



February 2008

Differential Response to Reports of Child Abuse and Neglect

What's Inside:

- Defining differential response
- Why the growing interest in differential response?
- Experience in the field
- Evaluation findings
- Opportunities for improving child welfare practice
- Guiding principles for implementation
- For more information

This issue brief was developed by Child Welfare Information Gateway, with contributions from Patricia Schene, Ph.D., of Patricia Schene and Associates, LLC. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.



During the past several decades, child protective services (CPS) agencies have been challenged by large volumes of child abuse and neglect reports, growing caseloads involving increasingly complex problems, and limited resources (U.S. General Accounting Office, 1997; Shusterman, Hollinshead, Fluke, & Yuan, 2005). At the same time, there has been growing recognition that "one size does not fit all" in responding to child maltreatment reports. As a result, State and local CPS agencies have introduced significant reforms to child protection systems. One such reform is differential response, in which CPS agencies offer both traditional investigations and assessment alternatives to families reported for child abuse and neglect, depending on the severity of the allegation and other considerations.

The introduction of differential response has been driven by the desire to:

- Be more flexible in responding to child abuse and neglect reports
- Recognize that an adversarial focus is neither needed nor helpful for all cases
- Understand better the family issues that lie beneath maltreatment reports
- Engage parents more effectively to use services that address their specific needs

This issue brief provides an overview of differential response and highlights lessons learned through research and experience. The brief was written primarily for child welfare administrators and policymakers, particularly those who may be considering implementation or expansion of differential response. It also may be useful to CPS caseworkers, community partners who work with vulnerable children and families, and others interested in strategies to improve child protection.

This issue brief reflects a review of selected research efforts and recent literature on differential response. A list of references and other resources is presented at the end of the brief. To highlight key issues, this brief draws from a few sources in particular:

- Office of the Assistant Secretary for Planning and Evaluation (ASPE) and Children's Bureau reports from the National Study of Child Protective Services Systems and Reform Efforts (Literature Review, Review of State CPS Policy, and Findings from Local CPS Practices) (U.S. Department of Health and Human Services, 2001, 2003a, & 2003b)
- National Study on Differential Response in Child Welfare, published jointly by American Humane and the Child Welfare League of America (Merkel-Holguin, Kaplan, & Kwak, 2006)
- Differential Response in Child Welfare, a special issue of the American Humane journal, Protecting Children (Merkel-Hoguin, L., Ed., Volume 20, Numbers 2 & 3, 2005)
- Mallon & Hess' (Eds.) book, Child Welfare for the Twenty-First Century: A Handbook of Practices, Policies, and Programs (2005)
- National Child Welfare Resource Center for Family-Centered Practice's Spring 2001 issue of Best Practice, Next Practice (Schene, 2001)
- ASPE study summarizing Alternative Responses to Child Maltreatment: Findings from NCANDS (Shusterman, et al., 2005)

Defining Differential Response

Differential response is a CPS practice that allows for more than one method of initial response to reports of child abuse and neglect. Also called "dual track," "multiple track," or "alternative response," this approach recognizes variation in the nature of reports and the value of responding differently to different types of cases (Schene, 2001).

While definitions and approaches vary from State to State, differential response generally uses two or more "tracks" or paths of response to reports of child abuse and neglect. Typically, these responses fall into two major categories:

- Investigation. These responses involve gathering forensic evidence and require a formal determination regarding whether child maltreatment has occurred or the child is at risk of abuse or neglect. In a differential response system, investigation responses are generally used for reports of the most severe types of maltreatment or those that are potentially criminal.
- Assessment (alternative response). These responses—usually applied in low- and moderate-risk cases—generally involve assessing the family's strengths and needs and offering services to meet the family's needs and support positive parenting. Although a formal determination or substantiation of child abuse or neglect may be made in some cases, it is typically not required.

However, not all jurisdictions that employ differential response focus simply on choosing an assessment or investigation track. In some areas, there is more variation in types of response. Additional tracks may include a resource referral/prevention track for reports that do not meet screening criteria for CPS but suggest a need for community services, or a law enforcement track for cases that may require criminal charges.

Similarities Between Differential Response and Traditional CPS

While introducing a more flexible way of responding to reports, differential response systems still share many underlying principles with the traditional child protection approach. Both:

- Focus on the safety and well-being of the child
- Promote permanency within the family whenever possible
- Recognize the authority of CPS to make decisions about removal, out-of-home placement, and court involvement, when necessary
- Acknowledge that other community services may be more appropriate than CPS in some cases

Differential response systems acknowledge that investigations are necessary in some cases. They typically allow for changes in the response track if circumstances change or information emerges that indicates a different type of response is needed to ensure child safety or better respond to the family.

The National Study of Child Protective Services Systems and Reform Efforts (U.S. Department of Health and Human Services, 2003a), which included a survey of a nationally representative sample of local CPS agencies, found that despite the differences in focus, many of the approaches and practices used in conducting investigations and alternative responses were similar. During investigations, almost all agencies reviewed CPS records, interviewed or formally observed the child, and interviewed the caregiver. A slightly lower proportion of agencies conducted the same activities during alternative responses. Under both responses, a majority of agencies sometimes discussed the case with other CPS workers or with a multidisciplinary team, visited the family, and interviewed professionals.

Differences Between Assessment and Investigation Approaches

In traditional child protection practice, all accepted reports receive an investigation response. Investigations are conducted to determine if children have been harmed or are at risk of being harmed and to provide protection if needed. In differential response systems, investigations are no longer the singular focus of CPS response to reports of child maltreatment. While investigations are conducted for some reports (typically the more serious and severe), assessment is used for most other screened-in reports.

In comparison to investigations, assessment responses tend to:

- Be less adversarial
- Focus more on understanding the conditions that could jeopardize the child's safety and the factors that need to be addressed to strengthen the family
- Tailor approaches and services to fit families' strengths, needs, and resources

- Place importance on engaging parents to recognize concerns that affect their ability to parent and to participate in services and supports
- Tap into community services and the family's natural support network
- Offer voluntary services

Unlike investigations, assessment responses typically do not require caseworkers to make a formal finding regarding whether child abuse or neglect occurred, identify victims and perpetrators, or enter perpetrator names into central registries.

For a comparison of the two approaches, see Table 1 on page 5.

Why the Growing Interest in Differential Response?

