

Missouri Policy Opportunities: New Evidence and Innovations in Child Welfare Systems



Missouri Family Impact Seminar

*A project of the Center for Violence and Injury Prevention,
Brown School of Social Work, Washington University in St. Louis in collaboration with the
Policy Forum at the Brown School with assistance from the Policy Institute
for Family Impact Seminars at UW-Madison/Extension*

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Background and Purpose

Missouri's first family impact seminar was conducted on January 16, 2013 in Jefferson City, Missouri. This issue brief for state policymakers and their aides is a companion to the presentations.

The Center for Violence and Injury Prevention at the Brown School of Social Work, Washington University in St. Louis in collaboration with the Policy Forum at the Brown School with assistance from the Policy Institute for Family Impact Seminars at UW-Madison/Extension convened the seminar. The purpose of Family Impact Seminars is to provide objective, non-partisan, and solution-focused research on family issues to state-level policymakers. Seminar focus topics are based on legislator choice with the purpose of addressing how focus topic policies impact families. Through presentations by experts on the annual topic and subsequent issue brief reports, legislators gain exposure to the latest evidence to help inform decision-making. Seminar presenters for 2013 included:

John Fluke, PhD

Associate Director for Systems Research and Evaluation, Department of Pediatrics, Kemp Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado Kempe Center
1825 Marion Street
Denver, CO 80218
John.fluke@ucdenver.edu

Fred Wulczyn, PhD

Senior Research Fellow at Chapin Hall, University of Chicago
1313 East 60th Street
Chicago, Illinois 6063
fwulczyn@chapinhall.org

The next Missouri family impact seminar will be held in January, 2014. Current Missouri family impact seminar co-directors are:

Melissa Jonson-Reid, PhD
Washington University in St. Louis
George Warren Brown
School of Social Work
1 Brookings Drive, Campus Box 1196
St. Louis, MO 63130
314.935.4953
jonsonrd@gwbmail.wustl.edu

Patricia Kohl, PhD
Washington University in St. Louis
George Warren Brown
School of Social Work
1 Brookings Drive, Campus Box 1196
St. Louis, MO 63130
314.935.7438
pkohl@gwbmail.wustl.edu

For additional information about family impact seminars, please contact our co-directors or visit: <http://familyimpactseminars.org>

Issue Brief Reports

By: John Fluke, PhD, Fred Wulczyn, PhD, Melissa Jonson-Reid, PhD, Patricia Kohl, PhD, & Jacob Perkins, MSW Candidate

Brief 1: Differential Response for Allegations of Child Abuse and Neglect

Researchers, policymakers, and practitioners have expressed concern in recent years about the effectiveness of child protective services (CPS) nationwide (Conley, 2007; Pennell, 2004). Utilizing an investigative and judicial-based approach in responding to suspected cases of child abuse and neglect, CPS has long seen high caseloads (Shusterman, Hollinshead, Fluke, & Yuan, 2005). For 2008 alone, CPS agencies received an estimated 3.3 million referrals involving 6 million children, and of these only 62.5% were screened in for investigation or further assessment (U.S. Department of Health and Human Services, 2008). In response to these high caseloads, CPS either screens out or does not open services for a sizable percentage of received referrals as agencies focus on the highest risk families. Additionally, this service gap, together with the investigative and judicial-based approach utilized by CPS, fosters a reactive and adversarial CPS system (Children's Bureau, 2011; Conley, 2007). Consequently, low risk families are often both overlooked and inhibited from seeking CPS assistance, often resulting in risk escalation for these families and additional referrals to CPS (Children's Bureau, 2011; Drake, Jonson-Reid, Way, & Chung, 2003; Kohl, Jonson-Reid, & Drake, 2009). In response to this concern state-level CPS systems – including Missouri – have enacted reforms, and one such reform is differential response. This issue brief provides an overview of differential response, with an emphasis on highlighting the evidence that supports this model and future recommendations.

What is Differential Response?

Differential response is a CPS model that allows for CPS to respond to reports of child abuse and neglect at an earlier stage by engaging families in a non-adversarial process that includes family assessments and linkages to community-based services (Children's Bureau, 2011; Gilmore, 2010). To date, seven core elements across differential response models implemented nationwide have been identified (Gilmore, 2010). These elements include:

- A minimum of dual tracks, an investigative and non-investigative (assessment) track.
- Formal structured protocol for each track.
- A designated set of factors for determining inclusion or exclusion in a given track, such as severity of abuse or neglect, level of risk, prior allegations, age of child(ren), and family willingness to receive services.
- Track flexibility to change track assignment as the family context changes.
- Voluntary participation in the non-investigative track.
- No substantiation of non-investigative track cases.
- Non-investigative track cases are not entered in a CPS central registry.

