

Process Perspectives Chronicling Ohio's Alternative Response Pilot Project Experience

Carla Carpenter, MSSW, Associate Director,
The National Center for Adoption Law & Policy



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“If you can't describe what you are doing as a process, you don't know what you're doing.”
— W. Edwards Deming

BACKGROUND

The Role of the Chronicler

During the early stages of Ohio’s Alternative Response Pilot Project, it was determined that in addition to the pilot evaluation, another layer of documentation and study of the pilot process was needed in order to fully capture historical lessons of the Pilot Project experience. This qualitative analysis of the pilot process became known as the “Chronicle.” The chronicler would document project milestones, planning and implementation processes, challenges or barriers, successes, and lessons learned and their implications for future planning.

Ohio’s Alternative Response Pilot Project was initiated out of the work of the Supreme Court of Ohio’s Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect, and Dependency. The National Center for Adoption Law &

Policy at Capital University Law School (NCALP) has served the Subcommittee since 2004, assisting the Subcommittee in its efforts to research and craft recommendations for child welfare reform in Ohio, including the Subcommittee's recommendations to adopt a Child in Need of Protective Services (CHIPS) statutory structure and to implement an alternative response practice model. NCALP's involvement with the Subcommittee from the earliest phases of the project created a natural fit for the organization to undertake the work of the chronicling effort.

The Chronicling Process

To formulate an inclusive history of the pilot process, incorporating wide-ranging perspectives, the chronicler has engaged in a comprehensive information-gathering process. The chronicler has attended significant project events, including:

- Pre-project regional forums to educate potential pilot counties;
- Meetings of the Design Workgroup, which established the framework for Ohio's Alternative Response Pilot Project;
- Task Team meetings, which informed the decisions of the Design Workgroup;
- Training opportunities provided in preparation for project rollout;
- Ongoing implementation meetings and conference calls for alternative response workers and supervisors from pilot counties;
- Ongoing training opportunities provided to pilot counties during the project implementation phase;
- Meetings of the Ohio Alternative Response Pilot Project Leadership Council throughout implementation; and
- Meetings of the Supreme Court of Ohio's Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect, and Dependency.

In addition to documenting the progress of the Pilot Project and observations from these significant events, the chronicler has conducted a series of individual and group interviews with key project stakeholders. Interviews have been conducted at various points in time throughout the life of the project, from the conclusion of the design phase to early implementation lessons, mid-pilot experiences, and end-of-pilot reflections. Interview subjects have included State leaders, Ohio Department of Job and Family Services (ODJFS) staff, Leadership Council members, frontline staff and supervisors in each of the 10 pilot counties, and AIM Team project consultants¹. The chronicler has had opportunities to visit each of the 10 pilot sites firsthand. This series of interviews has provided considerable insight regarding:

¹ Interviews with county stakeholders were conducted at five points in time during the pilot: April – June 2008; November 2008; February – April 2009; July 2009; and February – March 2010. Stake level stakeholders were

- State and county reactions to the pilot planning and design process that will inform planning for any future expansion of the project;
- Model fidelity concerns and balancing the need for county autonomy for some elements of the alternative response model;
- Family and workers' responses to alternative response practice and changes in services to families resulting from the alternative response model;
- Internal changes in practice within county agencies initiated as a result of the pilot;
- The impact of alternative response on community partnerships;
- Practice challenges for workers and supervisors as well as overall systemic challenges or barriers; and
- Guidance from workers, supervisors, and other key stakeholders that should inform the future direction of alternative response in Ohio.

The following report highlights significant process points throughout the pilot experience, perspectives gathered from the field throughout the project, successes, challenges, and lessons learned and their implications for the future.

interviewed from June – August 2008 and again post-pilot during February and March 2010. Post-pilot interviews were conducted with AIM Team members in February 2010. Several judicial system stakeholders in the pilot counties were also interviewed in March 2010.

PROCESS TIMELINE

2004 – 2006: Laying the Groundwork

- The Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect, and Dependency was established.
- The Subcommittee conducted 18 months of vigorous research through the National Center for Adoption Law & Policy (NCALP) and the American Bar Association Center on Children and the Law (ABA). Research included a national review of statutory and practice frameworks, including differential response models in other states, as well as extensive field testing of reform recommendations with Ohio child welfare professionals around the state.
- In January 2006, the *Advisory Committee on Children, Families, and the Courts* accepted the Final Report and recommendations of the Subcommittee, including a recommendation to conduct a pilot of an alternative response child protection model.
- Throughout 2006 and into 2007, the Subcommittee focused its efforts on stakeholder outreach and education regarding the recommendations contained in its Final Report. Stakeholder groups were given the opportunity to provide comment and feedback on the recommendations.
- In June 2006, Ohio Senate Bill 238 was signed into law authorizing an 18-month pilot of alternative response in up to 10 counties.

2006 – September 2007: Pre-Pilot Planning

- The Supreme Court of Ohio and the Ohio Department of Job and Family Services (ODJFS) conducted a competitive proposal process to select project consultants to guide the pilot planning and evaluation processes.
- The AIM Team (American Humane, Institute of Applied Research, and Minnesota Consultants) was selected to guide the pilot process and evaluation.
- ODJFS and the Supreme Court of Ohio garnered resources and established partnerships needed to support Pilot

“Frontloading services in a non-adversarial setting will certainly assist in getting family ‘buy-in’...it creates an atmosphere of respect for everyone involved.” — Juvenile Court Judge, December 2006

“I’m excited about everything — but, especially the Alternative Response, which I would implement tomorrow if I could.” — PCSA Representative, October 2006

“With the assistance of these pilot counties, we hope to demonstrate that an Alternative Response System allows caseworkers to link families with needed services earlier.” — Steve Hanson, Supreme Court of Ohio media release announcing Ohio’s 10 alternative response pilot counties

Project implementation of alternative response, including a partnership with Casey Family Programs.

- Regional forums were offered throughout the state to educate counties about the project, answer county questions about the pilot, and provide information on the site selection process.
- Through a competitive proposal process, 10 pilot county sites were selected: Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull, and Tuscarawas.

September 2007 – April 2008: Design and Planning Phase

- A Design Workgroup composed of representatives of the 10 pilot counties, ODJFS, and the Supreme Court of Ohio was formed to develop Ohio's pilot model.
- The AIM Team facilitated a comprehensive planning process involving all 10 pilot sites to develop Ohio's alternative response model. Representatives of all 10 pilot counties attended seven 2-day meetings in Columbus and participated in dozens of conference calls to discuss and make decisions about all aspects of the model.
- A Task Team structure was created to inform decisions of the Design Workgroup and to facilitate planning related to Guiding Principles, Administration and Statewide Automated Child Welfare Information System (SACWIS) issues, Practice Implementation issues, and Training and Education needs.
- Representatives from all 10 pilot sites, along with ODJFS staff, attended the National Conference on Differential Response.
- State leaders developed a partnership with the Ohio Children's Trust Fund to support pilot activities.
- ODJFS policy staff drafted and established administrative rules for the pilot to accommodate changes in practice voted upon by the Design Workgroup.
- Informed by decisions of the Design Workgroup, ODJFS and AIM Team consultants developed new forms and tools

"The most important change we made is what we believed about families." — David Thompson, Minnesota Department of Human Services, on Minnesota's alternative response pilot experience (quote included in AIM Team presentation for regional forums on Ohio's Pilot Project)

"[The Design Phase] was more work than I ever dreamed of!" — County Design Workgroup member

"It has been overwhelming but energizing to be part of this!" — ODJFS Design Workgroup representative

"The conference was extremely informative about how other states used Alternative Response to reform child welfare. We were impressed with the relationships between state departments and the counties as they truly worked collaboratively." — County Design Workgroup member on the experience at the National Conference on Differential Response in Long Beach, California.

needed to support the model, including a pathway assignment tool and a new Family Service Plan.

- Counties developed and presented their individualized implementation plans to the entire Design Workgroup.
- ODJFS conducted a comprehensive planning process to implement SACWIS changes needed to accommodate pilot activities.

April 2008 – June 2008: Implementation Readiness

- AIM Team finalized training curricula for the 10 pilot sites, including an Alternative Response Overview, Procedures & Pathway Assignment Training, and Practice Elements Workshop.
- AIM Team consultants provided pre-implementation training for all 10 pilot sites.
- County and State stakeholders worked with Casey Family Programs to finalize communications materials on alternative response for families, stakeholders, and their communities.
- Franklin County team participated in Minnesota immersion experience in preparation for implementation.

July 2008 – December 2009: Pilot Implementation

- Alternative response was launched in all 10 pilot counties between July 1, 2008, and August 1, 2008.
- Throughout the implementation phase, AIM offered ongoing opportunities for workers and supervisors in the 10 pilot counties to dialogue with one another and their colleagues at ODJFS via monthly conference calls and quarterly in-person technical assistance meetings. These sessions provided a forum for discussing challenges, sharing successes, and problem solving.
- In keeping with its new post-implementation purpose, the Design Workgroup transitioned to form the Ohio Alternative Response Leadership Council to guide decision making and planning in relation to implementation issues and the future

“It [alternative response] is about relationship building, which allows you to get to the bottom of issues better because you have built enough trust with the family that they are willing to share information with you.”

— Comment offered by a Franklin County participant during alternative response training

“How are we going to let families know about alternative response and what is different?” — Question asked during Franklin County training and frequently echoed during other sessions

“As a supervisor, I like hearing about the hugs and positive things families have to say after their experience.” — Franklin County alternative response supervisor, March 2009

“Traditionally, the family felt like we were authoritative and accusatory. With alternative response, families come to see us as their advocate. We sit down together and decide how to approach problems.”
— Lucas County alternative response worker, April 2009

of alternative response.

- AIM offered additional training and coaching opportunities periodically throughout the pilot to support the development of practice skills pertinent to the alternative response model.
- Counties participated in ongoing data collection efforts to support pilot evaluation activities.
- Pilot counties and ODJFS partners presented ongoing pilot experiences at national and statewide conferences.
- Counties developed individualized plans to address the increase in alternative response-eligible cases once random assignment for the pilot evaluation ended in September 2009.
- The National Implementation Research Network conducted a 1-day workshop with Leadership Council and other stakeholders identifying critical issues for successful implementation on a broader scale.

January 2010 – Present: Post-Pilot Transition

- AIM presented a revised alternative response training curriculum.
- Further training opportunities and coaching experiences have been offered to pilot counties to support ongoing development of practice skills as well as the addition of new alternative response staff in some counties.
- The SOAR (Six Ohio Alternative Response) consortium counties planning to implement alternative response through the National Quality Improvement Center on Differential Response in Child Protective Services joined the March 2010 meeting of the Leadership Council.

“Under alternative response, child safety may be increased due to stronger relationship building with parents over time.” — Clark County alternative response worker, July 2009

“Alternative response has changed the way we gather information and look at strengths.” — Trumbull County alternative response worker, February 2010

“The coaching experience was very valuable. It would have been nice to be able to have this at the beginning, middle, and the end of the project.” — Licking County alternative response worker, February 2010

HISTORICAL CONTEXT OF OHIO'S ALTERNATIVE RESPONSE PILOT PROJECT: A COLLECTIVE EFFORT

Origin of the Subcommittee on Responding to Child Abuse, Neglect, and Dependency

Ohio's Alternative Response Pilot Project has a unique history when compared to differential response initiatives nationally. Ohio's model represents a collective effort between ODJFS, the Supreme Court of Ohio, and ultimately, Ohio's 10 alternative response pilot counties. An Ohio Alternative Response System was initially conceived of as one component within a package of statutory and practice reforms recommended by the Subcommittee. The Subcommittee was established in 2004 under the umbrella of the Supreme Court of Ohio's Advisory Committee on Children, Families, and the Courts — a body appointed by Chief Justice Thomas J. Moyer to advise the Court on issues involving children and families served by Ohio's courts. From its inception, the Subcommittee reflected a strong partnership between the Supreme Court of Ohio and ODJFS.

The Subcommittee was formed, in part, in response to concerns identified during Ohio's first federal Child and Family Services Review (CFSR) in 2003. Additionally, ODJFS had commissioned a study in 2002 to assess Ohio's screening policies and practices and the definitions and categories used for classifying reports of abuse, neglect, and dependency. The study, which was conducted by Howard Davidson, director of the American Bar Association Center on Children and the Law (ABA), concluded, in part, that fragmentation of Ohio's abuse, neglect, and dependency definitions; the lack of comprehensive statewide screening policies; and flaws in the definitional framework for case determinations all contribute to inconsistencies among Ohio's counties in abuse, neglect, and dependency case screening, investigation, and follow-up response (Final Report of the Subcommittee, 2006; Davidson, 2002).

In response to both the CFSR findings and the ABA report, the Advisory Committee, under the leadership of Director Helen Jones-Kelley (then director of Montgomery County Children Services) and Judge David Basinski, in 2004 directed the Subcommittee to:

- Determine if Ohio's statutory guidelines for the investigation and prosecution of child abuse and neglect properly serve children and families in need of government intervention;
- Make statutory and administrative recommendations to improve Ohio's system for accepting and investigating reports of child abuse and neglect; and
- Make recommendations to standardize and make uniform Ohio statutes regarding abuse, neglect, and dependency cases (Final Report of the Subcommittee, 2006).