A number of factors explain the growing national interest in differential response. Some of the most significant are discussed below, including limitations of traditional CPS practice, recognition of the importance of family engagement, and an increased focus on accountability and outcomes.

Limitations of Traditional CPS Practice

In the two decades following the passage of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974, reports of abuse and neglect rose sharply, reaching 3 million per year in the mid-1990s without a corresponding increase in available staff. In response, CPS practice became more bureaucratic, standardized, and legalistic (Farrow, 1997).

Table 1
Comparison Between Investigation and Assessment Approaches¹

	Investigation	Assessment
Focus	 Did an incident of child abuse or neglect occur? Who was responsible? What steps need to be taken to ensure the child's safety? 	 What underlying conditions and factors may jeopardize the child's safety? What strengths and resources exist within the family and community? What areas of family functioning need to be strengthened?
Goal	To determine the "findings" related to allegations in the report and identify perpetrators and victims.	To engage parents, extended family, and community partners in identifying problems and participating in services and supports that address family needs.
Disposition	A decision must be made whether to substantiate the allegation of maltreatment.	Caseworkers are not typically required to make a formal finding regarding whether child maltreatment occurred.
Central Registry	Perpetrators' names are entered into a central registry, in accordance with State statutes and policies.	Alleged perpetrators' names are not entered into a central registry.
Services	If a case is opened for services, a case plan is generally written and services are provided. Families can be ordered by the court to participate in services if CPS involves the court in the case.	Voluntary services are offered. If parents do not participate, the case is either closed or switched to another type of response.

At the same time, families coming into the system were experiencing multiple and increasingly complex problems, such as co-occurring substance abuse, mental health, and domestic violence issues. As the numbers and severity of cases overwhelmed CPS agencies, many States adopted narrower definitions for forwarding a report on for formal investigation, and those investigations became more rigorous (Daro, Budde, Baker, Nesmith, & Harden, 2005). These conditions combined to create seemingly conflicting objectives for CPS: investigate and sanction

perpetrators of maltreatment, while providing therapeutic and support services to families to address complex problems (U.S. Department of Health and Human Services, 2001).

In this context, a growing dissatisfaction with traditional CPS practices contributed to the emergence of differential response systems. This dissatisfaction reflects several perceived shortcomings in a system focused predominantly on investigation, including:

 Limited capacity for response. While every State has legal mandates for CPS to

¹ Adapted from Schene, 2005, p.5.

respond to all legitimate reports of child abuse and neglect, overwhelmed agencies with heavy caseloads and limited resources cannot thoroughly consider risks and needs in all accepted reports. Some legitimate reports—frequently those judged to be of lower risk or severity—are screened out or closed without further action.

- Adversarial orientation. Investigations
 help CPS to identify victims and provide
 evidence for prosecution of perpetrators
 in the most severe cases. Parents and
 caregivers often, understandably, perceive
 investigations as accusatory and are fearful
 of the threat of out-of-home placement
 of their children if they agree to receive
 in-home services while being monitored
 by the investigative agency. This can make
 parents less willing to accept services and
 less motivated to change their behavior.
- Low rates of services. Some argue that many families are inappropriately subjected to intrusive interventions that lead to little in the way of services. Nationally, less than 30 percent of reports of suspected child maltreatment result in substantiation of abuse or neglect, and even fewer are opened for ongoing services.
- Family problems not addressed. Although immediate safety issues are normally resolved before a CPS case is closed, the underlying causes for those threats to safety frequently are not. As a result, many families experience subsequent maltreatment reports while their problems, stresses, and issues remain unresolved.

As a result of these issues, CPS agencies with a focus on investigation have been perceived both as being overly intrusive into family life and as not doing enough to protect children (Schene, 2005; Schene, 2001; Farrow, 1997; Waldfogel, 1998; Orr, 1999).

The child welfare community has been open to approaches that can be more immediately helpful to families and that can promise more lasting change. Differential response developed largely as a way to overcome the limitations identified in the traditional response by differentiating among the types of situations reported, recognizing that adversarial investigations can create barriers to working with families effectively, and finding ways to protect children and stabilize families through comprehensive assessments followed by connections to existing community-based services and supports.

Recognition of the Importance of Family Engagement

A second force behind the emergence of differential response is a growing recognition of the importance of family-centered practice and, specifically, family engagement. Family-centered practices, such as family team meetings, are generally understood to improve the level of cooperation with services compared to investigations that lack more comprehensive assessments and individualized service planning. Family involvement in the assessment and service planning process fosters a shared understanding about how the family got to the point of a maltreatment report, what needs to change, what services might help, and who is expected to do what, by when. Differential response systems leverage opportunities to engage families, identify motivations to change, build on family strengths, and involve extended family networks and community supports in protecting children (Schene, 2005).

Increased Focus on Accountability and Outcomes

A third factor in the evolution of differential response systems is the growing interest in establishing accountability for agency actions beginning with the passage of the 1994 amendments to the Social Security Act. The introduction of the Child and Family Services Reviews (CFSRs) has heightened awareness within the child welfare community that the work of child protection should be measured against the outcomes of safety, permanency, and child well-being. The findings of the initial round of reviews indicated serious deficiencies in most jurisdictions in the area of assessments of children and families and indicated that improvements in this area could lead to better outcomes. As a result, many jurisdictions are paying attention to the value of responding more individually to reports and learning more about what has to change in each family to achieve and sustain a better end result.

Experience in the Field

During the past two decades, differential response systems have been implemented in more than two dozen States across the country. Some jurisdictions are still in the early stages of implementation, with just a few pilot sites, while others are expanding or institutionalizing their systems statewide. This section discusses what we know about States and local agencies that have adopted differential response, what those systems have in common, and how they differ.

Prevalence

According to The National Study of Child Protective Services Systems and Reform Efforts (U.S. Department of Health and Human Services, 2003a), 20 States had identifiable policies in 2001 that reflected differential or alternative response.² The policy review portion of the study noted that 11 States had implemented the approach statewide, although not uniformly, while in other States differential response was available only in demonstration or pilot sites (U.S. Department of Health and Human Services, 2003a).

The local agency survey of the same study found that approximately two-thirds (64 percent) of local agencies nationwide (1,660) were conducting both investigations and some alternative to investigation (U.S. Department of Health and Human Services, 2003b). While 2001 is the last year for which such Federal data were collected, similar reforms have since been adopted or are being considered by additional agencies.