This model has shifted CPS systems from an investigative and judicial-based approach to collaborative efforts and capacity building among low-risk client families, thereby reducing the likelihood of future risk escalation and repeat referrals. As a result, CPS personnel can focus

investigative resources on high-risk client families in which judicial intervention is required to address child(ren) safety concerns.

Does Differential Response Work?

As of 2011, 13 states, including Missouri, have implemented differential response models statewide, and six states have implemented a pilot phase (Children's Bureau, 2011). Overall, findings from evaluations of these models are positive (Loman, Filonow, & Siegel, 2010; Loman & Siegel, 2004a; Loman & Siegel, 2004b; Loman & Siegel, 2005; Ruppel, Huang, & Haulenbeek, 2011; Siegel, & Loman, 2000):

- Child(ren) safety is not diminished.
- Families are engaged and satisfied with CPS personnel and services.
- CPS personnel reacted positively to the changes in protocol.
- Services offered to client families increased and changed.
- New child abuse and neglect referrals and later child(ren) placements are reduced.
- Costs associated with these models are higher in the short-time, but lead to net savings in the long-term due to reductions in CPS referrals.

Differential Response in Missouri

Missouri was one of the first states to adopt a differential response model, and the first state to conduct an evaluation of the effectiveness of such a model. In 1994, Senate Bill 595 required the Missouri Department of Social Services to implement a differential response pilot program. Hotline calls to CPS reporting suspected child abuse and neglect were either placed into a traditional investigative track or a non-investigative family assessment track in select pilot counties. The outcomes of these changes were then compared to outcomes in these counties from two years prior. In total, 403 families received the traditional investigative tracks and 516 families the family assessment track (Siegel & Loman, 2000; Loman & Siegel, 2004a). Pilot program results indicated:

- Use of the family assessment did not compromise child(ren) safety, and many in this track were made safe earlier in comparison to those in the investigative track.
- Child abuse and neglect referrals decreased by 8.6% for family assessment counties.
- Families in the family assessment track saw an increase in CPS personnel assistance and subsequently more often connected to community-based services in comparison to families in the investigative track.
- CPS service use was timelier.
- Family satisfaction with CPS services was improved.
- CPS personnel in family assessment counties reported greater satisfaction with the CPS system.

Since the late 1990s differential response has been implemented statewide. The data table below displays model usage in recent years¹:

Year	Total children in both tracks (investigative and differential response)	Total children in differential response track	Absence of recurrence
2011	87,000	41,000 (47%)	96.7%
2010	74,000	37,000 (50%)	97.3%
2009	72,000	37,000 (51%)	96.1%

Conclusions

- The Child Abuse and Prevention Treatment Reauthorization Act of 2010 (CAPTA; 42 U.S.C. §5101 et seq.) authorizes basic state grants for child abuse or neglect prevention and treatment programs (Sec. 106(a)). Grant eligibility entails including differential response in safety assessment tools and protocols, in training to promote collaborations with families, in services to disabled infants with life-threatening conditions, and in public education information on CPS. Moreover, there are eligible funds to develop and implement collaborative procedures between CPS and domestic violence services. CAPTA also requires the U.S. Department of Health and Human Services to maintain and disseminate information on best practices in differential response (Sec. 103) and training of personnel in these practices (Sec. 105). Finally, CAPTA supports research on the impact of child abuse and neglect on the progression of disabilities and best practices in differential response (sec. 105).

