

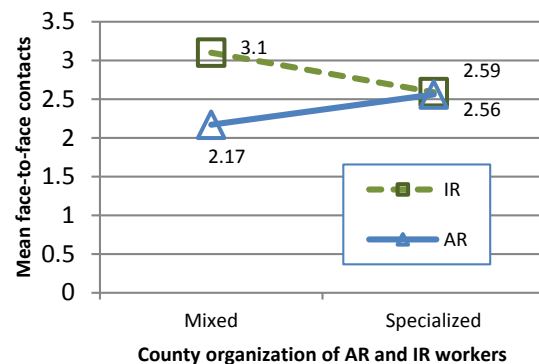
Evaluators' Recommendations

This is an addition to the Final Report of the Maryland Alternative Response (AR) evaluation. It concerns the implications of the evaluation findings. Each of the following subsections contains one or more recommendations based on analyses of feedback from families, workers and supervisors, and of administrative (CHESSIE) data, as well as our experience with the implementation of AR in other states. In each section, we summarize and reference pages in the final report.

1. Promote specialized caseloads wherever logistically feasible

Most Maryland counties organized their AR programs with mixed caseloads in which the same workers were responsible for *both* AR family assessments and forensic investigations (Investigative Responses or IR). Four counties (Baltimore County, Frederick and Prince George's Counties, and the jurisdiction of Baltimore City¹) organized their workers into specialized units that were responsible for *either* AR or IR. In this section, evidence is presented supporting specialized caseloads. These analyses *do not prove* that specialized organization of staff is better, because other explanations are possible. For example, the four specialized jurisdictions are on the whole more urban; characteristics of caseloads may differ; sizes of caseloads may vary; training and experience of workers may be different. However, the analyses are consistent with each other and *together support the conclusion* that organizing workers into specialized AR or IR caseloads is advantageous. The evaluators recommend that local jurisdictions with mixed caseloads consider reorganizing staff into specialized caseloads.

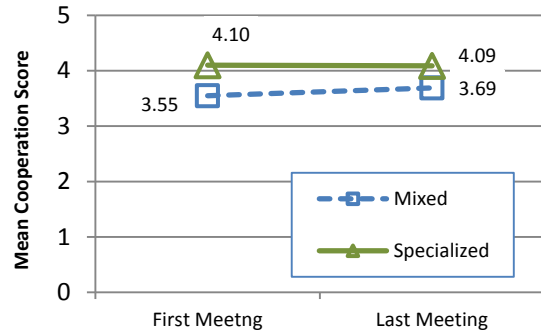
1a. Contacts with families. Regarding contacts with families, fewer face-to-face meetings occurred in counties with mixed staffs compared to counties with specialized staffs. This finding was based on case reviews by workers of sample AR cases and similar IR cases (referenced in the report as *IR-comparison cases*) selected during the period from late-2013 through mid-2014. This method is referenced in the report as the *case-specific survey*. In mixed counties the average (mean) was 2.17 contacts per AR family compared to 3.1 per IR-comparison family. In specialized counties the averages were 2.56 for AR and 2.59 for IR. These differences are illustrated in this chart (Report: Figure 3.14, page 33).



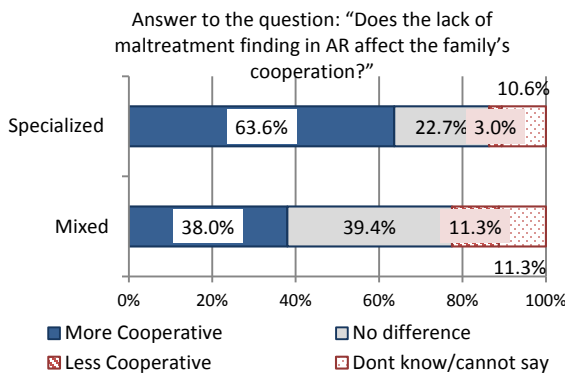
¹ Baltimore City has the status of a separate *jurisdiction* in Maryland and strictly speaking should not be called a *county*. However, for simplicity's sake, we use the term county to refer to both Baltimore City and Maryland counties proper.

1b. Workers assessment of family cooperation.

Workers in specialized counties rated family cooperation in specific cases they reviewed significantly more highly than workers in mixed counties. This applied to the first meeting with families and, when more than one meeting occurred, to the last meeting as well. This is shown in this chart (Report: Figure 3.15, page 33). This chart is limited to the sample of AR families.



