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ISSUES IN DIFFERENTIAL RESPONSE: REVISITED

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This policy paper reviews the research and literature published between 2011 and 2018 about differential response (DR) in child protection. It concludes that significant problems in research methodology call into question claims regarding child safety outcomes. Study findings contradict two underlying assumptions of DR that 1) DR systems accurately sort families by risk level; and 2) service uptake by families on the alternative response track (AR) is greater than those on the traditional track due to AR's voluntary, "family friendly" approach. This paper makes several recommendations for improving the implementation of DR to ensure that child safety is not compromised.

PART I: INTRODUCTION

Background

During the past three decades, public child protective services (CPS) agencies have received a growing number of referrals for suspected child maltreatment, while having increasingly insufficient resources with which to respond (Hollinshead, 2012; Myers, 2006; Waldfogel, 1998, 2000, 2009). The families being referred present with a variety of problems, strengths, and needs on a continuum from low-risk families in need of supportive services to families whose children have been, or are at very high risk of being, abused or neglected.

In the 1990s, child welfare professionals began to express concerns that the more authoritative interventions used to intervene in higher-risk families were not necessary for families presenting with less serious concerns and a lower risk of recidivism. To support this claim, advocates cited the potential downfalls of the "traditional" approach to child protection, which they characterized as being adversarial in nature, and focused primarily on investigating and substantiating specific incidents of alleged child maltreatment (National Quality Improvement Center on Differential Response in Child Protective Services [NQIC-DR], 2011). Advocates also claimed that many low-risk families in need of preventive and supportive services were being screened out or closed after completion of a CPS investigation, with no further assistance offered by the agency, even though services could potentially prevent an escalation of family problems and the potential for later child maltreatment (Waldfogel, 1998, 2000, 2009). CPS agencies were left with two fundamental questions. First, because the CPS system was formed, codified into law and rule, and governed by policy specifically intended to investigate

referrals of suspected child abuse and neglect and to provide protective services to ensure children's safety, should CPS assume responsibility for preventive services to low-risk families who need services and support? Second, if so, how can CPS effectively address such a large range of family problems and needs when these systems are chronically under-staffed and under-resourced?

Beginning in 1993, some states implemented what they called a differential response (DR) system that was specifically designed to address this challenge (Hernandez et al., 1996; Siegel & Loman, 2000). The differential response initiative – variously referred to as alternative response (AR), family assessment response (FAR), and multiple-track response – evolved concurrently with other systemic reforms intended to incorporate family-centered, strengths-based practices into CPS. The shared goal of these reforms was to enhance the ability of families to safely care for their own children, while limiting an agency's use of mandated protective authority as much as possible, especially with lower-risk families (Hughes, R. C., Rycus, Saunders-Adams, Hughes, L. K., & Hughes, K. N., 2013, p. 493).

Fundamentally, the DR model bifurcated referrals to CPS agencies into two separate tracks: one track for families determined at screening to be at high risk of future child maltreatment, and the other for families determined to be at lower risk. The new, "alternative" response (AR) was to provide a different means of serving lower-risk families than what DR advocates termed the "traditional" CPS response (TR). The traditional response would rely on protective interventions to ensure children's safety and would be backed by legal and agency authority when necessary. The traditional response would consist of the following: a highly structured CPS investigation with substantiation of maltreatment when identified; a standardized assessment of child safety and future risk; and a requirement that families would participate in services to address their needs and reduce risk. In the alternative response, a family assessment would replace the traditional CPS investigation and risk assessment. This assessment would identify family needs, strengths, and risks that would then inform case planning, rather than focusing on the identification and substantiation of prior maltreatment. In the alternative response, family participation in services would also be voluntary, with the expectation that most families could be engaged through family-friendly casework practices to participate in needed services.

Since its first appearance in the early 1990s, DR has become "one of the more widely replicated child welfare reform efforts in recent history" (Hughes, et al., 2013, p. 494). According to Hahn, as of 2014, 22 states and the District of Columbia had implemented DR programs statewide, and six more states had implemented the program in individual regions or counties. Six additional states were considering or planning to implement DR (Hahn, 2016). By 2018, twelve states that had tried DR reform had discontinued the program, suspended it, or had elected not to expand it statewide, including West Virginia, New Mexico, Florida, Texas, Illinois, Oregon, Delaware, Arizona, Alaska, Washington, Louisiana, and New York. Of these, Florida, Texas, Washington, Oregon, and Arizona, were considering re-implementing DR statewide or were piloting DR regionally (Fuller et al., 2017; Hahn, 2016; Merkel-Holguin, Kaplan, &

Kwak, 2006; Puckett, 2013: Casey Family Programs, 2012; Ruppel, Huang, & Haulenbeek, 2011; Washington Department of Social and Health Services, 2008).

Many child maltreatment professionals, including members of the American Professional Society on the Abuse of Children (APSAC), embraced the original expressed purposes of DR that included the following: (1) to strengthen, support, and empower families without compromising child safety, (2) to consider the efficacy of serving families with different needs in different service responses, (3) to use less intrusive interventions for low-risk families, and (4) to create the infrastructure to institutionalize and sustain family-centered practices in child welfare (Hughes, et al. 2013, p. 494). However, over time, significant concerns were identified in DR programming, research, and implementation, including the lack of clarity and uniformity in the DR program model, lack of fidelity in implementation in various jurisdictions, and the questionable validity of DR evaluation research and its claims about effectiveness and outcomes in DR programs. Of greatest importance were growing concerns about potentially detrimental consequences of DR programming on children's safety, particularly in jurisdictions that had abandoned fact-finding, risk assessment, authoritative compliance when necessary, and ongoing safety planning with families in alternative tracks in their efforts to remain "family friendly" (Hughes et al. 2013, p. 494).

In 2013, Hughes and colleagues published a report summarizing their findings, conclusions, and recommendations from a comprehensive research and literature review. Their primary goal was to identify the strengths and limitations of the DR model as it was being promoted and implemented, and to provide sound, objective information to advance DR's positive reform intentions (Hughes et al., 2013, p. 495). A second goal was to encourage the creation of a long-term, systematically implemented research agenda to build a sound body of evidence regarding DR programming and outcomes and to support the development of a model program (Hughes et al., 2013, p. 568).

The major findings of the Hughes et al. study were summarized in their 2013 article as follows:

Finding #1: DR programs do not adhere to a uniform, standardized practice model, nor are programs implemented consistently across sites.

Finding #2: Methodological problems in the DR research limit confidence in research findings and conclusions.

Finding #3: There is insufficient data to confirm the safety of children served in alternative tracks.

Finding #4: DR programs appear to prioritize allocating services and resources for families in alternative tracks, thus providing a whole continuum of services to low-risk families that were not available to families served in traditional tracks.

The research and literature included in the Hughes et al. (2013) report had spanned the time period between 1997 and 2010. A primary goal of this current study is to review the research and literature completed since 2010 and to examine how the implementation and evaluation of DR has changed since completion of the Hughes et al. report.

Methodology

To complete this study, the Center for Child Policy (CCP) of the American Professional Society on the Abuse of Children (APSAC) collected and assessed data from two primary sources: (1) published articles defining and describing the philosophy, concepts, and practice principles underlying DR programming, and (2) formal research and program evaluations that had been conducted in DR implementation sites from 2011 through 2018.

The researchers gathered data from multiple sources using a variety of data collection strategies and triangulated the data to derive the findings and conclusions presented in this report. The team accessed several online databases to identify research studies and articles to be included in the review, using search terms that included "alternative response" OR "differential response" OR "multiple response" AND "child abuse" OR "child neglect" OR "child maltreatment." The researchers reviewed both published and unpublished research evaluation reports and used a snowball method to identify additional resources found as bibliographic citations in procured documents. The researchers also reviewed newsletters, conference presentations, training workshop handouts, and websites of various research institutes, such as HeinOnline, Westlaw, Lexis, the National Conference of State Legislatures, and the Child Welfare Information Gateway (produced by the U.S. Department of Health and Human Services, Administration of Children and Families, Children's Bureau [USDHHS]).

We identified a total of 50 source documents published between 2010 and 2018 and included them in this review. Twenty program, practice, and conceptual publications were found.[ii] We also identified and reviewed 20 reports of research conducted to evaluate DR programs in individual states. Of these, three studies used exclusively qualitative methods, one used mixed methods, six were descriptive and/or observational studies based on retrospective analyses of administrative data, six were

ii Baird et al., 2013; Bartholet, 2015, 2016; Connecticut Office of Child Advocate, 2015; Drake, 2013; Ellett, 2013; Fluke, Merkel-Holguin, & Schene, 2013; Fuller, Paceley, & Schreiber, 2015; K. N. Hughes, 2016; R. C. Hughes, 2016; Hughes et al., 2013; Hughes & Vandervort, 2016; Kyte, Trocmé, & Chamberland, 2013; Loman & Siegel, 2013; Merkel-Holguin & Bross, 2015; Pelton, 2015; Perry, 2013; Samuels & Brown, 2013; Vaughan-Eden & Vandervort, 2013; Winokur & Gabel, 2013.

International articles were not included because often other countries' DR systems and CPS contextual factors are so different from those in the U.S. as to make these studies irrelevant for our purposes.

designated as experimental, and four were quasi-experimental. In addition to the single-state studies, we reviewed nine multi-state research reports.[iii]

This report presents the findings of the Center for Child Policy's review and includes conclusions, discussion, and recommendations for ongoing child maltreatment practice. In addition to the information provided in the body of the report, summaries of the studies reviewed for this assessment can be found in the Appendices.

PART II: FINDINGS

Finding #1: DR programs still do not adhere to a uniform, standardized practice model, nor are DR programs implemented consistently across sites

The differential response reform effort has evolved over time into a patchwork of programs, all claiming the "differential response" label, but having almost no consistency in program components and practices, except for maintaining a two-track system and not conducting formal investigations to substantiate alleged maltreatment in families served on AR tracks. Differences still exist in how states initially contact families (by appointment versus unannounced visit), how children are interviewed (separately or during conjoint family interviews), whether maltreatment is identified, and when during the intake and assessment process a track assignment is made. There are also differences in the manner of track assignment and in how service decisions are made, reflecting wide variations in the criteria used for track assignment, who makes track assignment decisions, how services are delivered to families, and the extent to which CPS agencies continue to assess child safety and monitor compliance with safety and treatment plans in cases assigned to the AR track.[iv] There is no uniformly agreed-upon standard defining which types of cases are appropriate for the AR track, evidenced by dramatic variations in AR utilization rates (the percentage of incoming reports

iii Three of these studies used exclusively qualitative methods (Casey Family Programs, 2014; Fuller et al., 2015; Jones, 2015a):
One used mixed methods (Lawrence, Rosanbalm, & Dodge, 2011)
Six were descriptive and/or observational based on retrospective analyses of administrative data (Georgia Child Welfare Reform Council, 2015; Iowa Department of Human Services, 2016; Jones, 2015b; Louisiana Legislative Auditor, 2014; Minnesota Governor's Task Force on the Protection of Children, 2015); Wisconsin Department of Children and Families, 2012;
Six were experimental (Fuller, Nieto, & Zhang, 2013; Murphy, Newton-Curtis, Kimmich, & Human Services Research Institute, 2013; University of Nebraska–Lincoln Center on Children, 2016; Winokur et al., 2014) (two of which were extensions of earlier randomized control trials (RCTs): Loman & Siegel, 2014; Loman & Siegel, 2012).
Four were quasi-experimental, using matched comparison groups (Fuller et al., 2017; IAR Associates, 2015, 2016; Ignacio Navarro, 2014).
Nine multi-state studies included: Darnell, A., & Fluke, J. (January 2014): Fluke, et al., 2016; Fluke, et al., (2018); Hollinshead, Kim, Fluke & Merkel-Holguin (2017); Janczewski (2015); Janczewski & Mersky (2016); McCallum & Cheng (2016); National Quality Improvement Center on Differential Response in Child Protective Services (NQIC-DR), (2014); Piper (2016, 2017)

iv Child Welfare Information Gateway, 2014b; Hahn, 2016; Piper, 2016a; Piper, 2016b; Piper, 2017.

assigned to the AR track) not only among DR states but even among counties in a single DR state.[v]

In summary, there is no clearly articulated, standardized, and replicable model of DR practice, which makes it impossible to call DR a bona fide "program model" or to generalize research findings from individual state studies to other jurisdictions. The conclusion drawn by Hughes et al. (2013) that "[w]ithout a consistent program model which is implemented with fidelity across jurisdictions and comparably evaluated, it is impossible to draw general conclusions about the effectiveness, benefits and limitations of DR" (p. 6) remains as true today as it was in 2013.

Finding #2: Methodological problems in the DR research still limit confidence in research findings and conclusions

In our review of the DR research completed between 2011 and 2018, we identified significant problems in both research methodology and study implementation, calling into question the reliability and accuracy of many of the claims and conclusions made in this body of research. Looking at the body of DR research as a whole, we have summarized some of the more significant and widely seen methodological flaws in these studies.

Cherry-picking evidence and drawing biased or invalid conclusions from weak or invalid data

In some studies, in an apparent desire to demonstrate the effectiveness of the DR approach, study authors have presented conclusions that are favorable to DR based on data obtained through flawed methodological approaches or by failing to present study findings that were not consistent with the desired conclusions.[xiii] The following are among the methodological problems that led to biased or invalid conclusions in this body of research: (1) basing conclusions on surveys with extremely low response rates, with the majority of the sample failing to respond at all, (2) recall bias, because surveys were not completed until the time of case closure, which may have been months after services were delivered, or (3) simply ignoring study findings that supported an opposing conclusion in the reporting of findings.[vi] In one study, bias was made more likely because family surveys had been completed *after* families in AR had received

v States implementing DR statewide between 2000 and 2012 assigned anywhere from 2.21% (in Illinois) to 84.14% (in Wyoming) of reports to the AR (Piper, 2017). The Fluke et al. (2016, 2018) study of six DR states found AR utilization rates varied among counties from 29% to 60%. AR utilization rates in the NQIC-DR Cross-Site Evaluation ranged from 37.6% in Illinois, 52.2% in Colorado, and 64.2% in Ohio. Different eligibility criteria were used among the three sites (National Quality Improvement Center on Differential Response in Child Protective Services [NQIC-DR], 2014, p. 59).

vi See, for e.g., the IAR Associates (2016) study of DR in the District of Columbia (family surveys and case-specific reports were available only for the AR cases in the study sample and not for the matched TR comparison group. Therefore, no valid comparisons can be drawn between the tracks based on those instruments. The response rate to family surveys was about 6% and about 4% for AR case workers. Yet based on the results from these instruments, the researchers "found no evidence that children were less safe" in AR vs. TR tracks.

financial and material benefits that were often not as available to families in the TR comparison group.[vii]

As an example, Hollinshead, Kim, Fluke, and Merkel-Holguin (2017) summarized the Cross-Site (SOAR) evaluation conducted in New York, Minnesota, Colorado, Illinois, and Ohio as follows: "Across these studies, the findings have been consistent: caregivers who were randomly assigned to receive an AR intervention were more positive, less negative, and more satisfied with their child welfare interventions compared to caregivers who received an IR [TR] intervention" (p. 507). Caregiver satisfaction had been measured using surveys with low response rates. Moreover, a deeper exploration of the data shows this conclusion to be accurate in only one of 10 categories and only in the analysis of engagement in Ohio and Colorado.[viii]

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vii DC IAR Associates (2016) study: Response rate to family surveys among AR families was about 6% (59/1051) and only about 4% of AR CWs (51/1051) completed the case specific surveys. Illinois study: Family surveys were received from 25% of AR families but AR families who declined services did not receive a survey. The authors acknowledge that "the low response rates of the parent survey introduce doubt about the validity of the findings regarding engagement" (p. 89).

viii In fact, that was true in the Cross-Site evaluation (Colorado, Illinois, and Ohio [SOAR]) in only one out of the 10 categories used in the analysis of engagement in both Ohio and Colorado (see Table 6.13).