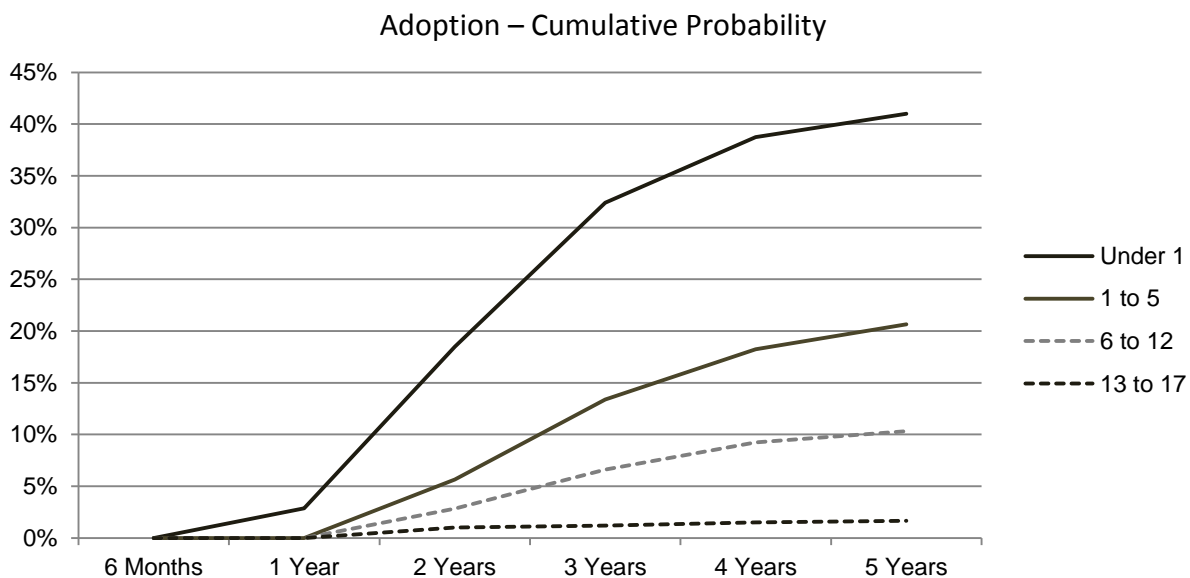
¹ All data derived from the National Child Abuse and Neglect Data System (NCANDS). Retrieved May 26, 2013 from <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/missouri.pdf>.

Brief 2: Out-of-home Care of Infants

Out-of-home care is a child welfare component that has been of continual concern for researchers, policymakers, and practitioners (Epstein, 1999). The heterogeneity of the out-of-home care population poses challenges for care, particularly the sub-population of out-of-home care infants (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005). This issue brief provides an overview of out-of-home care infants.

Out-of-Home Care and Infants

For 2007 to 2011 alone the population of children in out-of-home care has remained well above 400,000 annually (U.S. Department of Health and Human Services, Administration for Children & Families, 2012). Of these children, infants² who enter child welfare are more likely to be placed in out-of-home care, as well as remain in this placement type longer than older children. This trend is due to the fact that infants are more likely to exit care via adoption; hence, they must remain in care until parental rights are terminated (Wulczyn, Ernst, & Fisher, 2011). The figure below highlights the cumulative probability of adoption by age group:



According to the National Survey of Child and Adolescent Well-Being, these infants entering out-of-home care are more likely than older children:

- To be African-American.
- To experience physical neglect rather than other types of abuse and neglect.
- To have a family background that includes drug problems, domestic violence, financial struggles, and criminal offenses.
- To have more mental health problems and stress exposure.

² Infants are defined as children less than one year of age.

Additionally, in comparison to infants in child welfare that are not removed from the home, out-of-home care infants may experience poorer emotional, social, and cognitive development due to their cumulative background factors and level of abuse and neglect (Wulczyn, Ernst, & Fisher, 2011).

Conclusions

- Emerging research suggests that providing support to the caregivers (e.g., foster parents) of out-of-home care infants, as well as providing therapeutic intervention for the infants themselves, increases the likelihood of recovery following exposure to stress for this sub-population (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; Fisher & Stoolmiller, 2008).

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Resources



Center for Violence and Injury Prevention

GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK

Center for Violence and Injury Prevention
Washington University in St. Louis
CB 1007
700 Rosedale Avenue
St. Louis, Missouri 63112
314.935.8129
<http://www.cvip.wustl.edu>

The Kempe Center
www.thekempecenter.org

Quality Improvement Center on Differential Response
www.DifferentialResponseQIC.org

Institute of Applied Research
www.iartstl.org

Child Protective Services and Differential Response: Overview and Evidence

PRESENTATION TO THE FAMILY IMPACT
SEMINAR
MISSOURI LEGISLATURE

JOHN D FLUKE, PHD
KEMPE CENTER FOR THE PREVENTION AND
TREATMENT OF CHILD ABUSE AND NEGLECT
UNIVERSITY OF COLORADO SCHOOL OF
MEDICINE