To undertake these tasks, the Subcommittee was formed with a broad, multidisciplinary membership representing key child welfare stakeholder constituencies. From 2004 to 2008, the Subcommittee worked under the leadership of Chair Barbara Riley, then director of ODJFS. Subcommittee members included representatives from several Ohio county public children services agencies, the Ohio Association of Juvenile Judges, the Ohio Association of Common Pleas Judges, the Ohio Prosecuting Attorneys Association, legal aid defense attorneys, guardians ad litem (GAL) and Court Appointed Special Advocates (CASA), law enforcement, and mental health and medical experts from Child Advocacy Centers.²

The Subcommittee Research Process

The Subcommittee retained NCALP and ABA to perform project work with the Subcommittee's oversight, input, and direction. Over an 18-month period, the Subcommittee and its contractors conducted extensive research to identify statutory, administrative, and practice-based barriers to consistent and effectual child welfare responses. ABA and NCALP conducted a national review of statutory frameworks and practice models related to child abuse and neglect screening and investigation with an eye toward potential reforms for Ohio. The Subcommittee's research included a comprehensive review of national practice literature, including outcomes evaluations of alternative response models in other states.

Additionally, NCALP conducted a complete review of Ohio law to identify inconsistent, ambiguous, and confusing language.

This "red-line" review of Ohio law was completed alongside extensive field research in the form of surveys and interviews with practitioners to elicit information identifying problematic areas at the intersection of law and practice. Nearly 500 PCSA staff from 57 counties participated in an online survey to provide feedback on the practical implications of Ohio's current laws. Group and individual interviews were conducted with more than 135 participants representing a wide range of disciplines and more than 40 counties. Interviews were conducted with juvenile court judges, public defenders, GAL/CASAs, prosecutors, PCSA intake and screening supervisors and caseworkers, PCSA administrators, educators, court administrators, mental health professionals, the ODJFS legal department, Comprehensive Assessment and Planning Model - Interim Solution (CAPMIS) screening committee members, and Ohio Child Welfare Training Program (OCWTP) staff. Participants were asked to identify issues with the language in current law that impede practice or lead to inconsistent response or compromised outcomes (Final Report of the Subcommittee, 2006; St. Clair, 2010).

Upon completion of the legal and field research, ABA and NCALP reported their findings to the Subcommittee, and under the Subcommittee's direction, developed alternative proposals for statutory, policy, and practice reforms. The Subcommittee considered various options for

² Appendix C, attached to this report, contains a complete roster of Subcommittee members.

reform, ranging from simple revisions of existing law to the complete overhaul of key terminology and its application. The option to address barriers through revisions of current law was quickly ruled out because of the extent of the inconsistencies in the law's application, the problematic and ambiguous statutory language, and other identified concerns. Instead, the Subcommittee focused its efforts on developing a comprehensive proposal for a broad-based change in systemic philosophy and approach. The Subcommittee's recommendations included modification of Ohio's statutory, policy and practice frameworks designed to effect this change (St. Clair, 2010).

Final Recommendations of the Subcommittee

In January 2006, the Subcommittee submitted its Final Report to the Advisory Committee, including three fundamental, overarching recommendations:

- Overall structural, statutory change from an “abuse, neglect, dependency” system to a **“Child in Need of Protective Services”** (CHIPS) model;
- The establishment of a **new array of statutory definitions** for use in intake, investigation, adjudication, and disposition of child protection cases; and
- The statutorily mandated establishment of an **alternative response** practice structure.

CHIPS and alternative response were envisioned as complementary statutory and practice-based reforms. Although CHIPS and alternative response were distinct proposals, these two fundamental recommendations of the Subcommittee were intended to work in concert to create an overall shift in how the State and its 88 public children services agencies engage and interact with families.

The Advisory Committee on Children, Families, and the Courts accepted the Final Report of the Subcommittee in early 2006 and directed the Subcommittee to continue its work to educate key stakeholder constituencies about the recommendations contained in the report and to document feedback about the Subcommittee's proposals. Over the next 18 months, NCALP continued to work with the Subcommittee to conduct educational sessions with more than two dozen stakeholder groups, including juvenile judges, prosecuting attorneys, defense attorneys, public children services agencies, medical professionals, mental health professionals, educators, GALs and CASAs, and many others throughout Ohio. Each stakeholder presentation included information about the proposed CHIPS statutory structure and alternative response practice model. Following these presentations, stakeholders were encouraged to provide feedback to the Subcommittee via written and/or online surveys regarding the proposals. Following are

some representative comments about the alternative response proposal offered via the anonymous survey instruments:

- *"The current system is too focused on being accusatory vs. focusing on family strengths + joint resolution."*
— PCSA representative, October 2006
- *"Family centered/team work approach is fantastic!"*
— Legal Aid/Defense Bar, December 2006
- *"I like the philosophy of working with families & children rather than focusing on punishing them."*
— PCSA representative, October 2006
- *"Frontloading services in a non-adversarial setting will certainly assist in getting family 'buy-in'...it creates an atmosphere of respect for everyone involved."*
— Juvenile Court judge, December 2006
- *"Families will be more cooperative. The Alternative Response model will be more proactive."*
— Legal Aid/Defense Bar, December 2006
- *"I'm excited about everything — but, especially the Alternative Response which I would implement tomorrow if I could."*
— PCSA representative, October 2006
- *"Enhance focus on engaging family in process as part of team."*
— PCSA representative, October 2006
- *"I'm not sure we can get behind this – it makes too much sense!"*
— Law enforcement representative, October 2006

- *"I don't see a difference between the Alternative Response & what agencies are currently doing with voluntary care plans with families. Like the changes in A,N,D, statutes to child in need of protective services."*

— PCSA representative, September 2006

- *"The current system often fails to provide services after identifying the needs of a family."*

— Juvenile Lawyers Association member, January 2007

- *"We know that the vast majority of children within the CPS system do not have cases which go to criminal court, as such, a system which tailors to the juvenile court & provides a means of fostering cooperation of parents has greater opportunity to improve children's lives. Provide punitive action when necessary, but create a system that addresses the needs, is logical, progressive & responsive to the issues of child welfare."*

— American Academy of Pediatrics, Ohio Chapter Member, December 2006

In the midst of the Subcommittee's effort to inform and gather input from key stakeholder constituencies about the proposed reforms, Ohio Senate Bill 238 was enacted in June 2006. S.B. 238 was responsive to the Subcommittee's recommendation to pilot-test and rigorously evaluate an Ohio alternative response model prior to the development of any plan for statewide implementation. The bill included a provision authorizing ODJFS to conduct a pilot alternative response project. Additionally, the bill specified that the project should be conducted in a maximum of 10 counties and be independently evaluated over an 18-month period — excluding time spent preparing for implementation and completing post-pilot evaluation activities.

Over the course of the next year, ODJFS engaged in a comprehensive effort to garner the necessary resources to initiate the Ohio Alternative Response Pilot Project. The Supreme Court of Ohio, through its Advisory Committee on Children, Families, and the Courts and the Subcommittee on Responding to Abuse, Neglect, and Dependency, has continued to partner with ODJFS to provide oversight and support for the Pilot Project. The Pilot Project was not solely the conception of ODJFS, nor the Supreme Court of Ohio, nor the counties themselves. Rather, the Pilot Project was made possible by the dedication and commitment of a broad-based group of child welfare leaders, including State- and county-level stakeholders, willing to undertake the necessary work to create a child protection system that would be more responsive to the individualized needs of Ohio's children and families.

PRE-PILOT PLANNING

Chronicler: *“What changes did you hope would be accomplished through the pilot?”*

ODJFS Director Helen Jones-Kelley: *“Giving power back to families — improving engagement with families and empowering them by giving more control back to families. Alternative response might be one mechanism in a series of practice and policy changes that leads to more successful work with families and helps reduce out-of-home placements over time. Strengthening our service delivery system and a focus on better ideas rather than simply more money; I hope alternative response will lead to more effective collaboration among agencies and community partners. While increased funding is a critical need, I hope alternative response will encourage more creativity in practice and enhance the way we utilize existing resources.”*

— Excerpt from a June 2008 interview reflecting on the Pilot Project planning and design phase

Process and Milestones

Selection of the AIM Team

From its inception, Ohio's Alternative Response Pilot Project signified a shift from previous child welfare initiatives in which input was solicited from counties but ownership remained at the State level. In the same way that counties would be asked to integrate a new practice culture with families, the State and counties together would be challenged to undergo a parallel process to bring a more county-driven focus to the pilot. To help achieve this goal, the Subcommittee released a Request for Proposals (RFP) seeking an independent consultant to guide the design, implementation, and pilot evaluation of an Ohio Alternative Response System in cooperation with the Supreme Court of Ohio and ODJFS. In March 2007, following a rigorous proposal review process, the Subcommittee selected a team of experienced consultants headed by the American Humane Association, the **AIM** Team:

- **American Humane Association** – American Humane is a leading national child welfare organization recognized widely for its expertise on differential response. American Humane has conducted research and provided training and consultation on differential response initiatives nationally.
- **Institute of Applied Research (IAR)** – IAR is a leading social-science research organization. Prior to Ohio's pilot, IAR had conducted comprehensive pilot evaluations of differential response systems in Minnesota and Missouri.
- **Minnesota Consultants** – Project consultants from the state of Minnesota, including the Minnesota Department of Human Services and several Minnesota

county agency leaders, offered practical expertise in implementing differential response on both statewide and individual county levels.

Regional Forums and Pilot Site Selection

In June and July 2007, the AIM Team launched their work on the ground in Ohio with a series of regional forums around the state to introduce the Pilot Project and to respond to county questions regarding the model and the pilot site selection process. Thirty-six counties participated in five regional meetings held in Athens, Franklin, Hancock, Summit, and Warren counties. Participants included PCSA directors and staff, juvenile court judges and magistrates, and other community stakeholders, such as community services providers. During these sessions, attendees were provided with an introduction to differential response, with a particular focus on Minnesota's implementation experience; a discussion of findings from IAR's previous alternative response pilot studies in Minnesota and Missouri; and an overview of the planned approach to Ohio's pilot.

The questions asked by counties during the forums ranged from generalized questions about the Minnesota model and pilot experience to very detailed kinds of "nuts and bolts" questions about procedural, rule, and practice requirements of the new model to be established in Ohio. The questions reflected county concerns about the simultaneous rollout of CAPMIS and SACWIS with the development of the pilot, the evaluation process, and how an alternative response model would work within counties with fewer community resources available.

Following these forums in July 2007, the questions raised by participants during the meetings were compiled and sent out to all PCSAs with written responses. This "Q&A" document was provided along with the formal RFP for county pilot sites. Proposals from counties wishing to be considered for the pilot were due at the end of August 2007 with final decisions being announced on September 12, 2007. Through this competitive process, 10 counties were selected for Ohio's Alternative Response Pilot Project: Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull, and Tuscarawas.

Minnesota Immersion Experience

A final significant milestone of the pre-pilot planning stage, prior to the selection of pilot sites, was the opportunity for pilot consultants and stakeholders, including members of the AIM Team, ODJFS, the Public Children Services Association of Ohio (PCSAO), and the pilot chronicler to visit the state of Minnesota for a 3-day learning lab or "immersion" experience in the Minnesota differential response model. This experience provided a critical learning opportunity that would influence the vision and approach to Ohio's pilot process going forward. Members of the team spent time meeting with key personnel at the Minnesota Department of Human Services and were able to dialogue with staff and leadership in Hennepin, Ramsey, and Olmsted

Counties. The experience provided a first-person perspective of alternative response in practice on both individual and systemic levels.

Successes

Several significant developments occurred during the pre-pilot planning stages that would favorably impact the overall pilot process. Two of the most critical breakthroughs of early pilot planning were the creation of new partnerships within the state and between Casey Family Programs and the State of Ohio. Casey Family Programs found Ohio's alternative response pilot effort to be in line with its 2020 Strategy for reducing the number of children in placement over time. Casey infused both financial and technical assistance resources into the pilot that would assist the 10 pilot counties in building their capacity for the initial implementation of alternative response. In addition to the State's partnership with Casey Family Programs, pilot resources were garnered through the Ohio Children's Trust Fund to support the increased services to families anticipated through the pilot. Further discussion on the importance of these foundational resources to the pilot process may be found in subsequent sections of this report.

Procuring the involvement of the AIM Team was a central accomplishment of the pre-pilot planning phase. The support of an independent group of experienced consultants in guiding and facilitating the process has been essential to the overall success of the initiative. Although the statutory language of S.B. 238, which authorized the pilot, specified only that an independent *evaluation of outcomes* must be conducted, the expertise of the American Humane Association and the practical experience of project consultants from Minnesota proved to be critically important resources throughout planning and implementation of the pilot. Objective facilitation brought balance to discussions, provided a neutral perspective when disagreements surfaced, and presented a voice of experience when questions arose throughout the process.