Table 6.13. Summary of Engagement Analysis Results

Item	Colorado	Illinois	Ohio
Caseworker report of positive family engagement attributes at initial meeting.	Higher for IR**	Higher for IR***	Higher for IR***
Caseworker report of change of positive family engagement attributes (between first and last meetings.)	Equivalent increase for IR and AR***	Equivalent increase for IR and AR***	Equivalent increase for IR and AR***
Caseworker report of negative family engagement attributes at initial meeting.	NS	NS	NS
Caseworker report of change of negative family engagement attributes between first and last meetings.	Equivalent decrease for IR and AR***	Decrease only for IR**	Equivalent decrease for IR and AR***
Parent report of satisfaction with treatment by caseworker	NS	AR parents more satisfied***	NS
Parent report of satisfaction with the help received from caseworker	NS	AR parents more satisfied***	NS
Parent report of likelihood of calling caseworker/agency in the future	AR parents more likely*	AR parents more likely***	NS
Parent report of positive family affect at first meeting	NS	Greater positive affect for AR parents***	Greater positive affect for AR parents*
Parent report of worry at first meeting	NS	IR parents more worried***	AR parents more worried***
Parent report of anger at first meeting.	NS	IR parents angrier***	NS
*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$ NS=Not Statistically Significant			

Source: National Quality Improvement Center on Differential Response in Child Protective Services (NQIC-DR) (2014), p. 79.

Similarly, in a study completed by Loman and Siegel (2012), the equivalence between AR and TR groups created by randomization was compromised in the researchers' selection of a subsample of families of low socio-economic status (SES). Socio-economic status was determined by responses to a family survey. The family survey sample was not random and the response rate for the family survey was low.[ix] None of these issues was disclosed in the discussion of findings in the research reports. Low- and discrepant-response rates to family surveys were prevalent across several studies. The response rate for family surveys ranged from 1.7% in Oregon (Fuller et al., 2017, p. 39), to 16.17% in Minnesota (Loman & Siegel, 2012, p. 1660), to 24% in Colorado (Winokur et al., 2014, p. 15).

Drawing conclusions based on such small samples compromises the validity of the data. Moreover, such small sample size prohibits researchers from being able to generalize results to the entire population of families in the group the survey was sampling. There are no data reported as to why other families in the sample failed to respond to these surveys, but these families had the potential to differ significantly from families who did respond, resulting in a response bias that compromises the validity of any conclusions based primarily on survey results. The timing of surveys is also critical. Sampling families long after services have been delivered – even after the case had been closed – increases the possibility of recall bias (Hollinshead et al., 2017; NQIC-DR, 2014).

Social desirability bias in surveys

Some DR researchers have used surveys that evaluate family members' perceptions of their caseworker's "family friendly" behavior and the family's satisfaction with agency services as a measure of program and caseworker success (Institute of Applied Research [IAR] Associates, 2015, 2016; NQIC-DR, 2014).

Typically, AR caseworkers attend training that strongly emphasizes a "family friendly," engagement-focused, and strengths-based approach to serving families. The goal is to increase family members' voluntary involvement in services and their satisfaction with these services. This creates a practice expectation that workers will be able to successfully engage families to voluntarily participate in services if caseworkers use the proper engagement strategies. Knowing that families will be surveyed to determine their satisfaction with services, AR caseworkers may be influenced by a strong desire to be viewed positively by the families they serve. In this context, confronting families, asking probing or uncomfortable questions to assess serious risks, or addressing the allegations in a referral report with family members can potentially threaten the perceived "friendly" alliance between caseworkers and families. This same bias also can occur in surveys of caseworkers, asking for their assessments of child safety and other

ix Survey response rate was about 16.7% (434/2605) for AR cases and 16.6% (208/1256) for TR cases, raising the likelihood of a response bias in the resulting subsample. The authors acknowledge that the family survey sample was not a random sample. Extensive analysis was conducted to determine how the family survey sample compared with the full, randomized sample. They found no significant differences in various risk indicators but found that "survey families as a whole had fewer formal case openings than the full sample families during the contact period (25.9 vs. 30.3%, p=0.013); fewer neglect allegations in the target report (54.4 vs. 58.1%, p=0.040); more physical abuse allegations in the target report (46.4 vs. 42.2%, p=0.025); more Caucasian (78.9 vs. 70.9%) and fewer African American respondents (11.3 vs. 16.9%, p=0.002)" (Loman & Siegel, 2012, p. 1661).

factors evaluating the "success" of their work. These dynamics can invalidate much of the data collected through family satisfaction surveys to support claims about the effectiveness of the AR track.

Lack of uniformity in the definition of services provided to families

Because of the wide variation in the scope and types of activities typically included in the category of "services," the use of services as a global research measure can compromise the validity of findings. Services can include a wide range of interventions, among them: financial support; housing, food, clothing, or transportation; linking families to community programs and resources; direct supportive counseling; parent education; home management support and training; family group conferencing; permanency planning; advocacy; or long-term treatment interventions addressing more serious conditions, such as substance abuse, mental illness, or domestic violence. Research findings indicate that services provided to AR families are more likely to be concrete and short-term, often involving provision of material benefits, while TR families are more likely to receive more intensive and potentially intrusive services, such as treatment for substance abuse, domestic violence, and mental health conditions. A family's willingness to engage in services is likely to vary, depending on the kinds of services offered. It is impossible to draw valid conclusions comparing the degree of families' service engagement when the types of services provided can be inherently so different depending on track assignment.

Out-of-home placements and juvenile court adjudications

Lower rates of out-of-home placement and court adjudication are sometimes used in DR research to favor AR and to support claims of AR success (see, e.g., IAR Associates, 2016; Loman & Siegel, 2014; National Quality Improvement Center on Differential Response [NQIC-DR], 2014). However, out-of-home placements must be court ordered or court approved, and considerable documentation of the need for these more intrusive interventions is necessary to support a court action. These data are typically collected during a formal CPS investigation. Since, by policy, CPS investigations are not completed on the AR track, and the need for placement or court involvement is not normally explored, lower statistical rates of out-of-home placement and court involvement in AR would be expected. Still, these lower rates are used to support claims of AR success.

Finding #3: There are insufficient data to confirm the safety of children served in alternative tracks

The safety of children served on AR tracks has been a prevalent concern in both research and practice, and it has precipitated considerable debate in the professional literature. DR proponents have made many claims affirming the safety of children served in AR, asserting they are just as safe or safer than children served in TR. Hughes et al. (2013) disputed this contention based on their review of the available DR research at the time their article was published. The research reviewed for the present analysis supports their concerns. Methodological problems in research studies are the primary reason to

conclude that there are insufficient data to affirm that children served in AR are safe. Moreover, there are considerable data to indicate that many children served in AR tracks have increased safety issues and may be at significantly higher risk than was identified at the time of track assignment.

Flawed outcome measures

A major concern about the validity of DR research is that many of the measures used to document outcomes are inherently flawed. This applies particularly to studies assessing child safety. Many DR researchers use proxy measures to represent child safety. One such measure is the number of substantiated re-reports of maltreatment for children previously served by CPS. This may be a convenience measure, since administrative data on substantiated re-reports are readily available in large, multi-jurisdictional databases. However, substantiated re-reporting as a measure of child safety is inherently invalid, and conclusions drawn from this measure are misleading.

As previously discussed, caseworkers do not normally conduct formal CPS investigations for families served on AR tracks, so there is no substantiation of child maltreatment for these families. When researchers use substantiated re-reports as an outcome measure, this automatically excludes AR families because AR track cases are not substantiated. Moreover, when cases previously served in AR are re-reported to the CPS system, they are much more likely than prior TR cases to be reassigned to the AR track.[x] These studies often fail to report the number of families previously served on the AR track who were reassigned to the AR track when re-reported. For these reasons, substantiated re-reports of previously open cases are going to be lower in AR than in TR. In spite of the fact that substantiated re-reporting is a fatally flawed comparison measure and is biased toward AR effectiveness, lower re-substantiation rates in AR are used to support claims that children served in AR are as safe as children served in TR (Fluke et al., 2016; Fuller et al., 2017, pp. 145, 147).

Several studies used results from safety assessments conducted by caseworkers as a measure of child safety. Even though this research had intentionally set up comparison groups that were intended to be equivalent through randomization or matching, in several of the experimental or quasi-experimental studies (e.g., Illinois, Maryland, Colorado, Oregon, and Ohio), caseworkers assessed a greater percentage of families in the TR group as having a specific safety threat than did caseworkers of families in the AR group.[xi] This suggests two possible concerns: (1) group equivalency was flawed or somehow compromised from the outset, or (2) practices on the TR track may be more effective in identifying safety issues than practices in the AR track. Nevertheless, this

x Analysis of track assignment upon re-report for the six states in the Fluke et al. (2016, 2018) study for FFYs 2004-2012 revealed that AR cases were more than twice (2.3 times) as likely to be assigned to the AR. Data available upon request.

xi See, e.g., NQIC-DR, 2014, p. 64. ("With only a few exceptions, IR [TR] caseworkers in all states assessed a greater percentage of cases having a specific safety threat than did AR caseworkers." See, also, the Maryland study, in which 41.9% of the AR case workers identified at least one child-safety threat that was present at the time of their first encounter with the family compared with 50.2% of the TR-comparison cases).

difference between tracks was presented in these studies as evidence that children on the AR track were "safer" than those on the TR track.[xii]

It is entirely possible that an accurate determination of safety and risk in AR track cases is impeded by AR practices, such as an absence of formal fact finding, joint rather than individual interviews of family members, and interviewing collateral contacts and alleged child victims in the presence of family members rather than individually. The latter three AR practices may inhibit disclosure by respondents of information that would be critical of, or unfavorable to, parents simply because family members were present in the interviews. Caseworkers in AR tracks also often schedule initial contacts with parents ahead of time, giving them the opportunity to prepare and potentially to pressure their children to not disclose or to recant prior statements that may have formed the basis for the report to CPS. Moreover, the accurate identification and interpretation of safety concerns may be inhibited by agency expectations that caseworkers remain "family friendly" and not ask questions that may be interpreted by parents as threatening or intrusive. Some caseworkers might assume that child safety is not as much of a concern, because if it were, AR families would not have been assigned to the AR track at all. This may present incentives for caseworkers not to involve families in the deeper and often more difficult conversations regarding risk factors and safety threats in the family that are necessary for accurate fact finding and safety and risk assessment, thereby ultimately biasing safety and risk assessment findings.

Types of flawed measurement studies

The measurement of child safety in DR research is more fully discussed here in an analysis of different types of studies and their methodological rigor.

Experimental or quasi-experimental studies. Of the eight experimental or quasi-experimental studies completed since 2011 that compared the rates of re-reporting for AR intervention versus TR intervention,[xiii] only two found that AR families were less likely to be re-reported than were TR families, and that was true only for families who were reported to CPS for the first time in the initial report. The studies in Colorado, District of Columbia, Minnesota, Ohio, and Oregon found no statistically significant difference between the two tracks in rates of re-reporting.[xiv] Studies in Nebraska and Illinois found that the rate of re-reporting was higher for families in AR than in TR.[xv]

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xii There is evidence to support the second possibility that the TR approach may be more effective in uncovering safety issues than the AR. According to an early study in Texas, ratings of case seriousness appeared to be affected by track assignment given that "less general information may be gathered in assessments compared to investigations. In assessments, workers may interview fewer people and ask fewer questions of those they interview" (Chipley, Sheets, Baumann, Robinson, & Graham, 1999, p. 4).

xiii Fuller et al., 2017; Fuller et al., 2013; IAR Associates, 2016; Loman & Siegel, 2012, 2015; Murphy et al., 2013; University of Nebraska–Lincoln Center on Children, 2017; Winokur et al., 2014.

xiv CO (Winokur et al., 2014), DC (IAR Associates, 2015), MN (Loman & Siegel, 2012) (among families with prior reports), OH (Murphy et al., 2013), OH (Loman & Siegel, 2014) (among families with prior reports), OR (Fuller et al., 2017), and OH & CO in the NQIC-DR Cross-Site Evaluation NQIC-DR, 2014.

xv Fuller et al., 2013; University of Nebraska–Lincoln Center on Children, 2016, Appendix F.

Advocates of DR have used research findings to assert that children served on the AR track are "just as safe" as children served on the TR track. However, as demonstrated earlier, given the challenges in accurately documenting child safety when using proxy measures, there is no valid evidence to support a claim of "just as safe." In any event, "just as safe" is a rather low bar for any child welfare reform effort. As one author has stated, "[I]t is rare to find evaluations where providing more services is expected only to maintain the status quo" (Baird, Park, & Lohrbach, 2013, p. 536).

Observational studies. Some observational studies, including an earlier study by Ortiz, Shusterman, and Fluke (2008), also based their conclusions on a retrospective analysis of administrative data that compared re-reporting rates between AR and TR cases. Given that track assignments should be determined by risk level, and that the AR track was designed to serve lower-risk families, it would be fair to expect AR cases to be re-reported at significantly lower rates than cases assigned to TR. When the authors of these studies reported comparable rates of re-reporting for children served in both tracks, they used this fact to support a conclusion that children served in the AR track were "just as safe" as children served in the TR track, even though this conclusion is misleading (Iowa Department of Human Services, 2016; Ortiz et al., 2008).

Comparable re-reporting rates between low-risk AR cases and high-risk TR cases suggest that the TR track may be more effective in achieving child safety, in that TR interventions increased the safety of higher risk children to a level comparable with that measured in a population of lower risk children. In spite of the fact that AR track cases are, by design, lower risk than TR cases, observational studies in Georgia and Wisconsin found that re-reporting on the lower risk AR track actually exceeded that of cases on the TR track (Georgia Child Welfare Reform Council, 2015; Wisconsin Department of Children and Families, 2012).

Two observational studies using National Child Abuse and Neglect Data System (NCANDS) data looked at differences in re-reporting rates between AR and TR cases in relation to the AR utilization rate, or the percentage of total reports assigned to the AR track at screening. Using survival analysis, Piper (2016, 2017) found that AR cases were re-reported at a lower rate than TR cases only when fewer than 33% of all accepted reports were assigned to the AR track. Darnell and Fluke (2014) had similar findings. Using 2005–2011 NCANDS data from four states, they found that as AR utilization rates increased, AR re-reporting increased while TR re-reporting decreased.