JANUARY 16, 2013

Historical Context

- CPS was established to respond to reports of suspected child maltreatment (Dr. Henry Kempe)
- System design similar to law enforcement
- Numbers have swelled over time, practice has changed

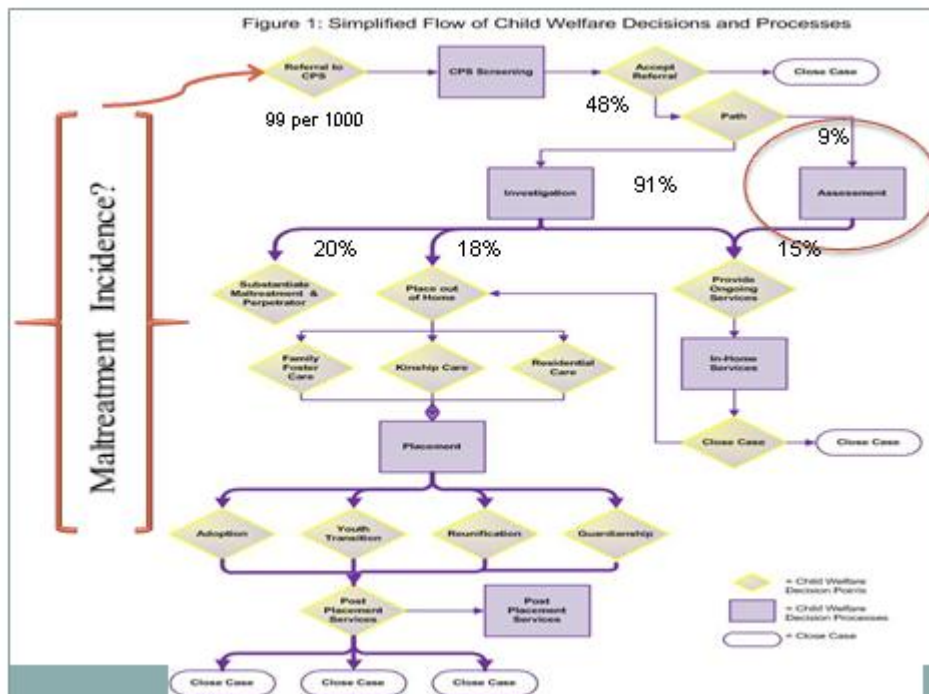


Purposes of Differential Response in Child Protective Services

- Systems either screen out or do not open for services in more than half of their reports
- Traditional investigatory practice can be adversarial and may inhibit parents and/or caregivers from seeking needed help
- DR is conceived of as a way to serve more screened in reports at an earlier stage by engaging families in a non-adversarial process by conducting assessments and linking them to needed services



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Core Elements

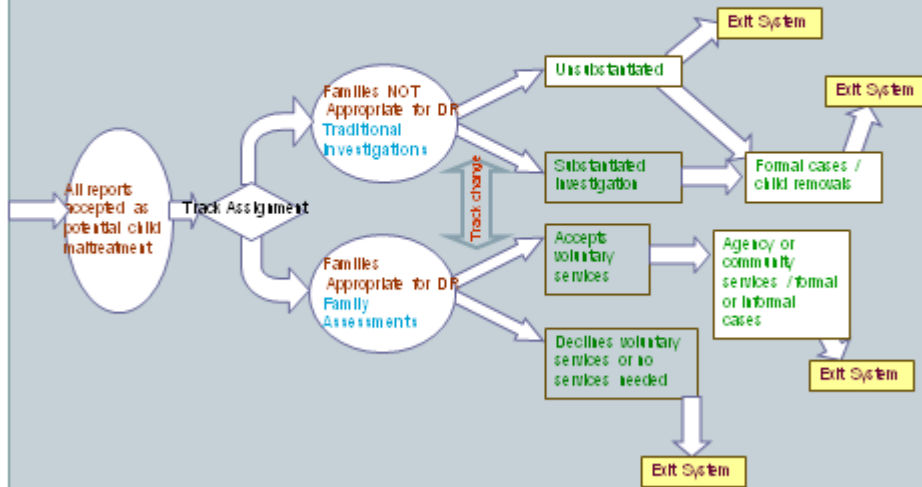


- DR cases are screened in
- Response assignment based on several factors
- Assignment can be changed
- Family choice: participate in assessment and services (with caveat)
- DR is in statute or policy
- Assessment cases not entered in central registry
- No substantiation of assessment cases
- Includes engaging the family (not identified as a core element in 2006)

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Two Pathway Child Protection Systems

Courtesy of Institute of Applied Research



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Pathway Assignment Decisions

- Statutory limitations
- Source of report
- Child vulnerability
- Severity of allegation
- History of past reports
- Perceived ability to achieve safety
- Willingness and capacity of parents to participate in services



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Two Track System Example

Investigation

- Suspicious child death or homicide
- Sexual abuse
- Severe physical harm
- Reports involving childcare providers, teachers, etc.