Another key achievement of the pre-pilot planning stage was the selection of a varied group of pilot sites. There was enough initial interest in the pilot among counties throughout the state to ensure that the group of counties ultimately selected could adequately represent the diverse makeup of Ohio's landscape. The 10 counties chosen through the competitive proposal process included metro, medium-sized, and small counties; rural and urban counties; counties with an array of resources and counties with few community resources; counties with racially and ethnically diverse community populations; and a significant geographic spread throughout different regions of the state.

Challenges

While the Minnesota immersion experience was an important milestone in the pre-pilot planning phase, a subsequent challenge would be the eventual loss of two key players in the

pilot effort who had participated in this critical learning opportunity at the outset of the process. Julie Wirt with ODJFS and Max Bucey with PCSAO both participated in the Minnesota immersion and brought the lens of their experience to the Planning & Design Phase of the project. Unfortunately, with Max's subsequent retirement from PCSAO and staffing changes at ODJFS resulting in Julie Wirt's transfer to another position, their combined perspective and experience were lost to the project going forward through the final stages of planning and into the implementation phase. In retrospect, it would have been advantageous to the pilot process for additional State staff to have had the benefit of the initial Minnesota immersion experience as a touchstone throughout the life of the project.

Additionally, the issue of the timing of the pilot was a recurring theme in reflections on the pre-pilot planning process. As one State policy staff person stated, *"Ohio's alternative response pilot was coinciding with massive change in other aspects of child welfare practice,"* including the State's rollout of its SACWIS and CAPMIS assessment model. Individual interviews with both State and county personnel revealed that the timing of the Pilot Project was an issue of great concern at all levels. At the State level, policy personnel shared concerns that the State may be, *"short-changing reform efforts by splitting its focus among too many changes at once."* On the county level, several leaders expressed that the simultaneous rollout of SACWIS and CAPMIS as the pilot was getting under way were significant enough concerns that they had to consider their counties' capacity to participate in the Alternative Response Pilot Project very carefully. Other counties considering the submission of pilot proposals may have opted to forgo the pilot opportunity in light of the substantial system changes already in progress.

However, another individual at ODJFS interviewed early in the pilot process expressed a very different perspective on the issue of project timing: *"At their core, change efforts usually succeed or fail based on the personalities involved and the political will to make change happen."* In this regard, the individual interviewed felt that the timing for Ohio's Alternative Response Pilot Project was optimal. *"Right now, the Department is under the leadership of a Director with a personal investment in the project. The continued involvement of the Supreme Court of Ohio strengthens the project, and the timing was right for the involvement of American Humane, the Institute of Applied Research, our Minnesota consultants, and Casey Family Programs."*

Lessons Learned

A key lesson of the pre-pilot planning phase is the need for clear, consistent, and transparent messages as counties and the State consider beginning the implementation process in additional communities going forward. Questions raised during the initial forums are still in many respects representative of the types of questions and concerns that new counties or State staff becoming involved may share:

- “Will this be State-mandated with State guidelines, or county run?”
- “How will this affect my caseload?”
- “Is it a difficult skill set to acquire?”
- “Are cases open longer?”
- “How do you decide alternative response vs. investigation, and who makes that call?”
- “What is the difference in paperwork requirements between assessment and investigation?”
- “How does SACWIS fit into this project? How exactly is this project going to work within SACWIS?”
- “Will this be done in counties without resources?”
- “What will this cost a county?”
- “How does alternative response assess child safety?”

Selected Questions from 2007 Regional Forums

The most fundamental and frequently asked question among those learning about Ohio's Alternative Response System, both then and now, has been: *“How is alternative response different from what we're already doing?”* At the close of Ohio's pilot, families, workers, supervisors, agency administrators, and State staff all have distinct answers to that question. The answers reflect changes in practice, policy, agency functioning, and community partnerships that are guideposts for post-pilot planning. The end of the pilot process represents a critical juncture to reflect on these early questions through the lens of the pilot experience in order to shape meaningful and transparent communication about the practice going forward.

PLANNING AND DESIGN PHASE

“We’re a diverse group in terms of practice styles, size, population, and geography, but we came together to embrace Differential Response.”

– Trumbull County Design Workgroup Member

Process & Milestones

Formation of the Design Workgroup and Task Teams

Following the announcement of the 10 pilot sites in September 2007, the counties immediately came together to begin the planning and design process. A “Design Workgroup” was established to create an Ohio-specific alternative response pilot model through a comprehensive planning process facilitated by the AIM Team. The Design Workgroup was composed of two representatives from each of the 10 pilot sites. Additionally, ODJFS, the Supreme Court of Ohio, PCSAO, Casey Family Programs, and OCWTP participated in Design Workgroup discussions. Between September 2007 and June 2008, members of the Design Workgroup traveled to Columbus for seven 2-day planning sessions and conducted dozens of other meetings via conference call.

Because the work of the design phase was multifaceted and the timeline for completion of the process was ambitious, Task Teams were developed early on to tackle detailed planning within five larger areas of design needs:

- The **Principles Task Team** would develop the guiding principles of Ohio’s alternative response model.
- Practice issues would be divided between two groups. One Task Team, **Practice Implications #1**, would address procedures from pathway assignment through assessment, and a second Task Team, **Practice Implications #2**, was formed to address procedures from post-assessment through case closure.
- The **Administration and SACWIS Task Team** would develop recommendations associated with confidentiality and records retention, informed consent, community outreach, and SACWIS integration for the pilot.
- The **Training and Education Task Team** was charged with identifying training and education needs and developing strategies to address those needs prior to implementation.

Task Team discussions were conducted during meetings of the Design Workgroup and on an ongoing basis via conference calls between Design Workgroup meetings. The volume of work

completed via this Task Team structure demanded the involvement of additional county and State personnel outside of the two Design Workgroup representatives from each county. Counties were encouraged to involve staff in each Task Team in order to maximize the perspectives and county voices within each group. Ultimately, it proved to be difficult for some of the smaller counties to dedicate the amount of staff time required for participation in all groups. In order to maintain equity among small and large counties with regard to decision making, it was determined by the Design Workgroup that all decisions or recommendations of the Task Teams would be reviewed and voted upon by the Design Workgroup with one vote per county.

Extension of the Project Timeline

The original pilot timeline, as outlined in the RFP for pilot counties, set an implementation launch date of April 1, 2008. During the early meetings of the Design Workgroup in September and October 2007, it became readily apparent that forcing the process to meet this deadline would likely produce an unsatisfactory end result. Several factors at the outset contributed to the need for an adjusted timeline, including the time required to establish an agreed-upon governance structure for the Design Workgroup, an initial lack of clarity around roles and project parameters, and conflicting project expectations. Further discussion of these issues and their impact on the design process is included in the section on *"Challenges."*

At the beginning of the design phase, there were also many unknowns relative to the eventual integration of the alternative response pilot model into SACWIS. During the first several months of the design effort, the State was working to address problems with the initial rollout of SACWIS and to bring the system online for all 88 counties. Among the 10 pilot counties, some were utilizing SACWIS while others were still relying on legacy information systems. While everyone was concerned about the efficacy of SACWIS, given early rollout problems, there were equal concerns about implementing the pilot completely outside of SACWIS. Additionally, evaluation consultants from the Institute of Applied Research had hoped to be able to utilize SACWIS to cull data for the outcomes evaluation.

These barriers at the outset of the process, in conjunction with recommendations from the 10 pilot counties, informed an early decision between the Supreme Court of Ohio, ODJFS, and the AIM Team to extend the implementation launch date to July 1, 2008. This 90-day extension of the design phase was a significant project milestone that would allow some additional time to build group consensus, provide a more reasonable timeframe to achieve a SACWIS accommodation for the pilot, and alleviate county concerns that early decisions were being rushed.

National Differential Response Conference

With the support of Casey Family Programs, all 10 pilot sites were provided an opportunity to attend the American Humane Association's National Conference on Differential Response in November 2007. The conference, which was convened in Long Beach, California, attracted more than 400 participants from across the United States and Canada. Teams of county staff and community stakeholders from Ohio's 10 pilot counties were able to learn directly from the implementation experiences of other jurisdictions. The conference also provided an important opportunity for staff and stakeholders from the pilot counties to network with one another more informally outside of the Design Workgroup process. The constructive impact of this experience on group cohesion and the collective dynamic among the counties should not be minimized. All 10 counties noted that the conference experience was a significant accomplishment of the design phase.

Development of the Pilot Model

Through the nearly year-long design process, Workgroup members wrestled with decisions concerning the underlying philosophy of the model, the nuts and bolts of the practice, policy and tool changes, and training needs. Robust discussions centered on issues related to the parameters of the project, policy needs, creation of a unified model with built-in capacity for local adaptation, and integration of the new model within existing assessment, training, and statutory frameworks. Most decisions were reached by a majority vote among the counties on the Design Workgroup with direction and input from State staff. One exception to this voting framework was a decision by the Design Workgroup that unanimous agreement among all 10 counties was necessary in order to finalize an overarching Statement of Guiding Principles, since it would be the touchstone for future decisions. Ultimately, the group reached unanimous agreement on a set of core principles for all child protection interventions and a group of principles specific to the alternative response pathway.

Throughout the design phase, there were points of contention between the counties and the State, and among the counties themselves, on several issues. Some of the topics and decisions that yielded the most zealous conversations among the group³ included:

- **Terminology** – The State had already made efforts through CAPMIS to refocus its child protection response on holistic assessment, moving away from a strictly investigative model. While an accurate distinction between the two pathways was needed, there was a strong desire among some in the group not to return to language characterizing either child protection response pathway as an “investigation.” Others felt that this terminology was a more accurate representation of a child protection response that

³ It should be noted that this is merely a sample list of issues debated and discussed by the Design Workgroup that contributed to the development of the overall model, rather than a comprehensive list of topics and decisions.

results in a disposition regarding an allegation of child abuse or neglect. Ultimately, the group agreed to “Alternative Response” and “Traditional Response” as the pathway terminology.

- **Screening** – Some members of the group had hoped that the Alternative Response Pilot Project would provide an avenue for reviewing and improving screening protocols, as screening and pathway assignment are closely linked. Several concerns about screening arose in Design Workgroup discussions, particularly around screening timeframes and the categories of reports that would be eligible for alternative response. At the outset of the pilot, there was a rule in place requiring screening decisions to be made within 4 hours of a report. Several counties in the group wanted to extend this 4-hour timeframe to 24 hours to allow counties an opportunity to utilize a group decision-making model for screening and pathway assignment, similar to one successfully implemented in Olmsted County, Minnesota. Although there was not universal agreement among the counties on this timeframe extension, a majority vote of the Design Workgroup resulted in a recommendation to change the 4-hour screening rule to 24 hours for the pilot. Ultimately, the State determined that this rule change could not be enacted for the pilot. Because such a rule change would impact both alternative response and traditional cases, it was deemed to be outside the scope of the pilot. It should be noted, however, that a statewide rule change extending screening timeframes to 24 hours was enacted during implementation of the pilot.
- **Case Initiation and First Contact** – Both the timeframes and procedures for case initiation and first contact with the family were debated intensely among the group. Several counties around the table argued for expanded timeframes for case initiation in order to allow additional time for practices that could result in improved family engagement — for example, calling in advance to schedule an appointment with families, rather than doing a “drop-in” visit to meet a strict timeframe mandate. These practices were in line with those implemented under Minnesota’s alternative response model, resulting in positive outcomes related to family engagement and satisfaction. Others in the group felt that extending the time to initiate a case and/or to make face-to-face contact with the family was unresponsive to the urgency demanded by any report of child abuse or neglect and could potentially put children at risk. Since Ohio statutorily requires an investigation to begin within 24 hours, the timeframe for initiation was not ultimately able to be adjusted for the pilot. In an effort to accommodate those concerned about aggressive timeframe mandates interfering with practices aimed at improving engagement, the State and Design Workgroup members re-crafted the pilot rule to provide more leeway in how cases could be initiated. After numerous discussions on the issue, it was determined that the rule should allow for an attempted telephone contact, a letter to the parent or guardian, or an attempted face-to-face contact as permissible case initiation activities. An additional pilot rule change, recommended by majority vote of the Design Workgroup, allowed up to 4 working days

to make face-to-face contact to assess safety and an additional 3 working days to enter the CAPMIS Safety Assessment into SACWIS. Notably, universal agreement among the counties was never reached with regard to these decisions, which would later contribute to differences in implementation across the pilot counties.