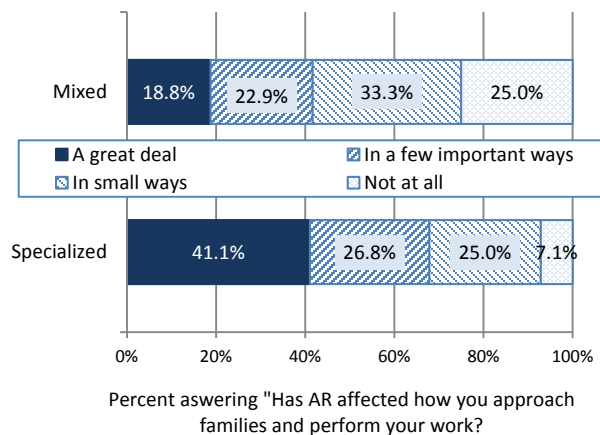
Similarly when asked in the final general worker survey about family cooperation in general (that is, not



about specific cases), differences were found between AR workers in mixed and specialized counties. The answers to the question, "Does the lack of maltreatment finding in AR affect the family's cooperation?" are summarized in this chart (Report: Figure 6.10, page 75). The general opinions of workers in the two sets of counties, therefore, are similar to their responses of about specific cases for which they were responsible.

1c. Recurrence of child abuse and neglect reports. Families provided with AR were tracked over a six-month period following the report. Looking at any report on any child in the family, 6.0% of AR families in mixed counties experience one or more new reports in six months compared to 4.1% in specialized counties. This difference was shown to be statistically significant (Report: page 35).

1d. Effects of AR on how workers approach families. In the final general survey workers were asked, "Has AR affected how you approach families and perform your work?" They were given four response categories, which are summarized in this chart (Report: Figure 6.4, page 67). Notice the difference in the category *a great deal* and in the category *not at all*.

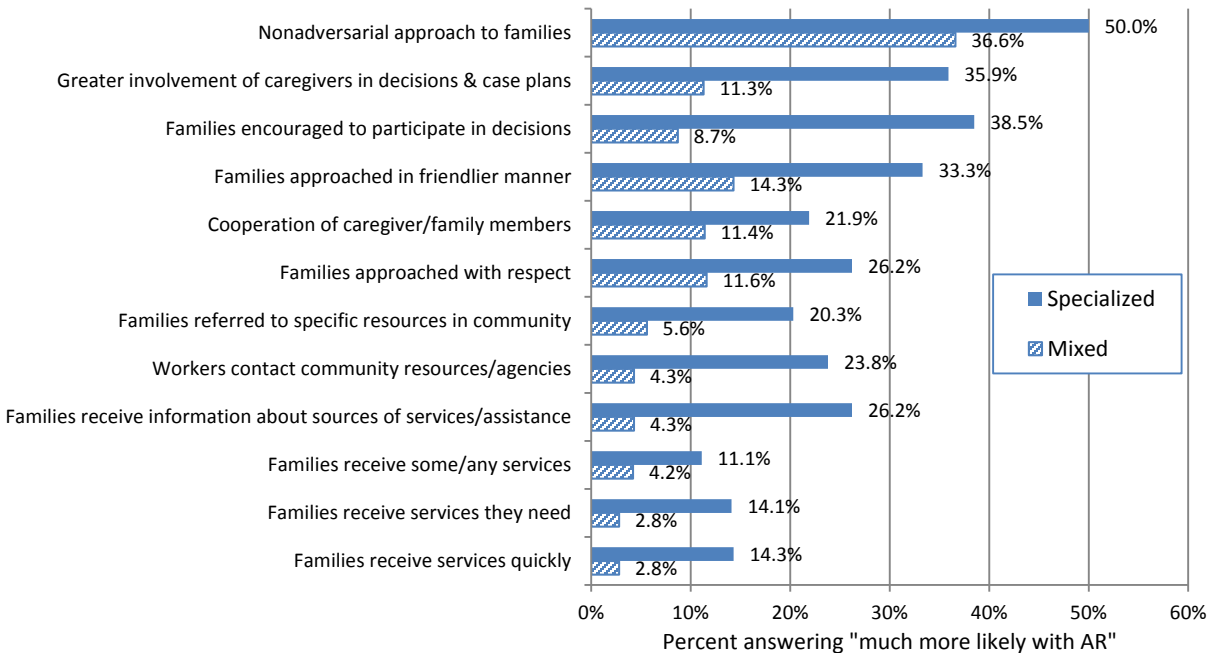


The following quote is from the Final Report (p. 67):