Family Assessment

- Lack of supervision
- Medical neglect
- Poor living conditions
- Educational neglect
- Drugs and alcohol

Principles and Assumptions of Differential Response System

- The circumstances and needs of families differ and so should the response
- Investigators can focus on cases with serious safety concerns, often requiring court intervention
- Absent an investigation:
 - child safety will not be jeopardized
 - services can be in place more quickly
 - families will be more motivated to use services

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Child Abuse Prevention and Treatment Act (CAPTA)

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Child Abuse Prevention and Treatment Act (CAPTA) on Differential Response

- **2010 Reauthorization**
- *Differential response requisites in the eligibility requirements for, and the eligible use of, funds for Title I: Basic State Grants for child abuse or neglect prevention and treatment programs.*



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CAPTA on Differential Response

- **Information Clearinghouse (Sec. 103)**
- Requires HHS to maintain and disseminate information on: *best practices in differential response*
- **Research (Sec. 104 (a))** Supports research on the impact of child abuse and neglect on the progression of disabilities; effective practices in differential response
- **Training and Innovation (Sec. 105)** Includes training for personnel in childhood development, and for personnel in best practices in differential response.



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CAPTA on Differential Response



Basic State Grants: eligible use of funds (Sec. 106(a))

- To include differential response in safety assessment tools and protocols, and in training to promote collaborations with families.
- To include “differential response” 1) in services to disabled infants with life-threatening conditions; 2) in public education information on CPS, and 3) in promoting collaborations with other systems
- To develop and implement collaborative procedures between CPS and domestic violence services, including the use of differential response where appropriate,

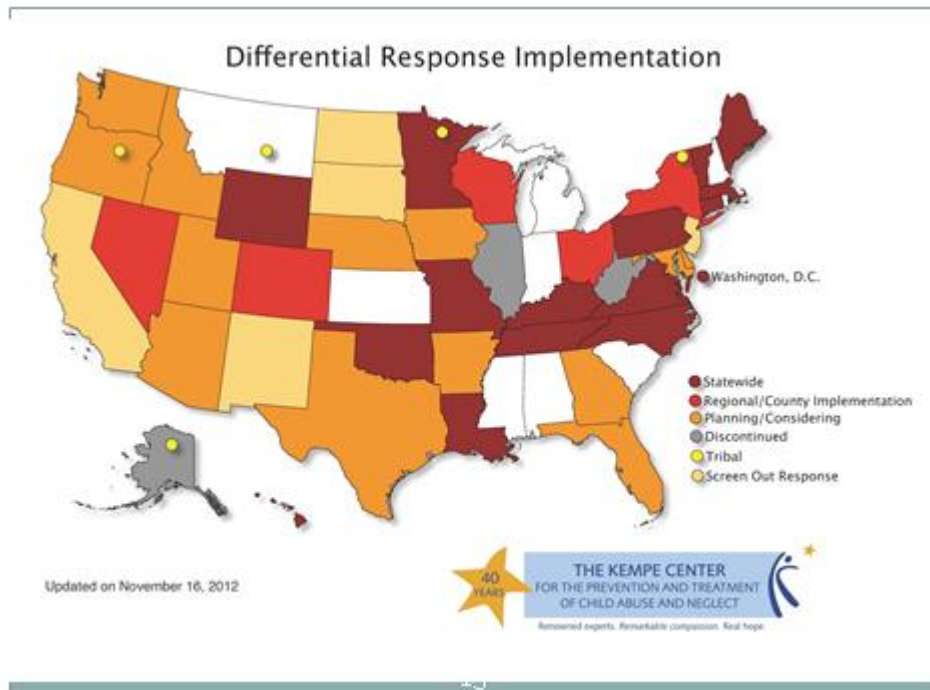


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Where Does Missouri Fit Into the Picture?