One other observational study examined the impact of DR on overall substantiated re-reports and found that greater AR utilization resulted in a decrease in the overall rate of substantiated re-reporting (Fluke et al., 2016, 2018). As indicated earlier, this is hardly surprising given that there can be no substantiation of cases on the AR track.[xvi] Fluke et

xvi A study of North Carolina's Multiple Response System by Lawrence et al. (2011) found that the mean rate of substantiation dropped in DR counties compared to control counties. The Fluke et al. (2016) study sought to determine the relationship between AR utilization rates and overall substantiated re-reporting in six states—Kentucky, North Carolina, Minnesota, Missouri, Oklahoma, and Tennessee—from 2004 to 2013. The study found that higher rates of AR utilization were associated with lower rates of substantiated re-reports. This is hardly surprising given the rates of reassignment of AR re-reports to the AR track

al. (2016) reported these findings as supporting conclusions of child safety in DR programs. The Fluke et al. (2016, 2018) study found that higher rates of AR utilization were associated with lower *overall* rates of re-reporting in three states, but no statistically significant relationship was found in the other three states. Because there is no breakdown of re-reports by track assignment, no conclusions can be drawn as to which track's re-report rates were responsible for the overall reduction in re-reporting rates. However, there is evidence that an increasing rate of AR utilization is related to reduced rates of re-reporting of TR cases. This might suggest that DR implementation may have a beneficial impact on the TR track by reducing the number of cases assigned to the TR track, permitting more intensive assessment and intervention for the remaining cases. This appears to be a strong argument for increasing resources to the TR track rather than evidence for AR track effectiveness.

The surveillance effect is another factor to be considered in assessing the validity of re-reports as a child safety measure. Lower-risk families served on the AR track typically have fewer and shorter-term interactions with mandated reporters than do higher-risk cases on the TR track. Less and shorter-term involvement in services of AR track families provides fewer opportunities for mandated reporters to observe and interact with the children, resulting in the potential for fewer re-reports of AR families.

For these reasons, critics have voiced concern about using re-reports derived from administrative data sets as a measure of children's safety, rather than directly measuring children's safety (Institute of Medicine (IOM) & National Research Council (NRC), 2013, p. 5-26). This concern is further supported by the fact that in many states that have adopted voluntary participation in the AR track, as many as 50% of families decline involvement in services (Davenport, 2001; Fuller et al., 2017; IAR Associates, 2016) (see, also, discussion of family engagement below).[xvii]

Findings in the Piper (2017) study suggest that compared with re-reports of TR cases, re-reports of AR cases were less likely to be the result of surveillance by mandated service providers. This finding is supported by the 2014 NQIC-DR Cross Site Evaluation, which

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relative to re-reports of TR cases. Again, by definition, there can be no substantiation of cases on the AR track. So, of course, the overall rate of substantiated re-reporting will decrease as the rate of AR utilization increases.

xvii In study after study, TR families were found more likely to have completed services than were AR families. As noted on page 28, Arizona stopped a program called Family Builders in the mid-2000s when a state audit found that of the more than 9,000 families offered services, about two-thirds (67%) declined to participate and, of those referred to Family Builders, only 28% completed a service plan (Davenport, 2001). In Washington state a 2008 study found that services were offered to 70% of AR cases but "[o]f those referred, 32 percent participated in services and 15 percent competed services" (Washington Department of Health and Social Services, 2008, p. 7). In Illinois, 19% of families randomly assigned to AR declined services; 10.4% withdrew from services before completion of their service plan. Only 44.8% completed services. No data are provided on the rates of participation or completion of services for TR families. In a study of the Oregon DR system, researchers found that "[r]esults from the parent surveys and interviews revealed few differences in family engagement, involvement or satisfaction" (Fuller et al., 2017, p. 6). Only 3%–8% of families with safe children ended up accepting services. As the authors point out, "services play a vital role in achieving the outcomes specified in the DR program logic model" (Fuller et al., 2017, p 7). In the District of Columbia, about 40% (39.9%) of AR cases were closed because families declined to participate further (IAR Associates, 2016).

found in all three sites (Colorado, Ohio, and Illinois) that the longer families received services, the more likely they would be re-referred to CPS and their children removed.[xviii]

Substantiation rates and child and family services reviews (CFSR). There are data to suggest that states may, knowingly or not, be using referral of families to the AR track to reduce the numbers of substantiations against which maltreatment recurrences are measured. One positive consequence for these states may be the potential reduction of financial penalties from failure to meet the federal Child and Family Services Review (CFSR) measures for child maltreatment recurrence.

As background, in 1974 the U.S. Congress passed the Child Abuse Prevention and Treatment Act (CAPTA), the first major piece of federal legislation addressing child abuse and neglect. CAPTA provided states with funding to address child maltreatment, but the funds were to be granted conditionally upon the states meeting certain broadly defined conditions. Subsequently, the federal government began to hold states accountable for meeting certain predetermined outcome measures. In 2000, the federal government instituted the Child and Family Services Reviews (CFSR) to periodically review each state's performance on a set of measures. Fiscal penalties could be imposed on states that fell short of achieving these measures. One measure was the rate of maltreatment recurrence, which was set at 6% to be considered substantially in compliance. This measure was defined as follows:

> Of all children who were victims of substantiated or indicated child abuse and/or neglect during the reporting period, what percentage had another substantiated or indicated report within a twelve-month period? (USDHHS, Administration for Children and Families, Administration for Children, Youth and Families, Children's Bureau, 1998, pp. 2–5)

However, when there is no substantiation of either the initial report or the re-report, a re-report is not included in the federal definition of maltreatment recurrence, since maltreatment recurrence is defined as the substantiation of a re-report following substantiation of the initial, or index report. As discussed earlier, re-reports for families served on AR tracks are not included in the calculation of maltreatment recurrence and essentially fall off the radar screen. Hence, states are not being held accountable through the CFSR for child safety outcomes for this group of CPS-involved children. Ironically, this federal outcome measure may serve as a perverse incentive for some states to adopt differential response systems and to increase the rate of AR utilization.

As an example, during the 2009 CFSR, the State of Illinois' Program Improvement Plan (PIP) based its implementation of DR on an assumption that differential response would have a beneficial impact on maltreatment recurrence rates, "because it represents a definitional shift in conditions that are considered maltreatment. In other words,

xviii NQIC-DR, 2014, pp. 122-123). Only 6.3% of AR cases resulted in ongoing cases at the end of the assessment period compared with 13.0% of TR cases.

recurrence will be reduced since the definition of maltreatment is restricted; therefore, the overall level of maltreatment is reduced" (Fuller, Kearney, & Lyons, 2012, pp. 29–30). In a study in New Mexico, it was stated that alternative response programs "may be an option for corrective action to decrease recurring substantiated abuse or neglect" (Legislative Finance Committee [LFC] Results First, 2014, p. 26).

On October 10, 2010, the USDHHS Children's Bureau of the U. S. Administration for Children and Families (2014) proposed to change the definition of the maltreatment recurrence standard for Round 3 of the CFSRs due to "concerns about the potential impact of a state implementing differential or alternative response on the measure." However, after considerable pushback from state child welfare agencies, the Children's Bureau amended its proposed change to retain a standard similar to that used in Rounds 1 and 2 of the CFSR, but they changed the follow-up period from 6 months back to 12 months. The final standard, as adopted in 2014, reads as follows: "Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent[age] were victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report?" In reporting this new standard, the Children's Bureau added the following: "Where states implement differential response during program improvement, we will consider on a case-by-case basis the situation and its implications for accurate depictions of compliance and/or meeting improvement goals" (USDHHS, 2014).

As discussed previously, DR proponents have consistently pointed to the reduction in substantiated re-reporting to support their claim that children in DR systems are as safe or safer than children served in traditional CPS systems (Fluke et al., 2016; Iowa Department of Human Services, 2016; Loman & Siegel, 2014) (see, also, Nebraska Department of Health and Human Services, 2016, p. 11, where substantiated re-reporting is used as a child safety outcome in the study).

As long as the USDHHS Children's Bureau retains this definition of maltreatment recurrence, DR proponents will be able to perpetuate the myth that DR reduces recidivism. This is how DR is promoted to state policy makers and its "effectiveness" is sold to state legislatures. One unintended consequence of this way of marketing DR is that it could lead to reduced or inadequate funding of CPS, something even DR proponents recognize:

> [I]t is also possible that a decrease in "founded cases of child maltreatment" will do more than affect the epidemiological analysis of child abuse and neglect trends. It ignores the possibility that once fewer cases are founded, legislatures will appropriate less money on the basis that there is always need for human services but limited revenues justify only services to address actual child maltreatment or to prove its prevention. (Merkel-Holguin & Bross, 2015, p. 3)

If CFSR measures incentivize the formation of an alternative track where maltreatment is not substantiated, thereby avoiding financial penalties for failure to meet federal recurrence standards, this is a compelling reason to thoroughly evaluate and monitor

the safety of children being served on AR tracks to ensure that fiscal policy does not inadvertently place children at risk of serious harm.

Finding #4: DR programs appear to prioritize allocating services and resources for families in alternative tracks

In several of the jurisdictions studied in DR research, there was an increased distribution of financial and material resources to families on the low-risk AR track. These extra services were typically not made available to the higher-risk cases being served on the TR track. The costs to agencies of providing these services was underwritten by grants from funders that included Casey Family Programs, the McKnight Foundation and/or from federal government funds granted to the NQIC-DR. In all of the randomized controlled trials (RCTs) conducted thus far, extra funding to support services for families in the AR track was made possible through these types of grants. The discrepancy between AR and TR families in supplemental family support services raises the question of whether measures of family satisfaction might reflect the additional resources provided to AR families rather than the effectiveness of the AR approach itself. As one CPS caseworker in a DR system stated, "If you give people a reasonable case load, access to resources, less paperwork, you can call it whatever you want to but they can do a better job" (Fuller et al., 2012, p. 95).

Pelton (2015) supports this contention: "What modest success has been attributed to the differential response paradigm through evaluative research was likely due to other factors, and not the paradigm itself" (p.37). He points to studies of the Title IV-E child welfare waiver demonstration project in Mississippi and other projects which have shown that the expansion of concrete services within the traditional CPS system has yielded results at least as good as or even better than those achieved in DR systems.[xix]

Some commentators have expressed concerns about the sustainability of DR systems if funding from these sources is not continued (Merkel-Holguin & Bross, 2015).

PART III: TESTING THE VALIDITY OF PRIMARY ASSUMPTIONS UNDERPINNING DIFFERENTIAL RESPONSE

Two fundamental premises that form the foundation of the DR philosophy are as follows: (1) child safety and the risk of future maltreatment in a family can be accurately determined at the time a family is reported to CPS, based on information provided to a screener by a reporter, without a social worker having direct contact with family members or conducting intensive fact finding, and (2) those families who are served on the voluntary and more family-friendly alternative track will be more likely to engage in

xix Pelton, 2015; Siegel & Loman, 2005.

case planning and services than will families who undergo CPS investigations on the TR track.

A review of the research to date provides little support for either assumption.

Assumption #1: Families can be accurately sorted by risk level without traditional fact-finding approaches

In most DR programs, track assignments are made within 24 hours of a CPS agency receiving a referral. Consequently, the track assignment decision is made based on the information provided by the reporter, normally in a single telephone call. Therefore, a CPS agency typically has little information other than the information provided by the reporter with which to assess a child's safety and a family's risk level.[xx] Except in the most egregious cases, an accurate assessment of child safety and future risk requires a structured and in-depth assessment of family and environmental risk factors, a child's developmental vulnerability, and the presence or absence of parental protective capacities to mitigate risk (Rycus & Hughes, 2008). Hughes et al. noted a lack of consistency in the criteria used by screeners to make track assignments. Screeners often inferred the level of risk in a family from the type of referral or the nature of maltreatment being reported (Hughes et al., 2013, p. 8). It is therefore not surprising that research has identified an alarmingly high percentage of families at high to intensive risk assigned to the AR track at the time of screening. Examples are 17.4 % in Minnesota (Loman & Siegel, 2004), 22% in Washington State (English, Wingard, Marshall, Orme, M., & Orme, A., 2000), and almost half (48%) in California (Conley & Duerr, 2010). Yet, as Loman and Siegel (2013) point out, only 2%–6% of cases initially assigned to the AR track in DR states are transferred to the TR track, with the exception of Illinois, where 22% of AR cases were transferred back to TR for more intensive monitoring and intervention.

In a program evaluation of Wyoming's DR program, the Wyoming Legislative Service Office (2008) concluded that many track decisions were being made "hastily without needed information." They recommended that rather than making the track decision within 24 hours, the time frame should be extended to a week to allow intake supervisors to have "the results of the safety assessment, initial interviews, collateral contacts and caseworker observations in hand" before making a track assignment (pp. 2–3). This recommendation was not implemented by Wyoming Department of Family Services (Piper, 2017).

Cameron and Freymond (2015) had similar concerns as those of the Wyoming Legislative Service Office, stating,

xx Screeners often feel they lack the information necessary to make accurate track assignment decisions. For example, in a study of Oregon's DR system, Fuller and colleagues (2017) found the following: "Screeners sometimes (47.6%) felt uncertain about the track assignment decision they made for a case, but many others rarely (42.9%) felt this way" (p. 78).

> There have always been some fairly intractable problems with the American conception of a differential approach to child welfare. It is difficult to construct a credible basis for dividing child welfare clientele into investigatory and assessment cohorts based upon information gleaned from limited contact with children and parents, or no contact, when decisions are made by CPS hotline staff based on partial information from the reporter. (p. 3)

A study of the District of Columbia DR program examined whether solely lower-risk families were being assigned to the AR track. Evaluators found that, "as a whole, families assigned to CPS-FA [the AR track] were lower risk than families assigned to CPS-I [the TR track]. However, *the myth that CPS-FA is composed only of low-risk families is not supported.* Over one-fifth of CPS-FA cases (21.6%), for example, had three or more prior reports of child neglect, an indicator of potentially high or even intensive family risk" (IAR Associates, 2016, p. 16). Despite this, only 12.7% of AR cases had been transferred back to the TR track.

Recent studies have shown that as the percentage of cases assigned to the AR track increases, the number of high-risk cases on the AR track also increases, so that at some point, the percentage of AR cases being re-reported exceeds that of the cases on the traditional investigation track (Darnell & Fluke, 2014). The clearest example of this is the DR program in Minnesota, where over time, AR utilization rose so that by 2015, 70% of all screened-in reports were being assigned to the AR track. In a comprehensive review of Minnesota's DR program, the Governor's Task Force on the Protection of Children concluded that, "Minnesota's use of family assessment [AR] is beyond that of other states and beyond what the statute allows. The use of family assessment continues to rise despite the fact that the re-report rate for family assessments has been higher than family investigations in five of the last seven years" (Heimpel, 2015; Minnesota Governor's Task Force on the Protection of Children, 2015, p. 12). The Task Force recommended that track assignment decisions be delayed and that law and policy be changed to allow for consideration of prior CPS history (including screened-out reports); a complete review of CPS, court, and Department of Corrections (DOC) records; and, in some cases, the seeking of information from collateral contacts and in-person interviews with the alleged child victim and the family. The Task Force further recommended that the track assignment criteria be changed to narrow the scope of cases that can be assigned to the AR track (Piper, 2016, 2017).

Even though the accurate assessment of risk is essential to accurate track assignment and effective service delivery, the necessary time, resources, and procedures to allow caseworkers to make an accurate risk determination are not always allocated. Unfortunately, there are ideological, political, and fiscal incentives for states to assign as many families as possible into the AR track. As indicated earlier, the AR track does not substantiate cases. Therefore, a state that refers 70% of its cases to the AR track effectively removes 70% of incoming referrals from potential substantiation of maltreatment. Also, as indicated earlier, since the federal government uses substantiation data to assess fiscal penalties on states whose substantiation rates are unacceptably high, increased numbers of referrals to the AR track decrease the

likelihood that a state will be fiscally sanctioned. It is hard to imagine a more effective means of ensuring increased morbidity and mortality in cases referred to CPS for suspicion of maltreatment than to provide strong fiscal incentives to forego essential safety and risk assessment and substantiation of maltreatment in a large proportion of referred cases.