- **Assessment Timeframes** – Another significant topic of discussion in the design process was defining when the “post-assessment” services period would begin. For purposes of the pilot, grant funds were allocated to counties to assist with the provision of “post-assessment services.” As discussions centered on how to design the model to allow for the maximum degree of responsiveness to family needs, focus turned to the definition of “post-assessment.” The initial vision was to utilize pilot funds to support creative service planning and provision with families following the completion of the Family Assessment. However, as the dialogue unfolded, several counties expressed a desire to be able to access pilot funds more quickly to support service provision at any point in the process that a family need was identified. The group explored and ultimately decided to define “post-assessment services” as any service agreed upon by the family and agency following the assessment of safety. There were significant concerns among some in the group, however, about setting practice precedent based on the funding structure of the pilot, which would change after the initial 18-month implementation period. Additionally, there were concerns about the quality of service planning that could be accomplished prior to completing a holistic assessment with the family.
- **Family Service Plan** – The Design Workgroup also addressed needed changes in the CAPMIS toolset to reflect the alternative response philosophy and approach; for example, language changes to eliminate labels such as “alleged perpetrator” or “alleged child victim.” One of the most significant tool changes recommended by the group was the creation of a simplified version of the Case Plan document. In keeping with the philosophy of flexible and family-driven case planning, the group felt that a simplified service planning tool was essential to an effective alternative response model. The group explored service plan examples from Minnesota and a tool formerly used in Fairfield County. Over several Task Team and Design Workgroup discussions, the group drafted and edited a new Family Service Plan that could be utilized with families in the field but that would still fulfill legal and policy requirements.

County Models

Among the most critical challenges before the Design Workgroup was determining which aspects of the group's recommendations would be requisites of Ohio's alternative response pilot model and which would be articulated as guidelines, leaving room for county discretion. The need for a unified and well-defined model that would provide a measure of fidelity needed to be constantly balanced against substantial variations among the counties in staffing capacity,

community culture, and resource availability that would impact implementation differently in each county.

Another pilot milestone occurred during the January 2008 meeting of the Design Workgroup where each of the 10 pilot counties presented their individual county alternative response implementation plans. County plans were developed in different ways — some through formalized planning committees within the agencies and some developed by pilot leaders with input from staff. Counties planned a range of implementation options around screening procedures, workflow, worker and supervisor assignment to the alternative response pathway, and utilization of pilot funding. Examples of the range of implementation options presented include:

- Workflow models in which one alternative response worker would keep a case from the date it was accepted for a response all the way through case closure — the one worker/one family model.
- A workflow model in which an alternative response intake worker would complete the Family Assessment process, and if further services were needed, the case would transfer to an ongoing services unit trained in alternative response.
- Hybrid workflow models to accommodate short-term services, anticipating that most cases would be resolved in this manner. In these implementation models, the alternative response worker would serve the family until a particular point in time — 90 days for example — and then transfer for ongoing services if lengthier involvement was needed.
- Screening protocols that would emphasize team review of screening and pathway assignment decisions.
- Staffing of alternative response positions by self-selection, internal interview processes, or seniority and union procedures.
- New service contracts or informal agreements with community partners to improve access to mental health services, substance abuse treatment, and other resources for families.

Rules and Tools Finalization

A final critical milestone of the Design Phase was the completion of the pilot “Rules and Tools” that would provide the foundation for implementation. Building on the collective work of the Task Teams and Design Workgroup, members of the AIM Team met with State policy staff and other State stakeholders in February 2008. During this session, members of the AIM Team and State stakeholders developed strategies for making the decisions of the Design Workgroup operational. Additionally, the process provided an important opportunity to review the model for overall cohesion and to identify outstanding issues and questions needing to be addressed during the final in-person meeting of the Design Workgroup in March 2008. This session was

the springboard for finalization of the pilot rules, tools, forms, and instructions over the next few months prior to implementation.

Successes

A unique aspect of Ohio's Alternative Response Pilot Project was the comprehensive planning process the State and counties engaged in jointly throughout the Design Phase. Although the conversations were often difficult, the growth achieved by the group through this process was universally recognized by participants. As one Design Workgroup member from Trumbull County stated, *"This is the first time in a long time that the State and counties are sitting at the table and making decisions together."* One State administrator emphasized the enormous "process shift" that was required of both the State and the counties to move from a history of primarily State-driven initiatives to a collaborative process to develop the pilot model.

"Typically, the State introduces an initiative, and the counties react and respond by advocating for their position. The alternative response design process was much different." The evolution in the working dynamic between the State and counties, and among the counties themselves, was very difficult to establish successfully from the outset of the project and needed to develop over time. However, as one Design Workgroup member from Licking County indicated, "relationship building" was a key success of the design phase: *"ODJFS has a better understanding of the counties and vice versa."*

A hallmark of conversations throughout the Design Phase was a clear focus on developing a model around the needs of families, rather than the needs of the system. Although issues were not always resolved to the complete satisfaction of the group, time and again when faced with difficult choices, Design Workgroup members pressed the question, "What is best for families?" At the close of the pilot, a State level stakeholder reflected that whenever the group had difficulty in planning or leadership, it was when conversations strayed from the guiding framework of what works best for children and families. In considering the pilot process, one member of the AIM Team shared, *"I'm impressed by how well Ohio got through this process in spite of relationship issues — a clear indicator of everyone's underlying desire to make this work."*

Some other key successes of the Design Phase that were identified by participants following the process include:

- *"Creating a mindset change in the agency."* - Lucas County
- *"People now know alternative response and see alternative response as a solution."* - ODJFS
- *"Having the opportunity to network and work with others."* - Fairfield County
- *"Information sharing among the counties has increased — and not just about alternative response."* - Guernsey County

- *“The resources garnered for the project — all in one year!” - ODJFS*
- *“Bringing the ten counties together with discussion and voting that resulted in looking at what is best for families and children.” - Clark County*
- *“Alternative response has changed the atmosphere of the agency. It has been energizing to the staff.” – Ross County*
- *“Creating a broad enough structure that leaves room for some county creativity; and, to be where we’re at now with a model, ready to move forward.” – Fairfield County*
- *“Individual transformations at both State and county levels – creating more of a partnership with counties.” – ODJFS*

Challenges

The challenge of establishing a working partnership between the State and the counties was evident throughout the Design Phase. Reflecting on the design process, several of the counties expressed disappointment that the process yielded less flexibility than anticipated at the outset. Some Design Workgroup members articulated concerns that creative decision making that would allow the system to better meet family needs was, at times, stymied by a policy-driven focus. Several factors impeded progress in developing a partnership approach between the State and counties, including a history of tension and mistrust, the disparate expectations and visions that individuals brought to the table, and a lack of clarity surrounding the roles of State staff in the Design Workgroup structure.

The relationship between the State and counties and, at times, among the counties as a group, was a source of tension, particularly in the early months of the process. In comparing and contrasting Ohio's pilot process with their own experiences in Minnesota, project consultants recognized a significant difference in the underlying relationship between the State and counties in both states. As one AIM Team member indicated, *“In Minnesota, the state and counties worked from a collaborative framework.”* In part, tension between the counties and the State stemmed from recent history with the development of SACWIS. As one county leader stated, *“SACWIS delays and problems have led to a general loss of faith in the system.”* Additionally, some counties indicated that the history behind the development of SACWIS contributed to an atmosphere of mistrust entering into the alternative response design process. More than one county leader expressed a feeling that State decisions in the end design of SACWIS did not accurately reflect the will and input of the counties that had contributed to the SACWIS design process. Several counties also articulated their belief that the Child Protection Oversight and Evaluation (CPOE) process had moved the State away from providing constructive technical assistance to a much greater emphasis on monitoring county compliance with rules, contributing to tension and mistrust.

Another complication was the fact that the 10 pilot counties brought to the table widely different expectations and visions for both the process and the resulting model. As one State administrator noted, *“There was no shared understanding of alternative response among the group at the outset, and counties wanted different outcomes.”* An AIM Team consultant reflected on the impact of *“the focus on individual county identity vs. the collective.”* At the outset, there seemed to be *“little recognition of the commonality of purpose and practice goals.”* Some counties entered the process with strong expectations regarding specific rule and policy changes that should be accomplished through the project. Staunch advocacy for individual county positions at times adversely impacted the group's ability to reach consensus on issues. Additionally, one State stakeholder underscored the difficulty of trying to advance the needs of the pilot counties within the Department without group consensus on those needs. Reflecting on their expectations at the outset of the process, several county staff discussed specific goals they had held for the project, ranging from improving screening methods to restructuring timeframes, rules, tools, and procedures. Five of the 10 counties specifically identified concerns with screening guidelines and practices as a top priority for their counties entering the design process. Other goals included:

- *“Re-focusing the system to be less incident-based.”* – Greene County
- *“Front-loading services and reducing caseloads, allowing for more intensive, short-term services.”* – Greene and Fairfield Counties
- *“Building on workers' strengths and expanding workers' capacity to successfully engage families.”* – Guernsey County
- *“Creating a positive impact on community partners' understanding of the agency's client population.”* – Tuscarawas County
- *“Potentially reducing foster care placements over time.”* – Tuscarawas County
- *“Reducing duplicative paperwork that can detract from time that workers are able to spend with families.”* – Clark County
- *“Returning to a more hands-on practice approach with families.”* – Ross County
- *“Creating true differential response through a common sense approach to child welfare, addressing individual levels of need.”* – Licking County

Evolving participation by State policy staff within the Design Workgroup structure also impacted the design process. Initially, the Department made a decision to keep the number of policy staff at the table to two, since the counties could also only bring two representatives to the Design Workgroup. According to one State stakeholder, this decision was made in an effort to establish a tone of State-county equity. As the process unfolded, however, it became clear that it would have been helpful to have additional State policy staff at the table so they would have the benefit of firsthand knowledge of the group's discussions and decisions. Ultimately, additional

State policy staff did join the Design Workgroup discussions at a later point, but staff indicated that, *"It was difficult to jump in and catch up."*

State staff also shared struggles surrounding the nature of their role in the Design Workgroup structure. In an attempt to support county ownership over the process, State staff initially stepped back from providing direction to the counties and looked primarily to the AIM Team to provide that input. Ultimately, this dynamic set the stage for difficult discussions when the counties' work took the planning in directions that were unanticipated or outside of policy areas that could be impacted by the pilot. State staff frequently found themselves in the role of *"naysayer – informing the counties of what the limits were,"* sometimes after the group had already invested time and energy in discussing issues. This was a source of frustration among the AIM Team, the counties, and State staff alike.

The challenge of project timing was also frequently addressed in reflections on the design process. The staggered rollout of SACWIS and CAPMIS created significant difficulty as the Design Workgroup attempted to develop the alternative response pilot model in an ever-changing child welfare landscape. Up through the completion of the Design Phase, all 10 pilot counties were not live on SACWIS, which contributed to widely varying perceptions about the potential impact of the group's decisions. As one Franklin County leader expressed, *"With some counties not being live on SACWIS, there was not a shared understanding among the group, making discussions and decisions difficult at times."* Additionally, counties had varying degrees of experience with CAPMIS. Greene County had been a CAPMIS pilot county and had been using the model for 4 years, whereas other counties had been using CAPMIS for less than 1 year at the outset of the design process. Similar to Franklin County's concerns, Greene County expressed that some counties may not have been using CAPMIS tools long enough to fully understand the benefits of the model before making fundamental changes to it. State policy personnel shared this concern as well.

Lessons Learned

While the Design Phase was time and labor intensive, the process laid the foundation for a significant shift in child welfare culture that will have important implications for future system change efforts in the state. One of the most critical lessons of the Design Phase is the vital importance of well-defined roles and transparency among all stakeholders in the planning process. While the intent to maximize county ownership of the process was a desirable core principle, the process could have greatly benefitted from stronger direction from the State at the outset. While there was broad acknowledgment and gratitude among the pilot counties for the tremendous work contributed by State staff, many expressed frustrations about being so far into the design process before learning that certain policy issues were completely "off the table" for discussion. If the policy parameters had been more clearly defined at the beginning of

the process, it likely would have yielded a more efficient process with fewer frustrations for both State staff and the counties.

By the same measure, when viewing the entire pilot process retrospectively, the need for large-scale policy change to support alternative response may have been overestimated by some during the Design Phase. Post-implementation discussions with workers and supervisors reflect a strong sense that the most critical transformations in the pilot were changes made in practice, such as changes in workers' approach with families and relationship building, rather than differences in the structure of the system, rules, or forms. This discovery should not discount the significant progress made with respect to policy and tool revisions that supported practice changes during the pilot. Policy and practice are interdependent, and in order to continue moving forward, practice will need to inform policy decisions to support the continued growth of Ohio's alternative response model.

A final lesson of the Design Phase is that all planning processes are imperfect. With 10 counties and dozens of personalities at the table, quite possibly no process could have yielded 100% satisfaction. Although the voting structure of the Design Workgroup facilitated decision making by allowing the group to move forward, even when total agreement could not be reached among all members, this process was given mixed reviews by participants. A significant portion of the group felt that the timeline provided and the voting process itself would not allow for consensus building, which some felt was critical to developing a unified model. Others felt that even within the voting framework, there was too much latitude for revisiting decisions previously made, and that the process became bogged down at times as a result. Some among the group were concerned that decisions were too rushed, particularly near the end of the process, as deadlines loomed. Universally, county and State stakeholders commented on the growth of the group over time, and many felt as if the Workgroup was just hitting its stride near the end of the design process. Many of the original members of the Design Workgroup expressed a strong desire for a post-implementation review of the group's decisions, tools, and their corresponding rules to assess how the total package functioned in practice. As one AIM Team member noted about the design process, *"There was an investment in getting it right."* As expansion of alternative response is considered, it would be beneficial to respect this investment and capitalize on the collective wisdom and experience of the 10 pilot sites through a comprehensive review of decisions made during this early stage of the pilot process.

