipline
__ Emotional maltreatment
__ Child witnessed domestic violence or other violence in the home
__ Sexual abuse
__ Other

Lack of supervision or proper care
__ Child 6 yrs old or younger left unsupervised
__ Child 7-12 left unsupervised
__ MR/DD child or child with serious health issues left unsupervised
__ Other harm (e.g., burns fractures, poisoning) through LS
Poor or damaging adult-child relationship
__ Verbal or physical fights
__ Rejection of child by parent
__ Rejection of parent by child (youth)
Other threat
__ Other_____
__ Other_____

---

6. Child and Family Well-being
In a similar fashion to the items in the previous question, check any of the following issues that may have affected child or family well-being in this case.
For any issue that you check, please indicate:
1) The severity of the problem when the family was first contacted and again when the case was closed.
2) If the issue was addressed while the case was open, click on the pull-down menu "Yes, by" and indicate who addressed the issue.
3) If it was not addressed, click on the pull-down "No, because" and give the reason.

[drop-down categories]

Severity		***Was this issue addressed?***	
at first contact	***at closure***	***Yes, by***	***No, because***
Severe	Severe	| county staff	| funds unavailable
Moderate	Moderate	| vendor agency / provider	| provider unavailable
Mild	Mild	| unfunded comm. resource	| uncooperative family
Don't know	Don't know	| family resource, kin, support group	| threat removed / no longer present
		| other	| other reasons
		| don't know	

__ housing adequacy
__ rent/utilities
__ food/clothing
__ parenting skills of adults
__ approach to child discipline
__ control of child(ren)
__ emotional maturity of parent/caregiver
__ poor or harmful interaction in family
__ domestic violence
__ alcohol abuse
__ other substance abuse
__ adult disability or mental retardation
__ child disability or mental retardation
__ inadequate family income/poverty
__ underemployment or unemployment
__ financial planning/money handling skills
__ household management skills
__ school attendance of children
__ progress of children in school
__ physical health of parent/caregiver
__ physical health of children
__ mental health of parent/caregiver
__ mental health of children
__ quality/stability of adult relationships
__ parent-child relationship/communication
__ stability of family as a unit

__ developmental level of child(ren)
__ support system of friends and neighbors
__ extended family emotional support
__ extended family financial support
__ knowledge of community resources
__ ability to access needed services
__ Other_____

7. Services

Below is a list of services that are sometimes provided to families. Place a check next to each service that was provided to this family or where information or referrals were made regarding possible services. Then, for each service area checked, indicate two things:

1) The nature of the service, that is

- *service provided* - the service was actually provided to one or more family members while the case was open and had not been in place at the time of the first visit. This includes any service provided directly by you or another county worker or by a funded vendor or unfunded resource.
- *info/referral provided* - information was provided about services and/or referrals were made to sources of assistance.
- *service in place at start* - the service or assistance was in place at the time of first contact with the family.

2) For any service received by the family, give us some idea of the level of participation by the family from very little (1) to very much (5).

[Drop down categories]

1) Nature of services	***2 Level of participation or use by family***
service provided	*Very little <----------> Very much*
Information or referral provided	__ 1 __ 2 __ 3 __ 4 __ 5
Service was in already in place	

__ housing services
__ emergency food
__ clothing assistance
__ help with rent or house payments
__ help with utilities
__ appliances, furniture, home repairs
__ car repairs or transportation assistance
__ medical care
__ TANF, SSI food stamps, other welfare
__ dental care
__ other financial help
__ disability services
__ legal services
__ homemaker/home management assistance
__ childcare/daycare services
__ mental health/psychiatric services
__ respite care/crisis nursery
__ drug abuse treatment
__ alcohol abuse treatment
__ parent support groups
__ parenting classes
__ other support groups
__ anger management classes or counseling
__ educational services or classes
__ individual counseling
__ marital/family/group counseling
__ job or vocational training
__ emergency shelter
__ assistance with employment
__ domestic violence services
__ early education services through school

__ recreation services
__ out-of-school-time services
__ family preservation services
__ independent living services
__ Other_____
__ Other_____

8. Did you or another worker or contractor assist members of this family obtain services or assistance from any of the following?

