

# Alternative Response

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## Another Alternative Response Milestone: Ohio's Statewide Automated Child Welfare Information System

*Jennifer Justice, Chief, Bureau of Family Services, and Joan Denman, Project Manager, Automated Systems*

For the past several months, each of Ohio's 10 Alternative Response sites has been planning its transition from a study site to a county where AR is one of the community's child protection options. In preparation, agencies began to conceptualize how AR should appear in terms of an agency response rather than a pilot program within the agency. This has involved examination of agency-wide staffing, structural organization, staff competencies, community responsiveness and resource capacities, as well as a reassessment of initial expansion plans in light of unanticipated budget cutbacks.

Although pilot status continues through Dec. 31, 2009, no new families were assigned into the Institute of Applied Research's study after Sept. 30. This allows the study to follow families over a period of time. For most caseworkers and administrators, the elimination of the randomization process was an eagerly awaited event. Counties looked forward to being able to control families' assignment to the AR pathway and to more effectively predict and manage caseloads. However, the Sept. 30 cessation of the randomization process also meant that, at a minimum, the number of cases assigned to the AR pathway would double on Oct. 1, 2009, as cases assigned to the AR pathway no longer were divided between control and experimental groups. As counties prepared for this sudden surge in pathway demand and considered



expanded implementation within the agency, the ability to track and record alternative response case information within the Statewide Automated Child Welfare Information System (SACWIS) became ever more critical to county administrators.

The prospect of doubling the number of cases for which information was not accessible through SACWIS also was of concern at the state level. SACWIS, Management Information System (MIS) and child welfare policy staff all saw the answer as clear: enhancements to SACWIS were needed and had to be completed by the time the randomizer was turned off. Although the solution seemed simple on paper, making these very complex changes in the database are never easy.

State and pilot discussions identified that change was needed to require SACWIS to allow for case data entry for AR cases, minimize the "paperwork" burdens and have advance testing to assure that the functionality met the needs of the county users. Although it was recognized that this was just the beginning of AR in SACWIS, planners understood the significance of these enhancements: an important step in moving toward Ohio's statewide implementation was in motion.

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# AIM

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THE SUPREME COURT of OHIO

Ohio

Department of  
Job and Family Services



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What initially appeared as a simple solution with minimal enhancement continued to get more complicated as state and county representatives dissected AR case management idiosyncrasies. It is noteworthy that both state and county top administrators remained committed to achieving a workable and sensible resolution despite the increasing complexity. Although the process involved numerous hours, county site staff worked alongside state SACWIS, MIS and policy staff to define requirements, each side needing to strike compromise along the way. After many months of hammering out requirements, code development and testing, the AR enhancements were “pushed” into production on Oct. 1, 2009. A major milestone in the AR journey was accomplished.

Some people might ask why this achievement was so important. First and foremost is child safety. Ohio’s ability to document child welfare case information in a system that is used by all 88 counties is a key factor in keeping children safe. Excluding the growing AR population from this protection was not an option. Also, project sites were hampered by an inability to adequately track cases through the

case assignment feature in SACWIS and the state was concerned about the categorical inaccuracy in reporting to federal NCANDS when excluding this population. From many different angles, this added functionality and counties’ utilization of SACWIS for all child protection cases is considered vital.

Under the new enhancements, counties now are able to screen in an intake referral as “Alternative Response.” This gives caseworkers and administrators the ability to track cases within the system and manage cases in SACWIS separate from the traditional Assessment/Investigation/Ongoing pathway.