Between 2005 and 2006, American Humane and the Child Welfare League of America (CWLA) conducted a study of differential response to build upon the 2003 National Study of Child Protective Services Systems and Reform Efforts. Their report includes State and county profiles of differential response efforts, as well as responses from some States/counties to a descriptive survey on the topic (Merkel-Holguin, Kaplan, & Kwak, 2006). It identified 15 States with differential response initiatives, as well as 3 States whose previous

² The National Study of Child Protective Services Systems and Reform Efforts used the following definition of alternative response: "a formal response of [the] agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment."

initiatives were no longer active at the time of the study.³

Some States also include differential response in statute. As of April 2006, 11 States had statutes that *require* the use of differential response systems, in which more serious child abuse and neglect cases are assigned to be investigated while less serious cases are assigned to family assessment (Child Welfare Information Gateway, 2006).

Drawing on the above sources, the table in Appendix A identifies States with differential/ alternative response policies or practice protocols, those that had related statutes in 2006, and those that have implemented differential response statewide or in more limited areas. States that previously had a differential response system but are not currently operating under the system, that have incorporated some elements of differential response into their system, or that are operating a pilot project but do not have a formal differential response system are noted in the last column. Given the current interest in differential response, more States may soon be added to this list.

Common Characteristics

Regardless of where they are implemented, differential response systems tend to be:

 Assessment focused. The primary focus tends to be on assessing families' strengths and needs. Substantiation of an alleged incident is not the priority.

- Individualized. Cases are handled differently depending on families' unique needs and situations.
- **Family-centered**. They use a strengths-based, family engagement approach.
- Community oriented. Families on the assessment track are referred to services that fit their needs and issues. This requires availability and coordination of appropriate and timely community services and presumes a shared responsibility for child protection.
- Selective. The alternative response is not employed when the most serious types of maltreatment are alleged, particularly those that are likely to require court intervention, such as sexual abuse or severe harm to a child.
- Flexible. The response track can be changed based on ongoing risk and safety considerations. If a family refuses assessment or services, the agency may conduct an investigation or close the case.

Variations in Approaches Across States

Despite sharing some basic characteristics, a differential response system in one State may look very different from a system in another State. Differential response systems vary in the following ways (Schene, 2001):

Number of tracks or paths of response.

Initially, differential response systems reflected only two tracks—assessment and investigation. Over time, some States saw the value of multiple tracks. States with three tracks (e.g., Wyoming) frequently have:

³ The study's authors acknowledge there is great variation in State and county implementation of differential response, but they define it generally as a system in which "low- and moderate-risk cases receive a non-investigation assessment response without a formal determination or substantiation of child abuse and neglect."

- An investigation track to determine if abuse or neglect took place and provide intervention to stop the maltreatment
- An assessment track to evaluate family strengths and needs and provide services to address needs
- A prevention track for cases with no clear allegations of abuse or neglect but identified risk factors and a need for services

In West Virginia, a variation of the three-track approach includes a "safety check" by a CPS worker as part of the assessment/services track. Other States (e.g., Kentucky) have incorporated as many as four tracks, including one for law enforcement response (when the alleged perpetrator is not the caretaker). Some States have added or eliminated tracks over time.

When the track is selected. Often the response track is identified immediately when the report is accepted or screened in. Some States, however, choose to conduct an initial standardized CPS assessment/investigation and then, based on what is found, determine which track to pursue.

Who responds to initial reports. In some States, all initial reports are handled by CPS, while in others the initial response to some reports is handled by a community agency. For example, the public health system might immediately receive a report for assessment if it is clear that substance abuse evaluation and treatment will be needed.

Ongoing CPS involvement. In some States, once the decision is made to pursue a more voluntary approach, the case is closed to CPS and opened by a community agency. In other

States, CPS remains involved and works in partnership with the community agency. In still others, the case is never opened by CPS and goes directly from the reporting hotline to the community agency.

As more States implement differential response, the number of patterns and variations is likely to increase.

Evaluation Findings

With any systems reform effort, evaluation is critical to understanding whether the program is being implemented as intended, assessing overall effectiveness, and identifying and sharing lessons learned. Several States including Florida, Minnesota, Missouri, North Carolina, Texas, Virginia, and Washington have conducted evaluations of their statewide or pilot differential response systems. In addition, the first large-scale, multistate study was published in 2005 (Shusterman et al.) based on an analysis of case data reported from six States (Kentucky, Minnesota, Missouri, New Jersey, Oklahoma, and Wyoming) to the National Child Abuse and Neglect Data System (NCANDS).

Overall, the evaluations of differential response systems have demonstrated positive outcomes, particularly in terms of sustained child safety, improved family engagement, increased community involvement, and enhanced worker satisfaction. Evaluations of pilot programs have generally led to decisions to expand implementation. Several evaluations, however, noted that continuing problems with the adequacy of resources such as staffing and services limited both

implementation and the degree of positive change.

Specific findings from these evaluations are presented below as they relate to the following topics:

- Referral and substantiation
- Child and case characteristics
- Child safety
- Investigations and prosecution
- Services to families
- Family satisfaction and engagement
- Cost effectiveness
- CPS staff perspectives and issues

Referral and Substantiation

The research revealed:

- The proportion of reports diverted to an alternative response varied greatly across States. The multistate study found that during 2002, referrals ranged from a low of 20 percent to a high of 71 percent across the six States studied. An analysis of multiyear trends suggested that States were experiencing growth or steady use of the alternative approach over time (Shusterman et al., 2005).
- The proportion of investigations that were substantiated increased (Loman & Siegel, 2004a; Virginia Department of Social Services, 2004). This reflects the inclusion of a larger share of serious cases in the investigation track after less serious cases were diverted to receive services, which is in line with the stated intentions of differential response systems (Shusterman et al., 2005).

• Differential response resulted in a decrease in the numbers of both victims and nonvictims identified by States. The amount of the decrease varied by State, however, and in one State the number of nonvictims increased (Shusterman et al., 2005). Decreases are to be expected given that cases on most assessment tracks do not require a decision on substantiation.

