

Families' Connections to Services in an Alternative Response System

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**CHILD WELFARE
RESEARCH PROGRAM**

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 **Assessing
the New
Federalism**
*An Urban Institute
Program to Assess
Changing Social
Policies*

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Families' Connections to Services in an Alternative Response System

In response to calls for different ways to handle low-risk allegations of child maltreatment, states developed “alternative responses” to these cases that differ from the traditional child welfare “investigation.” Under alternative response systems, child welfare workers respond to cases where risk of harm to the child is minimal (as determined by frequently used screening tools) by working with families to assess their strengths, determine their needs for services, and make referrals to appropriate community service agencies. This approach is guided by the assumption that the alternative response would allow agencies to protect children and support families but in a less invasive way. At the same time, agencies would be able to reserve resources for their more intensive, high-risk cases.

Currently, at least 29 states use alternative response systems, but the structure and processes of these systems differ by state. Several studies have profiled how alternative response systems are operating, and some have looked across states to describe characteristics of these systems, the types of clients the systems intend to serve, and the basic framework for how the system is set up. When an agency receives a report of child abuse or neglect, that report is assigned a track or path that designates the type of response it will receive. Findings from these studies indicate that the number of track options across states differs from two to five. Response tracks may be limited to alternative response or investigation, or they may include other, narrower tracks, such as resource linkage, law enforcement, and Family in Need of Services Assessment (U.S. Department of Health and Human Services [HHS] 2003). Additionally, a case can be officially tracked at the initial acceptance of a report of abuse or neglect, at the end of an introductory investigative period, or at another time by a external community agency with expertise relevant to the report at hand (Schene 2001).

Some research has also considered the relationships between alternative response systems and family safety, family engagement, and future interaction with the child welfare agency. For example, a study of the multiple response system in North Carolina found that its implementation appeared to have no harmful effects in safety, response time, or case decisionmaking, and families responded positively to the approach (Center for Child and Family Policy 2004). A review of Minnesota’s alternative response system found similar results, concluding that the alternative response approach created more responsive and engaged families

and also positively affected the child's future safety (Loman and Siegel 2005). Finally, the U.S. Department of Health and Human Services' analysis of data from the National Child Abuse and Neglect Data System (NCANDS) discovered that services are more frequently provided to alternative response families than families that have a traditional investigation, possibly because some investigated cases are not substantiated. The study also determined that families served through the alternative response are not necessarily at a greater risk for subsequent reports of child victimization than families that were investigated (HHS 2005).

One key unanswered question about the alternative response approach is how families connect to services in such a system. This study explored this issue in two states, Kentucky and Oklahoma. In Kentucky, low-risk reports of abuse and neglect are assigned as Families in Need of Service Assessment (FINSAs) (box 1). The FINSAs are one of four options Kentucky

Box 1. Kentucky's Alternative Response: Families in Need of Service Assessment

Housed within the Cabinet for Health and Family Services, Kentucky's Department of Community-Based Services (DCBS) is responsible for child care, child support, family support, and protection and permanency. DCBS administers its services through nine service regions located throughout the state and in offices located in all 120 Kentucky counties. DCBS also uses a network of contracts to provide services and works closely with many community partners. Kentucky implemented an alternative response, Families in Need of Service Assessment (FINSAs), statewide in June 2001.

Low-risk reports of abuse and neglect are assigned as FINSAs. A FINSAs, while still similar to the traditional investigation, is intended to offer a less punitive approach that engages families in determining what services they need. The FINSAs is intended to be a strength-based approach where the family is involved as part of the solution, including selecting service providers.

According to state policy, FINSAs cases might include dependency cases, witnessing domestic violence, environmental neglect, inadequate supervision of child over age 8, and minor physical abuse or injury of a child age 8 or older. The decision to assign a case as a FINSAs is based on DCBS's risk matrix, which outlines various types of reports and an appropriate response. The FINSAs is one of four options that DCBS has when receiving a report, including not accepting the report because it is inappropriate, resource links for reports that do not meet abuse or neglect criteria but might need services, and traditional investigation.

