**Advisory Council for Alternative Response**  
**Council Meeting**  

**Tuesday, September 11, 2012 | 1:00 PM – 3:00 PM | DHR, Room 1044**

### Meeting Agenda

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<th>Topic</th>
<th>Speaker/Responsibility</th>
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| Welcome and Introductions     | Ted Dallas
|                               | Secretary
|                               | DHR                     |
| Agenda Review                 | Carol Spigner
|                               | Council Facilitator & Child Welfare Expert |
| Minutes Approval              | Council Meeting Minutes July and August 2012 |
| Communications Message        | Brian Schleter / Carmitra White
|                               | Director of Communications / SSA Executive
|                               | Director                  |
| Workgroup Reports             |                         |
| 1) Policy                     | Dick Paulman / Debbie Ramelmeier
|                               | Allegany Co. DSS Director / SSA Executive
|                               | Deputy Director            |
| 2) Practice                   | David Thompson / Steve Berry
|                               | Prince George’s Co. DSS Chief of Staff /
|                               | In-Home Services Program Manager |
| 3) Community Partners         | Pamela Brown / Shanda Crowder
|                               | Anne Arundel Co. LMB / SSA Chief of Staff |
| 4) Evaluation                 | Melissa Rock / David Ayer
|                               | Advocates for Children and Youth / SSA
|                               | Deputy Director Operations |
| Questions /Next Steps         | Carol Spigner
|                               | Council Facilitator & Child Welfare Expert |
| Closing Comments              | Ted Dallas
|                               | Secretary
|                               | DHR                      |
Alternative Response Policy Work Group Update
September 11, 2012
Co-chairs: Dick Paulman and Debbie Ramelmeier

- Preamble to policy has been approved by work group (see attached)
- Review of other states policies and AR selection tools has been completed. Most states begin with entire universe of cases being AR eligible and detail what factors would lead to “deselection” of AR. Policy group developed list of ineligible reasons (some statutory) that would disqualify a case from being in AR track. Many states also apply a second tier criteria that is more subjective and based upon information reported that is not directly tied to the alleged maltreatment but may assist in making AR selection determination. The work group developed a list of 5 “qualifiers” for discussion at Council meeting (see attached)
- Implementation can take many forms and there are pros and cons to each methodology. The work group identified three main strategies: Pilot, Phase In (by type or jurisdiction) and Full Statewide. Pilot implementation assumes the identification of specific jurisdictions and only those jurisdictions implement AR. The full evaluation is completed as to those jurisdictions before other jurisdictions are added. AR would move to additional jurisdictions after issues/problems/tweaks have been resolved. Phase In assumes that AR will begin in specific jurisdictions and others added under a set implementation schedule. Evaluation may begin with the initial phase but wouldn’t complete until all jurisdictions are on line. Phase In could also be used as to type of case. For example, only lack of supervision cases would initially qualify for AR selection. Full Statewide assumes all jurisdictions start with AR on the same day.
- The work group identified pros and cons as to each implementation strategy and asks that the Advisory Council review and identify any additional pros/cons as to each strategy. (see attached)
- The next policy work group (scheduled for 9/18/12) will focus on finalizing the AR eligibility criteria, developing implementation recommendation (using the feedback from the Council), identifying trigger process and developing worker process (how AR will be implemented with the families). This will be incorporated into a written policy to be presented at the October 9th council meeting.
Preamble: The intent of Alternative Response is to provide another approach to intervening with individuals and families in response to a credible report that a child has been abused or neglected. Alternative Response may only be considered if the alleged maltreatment meets the threshold for Child Protective Services (CPS) intervention. After a case is “screened in,” local staff will evaluate the information obtained from the reporting source and determine whether the case should be assigned for CPS investigation or for an Alternative Response. Both approaches will address the family’s needs and put in place applicable measures to protect the child. If Alternative Response is conducted, the Local Department will not conduct a formal investigation or identify a particular individual as responsible for maltreatment in a central registry or case file. Upon meeting the family, the caseworker will conduct a full assessment of the family and engage with the family to jointly determine what services would benefit the family. The decision to forgo an investigation will be made in accordance with this policy, weighing the type of maltreatment, the level of risk of harm or endangerment to any child in the home, and the family’s history of involvement with the agency.
Alternative Response Case Assignment Criteria