Child and Case Characteristics

Research on child and case characteristics noted:

- An alternative response was more likely to be used for cases with less immediate safety concerns, and less likely to be used in sexual abuse cases (Shusterman et al., 2005; Virginia Department of Social Services, 2004; Loman and Siegel, 2004a; U.S. Department of Health and Human Services, 2003a). This finding is consistent with the stated intentions of differential response systems. While both the multistate study and single-State research found that the link between maltreatment type and referral track was strong, the relationships varied across States (Shusterman et al, 2005).
- Older children generally were more likely to receive an alternative response, while younger children were more likely to be assigned to investigation (Shusterman et al., 2005; Siegel & Loman, 2000; Chipley, Sheets, Baumann, Robinson, & Graham, 1999; English, Wingard, Marshall, Orme, & Orme, 2000). This suggests that track assignment may take into account the greater vulnerability of younger children.
- Children and families who were referred to an alternative response were similar

in demographics (e.g., gender, race, ethnicity, family structure) to those who received traditional investigations (Shusterman et al., 2005; English et al., 2000; Siegel and Loman, 2000).

- Prior victimization was often related to a decreased likelihood of an alternative response, but not in all States (Shusterman et al., 2005).
- Referrals from social workers, medical personnel, and legal or criminal justice sources were less likely to receive an alternative response. Referrals from parents, relatives, friends, schools, or the children themselves were more likely to be referred to an alternative response (Shusterman et al., 2005; English et al., 2000).

Child Safety

The ability of differential response systems to protect child safety is a significant concern. Research findings suggest that:

 Child safety was not compromised under differential response systems. Single State studies revealed that children whose cases received an alternative response were less likely or as likely as children who received an investigation to be the subject of a subsequent report or investigation (Chipley et al., 1999; English et al., 2000; Loman & Siegel, 2004a; Loman & Siegel, 2004b; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004). Likewise, the multistate study found that the rate of recurrence within 6 months was comparable for children whose cases received an alternative response versus investigation; in Oklahoma, the likelihood of receiving a subsequent CPS response

- within 6 months was *lower* for children receiving alternative response (Shusterman et al, 2005).
- Safety was maintained even when comparable families were randomly assigned to tracks. In an experimental study conducted in Minnesota, families randomly assigned to assessment were significantly less likely to be re-reported than families randomly assigned to investigations (27 percent versus 30 percent) (Loman & Siegel, 2004b).
- Increased services to families lowered recurrence. Analyses using Minnesota's experimental design support this expected outcome. In addition, the nonadversarial and participatory approach to families was linked to reduced recurrence whether or not services were delivered (Institute of Applied Research, 2005).

Investigations and Prosecution

Limited research has focused on investigations and prosecution. Findings thus far suggest:

- States differed widely in the extent to which the existence of an alternative response option resulted in fewer investigations (Shusterman et al, 2005).
- The use of a differential response system improved investigations and increased criminal arrests in one State. A recent study (Loman, 2005) examined the arrests in cases of child sexual abuse and severe and moderate physical abuse in Missouri's differential response system, which diverts the majority of other reports to a nonadversarial home visit. The study found that limiting the number of investigations led to more intense investigations and a

greater likelihood of criminal prosecution of perpetrators of the more serious offenses.

Services to Families

Research on services provided to families on the assessment track showed:

- Services were provided more often to children and families on the assessment track (Shusterman et al, 2005; Loman & Siegel, 2004a; Virginia Department of Social Services, 2004; Hernandez & Barrett, 1996). In Minnesota, for example, 54 percent of families on the assessment track received specific services (other than case management), compared to 36 percent of families on the investigation track (Loman & Siegel, 2004a).
- The number of services received by families on the assessment track was greater than on the investigation track. Linkages of families to funded and unfunded community providers increased in both Minnesota and Missouri (Loman & Siegel, 2004a; Loman & Siegel, 2004b). In addition, the types of services delivered to families shifted in both States toward family support services related to basic financial needs (Institute of Applied Research, 2005).
- Services may be provided to families earlier on the assessment track. Missouri found that services occurred in a more timely manner under differential response (service activity was initiated on average within 17 days in the pilot areas, versus 35 days for comparison families) (Siegel & Loman, 2000).
- Greater use of community resources was reported in pilot areas of at least three States (Florida, Minnesota, and Missouri)

- (Siegel and Loman, 2000; Loman & Siegel, 2004b; Hernandez & Barrett, 1996). One evaluation report, however, indicated that community agencies were not always able to make contact with families or make contact within time frames anticipated by CPS (Washington State DSHS, 2005).
- Children were more likely to be placed in foster care if they received investigations, in several but not all States (Shusterman et al., 2005; Virginia Department of Social Services, 1999; Chipley et al., 1999; Loman & Siegel, 2004b). Recurrence of maltreatment resulting in removal declined for families receiving alternative response in the Minnesota study, but no corresponding evidence could be found in the Missouri study (Institute of Applied Research, 2005).

Family Satisfaction and Engagement

A few States conducted surveys to explore family and worker perspectives on family satisfaction and engagement. They found:

• Families reported satisfaction with the differential response system in Minnesota, Missouri, North Carolina, and Virginia (Loman & Siegel, 2004a; Siegel & Loman 2000; Center for Child and Family Policy, 2004; Virginia Department of Social Services, 1999). Further, the Minnesota families receiving alternative response reported that they were treated in a friendly and fair manner, were listened to by workers, were connected to other community resources, and benefited from the CPS intervention more often than families receiving a traditional response. These same families more often reported being hopeful and encouraged (Loman & Siegel, 2005).

- The family's sense of participation in decision-making increased in several States (Loman & Siegel, 2004a; Loman & Siegel, 2004b). In Minnesota, 68 percent of assessment families said they were involved a great deal in decisions that were made about their families and children, compared to 45 percent of control families (Loman & Siegel, 2005). In Virginia, families were included in planning for services in 95 percent of assessments and 67 percent of investigations (Virginia Department of Social Services, 1999).
- Workers reported families were more cooperative and willing to accept services. In Minnesota, for example, workers rated the primary caregiver as uncooperative in less than 2 percent of assessment families, compared to 44 percent of control families (Loman & Siegel, 2005). In Missouri, it was hypothesized that cooperation between families and the child welfare agency was linked to the more positive and supportive orientation and earlier service contacts (Siegel & Loman, 2000).

Cost Effectiveness

A cost analysis showed promising results:

• Differential response appears to be cost effective over the long term. Minnesota's cost-effectiveness study suggested that costs of alternative response in the early stages of a case, including worker time during case opening, were greater than in traditional CPS interventions. However, costs for case management and other services following the closing of the initial case through the end of the follow-up period were lower. Savings achieved later

more than offset investment costs early on and, as such, total costs were less for the alternative response cases than the control cases (Loman & Siegel, 2005).