IMPLEMENTATION READINESS

"It will be a challenge to give up some of my power in decision-making with families."

– Participant comment in pre-implementation training, May 2008

Process and Milestones

SACWIS: Steering Committee, the RIG, and "Plans B & C"

As the Design Phase moved forward, concerns about implementation readiness, particularly surrounding SACWIS needs, were at the forefront of everyone's mind. At the outset of the planning process, the goal was the creation of a SACWIS solution that would provide capacity for documentation, tracking of cases, and collection of evaluation data. With a July 1, 2008, launch date for implementation scheduled, ODJFS prioritized the development of a SACWIS enhancement for alternative response. Leadership within the Department suggested that SACWIS alternative response functionality be designed through a Joint Application and Design (JAD) process. Because of the scope of the work involved, the Administration and SACWIS Task Team proposed the formation of two working groups to efficiently and effectively complete the work within the tight timeframe required.

As the Design Workgroup worked toward finalization of the policy and procedural framework for Ohio's alternative response pilot model, the Administration and SACWIS Task Team proposed the formation of a Steering Committee and a Requirements Identification Group (RIG). The Steering Committee would be responsible for developing the work plan to address SACWIS functionality for the pilot, guiding the overall process, and reporting to the Design Workgroup. The Steering Committee would establish a RIG to conduct the detailed needs identification for integration of alternative response into SACWIS through the Joint Application and Design (JAD) process and under the direction of the Steering Committee. The Steering Committee was approved by the Design Workgroup and held its first meeting on January 24, 2008. Eight of the 10 pilot counties served on the Steering Committee along with three ODJFS representatives from policy and management information systems (MIS). In planning for the membership of the RIG, the Steering Committee recommended representation from all 10 pilot counties, including personnel familiar with alternative response, county MIS/Information Technology (IT) staff, and administrative or quality assurance staff responsible for report development.

Since several of the 10 alternative response pilot counties were not yet live with SACWIS in their agencies as the Steering Committee and RIG began their work, members of the Design Workgroup also identified the need to establish a "Plan B" contingency process. "Plan B" would

be a complete paper system for alternative response documentation and tracking that would be a fallback if alternative response SACWIS enhancements were not completed by the July 1, 2008, deadline or for counties that were not live on SACWIS by that time. "Plan B" was an option of last resort and not an alternative solution.

County and State staff who served on the Steering Committee and the RIG showed a tremendous level of commitment in working toward the best IT solution for the Pilot Project. The groups met frequently, both in-person and via conference call, from January through June 2008 in preparation for implementation, sometimes having multiple conversations each week. The rapid pace of the process presented significant challenges as the work of the RIG was often reliant on policy decisions that were being discussed by the Design Workgroup and not yet finalized. Additionally, there was recognition among the pilot counties as well as State staff that because this was a pilot, some aspects of the model would be somewhat fluid as policy, tools, and forms were tested in practice. Ultimately, it was determined that full integration of alternative response within SACWIS for the purposes of the pilot would not be an effective use of resources, given the potential for needed changes in the future.

Without losing sight of "Plan A" (full SACWIS integration of alternative response) in the long term, and recognizing that "Plan B" (full paper system with no SACWIS tie-in) would be a completely inadequate resolution, a "Plan C" was developed. "Plan C" — formally known as the Alternative Response Workflow — would provide a means for case reporting data to be captured in SACWIS and would allow alternative response cases to be identified in SACWIS, so that non-pilot counties receiving subsequent reports could identify an alternative response case and contact the appropriate county to access needed information. For purposes of the pilot, all tools and case documentation for alternative response cases would be completed outside of SACWIS, allowing for the possibility of revisions to forms, such as the new Family Service Plan, as needed. Through the hard work of the RIG and State SACWIS staff, who put in countless overtime hours, the Alternative Response Workflow was in place to support the launch of pilot implementation in July 2008, and the foundation had been laid for further integration of alternative response within SACWIS post-pilot.

Community Outreach and Communications Package

Outreach and education with community partners was another critical piece of work completed by the 10 pilot counties in the months preceding implementation. During the final in-person meeting of the Design Workgroup in March 2008, counties presented on the work they had already done and future plans to engage community partners. The counties explored multiple avenues of outreach, including written communications through newsletters and individual letters to community partners; informational sessions offered in hospitals, schools, and mental health agencies in the community; and regular informal updates and presentations about alternative response to Family and Children First partners or other relevant boards/committees

on which partners served. Several of the pilot counties also focused on outreach to their juvenile courts. In addition to reaching out to community partners to make them aware of the pilot, counties focused on developing new partnerships in their communities to support the work of the pilot. Several counties utilized pilot funding to leverage new services or to make existing services more accessible for families. Examples of partnerships developed through the pilot process are discussed in the Implementation section of this report.

Leading up to implementation, Casey Family Programs provided technical assistance to develop an alternative response communications package to assist counties in delivering an accurate and consistent message regarding the alternative response approach. A consultant contracted by Casey Family Programs met with county and State staff in May 2008 to identify communication needs and target audiences, discuss the messages that should be conveyed, and establish a plan for the development of materials to help deliver the messages. Drafts of materials were developed by the consultant and ODJFS and disseminated among the counties, State staff, and AIM Team for feedback and revision. Communications materials developed in this process included:

- A brochure about alternative response for families;
- A more generalized brochure about alternative response for use with other audiences, such as community partners; and
- A county-specific fact sheet with information that could be customized by each county.

Pre-implementation Training

Based on recommendations from the Training and Education Task Team and approved by the Design Workgroup, the AIM Team developed pre-implementation training curricula to support county preparations for the July 1, 2008, launch date. Three distinct workshops were created to support implementation rollout:

- A half-day “Alternative Response Overview” for agency staff and invited community partners;
- A full-day “Procedures Training” for screeners, alternative response workers, and supervisors, with 3 hours dedicated to pathway assignment and an additional 3 hours for procedures, timelines, and paperwork through the remainder of the life of an alternative response case; and
- A full-day “Practice Training” for alternative response workers focused on strengths-based work, engagement skills, and family-driven practice.

Counties were offered all three workshops in May and June 2008; workshops were co-trained by staff from American Humane and trainers from Minnesota. Some sessions were county-

specific, while others were jointly attended, shared by counties in geographic proximity. Across the 10 counties, agencies handled the delivery of training in different ways. Within some counties, all staff participated in the “Overview” session, while in other counties, the “Overview” training was offered agency-wide but was mandatory only for alternative response staff. Likewise, the “Procedures” training was required for alternative response staff, but some counties opened these sessions to traditional response workers as well.

Pre-implementation training sessions elicited a range of reactions from participants. In training sessions across the pilot counties, agency staff frequently wrestled with the question, “How is this different from what we do now?” In the “Overview” sessions in particular, staff were often sensitive to comparative characterizations of alternative response as a strengths-based, family engagement approach. Despite the trainers’ best efforts to avoid this, some workers may have taken away an unintended message that current practice was being cast in a negative light.

The workers and supervisors who would be implementing alternative response were eager to gain a better understanding of the “nuts and bolts” of the alternative response model. Many of these individuals came into the training sessions with a foundational understanding of the philosophy of the model, and they were most interested in addressing specific procedural questions around the “how-to’s” of alternative response. Participants had many questions regarding pathway assignment, how to introduce alternative response to families, paperwork and timeframe mandates, what services would be supported by the pilot funding, the average length of time cases should be open, and the mechanics of re-tracking cases when necessary. During the trainings, there was a clear desire among staff to master the procedures and to understand how the process should differ from the traditional response.

Successes

As the counties prepared to transition from planning to implementation, the Implementation Readiness Phase was marked by a sense of urgency but also great anticipation. During this phase of the pilot process, a remarkable amount of work was accomplished within a very short period of time, including:

- Finalization of all policy decisions and the Alternative Response Pilot Project rules;
- Modification of the CAPMIS assessment tools to align with alternative response language;
- Finalization of the new Family Service Plan and Service Plan Review for alternative response;
- Development of alternative response communications materials for the counties;
- Completion of the Alternative Response Workflow to support implementation;

- Finalization of individual implementation plans within the pilot counties, including staffing plans;
- Outreach, education, and relationship development with community partners in each of the 10 pilot counties; and
- Delivery of training to staff in all 10 pilot counties to support implementation.

The group decision-making process established during the Design Phase carried over as decisions were being finalized and made operational in policy and tools in preparation for implementation. Completion of the RIG process was a major success of this phase, perhaps more for its impact on the growth of the partnership between State and county stakeholders than for the immediate end-product in SACWIS. In reflecting on the process, counties noted the hard work put in by State staff and their tremendous efforts to be responsive to the decisions of the Design Workgroup throughout the RIG process. When another delay of the launch date seemed like it may be an inevitable possibility, State and county stakeholders demonstrated a strong will to finish the work required to begin implementation on time. Several individuals interviewed reflected on the team dynamic that developed during this phase of the process. Perhaps the greatest achievement of the Implementation Readiness Phase was realized on July 1, 2008, when the Pilot Project was successfully launched.

Challenges

The rapid-fire decision making as the implementation launch date approached was a strain on all involved. As one ODJFS policy staff member stated, *"The pace was mentally draining."* Others commented that, *"We had to sprint to the finish,"* and at times, it felt like *"policymaking on the fly."* While the group's commitment to successful and timely completion of the process was evident, the pace of the work left some concerned that the final planning stage was somewhat rushed. Although the decisions made reflected everyone's best judgment at that point in the process, once again, many involved expressed the hope that there would be an opportunity to revisit decisions at a later date.

Additionally, the commitment of staff time and resources required to complete the process in a timely manner was significant for both the State and counties. While group decision making guaranteed that everyone had a voice in the process, it also required both the counties and the State to devote countless staff hours to in-person meetings, conference calls, and email communications to keep the process moving forward. Staffing cuts compounded this issue, particularly at the State level. For example, while ODJFS had hoped to involve its regional Technical Assistance Specialists (TASs) in pilot planning, deep staffing cuts prohibitively reduced the capacity of the TASs to participate in the process.

Lessons Learned

The most critical lessons of the Implementation Readiness Phase may lie in the training process to prepare staff for the practice of alternative response. Viewing the training process through the lens of the implementation experience has provided valuable insight concerning the training process itself, as well as the frame of reference of participants who have not yet had the opportunity to experience alternative response in practice. The following lessons from the training process should help inform planning for counties contemplating rollout of alternative response in the future:

- **Agencywide Training:** As a Fairfield County supervisor stated, *“Training all staff early in the process is critical.”* In hindsight, pilot counties that had not required all staff to attend training indicated that they wished they had made the “Overview” training mandatory for staff at all levels of the agency. Counties that had not required staff participation felt, in retrospect, that this may have been a lost opportunity to enhance agencywide understanding of the purpose of the pilot, the philosophy and framework of the model, and the complementary nature of the two response pathways. Where staff were unclear on these issues, there were persistent misconceptions within agencies that alternative response cases were not true child maltreatment cases or that they were simply the “easy” cases requiring less intense work. These false impressions set the stage for tensions between alternative response and traditional response staff in some counties, particularly at the outset of the implementation process.
- **Training Messages:** Although trainers were careful and respectful in presenting alternative response as a total system package, reliant on quality practice in both alternative response and traditional response pathways, participants were understandably sensitive to any implication that an emphasis on strengths and family engagement was somehow new or different from current practice. By the same measure, workers were anxious to understand what was different about the new model and to create a clear distinction between the two pathways. Crafting a message that allows staff to gain a sense that a real change is being made without unintentionally undermining or devaluing the traditional response is a delicate balance to maintain. Going forward, the experiences of the 10 pilot counties will be a valuable resource in the evolution and delivery of this critical message to their peers around the state.
- **Participant Perspectives:** Among the workers preparing to take on the role of alternative response staff, there was a strong emphasis in training on understanding the procedural distinctions between alternative response and the traditional response pathway. Feedback from the counties following the training pointed to an underlying expectation among workers that alternative response would involve a substantial shift

in procedural requirements. As one supervisor from Lucas County shared, *“The workers wanted more of a technical background.”* Workers and supervisors alike expressed some frustration that, initially, alternative response was *“built up as something different when the tools and process were essentially the same.”* In reflecting on their implementation experiences, workers from several counties stressed the importance of seeing and doing the work themselves in building an understanding of the practice change. It was within the experience of implementation where, for many, the true shift from a system-based focus to a practice-based focus occurred. A worker from Trumbull County stated, *“At the beginning, we thought that alternative response would be this big thing we had to do; it must be stressed that alternative response is a practice change — partnering with families and asking families for their help in problem-solving.”*

- **Supervisor Training:** Supervisors from several of the pilot counties indicated that they would have liked additional training support, prior to implementation, that was specific to their role as supervisors. As one supervisor articulated, *“Workers had more opportunities for training at the beginning than supervisors, making supervision difficult.”* Another supervisor stated, *“The clinical piece has been the most challenging. The supervisory shift is difficult for those coming from a traditional intake background focused on forensic interviewing.”* This individual expressed a desire for additional training for supervisors with a specific focus on building clinical supervision skills. In addition to supervisors, counties also noted the importance of including county training staff in early training sessions.