ASSUMPTIONS:
- All cases meet criteria for abuse or neglect
- Screener will make screen in/screen out recommendation using Structured Decision Making tool
- AR vs. Investigation decision is subsequent to the screening decision and completely separate from decision on accepting the case for intervention
- Initial assignment is based upon the information known at the time of report

Cases that are INELIGIBLE to be assigned to Alternative Response:
- Sexual abuse
- Abuse or neglect that occurs in an out-of-home placement (resource home, Child Placement Agency (CPA), group home)
- Abuse or neglect resulting in death or serious physical or mental injury
- Any case in which the individual suspected of child maltreatment has been identified as responsible for abuse or neglect in the previous 3 year period as documented in agency case record
- Any case in which the individual suspected of abuse or neglect has had one report assigned to Alternative Response within the prior 12 months.
- Any case in which the individual suspected of abuse or neglect has had two reports assigned to Alternative Response within the prior 24 months.
- Substance Exposed Newborn where the parent had previous substance exposed birth, a denial of substance use, failure to participate in treatment, Termination of Parental Rights (TPR) of a child due to substance use in the past
- Mental Injury Referral
- Signs or diagnosis of failure to thrive
- Where there is an active investigation in progress

Possible AR Qualifiers - presence of a qualifier indicates that AR would NOT be adequate to ensure child safety and case should be investigated
- Reported history of non cooperation
- Multiple similar reports
- If Alleged Maltreater is also Domestic Violence Perpetrator in the home
- Criminal History – felony conviction for:
  - Child abuse or neglect
  - Spousal abuse
  - A crime against a child or children including child pornography
  - A crime of violence including rape, sexual assault, or homicide, but not including other physical assault or battery
  - Assault (within past 5 yrs)
  - Battery (within past 5 yrs)
  - Drug offense (within past 5 yrs)
  - Note these are same disqualifiers for resource home approval
- Threatened serious harm to child with or without a Weapon
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<th>PILOT</th>
<th>CONS</th>
<th>PHASE IN</th>
<th>CONS</th>
<th>FULL STATEWIDE</th>
<th>CONS</th>
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<td>Majority of states have piloted/phased</td>
<td>slow to implement</td>
<td>Majority of states have piloted/phased</td>
<td>slow to implement</td>
<td>fast implementation</td>
<td>few states have implemented statewide at beginning</td>
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<td>Opportunity to learn &amp; fix glitches</td>
<td>no uniformity across state</td>
<td>identify unintended consequences</td>
<td>uniformity across all jurisdictions</td>
<td>all jurisdictions must do whether on board or not</td>
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<td>identify unintended consequences</td>
<td>appeal issues</td>
<td>invested champions (locals want to do it)</td>
<td>no impact on appeals</td>
<td>cannot start training close to implementation lack of training continuity</td>
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<td>invested champions (locals want to do it)</td>
<td>different rules across jurisdictions</td>
<td>evaluation more effective</td>
<td>Statewide CHESSIE implementation</td>
<td>inconsistent implementation</td>
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<td>evaluation more effective</td>
<td>MD CHESSIE</td>
<td>training effectiveness</td>
<td>full caseload for evaluation</td>
<td>central office does not have resources to monitor/assist</td>
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<td>training effectiveness</td>
<td>do not have full caseload to evaluate</td>
<td>feedback from staff/families but may present with limited opportunity to adjust/fix</td>
<td>lack of confusion across jurisdictions</td>
<td>cultural change issues</td>
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<td>feedback from staff/families</td>
<td>if things go bad, fewer negative impacts</td>
<td>hone marketing message but may present with limited opportunity to adjust/fix</td>
<td>if things go bad, impact is great</td>
<td>can’t hone in marketing message</td>
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<td>if things go bad, fewer negative impacts</td>
<td>hone marketing message</td>
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<td>limited ability to do much with any feedback</td>
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<td>easier to manage</td>
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AR Practice Workgroup
September 11, 2012
Co-Chairs: David Thompson and Steve Berry