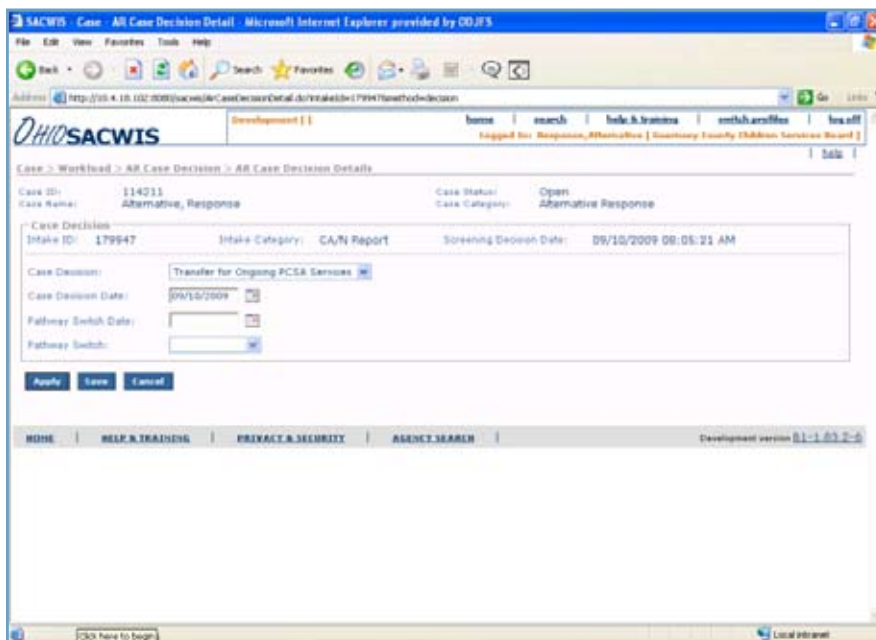
Another critical enhancement required that an entirely new SACWIS “page” be created. (See Figure 1.) This page is the place in SACWIS to record the case decision and allow users to record a track change from the AR pathway to the traditional pathway — Assessment/Investigation or Ongoing — when case circumstances indicate that AR no longer is the appropriate approach.

A somewhat fascinating piece for those of us who are not techno-savvy: this functionality is only available to the 10 project sites. These new additions can be made available to other counties as new pilots come on board.

Initial feedback from the pilot community is positive. More AR improvements and enhanced development will be needed down the road, and that is acknowledged by all. Full enhancement of the SACWIS system to accommodate Ohio’s AR practice will not be initiated until a final practice model and legislative language is enacted. This is a matter of timing only. It remains the state’s conviction that AR — like all child welfare programming — must be fully functional within SACWIS when considering statewide implementation. There is state-level commitment to full integration of AR within the SACWIS system.

But now, we should celebrate this AR milestone. Current enhancements provide a platform upon which to build and move us ever closer to the goal of making AR an option for all appropriate Ohio families. In the midst of celebration, we should recognize our top state and county leaders who continue to demonstrate conviction in the importance of this work. Please take a minute to thank your colleagues who assisted with accomplishing the goal of making AR an option for all Ohio families that meet the criteria.

Figure 1



## We Want to Hear From You!

If you have an idea or would like to contribute a short article to the *Ohio Alternative Response Quarterly* newsletter, contact Amy Rohm at (303) 925-9413 or [amy@americanhumane.org](mailto:amy@americanhumane.org)

## Ten Pilot Counties ... Ten Transitions

*Caren Kaplan, American Humane (AIM)*

Since the launch of Alternative Response in 10 Ohio Pilot counties in July/August 2008, a pathway assignment tool has been used to determine which families are eligible for the AR pathway. Of the families that are eligible, approximately half have received the new approach and half have received what they would have received if there had been no pilot. The process of determining “which families go where” has been referred to as the randomizer. Given that the pilot was to be conducted for 18 months, on Sept. 30, 2009, the 10 pilot counties confronted a new challenge. How were they to segue from a period in which only half of the eligible families received the AR approach to an environment in which the division into control and experimental groups of families was no longer necessary?

At the May 18-19, 2009, Leadership Council Meeting, in anticipation of the sunset of the randomizer, the AIM Team requested that each of the counties prepare a transition plan so they could prepare for the changes that would be experienced in response to the movement from the evaluation of the approach to the institutionalization of the approach.

Each of the counties was informed that presentations of their transition plans would be the major focus of the upcoming September 2009 meeting. Counties were asked to address the agency’s course of action once there is no need for a randomizer. The following items were to be addressed within this report:

- Data collection consequences/changes
- Staffing consequences/changes
- Anticipated community service consequences/changes
- Rationale for decision (“company line”) — What is the message to the public about why you are going forward with the work?