Assumption #2: Families in voluntary, family-friendly programs will be more engaged in services than will families who are mandated to participate

Before trying to measure the impact of engagement on case outcomes, it is necessary to construct a uniform definition of what is meant by *engagement*. The term *engagement* in DR ideology represents a loosely defined group of caseworker actions characterized as family-friendly, non-intrusive, non-coercive, and respectful of families. DR ideology also espouses a strong preference that AR families be allowed to participate in services voluntarily, rather than being mandated to participate as is true in TR.

Engagement is a loose construct that can include a family member's participation in a supportive and mutually trusting relationship with a caseworker; involvement in assessing their own strengths and needs; involvement in selecting services to address those identified needs; motivation to participate willingly in and to complete services; and a commitment to achieving desired behavioral changes that ensure children's safety and well-being. In the DR literature, the term *engagement* is variously used to represent all these variables, but often without clarifying what is being measured. Rather, DR research has reported better outcomes (and particularly, increased family satisfaction) for those families who have been "engaged and assessed" on AR tracks rather than families who have been "investigated" in TR tracks (Hollinshead et al., 2017; Loman & Siegel, 2004; Loman, Filonow, & Siegel, 2010; NQIC-DR, 2011, 2014; Ruppel et al., 2011).

According to English et al. (2000), the DR assumption that families will engage voluntarily in services is "just that, an assumption" (p. 387) and runs contrary to well-documented problems of low levels of enrollment and retention in family support and child maltreatment prevention programs (Choi & Ryan, 2007), as well as in mental health and substance abuse treatment programs (McCurdy & Daro, 2001; Young & Gardner, 2009). As Daro, McCurdy, and Nelson (2005) state, "Keeping parents engaged in a supportive intervention for the time period needed to effect change has been a struggle for many voluntary prevention programs" (Piper, 2017, p. 2). In a quasi-experimental study based on data from 76 Family Resource Centers (FRC) in 14 California counties, Navarro (2014) found that AR families were less likely than both TR families and voluntary, non-CPS-involved walk-in clients to participate fully in services.

Some studies of DR have found that families served in AR tracks are most likely to engage voluntarily in services that meet the family's basic material needs, such as housing assistance, transportation, food, and furniture. These families do not demonstrate a comparable level of engagement in services designed to address deeper

issues underlying chronic child maltreatment, such as substance abuse, mental illness and domestic violence (Fuller et al., 2012; Loman & Siegel, 2012), conditions that are highly correlated with increased risk of future maltreatment.

In contrast to DR's assumptions about the inherent value and effectiveness of voluntary engagement, multiple studies have found that families served on the AR track very often did not participate in or complete services. For example, in the early 2000s, a state audit of Arizona's Family Builders program found that of more than 8,000 families offered services, approximately 66.9% (5,578 of 8,335) had declined participation, and only 27.9% (2,326 of 8,335) had completed a service plan (Davenport, 2001). Arizona ended the program in 2003. About 12 years later, Arizona collected data from families who had been referred to a family support program called Building Resilient Families. The evaluation, conducted after the families' cases had been closed, found that only 28% of all families served had completed services. An equal number, 28%, did not want services, and about one-third (32%) had no follow up contact with the program after the referral (Arizona Department of Child Safety, 2019).

Similarly, a study in the state of Washington found that of families offered services on the AR track, 32% participated in services and 15% completed services (Washington Department of Health and Social Services, 2008, p. 7). In an Illinois study, 19% of families who were randomly assigned to AR declined services, and 10.4% withdrew from services before completing their service plan. Only 44.8% completed services. No data are provided in this study report on the rates of participation or completion of services for families served in the TR track (Fuller, Nieto, & Zhand, 2013). In a study of Oregon's DR system, researchers found that "[r]esults from the parent surveys and interviews revealed few differences in family engagement, involvement or satisfaction" between the two tracks (Fuller et al., 2017, p. 6). However, even in this study, only 3%–8% of families whose children were deemed to be safe voluntarily participated in services (Fuller et al., 2017, p. 7). In the District of Columbia, 39.9% of cases tracked to AR were closed because families declined to participate further (IAR Associates, 2016). The researchers noted, "It is one thing to identify service needs that families may have and another to convince the caretaker or family as a whole to accept the invitation to help." Researchers quoted a caseworker as saying, "[T]he worker can offer services to these families in CPS-FA [the AR track]; however, in most families, they refuse services for various reasons" and another caseworker as saying, "Families often do not want CPS 'in their home' and they will decline services from CPS-FA because it is a 'voluntary program'" (IAR Associates, 2016, pp. 72–73).

We have previously discussed the methodological problems in evaluating service participation that occur when very different types of services are included in the category of "services." For example, a study by Hollinshead and colleagues (2017) included respite care in the same category as substance abuse counseling, even though parents would logically be more receptive to supportive childcare than to attending substance abuse treatment for drug or alcohol addiction. The Hollinshead et al. (2017) study also found that caregiver satisfaction was statistically positively associated with the provision of services that met basic family material and economic needs, but not

with job-related or counseling services. More importantly, these researchers also found that parents who reported greater degrees of negative emotional response to services also had higher levels of service utilization, suggesting that "the conceptual framework for engagement might also incorporate a coercive component; one that does not rely on trust- and respect-related activities, but that is still effective in achieving the goal of improving service uptake" (Hollinshead et al., 2017, p.513).

This latter finding is consistent with data from the substance abuse treatment field. Many experts in this field provide evidence that authoritative intervention is usually necessary before people with substance abuse problems will admit that they have a problem and engage in treatment (Bartholet, 1999, 2012, 2016; Wild, Roberts, & Cooper, 2002; Young & Belenko, 2002; Young & Gardner, 2009). As Dr. Robert L. Dupont (2015), a psychiatrist and former director of the National Institute on Drug Abuse, pointed out, "Addiction hijacks the brain. Families dealing with addicted loved ones know this…. Few addicts enter treatment without meaningful coercion, most often from families or the criminal justice system."

This point is particularly relevant for a discussion on DR. Research has shown that substance abuse contributes to maltreatment in from 30%–65% of families involved with child welfare or child protective services (Child Welfare Information Gateway, 2014a; Barth, 2009; Traube, 2012.) Research has also demonstrated a rate of addiction relapse and of maltreatment recurrence among caregivers who do not attend treatment for substance abuse or who drop out of treatment before completing it. A study in Illinois found that 92% of substance abusing parents who did not engage in treatment subsequently re-maltreated their children (National Center on Addiction and Substance Abuse at Columbia University [CASA], 1999; White, 1988). This study also states that "[r]ising rates of chronic child maltreatment are driven largely by the fact that substance abuse and addiction is a chronic disease…. In the absence of appropriate treatment and aftercare to prevent or minimize relapses, child maltreatment related to substance abuse is very likely to recur" (CASA, 1999, p. 19). A study by Fuller and Wells (2003) found that cases in which the safety assessment had identified the presence of caregiver substance abuse were 13 times more likely to experience recurrence than cases in which this risk factor was not present. In another study in Washington State, families with substance abuse were found to be 1.34 times more likely to be re-referred within an 18-month period than those without this problem (English et al., 2000). Still, some DR proponents suggest that AR is an appropriate track on which to serve families with substance abuse issues (Hahn, 2016, Slide 9; Piper, 2017).

A conclusion can be reasonably drawn from these data that families with more serious underlying problems associated with child maltreatment, such as substance abuse and domestic violence, should not be assigned to the AR track, since family members are more likely to refuse services or drop out before completing them, which increases the risk of maltreatment recurrence. The fact that substance abuse may not always be immediately visible to reporters or screeners makes a longer period of deeper fact finding necessary to determine whether substance abuse is present, and whether children in these families are, in fact, safe. Moreover, as the alternative track is currently

configured, the only available option to enact mandated authority to ensure that families remain in services is to transfer the case back to TR as soon as these risk factors are identified. However, as was mentioned earlier, this does not often occur.

In summary, while engagement is a universally and appropriately valued intervention in the social work profession, it is naïve to believe that all families can be engaged by their caseworkers if only the right "family-friendly" strategies are used, or that engaging families will be sufficient to address chronic and intractable problems underlying and contributing to child maltreatment.

From the research perspective, these findings also raise the question of whether parent or caregiver satisfaction should ever be considered a valid outcome measure in studies on the effectiveness of DR, particularly where one group is more likely to receive financial and material support and benefits, while the services provided to another group address more serious conditions such as substance abuse or domestic violence. AR track parents receiving material benefits would be more likely to report high levels of satisfaction, simply because of the types of services provided. Hence parent satisfaction data tell us nothing about the effectiveness of either AR or TR to meet goals of child safety and family stability.

PART IV: TERMINATION, SUSPENSION, AND MODIFICATION OF DIFFERENTIAL RESPONSE PROGRAMS

Several states have implemented and then discontinued or suspended their DR initiatives, including Alaska, Arizona, Florida, Georgia, Illinois, New Mexico, New York, Oregon, Texas, Washington, Louisiana, Delaware, and West Virginia.[xxi] In some, the discontinuation of DR followed the publication of program evaluation studies that raised concerns about inconsistent program implementation, compromised child safety, and the inadequacy of resources to support it. Some raised issue with the validity of DR's underlying assumptions about voluntary engagement in services, the ability to accurately sort cases by risk level at the time of referral, or the lack of case fact finding and risk assessment to identify the presence or risk of child maltreatment. Others were discontinued because of a lack of data supporting the effectiveness of the DR program.

Some DR states experienced highly publicized fatalities of children whose families were being served in the AR track. The following are examples:

In Massachusetts: "From 2009 to 2013, 10 children on the lower-risk [AR] track died, including seven in 2013" (McKim, 2015).

xxi Arizona Office of the Auditor General, 2016; Casey Family Programs, 2012; Child Welfare Information Gateway, 2014 November; Georgia Child Welfare Reform Council, 2015; Hahn, 2016; LFC Results First, 2014; Merkel-Holguin, Kaplan, & Kwak, 2006; National Quality Improvement Center on Differential Response in Child Protective Services (NQIC-DR, 2009).

In Florida: "The voluntary track [AR] of Florida's DR program saw 80 child deaths from 2008 to 2014. Of those 80 children, 34 died after Florida DCF had documented at least 10 reports on the child" (Hughes, K.N., 2016).

In Oregon: Gloria Joya, whose family was reported to CPS 28 times beginning in September 2001, died in 2016. Three reports about Gloria's family had been assigned to the lower-risk track in August 2014, September 2014, and February 2015 (Gelser, 2017; Oregon Department of Human Services, 2016). Oregon suspended its DR program in 2017. A study had found that many families at risk did not accept services, which was problematic because services played a vital role in achieving the outcomes specified by DR's logic model (Fuller et al., 2017). As noted by Oregon's Senator Gelser (2017),

> Time and again, CIRTs [Critical Incident Response Team] following Oregon child fatalities point to inappropriate screening decisions and lack of comprehensive assessment (see DHS CIRTs, posted online) …. Screeners report that they only feel confident they have made the right decision 50% of the time (University of Illinois Report) …. Recent review by DHS with a 90%–95% confidence interval shows that in 47 out of 76 cases, workers deemed children "safe" who were actually "unsafe."

In Arizona: A state audit of the program, called Family Builders and operating from 1998–2004, determined that of the more than 8,000 families who had been offered services between January 1998 and August 1999, about two thirds had declined to participate. Moreover, after high-profile cases of child death or abuse, the Family Builders program ended as an alternative response in 2004, but Arizona continued to operate the program as a referral source for family support services until 2010" (Arizona Office of the Auditor General, 2016; Davenport, 2000, 2001).

In Minnesota: The death of 4-year-old Eric Dean prompted significant recommended changes to the state's DR system. Eric died after his case had twice been placed on the AR track and his family had declined services (Heimpel, 2015).

In New York: On April 6, 2018, the state ordered a county agency to temporarily suspend its use of the FAR program (Family Assessment Response – NY's AR track) days after the stabbing death of 7-year-old Abraham Cardenas in the town of Sweden. His mother was accused of killing him. After an expert review of the county's DR program, in June 2018, the Monroe County Executive chose to end the program indefinitely.

Based on the review, the New York Commissioner of Human Services, Corinda Crossdale, concluded that "[j]ust the model in itself makes the assumption that traditional CPS does not partner with the family, does not look at family strengths and we know that's not true…. So it doesn't make any sense to keep two models that diverge from each other in place" (13 WHAM ABC, 2018). In recommending the discontinuation of the FAR program, the review panel made the following findings: (1) It has not been

shown that children assigned to FAR are safer because of this assignment; (2) the promise of the benefits of FAR are more theoretical than actual; (3) FAR principles are equally available to CPS investigative teams, as are the solutions for families; (4) the resources expended training FAR workers could be better spent training FAR principles to all CPS workers; (5) assignment to FAR prohibits investigation into specific allegations of maltreatment, which undermines workers' ability to determine child safety; and (6) failure to investigate the referral complaint prevents making any findings about the referral allegations – the wisdom of this practice is questionable (13 WHAM ABC, 2018).

In Illinois: Illinois discontinued its DR program in 2011 after a randomized controlled trial study sponsored by the NQIC-DR found that families assigned to the AR track were re-referred to CPS at higher rates than those assigned to the TR (Fuller et al., 2013).

In Louisiana: Louisiana discontinued DR in 2014. A 2014 study (Louisiana Legislative Auditor's Office, 2014) had determined the following: (1) DCFS intake staff had improperly referred 2.8% of cases to AR instead of TR. As a result, "these individuals may not have received services consistent with their risk level and needs" (p. 3), and (2) DCFS caseworkers had not referred the 56% of AR families, either properly or in a timely manner, to the TR track, and 31% to Family Services when it was determined that these cases were at higher risk or needed ongoing monitoring.

PART V. CONCLUSIONS

The results of this study reaffirm that many of the issues identified by Hughes et al. (2013) remain problematic.

Our data document the continuing methodological problems with the outcome research on the safety and effectiveness of DR programs, including reliance on faulty opinion surveys, equivocal measures of child safety, and misconstruction of research findings to falsely claim success and to promote DR reform's ideologies.

Data have also shown the safety repercussions for children served in AR tracks because of the absence of CPS investigation and fact finding, ultimately convincing some states to terminate their DR programs because of increased injuries and deaths of children served on AR tracks.

Data also show that voluntary participation by families often does not work, since many families – a majority in some states – choose not to work with CPS to resolve the issues that were the basis for opening a case. Moreover, voluntary engagement has proved an ineffective means of ensuring that family members consent to and remain in services long enough to address more challenging problems such as substance abuse.

In many states, the ideological differences between AR and TR have become more obscure in day-to-day practice, and there has been an evolution away from the DR model as it was originally conceived. Some jurisdictions have modified their practices to remedy the more significant shortcomings of the original DR two-track model, yet they retain the integrity of an approach that serves different families differently based on circumstances and needs.

Revised practice models have integrated principles of family engagement and empowerment with a central focus on risk and safety in an attempt to counter the artificial duality of a fully bifurcated track system. We have previously discussed the faulty logic behind conducting a family assessment and providing financial and material support services *only* for AR track families, while conducting thorough case fact finding to identify risk of maltreatment *only* for TR cases. This evolution reflects a growing recognition that fundamental elements of family-centered child protection are not exclusive to either AR or TR, but they are fundamental to serving all families in CPS systems. The result has been a diffusion of family engagement and support strategies into the TR track, particularly when serving child victims and non-offending parents, and family assessments – once a defining strategy of the AR track – are being deemed equally necessary to determine the service needs of TR families. Ohio's CPS practice model provides an example of an integrated approach that applies thorough risk and safety assessment, and family-engaging, strengths-based interventions with families served on both tracks.