During interviews some workers (in mixed counties) said they did not find it difficult to do both interventions, but others admitted it was a challenge remembering what to do from one home visit to the next—"sometimes literally from one minute to the next." "I don't like that for me, it is very

confusing to have to switch hats from IR to AR for each family and sometimes I have gotten them mixed up," said one worker. Another said, "I've knocked on the door and realized I didn't remember whether this was an AR or IR."

e. Actions and responses likely to occur in AR and IR cases. Workers were asked, "What are the major differences between Alternative Response and the Investigative Response in your county?" They were provided with a set of categories and asked to respond in one of these five categories: *much more likely with AR*, *somewhat more likely with AR*, *no difference*, *somewhat more likely with IR*, *much more likely with IR*. Their responses are shown and described in the Final Report along with comments of workers (Report: pages 68 to 73). Looking at the first response category (much more likely with AR), the following chart was created comparing AR workers in mixed and specialized counties (Report: Figure 6.7, page 71). The differences are strikingly apparent.



The comments and the summaries of comments of workers recounted in this section of the final report (see especially pages 71-73) are relevant to this recommendation. In addition, the views of workers in the two sets of counties concerning the need for additional funding for services if AR is to be effective is relevant (Report: pages 77-80).

2. Increase funding for AR Services.

The comparisons in Chapter Five of the report (pages 47-60) generally demonstrate that there was no increase in services to families under AR. A substantial number of workers felt that AR could still have a significant impact on child well-being without additional funds for services. In the final general worker survey, 35.9% of workers in specialized counties and 26.1% in mixed counties (see previous

section) answered in this way. At the same time, over a third of workers overall answered *no* to this question. Comments of workers on both sides of this issue are found on pages 78-80 of the Final Report.

The lack of increase in services contrasts sharply with findings in two of our previous AR evaluations in Minnesota and Ohio. However, in both of those projects outside foundations (the McKnight Foundation in Minnesota and Casey Family Services in Ohio) provided *extra funding* that could be used by workers responsible for AR family assessments.² This largely accounted for the increase in services to AR families in those states. In both Minnesota and Ohio significant and sometimes substantial increases occurred of material services of various kinds (for example: food, clothing, utilities, transportation, housing, rent payments, etc.). Much of long-term reductions in new reports and out-of-home placements observed in those evaluations were due to the provision of additional services of these kinds.³

Like a majority of families encountered by CPS, AR families typically have low to very low incomes and stand in need of various services that may enhance the welfare of children and their long-term safety. The analysis on pages 59-60 of the report shows that Maryland workers respond to this reality and that such families are more often both served directly and referred to services. In the Maryland evaluation, "we divided families receiving AR into three groups by yearly income--1) *less than \$15,000 (41.7%), 2) \$15-30,000 (20.4%), and 3) more the \$30,000 (37.9%)*. When we averaged the number of reported services received across all categories by AR families, the means were nearly one per family (.99) for group 1, .77 for group 2 and .42 for group 3." (Report: page 59)

This suggests that if workers had additional resources available to them, along with the discretion to utilize such resources as needed by families, that they would do more for low-income families. Comments of workers in interviews and written surveys support this contention. (Report: Chapter Six, ad lib.). Funds currently reassigned under Maryland's Title IV-E waiver might be utilized for families in need of services, as was the case under Indiana's flexible funding waiver and is currently being done under the flexible funding IV-E waiver in the state of Washington.

² The analyses of service differences are available on the website (www.iarstl.org) under the papers and reports tab or directly using the following links. In Minnesota the analyses of concern are found on pages 52-60 in the 2004 *Minnesota AR Project Evaluation: Final Report* (<http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>). In Ohio the analyses can be found on pages 68-74 in the 2010 *Ohio Alternative Response Evaluation: Final Report* (<http://www.iarstl.org/papers/OhioAREvaluation.pdf>).

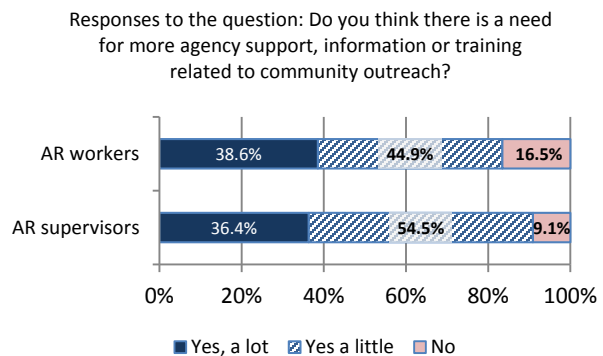
³ Loman, L.A. and Siegel, G.L. (2012) Effects of anti-poverty services under the differential response approach to child welfare. *Children and Youth Services Review*, 34, 1659-1666. The analyses in this article were based on follow-up data on experimental and control families in the Minnesota AR evaluation. They demonstrated the beneficial effects on long-term child safety and well-being of material (anti-poverty) services to low-income families.