In addition to covering the content of the plan, counties were asked to describe the process by which they developed this plan and the challenges they confronted and opportunities they capitalized on in making the choices that are articulated in the plan.

### *Discussion of Transition Plans*

Perhaps one of the most significant elements is something we take for granted. On Oct. 1, 2009, all 10 pilot counties began with the assumption that they were going to continue the AR approach. The take-away message is that the pilots recognized the value of the AR approach. Another observation is that, as a group, they are developing plans for something in which they have no prior history. So while it would be ideal to have increased specificity regarding the tasks and activities associated with the transition, such specificity is difficult to discern at this juncture. This, however, feeds the age-old tradition in the child welfare system — bolstering a system that by history and nature is reactive rather than proactive. With additional experience and tenure with this approach, it is hoped that the counties will be better able to anticipate situations that can either enhance or hinder the outcomes of children and families served by the child protection system.

### *Thumbnail Sketches of Pilot County Transition Plans*

#### **Staffing/Practice**

With the transition, Fairfield County would like to expand group supervision and the RED (review, evaluate and direct) team to the entire agency. As quickly as the county can get AR to be the way it does business, it will do it. The county will take cases as they come in and assign them as appropriate. Staff will be ready. Fairfield will have two traditional response (TR) workers. As the need arises, the staff level will rise as well. A hybrid AR unit will be developed that will function as an ongoing unit to take the cases that take longer.

Franklin County Children’s Services has plans to assign to capacity using the pathway assignment tool as a guide and keep workers’ caseloads at 14-16 cases per worker at any given time. Because AR takes more time as workers have more contacts and contacts are longer, there is a need to think about caseload size. Franklin will continue to expand the AR workforce and has already identified another unit. Caseworkers self-select the practice of AR; this helps with the union. AR caseworkers convene monthly meetings and have opened it up to TR workers and supervisors. There is a desire to increase the quality of group supervision using the Olmsted, Minn., model. There is a desire to embrace a “one worker” model in the future and consideration of using the 90-day review as a transfer point, as needed.

Guernsey County will begin implementing its plan on Jan. 1, 2010. The county will be fully capable of doing AR and TR. Like other counties, Guernsey has experienced a budget crisis and fortunately has not had to lay off any staff. The agency needs to consider staffing in the organization in relation to capacity.

Licking County has not had a lot of AR cases, so it needs to increase its numbers. There are seven social workers in the intake unit — two are AR, five are TR. Each carries about 15 percent of the total cases. Initially, Licking County is hoping to assign about 30 percent to AR. Pathway assignment decisions are made as a group, using the same criteria as the pathway assignment tool. A TR worker is interested in doing AR; she will start in 2010. Another worker, who is waiting in the wings, will take overflow cases with the possibility of moving to full-time AR.

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Ross County's preliminary plan is to continue to use the pathway assignment tool and increase the number of AR cases to 40 percent of all screened-in reports. Currently, Ross County has three full-time AR workers of which two were carrying both AR and TR cases. There is a hope that workers will not have to carry dual caseloads in the future. Two more workers began AR practice in October. They have used a one-case/one-worker model, but the increased caseload requires them to try something new — have one of the original three AR workers take cases that need more time and transfer the cases to ongoing. Workers will have a four-month time frame for working with a family prior to the case transferring to an ongoing AR worker.

At the time of the September Leadership Council Meeting, Trumbull County was trying to figure out how to integrate AR fully into the triage function. Triage is about getting out there quickly to see the family (within one day) and making decisions as a group within seven days. Trumbull County is trying to come up with an assessment model that fits with the county and addresses dependencies and civil protection orders (CPO). The county will assign cases to AR as it has previously — 1 in every 4 cases.