The intensive fact finding and safety/risk assessment strategies considered by some DR advocates to be "intrusive" and "unfriendly to families" are also more often being used to identify high-risk families who may have been inappropriately tracked into AR, promoting early transfer of these families to TR track, where child safety can be better addressed and more closely monitored. Some states originally committed to dual track approaches to either investigation or family assessment now expect caseworkers in both tracks to use similar engagement strategies and to conduct comprehensive safety, risk, and family assessments with families on both tracks.[xxii] The one clear trend in the evolution of DR over the last decade is the slow and discontinuous – but steady – reintegration of TR best practice methods of case fact finding and safety assessment into AR tracks. Some states have adopted the policy that track decisions are made only after, and based on the findings of, an in-depth safety and risk assessment.

Some states and jurisdictions have determined that it is possible to achieve the desired differential response to families without the complexity and expense of operating multiple, bifurcated tracks, each with its own policies, procedures, tools, resources, and practices, and have returned to a traditional single-track model of CPS. Some CPS agencies – especially those with training programs that stress family-centered casework methods – claim they have always used family friendly strategies with all families they serve, unless maltreatment and high levels of ongoing risk demand authoritative intervention to protect the child.

xxii Lohrback, 2011.

In some jurisdictions, full integration has occurred more slowly, first by replacing dual tracks with AR and TR units under a common administrative and policy structure, then dissolving specialized units and assigning both AR and TR caseworkers to each unit, and eventually assigning both AR and TR cases to individual caseworkers. Eliminating the cumbersome and unnecessary infrastructure of a dual-track system has multiple benefits, including simplifying the provision of more intensive monitoring and oversight when higher levels of risk are recognized. Caseworkers would simply modify their approach to address the higher risk.

A differential response to different families has always been considered "best practice" in CPS, at least in theory. The degree to which these principles were implemented in CPS systems remains an understudied question, but DR proponents have been clear that the motivation behind the DR movement was to protect low-risk families from the unnecessarily "intrusive," "inflexible," and "adversarial" interventions of "traditional" CPS practice (Kaplan & Merkel-Holguin, 2008; Schene, 2005). No one will deny that bad practice in CPS does exist, and clearly, reform was warranted in some jurisdictions. But choosing to retrofit the entire CPS system solely to demonstrate that "one size does not fit all" was ill conceived, extreme, and poorly implemented. Ultimately, it promoted an ideological perspective that completely fell apart when subjected to the complexities of day-to-day CPS practice, and it created in its wake a plethora of unintended consequences that has taken two decades for the CPS system to recognize, fully understand, and to finally address.

CPS's responsibility to investigate and intervene in serious threats to child safety and well-being

CPS has historically been the emergency room of the child welfare profession. In the medical profession, children are referred to hospital emergency rooms when there is suspicion of an acute and potentially severe health threat. There, health assessment protocols are used to ensure thorough fact finding to identify the source of the presenting health problem, and to intervene to ensure that threats to health are addressed quickly and thoroughly. This process is just as essential to CPS agencies when a referral for suspicion of child maltreatment is received. The CPS investigation is the structured fact-finding protocol used to identify safety threats in families that potentially endanger children and to act quickly to address them. Triage is an important part of both systems of care, ensuring that services and resources are provided immediately for the most serious risk cases, while concurrently identifying lower-risk families who can be assisted with less intrusive services from other providers.

Prevention services, such as education and referral, are provided in medical emergency rooms as important resources to prevent future health crises. But these prevention services are not the primary responsibility of medical emergency rooms and are not allowed to interfere with or replace emergency services. This should be the same for CPS. DR reform efforts often misconstrue and discount both the need and the scope of

CPS' mission and its responsibility to secure the needs of children at high risk of maltreatment and the methods and processes needed to do so.

Poverty and child maltreatment

Much of DR reform has been an effort to address the intersection of poverty and its consequences in CPS referrals for suspected child maltreatment, particularly neglect. Neglect is the most prevalent form of child maltreatment and more children die of neglect than abuse (Wald, 2015, p. 50). Approximately 75% of all child maltreatment deaths are from neglect, either alone or combined with other forms of maltreatment; and almost half of all children who die from maltreatment are under a year old (Child Welfare Information Gateway, 2019). Children under the age of 3 are extremely vulnerable to the effects of neglect, and they are much more likely to experience serious developmental consequences. However, all forms of neglect – including physical, emotional, medical, supervisory, and educational – can lead to significant developmental delays in children of all ages.

Ginther and Johnson-Motoyama (2017) contend that while poverty in isolation has not been proven to cause child maltreatment, economic instability is certainly a risk factor for maltreatment, as low-income families often lack the financial and material resources to meet their children's needs. These authors cite four decades of research that has consistently demonstrated an association between low family income or poverty and child maltreatment.

Before the demise of Aid to Families with Dependent Children (AFDC), which operated until 1996, single-parent families with low or no income could receive ongoing financial assistance to support them in caring for their children. Many of these families were also eligible to receive supportive social services. Historically, when CPS investigated referrals for suspected maltreatment and found that poverty and lack of family resources undermined a parent's ability to provide essential care and supervision, CPS could open a case and refer the family to AFDC, and the two programs could collaborate to serve the family. CPS would monitor for maltreatment, while AFDC provided income support, material resources, and supportive services to help stabilize the family and prevent family disruption.

In 1996 the Temporary Assistance for Needy Families (TANF) block grant replaced the AFDC program. Unlike AFDC, TANF included a lifetime limit of 5 years of benefits. Since the termination of a wider safety net of financial assistance to children living in poverty, CPS has faced a growing percentage of cases in which referrals are received for suspicion of child maltreatment, and follow-up investigation indicates that financial instability or poverty plays a significant role in the parent's inability to provide essential care and supervision. For example, research has documented that when state TANF programs restricted benefits to fewer than 60 months, there were increases in child maltreatment victims of over 30% (Ginther & Johnson-Motoyama, 2017, p. 17).

The CPS system, whose overarching responsibility is to ensure child safety, can find itself in a position where it must consider more intrusive interventions, such as out of home placement and, at times, termination of parental rights, when poverty is an essential contributor to family crisis. This reality has played a part in the rise of the DR reform movement. However, reformulating child protective services to be a program of aid for dependent children and their families by diverting resources and efforts to providing prevention services through financial and material assistance, and discounting the need for, and sometimes eliminating, essential case fact finding through risk assessment and investigation, while concurrently diverting attention and resources from those families who present to CPS with more serious child maltreatment, are not the answers to this very real problem. Advocacy should focus on the development of federal, state, and community-based financial assistance and social service programs directed to helping these families, rather than expecting them to be operated by CPS.

PART VI: RECOMMENDATIONS

Following are specific recommendations to help CPS organizations to configure their programs to ensure children's safety and well-being without relinquishing their commitment to responding differently to the varying realities of families reported for suspicion of child maltreatment, and to strengthen, support, and empower families to care for their own children whenever possible.

Delay the timing of track assignment until after a complete review of CPS, court, and Department of Corrections records and completion of in-person interviews with alleged child victims and their families, so track assignments can be made with greater accuracy.

Jurisdictions that choose to retain dual track systems should consider delaying track assignment decisions until a CPS caseworker has conducted a thorough review of CPS, court and Department of Corrections records and completed in-person interviews with alleged child victims and their families. When needed, caseworkers should gather additional information from collateral contacts. The goal is to have sufficient accurate data to recognize safety threats and risk factors so families can be assigned to the appropriate track, and to reduce the number of higher-risk families assigned to AR tracks because of insufficient data at the time of assignment. There is increasing support for policies that would allow caseworkers sufficient time to collect this essential information for all families before making track assignments (Casey Family Programs, 2014; Minnesota Governor's Task Force on the Protection of Children, 2015; Piper, 2016, 2017; Wyoming Legislative Service Office, 2008).

Consider models wherein the track assignment decision is made post-assessment and only for the delivery of services.

To preserve the spirit of differential response without compromising child safety, some states, such as Michigan and Vermont, have designed dual track systems where all families are involved in the same, thorough front-end assessment of child safety and risk and assessment of family service needs, and then are assigned to the service track with the proper level of CPS oversight and monitoring. For some lower-risk families, services can be voluntary and with providers of their own choosing. Some families may be referred to community-based service agencies without CPS oversight. In some cases, CPS may refer families to other providers for services but will retain oversight and monitoring responsibility. And the highest-risk families can be closely monitored, with authoritative oversight, in order to ensure children's safety while providing the needed services.

Revise criteria for assignment to AR service tracks to ensure that high-risk cases are not inadvertently assigned to AR; do not assign families with prior histories of CPS involvement, domestic violence, caregiver substance abuse, or mental illness to AR services.

Policy makers should reconsider the criteria on which track assignments are based to ensure that higher-risk cases are not assigned to the AR track. Prior CPS involvement is highly associated with future maltreatment risk (English, Marshall, Brummel, & Orme, 1999; Wulczyn, 2009), so cases with a prior history of CPS involvement should not be assigned to the AR track. The use of valid risk assessment technology, based on data from thorough fact-finding, can help prevent inappropriate track assignments. These instruments should be able to screen for substance abuse, mental illness, domestic violence, and other factors that have high-predictive validity in estimating the likelihood of future maltreatment. Families with these risk factors have been repeatedly shown to be more responsive to the traditional investigation approach than to the alternative response (Commonwealth of Virginia, 2008; Fuller et al., 2013; Loman et al., 2010; Loman & Siegel, 2004; Loman & Siegel, 2012; Piper, 2016).

Conduct interviews of alleged child victims of maltreatment individually and privately, prior to contact with the child's caregivers whenever possible.

Accurate information obtained from alleged child victims is generally necessary for an accurate determination of risk. Children are often under intense pressure from their parents not to disclose incidents of maltreatment, resulting in denial and even recantation by child victims when questioned by caseworkers. A policy of interviewing children in the presence of their parents can significantly

interfere with the caseworker's ability to protect children at high risk of harm. In instances where no maltreatment is confirmed, caseworkers can re-engage parents by educating them about the need to maintain this practice to protect those children who are at high risk. Policy makers should discourage the use of conjoint family interviews during initial fact-finding assessments when any level of maltreatment has been alleged. The same principle should be applied when interviewing parents who are alleged victims of domestic violence. Private, individual interviews in a safe location can reduce intimidation by other family members and will support victims in making full disclosures about their own and their children's safety.

When families previously served on AR tracks are re-reported to CPS, they should not automatically be reassigned to the AR track for follow-up.

A study by Piper (2017) found that 49.04% of cases initially assigned to AR tracks were automatically reassigned to AR upon re-report. A credible re-report of suspected maltreatment in a family previously served on an AR track suggests that the service approach in AR did not sufficiently address the underlying conditions contributing to future risk, and that more intensive intervention and monitoring may be necessary. Policy makers should consider criteria for track assignment that precludes reassignment to AR when families originally served in the AR track are re-reported.

Maintain utilization rates on AR tracks to approximately one-third of all accepted referrals.

Observational data from a study of 14 states with operating statewide DR programs between 2000 and 2012 found that when states assigned more than one third of all reports to the AR track, children on the AR track were re-reported to CPS at equal or higher rates than children on the TR track (Piper, 2017). This suggests that higher-risk families were being misidentified at screening and inappropriately assigned to the AR track. Only in states that referred fewer than 33% of reports to AR did re-reports remain at levels below those of the TR track. Because families served on AR tracks are ostensibly low risk to begin with, when provided with supportive and preventive services, these families would be at even lower risk of future maltreatment when their cases are closed. Study data confirm that assigning a high percentage of cases to AR based solely on ideological preferences places some children at a higher risk of mortality and morbidity, because AR tracks are typically not designed to do the level of intervention, monitoring, and oversight necessary to ensure children's safety over time.

Provide effective skill development training to caseworkers in investigation and assessment, and assign only skilled and experienced caseworkers to perform these functions.

DR advocates have historically characterized traditional CPS investigations by using terms such as "inflexible," "adversarial," "judgmental," "legalistic," and "unnecessarily intrusive" in their attempts to promote acceptance of the more "family-friendly" methods of the alternative response (Hughes et al., 2013). However, experienced and highly trained social workers have the skills to conduct respectful, nonjudgmental, and courteous CPS investigations. The value of an effective CPS investigation is its capacity to elicit accurate, targeted, and thorough information on topics of high relevance to child safety and future risk, and to support the validity of this data and the case decisions that follow, should this become necessary in a legal environment. Typically, a "police-like" investigation should be completed by law enforcement professionals or social workers with specialized training, and generally only when legal intervention is necessary to protect a child or criminal prosecution of a perpetrator is being considered.

The unique role of CPS investigators is to determine whether children have been maltreated; to assess their current safety status; to determine what level of agency authority, if any, will be needed to protect them; to gather information with which to assess future risk; and to explore family strengths, protective capacities, and child vulnerabilities to inform an initial safety plan. It is counterproductive to vilify CPS investigations by implying they are harmful to families. When properly implemented by highly trained investigators, these are the best tools available not only to protect children but also to identify the most appropriate means of strengthening and empowering their families to ensure children's safety without having to subject them to the trauma of separation and out-of-home placement.

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APPENDIX A

Brief summary of each of the studies reviewed for this paper.

State Studies

California

Navarro, I. (2014). Family engagement in "voluntary" child welfare services: Theory and empirical evidence from families under differential response referrals in California. Child Welfare, 93(3), 23-24.

This quasi-experimental study was based on data from 76 Family Resource Centers (FRC) in 14 California counties. Navarro found that families served in AR tracks were less likely to participate fully in services than either families served in TR tracks, or families who were voluntary walk-ins not involved in CPS.

Colorado

Winokur, M., Ellis, R., Orsi, R., Rogers, J., Gabel, G., Brenwald, S., . . . Evans, M. (2014). Program evaluation of the Colorado Consortium on Differential Response: Final report.

This study is one of three randomized controlled trials funded by the National Quality Improvement Center for Differential Response (NQIC-DR). The study found no significant differences between families served on AR and TR tracks on child safety outcomes, including re-referrals within 1 year and accepted re-referrals (i.e., re-reports). The researchers also used track assignment upon re-report as an indicator of child safety. They concluded that findings from Cox Proportional Hazard (CPH) analyses suggested that alternative track families (FAR) were 18% less likely to undergo a subsequent investigation than were families originally assigned to the traditional investigation response (TR). The investigation response in Colorado's DR system was later renamed "high-risk assessment" (HRA). However, policy required that all families originally served in TR were to be reassigned to the TR track upon re-referral, and alternative track (FAR) families were to be reassigned to the alternative response track upon re-referral, unless the Review, Evaluate, and Direct (RED) team determined that a high-risk assessment was required.

This study's use of assignment to HRA (the TR track) upon re-reporting as a child safety outcome is dangerously misleading, as discussed in depth previously in this report, especially when comparing cases originally assigned to the AR vs. TR tracks. Because of the policy described above that required assignment of AR and TR families upon re-report to the same track to which they were originally assigned, unless overridden by the RED team, track assignment upon re-report is a reflection of this policy preference rather than any valid indicator of child safety.

Moreover, families served in the AR track had received more resources than had TR families. AR caseworkers had more training, coaching, and time to spend with individual families. AR families had 4 times the odds of having their material needs met, and almost 3 times the odds of having their needs for mental health treatment met. AR families had 44% more face-to-face contacts and 2.6 times the number of phone contacts with their caseworker than had TR families.