3. Promote community outreach.

Evaluators recommend that community outreach be strengthened in each county. Three methods are suggested below. AR families may benefit from referrals to community services. When asked about referrals to community services of various kinds within the past month, workers report high rates especially for therapeutic, counseling and related services. This is illustrated in Figure 6.14 (Report: page 82) and is discussed on pages 80-86.

A revealing finding was that, "there were often workers who reported they were not aware of the availability of specific services for which other workers in the same county said they had made recent referrals. It appears to be the case, therefore, that while certain services may simply not be available in a particular region, *other referrals that could be made are not made because workers lack information about their availability.*" (Report: page 81)

The need for more support, information or training related to community outreach was expressed by a substantial proportion of workers and supervisors that were involved with AR, as this chart shows (Report: Figure 6.15, page 83).



We suggest the following: 1) If it does not already exist, a data bank of community resources should be created in each county for workers to utilize *and update*. This would be particularly important for new workers who often have modest knowledge of where and how to refer families with particular types of problems and needs. 2) Time should be allocated specifically to workers for personal development in learning about community resources. Generally, education of workers in these matters should be a priority. 3) Resource forums might be promoted in which representatives of community organizations and other agencies meet and educate CPS staff about their services and funding and in which general discussions between county CPS and community organizations are promoted. The comments of workers on page 84-86 of the report support these suggestions.

4. Base pathway assignment primarily on the allegations of reports and not on prior investigations or prior family assessments.

(The following recommendations are largely based on studies of AR in other states.) The decision to assign a family to a family assessment should be based primarily on the present situation of the family and the allegations of the present report. Whether a family has had past investigations that resulted in findings (*indicated* or *unsubstantiated* in Maryland) should be considered in making a decision about pathway but the decision should be based on an evaluation of the persistence of risky conditions that were found in the past, not simply on an inflexible rule. There is virtually no existing research evidence that investigations promote child safety more effectively than family assessments nor

is there evidence proving that investigations are a better approach to chronic families that have had one or more past experiences with CPS. The preponderance of existing evidence suggests that both short-term and long-term child safety is either enhanced under the AR approach or is equal under both AR and IR. At the same time, *the capability of switching from AR to IR should be maintained when children are in danger to the extent that court involvement and/or child removal is likely or when family caregivers refuse all access to children or in other ways are seriously uncooperative. In addition, child safety assessment should continue to be the first task of workers conducting family assessments.* These procedures are currently stressed in training under AR and workers we interviewed were all aware of their importance (Report: pages 21-24).

We also recommend the abandonment of the current Maryland rule that a new report after an AR must be investigated. This rule appears to assume either that investigations are more effective in promoting child safety or that families with a new report must be treated more punitively. The states that we have studied have no such rule, and families with multiple reports are assigned to AR or IR based on their current circumstances. As noted, there is no evidence that investigations are more effective in promoting child safety than family assessments and there is considerable social science evidence that punishment is the least effective method of changing human behavior in the long term. The concern of Maryland AR workers about this rule is also discussed in the report on pages 28-29.

5. Relax rules concerning time-frames for AR family assessments

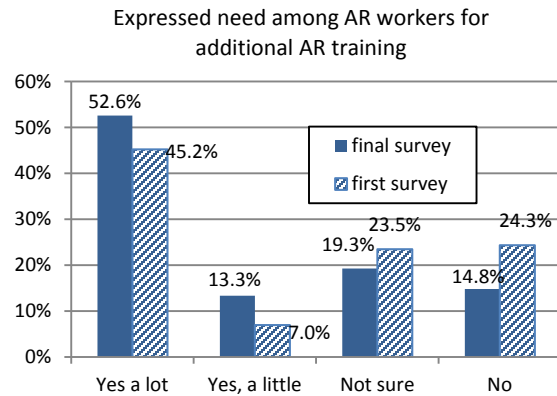
Workers in many interviews (Report: pages 79-80) commented concerning current time-frames for family assessments. In some instances, time was considered too short for dealing with the complex needs of families they encountered under AR. In others, workers advocated more flexibility to close out an AR assessment earlier. The state should consider relaxing the rules associated with the length of time in which family assessments must be completed, leaving time frames, within broad parameters, to the judgment of social workers and their supervisors.