CPS Staff Perspectives and Issues

Surveys and interviews with CPS staff underscore:

- CPS staff like the differential response approach. In Missouri, workers and community representatives preferred the family assessment approach (Loman & Siegel, 2004a). North Carolina social workers and supervisors overwhelmingly agreed that the differential response system was a more respectful way to serve families and allowed them to consider all family circumstances (Center for Child and Family Policy, 2004). Virginia CPS staff also expressed favorable views of their multiple response system (Virginia Department of Social Services, 1999).
- Large caseloads and limited resources are obstacles to differential response effectiveness. Missouri's evaluation concluded that the impact of the demonstration was mitigated by large caseloads and limited resources. Although the results of the evaluation favored the family assessment approach over the traditional CPS approach, the effects were relatively modest. To achieve greater impact, the evaluators recommended reducing worker caseloads, as well as increasing and accelerating community development activities and resources (Loman & Siegel, 2004a). In North Carolina, staff members experienced increased challenges in managing cases while working with new reports, leading to increased

stress levels. Evaluators recommended limiting caseload sizes to six to eight families per worker or implementing team models (Center for Child and Family Policy, 2004).

 Training is needed. The Virginia evaluation led to some specific recommendations for program expansion, including providing training for both frontline staff and administrators to communicate changes to other agencies and the community (Virginia Department of Social Services, 1999).
 Similarly, North Carolina evaluators called for additional and better training for line staff, supervisors, and management.

Opportunities for Improving Child Welfare Practice

As mentioned earlier, the CFSRs conducted nationwide by the Children's Bureau have underscored some specific areas of weakness in CPS practices, including:

- Comprehensive assessment and identification of strengths and needs
- Family involvement in the service planning process
- Availability and accessibility of services for families and children, and inconsistent services to address risk, especially for in-home cases
- Timeliness of response to lower-risk reports

Differential response systems, and in particular the assessment tracks of these systems, offer opportunities for CPS agencies to address these weaknesses and improve child welfare practice.

Improved Assessment

One distinctive feature of the assessment track is that its focus is broader than the allegations in the referral or the specific incident leading to the report. Staff move away from a focus on "what happened" toward a process that seeks to understand the child and family's broader needs. The assessment process looks for strengths within the child and family, as well as factors contributing to the child's vulnerability and underlying issues that keep parents from being able to sustain safe, supportive parenting.

Family-Centered Practice

Assessment tracks reflect the values of family-centered practice and family engagement. Program evaluations, particularly in Minnesota and Virginia, point to routine involvement of families in both assessment and service planning. Since services are voluntary, workers must engage families in order to secure their participation in interventions. Engagement involves gaining the family's perspective on problems and learning what they feel would help them to make changes. This results in more dialogue during service plan development within assessment tracks than in typical investigatory practice.

Enhanced Service Delivery

Evaluations of differential response systems have shown that families tend to receive services sooner within assessment tracks compared to investigations, and the level of service provision seems to be more robust. There are several potential reasons for this:

- Although many traditional systems are permitted to serve families even when an investigation is not substantiated, their ability to do so is restricted by resource availability. Moreover, the adversarial nature of investigation undermines some parents' motivation to participate in case planning and avail themselves of services.
- Traditional practice focuses the majority of service provision on foster care cases, rather than in-home cases, according to the CFSR findings. Within assessment tracks, a larger percentage of in-home cases (which constitute the majority of cases referred for assessment versus investigation) receive services.
- Evaluations of differential response have demonstrated that children can be just as safe or safer without an adversarial investigation to initiate intervention. In cases of lower risk, workers can begin to explore needs and offer services without stopping to undertake an investigation, resulting in more timely services and more efficient use of staff time.

Potential for Earlier Intervention and Prevention

Responding to the large volume of child maltreatment reports early enough to make a difference in the lives of children and families is a major objective of differential response efforts. Many of the cases on assessment tracks are lower risk cases that might have been screened out or closed after one contact if an alternative to investigation were not available. Some of these cases are known to reappear later with more serious allegations. Differential response offers the opportunity for

earlier intervention and possible prevention of child abuse or neglect.

Guiding Principles for Implementation

Lessons learned from research and experiences with differential response can help move the field forward. Child welfare administrators and policymakers may benefit from the following considerations when implementing or expanding differential response systems at the State or local levels:

Address the core concerns of child safety and risk. It is important to remember that all of the children and families served, regardless of assigned track, have been reported to CPS for potential maltreatment and their cases have been screened in as legitimate referrals. As such, all of these situations warrant an assessment of both the children's safety and the parents' capacity and willingness to participate in protective interventions. CPS systems must take care to ensure that initial contacts, even if made by another agency, address safety and risk.

Implement systematic structures for selecting a response track and allowing changes. When and how the choice of response track is made has important practice implications. Tracks should be assigned based on a careful assessment of the family's safety, needs, and resources. Experience indicates that track changes are very infrequent—usually less than 2 percent. This may be appropriate, but comprehensive and ongoing assessment of the family often leads to the discovery of information about the family that would not have come to light through a traditional

investigation. This additional information gathered by workers should help them identify when changes in track assignments are warranted, particularly to protect a child's safety.

Promote assessments that explore underlying conditions and needs. Differential response is based on the assumption that assessments will be comprehensive and go beyond traditional risk and safety assessments. More comprehensive assessment processes explore the strengths and needs of children and families and develop service plans that respond to underlying issues affecting the child's safety.

Ensure service availability and strengthen community relationships. Successful implementation of differential response systems requires the availability of an array of community services to support families. Child welfare agencies implementing differential response have found it helpful to work with community partners to identify and secure services from public and private agencies and help develop additional services as needed. Increasing and diversifying relationships with other service providers may require CPS agencies to address issues such as resource allocation, confidentiality agreements, accountability for shared case management, and co-training of staff.

Foster natural supports. Bringing broader systems of support to bear on the protection of children has proven to be a challenging task for some jurisdictions implementing differential response. Identifying, assisting, and nurturing families' informal support systems can complement traditional services to help sustain healthy family functioning and child well-being over time.

Train staff. To conduct comprehensive assessments and encourage parents' participation in voluntary services, CPS caseworkers must be skilled in engaging families. Jurisdictions implementing differential response have noted that training administrators, supervisors, and frontline staff is critical to the success of this approach.