In responding to assessment cases, the caseworker must make face-to-face contact with the alleged victims, typically through a home visit. At the home visit, the worker interviews the children, all household members, and the parents. The caseworker also searches for prior reports of abuse or neglect and interviews extended family members or other collateral contacts as appropriate. FINSAs cases may be moved to the investigation track if the assessment determines that a moderate to high level of risk for abuse or neglect exists, or if the family does not cooperate in getting needed services. A FINSAs's outcome is either that the family needs services (the case is opened) or that the family does not need services (the investigative FINSAs is closed and no further case is opened). At this point, the family might be referred to service providers as needed. Although not required with a FINSAs, family team meetings are often held to bring together the family, community service providers, and any individuals that the family would like to attend. At the meeting, the family's needs and how the various service providers will cooperate to help address them are discussed.

Source: Cabinet for Health and Family Services, Division of Protection and Permanency, *Standards of Practice Manual*, http://manuals.chfs.ky.gov/dcbs_manuals/DPP/index_dpp.asp.

caseworkers have when receiving a report, including not accepting the report because it is inappropriate, providing resource links for reports on families that do not meet abuse or neglect criteria but might need services, and conducting a traditional investigation. In Oklahoma, low-risk reports of abuse and neglect are assigned “family assessments” (box 2). The family assessment is one of three options that Oklahoma caseworkers have when receiving a report, including a traditional investigation and not accepting the report because it is inappropriate.

Our study sought to provide a detailed description of how families do or do not connect to services in alternative response system in the two study states. We focused on the procedures, structures, and relationships that govern the process by which public child welfare agency workers identify service needs, make referrals to community service providers, and follow up on those referrals, along with the experiences of community service providers. Specifically, we interviewed child welfare agency administrators, conducted focus groups with caseworkers, and spoke with the different community providers to whom families were often referred for services:

Box 2. Oklahoma’s Alternative Response: Family Assessments

In Oklahoma, the Children and Families Services Division of the Oklahoma Department of Human Services (OKDHS) handles child protective services cases. Within OKDHS are numerous other agencies including family support, substance abuse, faith-based initiatives, child care, child support, and aging services. OKDHS implemented an alternative response called “family assessments” statewide in early 1998.

Low-risk reports of abuse and neglect are assigned a “family assessment.” Some types of cases that receive a family assessment include minor physical injury to a child age 5 or older resulting from excessive discipline; food, clothing, shelter, or supervision needs that are inconsistently met, but do not suggest risk of harm; and untreated minor physical injuries. The assessment is one of three options that OKDHS has when receiving a report, including a traditional investigation and not accepting the report because it is inappropriate.

In responding to assessment cases, the caseworker must make face-to-face contact with the alleged victims, typically through a home visit. At the home visit, the caseworker explains the report made and the assessment process. The home visit includes individual and joint interviews and concludes with a family meeting. If, during an assessment, the worker determines that the family’s situation falls under the criteria for an investigation, the worker informs the family and immediately begins an investigation. In the assessment, the emphasis is intended to be not on fact finding, but rather on engaging the family to address the child’s safety. The caseworker talks to the family as a unit, rather than focusing on individual interviews. In addition, collateral contacts are not required to be interviewed in an assessment. The caseworker has the flexibility to interview the family in the home or in a neutral setting.

The assessment approach, which is likely to be seen as less adversarial by the family, can enhance the development of a helping relationship between the child welfare worker and the family. Upon completion of the assessment, the child welfare worker determines the safety and service needs of the child and family. If services are recommended, the child welfare worker completes a Voluntary Family Service Agreement. This form documents the services needed and agreed to by the family to help provide for the child’s safety without child welfare intervention.

Source: Oklahoma Department of Human Services (OKDHS), Library: Policy, <http://www.okdhs.org/library/policy/>.

providers of substance abuse, domestic violence, family preservation, mental health, parenting, child care, welfare, and housing services. Finally, we spoke with a small number of families that had received the alternative response in each site. These interviews and focus groups were conducted in one rural and one urban county in both Kentucky and Oklahoma.

This study is exploratory and descriptive. It was not designed to include larger-scale data collection, such as a review of administrative data or a survey of families that needed services, were referred to services, or received services. Many other researchers have considered these questions and examined these types of administrative data. Instead, this study provides a framework for understanding the many different steps that seem likely to affect the connection of families to services.