6. Shift ruled-out IR reports to AR

This was planned as part of the original Missouri (1995-98) AR Demonstration, but was never implemented. Nor was it implemented in Minnesota or Ohio or Nevada, during our previous evaluations. However, it is imminently logical that families in the investigative pathway should be offered the opportunity, on a voluntary basis, of a broader assessment of family needs and the service opportunities that are being promoted under AR. It may be that only a minority of families, after the experience of a forensic investigation, would agree to voluntary services but the opportunity for preventive services should be offered. Note: It is currently the case that a number of investigative workers effectively do this now when they engage families. The purpose of this recommendation is to institutionalize this practice across all such workers.

7. Training

Worker training issues are discussed at length in the final report (Report, pages 86-89). "In the general worker survey county staffs were asked whether they felt a need for more training related to Alternative Response. This survey, it should be remembered, was conducted at two intervals: first, shortly after AR had been implemented in particular counties, and a final time in June 2015, subsequent to the round of training provided in the winter and spring of 2015....responses indicate a higher level of expressed need than what was found in the first survey (page 86)." This figure compares the results of the two surveys among AR workers. (Report, Figure 6.17, page 87) Following the comments of workers and supervisors in interviews and surveys, we recommend continued and renewed training in six areas (Report, page 89). Note: The comments in quotes below represent the words of workers:



1. **Basic Training.** "AR training needs to be on-going for case managers as it relates to risk assessments and safety planning." "Help with mapping and implementing signs of safety." "Yearly AR refresher courses are necessary."
2. **Decision-making related to policies and guidelines.** What do I do when...? "I'd like more training on the family meeting aspect. Is it necessary in every case? "What if the family is very resistant and there's not a glaring safety issue?" "How voluntary is AR?"
3. **Engagement practice and strategies.** This often involves working with families that are not fully cooperative. "At times families do not feel they need to meet with the agency and there is nothing we can do." How to "build trust." How to "convince a family I'm there to help them." How to "motivate a family to change."
4. **Skill building.** "How to deal with complex situations, such as families with mental health issues." "Group facilitation for family meetings." "Training on facilitating AR family meetings would be beneficial." "How can I empower families to take the lead in developing plans or identifying services without continued agency involvement?" "How to advocate for clients with community resources that can help them?" "More advanced clinical training that takes into account that we have some skills already."
5. **Resource identification and development.** How to locate and access community resources effectively. "Training should focus more on helping us understand community resources and how we can utilize them to support the families that we work with." Office-wide service identification and dissemination strategies.
6. **Cross-county exchanges.** "What are others doing that works." "Additional training with other counties to explore what is working with the program." "Also to explore different ways to approach the family's that may be difficult or not willing to work with the agency initially."

8. Extend the period before expungement of ruled-out IR cases

Maryland should consider changing the current 120-day expungement rule for ruled-out IR cases to match the three-year rule on expungement for AR cases. The logic for this and the advantages are outlined in the Appendix of the present report (see especially pp. 106-8), and includes 1) the importance of *any previous report* as a risk factor predicting new incidents threatening child safety and welfare, 2) the availability to workers of past information collected on families that is now being lost

through expungement, and 3) the possibility of monitoring and evaluations comparing long-term outcomes of the AR and IR approaches. The advantages of retaining this information outweigh the disadvantages. However, the privacy of the information should continue to be protected by strict rules concerning access to administrative data, as discussed on pages 106-8.

In this context, we want to add a warning based on the experience of other states in implementing AR. Before the introduction of AR, child fatalities and various extreme forms and child maltreatment occurred in families that had, at some point in their past, been investigated in the traditional manner. The introduction of AR has not changed this and it is inevitable that a child death or an extreme form of child abuse and neglect will occur at some time in the future in a family that was earlier assigned to the AR pathway. In some other states (for example, Missouri and Minnesota) such incidents have been latched onto by some advocating punitive approaches to families as a basis for condemning the AR approach and insisting that adversarial investigations be conducted for each and every accepted report of child maltreatment. This has occurred when there is no basis for attributing the event to the absence of a traditional investigation.

The only way this concern can be addressed is through a systematic analysis of the frequency of such events in the years following the introduction of AR family assessments. But to do this accurately, one must be able to track and compare families that received both AR and IR. Currently in Maryland this is not possible since the majority of the time IR cases have a ruled-out finding and are expunged from the administrative data system. To insure that long-term child safety comparisons are possible it will be necessary to relax the expungement rule for IR cases to make it comparable to the rule for AR cases. If this is done a monitoring system may be established, with the help of Maryland child welfare research professionals, to track on a regular basis the re-entrance of families to child welfare, the child safety allegations of reports, the findings of child safety assessments and the agency's responses to those findings.