In moving to the “post-randomizer” phase of AR implementation, Tuscarawas County will double the number of AR workers from one to two. The agency will continue to use a one-worker/one-family model for the life of the case and attempt to keep the caseload at 10-12 cases per worker. Ultimately, the agency would like to have four AR intake workers and two traditional response intake workers. The county will continue to use the pathway assignment tool and will use staffing considerations to keep

caseloads reasonable. The agency is going to train one TR worker at a time to do AR until there are four.

### Community and Other Stakeholders

In Clark County, the community is facing a lot of struggles with the budget crisis. There is some optimism that cuts to Help Me Grow will not be as drastic as originally thought. This is good news. Yet it still translates to more burdens on workers to provide services and on informal supports to families.

In Fairfield County, concerns are being expressed by the guardian ad litem (GALs), juvenile courts and foster parents. The agency is trying to shift the foster parent role to be more of a mentor to the family, rather than just fostering the child. More resources should be available to do this in 2010.

Greene County has been extremely well-resourced for many years and has had access to safety-net funding for a long time. Now the safety-net services are being adversely impacted by the economy. Drug and alcohol and mental health services will be seriously cut for kids and families. Greene has to go back to basics when considering how to really help families and will contract for services that are necessary to help families.

### Data Collection/Evaluation

Data collection will continue in Franklin County. There are plans to use the evaluation as implementation progresses. After the randomizer, with the support of SACWIS, things may be a little different. There is a need to figure out how dashboard reports will be affected. More will be known once there is a test of SACWIS. Now all hard copies of Family Service Plans are scanned.

Another level of case management will be needed in Lucas County and the social workers will have to work with Management Information Systems (MIS) to develop this. Until Lucas goes agency-wide with AR, data will not be geographically specific unless MIS can figure out how to aggregate and analyze data specific to geographical region. In about 12 to 18 months, the county will transition to agency-wide.

Ten pilot counties. Ten transitions. In this instance, the beauty of the AR approach is its flexibility and responsiveness to the needs of particular jurisdictions, much like its flexibility and responsiveness to the needs of individual families and their children.



# Supporting AR Implementation and Practice Through Coaching

*Brenda H. Lockwood, M.A.,  
American Humane (AIM)*

By now, each of the 10 AR pilot counties has experienced one round of staff coaching. Coaching is meant to be a process of supportive learning, reflection and refinement of skills. Thus far, counties have used their coaching time in a variety of ways. In a few counties, the desire was to have the coach spend as much time in the field with workers as possible. In others, the majority of time was dedicated to group supervision/case consultation. Some had a mix of both.

In reflecting on the feedback from the first round of coaching, I thought it would be a good idea to give you some things to think about when planning your next coaching session. Remember, coaching is meant to be used in any way that you think will best address your staff/supervisor needs. So, these ideas are things for you to consider when thinking about addressing those needs.

First, make your coaching days a priority for AR staff and supervisors. By this I mean be sure they set aside time to focus on working/spending time with the coach. Of course, this means

that you will likely need to ensure coverage for emergencies and other things that come up that might distract a worker/supervisor from the coaching session.

Second, set the tone for coaching. This may seem similar to making coaching days a priority, but it is a distinct issue. Setting the tone means that you express, to all staff and supervisors, that coaching is an important and valuable tool in the AR implementation and practice process. Ensure staff understand that coaching is not meant to be a punitive process. Share your expectations and encourage input from staff about what they need in order to make the best use of the coaching days.

Third, think about and, if time permits, make contingency plans. We all know that our daily schedules are influenced by many factors that we cannot control (e.g., whether a family will be home when we make an unannounced visit, clients showing up for scheduled appointments). Put some thinking into the “what ifs” that are associated with the unpredictable nature of this work, and create some backup plans so you can take advantage of the time you have with your coach. For example, the coach goes out on a home visit with worker A; unfortunately, no one is home when they arrive. The coach and worker head back to the office. This is a good opportunity for the coach to spend time doing some one-on-one work with the worker, or for the coach

to spend time doing some of the things on your backup plan, like reviewing safety plans or family service plans and providing feedback to the worker and/or supervisor.

