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Memo

To: Steve Yager
From: Stacie Bladen
Subject: Differential Response

Date: 3/31/14

On March 17, 2014, you asked for an opinion about whether Michigan DHS should consider Differential Response for implementation in 2015. Your request was made after Paul Buehler of Casey Family Programs forwarded the Differential Response Implementation Resource Kit. CPS policy and program office reviewed the Kit as well as a report completed in 2013 as a result of workgroup findings. At that time, DHS provided a report to the Legislature that concluded there was insufficient evidence of positive measurable outcomes in child safety and wellbeing to support implementation of Differential Response (DR) in Michigan. After careful analysis and re-consideration, we maintain the recommendation that implementation of DR in Michigan is not an effective use of DHS or state resources.

DR is an alternative approach to the investigative model of child protection. Models vary throughout the country, but DR separates out complaints of abuse and neglect by attempting to identify risk level at the point of intake and then responding by either conducting an investigation or providing family support. Currently, DR is implemented in 22 states, either at the state or county level, and 11 states are presently considering DR for future implementation. Despite a high level of consumption nationally, our review and analysis found insufficient evidence of DR effectiveness on key outcomes.

Safety is the first priority of Michigan's child welfare system. Decision-making about which interventions and approaches will best achieve child safety must be outcome based and research driven. Overhaul of Michigan's approach to child protection in favor of DR would require evidence acquired through rigorous evaluation methodology that DR resulted in an increase in child and family safety and wellbeing, both immediate and long-term. Among the measureable outcomes expected are: decrease in rates of child victimization and removal, decrease in level of future risk of maltreatment, increase in child safety, and improvement in family wellbeing and parental capacity to meet the needs of their children as a result of DR.

As of 2014, less than half of the DR states or jurisdictions included an evaluation of outcomes conducted by an external independent entity. With the exception of Minnesota, none of the evaluations used experimental or quasi-experimental design methodology, considered to be most-rigorous.

- Model fidelity - only 38% of the states utilizing DR included some type of measure or data collection process related to model fidelity. In states where model fidelity efforts were undertaken, conclusions appear to have been based on anecdotal information from families and caseworkers regarding their feelings about the case model rather than concrete objective indicators of model fidelity.
- Rates of re-referrals - one indication of success would be a reduction in subsequent CPS complaints for the families that received DR. Yet only 4 of 16 jurisdictions indicated a decrease in re-referral rates (6 jurisdictions indicated no significant changes in re-referral rates and 5 states did not measure the impact on re-referrals).
- Rates of removals - only 2 of 16 jurisdictions found a reduction in removal rates as a result of DR (8 jurisdictions found no significant changes in removal rates and 4 states did not measure these outcomes).
- Cost savings - only 2 of 16 jurisdictions reported cost savings as a result of DR. Cost savings were reported by Minnesota and Ohio and represented an average cost savings (per family) of between \$240 and \$300 respectively over a 3 to 5 year period (14 of 16 jurisdictions measured no information regarding significant cost savings).
- Only 2 of 16 jurisdictions demonstrated a strong potential correlation between initial services costs (in DR cases) and a reduction in back-end costs (associated with cost of intensive in-home services and foster care). There was no evidence of cost savings in the remaining 14 DR jurisdictions reviewed.

Aside from concerns about model effectiveness, implementation of DR in Michigan would require significant legislative and administrative support, specifically in the form of stable appropriations. States that demonstrated an initial reduction in re-referral and removal rates received robust financial, legislative and administrative support. Most states that claimed even a modest degree of success needed to create dedicated staffing positions for implementation. Many states have struggled to create and maintain stable funding and have had to rely on external funds for implementation and maintenance. Some implemented DR on a cost neutral basis requiring greater creativity and interdependence on community partners.

Proponents of DR like the approach over traditional CPS investigation because it *“provides child welfare agencies with a response continuum, including ways of responding that are proportionate to the severity of alleged child maltreatment and the family’s level of need.”* However, Michigan, unlike any other state, already utilizes a five-category response system where services and protecting intervention *are based on* the severity of maltreatment and risk level, and tailored to the family’s unique needs and strengths. Decisions about the level and type of intervention needed to protect a child and support a family *must be* preceded by collection and analysis of case facts and evidence. Bypassing objective inquiry and scrutiny afforded through investigation seems unwise. Michigan’s approach balances the CPS duty to safeguard and enhance the welfare of children and preserve family life through carefully matched, supportive services.