IMPLEMENTATION

“Taking concentration off of the allegation, removal of labels, focusing on the family system, and having longer timeframes will take you miles farther with families.”

– Fairfield County Worker, February 2010

“Traditionally, the family felt like we were authoritative and accusatory. With alternative response, families come to see us as their advocate. We sit down together and decide how to approach problems.”

– Lucas County Alternative Response Worker, April 2009

Process and Milestones

Rollout of Alternative Response

On the heels of the accomplishments of the Implementation Readiness Phase, 9 of the 10 pilot counties began serving families through the newly established alternative response pathway in July 2008. As a large metro county, Franklin needed some additional time to firm up internal procedures to be able to accommodate the amount of documentation that would need to occur outside of SACWIS during the pilot. Franklin County began implementation of alternative response on August 1, 2008. Early feedback reported during a July conference call of the Design Workgroup was largely positive and indicated that initial family responses to the new model were very positive. Some of the challenges of the initial rollout included:

- Workers' adjustment to presenting and explaining the alternative response approach to families;
- Planning case assignments and workflow while utilizing random assignment; and
- For Greene, Guernsey, and Lucas Counties, managing the simultaneous rollout of SACWIS alongside alternative response implementation.

The structure of Ohio's alternative response pilot model was designed to provide a framework that would accommodate local adaptation. Through the design process, county and State stakeholders worked hard to distinguish between model requisites, guidelines for practice, and elements of implementation that would remain flexible to meet county-specific needs. The following is a brief snapshot of each of the 10 counties' individual implementation plans with regard to staffing and workflow:

- **Clark County** implemented a short-term services model in which alternative response workers would work with a family through the assessment process and provide post-assessment services for up to 6 months. At that point in time, a decision would be made to close the case or transfer to an ongoing services unit for longer-term service provision. Clark County created a dedicated alternative response unit at the outset of the process, but needed to assign traditional response cases to these workers, at times, to keep workloads balanced among units.
- **Fairfield County** utilized a “one-worker, one-family” model through the life of a case, meaning the assigned alternative response worker would serve the family through the assessment process and up through case closure, regardless of how long the case remained open. Fairfield formed dedicated alternative response and traditional response units in which alternative response workers exclusively handled alternative response cases. In order to manage caseload sizes, Fairfield added an additional alternative response worker midway through the pilot, rather than attempting to control caseload numbers by reducing the number of cases assigned to the alternative response pathway.
- **Franklin County** initially created dedicated alternative response intake and alternative response ongoing units. In Franklin County, if an alternative response case remained open beyond the initial 45-day assessment, the case would generally be transferred to one of the ongoing units trained in the alternative response approach. Franklin County developed a “warm handoff” case transfer process modeled on a similar approach utilized in the Minneapolis/St. Paul area in Minnesota. In the “warm handoff” approach, the intake and ongoing workers meet with the family together during the transfer process. *Note:* On occasion during the pilot, cases remained at intake following the assessment in order to meet a short-term service need. Post-pilot, Franklin County is exploring the provision of short-term, post-assessment services within two alternative response intake units. In this new staffing pattern, alternative response workers are able to provide post-assessment, ongoing services for up to 90 days.
- **Greene County** implemented an alternative response structure based on the alternative response worker completing the assessment process and providing short-term services, if needed, for up to 90 days. Through the pilot, alternative response workers in Greene County carried mixed caseloads of alternative response and traditional response cases to maintain workload balance among units. Since random assignment ended, however, alternative response workers in Greene County are carrying only alternative response cases, unless there is a pathway change resulting in a switch to the traditional response pathway. Also since randomization ended, alternative response workers may now provide short-term services up to 180 days.
- **Guernsey County** implemented a blended model utilizing intake and ongoing staff to serve alternative response cases on a rotating basis. In Guernsey County, the worker

assigned to the alternative response case would keep the case through the assessment process and also provide short-term, ongoing services if needed. Although there was an initial plan in place allowing for the transfer of a case to an ongoing unit for services required beyond 120 days, the vast majority of pilot cases remained in the assessment unit and closed well before that point.

- **Licking County** utilized a similar short-term services model in which an alternative response case would stay with the worker up through the 90-day mark, as needed. As was the case in other counties, this was not necessarily a hard deadline, and workers could keep cases longer, if needed. Similarly, if the need for longer-term services was readily apparent at the outset, a case could be transferred to an ongoing services worker before the 90-day mark. Through the pilot, the two alternative response workers in Licking County carried mixed caseloads of alternative response and traditional response cases to keep workloads balanced among intake workers.
- **Lucas County** implemented a one-worker, one-family model during the pilot, with alternative response workers embedded in several intake units serving different regions. *Note:* Post-pilot, as Lucas County plans for agencywide implementation, the agency is exploring the separation of alternative response intake and alternative response ongoing functions with a “warm handoff” approach in which the intake and ongoing workers would collaborate.
- **Ross County** also implemented a one-worker, one-family model throughout the pilot. As was the case in several counties, workers in Ross County were assigned both alternative response and traditional response cases to keep caseloads balanced among workers.
- **Trumbull County** utilized a one-worker, one-family model throughout the pilot, with alternative response workers exclusively dedicated to serving alternative response cases. *Note:* Post-pilot, as Trumbull County explores expansion of alternative response, the agency is considering some separation of alternative response assessment and alternative response ongoing services functions.
- **Tuscarawas County** primarily utilized a one-worker, one-family model through the pilot. Based on individual case circumstances, an alternative response case could be transferred to an ongoing services worker for longer-term service provision, but this type of transfer only occurred in a few instances during the pilot.

Immersion Experiences

Opportunities to travel to Minnesota to learn directly from counties with extensive alternative response experience were critical project milestones in the development of two of the Ohio pilot counties. Franklin County sent a team to Minnesota as part of their preparations to implement alternative response, and Fairfield County sent their team to Minnesota during the early months of the Implementation Phase. Both Ohio teams were able to visit counties in

Minnesota that were similar in many respects to their own. The team from Franklin County visited Hennepin and Ramsey Counties (the Minneapolis/St. Paul area), and the team from Fairfield County visited Anoka County, a county contiguous to the metro area. Additionally, at the request of both Franklin and Fairfield Counties, the two teams spent time in Olmsted County (Rochester, Minnesota) during their respective immersion experiences.

During these site visits, the teams participated in roundtable discussions with workers and supervisors in the Minnesota counties and observed detailed case consultations. Through these experiences, both Ohio counties were able to gain deeper insight into the practice shifts embedded in the work of their Minnesota colleagues. The counties also had the opportunity to share in Minnesota's pilot experiences and learn firsthand how those experiences compared to the beginning stages of Ohio's pilot, a reassuring experience for staff. For both Franklin and Fairfield Counties, the Minnesota immersion experience became a springboard for integrating new practices in their individual county alternative response implementation plans. In reflecting on their experience in Minnesota, staff from Fairfield County articulated that they were deeply impressed by *"shifts in language and the level of professionalism in how they talk about families."* Staff shared a concrete example of one such language shift that they had observed. In case discussions, parents were not referred to as *"resistant"* or *"uncooperative,"* rather, language was reframed to express that, *"The worker hasn't found the right way to engage."* Other take-away themes from the experience included a *"stronger focus on solution-driven practice"* and the need to build a *"culture of uncertainty"* where workers are comfortable taking a learning posture with families. Following these immersion experiences, both Franklin and Fairfield Counties integrated group consultation models into their regular alternative response supervision.

Transition to Ohio Alternative Response Leadership Council

When the Design Workgroup met in September 2008, there was broad recognition that the nature of the group's work had changed now that implementation was under way. The counties recognized that there was an ongoing need for periodic meetings to discuss and make decisions regarding emerging implementation issues. Additionally, there was broad recognition among both county and State staff that, after the pilot, this group would fill a critical role in sharing their experiences and mentoring peer counties through any implementation expansion process. To signify the group's changing focus and emerging purpose, the Design Workgroup voted on a name change to the *Ohio Alternative Response Leadership Council*.

Technical Assistance and Opportunities for Cross-County Communication

Throughout the pilot process, the AIM Team provided ongoing technical assistance to all 10 pilot counties. Each of the counties was matched with an AIM Team contact person to assist with individualized technical assistance needs. Additionally, counties were presented with

frequent opportunities for cross-county interactions. In the early months of implementation, conference-call opportunities were offered to workers and to supervisors on a monthly basis. Later on in the process, as counties became more comfortable in the practice, calls were offered every other month. In addition to these teleconference sessions, the counties were offered opportunities for workers and supervisors to meet in person on a quarterly basis. State staff also participated in technical assistance meetings throughout the pilot.

Both the calls and the in-person meetings provided workers and supervisors an opportunity to discuss implementation challenges, to recognize successes, and to exchange ideas with their peers in other counties. Initially, workers and supervisors were provided separate conference-call and meeting opportunities, so that each group could comfortably discuss their respective concerns with other workers or other supervisors. Further into the implementation process, however, workers requested that at least some of their meetings be combined with supervisors' meetings, to allow for an open dialogue between the two groups. Supervisors were in agreement with this proposal, so the AIM Team began facilitating joint worker-supervisor technical assistance sessions.

Feedback from participants indicated that workers and supervisors generally found the in-person meeting opportunities to be more productive and helpful than the conference-call format. Although tightening budgets, travel restrictions, and workload demands made it difficult for agencies to commit staff time for in-person meetings, these sessions yielded rich conversation among the participants. In reflecting on aspects of the pilot process that helped build and sustain momentum, multiple counties cited their contacts with other counties and AIM Team facilitators.

Training and Coaching

“Hands-on consultation was one of the most beneficial things we received through the pilot — one of the most memorable learning experiences was having Russ come to our county.”

– Franklin County Supervisor, February 2010

Periodically through the pilot process and extending beyond the formal pilot stage, counties were offered training and coaching opportunities to support ongoing development of practice skills. The AIM Team offered substantive workshops through in-person and webinar formats, including trainings on:

- *Brief Solution-Focused Therapy* with Bob Bertolino;
- *Signs of Safety* and case mapping;
- Domestic violence and alternative response;

- A revised and updated version of the “Practice” training that was initially offered to counties prior to rollout; and
- A full-day session on *Implementation Science* by the National Implementation Research Network, offered to the Leadership Council.

In addition to the training resources garnered by the AIM Team, Casey Family Programs infused training resources, at the counties' request, to support an intensive focus on attending to domestic violence within an alternative response framework. In October 2009, counties were offered an opportunity to attend the Ohio Domestic Violence Network's ***Prevention in Progress Summit***, exploring connections between child maltreatment and intimate partner violence. Eight of the 10 pilot counties sent staff teams to this conference. As of February 2010, a subset of the alternative response pilot counties (Clark, Fairfield, Franklin, and Ross) began intensive work with child welfare consultants, David Mandel & Associates, on the ***Safe and Together*** model. Through a progressive series of training and technical assistance opportunities, these four counties are working with community stakeholders to develop an enhanced community collaboration plan to improve service coordination for families in which intimate partner violence is a concern.

Pilot counties were also offered individualized technical assistance in the form of county-specific coaching days. AIM Team coaches from Minnesota visited Ohio counties, bringing a bit of the Minnesota experience to the pilot counties. Coaching days were largely scheduled within two rounds — one in the summer of 2009, with a second round following in late 2009 and early 2010. How coaching time was utilized was up to the individual county hosting the coach. Most commonly, coaches:

- Facilitated group case consultations;
- Engaged in open dialogue with workers and supervisors about their experiences during Minnesota's alternative response pilot;
- Modeled family engagement strategies in the field on family visits with workers; and
- Shared case mapping or other engagement tools they utilized in practice.

In post-pilot interviews, the coaching experiences were widely recognized as one of the most valuable learning opportunities for workers and supervisors alike. Staff came away from these sessions with concrete strategies to implement within their agencies and in the field with families. For several counties, the coaching days were a watershed moment in the pilot process that ultimately elicited changes in language, practice, or supervision processes within agencies. The only shortcoming of the process identified by the counties was that they would like to have had these opportunities available to them earlier in the pilot, in addition to opportunities provided during the midpoint and ending phases. As one individual from Greene County

reflected, *“Coaching, mentoring and establishing a group process early on would have made a big difference.”*

Successes

“Alternative response has changed the way we gather information and look at strengths.”

– Trumbull County Alternative Response Worker, February 2010

Partnership With Families

Throughout the pilot, counties shared numerous examples of how alternative response has advanced partnership with families. From the early weeks of implementation up to the present, workers and supervisors across all 10 pilot sites have recognized the positive response from families to the alternative response approach. Changes in the way cases are initiated, removal of labels, timeframes that are more conducive to building rapport, and family-driven service planning have contributed to enhanced family engagement and partnership around safety and well-being concerns. Through the implementation experience, workers and supervisors alike have discovered their own answers to the question, *“How is alternative response different?”* As agency staff shared their thoughts on this question at various points throughout the months of the pilot, their insights grew with experience.