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Yes, Missouri is a Differential Response State

- **Missouri was one of the first states to adopt differential response**
 - Senate Bill 595 in 1994
 - Started a demonstration involving 16 counties
 - Has been statewide since the late 90s.
- **Missouri was the first state to conduct research on the effectiveness of differential response (IAR, 1997)**
 - Child safety not compromised
 - Service use increased and was more timely
 - Family satisfaction was improved

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How Often is DR Used in Missouri?*

Year	Total children in responses (investigation and Differential Response)	Total children in differential responses	Absence of recurrence
2011	87 thousand	41 thousand (47percent)	96.7percent
2010	74 thousand	37 thousand (50percent)	97.3percent
2009	72 thousand	37 thousand (51percent)	96.1percent

*National Child Abuse and Neglect Data System (NCANDS)

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Evaluation Findings

WHAT HAVE WE LEARNED ABOUT DIFFERENTIAL RESPONSE SO FAR?

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Overall Findings from MN, OH & MO

- Child safety not diminished
- Family engagement under DR
- CPS staff reacted positively
- Services to families and children increased and changed
- New CA/N reports and later placements of children reduced
- Short-term costs greater, long-term costs reduced



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More Evaluations on the Way

- **QIC-DR- release in September 2013**
- **Ohio- Follow up study on families from their initial pilot project**
- **Title IV-B Waiver Projects- numerous states implementing DR with those monies and evaluations are required**
- **Doctoral dissertation level research**

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Purpose of QIC-DR Project

- Improve child welfare outcomes by implementing DR, and build cutting edge, innovative, and replicable knowledge about DR
- Enhance capacity at local level to improve outcomes for children and families identified for suspected abuse or neglect
- Provide guidance on best practices in differential response

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Evaluation Methodology for QIC-DR

- Randomized-control trial (RCT)
- Components of the evaluation
 - Outcomes
 - Implementation/process
 - Cost
- Multi-site approach
 - Three coordinated, high quality evaluations
 - Colorado- 5 county consortium, extensive practice reforms
 - Illinois- statewide, privatized model
 - Ohio- 6 county consortium
 - Sharing common measures, instruments
 - Data not combined

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The Kempe Center & Differential Response

- Coordinating Annual Conference
- Training Development and Delivery
- Provide Technical Assistance and Consultation
- Disseminate Information
 - Sign up for our Email Alerts
- Lead for National Quality Improvement Center on Differential Response



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Resources

- The Kempe Center
 - www.thekempecenter.org
- Quality Improvement Center on Differential Response
 - www.DifferentialResponseQIC.org
- Institute of Applied Research
 - www.iartstl.org

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WHAT IS THE RESEARCH TELLING US ABOUT FOSTER CARE

Family Impact Seminar
Missouri Legislature

16 January 2013

Fred H. Wulszyn
Center for State Child Welfare Data
Chapin Hall Center for Children
University of Chicago

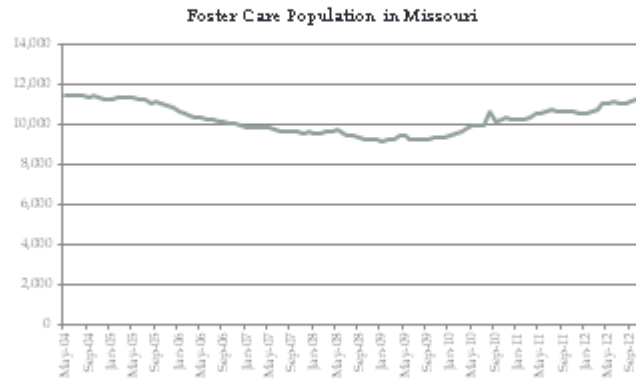
Topics for the day

- Epidemiology of placement
- Privatization
- Finance reform
- System science

Remember . . .