- Workgroup meet on 8/27/12
- Discussion getting more focused. Narrowing in on who needs training, how the training will be delivered, when it will be provided and what it will consist of for the various groups (LDSS staff, stakeholders, partners, public).
- **Who**: generalist training for all ldss child welfare staff including administration and specific training for AR providers. General training for mandated reporters, courts, attorneys, hospital staff, etc.
- **How**: ask ldss to indentify already scheduled meetings with stakeholders and partners that will be natural settings for providing info. On AR. Provide ldss with PowerPoint and other training material for consistent presentations statewide. Same for central office staff (already receiving requests for info. on what the program will likely look like).
- **When**: Strong sentiment in the group for a phased in rollout of AR across the state. (This was shared with the Policy Group and is reflected in the pros and cons discussion in their report.) Look for ldss champions for AR and possible start where there excitement and support. Need to train AR staff just before going live.
- **What**: Training Academy representatives pulling together the component parts of training from other states. Likely will be able to borrow heavily and tailor to MD. Important to include ldss staff and consumers (parents) in the training effort. One suggestion is to have parents review and comment on material since it is often difficult for them to attend day time meetings.
- Next meeting scheduled for 9/11 following the Council meeting.
Community Partners Workgroup Report  
September 11, 2012  
Co-Chairs: Pam Brown and Shanda Crowder

Phase I Initial Outreach

General message of systems change with plan for service delivery underway; comments welcome (Develop PowerPoint.)

1. Statewide:

   a. All child serving agencies at the state administrative level including health, mental health, DJS, developmental disabilities (Presentation through GOC to the Children’s Cabinet)
   b. Child advocacy groups including Maryland Family Network, Maryland Coalition for Families, Advocates for Children and Youth, Youth Move, Juvenile Services Youth Council, State Interagency Coordinating Council
   c. Member organizations including MARFL, Maryland Association of Local Management Boards, Maryland Association of Youth Service Bureaus, Maryland Association of Core Service Agencies

2. Local Communities

   a. Local Management Boards in each community are creating stakeholder lists to include government child serving agencies, not-for profits, foster parent associations, kinships care associations, faith based, advocacy groups, police, health and mental providers, youth and family groups, court system, civic associations, food banks - in Excel. Due date is September 4.
   b. At the worker and parent level; local DSS, PPW’s, family navigators, PTA/O’s. Work closely with school system at the local level.
   c. Initial announcement flyer to be developed
   d. Local/regional forums developed depending on size of population

Phase II – Coordination and Development (under discussion)

   a. Use Local Care Teams as planning bodies with local DSS taking joint lead (see legislation creating Local Care Teams attached)
   b. Use Local Access Mechanisms and needs assessments of Local Management Boards to generate discussion in each jurisdiction on additional needed resources.
Alternative Response Evaluation Workgroup
September 11, 2012
Co-Chairs: Melissa Rock and David Ayer

Proposed Outcome Indicators (as of 9/5/12)

1. Safety
   a. Recurrence of referral to CPS after completion of AR
   b. Maltreatment (indicated abuse/neglect) during/after AR services

2. Risk assessment
   a. Risk assessment scores for AR families versus Investigation families
   b. Risk assessment scores at beginning versus end of AR

3. Removal
   a. Children placed into OOH care during/after AR services

4. Family experience of AR versus Investigation

5. Workforce issues
   a. Worker satisfaction
   b. Worker turnover

6. Services
   a. Families’ willingness/readiness to participate in recommended services
   b. Families’ follow-through/initiation of recommended services

7. Providers’ perceptions of serving AR versus Investigation families

Notes:
• The workgroup is still developing recommendations regarding the methodology of data collection for the proposed indicators.
• The workgroup will draft proposed performance indicators after the Policy and Practice workgroups have finalized recommendations.