Removal of labels was one of the more frequently cited difference makers throughout the course of the pilot, but especially during the early stages, as workers became more comfortable introducing alternative response to families. From the outset of implementation, workers shared stories about families engaging in a more open manner without the fear of a disposition. In November 2008, just 3 months into implementation for Franklin County, a worker stated, *“I’m learning more from families — families are much more receptive, open, and willing to share.”* Another Franklin County worker added, *“Under alternative response, we’re not stigmatizing families, so we are able to better engage support systems. Families are more willing to involve supports — this can become a safety advantage.”*

Deeper into the implementation process, counties reflected more on how the removal of labels has not only impacted families’ response, but has influenced staff thinking about the assessment process and casework with families. In February 2010, a Greene County leader shared, *“Alternative response reinforces strengths-based practice. It’s different when you’re looking for a disposition; it’s easy to slip back into incident-driven thinking.”* This same individual reflected on a “case resolution” model used in Ohio in the late 1990s, in which there were no dispositions, but, *“Agencies still identified an alleged perpetrator and an alleged victim, contributing to incident-driven thinking. Removing labels in alternative response has moved us*

away from this.” A worker in Trumbull County also alluded to this mindset shift, stating, “In alternative response, there is more advocacy involved; I go to bat more for my families.”

Changes in case initiation have also impacted family partnerships. Among the 10 pilot sites there were different philosophies and approaches to case initiation under alternative response. Although counties were still statutorily bound to begin their assessment within 24 hours of a screening decision, the rule structure for the pilot allowed more options for initiating the assessment process, including:

- Making a phone call to the family to schedule an appointment in advance;
- Sending a letter to the family;
- Making a phone call to a collateral source; or
- Making a face-to-face contact with the family.

Additionally, pilot rules allowed up to 4 working days to make face-to-face contact with the child and a caregiver for alternative response cases, waiving the requirement of two attempted contacts within the first 4 days. The philosophy behind these policy decisions was to support practices that would be more respectful to families and lay the foundation for partnership while still attending to safety. Counties were free to set their own internal policies or standards that fell within this rules structure but were more restrictive. For various reasons, some of the counties did make such decisions; for example, requiring face-to-face contact within 72 hours and keeping the alternative response timeframe consistent with the timeframe for the traditional response pathway. Some of these county-specific decisions centered on workflow and maintaining consistency in practice, particularly where workers were handling mixed caseloads of alternative response and traditional response cases. Other counties were philosophically opposed to extending the timeframe for face-to-face contact and were concerned about the implications for child safety.

Several pilot counties embraced the opportunity to make significant practice changes in how families were approached at case initiation. For example, some counties emphasized the use of a phone call or, in some cases, if phone contact was unavailable, a letter for the initial family outreach. In these counties, a “drop-in” visit to the family was typically utilized as a last resort. If this option needed to be used to assure safety, workers would frequently offer the family an opportunity to reschedule the visit at a more convenient time after making the initial contact. It should be emphasized that, in implementing new initiation practices, pilot counties were careful to ensure that safety guided decision making. Although pilot rules allowed up to 4 working days to make face-to-face contact, agency practice was to review the circumstances of each case and, if there was a need to establish contact more quickly, the worker would do so.

Among the counties that emphasized differences at case initiation, workers and supervisors felt strongly that these practice changes had significantly enhanced family engagement without compromising child safety. In July 2009, a worker from Ross County reflected, *"With advance calls, families have an opportunity to have more support and to be prepared for why you are there, which can make the visit more productive. We make the push to involve families as a unit."* Several workers across pilot counties shared similar thoughts and felt that enhanced family engagement held true both for families with previous history with child protective services and with first-time referrals. A Ross County worker noted in November 2008, *"Families that have previous CPS involvement see and comment on the differences. Families who have not had previous CPS experience still have distinct preconceptions about CPS, and alternative response helps alleviate their concerns and fears from the outset."*

Expanded timeframes for the completion of the assessment process (45 days instead of 30) have strengthened family relationships and laid a foundation for successful outcomes. The additional 15-day assessment period has resulted in workers feeling less rushed, better equipped to complete a holistic assessment process, and able to build stronger relationships with families. Workers and supervisors have reported that the new timeframes are allowing more issues to be resolved within the assessment period, resulting in fewer cases being opened for ongoing services. Workers indicated that under the 30-day limit, there is often more uncertainty about case resolution; therefore, the "default" decision is often to open the case for ongoing services. With 45 days, there is more time to ensure that families are actively linked with services before making the decision to close or keep the case active.

Counties that were able to implement a one-worker, one-family model or a short-term services approach found that these staffing patterns were beneficial to families and afforded workers even greater capacity for relationship building. As Greene County reflected at the end of the pilot process, *"Alternative response supports rapport-building and avoids time and progress lost through the transfer of a case to a new worker."* A worker from Guernsey County also emphasized that, *"Timelines have had a big impact — providing extra time to build rapport with families."* A Fairfield County worker expressed a similar viewpoint, *"The length of time with families is very beneficial to building a relationship and giving them time to open up."* These types of statements were consistent in conversations across counties and throughout the duration of the pilot.

A focus on family-driven services has also contributed to a spirit of greater partnership with families. Counties viewed the development of a new Family Service Plan that could be used in the field with families throughout the assessment process and beyond as a significant success of the Design Phase. Although multiple uses of the tool presented some challenges in implementation, the simplicity and flexibility of this tool were appreciated by workers and families alike in practice. Reflecting on early successes of the pilot in March 2009, a Licking County worker stated, *"Working a service plan instead of a case plan has been successful;*

service plans are friendlier and developed by the client." Similar to the removal of labels, the Family Service Plan ultimately had a strong impact on workers as well as families. As a Clark County worker expressed in July 2009, *"The Family Service Plan helps workers think differently about collaborating with families."*

The availability of some flexible funding during the pilot has enhanced the capacity of agencies to offer timely and creative services driven by family needs. This flexibility has also empowered families to take an active role in service planning. Hard services to meet basic needs are among the most common types of services requests, and flexible pilot funding has assisted agencies in meeting these needs in a timely manner despite tough economic conditions. Pilot funding has also allowed agencies to help families achieve safety and stability using new strategies. The following are some examples of family services that agencies felt would likely not have been provided under traditional funding streams:

- In Licking County, the agency was able to assist a mother by making a final outstanding payment toward her college tuition. This payment allowed her to take the final exam that would conclude her coursework to earn a degree. Although the initial report was for unsafe living conditions in the home, domestic violence was an underlying issue for this family. The agency's course of action represented much more than simply paying a bill. As the worker indicated, *"This was an important step toward empowering mom."*
- In Lucas County, a worker purchased cloth diapers for a family and spent time with mom teaching her how to use them. The family appreciated the long-term nature of the solution, rather than a stop-gap purchase of disposable diapers.
- With pilot funds, counties took steps to help families establish longer-term financial stability. Greene County assisted a mother with completing her Licensed Practical Nurse training and licensure requirements, and Lucas County helped a mother purchase needed equipment for her dog-grooming business.
- Guernsey County assisted a family with the purchase of a special therapeutic recliner for a 7-year-old child with a physical disability. This purchase had significant impact on the child's safety and well-being.
- Several of the rural counties lacking public transportation have assisted families with the purchase or repair of automobiles, purchase of auto insurance, and/or costs associated with obtaining a driver's license. In these cases, the family's financial stability, self-sufficiency, and/or ability to care for their children was critically impacted by their access to transportation. In one such case in Ross County, a family with medically fragile children was in need of transportation to be able to get the children to medical appointments on a frequent basis. Assisting the family with the purchase of an automobile empowered the parents in their efforts to ensure that the children's medical needs were met.

The adaptability of the Family Service Plan and the availability of funding also allowed needed services and supports to be garnered more quickly. Midway through the Implementation Phase, a Franklin County supervisor expressed, *“With alternative response, workers are providing more intensive, hands-on services, and services can begin more quickly with families.”* A Trumbull County worker echoed this sentiment, *“We’re now thinking about service provision from the first knock on the door, rather than case closure or referral to the appropriate unit or community services.”*

It is important to note that counties approached pilot funding with an eye toward sustainability. Among all 10 pilot counties there was an emphasis on utilizing existing community resources whenever possible, reserving pilot funds to meet needs that would otherwise go unaddressed. Counties indicated that many alternative response families received no form of monetary support. Trumbull County leaders estimated that only about one third of their alternative response families received any kind of monetary support, and other counties indicated similar numbers. Additionally, workers emphasized that during service planning, families frequently identified needs and developed plans that did not require additional funding. Finally, although there is insufficient information to draw conclusions at this juncture, two counties identified preliminary data trends related to fiscal capacity that warrant further exploration. Tuscarawas County indicated that they have experienced a reduction in foster-care numbers that may allow for reallocation of resources in the future. Leadership in Tuscarawas County attributes this trend to three main factors: successful implementation of the agency’s strategic plan, success in finding adoptive homes for children in permanent custody, and alternative response. Court data shared by Greene County reflect a reduction in filings by the county child protection agency, from 177 petitions in 2008 to 155 in 2009. While there is no certainty that this reduction in court filings is directly or exclusively attributable to alternative response, the data are encouraging. Whether preliminary data like these from the counties might signify future capacity to reinvest system resources in greater “frontloading” of services for children and families remains to be seen.

Partnerships in the Community

“We have found that if you ask for help from your community you will receive it. Through the alternative response Initiative, we have expanded our view of community partners.”

– Ross County, PCSAO Presentation, September 2009

Just as families’ perceptions of children services have changed as a result of their experiences with alternative response, several counties report that community partners have also begun to see CPS differently. In an interview in March 2009, a worker in Ross County noted a relationship shift with the county’s Help Me Grow partners: *“In our community, Help Me Grow workers are more apt to make referrals now that they know about alternative response. Help Me Grow feels*

that alternative response interventions are less threatening to families and views alternative response workers as a helping entity.”

Screeners in several counties stated that reporters have come to understand alternative response and sometimes specifically request alternative response for families when making a referral. Although these requests are not always able to be fulfilled, the awareness of the new approach and its potential benefit to families is encouraging. In many instances, stakeholders or community partners have developed a better understanding of the alternative response approach through their conversations with screeners when making a report. This type of “one-on-one education” has been an important piece of community outreach in several counties.

The pilot has also opened new avenues of collaboration with community partners. Some of these new partnerships were developed out of the funding support provided to counties. Others were simply born out of the creativity inspired by the pilot process and required no additional funding. Following are a few examples of the types of partnerships developed:

- Tuscarawas County used pilot funds to negotiate a contract with a mental health services provider that could be more responsive to families’ needs for flexible scheduling. The Medicaid provider primarily utilized by the agency was not able to work with families during evening hours, effectively eliminating access to services for many families. The new partnership has resulted in more successful service linkages.
- In Licking County, a caseworker inspired to “think outside of the box” reached out to the local YMCA and negotiated a substantially reduced 1-year family membership rate of \$166 for the agency’s families (the regular family membership rate is \$800). This proved to be a valuable community resource for several Licking County families.
- In another creative partnership, Franklin County worked with Nationwide Children’s Hospital’s Behavioral Health Department to establish a mental health assessor as a full member of the county’s alternative response team. This assessor is housed at Franklin County Children Services, consults with alternative response workers, and is readily available to conduct assessments for alternative response families.
- Workers in Ross County concentrated on establishing partnerships to provide safe and stable housing for families. Alternative response workers have facilitated such things as the purchase of a mobile home; waivers of application fees; rental agreements for families with challenging credit and rental histories; reduced rental rates; and the services of a local moving company that moved a family for a reduced fee. Additionally, the agency established a relationship with Lowe’s to waive fees for estimates on home repairs and to provide families in-store incentives on purchases of home-repair supplies.

In addition to the development of new agency partnerships, alternative response workers in several counties commented on how their individual knowledge of community resources and systems has increased due to their alternative response practice. This was true particularly among workers coming from a traditional intake background, who may not have had as much previous experience in case planning or service provision. In sharing her experience of going through the process of obtaining a protection order alongside a client, a Franklin County worker commented, *"I'm learning a lot more about the different systems clients face."* The same worker went on to describe how cumbersome and confusing the process was and stated, *"It was eye-opening; I now have a better understanding of what clients go through when we ask them to do these types of things."* In a February 2010 interview reflecting on the pilot experience, a Licking County worker commented on the *"personal connections built with staff in other community agencies"* as a result of the service planning and advocacy she had engaged in on behalf of families.

Intra-Agency Partnership: Building Confidence in the Practice

"Our clinical consultations typically include a mix of alternative response and traditional response Intake and Ongoing staff and managers, providing a well-rounded assessment that builds on families' strengths. The use of this framework has increased communication among staff, enhanced creativity, and encourages team decision-making processes at all levels of our agency."