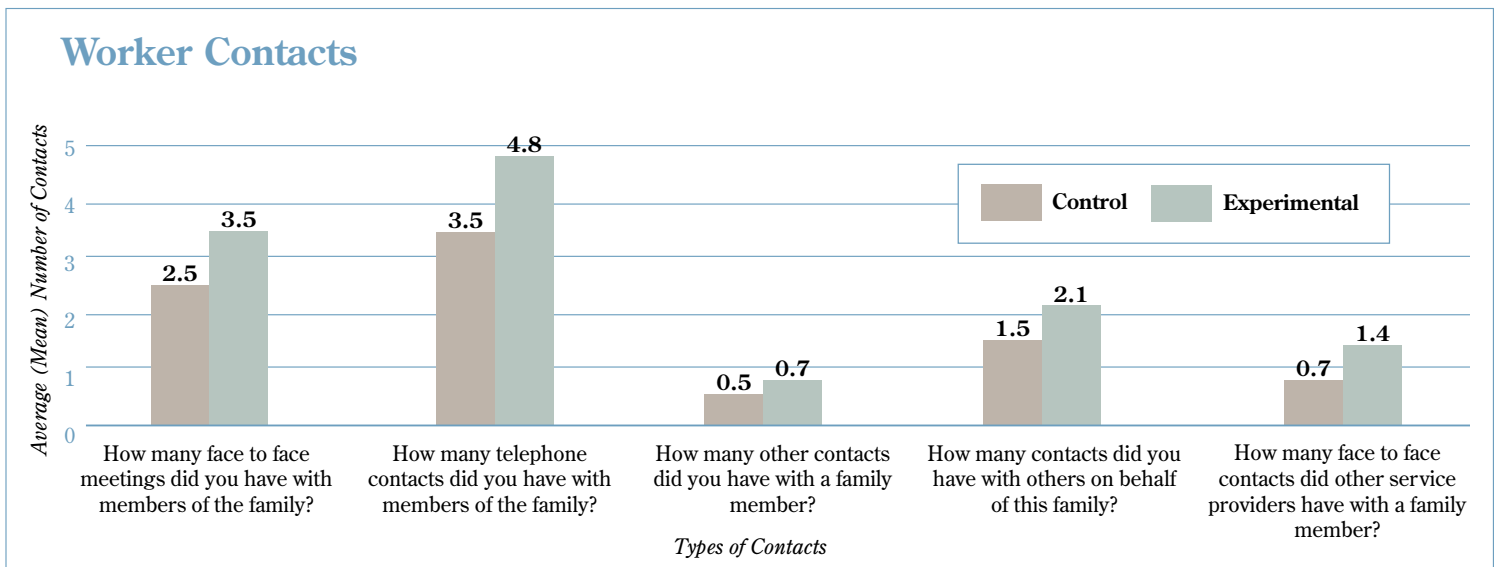
Last, remember that coaching sessions are meant to be flexible. Coaching is not meant to be as formal as training. If something is not working, tell your coach. If you want to switch gears, let your coach know what you would like to do instead. Your coach comes prepared to be flexible!

Just as building relationships with our client families is our main priority, building a relationship with your coach should be, too. Take advantage of the coaching relationship!

## Worker Contacts

*Tony Loman and Christine Shannon,  
Institute of Applied Research (AIM)*

Workers completed a case-specific survey on a sample of families served through the AR pilot. The chart below shows the average number of contacts made with the family during the time the case was open. Although the majority of cases close within a 30-day period for both AR and TR cases, AR families generally had more frequent contact with their worker during the assessment. The differences in reported contacts are statistically significant ( $p=0.05$ ) in each category, except “other contacts with a family member” (center).



## It Is Time to Advocate for a Shared Federal/State/Local Investment for Family Prevention/Diversion Services

*Crystal Ward Allen, Executive Director,  
Public Children Services Association of  
Ohio*

I have become a fan of Alternative Response — it is the right thing to do, and demonstrated outcomes in other states showing enhanced child safety, fewer child removals, and reduced recidivism and foster care re-entry show the improved outcomes we are looking for. The Ohio 10-county pilot seems to be experiencing similar outcomes, and we are looking forward to a formal evaluation in spring 2010.