- All child welfare systems are local
 - Missouri placements rates range from 0 to 30 per 1,000
- Child welfare systems help parents raise children
 - It may take a decade to see improvements
- Investing in children vs. spending on services
 - Shift in emphasis

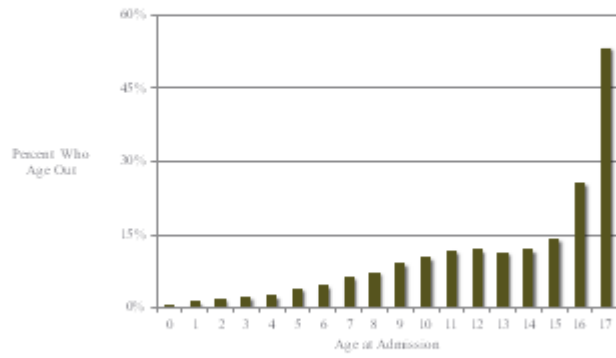
Missouri snapshot



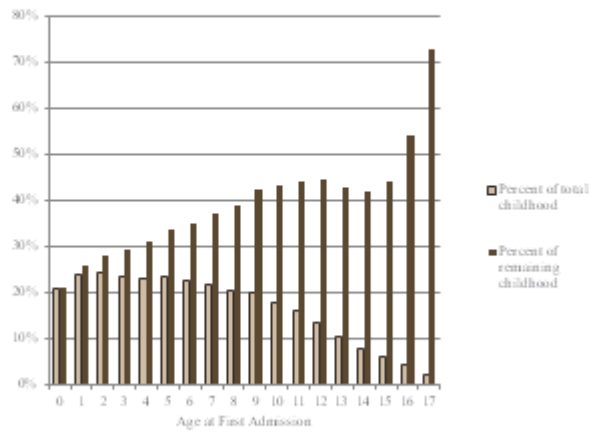
Epidemiology of placement

- A word about oversight
- Growing up in foster care
- Admissions
- Time in placement
- Exit reasons
- Reentry

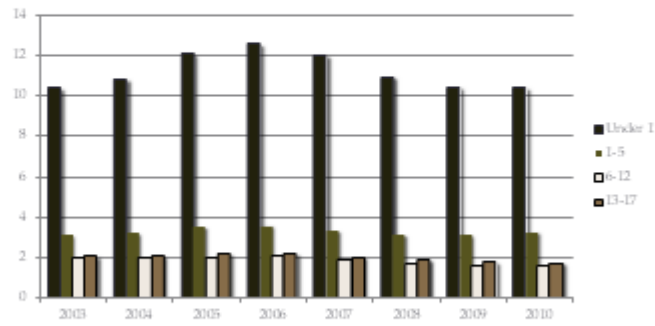
Growing up in foster care



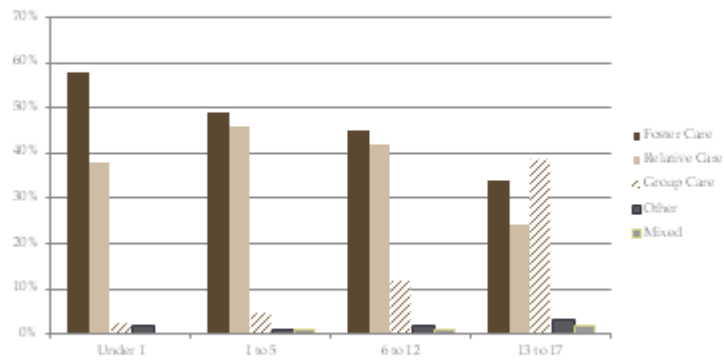
Growing up in foster care



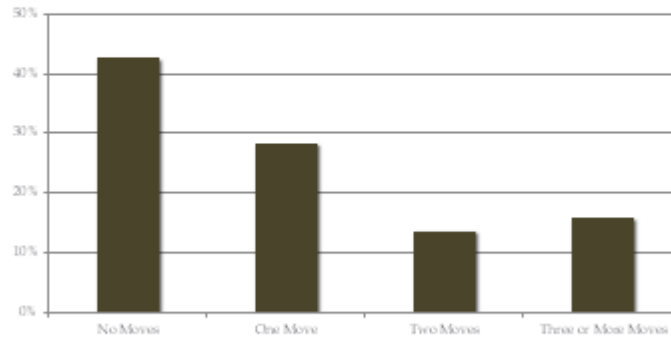
Placement risk - entry per 1000 children