Findings

The study describes six factors that could potentially affect how families connect to services in an alternative response system:

1. Service network infrastructure
2. Availability of services
3. Referral process
4. Follow-up process
5. Approach to families
6. Service facilitators

In the following pages, we explore these six factors, drawing on the perspectives of the child welfare agency, community providers, and, occasionally, a particular family. As policymakers and administrators continue to develop and refine alternative responses, consideration of these six factors will be valuable in crafting approaches that help ensure families connect to needed services. Similarly, these factors might shape community service providers' efforts to develop services and strategies that recruit and engage families. Finally, as communities develop integrated responses to the needs of families, these findings may provide insights into how families move between public human service systems and community service providers and the factors that enhance or hinder their connections.

Service Network Infrastructure

The structure of the networks between the child welfare agencies and community providers in an alternative response system could affect the nature of family connections to services. The study

showed that these networks had different structures in different locations, even within just two states and four sites.

First, the links between public child welfare agencies and community service providers can be formal or informal. Several service providers had contracts with the child welfare agency, while others had memorandums of understanding and some had no official agreements of any type. Second, some service providers received funding from the public child welfare agency. This funding frequently included large contracts to serve a set number of clients or provided reimbursement for services for specific clients. Many providers interviewed, however, did not receive financial assistance directly from the child welfare agency. Their funding sources included other state agencies such as mental health or juvenile justice, charitable organizations, and private foundations and funders. Third, in terms of other resources, such as staffing or use of office space within the child welfare agency, only one provider in an urban area noted that his program had daily access to an office at the child welfare agency.

In the small number of sites that we studied, two factors that seem to affect the structure of service networks are the setting (e.g., urban versus rural areas) and the intensity of services provided. In urban areas, for example, the community providers are typically contracted to provide services for the public agencies' clients. In rural areas, the community providers did not typically have contracts but rather had informal links to the public agency and to one another. Also, community providers that offer intensive services such as in-home family preservation tend to be contracted with the public agency in urban and rural areas. In both Kentucky and Oklahoma, the links between the community providers and the public child welfare agency appeared well established before the alternative response was implemented. The links did not seem to change much afterward.

While we interviewed a limited number of community service providers (17 total), we discovered that the majority of these service providers did not receive any funding from the child welfare agency. In Oklahoma, three of the eight community service providers we spoke with received funding from DHS, and one of these providers received Temporary Assistance for Needy Families funds that came from the Family Support Services Division, not the Division of Children and Family Services. In Kentucky, three of the nine community service providers that we interviewed received funding from the Department of Community-Based Services. Nearly all

of the six providers that received funding from the public child welfare agency provided some type family preservation services, including home-based services.

The differences in the structure of these service networks could potentially have implications for families' connections to services. With a formal contract, an inherent level of accountability and feedback was presumably required. That is, the providers were contracted to serve families and be responsive to the public agency about these cases. Providers that do not have formal contracts with the public child welfare agency do not appear to have comparable levels of accountability and funding. While we cannot draw any conclusions about the direct relationship between a provider's link to the child welfare agency and the likelihood that a family receives services, it seems possible that having formal contracts might give providers the resources and support they need to serve these families.

We did find, however, that even in situations where there was a contract, community providers were not always clear which child welfare clients (alternative response or investigation cases) they served. This distinction may be important because alternative response families are not required to seek services and may be tentative when they approach a particular provider. If a provider is aware that it is serving an alternative response case, it may use a distinct approach with that family to engage it in services. If, as suggested later in this paper, families do not know the differences between the alternative response and traditional investigations and which they are receiving, the provider may need to take this into account when attempting to engage these families.

An additional aspect of the structure of service networks is the link between different community providers. In both rural and urban areas, many community providers come together through external collaborative bodies, which tend to be advisory and often work to address more holistic service needs in the area. At a more individual level, however, the nature of these relationships differs between urban and rural areas in the four sites studied. The rural areas appear to have greater collaboration among providers because of limited resources and the need to eliminate duplicative services. Collaboration, in this case, happens in two ways, first to service serve individual families; and on a more macro level, to address service needs and gaps in their communities. The smaller, close-knit nature of rural areas means that community providers tend to know one another, particularly in Kentucky when they see one another at family team meetings. Note that the rural counties we visited in Oklahoma and Kentucky were small cities or

towns. Our finding that service networks are smaller and more close-knit in these areas may not be true of other types of rural areas, such as large geographic regions with low population density.