Ohio recently emerged from its most devastating biennial budget process in recent history. Like other states in the nation, revenues had fallen sharply, due to the flailing economy and structural changes in our state's tax code. The political environment allowed no new taxes. Ohio's child welfare system suffered significant cuts, along with just about every other human services system.

Because Ohio is a county-administered, state-supervised state, and heavily dependent on locally approved property taxes to fund child welfare and many other human services, the impact of the state cuts varied widely. I learned how resource-poor communities heavily depended upon state funds and certain federal funds (such as Title XX — also needed for many other activities, such as adult protective services) to cobble together resources for upfront core child welfare services — the funding that would be used for AR activities.

While the creativity was inspiring and enlightening, it highlighted that removal of any flexible funds could cause immediate and severe staff layoffs. And, with fewer staff available to immediately respond to and engage families, and a federal mandate to ensure that the child's health and safety remain paramount, many are concerned that out-of-home placement will become the available strategy.

Of course, if given a small amount of time and resources, a well-trained caseworker can often engage and partner with the family to safely maintain the child in-home.

Currently, federal funds (Title IV-E) primarily support placement — foster care, adoption and, most recently, relative guardianship.

*We must convey the value of a federal/state/local fiscal partnership for better child outcomes and fiscal responsibility.* Congress should reform federal child welfare funding to include assessing, engaging and strengthening referred families. Placement prevention would be less costly for everyone, including the federal government. Preferred strategies of prevention/diversion services, necessary but temporary foster care, and permanent adoption/guardianship should have a strong federal partnership. The less-preferred strategy of lingering long-term foster care should be discouraged. Finally, the antiquated income eligibility link to 1996 AFDC standards needs to be eliminated.

**Background** – The Pew Commission on Children in Foster Care created groundbreaking interest and momentum for improving the broken financing system for keeping children safe and in stable, permanent families.

The commission convened experts in the field, including child welfare administrators, judicial leaders, financing and research experts, and youths and families themselves to make recommendations for change. Across the country, various members of the child welfare and judicial communities took notice, joined into the discussion, and created a national conversation that included media and policy makers.

The result: The *Fostering Connections to Success and Improving Adoptions Act of 2008*, the groundbreaking federal legislation, passed unanimously in a very fractured, partisan Congress. Important goals were accomplished — recognition and supports for relative caregivers, enhanced services and funding for transitional youth, direct support for the Native American community for child safety and permanency, an updated adoption incentives program, and a focus on key practice issues for foster children: health, education, sibling connections.

**Today's Opportunity** – The work is not done, however, as the Fostering Connections bill did not address real finance reform to support the preferred and cost-efficient methods to safely provide prevention/diversion services for vulnerable children, nor did it solve

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the fairness issue created by the 1996 welfare reform act (PRWORA), which forever lodged federal child welfare eligibility with 1996 income standards.

Congressional leaders continue to announce their intent to finish the job. Well-informed, dedicated and effective Capitol Hill staff are committed to this topic. The Obama administration embraces reform and is prone to reject the status quo when shown a better plan.

It is incumbent upon the child welfare community to lead the way — we can no longer complain that the current system is broken, yet not offer a consensus proposal as the solution.

I believe policy makers, child welfare leadership, the media and the general public agree upon the following goals, which logically should guide the federal/state fiscal partnership model:

- *Children are best served if they can safely be cared for by their own parent(s), in their own home.*
- If there is an immediate safety concern that cannot be effectively addressed, temporary placement may be necessary while time-limited reunification services are provided to the family.

A safe, familiar kinship home is preferred.

Unrelated foster care is the next alternative.

- When timely reunification does not occur, the child deserves a permanent relative or adoptive home.

Unfortunately, the following challenges exist:

- *There is no federal support for placement prevention and family strengthening services.*
- Too many children are lingering in foster care — sometimes

waiting for judicial decisions, sometimes waiting to be matched to a permanent family, sometimes in a planned permanent living arrangement custody status.