Examine workload impact. Building trusting relationships, fully exploring strengths and needs, linking families to other services and supports, and developing case plans in partnership with families can take more time than typical caseloads allow. Evaluations in Missouri and elsewhere suggest the full benefit of differential response was not realized because of the counteracting pressures of large caseloads.

Track outcomes. States implementing differential response systems learned a great deal from measuring outcomes. Collecting data, tracking outcomes, and conducting rigorous evaluations can help States and local agencies understand the effectiveness of reforms and make mid-course corrections as needed. These efforts can also help shape plans for statewide expansion of pilot programs and communicate benefits to various stakeholders.

Accommodate and explain changes in data.

Differential response may affect reporting and recurrence data and create apparent oddities in multiyear trends. When a majority of the referrals are not accompanied by a substantiation decision—as is the case with the families not on the investigation track—the proportion of substantiated reports to total reports decreases significantly. The important work done with families whose reports were not substantiated must be accommodated

within existing information systems and communicated to policymakers.

Tap into lessons learned. Contact with State and local agencies experienced in implementing differential response can help those who are just starting the process to replicate promising approaches or avoid common mistakes. In addition, the Children's Bureau's National Resource Centers and Child Welfare Information Gateway can provide technical assistance and information on a number of topics related to differential response. Selected published reports, many of which are available through Information Gateway, are presented in the final section of this brief. For more information, visit www. childwelfare.gov or call 800.394.3366.

Conclusion

Differential response has been a positive development in child protection. Evaluations demonstrate that:

- Children are at least as safe as in traditional practice.
- Parents are engaging in services.
- Families, caseworkers, and administrators are supportive of the approach.

While past evaluations shed some light on the effectiveness of this reform, the field needs to continue collecting and analyzing data to improve understanding of how the practices associated with differential response affect outcomes for children and families. Questions for further research may include:

- How vulnerable to further maltreatment are children in families that do not voluntarily participate in services?
- Is there sufficient follow-up for families initially identified as low to moderate risk to prevent more serious situations from developing?
- By engaging parents more comprehensively in making sustainable changes, are children safer in the long term?
- How can States address infrastructure issues, such as worker caseloads and the availability of community resources, to support implementation of this approach?
- How does differential response affect the child welfare agency's ability and willingness to build and sustain partnerships with community agencies to support families?

Jurisdictions implementing differential response still face hurdles. For example, collaboration and coordination with other agencies and broader community stakeholders is an area likely to receive more attention as CPS shares more of the responsibility for the protection of children with local communities. In addition, limited resources—including services, supports, and time for caseworkers to facilitate connections to these resources—will be a continuing challenge.

Nonetheless, building from lessons learned, States and agencies continue to move forward, refining existing differential response systems and expanding into new jurisdictions. And, as they do, they draw upon flexible, family-centered practices and community resources to more effectively strengthen our nation's families and promote the safety and well-being of children.

For More Information

References Cited

- Center for Child and Family Policy. (2004).

 Multiple Response System (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS). Durham, NC:

 Author. Retrieved September 18, 2006, from www.childandfamilypolicy.duke.edu/news/MRS%20Report.pdf
- Child Welfare Information Gateway. (2006).

 Making and screening reports of child abuse and neglect: Summary of State laws. Washington, DC: U.S. Department of Health and Human Services. Retrieved July 13, 2007, from www.childwelfare.gov/systemwide/laws_policies/statutes/repproc. cfm
- Chipley, M., Sheets, J., Baumann, D., Robinson, D., & Graham, J. C. (1999). Flexible response evaluation. Texas Department of Protective and Regulatory Services.
- Daro, D., Budde, S., Baker, S., Nesmith, A., & Harden, A. (2005). Creating community responsibility for child protection: Findings and implications from the evaluation of the Community Partnerships for Protecting Children Initiative. Chicago, IL: Chapin Hall Center for Children. Retrieved September 18, 2006, from www.cssp.org/uploadFiles/FindingsImplications.pdf
- English, D., Wingard, T., Marshall, D., Orme, M., & Orme, A. (2000). Alternative responses to child protective services:

- Emerging issues and concerns. *Child Abuse & Neglect*, 24(3), 375-388.
- Farrow, F. (1997). Child protection: Building community partnerships. Cambridge, MA: Harvard University.
- Hernandez, M., & Barrett, B. A. (1996).

 Evaluation of Florida's Family Services

 Response System. Tampa, FL: University of
 Southern Florida.
- Institute of Applied Research. (2005).

 Alternative response research in Missouri,
 Minnesota, and Virginia. Findings in six
 areas. PowerPoint presentation to California
 CPS Practitioners, March 2005. Retrieved
 July 11, 2005, from www.iarstl.org/papers/
 CAPresentation.pdf
- Loman, A. (2005). Differential response improves traditional investigations:
 Criminal arrests for severe physical and sexual abuse. St. Louis, MO: Institute of Applied Research. Retrieved September 18, 2006, from www.iarstl.org/papers/DiffRespAndInvestigations.pdf
- Loman, A., & Siegel, G. (2004a). Differential response in Missouri after five years. St. Louis, MO: Institute of Applied Research. Retrieved September 18, 2006, from www.iarstl.org/papers/MODiffResp2004a.pdf
- Loman, A., & Siegel, G. (2004b). Minnesota Alternative Response Evaluation: Final Report. St. Louis, MO: Institute of Applied Research. Retrieved September 18, 2006, from www.iarstl.org/papers/ ARFinalEvaluationReport.pdf

- Loman A., & Siegel, G. (2005). Alternative response in Minnesota: Findings of the program evaluation. In Differential Response in Child Welfare. *Protecting Children*, 20(2&3), 78-92. Retrieved September 18, 2006, from www.iarstl.org/papers/ARinMNfromProtectingChildren.pdf
- Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006). National study on differential response in child welfare. Washington, DC: American Humane and Child Welfare League of America. Retrieved August 10, 2007, from www.americanhumane.org/site/DocServer/National_Study.pdf?docID=4761
- Orr, S. (1999). Child protection at the crossroads: Child abuse, child protection, and recommendations for reform. Los Angeles: Reason Public Policy Institute.
- Schene, P. (2001). Meeting each family's needs: Using differential response in reports of child abuse and neglect. In *Best Practice*, *Next Practice*. Spring 2001, 1-14. National Child Welfare Resource Center for Family-Centered Practice. Retrieved September 18, 2006, from www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BPNPSpring01.pdf
- Schene, P. (2005). The emergence of differential response. In Differential Response in Child Welfare. *Protecting Children*, 20(2 and 3), 4-7.
- Shusterman, G. R., Hollinshead, D., Fluke, J. D., & Yuan, Y. T. (2005). Alternative responses to child maltreatment: Findings from NCANDS. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary

- for Planning and Evaluation. Retrieved September 18, 2006 from http://aspe.hhs. gov/hsp/05/child-maltreat-resp/index.htm
- Siegel, G., & Loman, A. (2000). The Missouri Family Assessment and Response Demonstration impact evaluation: Digest of findings and conclusions (Updated). St. Louis, MO: Institute of Applied Research. Retrieved September 18, 2006, from www. iarstl.org/papers/MoFamAssess.pdf
- U.S. Department of Health and Human Services, Administration for Children and Families/Children's Bureau and Office of Assistant Secretary for Planning and Evaluation. (2001). National study of child protective services systems and reform efforts: Literature review. Retrieved September 18, 2006, from http://aspe.hhs.gov/hsp/protective01/index.htm
- U.S. Department of Health and Human Services, Administration for Children and Families/Children's Bureau and Office of Assistant Secretary for Planning and Evaluation. (2003a). National study of child protective services systems and reform efforts: Review of State CPS policy. Washington, DC: U.S. Government Printing Office. Retrieved September 2006 from http://aspe.hhs.gov/hsp/CPS-status03/state-policy03
- U.S. Department of Health and Human Services, Administration for Children and Families/Children's Bureau and Office of Assistant Secretary for Planning and Evaluation (2003b). National study of child protective services systems and reform efforts: Findings on local CPS practices. Washington, DC: U.S. Government Printing

- Office. Retrieved September 18, 2006, from http://aspe.hhs.gov/hsp/CPS-status03/cps-practices03
- U.S. General Accounting Office. (1997). Child protective services: Complex challenges require new strategies. Washington, DC: Author.
- Virginia Department of Social Services. (1999). Final report on the multiple response system for child protective services in Virginia. Richmond, VA: Author.
- Virginia Department of Social Services. (2004). Evaluation of the differential response system. Richmond, VA: Author.
- Waldfogel, J. (1998). Rethinking the paradigm for child protection. Future of Children, 8(1), 104-119. Retrieved September 18, 2006, from www.futureofchildren.org/usr_doc/ vol8no1ART7.pdf
- Washington State Department of Social and Health Services (DSHS). (2005). Alternative response systems program progress report July 1, 2003 – June 30, 2004. Retrieved September 18, 2006, from www1.dshs. wa.gov/pdf/ca/ARS_FY04.pdf

Other Resources

- Gordon, A. (2000). What works in child protective services reforms. In M. Kluger, G. Alexander, & P. Curtis (Eds.), What works in child welfare (pp. 57-66). Washington, DC: Child Welfare League of America.
- Institute of Applied Research. (1998).

 Missouri Child Protection Services Family
 Assessment and Response Demonstration:

- Impact evaluation digest of findings and conclusions. St. Louis, MO: Author.
- Mallon, G., & Hess, P. (Eds.). (2005). Child welfare for the twenty-first century: A handbook of practices, policies, and programs. New York: Columbia University Press.
- U.S. Department of Health and Human Services, Administration for Children and Families/Children's Bureau and Office of Assistant Secretary for Planning and Evaluation. (2003). National study of child protective services systems and reform efforts: Summary report. Washington, DC: U.S. Government Printing Office. Retrieved September 18, 2006, from http://aspe.hhs.gov/hsp/CPS-status03/summary
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2007). *Child maltreatment* 2005. Washington, DC: U.S. Government Printing Office.
- Yuan, Y. (2005). Potential policy implications of alternative response. In Differential Response in Child Welfare. *Protecting Children*, 20(2&3), 22-31.
- Zimmerman, F. (2003). Doing business differently: Changing policy and practice in the St. Louis Division of Family Services. New York: The Center for Community Partnerships in Child Welfare.

Appendix A States With Policies, Practices, and Statutes Reflecting Differential/Alternative Response

State	Identified in Policy/Practice Protocols	Authorized by Statute	Statewide Implementation	Local/County/ Regional Implementation	Other Experience*
Alaska	X			X	
Arizona					Χ
California				X	Χ
Delaware		Χ			
Florida				X	Χ
Georgia	X		X		
Hawaii	X		X		
Idaho	X				
lowa					Χ
Kansas	X		X		
Kentucky	X	Х	X		
Louisiana	X	Х		X	
Maine	X		X		
Massachusetts					Χ
Michigan			X		Х
Minnesota	X	Х	X		
Missouri	X	X	X		
Nevada	X				
New Jersey		X		X	
New Mexico					X
North Carolina	X	Х	X		Х
North Dakota					Х
Oklahoma	X	Х	X		
Pennsylvania	X	Х	X		
South Carolina					X

State	Identified in Policy/Practice Protocols	Authorized by Statute	Statewide Implementation	Local/County/ Regional Implementation	Other Experience*
South Dakota	X		X		
Tennessee	X	Х		X	
Texas					X
Utah	X				
Vermont	X		X		
Virginia	X	Х	X		
Washington	X		X		
West Virginia	X			X	
Wisconsin					Х
Wyoming	X	Х	X		
Total	22	12	16	7	12

^{*}Other experience includes States that previously had a differential response system but are not currently operating under the system. It also includes States that have incorporated some elements of differential response into their system or that are operating a pilot project but do not have a formal differential response system.

Appendix B State Contacts Regarding Differential/Alternative Response

As noted in the text, some States are no longer using differential/alternative response, others are considering introducing it, while in other States it has become a formal part of the child protection system. The following individuals are either directly involved in differential response in their State or can provide information on previous or planned differential response efforts.⁴

Alaska

Sara Gray Program Coordinator Office of Children's Services

Phone: 907.465.3207

Email: Sara_Gray@health.state.ak.us

Arizona

Carolyn Rice CPS Policy Specialist Phone: 602.542.4850 Email: CRice@azdes.gov

California

Susan Nisenbaum
Child Protection and Family Support
Branch Chief
California Department of Social Services

Phone: 916.651.6600

Email: susan.nisenbaum@dss.ca.gov

Delaware

Linda M. Shannon, M.S.W.