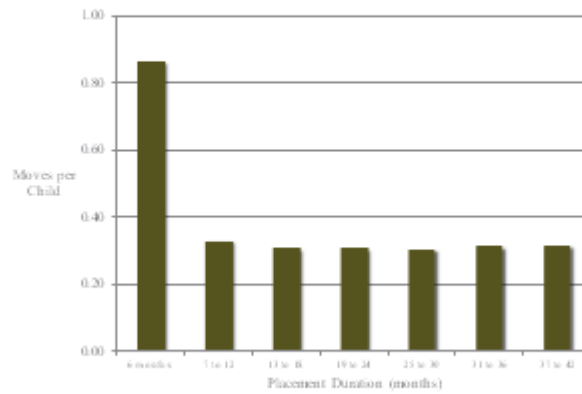
Placement type



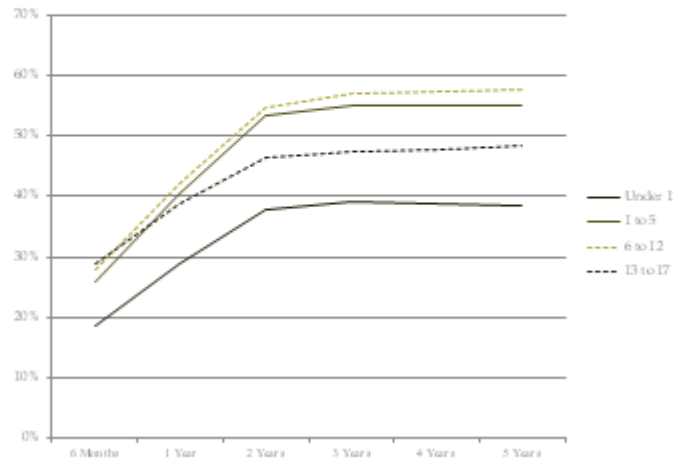
Placement stability



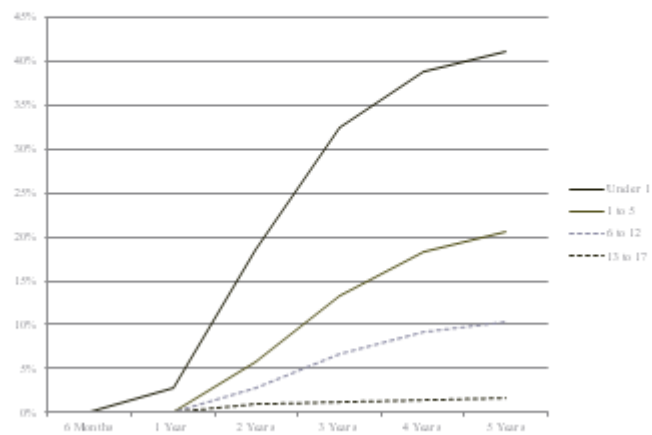
Placement stability



Reunification - cumulative probability



Adoption - cumulative probability



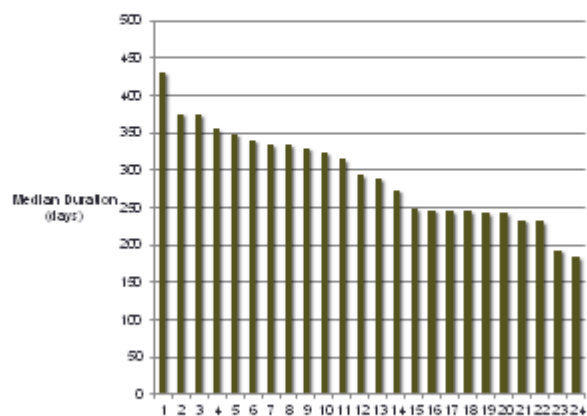
Reentry

- 12 percent of exits within 1 year
- 23 percent of exits within 8 years

Privatization

- Moving public functions to a non-governmental agency
- Examples of privatization abound in every service category but CPS investigations
- Assumptions about benefits
 - Better quality
 - More efficient
 - Better outcomes

Length of stay – private sector



Finance reform

- Foster care relies on per diem payments
- Associated with disincentives
- Waiver authority - Missouri

System Science

- Child welfare field slow to adopt a system view
- Relationship between demand for services, supply of services and outcomes at a population level
- How much service to put in place versus where to put the services?

Supply in relation to demand

Sleets per 100 Victims				
Community Area Need-based Cluster	Expected	Actual	Difference	Placement Rate
HighNeed1	37	24	-11	Above Average
HighNeed2	37	32	-5	Average
HighNeed3	37	35	-2	Average
HighNeed4	37	38	1	Above Average
HighNeed5	37	41	4	Average
LowNeed1	33	2	-31	Average
LowNeed2	33	30	-3	Average
LowNeed3	33	28	-4	Average
LowNeed4	33	38	4	Average
LowNeed5	33	39	5	Above Average
LowNeed6	33	57	24	Below Average