In urban areas, the community providers do not work as closely together to provide services for individual families. In a sense, they do not necessarily have to, because many providers are offering the same types of services (e.g., there are fewer fears of offering duplicative services). Providers are also less likely to know each other through going to the same church, shopping at the same store, or being out in the community, as in rural areas. We again must stress that these were our findings in the two urban communities that we studied. Our finding that community service providers might not know one another very well may not be true in other urban areas. While our evidence does not allow us to make inferences about the effectiveness of services for families, the more cohesive smaller service networks, as are present in rural areas, might possibly be more effective in serving individual families, since providers communicate frequently with one another, know where to refer families, and might be more willing to help a family referred to them by a familiar provider. Or, they might be less effective if the key services a family needs are not available or if a family has failed with one service provider, feels stigmatized, and has no alternative available.

Availability of Services

For alternative response families to connect to needed services, the services must be available. According to respondents at the child welfare agency and the community providers, the following are the greatest needs of alternative response families:

- parenting classes
- domestic violence services
- home assistance (clothing, utilities payments, food, rent assistance)
- substance abuse treatment
- transportation
- counseling (for adults and children)
- employment assistance
- home-based services (parenting, housekeeping)
- population-specific services (for example, Spanish-speaking clients or men)

In all sites, public child welfare agency workers and community service providers reported that from their perspective, most of these needed services were available in some capacity. However, gaps were noted for counseling and substance abuse treatment (particularly

long-term residential treatment), both of which were described as much-needed services for alternative response families. So, while most types of services were available in the two states (i.e., four sites), these two important types of services were not always readily accessible.

Respondents from all sites also experienced some limitations in accessing needed services. Exactly how services were limited differed by setting (i.e., rural versus urban). For example, in the rural Kentucky site, the location of services was a concern. Respondents described service availability as “[having] something somewhere,” meaning that while services are available, families might have to travel several hours to access them. Similarly, rural areas might be limited in the number of service providers, such as one mental health counselor per county. To contrast, respondents in urban areas described service limitations due to oversubscription of services. The urban Oklahoma site, for example, has numerous service providers in the area, but many of them have waiting lists, and priority is not necessarily given to the child welfare agency clients. The extent to which these limitations prevent families from getting needed services was unclear. However, for many families, traveling several hours for an appointment may not be feasible because of work schedules and transportation issues. Similarly, competing for services with other clients, including other child welfare clients, might prevent many families from accessing services. These limitations likely influence whether families actually receive needed services.

Referral Process

Assuming that services are available, families must access these services through some type of referral process. Referral processes in all sites varied substantially from being very informal with no assistance from the public agency to very formal with a high level of involvement from the public agency. On the informal end, referrals to community providers could be as simple as the caseworker giving the family the name and phone number of a community provider. In other instances, the caseworker might make the initial appointment with the community provider for the family and go with the family to the appointment. The formality of the referral process increased as the intensity of service increased. For example, several home-based family preservation service providers received formal paper referrals from the child welfare agency, either through fax or by mail.

One state, Kentucky, often connects families to services through family team meetings. During a family team meeting, several community service providers, with the family and any

individuals that the family would like at the meeting, discuss the family's needs and how the various service providers will collaborate to help. If a family needs counseling, for example, a mental health service provider will be at the meeting and the family can schedule an initial appointment. Notably, Kentucky policy recommends but does not require holding family team meetings for cases undergoing the alternative response. With the exception of the recommended family team meetings in Kentucky, however, agency policy in the two states did not specify exactly how the referral process was supposed to occur.

Referral processes also differed between urban and rural counties. Referral appears to happen more informally in rural areas where community service providers and public agency workers know one another and might have personal relationships. For example, one provider in a rural site would have liked a more formal process; since the child welfare agency knows the provider so well, the agency will call and say, "Go see this family." Respondents in urban areas described more formal processes. For example, the referral processes in urban areas included faxed referrals to providers, giving families providers' contact information, and, occasionally, a phone call from the caseworker to the provider.