Program Manager - Intake & Investigation

Division of Family Services

Phone: 302.633.2663

Email: Linda.Shannon@state.de.us

Florida

Maria B. Leon, M.S.W. Program Specialist, Office of Family Safety

Florida Department of Children and Families

Phone: 850.921.2765

Email: maria_leon@dcf.state.fl.us

Patricia Badland

Director, Office of Family Safety

Florida Department of Children and Families

Phone: 850.488.8762

Email: pat_badland@dcf.state.fl.us

Hawaii

Amy Tsark

Branch Administrator, Child Welfare Services

Department of Human Services

Phone: 808.586.5667

Email: atsark@dhs.hawaii.gov

John Walters

Program Development Administrator, Child

Welfare Services Phone: 808.586.5675

Email: jwalters@dhs.hawaii.gov

Idaho

Shirley Alexander

Idaho Department of Health and Welfare

Phone: 208.334.6618

Email: alexande@idhw.state.id.us

Iowa

Rosemary Norlin Bureau of Protective Services

Phone: 515.281.8726

Email: RNORLIN@dhs.state.ia.us

⁴ Information current as of July 2007.

Kansas

Paula Ellis, M.S.W.

Assistant Director, Child Welfare Programs Division of Children & Family Services

Phone: 785.368.8191 Email: pxke@srskansas.org

Kentucky

Lisa Durbin

Child Safety Branch Manager

Department for Community Based Services

Phone: 502.564.2136 Email: Lisa.A.Durbin@ky.gov

Louisiana

Walter Fahr

Child Protection Investigative Program

Manager

Office of Community Services

Phone: 225.342.6832 Email: wfahr@dss.state.la.us

Patrice Waldrop

Child Protection Investigation Program

Manager

Office of Community Services

Phone: 225.342.4008

Email: pwaldrop@dss.state.la.us

Maryland

Steve Berry, Manager In-Home Family Services

Department of Human Resources

Phone: 410.767.7112

Email: SBerry@dhr.state.md.us

Massachusetts

Leslie Akula

Director of Policy Support

Massachusetts Department of Social Services

Phone: 617.748.2323

Email: leslie.akula@state.ma.us

Michigan

Ted Forrest

Child Protective Services Manager

Michigan Department of Human Services

Phone: 517.335.3704

Email: forrestt@michigan.gov

Minnesota

David Thompson, M.S.W.

Minnesota Department of Human Services

Phone: 651.431.4701

Email: david.thompson@state.mn.us

Rob Sawyer

Olmsted County Child and Family Services

Phone: 507.285.8405

Email: sawyer.rob@co.olmsted.mn.us

Missouri

Kathryn Sapp

Children's Division, Missouri Department of

Social Services Phone: 573.522.5062

Email: Kathryn.Sapp@dss.mo.gov

L. Anthony Loman, Ph.D.

Gary Siegel, Ph.D.

Institute of Applied Research

Phone: 314.909.1944 Email: gsiegel@iarstl.org

Nevada

Marjorie Walker

Office of Child Protective Services

Phone: 775.684.4422

Email: mwalker@dcfs.state.nv.us

Caroline Thomas

Office of Child Protective Services

Phone: 775.684.4460

Email: cthomas@dcfs.state.nv.us

New Jersey

Mr. Steven Rutland New Jersey Department of Children and Family Services

Phone: 609.292.2813

Email: steve.rutland@dcf.state.nj.us

New Mexico

Jeromy L. Brazfield Differential Response Unit Supervisor Child, Youth and Families Department

Phone: 505.841.6126

Email: jeromy.brazfield@state.nm.us

Romaine Serna Deputy Director

Children Youth and Families Department

Phone: 505.841.7800

Email: romaine.serna@state.nm.us

Linda Cravens-Rodriguez
County Office Manager
Children Vande and Families 5

Children, Youth and Families Department

Phone: 505.841.6100

Email: linda.cravens-rodriguez@state.nm.us

North Carolina

Patrick Betancourt

Multiple Response Systems Coordinator Department of Health and Human Services

Phone: 919.733.4622

Email: patrick.betancourt@ncmail.net

North Dakota

Kate Kenna Deputy Director

Northeast Human Service Center

Phone: 701.795.3014 Email: 84kenk@state.nd.us

Ohio

Kristin Gilbert

Ohio Department of Job and Family Services

Phone: 614.752.0236

Email: Gilbek@odjfs.state.oh.us

Steve Hanson

Supreme Court of Ohio Phone: 614.387.9387

Email: HansonS@sconet.state.oh.us

Oklahoma

Nelda Ramsey Programs Manager Children & Family Services Division

Phone: 405.521.4266

Email: Nelda.Ramsey@OKDHS.org

Pennsylvania

Cathy Utz

Office of Children, Youth, and Families

Phone: 717.705.2912 Email: cutz@state.pa.us

South Dakota

Jaime Reiff

South Dakota Department of Social Services

Child Protective Service Division

Phone: 605.773.3103

Email: Jaime.Reiff@state.sd.us

Tennessee

Shalonda Cawthon, Executive Director

Office of Child Safety

Department of Children's Services

Phone: 615.741.8278

Email: Shalonda.Cawthon@state.tn.us

Utah

Cora Peterson
Division of Child and Family Services

Phone: 801.538.4154

Email: corapeterson@utah.gov

Virginia

Rita Katzman, M.S.W.

Child Protective Services Program Manager Virginia Department of Social Services

Phone: 804.726.7554

Email: rita.katzman@dss.virginia.gov

Washington

Sherry Brummel Research Supervisor

Office of Children's Administration Research

Phone: 360.902.8050

Email: brus300@dshs.wa.gov

West Virginia

Toby Lester

CPS Program Specialist Phone: 304.558.2997

Email: tobylester@wvdhhr.org

Wisconsin

Teressa Pellett Programs Director Children's Trust Fund Phone: 608.267.3678

Email: teressa.pellett@ctf.state.wi.us

Wyoming

Debra Hibbard
CPS Consultant
Department of Family Services

Phone: 307.777.5479 Email: dhibba@state.wy.us



Child Welfare Information Gateway

Children's Bureau/ACYF 1250 Maryland Avenue, SW Eighth Floor Washington, DC 20024 703.385.7565 or 800.394.3366 Email: info@childwelfare.gov

www.childwelfare.gov

Suggested Citation: Child Welfare Information Gateway. (2008). *Differential Response to Reports of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services