Caseworkers had "self-selected" to work on the AR track, introducing a possible source of bias. The low response rate on Family Exit Surveys (AR: 24%; TR: 21%) may have contributed to a non-response bias, resulting in drawing conclusions without sufficient supporting data. There was also a marked lack of consistency in the application of screening criteria used for track assignment. The rate of assignment to AR ranged among different counties from 50% to 90%. No assessment of implementation fidelity was conducted due to limitations in time and resources.

The researchers attempted to explain the study results by suggesting that DR should be considered a system-wide philosophical change, and that comparisons between the AR and TR tracks don't fully reflect the benefits of DR overall:

> The expectation that children would be safer because of higher levels of family engagement and service provision was not, at least in the short-term, realized and may indicate that DR is more of a system reform that impacts all aspects of child welfare practice and provides similar benefits to children, youth, and families no matter the track to which they are assigned (Winokur et al., 2014, p. 112).

Connecticut

Connecticut Office of Child Advocate. (2015). *Child fatality investigative report*.
This study by the Connecticut Office of the Child Advocate explored the reasons underlying the homicide of a child living in a family with a history of CPS involvement. This child's death was one of 8 infant and toddler homicides in Connecticut in 2014. The study found that 30% of families assigned to the AR track had been re-reported after their cases had been closed. The family being reviewed had been re-reported for maltreatment and was twice placed on the AR track. The authors of the report concluded that concerns regarding the parent's history of mental health and substance abuse issues, and the pattern of multiple reports to CPS, had not been adequately identified or addressed. The authors stated they were not equipped to draw conclusions about the overall effectiveness of Connecticut's DR model, but they did state that DR's effectiveness depended on the reliability and validity of CPS safety and risk assessments. They also contended that assessments of risk and child safety must include information from all relevant collateral sources, out-of-state CPS records, the family's history of maltreatment reports, and ongoing safety and risk assessments conducted as part of case management. They identified the families who were "most likely to have a negative outcome following assignment to FAR [AR] as having multiple prior DCF reports and children under age three in the home" (Connecticut Office of Child Advocate, 2015, p. 28).

District of Columbia

Institute of Applied Research (IAR) Associates. (2016). Family assessment in the District of Columbia: Program evaluation—Final report to the Child and Family Services Agency.
This study was a retrospective analysis of families served in the DR program's alternative track and a matched comparison group selected from families who had been investigated in the traditional track. The exact matching process was unclear in the report. Propensity score matching (PSM) was not used.

This analysis found no statistically significant difference between AR and TR cases in the number, the mean number, and the percentage of re-reports, nor in the rates of subsequent out-of-home (OOH) placements between families served in AR and those served in TR. The study

contended that "the myth that CPS-FA [AR] is composed only of low-risk families is not supported" (p. 16). They noted that 21.6% of AR cases had had three or more prior reports, which the study claimed was "a clear indication of high or even intensive family risk" (p. 16). Yet, only 12.7% of AR cases were ever transferred into the TR track. The total rate of AR utilization during 2015 was 42.9% of reports, and about 40% percent (39.9%) of the cases assigned to AR had been closed without services because families had refused services "for various reason[s]" after the assessment had been completed (p. 72).

The study found that 7.2% of the TR-comparison families had had a child placed in out of home care prior to the index compared with 5.3% in the AR group. The researchers acknowledged that this "represented an imbalance" in risk factors between the AR group and the matched control group (p. 27), suggesting that the two comparison groups were not equivalent at the outset. Yet, they did not include prior removals as a controlling variable in the Cox Proportional Hazards model. There were significant differences in pathway assignment upon re-reporting of previously opened cases, with families previously served in AR far more likely to be re-assigned to the AR track when they were re-reported. This was interpreted as an indication of long-term safety among AR families, which it clearly is not. As noted above, this study found assignment to the AR track was not necessarily a valid indication of low-risk.

The authors concluded that identifying service needs is not sufficient to meet those needs. They stated, "[I]t is one thing to identify service needs that families may have and another to convince the caretaker or family as a whole to accept the invitation to help." They quoted one caseworker as saying, "The worker can offer services to these families in CPS-FA [DC's name for their AR track], however, in most families, they refuse services for various reasons," and another caseworker as saying, "Families often do not want CPS 'in their home' and they will decline services from CPS-FA because it is a 'voluntary program'" (IAR Associates, 2016, pp. 72-73).

Georgia

Georgia Child Welfare Reform Council. (2015). Georgia Child Welfare Reform Council: Final report to the Governor.

This document is the Final Report to the Governor by the Georgia Child Welfare Reform Council dated January 9, 2015. The report does not evaluate DR but includes recommendations related to DR, including recommending research to determine the best model of predictive analytics to determine child safety, and completion of an evaluation of the Family Support (AR) practice. The appendix included a chart with data indicating that, contrary to expectations, the re-reporting of families served in Family Support (AR) consistently exceeded re-reporting of families who had been served on the traditional investigation track. Data covered a time period from January 2001 to June 2013 (Georgia Child Welfare Reform Council, 2015, Appendix p. 41).

Illinois

Fuller, T. L., Nieto, M., & Zhang, S. (2013). Differential response in Illinois: Final evaluation report.

This study was one of three randomized controlled trials funded by the National Quality Improvement Center on Differential Response (NQIC-DR.) The model of DR in Illinois was quite different from the models implemented in the other two jurisdictions (Colorado and Ohio) included in the larger NQIC-DR study. In Illinois, initial meetings with families assigned to the AR track were conducted by a team of public CPS caseworkers and a worker from a private

contracted service provider. If the initial safety assessment indicated that the children were safe, their families were offered the option of participating voluntarily in services with the private contracted provider, in which case the public CPS caseworkers had no further involvement with the family. Only 8% of incoming reports were determined to be eligible for AR. These were neglect-only cases with no prior CPS involvement. Twenty-two percent of the families assigned to AR were switched to TR, but they were treated analytically as part of the AR group under an intent-to-treat (ITT) methodology.

The study determined that 19% of families randomly assigned to AR declined services and 10.4% withdrew from services before completing their service plans. Only 44.8% completed services. The study methodology used re-reports to CPS as an indicator of child safety. They found that during an 18-month follow-up period, 15.2% of AR families were re-reported compared with 12.6% on the TR track. Subgroup analyses were used by dividing the AR study sample into four separate groups. These groups were entitled AR refusers (refused to participate in services), AR switchers (families switched to the TR track), AR withdrawers (families who started services but withdrew from the program prior to completing their service plan), and AR completers (families who completed the activities in their service plans). The study found that AR switchers and AR withdrawers had a significantly higher cumulative risk of re-report than did TR families. The study also found that there was no significant difference in re-reporting between AR refusers and TR families. Completers had a lower risk than switchers and withdrawers but were still significantly higher risk than TR families. Using substantiated re-reporting as an outcome measure, the study found that withdrawers and switchers were at higher risk when compared with TR families. There were no significant differences between TR families and both AR refusers and AR completers. These findings raise questions as to whether the coercive influence of the continuing presence of CPS workers is more likely to leverage engagement and behavioral change in parents than that of private, contracted providers.

The study also found that AR families were more likely than TR families to have a substantiated re-report within 18 months (6.1% vs. 4.7%, $p<.01$). Unlike the protocol in other DR states, in Illinois AR families could not be reassigned to the AR track upon re-report. Regarding out-of-home placements following the initial case, the percentage of families that had a child removed was not significantly different for AR cases (2.6%) versus TR cases (2.4%). Among the families that had a child removed, there was no significant difference between AR and TR cases in the number of days from the initial case closure to the first child removal or the number of days the child remained in an out-of-home placement. AR switchers were found to be more likely to have a child removed than TR families and all other AR subgroups.

As with other DR evaluations, a major limitation of this study was that caseworkers and families in AR received more resources, more training, and a greater commitment of time than did TR caseworkers and the families they served. Cash assistance of up to $400 per family was offered only to AR families. The average number of caseworker contact hours per case was 13.05 for AR cases and 3.5 hours for TR cases. AR families were also more likely to receive services to address their material needs. This creates uncertainty as to whether any noted differences in outcomes could be attributed to the DR service model or some other variable, including access to additional resources, services, and worker time.

Illinois

Fuller, T. L., Paceley, M. S., & Schreiber, J. C. (2015). Differential response family assessments: Listening to what parents say about service helpfulness. Child Abuse & Neglect, 39(1), 7-17.

In Fuller's (2015) study, a sample was created of 20 parents whose cases had been assigned to the AR track. The study sought to determine which aspects of their involvement with CPS were perceived as most helpful to them. Results suggested that a "positive and emotionally supportive relationship with the caseworker was of utmost significance" (Abstract, p. 7). Caseworkers' advocacy with other service providers on behalf of the family, access to family mediation, receipt of coaching on parenting skills, and material supports were also identified as helpful.

The AR families in the study sample were self-selected volunteers. This group is not likely to be representative of the entire population of CPS-involved families from which this small sample was drawn. Moreover, the small sample size limits the extent to which its findings can be generalized to the population of all CPS-involved families assigned to the AR track.

Iowa

Iowa Department of Human Services. (2016). Differential response system overview.
There are several methodological issues that confound the findings of this study. The study relies on substantiated re-reports of child maltreatment subsequent to case closure as a primary measure of child safety. As is true in most DR states, in Iowa, cases assigned to the AR track are not substantiated and, therefore, when re-reported and re-assigned to the AR track, they are not represented in measures based on numbers of substantiated re-reports. This has been previously discussed in depth in the body of this report. This study reported that "1,350 of 8,857 families originally assigned to the FA [AR] path were re-assigned to the CAA [TR] pathway" (p. 1). This means that only 15% of AR re-reports were assigned to the TR track and suggests that the other 85% were put on the AR track once again upon re-report. It doesn't tell us what percentage of TR re-reports were reassigned to the AR track.

In the study, adjudicated findings on juvenile court petitions were used as an outcome measure, and claims of program success were based on comparisons between TR and AR cases on this measure. Claims of program success were based on comparisons between TR and AR cases, which is an apples-to-oranges comparison, given the supposedly different risk levels of cases assigned to the two tracks. The authors acknowledge this by stating: "One should expect the FA youth [family assessment, or AR track] to be less likely to incur abuse when compared with CAA [child abuse assessment, or TR track] youth because they were less at-risk in the first place" (Iowa Department of Human Services, 2016, p. 11). Still, the authors claim the following: "The data confirms that children who receive a FA response are as safe as those who receive a CAA response" (p. 18). The report also claims that "[f]ollowing three years of implementation, the data confirms that children are as safe in Iowa's DR system as when a traditional child assessment system was implemented" (p. 20). This claim was based on recidivism rates that use substantiated findings on re-report as a child safety outcome, which, as discussed above, is a flawed measure of comparison. During the third year of DR implementation, the FA pathway assignment rate was 35%.

Louisiana

Louisiana Legislative Auditor. (2014). Child welfare: Intake, alternative response and child protection activities. Department of Children and Family Services. Performance Audit. Baton Rouge: Author.

This report provides results of a performance audit completed by the Louisiana legislative auditor on child welfare activities within the Department of Children and Family Services (DCFS). The purpose of this audit was to determine whether DCFS conducted its intake, alternative response, and child protection investigation activities in accordance with policies and other requirements and to assess the challenges DCFS faced in meeting these requirements. The auditor conducted a retrospective analysis of five years of administrative data (fiscal years 2009 through 2013).

The audit concluded that "DCFS intake staff improperly referred 2,602 (2.8%) of 95,178 victims and perpetrators to AR, which is intended for low-risk individuals, instead of to CPI [child protection investigation, LA's TR track]. As a result, these individuals may not have received services consistent with their risk level and needs" (p. 3). The audit also found that DCFS caseworkers had not referred, either properly or in a timely manner, 3,611 (56%) of 6,473 individuals in AR to CPI, and 560 (31%) of 1,784 individuals in AR to Family Services, when it was determined that these cases were higher risk than originally assessed or needed ongoing monitoring. As a result, these cases may not have been investigated as required or may not have received appropriate services (p. 3). The report recommended that "DCFS should evaluate both repeat maltreatment and repeat referrals over longer periods of time for all individuals in the system and develop benchmarks for acceptable percentages over these timeframes" noting that "with the shift to differential response strategies such as AR that do not validate allegations of abuse or neglect, repeat referrals rates over varying lengths of time may also inform both short-term and long-term strategies" (p. 28).

The DCFS response to the report noted that many of the recommendations made in the auditor's report were "obsolete because the department is merging the Alternative Response Family Assessment Program and Child Protection Investigation Program into one activity" (p. 5). In other words, Louisiana has discontinued DR. "Lack of available services and resources was one of the most prevalent challenges caseworkers identified" (p. 18).

Maryland

Institute of Applied Research (IAR) Associates. (2015). Alternative response in Maryland: Program evaluation—Final report to the Department of Human Resources Social Services Administration.

This report describes a quasi-experimental study that could not be completed as planned due to Maryland's "strict law dictating data expungement after 120 days for ruled-out families" (p. 10). Therefore, no comparisons of long-term outcomes on cases in the AR and TR tracks were possible, since data on TR cases determined to be "unfounded" were routinely expunged after 120 days of case closure. Unfortunately, researchers reported no data on re-reporting rates for the comparison-TR families, even for the 120-day period prior to expungement.

In this study, researchers reported on comparisons between AR and TR cases from data collected through family and case specific surveys on topics relating to family engagement and service provision. The response rate for case-specific surveys was approximately 83% and for family surveys, 23%. The family response rate was too low to result in reliable findings and for drawing any valid conclusions about families' views as to the effectiveness of the AR approach.

Families served on the alternative (AR) track were matched with TR families from non-DR counties on criteria that included demographics, report allegations, and several safety and risk concerns. In the counties operating DR, the percentage of reports assigned to the AR track

ranged from 19.3% to 59.1%, and 3.2% of cases assigned to AR were later re-assigned to TR. Fewer caseworker contacts occurred on AR cases than on TR cases, and no additional funding for services was available for families on the AR track in comparison with TR families.

In Maryland's DR system, there were only two differences found between the AR and TR tracks: (1) on the AR track, the initial contact with CPS is scheduled ahead of time and all family members are included in the meeting, and (2) on the TR track, a substantiation decision is made and an identified perpetrator is placed on a central registry.

Based on case-specific survey completed by assessment workers (in AR) and investigators (in TR), research found no differences between the comparison groups in the degree of resolution of the problems identified in the family at the time of the last contact with the family. However, researchers did report differences between AR and TR groups in the kind of services provided, with TR-comparison families being referred more often to services for substance abuse and domestic violence treatment, and AR families receiving more referrals to meet basic material needs and mental health and family support services.

Researchers did find that services were provided more often in the TR comparison cases than in AR cases. They attributed this to the fact that TR comparison families were rated by caseworkers as significantly higher risk than AR families, even though the comparison groups were demographically similar and ostensibly had been matched on several safety and risk factors. This difference in assessments of risk by AR and TR workers has been found in other DR evaluations despite the fact that the experimental and control groups in these studies have been carefully matched, or are presumably equivalent based on randomization.

Minnesota

Minnesota Governor's Task Force on the Protection of Children. (2015). Governor's task force on the protection of children: Final report and recommendations.

Heimpel, D. (2015, January 8). Family preservation falters in the heartland [Online news]. The Chronicle of Social Change.