These differences can be attributed, in part, to the nature of the relationships between agencies in rural and urban areas. For example, in the rural site in Oklahoma, caseworkers and community providers reported knowing each other. One community provider in rural Oklahoma has lunch with agency caseworkers weekly. A community service provider in rural Kentucky described "an open door policy between the two agencies [public child welfare and the community provider agency]. If they need us, they get us." In urban areas, the public child welfare agency workers know the community service providers, but their connections appear to be on the organization level and less often on a case-by-case basis. The smaller population of rural counties and fewer community service providers likely contribute to more personal relationships and greater communication in the referral process.

An important component of the referral process is the information that service providers receive about the family. The information given to community service providers during the referral depends largely on how the referral is made. For example, if the community provider has a referral form that the public child welfare agency worker must complete, the community provider could potentially receive more consistent information. In instances where the family is given a community provider's contact information and is expected to call, the information the

child welfare agency gives to the provider is likely to be minimal, if anything. If a public child welfare agency caseworker contacts a provider directly about a referral, it is not clear what information is provided. A well-structured referral process may lead to a more effective transfer of information. Such a referral process might employ paper forms or even rely on direct in-person contacts that allow caseworkers to convey more detailed information about the family. How much and what types of information providers receive about families in the referral process could affect how the provider engages the family. Without a clear and consistent referral process, service providers may not receive the information that they need to best serve families.

Follow-up Process

After families have been referred to community service providers, following up with alternative response families provides an important opportunity to ensure their connection with services. Generally, follow-up by child welfare agencies with alternative response families, both formal and informal, could occur at three points: after the referral is made to the community provider, while the provider is giving services to the family, and once services are complete. Formal and informal follow-up with families in the two study states (four sites) was generally rare, although in several circumstances it appeared more likely to occur. Respondents indicated that caseworkers were more likely to follow up with families referred to more intensive services. A caseworker also may be more likely and able to follow up with or about a family if the family signed a release to have its information shared or when the family's case is officially opened in the public child welfare agency. This happens in Oklahoma when alternative response cases (assessments) agree to become voluntary Family-Centered Services cases. For these cases, the aim is to assess a family's needs for services and make referrals for services once a family has signed a voluntary service agreement that allows the agency to talk with community providers. Similarly, if a family's aftercare plan specifies contact may or should occur, follow up may be more likely. However, aftercare plans (in Kentucky only) are only created if after the investigative FINSA, the family was determined to need services and the case was opened in the public child welfare agency. Further, the aftercare plan only requires the community provider to contact the family's caseworker if the family does not follow through with services and places the burden for follow-up on the providers.

Other than these instances, however, the two states do not have official policies requiring more formal follow-up to ensure families receive services. Informal follow-up with families,

however, appears more likely in rural counties as the caseworkers see the community provider or family in the community or because of the close relationships between agencies in these areas.

Approach to Families

A primary assumption of both states' alternative responses was that it would serve as a less-invasive way to engage families, making them more likely to connect to needed services.

Interestingly, although the majority of the child welfare caseworkers and administrators believed the implementation of the alternative response has provided families with a more positive experience with the child welfare system, families themselves often didn't know which kind of service they had received.

Starting with the child welfare agency staff, they reported that families often feel more comfortable in alternative response cases and, as a result, are more willing to contact a social worker if they are having problems or need help preventing further child welfare interventions. That the alternative response is not typically accompanied by a substantiation is also important. A person's record is not blemished, which can impact future employment or housing and cause mental or emotional harm in being labeled a child abuser. This approach also enables the agency to address families' needs before they rise to a level of imminent risk where the child must be removed from the home.

Community providers also agreed that a less-invasive approach may encourage families to seek services. One service provider in the rural Kentucky site noted that her agency identifies several issues that the child welfare agency wants the family to work on, but also allows the family to select an issue that they would like to work on apart from the agency, such as a mother wanting to find a job. Community providers also saw this approach as a means by which to engage families at an early stage before problems became more serious. One domestic violence service provider in the urban Oklahoma site contrasted the alternative response approach with immediately removing children from the home: "taking the child away and holding this 'hammer' over mom quickly makes her try to find another bad situation." The provider felt that working with the community service provider earlier in the case, as happens with an alternative response, ensures the mother's and child's safety and may prevent future child removals or higher-risk situations.