__ school
__ neighborhood organization
__ mental health provider
__ trauma-informed care provider
__ home visiting provider
__ parent education/training provider
__ alcohol/drug rehabilitation agency or program
__ MR/DD provider
__ youth organization
__ health care provider
__ job service/employment security
__ employment and training agency (JTPA, etc.)
__ legal services provider
__ support group
__ childcare provider/preschool provider/Head Start
__ community action agency
__ domestic violence shelter
__ emergency food provider
__ church or religious organization
__ recreational facility (e.g. YMCA)

__ Medicaid
__ MD Children's Health Program (SCHIP)
__ MD Housing Assistance
__ MD Energy Assistance Program (MEAP)
__ MD Weatherization Assistance Program (HPP)
__ Homeless Prevention Program (HPP)
__ Housing Counselor Program (HCP)
__ Service Linked Housing Program (SLHP)
__ Homeless Women-Crisis Shelter Home Program (HW-CS)
__ MD SEFEL-Social Emotional Foundations for Early Learning
__ Family Support Centers and Judy Centers
__ Church or religious organizations
__ Neighbors/friends/extended family
__ Emergency & Transitional Housing and Services Program (ETHS)
__ WIC
__ TEFAP
__ SNAP
__ Home delivered meals
__ MD Summer Food Service
__ Special milk program
__ School breakfast/lunch

---

9. Please indicate whether there were any extenuating circumstances that made work with this family very difficult, impossible or unnecessary. (Check as many as apply.)

__ investigative assessment that was ruled out or unsubstantiated
__ investigative assessment indicated but no further action
__ family fled or moved out of the county
__ alleged perpetrator left family
__ alleged perpetrator was separated by court
__ alleged perpetrator was imprisoned
__ a caregiver was hostile throughout the case
__ a caregiver missed appointments often
__ a caregiver was uncooperative in other ways
__ a child was uncooperative
__ another agency or a non-CPS worker had major responsibility for the case
__ Other _____

---

10. On a scale from 1 to 10, indicate whether the level of service response was sufficient to meet the immediate threats to a child in this family:

(1 = not at all<----------> 10 = completely)

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

---

11. Indicate whether the level of service response was sufficient to reduce threats of possible future child abuse or neglect:

(1 = not at all<----------> 10 = completely)

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

---

12. Indicate whether the level of service response was sufficient to meet other family needs affecting child well-being:

(1 = not at all<----------> 10 = completely)

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

---

13. Overall, how well were the services that were actually provided matched to the service needs of the family?

(1 = very poorly matched<----------> 10 = very well matched)

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

---

14. In your judgment, how effective were the services provided to the family in solving their problems or in producing needed changes?

(1 = very ineffective<----------> 10 = very effective)

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

---

15. If there were any services this family needed or needed more of that it did not get for any reason, please list them here.

Service needed	***Reason not provided [dropdown]***	***If other reason enter below***
	Size of worker caseload	
	Limited staff time to work with family	
	Other pressing cases on caseload	

Problems were beyond the scope of CPS to remedy
Limited funds for needed vendor services
Needed comm. resources/services not available or too limited
Lack transportation to services

1 _____ _____
2 _____ _____
3 _____ _____

16. Overall, how involved was the extended family (relatives outside the household) in providing needed support and/or assistance to this family?
__ not at all __ very little __ moderately __ extensively

---

17. Overall, how involved were unfunded community resources (such as churches, advocacy organizations, support groups, etc.) in assisting this family?
__ not at all __ very little __ moderately __ extensively

IF THIS WAS AN IR CASE, STOP HERE AND CLICK SUBMIT.

IF THIS WAS AN AR CASE, PLEASE ANSWER THE LAST TWO QUESTIONS.

18. Was anything done in this case that is a good example of the benefits or potential of the AR approach?

---

19. Did anything occur during this case that raised concerns in your mind or might in others about the AR approach?

You have completed the instrument. Press submit to send your responses.
Submit

Maryland Child Welfare Staff Survey

(completed online in html format)

Your name _____ County _____

Position/Title_____

_

This questionnaire is confidential but not anonymous. No one outside the research team will view it.

1. How long have you worked as a child protection case manager or supervisor?

Since (mo/yr)

_____/_____

2. Check ALL work areas that are part of your job currently.

c case intake/screening
c case assessment – traditional investigations
c case assessment – Alternative Response
c case management
c social work (providing direct services)
c out-of-home placement cases
c family preservation services
c adoption
c staff supervision
c other _____

3. If you have a caseload:

3a. How many cases are on your current caseload? _____

3b. How many of these are Alternative Response (AR) cases, if any? _____

3c. Estimate the number of AR cases, either assessment or ongoing, you have handled until now (enter 0 if none) _____

4. If you are a supervisor, <u>about</u> how many of workers handling AR cases have you supervised since AR began in your county? _____

5. On a scale from 1 to 10, where "1" represents "never" and "10" represents "always," how often do families you work with view your agency as a resource or source of support and assistance? (Answer for both AR families and families that receive the investigative response (IR) based on your experience.)

	never	always	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		c
IR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		c

6. To what extent do families you work with feel they are better off or worse off because of the involvement of the child protection agency?

	very much worse off	very much better off	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		c
IR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		c