- Fewer and fewer children are eligible for Title IV-E support, due to antiquated 1996 income standards.

### *A Shared-Risk Proposal*

*It is time to reward the preferred strategies with a shared federal/state partnership:* cost-effective, safe in-home prevention and diversion services; limited use of temporary care; support to permanent families for those children needing them. All of these preferred strategies should continue with the current strong federal/state partnership at current IV-E match rates. The new federal partnership for upfront services will prevent many placements, thus realizing cost savings on foster care placements.

*It is time to disincentivize lingering foster care placements.* We know delayed out-of-home care is traumatic and causes long-term consequences for youths aging out of the system. If due to a judicial or child welfare practice issue, shame on us; if it is a child treatment issue, then IV-E should be a supplement to other funding sources. Whether it's a physical disability requiring long-term nursing care, or an intense, long-term behavioral health issue, shouldn't health insurance significantly contribute? Let's set a length of stay that, if crossed, would result in a reduced IV-E match rate — it will push the child welfare system to act in a more timely way, and it will highlight system gaps for kids with significant physical and behavioral treatment needs.

*It is time to de-link Title IV-E from the 1996 AFDC lookback.* Even children from poor homes are denied federal resources for their protection and permanency needs. Congress needs to de-link Title IV-E eligibility from the 1996 AFDC standards.

These ideas will cause discomfort for some. They are different from today's world, and few like change except a baby. But we must be innovative. If the child welfare leadership community cannot lead the way, who will?



# County Spotlight: Greene County

## Alternative Response: Changing the Way We Help Families in Greene County

J. J. Kunkle, M.S., *Greene County Children Services*



In July 2008, Greene County, along with nine other Ohio counties, began participating in an Alternative Response pilot program. A year has passed, and the results of the pilot program are now being evaluated. Greene County Children Services (GCCS) has seen many positives as a result of the program and plans to continue using AR to respond to low- and moderate-risk families in the county.

“The most significant change we’ve seen is the way families respond to caseworkers when using AR,” says Executive Director Dr. Rhonda Reagh. “Rather than the anxious feeling a visit from Children Services can cause, families felt relieved and hopeful when caseworkers used the Alternative Response approach. It is more difficult to establish a positive relationship with families if they are angry or stressed when a caseworker comes to their home.”

During the first year of the pilot, 376 referrals were eligible for the AR approach. Of those, 174 were randomly selected as AR cases, while 202 were used as a control group and approached in the traditional way. Five percent of the AR cases were transferred as ongoing cases, while 10 percent of the control group cases were transferred as ongoing cases. “Because of the one-worker model utilized in Alternative Response, we feel we are able to build relationships and obtain services for families much faster than we can in the traditional model. Families are able to find solutions to the problems that initially brought them to us,” says Reagh.

With the current state of Ohio’s economy, neglect cases are on the rise at GCCS. Often these cases are most appropriately dealt with using the AR model. It allows families to get the help they need before the concerns escalate into something more serious.

“Alternative Response is a partnership that allows workers and families to be creative problem solvers in addressing the family’s needs,” says AR Caseworker Chad K. “I worked with a family for about five months. Mom and dad were both working and had five children. But money was tight, and mom and two of the children had some mental health issues. By working together, we were able to identify many of the problems the family was facing — the biggest being chronic poverty. Because of some of the ongoing problems facing the family, it was eventually turned over to ongoing.

However, because of the trust I had built up with this family, the dad called me six months later. He had lost his job, the plumbing in his house needed to be fixed, and he was feeling desperate. Because of the AR approach, the dad felt comfortable calling me before the situation escalated into something much worse. Working together, we were able to get his plumbing fixed and his unemployment benefits sorted out.”

GCCS plans to continue using the AR approach. “We’re still not in a position to go full force using AR,” says Reagh. “We need to train more caseworkers on the AR approach, and cases will still have to be randomly selected for AR as training continues. But we found the whole pilot program to be a great success for our agency. We are already a family-centered agency and AR fits right into our mission.”