When families were asked what they thought of the alternative response as a different way to work with families, most of those interviewed, while limited in number, also felt the

alternative response system seemed less intimidating, and there is no fear of removal. One family respondent in rural Kentucky indicated that this fear hinders families, saying “They [families] don’t have the means to take care of their children... they don’t feel like they can just call up social services and say ‘I need you to help me figure out how I’m going to feed my kids next week.’ Instead they are scared to death that if they call those people [social services], they’ll say ‘you can’t feed your kids, you can’t take care of your kids, we’ll have to take them from you.’ That’s the intimidation I don’t agree with and don’t like.” This respondent added that this alternative way of working with families is better for families and children since removal can be very traumatic for the family and the child.

But at the same time, when asked about themselves, none of the several families that had undergone an alternative response actually knew that they had received this alternative approach. While child welfare workers apparently view the alternative response as less invasive and more helpful, families may not share this view. To families, the child welfare agency still appears to be intervening in their lives. The finding reported earlier, that community providers may in fact not know which category of family they are serving, makes it less surprising that families also cannot always tell the difference.

Service Facilitators

A final aspect affecting families’ connections to services are service characteristics that create or remove barriers to access, along with outside supports (such as subsidized transportation) that can help families overcome barriers. Agency staff and community providers reported several ways to facilitate services to ensure families’ connections. Transportation to services was one of the most frequently mentioned factors. Transportation can be challenging in both rural and urban areas. In rural areas, services may only be available in the neighboring county many miles away. In urban areas, agency staff and community providers mentioned inadequate public transportation as a common barrier. Some community providers offered families bus tokens or gas vouchers to make transportation easier, as well as to teach families how to use the public transportation systems.

The timing, location, and cost of services were also factors that affected participation. Community providers said that offering services at flexible dates and times to accommodate families’ work and child care schedules increased participation. Service location also could make a difference. Providing services in the home or offering services in a variety of locations were

strategies community providers used to increase families' ability to access services. Offering services for little to no cost when possible may also make families with limited financial resources more likely to participate.

Relationships between the families and the community providers can also facilitate connections. For example, having families meet the providers at a family team meeting before engaging in services may increase a family's comfort with the provider and understanding of what to expect. Similarly, having the public agency caseworker accompany the family to the community provider or accompany the provider to a family's home may help a relationship develop between the family and the provider.

Implications for Policy, Practice, and Research

In completing this study, we sought to understand how the public child welfare agency engaged community service providers and connected families to services. Our findings suggested some lessons for practice, thoughts for future research, and possible implications for responses to families in the child welfare system generally. With regard to practice, we note four findings from these two states that highlight some of the factors that may affect families' connections to services:

The Path to Services in an Alternative Response System Is Complex

Connecting families to services in an alternative response system involves a complex set of steps with many factors at work. The process can be thought of as occurring in steps: conducting an assessment, providing referrals, connecting the family to services, and following up to ensure the family received them. At each step, many factors might affect whether a family connects to services. For example, whether a family is given the name of a provider to call themselves or taken by the child welfare worker to the provider may affect whether the family actually receives the service. How the family connects with the provider is in turn affected by availability and accessibility of services, along with the financial structure to support the services. It was not apparent from our interviews that public child welfare agencies and community providers were aware of or had addressed some of these complexities. Much thought was given to the approach that would be used during the assessment stage, but fewer guidelines are provided in policy or done in practice with regard to those parts of the process that occur after the assessment, such as when referrals are made, families are connected, and follow-up occurs.

Exchange of Information between Child Welfare Agencies and Community Providers Is Often Minimal

Community providers often lack information needed to adequately serve families. Many of the community providers do not receive much information about the families they serve, including whether or not the family has gone through an alternative response. This finding (that most community providers did not know when they were serving an alternative response family or a family that had received a traditional investigation) is significant, suggesting a need for adjustments in the referral process that formalize the information relayed to service providers about the family and its needs. Finding ways to communicate to community providers who the family is and why they came to the attention of the agency might assist providers in engaging alternative response families.

Service Networks Exist, but They May Have Key Gaps

To connect families to services, services must be available. Alternative response systems are built on the assumption that community providers are engaged partners of the public child welfare agency, and needed services will be available to assist families. Findings from the study suggest that service networks do exist and providers are engaged. In fact, community providers and child welfare agency staff report often having long relationships and working together for many years. Notably, the introduction of the alternative response did not necessarily change these relationships. However, whether slots for needed services were available to alternative response families was less clear. For many community providers, child welfare clients are apparently not given priority to receive services. Among the child welfare clients, alternative response cases may be a lower priority for service providers than more traditional investigation clients, since alternative response services are voluntary and the cases are lower risk.