7. To what extent do you feel able to intervene in an effective way with the children and families you work with?

	never									always	don't know
AR families	1	2	3	4	5	6	7	8	9	10	c
	Please explain – textbox										
IR families	1	2	3	4	5	6	7	8	9	10	c
	Please explain – textbox										

8. Please rate your overall ability to help families and children on your caseload obtain the services or assistance they need.

	very poor									*excellent*	don't know
AR families	1	2	3	4	5	6	7	8	9	10	c
IR families	1	2	3	4	5	6	7	8	9	10	c

9. The following is a list of specific services and service providers. Please tell us (by circling yes or no)**:**

a) Are you aware of any providers (resources) of these services in your service area? If yes:

b) Do you know the name of a contact person within such a provider agency or have you ever met with anyone from such an agency or resource?

c) Have you referred a client child or family to any such provider or resource within the last month?

	a) any provider in area		b) know or met with contact person		c) referred to in the last month	
a. child care (day care)	yes	no	yes	no	yes	no
b. respite care/crisis nursery	yes	no	yes	no	yes	no
c. mental health services	yes	no	yes	no	yes	no
d. substance abuse treatment	yes	no	yes	no	yes	no
e. MR/DD services	yes	no	yes	no	yes	no
f. medical provider knowledgeable re CINA	yes	no	yes	no	yes	no
g. dental services that accept Medicaid	yes	no	yes	no	yes	no
h. transportation services	yes	no	yes	no	yes	no
i. domestic violence services/shelter	yes	no	yes	no	yes	no
j. food services/food pantry	yes	no	yes	no	yes	no
k. housing assistance	yes	no	yes	no	yes	no
l. utilities & other household assistance	yes	no	yes	no	yes	no
m. emergency shelter	yes	no	yes	no	yes	no
n. Job Service (*Employment Security*)	yes	no	yes	no	yes	no
o. other employment services	yes	no	yes	no	yes	no
p. adult educational services	yes	no	yes	no	yes	no
q. adult vocational training	yes	no	yes	no	yes	no
r. parenting classes	yes	no	yes	no	yes	no
s. household management	yes	no	yes	no	yes	no
t. youth organizations (*e.g. Boy Scouts*)	yes	no	yes	no	yes	no
u. recreational services for children/youths	yes	no	yes	no	yes	no
v. neighborhood organizations	yes	no	yes	no	yes	no
w. legal services	yes	no	yes	no	yes	no
x. support grps (*e.g., parents anonymous*)	yes	no	yes	no	yes	no
y. early childhood services	yes	no	yes	no	yes	no
z. early childhood education	yes	no	yes	no	yes	no
aa. community action agency	yes	no	yes	no	yes	no
bb.churches/religious organizations	yes	no	yes	no	yes	no
cc. home visiting programs	yes	no	yes	no	yes	no
dd. financial literacy education	yes	no	yes	no	yes	no
ee. health insurance options	yes	no	yes	no	yes	no

ff. trauma-informed care for caregivers	yes	no	yes	no	yes	no
gg. services for recent immigrants	yes	no	yes	no	yes	no
hh. anger management services	yes	no	yes	no	yes	no
ii. other counseling services	yes	no	yes	no	yes	no
jj. other financial assistance	yes	no	yes	no	yes	no
kk. out of school time services	yes	no	yes	no	yes	no

10. How would you rate your overall knowledge of service resources in the community?

very poor very good

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10

10a. Do you think there is a need for more agency support, information or training related to community outreach? c yes, a lot c yes, a little c no c unsure

Please explain. (drop down, if answer is "yes")

11. How would you rate your office's working relationship with the following?

	no relationship	poor	fair	good	excellent	unsure
a. local law enforcement authorities	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
b. juvenile or family courts	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
c. circuit court/county attorney	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
d. school administrators and teachers	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
e. hospitals, clinics and school nurses	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
f. mental health providers	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
g. employment services	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
h. churches/religious organizations	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c
i. housing services	c	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10				c

12. How effective is the current child protection system overall in protecting children in client families who are at risk of:

	very ineffective									very effective	unsure
a. sexual maltreatment	1	2	3	4	5	6	7	8	9	10	c
b. moderate to severe physical abuse	1	2	3	4	5	6	7	8	9	10	c
c. neglect of basic needs (*food, clothing, etc.)*	1	2	3	4	5	6	7	8	9	10	c
d. lack of supervision of young children	1	2	3	4	5	6	7	8	9	10	c
e. medical neglect	1	2	3	4	5	6	7	8	9	10	c