In response to the murder of a 4-year-old boy by his step-mother, whose case had twice been placed on the AR track where services were "always declined," (Heimpel, 2015), in 2014 the Governor of Minnesota created a Task Force on the Protection of Children and charged the Task Force to assess the current CPS system and make recommendations for reform. The Task Force report noted that by 2015, 70% of all screened-in reports in Minnesota were being assigned to the AR track. The Task Force concluded that "Minnesota's use of family assessment is beyond that of other states and beyond what the statute allows" (Minnesota Governor's Task Force on the Protection of Children, 2015, p. 12). As one commentator noted, "The use of family assessment continues to rise despite the fact that the re-report rate for family assessments has been higher than family investigations in five of the last seven years" (Heimpel, 2015). The Task Force recommended that track assignment decisions be delayed until fact finding is complete, "inclusive of collateral contacts and face-to-face interviews with child subjects and parents or caregivers" (p. 15). The Task Force recommended that law and policy be changed to allow consideration of information about a family's prior CPS history, including prior referrals that had been screened out; a complete review of CPS, court and Department of Corrections (DOC) records; information from collateral contacts; and in-person interviews with the child and family before making track assignments. The Task Force further recommended that track assignment criteria be narrowed to reduce the types of cases that could be assigned to the AR track. The Task

Force recommended that alleged child victims be interviewed individually by CPS first, and prior to contact with the parent/legal guardian, whenever possible.

Loman, L. A., & Siegel, G. L. (2012). Effects of anti-poverty services under the differential response approach to child welfare. Children and Youth Services Review, 34(9), 1659-1666.
This article reports on a follow up study conducted 8–9 years after a randomized controlled trial was commenced by the authors in a "Midwestern state" (identified in a later article as Minnesota) in 2005. The goal of the current study was to determine whether services to address poverty in families of low socio-economic status was associated with a reduction in re-reports of child maltreatment allegations and reductions in out-of-home placements. The study intended to compare outcomes for families served in AR and TR tracks. The study found that material assistance significantly reduced the likelihood of re-reporting in AR families when compared with levels found in TR control families. The researchers acknowledged, however, that the difference between the two tracks was "modest." The study found no statistically significant difference between AR and TR cases in re-reporting among families with prior CPS involvement. They concluded that AR is "most effective among families that are being seen for the first time…. [C]hronic families are likely to need more assistance." In such cases, "[m]ore may be needed to address deeper and more intractable problems, such as mental illness, substance abuse, domestic violence or children that are difficult to care for" (pp. 1665-1666).

Given that this study uses the same cases upon which the original RCT was based, it is subject to the same limitations of the 2005 study noted by Hughes and colleagues in their 2013 article. Moreover, it is very likely that the AR/TR group equivalence created by randomization was compromised in the selection of the subsample of low-SES families. Socio-economic status was determined by responses to a family survey. The family survey sample was not random and the response rate for the family survey was low, raising the likelihood of a response bias in the resulting subsample. Survey response rate was about 16.7% (434/2605) for AR cases and 16.6% (208/1256) for TR cases.

The authors acknowledge that the family survey sample was not randomly assigned. The authors did analyze how the family survey sample compared with the full randomized sample and found no significant differences in various risk indicators, but they did find that survey families, as a whole, had "fewer formal case openings than the full sample of families during the contact period (25.9 vs. 30.3%, p=0.013); fewer neglect allegations in the target report (54.4 vs. 58.1%, p=0.040); more physical abuse allegations in the target report (46.4 vs. 42.2%, p=0.025); more Caucasian (78.9 vs. 70.9%) and fewer African American respondents (11.3 vs. 16.9%, p=0.002)" (Loman & Siegel, 2012, p. 1661).

Jones, A. S. (2015b). Implementation of differential response: A racial equity analysis. Child Abuse & Neglect, 39(1), 73-85.
Using data from 2003–2010, this study sought to determine whether race was a predictor of track assignment and reassignment. The researchers utilized multivariate, cross-sectional logistic regression. They found that, controlling for risk and poverty, African American, Native American, and multi-racial children were less likely than Caucasian children to be assigned to AR for some, but not other years of the study. From 2007 to 2010, race had no effect on reassignment. The AR utilization rate in 2003 was 27.8%, and in 2010 it was 71.5%.

Jones, A. S. (2015a). Effective implementation strategies of differential response in child welfare: A comparative case analysis. Journal of Public Child Welfare, 9(5), 528-550.
This study of nine counties in Minnesota used mixed methods to determine how DR implementation varied among counties with improved child safety outcomes when compared

with counties with poorer outcomes. The outcomes examined related only to the effect of race on track assignment, track reassignment, out-of-home placements, and re-reporting. All the strategies that led to improved outcomes, such as family group conferencing, Signs of Safety, longer assessment time frames, and access to services, were determined to be good social work practice and of equal utility on both AR and TR tracks. The study did find these strategies to be ineffective with families experiencing chronic neglect, no matter to which track the case was assigned.

Missouri

Fluke, J. (2013). Child protective services and differential response: Overview and evidence. Paper presented at the Missouri Family Impact Seminar, Missouri Legislature, Jefferson City, MO.

This document is a presentation by John Fluke at a Missouri Family Impact Seminar for the legislature. Fluke describes DR and cites positive results from program evaluations in other states, citing all the Loman and Siegel reports and one by Ruppel, et al. (2011) in New York State. Fluke provides NCANDS data for Missouri on recurrence rates, which are defined presumably using the federal definition of maltreatment recurrence. However, recurrence rates do not include cases on AR tracks, since the term "recurrence" requires a new substantiation following a previous substantiation on a report for a family, and formal substantiations are not normally done for families served on the AR track. In Fluke's report, for the years 2009, 2010, and 2011, the percentage of all accepted reports assigned to the AR track was 51%, 50%, and 47%. Because of its reliance on maltreatment recurrence as a child safety outcome, the data analysis in this study tell us nothing about the safety of children whose cases are assigned to the AR track.

Nebraska

Nebraska Department of Health and Human Services, Division of Children and Family Services. (2016). Legislative Report: Alternative Response Implementation Pursuant to Neb. Rev. Stat. 28-712.

This document is an interim report on a 60-month randomized controlled trial, authorized by the Nebraska legislature in 2014, to be based on data from Oct. 2014—July 2016**.** The final report is due to be released in December 2019**.** The report indicated that in two of six regions, the percentage of AR cases re-reported within 12 months of closure was higher than re-reports of AR-eligible cases randomly assigned to the traditional, investigation response (TR) track. In five out of six regions, the percentage of AR cases with a substantiated re-report was higher than that of cases assigned to the TR track. (Refer to Diagrams 1 & 2, p. 4.)

The evaluators stated: "While the 'Percent[age] of Children Eligible for Alternative Response that had a Subsequent Accepted Intake within 12 Months' is higher for families who received AR than expected, DCFS has taken the opportunity to learn from this data (Diagram 1)" (p. 3). Twelve percent of AR cases had been reassigned to the TR track. It was not clear if all of these case reassignments had occurred prior to randomization. The AR cases reassigned to TR were excluded from the study, possibly compromising the group equivalency created by randomization.

Another finding suggesting potential lack of comparison group equivalency was that different patterns of risk levels emerged between AR and TR cases in this study, "meaning that differences in outcomes may be due to influences other than track assignment alone." About 42% of AR cases were assessed as high or very high risk compared with about 26% of TR cases (Nebraska

Department of Health and Human Services, 2016, pp. 23-24). Another possible explanation for this disparity could be that the TR approach is more effective at revealing risk than the AR approach. AR families were significantly more likely to receive services to address material needs than were TR families (23% vs. 16%).

New Mexico

Legislative Finance Committee (LFC) Results First. (2014). Evidence-based programs to reduce child maltreatment.

DR was piloted in New Mexico from 2005–2007. This report from the Legislative Finance Committee (LFC) of the New Mexico Legislature, describes the results of an evaluation of that pilot program:

> [O]utcome data showed families who accepted assessment services had a lower rate of repeat maltreatment, had fewer children removed and placed in foster care, and had almost half as many repeat reports compared with families who declined services. Furthermore, families that did re-enter the system after accepting assessment services had their children returned to them more often after the children were placed on a 48-hour hold, meaning that fewer children were removed from their homes and put into costly foster care." (pp. 13-14)

However, the outcome measure referred to as "re-entry into the system" is recurrence of investigations. The report offers no data regarding what percentage of AR re-reports were reassigned to the AR track, where no investigations are done. Moreover, the positive results cited refer to outcomes for AR families that accepted services compared with families that declined services. Noting that "the continued increase in the first and second quarter of substantiated maltreatment within six months of a prior determination is of concern" (p. 25), the authors point out, "Alternative response programs may be an option for corrective action to decrease recurring substantiated abuse or neglect" (p. 26). However, they fail to mention that assigning cases to the AR will decrease the numbers of recurring substantiated reports, simply because AR cases are not substantiated.

The authors of a 2011 evaluation of the DR pilot recommended the adoption of DR statewide. The recommendation was not accepted by the legislature due to the lack of availability in comprehensive community-based services.

Ohio

Murphy, J., Newton-Curtis, L., Kimmich, M., & Human Services Research Institute. (2013). Ohio SOAR project: Final report.

This study of the Six Ohio Counties Alternative Response (SOAR) was one of three randomized controlled trials conducted as part of the National Quality Improvement Center for Differential Response (NQIC-DR) study. The study found that AR caseworkers had, on average, 25 days longer to work with families than did TR workers with their families, and AR workers had, on average, five face-to-face contacts and seven telephone contacts, compared with three face-to-face and four telephone contacts by TR workers. AR caseworkers had access to resources that were unavailable to TR workers, from an NQIC-DR grant and funding from Casey Family Programs, both of which could be used to purchase concrete supports for families.

The study noted several findings. Regarding re-reporting, no differences were found between AR and TR families in the likelihood of a re-report; in the percentage of cases receiving at least one re-report; in the mean number of re-reports; and, using Cox Proportional Hazards, the study found no significant differences in the amount of time from case closure to re-report. Moreover, no differences were found in re-reporting in relation to prior history or type of alleged maltreatment.

Regarding out-of-home placements, the researchers found no differences in the proportion of cases resulting in placement, the amount of time to placement, the number of placements, or the length of time in placement. However, holding the length of case opening constant, the odds of a child being placed in out-of-home care were 34% less for AR families than for TR families. The researchers advised caution in interpreting this latter finding, because the model explained only a small portion (between 2% and 8%) of the variability, suggesting that other contributors were not accounted for in the model. Despite this contention, the researchers concluded that this finding "suggests that adopting high-fidelity AR practices in the key AR domains indeed has a positive effect" (p. 132).

Loman, A., & Siegel, G. L. (2014). Ohio alternative response evaluation extension: Final report. Institute of Applied Research.

This Ohio study was originally referred to as AIM, because it included representatives from the American Humane Association (AHA), the Institute of Applied Research (IAR), and state and county consultants from Minnesota. This 2014 report is a 4–5 year follow-up to the 2008–2010 AIM study. The significant disparity in the receipt of "poverty-related services" between AR and TR cases, identified in the original 2010 research, is demonstrated again in this study.

The 2014 study found that, in a controlled analysis, AR families had significantly fewer re-reports than TR families. However, researchers noted, "This effect appeared primarily among lower-risk families who were being encountered by CPS for the first time" (p. vii). No differences were found among families that had a previous history of encounters with CPS. There was no statistically significant difference in the average number of re-reports. Using Cox Proportional Hazards analysis, the differences between AR and TR tracks were not statistically significant. The researchers broke the study sample into two subgroups – families with no prior reports and families with one or more prior reports. They found no statistically significant differences between AR and TR tracks in either re-reports or time to re-reports for families with prior reports. AR families with no prior reports were significantly less likely to be re-reported than TR families with no prior reports. Based on their analysis, Loman and Siegel (2015) concluded that the finding that AR track cases were less likely to be re-reported "was the result of differences among families in the lower risk subgroups," lower risk being defined as families with no prior reports at the time of the index report (p. 77). They also found that the reduced rates of re-reporting in the full sample were the result of differences in only two counties. "Differences were non-existent or were reversed in the remaining six counties" (p. 77).

The differences in substantiated re-reports in AR and TR tracks were statistically significant, with the initial AR group experiencing fewer substantiated re-reports than the TR group. However, the study found that 34.5% of AR cases were reassigned to the AR track upon re-reporting compared with 29.7% of TR cases assigned to AR on re-report. Obviously, this difference will affect the comparative rates of substantiated re-reports, given that cases on the AR track are not formally substantiated. Out-of-home placements were lower for AR track families than for TR track families. Many of these findings remained the same whether or not cases reassigned from AR to the TR track were included in the analysis. In their report, the researchers explained their reasons for choosing not to use an intent-to-treat (ITT) analysis in the original study.

Oregon

Fuller, T., Braun, M. T., Chiu, Y.-L., Cross, T. P., Nieto, M., Tittle, G., & Wakita, S. (2017). Oregon differential response final evaluation report.
This study used a matched comparison group study design. Researchers matched each family in AR and TR treatment groups in districts that had adopted DR, with similar families that received a traditional CPS assessment in demographically similar districts that had not yet implemented DR. The groups were matched using propensity score matching (PSM) utilizing an exhaustive list of about 30 variables. Families that were reassigned from AR to TR (9.6% of families initially assigned to AR) were not included in the analysis of child safety outcomes, nor were families included wherein all the children had been removed from the home during the initial assessment period.

The same safety assessment model was used in both DR and non-DR districts. This safety assessment model was found to "put an extraordinary burden on worker time" (p. 5). Concern over assessments not being completed on time led to a "pause" in DR implementation imposed by the state legislature.

In the Oregon DR model, if no safety threats existed, and if the family was identified as having moderate to high needs, the family was referred to receive a voluntary strengths-and-needs assessment and voluntary services could be provided as a result.

This study found that there were no statistically significant differences between the TR group and the TR comparison group on re-reports, founded re-reports and child removals. There were no differences between the AR and AR-matched groups on re-reports and child removal within 6 months of initial assessment closure. However, a smaller percentage of families in the AR group had a founded re-report (3.4%) compared with families in the AR-matched group (4.7%). The authors did not include information about the rate of assignment of AR re-reports to the AR track where cases could not be "founded."

The follow-up period in this study differed for many cases in the DR versus non-DR counties. The follow-up period for the non-DR cases ended 6 months after the initial assessment close date, whereas if a family in a DR county had been offered and then accepted services following the initial assessment, this period of time was included in the follow-up period. This could well have resulted in invalid comparisons of child safety outcomes, given the differing lengths of follow-up periods.

Researchers also found that "[r]esults from the parent surveys and interviews revealed few differences in family engagement, involvement or satisfaction" (Fuller et al., 2017, p. 6). Only 3%–8% of families with children determined to be currently safe ended up accepting services. Only 1.5% of assessed AR families with safe children received contracted services. However, the evaluators advised caution in interpreting survey results given the low response rate.

Vermont

Casey Family Programs. (2014). Assessment of Family Services Division safety decision making: Final report to the Vermont Department for Children and Families.
This is a qualitative study of CPS decision making about child safety, using data input from 220 stakeholders. Based on the findings, the researchers recommended changes to Vermont's DR

system, including the following: implementing a clear and consistent method of track assignment; ongoing safety and risk assessments in AR cases, which would result in track re-assignment when needed; timely access to treatment services; and ongoing case management and monitoring of AR cases. The authors noted that many AR cases were being placed "on the back burner" and had not been adequately monitored, with families that had received no services, and had inadequate safety plans that relied primarily on a parent's promises.