Additionally, for many types of services, like parenting classes or domestic violence assistance, services appeared to exist and could be accessed. Some of the more intensive, and yet critical services, like substance abuse or mental health services, tended to be either less available or more difficult to access. Hence, in the two study sites, networks with service providers are well developed, and many services are available, but for some of the important services, key gaps exist.

Follow Up to See if Families Received Services Is Rare

A notable finding from the study was how rarely the child welfare agency or community providers follow up with families to make sure they received services. Policy in neither of the two states specified if or when follow-up should occur. When follow-up did occur, it was often informal and usually ad hoc, such as when a provider ran into the family in the community. Creating more formal processes for letting the public agency know that the family has contacted the provider and initiated services would enable the public agency to take the steps necessary to address any difficulties the family might be having with services. Note, however, that service providers' ability to convey information to the public agency is often constrained by confidentiality issues. For the majority of service providers, families must sign a release of information before the provider can communicate with the public child welfare agency or other service providers. Finding ways to address the confidentiality concerns, however, would appear worthwhile, since some adjustments in communication throughout the alternative response process would likely affect how well families are served.

These findings also suggest important implications for future research. Evaluations find that overall safety is not compromised by using the alternative response, and those children who receive an alternative response may be less likely to experience subsequent report or investigation. Data from the two study sites suggest that recurrence is lower for alternative response cases than for cases receiving investigations, although that might be expected given they are lower-risk cases. Data compiled by Kentucky's Cabinet for Children and Families indicates that between 2001 and 2004, about 7.5 percent of FINSAs had a substantiated referral within 12 months, yet cases with an investigation had twice this rate of recurrence.¹ An analysis of Oklahoma's recidivism using data from the NCANDS found that rates of recurrence within six months were also lower among children whose first response was alternative than among those who were investigated and found to be victims (HHS 2005).

The findings in this study, however, raise the question of whether certain enhancements to the system might further reduce recidivism rates for families receiving an alternative response. For example, would a more structured referral process with increased information sharing help community providers better engage alternative response families? Similarly, would established

¹ FINSAs Track and Subsequent Substantiation of Abuse/Neglect in 12 months. All cases 2001–2005. Internal data compiled by Dr. Ruth Huebner and submitted to the Urban Institute on June 13, 2006.

mechanisms for follow-up improve families' connections? Additional research to more closely track families' progress through the different stages of the alternative response process and the elements of the response that affect families' connections to services could provide valuable information to administrators and practitioners as they continue to modify and improve alternative responses.

Finally, these findings may have broader implications for child welfare investigations and responses generally. These findings suggest that connecting families to needed services is complex, regardless of the child welfare response (e.g., alternative response versus traditional investigation). Families are often referred to services under a traditional investigation, as in the alternative response system. These families may receive in-home services or be required to seek services if their children are removed to foster care. How these referrals are made, the types of information provided, the availability of services to support the referral, and the extent of follow-up to ensure the service is received may be vital components to any service response. This report provides initial speculation about the importance of these different components that future research will want to further assess, but that policymakers and administrators may want to consider not only when thinking about alternative responses, but when contemplating other aspects of child welfare systems that seek to engage and connect families with services.

Conclusion

In examining the alternative response in two states, Kentucky and Oklahoma, this study describes many stages of a complicated pattern of service delivery that could affect how and whether a family connects to services in an alternative response system. The relationships between agencies, referral processes, service availability, follow-up, approach to families, and facilitators could all affect how and to what extent a family is able to get the services it needs. In the four sites studied, the location of the system (urban or rural) influences many factors and in turn affects families' connections to services. A potential strength of these systems appears in their approach, which is more family centered and seeks to empower families to help themselves—yet a challenge at the same time is that families, and sometimes even providers, don't know which approach they are receiving, the alternative or the investigative approach. As states refine their alternative response systems, as well as strategies for linking investigated families to services, this study suggests the array of policy and practice features that they need to

take into account. It also suggests valuable next steps for research that would link these features of the process to actual results for families.

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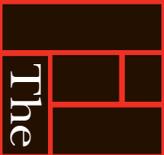
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