13. In your experience how effective is the current child protection system in working with client families in which there is:

	very ineffective									very effective	unsure
a. drug abuse	1	2	3	4	5	6	7	8	9	10	c
b. alcohol abuse	1	2	3	4	5	6	7	8	9	10	c
c. domestic violence/spouse abuse	1	2	3	4	5	6	7	8	9	10	c
d. extreme poverty	1	2	3	4	5	6	7	8	9	10	c
e. extreme child behavior problems	1	2	3	4	5	6	7	8	9	10	c
f. mental illness (*child or adult*)	1	2	3	4	5	6	7	8	9	10	c
g. mental retardation/developmental disability	1	2	3	4	5	6	7	8	9	10	c
h. extremely poor parenting skills	1	2	3	4	5	6	7	8	9	10	c
i. educational neglect/truancy	1	2	3	4	5	6	7	8	9	10	c
j. parent-adolescent conflict	1	2	3	4	5	6	7	8	9	10	c
k. major health problems (*extreme prematurity*, *sickle cell, severe asthma or diabetes*)	1	2	3	4	5	6	7	8	9	10	c

14. If you worked in child protection before the start of AR, has Alternative Response affected how you approach families or perform your work (that is, are you doing anything differently from before)?

c not at all c in small ways c in a few important ways c a great deal

Please explain – textbox

c I began working in child protection after AR started

15. How well do you understand the goals and philosophy of the Alternative Response approach?

c fully c adequately c less than adequately c poorly c does not apply

What is it about AR you do not fully understand? (drop down, if answer is not "fully")

16. <u>For cases that are appropriate for AR,</u> in your opinion how does the AR approach compare to the traditional approach regarding child safety?

c Children in these cases are more often kept safe through IR than AR
c Children in these cases are about equally safe under AR and IR
c Children in these cases are more often kept safe through AR than IR
c Do not know or cannot judge

17. <u>For cases that are appropriate for AR,</u> in your opinion how does the AR approach compare to the traditional approach regarding child wellbeing?

c Child wellbeing for these cases is more likely assured through IR than AR
c Child wellbeing for these cases is about equally assured through AR and IR
c Child wellbeing for these cases is more likely assured through AR than IR
c Do not know or cannot judge

18. In your view, what are the major differences between Alternative Response and the Investigative Response in your county?

	much more likely with AR	*somewhat more likely with AR*	*no difference*	*somewhat more likely with traditional CPS*	*much more likely with trad. CPS*
a. Families approached non-adversarial manner	c	c	c	c	c
b. Families approached with respect	c	c	c	c	c
c. Families approached in a friendlier manner	c	c	c	c	c
d. Families encouraged to participate in decisions	c	c	c	c	c
e. No finding or substantiation of report	c	c	c	c	c
f. Families receive information about sources of services and assistance in the community	c	c	c	c	c
g. Workers contact community resources on families' behalf	c	c	c	c	c
h. Families referred to specific resources or agencies in community	c	c	c	c	c
i. Families receive some/any services	c	c	c	c	c
j. Families receive services they need	c	c	c	c	c
k. Families receive services quickly	c	c	c	c	c
l. Separate interviews of child and caregiver	c	c	c	c	c
m. Cooperation of caregivers/family members	c	c	c	c	c

n. Greater involvement of caregivers in decisions and case plans..... c c c c c

19. Can the AR approach have a significant impact on families and child well-being without additional funds for services?

c yes, a lot c yes, a little c not sure c no

Please explain – textbox

20. Do you feel the need for more training related to Alternative Response?

c yes, a lot c yes, a little c no c unsure

(Drop down, if answer is "yes") -- What kind of additional training or technical assistance would help you and your co-workers the most?

21. Overall, how satisfied are *<u>you</u>* with the child protection system in place in your county?

very dissatisfied very satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 c

22. Overall, how satisfied are you with your child protection job?

very dissatisfied very satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 c

23. Overall, how satisfied are you with your workload and duties?

very dissatisfied very satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 c

24. To what extent do you feel "burned out" by the demands of your job?

not at all completely unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 c

25. Overall, how satisfied are <u>you</u> with the Alternative Response program in place in your county?

not at all completely unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 c

26. Has Alternative Response in any way caused an increase or decrease in your:

	large increase	*small increase*	*no change*	*small decrease*	*large decrease*
a. caseload size	c	c	c	c	c
b. workload	c	c	c	c	c
c. paperwork	c	c	c	c	c
d. job-related stress	c	c	c	c	c

27. Has the introduction of AR made it any more or less likely that you will remain in this field of work?

- c Much more likely
- c A little more likely
- c No effect
- c A little less likely
- c Much less likely

28. Is there anything that is preventing the Alternative Response from working as well as you think it could or should be working?

29. Is there anything about the way AR approach is being implemented in your county that you consider exemplary or that involves something other counties should be aware of and consider?

30. What do you like most and least about AR?