Piper, K. (2016a). Differential response in child protection services: A comparison of implementation and child safety outcomes. Dissertation for the PhD Degree from the Heller School for Social Policy and Management, Brandeis University, Waltham, MA.
This doctoral dissertation report presented findings of an analysis of DR programs, using a survival analysis methodology (Cox Proportional Hazards). The author concluded that in Vermont children in families served on AR tracks were 33% more likely to be re-reported than families in TR tracks during FFY 2010. There was no statistically significant difference during FFY 2011.

Wisconsin

Wisconsin Department of Children and Families. (2012). Wisconsin alternative response pilot: Report of the Legislature.
A 2012 study of the Wisconsin pilot of DR found, based on a retrospective analysis of administrative data, that the re-reporting rate for AR cases (15%) was higher than that for TR cases (11%). The report also included the outcomes from a survey of caseworkers (with an 86% response rate) in the five pilot counties. A majority of workers perceived no difference between the AR and TR approaches in leading to outcomes of child safety and service provision, but they perceived greater cooperation from family members with the AR approach. However, the authors recommended more rigorous studies of AR and its impact on long-term outcomes, noting that "the Wisconsin AR pilot was not designed to make definitive causal inferences about the impact of the AR program on family outcomes" (Wisconsin Department of Children and Families, 2012, p. 27).

Multi-state Studies

Cross-Site Evaluation of Ohio, Illinois, and Colorado

National Quality Improvement Center on Differential Response in Child Protective Services (NQIC-DR). (2014). Final report: QIC-DR cross-site evaluation.
This study examined the results of three randomized controlled trials (OH (SOAR), CO, and IL). The samples used for the individual site analyses and the cross-site analysis were different. This study only examined screened-in re-referrals [i.e., re-reports] that occurred after the end of the assessment period, but before the end of the 365-day study period. Out-of-home placements could take place at any time during the study, including during the assessment period (p. 95). In examining re-reports, this study looked at the difference between AR and TR tracks in the number of re-reports post-assessment.

The researchers also conducted multivariate analyses to examine the effect of multiple factors associated with post-assessment re-reports. These factors included child, family, allegation, service, and safety characteristics.

In their analysis of five child safety outcomes involving re-reports and out-of- home placements, evaluators found no statistically significant differences between AR and TR cases in Colorado and Ohio. In Illinois, however, they found that AR families were more likely to be re-reported than were TR families.

This study has several limitations. Due to the use of listwise deletion in the Cox Proportional Hazards (CPH) analyses, the proportions of cases analyzed was smaller than that of each sites' total randomized samples – the individual site samples were smaller than the total randomized sample for each site. The percentages of the total sample remaining after listwise deletion were Colorado: 80.7 %; Illinois: 83.1%; and Ohio: 98.0%. By eliminating cases in which data were incomplete, the researchers may have compromised the group equivalence created by randomization. The findings that in Colorado and Ohio, AR families were less likely to be re-reported than TR families, were based on logistic regressions and Cox Proportional Hazards analyses that controlled for a number of factors and used listwise deletion to handle cases with missing data on those factors. Therefore, sound conclusions about the relative safety of the AR approach cannot be drawn from this analysis.

Moreover, follow-up periods differed in comparisons of AR and TR cases. The follow-up period began upon closure of the initial case assessment phase. However, in all three sites, AR cases were open during the initial assessment phase longer than were TR cases. In all three sites, the longer families received services, the more likely there would be a re-report and a removal. Since AR cases were more likely to receive short-term services addressing basic family needs when compared with TR cases, AR cases were less likely to be under the surveillance of mandated reporters for comparably long time periods as TR cases.

Janczewski

Janczewski, C. E. (2015). The influence of differential response on decision-making in child protective service agencies. Child Abuse & Neglect, 39, 50-60. doi:http://dx.doi.org/10.1016/j.chiabu.2014.06.006
This study used National Child Abuse and Neglect Data Set (NCANDS) data to examine the influence of DR on rates of neglect investigations, substantiations and removals by CPS, while controlling for local demographic differences in county populations. The study found that DR counties had significantly lowers rates of investigation and substantiation than did non-DR counties, but higher substantiation rates among investigated cases. No significant differences were found in removal rates between DR and non-DR counties. The study further showed that DR moderates the impact of poverty on investigation rates, probably because families with unmet needs due to poverty may be diverted to the AR track.

Janczewski & Mersky

Janczewski, C. E., & Mersky, J. P. (2016). What's so different about differential response? A multilevel and longitudinal analysis of child neglect investigations. Children and Youth Services Review, 67, 123-132. doi:https://doi.org/10.1016/j.childyouth.2016.05.024
This study examined whether investigated neglect reports were more likely to be substantiated counties with DR than similar reports in non-DR counties. The cross-sectional analyses used 2010 National Child Abuse and Neglect Data Set (NCANDS) data and county-level data such as child poverty rates for 284 counties in 39 states. The results from the cross-sectional analysis suggested that a child with an investigated neglect allegation in a county with DR was more likely to have their report substantiated compared to a similar child in a non-DR county.

The longitudinal analysis employed a type of interrupted time series using 2001-2010 NCANDS data. In this analysis, the study found that the average substantiation rate in DR counties was higher than in non-DR counties. However, the results suggested that the proportion of investigated neglect cases that were substantiated did not change with implementation of DR. In fact, DR counties had, on average, higher substantiation rates than non-DR counties even prior to implementation, suggesting that the differences in substantiation rates between DR and non-DR counties were due to exogenous factors present before the implementation of DR. The study found no evidence of systemic bias in substantiation decisions based on the child's race or ethnicity.

Darnell and Fluke Unpublished Study

Darnell, A., & Fluke, J. (2014). Optimizing differential response threshholds: How much is enough? Paper presented at the Society for Social Work and Research 18th Annual Conference, San Antonio, TX.

This paper was presented at a 2014 conference in San Antonio, TX. The study used 2005–2011 data from the National Child Abuse and Neglect Data System (NCANDS) from four unidentified states that had implemented DR statewide. The purpose was to examine the relationship between county rates of AR utilization and child safety. The researchers hypothesized that as AR utilization increased, the differences between AR and TR tracks in re-reporting rates would decrease and eventually reverse (favoring TR). Child safety was operationalized as rates of re-reports and substantiated re-reports within six months. The relationship between AR utilization and child safety variables was examined using Generalized Linear Models (GLM) to specify Poisson regression, controlling for community contextual factors.

Fluke and Darnell made the following preliminary findings: (1) Increased AR utilization is associated with higher re-reporting rates on the AR track and lower re-reporting rates on the TR track, and (2) There was no significant relationship between the rate of AR utilization and overall re-reporting. Discussing these results, the researchers concluded that in many counties, the screening practices for determining eligibility for AR are not distinguishing cases that have a low risk of re-report, especially in those counties with a high rate of AR utilization

One limitation acknowledged by the researchers was that only data from larger counties were included, given that NCANDS does not include county identifiers for cases from smaller counties. In one state, this resulted in the exclusion of 94% of the counties and 50% of total reports. Thus, the results of the study cannot be generalized to much of the CPS-involved population.

Fluke/ASPE Research Brief

Fluke, J. D., Harlaar, N., Heisler, K., Darnell, A., Brown, B., & Merkel-Holguin, L. (2016). Differential response and the safety of children reported to child protective services: A tale of six states.

Fluke, J. D., Harlaar, N., Brown, B., Heisler, K., Merkel-Holguin, L., & Darnell, A. (2018). Differential response and children re-reported to child protective services: County data from the National Child Abuse and Neglect Data System (NCANDS). Child Maltreatment [Online].

This study sought to determine the relationship between county AR utilization rates and overall levels of re-reporting for six states: Kentucky, North Carolina, Minnesota, Missouri, Oklahoma,

and Tennessee. The study used NCANDS data for Federal Fiscal Years (FFY) 2004–2013. Quasi-Poisson regression modeling was used. Analytic models were run separately for each state as well as for the six states overall (where state was included as a control variable). Potential differences in the risk profiles of CPS populations were addressed by controlling for various county characteristics. Re-reporting and substantiated re-reporting were used as measures of child safety. The findings included the following:

1. Among the six states, the average rate of AR utilization each year at the county level was 45%, but it varied across the six states from 29% (Oklahoma) to 60% (Minnesota). Variation at the county level ranged from 0% to 100% (p. 4).
2. Overall, higher rates of AR utilization were associated with lower re-reports and substantiated re-reports.
3. In three of six states (Kentucky, Oklahoma, and Tennessee), higher rates of AR utilization were associated with lower overall re-reports; in the other three states (Missouri, Minnesota, and North Carolina), there was no statistically significant difference.
4. In five of the six states (all except Missouri), higher rates of AR utilization were associated with lower substantiated re-reports. In Missouri, there was no statistically significant association between AR utilization and substantiated re-reporting.
5. In terms of overall re-reports across all six states, there were 18% fewer re-reports in counties with AR utilization above the median relative to counties with AR utilization rates below the median.
6. Across all six states, there were 37% fewer substantiated re-reports in counties with AR utilization rates above the median relative to counties with AR utilization rates below the median.

Study limitations included the following: The study only looked at overall re-reporting numbers and rates. It did not compare outcomes in AR versus TR. Substantiated re-reporting is a flawed measure of an outcome of child safety given the higher percentage of AR cases that are reassigned to the AR track upon re-reporting, where no substantiation is typically done. One cannot infer from this study anything about the comparative effectiveness of the two tracks.

Piper

Piper, K. A. (2016b). Differential response in child protection: How much is too much? APSAC Advisor, 28(2), 21-26.

Piper, K. A. (2017). Differential response in child protection: How much is too much? Children and Youth Services Review, 82C, 69-80.

These documents report on an observational study that analyzed NCANDS (National Child Abuse and Neglect Data System) data. The study used Cox Proportional Hazards (CPH – a type of survival analysis) to assess re-reporting rates in 13 states on cases placed on AR and TR tracks between 2000 and 2012. Given that track assignment is, by definition, based on family risk levels, and assuming only low-to- moderate risk cases are assigned to the AR track, one would expect that AR cases would be re-reported at significantly lower rates than would TR cases.

Contrary to this expectation, the study found that the only time cases on the AR track were re-reported at a lower rate than cases on the TR track was when fewer than 33% of all accepted cases were assigned to the AR track. The exceptions were Kentucky in FFY 2007, Wyoming in FFY 2004, and Virginia in FFY 2007. In states that assigned more than 33% of cases to the AR track,

AR families were re-reported at a significantly higher rate than were families assigned to the TR track, or there was no significant difference. In Missouri, Tennessee and North Carolina, AR cases were re-reported at higher rates than TR cases during every year for which those states reported AR dispositions to NCANDS.

The data from Oklahoma reflected the overall trend among all the states. In Oklahoma, the re-reporting rate for AR cases was less than that for TR cases, or there was no significant difference, when fewer than 24% of all accepted reports were assigned to the AR track. The reverse was true as soon as the percentage of cases assigned to the AR track jumped to over 50%, in 2009–2011. Then, in 2012, when the percentage of cases assigned to AR dropped back to 22.17%, there was no significant difference in re-reporting rates between the two tracks.

Chi-square analysis revealed that the AR cases evidenced a surveillance effect that was less than expected, when compared with cases assigned to TR in the following states: Kentucky, 2002–2011; Minnesota, 2002–2012; Missouri, 2004–2012; Oklahoma, 2002–2012; Washington, 2009–2011; Louisiana, 2002–2012; North Carolina, 2002–2011; Tennessee, 2004–2010; Virginia, 2004–2012; Vermont 2009, 2011; Illinois, 2011–2012; andWyoming, 2005, 2008–2009. In other years, differences in the surveillance effect were insignificant. Only in Massachusetts in 2012 did TR cases evidence a surveillance effect that was less than expected compared with cases assigned to AR. Nonetheless, the inclusion of the surveillance effect variable in the Cox regression models did not substantially change the hazard ratios. (Surveillance effect was defined as re-reporting of families that received services as a result of the index case and were re-reported by a service provider.)

McCallum and Cheng

McCallum, K., & Cheng, A.-L. (2016). Community factors in differential responses of Child Protective Services. Public Health Nursing, 33(2), 107-117.
The purpose of this study was to identify relationships between county-level community variables and track assignment in DR systems. This study used a quasi-experimental design. It gathered NCANDS data from 98 counties across five states. The NCANDS data were linked to county-level variables from the American Community Survey. Multilevel modeling (generalized linear mixed modeling) was used in the analysis. The findings showed that county-level variables, including housing vacancy, child poverty, unemployment, and the use of public assistance, were significant predictors of CPS response pathway and accounted for 12.3% of the variance in the model. Individual variables included reporting source, maltreatment type, child's age, race, and number of children. Reports involving mandated reporters, sexual abuse, children under age 1, black children, and families with 3 or more children were more likely to be assigned to the TR track. Assignment to the AR track was less likely in counties that had established DR systems for longer than 10 years.

Hollinshead, Kim, Fluke, and Merkel-Holguin

Hollinshead, D. M., Kim, S., Fluke, J. D., & Merkel-Holguin, L. (2017). Factors associated with service utilization in child welfare: A structural equation model. Children and Youth Services Review, 79 (Supplement C), 506-516.
Using data from the NQIC-DR cross-site evaluation of three randomized controlled trials (in Ohio, Colorado, and Illinois), this study sought to identify caregiver, caseworker, and agency factors associated with greater family engagement in services. The study used structural equation modeling to determine whether the alternative response, caregivers' emotional

responses, and caseworkers' interaction styles were associated with the uptake of services in three different categories of service types –basic needs, job-related, and counseling.

Unfortunately, many studies of service receipt in DR systems, including this one, have muddied the waters by putting very different types of services together in the same category. For instance, this study included respite care in the same category as substance abuse counseling. Parents' emotional responses to an offer of respite childcare would likely be very different from their response to a referral for substance abuse treatment for themselves (vs. for their children or other family member). Similarly, parents' emotional responses to an offer of counseling may vary depending on whether the counseling is for them or a child.

The Hollinshead et al. (2017) study found that "compared to IR [TR] families, AR families were more likely to indicate positive emotional responses to the intervention, which was then associated with higher utilization of basic need ($\beta = 0.013$, 95% C.I. = 0.001–0.005), job-related ($\beta = 0.015$, 95% C.I.= 0.001–0.005), and/or counseling services ($\beta = 0.016$, 95% C.I. = 0.001–0.005)" (p. 512).

Interestingly, caregiver satisfaction was statistically associated only with the uptake of "basic needs services" and not with job-related or counseling services. The study also found that caregivers reporting higher levels of negative emotional response were associated with higher levels of service uptake, suggesting that "the conceptual framework for engagement might also incorporate a coercive component; one that does not rely on trust- and respect-related activities, but that is still effective in achieving the goal of improving service uptake" (Hollinshead et al., 2017, p. 513).

Because this study relied on data from the NQIC-DR Cross-Site evaluation, it is subject to the same limitations as that study (see discussion above). Moreover, this study merges data from three sites – Colorado, Illinois, and Ohio – that each implemented DR quite differently. The findings in this study on family engagement vary substantially from the findings in two of the cross-site states (Ohio and Colorado). The Illinois sample was twice as large as the Ohio and Colorado samples. The Illinois study found that AR families were rated as more engaged than TR families on six of the ten measures of engagement. That was true of AR families in Colorado and Ohio on only one measure.