– Fairfield County Supervisor, April 2009

Several counties took advantage of opportunities afforded by the pilot to move practice skills to a new level. As mentioned earlier in this report, Franklin and Fairfield Counties spent time on the ground in Minnesota, and all pilot counties were provided coaching opportunities with AIM Team consultants from the state of Minnesota. A number of counties utilized their coaching time to gain experience with a group consultation framework based on the **Signs of Safety** and utilized with great success by several Minnesota counties. The model fosters transparency in practice, promotes a holistic understanding of families, and offers workers shared decision-making responsibility with their colleagues. Several of the pilot counties have embraced the concept of group consultation and are now regularly engaging in group supervision for various aspects of case decision making, including screening, case closure decisions, or any point when a worker is feeling "stuck" about where to go next. Fairfield, Trumbull, and Tuscarawas Counties have adopted the *Signs of Safety* framework for use in weekly group consultation sessions, and Franklin adapted this framework for use within monthly departmental meetings during the pilot. Additionally, workers and supervisors in both Licking and Greene Counties are meeting daily to discuss new cases, pathway assignment decisions, potential approaches with families, or other critical case decisions.

While an increased focus on family-driven service planning has been a successful outcome of Ohio's Alternative Response Pilot Project, group consultation has been a powerful tool in supporting the development of clinical social work skills that go beyond the brokering of services. In Trumbull County, where group consultation was a newer development later in the pilot, a worker reflected, *"We discuss and present strengths more, and we discuss cases in a more respectful way."* A supervisor in Franklin County discussed how group consultation supports a shift in thinking and enhances focus on engagement over time. At the close of the pilot, a worker from Fairfield County, where group consultation had been utilized from early on, shared, *"Workers have progressed in their depth of communication and understanding of families."*

Alternative response also provided the impetus for agencies to look at other methods of internal partnership. For example, in Franklin County, there was an emphasis on improving collaboration between alternative response Intake and Ongoing units for cases that needed to open for services beyond the initial assessment period. Unlike many of the pilot counties utilizing a one-worker, one-family model for the duration of each case, Franklin County, as a large metro county, maintained separate alternative response Intake and Ongoing units to manage the workload for longer-term cases. To ensure that this two-worker model would not negatively impact the level of engagement built with families during assessment, Franklin County implemented a "warm handoff" approach to cases to support a smoother transition. With this approach, workers from the two units visit the family together and collaborate as cases transition, resulting in greater continuity of services and less confusion for families. A supervisor from Franklin County shared, *"Alternative response has built a better partnership between Intake and Ongoing Services; there is much more dialogue and joint decision-making. Ownership of cases has been internalized by workers and doesn't transfer with cases."*

Implementation Successes: A Final Note

"They [alternative response workers] show us how to use what's out there. It makes your family stronger... It gives people hope."

– Franklin County Alternative Response Family, May 2009 Family Listening Session

Perhaps the final, and most important, word on the success of Ohio's Alternative Response Pilot Project comes directly from the families themselves. The cumulative impact of partnerships created with families, within communities, and among agency staff is reflected most clearly in families' responses to the work. Across the pilot counties, workers and supervisors repeatedly shared stories about families following up with their worker after case closure simply to update the worker on how things were going. Others shared success stories of families that came to view children services as a partner and willingly called on the agency when subsequent help

was needed. When asked what was different about alternative response, a worker from Trumbull County responded, *"Families requesting help from CPS is unheard of!"*

Challenges

"It was overwhelming in the beginning with mixed caseloads. Traditional response cases would have to take priority over alternative response. We no longer have mixed caseloads, unless there is a track change."

– Greene County Worker, February 2010

Caseload Demands

The internal adjustment to the pilot workflow was a significant challenge for many agencies. The move to a staffing pattern where cases remained at intake for a longer period of time, coupled with the inherent unpredictability of random assignment, created caseload imbalances early on among alternative response and traditional response workers. Although, at the outset of the pilot, many counties had intended for workers to exclusively handle either alternative response or traditional response cases, workload management concerns in several agencies resulted in workers serving dual caseloads of both alternative response and traditional response cases. Workers across the counties reported challenges in balancing the different timelines, requirements, and fundamental approaches of the two pathways — difficulties that were compounded by the fact that alternative response documentation was largely outside of SACWIS. Workers with mixed caseloads frequently commented that, when handling both types of cases, their traditional response cases would take higher priority, leaving workers less time to focus on their alternative response families. Often, traditional response cases needed to take precedence because of greater urgency in the nature of the concerns involved in the report. However, workers frequently reported that, all circumstances being equal, traditional response cases still tended to take higher priority over alternative response cases due to the more stringent timelines and mandates required for traditional response cases. This was a source of frustration for some workers who felt that, in reality, many of their alternative response families had similar or greater levels of need than some of their traditional response cases. The concerns that workers expressed over practice decisions being driven by disparate timeframes were particularly salient in light of the fact that cases which were eligible for alternative response were equally likely to be assigned to the alternative response pathway or the traditional response pathway through randomization.

Supervisors also identified challenges with managing dual caseloads, both where workers were handling mixed caseloads and where supervisors worked with a blended unit of both alternative response and traditional response workers. For example, in order to alleviate workers' frustrations with dual caseloads early on, Franklin County made a management

decision to reduce the number of alternative response workers and to keep unified alternative response caseloads intact. This required some workers to return to doing traditional response work while others remained in alternative response intake. Rather than requiring an entire unit to make the shift, Franklin County allowed workers to self-select to remain as alternative response workers or to return to doing traditional response work. This self-selection resulted in blended units with both alternative response and traditional response workers. While this decision was responsive to workers' concerns and needs, it presented unique challenges for the supervisors. As a supervisor in Franklin County expressed at the close of the pilot, *"Carrying sections with dual paperwork and timeframes is time-consuming and confusing. Units should be exclusive alternative response and traditional response."* However, in balancing the needs of workers and supervisors through the pilot, it should be noted that Franklin County's supervisors gladly took on the challenges of dual supervision to provide workers with the maximum support and flexibility to work exclusively in the pathway of their choice.

The size of caseloads, in addition to their makeup, was also a frequently discussed concern among workers and supervisors in several of the pilot sites. During the early months of the pilot, alternative response caseloads were lower for workers in many agencies, allowing them to spend more time in the field with families. For many alternative response workers, this was a welcome change in their capacity to serve families. As alternative response was just beginning and agencies were feeling their way through pathway assignment decisions and the randomization process, the workload on traditional response workers in many agencies increased, negatively impacting staff morale on the part of traditional response workers. Consequently, over time, agencies worked to adjust the balance of alternative response and traditional response workloads by increasing the number of cases assigned to the alternative response pathway and/or by assigning some traditional response cases to alternative response workers as mentioned above. A related issue experienced by many counties was the adjustment to keeping cases open longer in intake. As workers struggled with case closure decisions early in the pilot, caseloads did not turn over as rapidly as anticipated at the outset, causing alternative response caseload numbers to expand over time. As caseloads crept higher for all of the reasons cited above, workers expressed frustration that they were unable to spend as much time with individual families. Workers articulated that caseload numbers needed to be controlled to allow sufficient time for relationship building with each family in order to establish a foundation for partnership.

Pathway Assignment Inconsistencies

Throughout the pilot, clear differences in pathway assignment decisions persisted among the 10 counties. Some of these differences in pathway assignment reflected disparate community standards among the pilot sites, directing more- or less-restrictive treatment of specific types of cases, such as infants born with positive drug toxicology, case circumstances involving domestic violence, or families with prior CPS history. Variation in decision making among counties may

also reflect, to some degree, differences in screening and pathway assignment processes. Some counties applied group consultation to screening and/or pathway assignment decisions, providing an opportunity for multiple viewpoints to be considered in the pathway assignment process and group responsibility for decisions. Differing community standards, combined with widely varying comfort levels among individual screening decision makers, were reflected in conversations regarding the use of the discretionary criteria on the Pathway Assignment Tool. Whereas some counties considered the discretionary criteria on a case-by-case basis for each pathway assignment decision, other counties treated certain discretionary criteria as factors which would universally require a traditional response.

It should be noted, however, that as the pilot progressed, screeners and supervisors among all pilot sites became more comfortable with making case assignments to the alternative response pathway. Throughout the pilot, a gradual evolution occurred within each county, expanding the types of cases deemed appropriate for alternative response. As a worker in Fairfield County articulated at the close of the pilot, *“When we started, the question was, ‘What is appropriate for alternative response?’ Now we’re asking, ‘What is appropriate for traditional response?’”* Significant variations in pathway assignment among the counties were to be expected, based on the experiences of other jurisdictions that have implemented differential response models. With an eye toward the future of alternative response in Ohio, differences in the application of pathway assignment criteria among the 10 pilot counties are instructive on many levels, including:

- Contemplating revisions to the Pathway Assignment Tool to make subjective criteria clearer;
- Identifying training strategies to increase screeners’ understanding of and comfort with the alternative response approach; and
- Structuring pathway assignment procedures at the county level.

SACWIS

As described in the Implementation Readiness section, full integration of alternative response within Ohio’s SACWIS structure was not possible for the pilot. Thus, the management and tracking of alternative response cases presented significant challenges for both workers and supervisors. During the pilot, reporting data for alternative response cases was entered into SACWIS. Pilot counties then utilized an “Alternative Response Screen Out” function, and workers completed case documentation, tools, and forms outside of SACWIS. Many workers had become accustomed to utilizing forms within SACWIS and relying on SACWIS “ticklers” to assist them in meeting timeframes and case requirements, which they were unable to do with their alternative response cases. This difficulty was compounded for workers handling dual

alternative response/traditional response caseloads and switching back and forth between SACWIS and non-SACWIS documentation.

An even larger issue for many agencies during the pilot was the strain on their capacity to track alternative response cases effectively without case data in SACWIS. Agencies created alternative means of tracking alternative response cases via spreadsheets available on internal shared networks or, in some instances, by utilizing pre-SACWIS legacy MIS structures. However, these methods were not always sufficient, particularly when multiple layers of staff needed access to information simultaneously. This was especially problematic where subsequent referrals came in on currently opened alternative response cases, and case history was not easily accessible.

As the end of the pilot approached, county capacity to serve additional cases within the alternative response pathway became an even more pressing issue. When the randomization process for the evaluation study was ended in October of 2009, counties could effectively double their alternative response caseloads by including all eligible families in the alternative response pathway, where previously about half of the cases would have been randomly assigned to the traditional response pathway. Without further integration of alternative response within SACWIS, alternative response expansion efforts within the pilot counties would have stalled, as no one at either state or county levels wanted to increase the number of cases being served outside of SACWIS. Near the end of the pilot period, an interim SACWIS adaptation was developed and rolled out to the pilot counties that would increase their capacity to work within SACWIS. At this juncture, counties are able to complete CAPMIS tools, including the Safety Assessment and Family Assessment, for alternative response cases within SACWIS. The Family Service Plan remains outside of SACWIS, as this tool has not been finalized.

Buy-in Within Agencies and Impact on Staff Relationships

Several counties identified developing tensions between alternative response and traditional response workers as a significant challenge of the Pilot Project. Often, these tensions were a result of real or perceived imbalances in workloads, as well as a sense that cases assigned to the alternative response pathway are the “easy cases” and inherently less demanding. Also impacting the morale of traditional response workers was a sense that their work was being underappreciated or devalued by the addition of an “alternative” track.

Agency staff in several counties suggested that training offered prior to the launch of the pilot should have been mandatory for all staff within agencies. Supervisors and alternative response workers in several counties also commented on the need for ongoing agencywide education and training opportunities to help workers better understand and appreciate each group's respective roles. Training alone is not necessarily the entire solution, however. Some of the pilot counties offered training to all staff at later points in the implementation process. As with

the training prior to rollout of the pilot, messaging was critical. Looking back on a presentation offered to staff during a coaching opportunity in the fall of 2009, a Fairfield County worker expressed some concern that traditional response workers did not *“come away from training with what we had hoped.”* In particular, this individual found that the traditional response workers were sensitive to the presentation of interim data from the pilot and took some of the data presented *“personally,”* particularly the outcomes related to client satisfaction in alternative response and traditional response pathways.

At the close of the pilot, counties reflected on things they would change or do differently in the pilot process. Staff responses at all levels, from frontline workers to agency administrators, frequently focused on improving communication between alternative response and traditional response workers. A worker in Trumbull County expressed that it would have been a good idea to involve other workers earlier in the process. This individual talked about the investment made in alternative response workers with upfront training and the ongoing support of alternative response unit meetings. Unfortunately, unit-specific meetings set the alternative response workers apart from their colleagues. In the words of the worker, *“It came across almost like a secret operation and contributed to a lot of guessing and assumptions on the part of other staff.”* Workers in several counties expressed similar thoughts about involving their traditional response counterparts earlier and in more meaningful ways.

A few of the pilot counties provided regular opportunities for traditional response and alternative response workers to dialogue about cases, which proved to be an effective strategy for dissipating tensions and increasing understanding between the two groups. In Fairfield County, alternative response and traditional response workers regularly met in an *“Intake Workgroup”* for group consultation sessions. Fairfield County's supervisor reported that this practice fostered a better understanding of the alternative response model among all workers. By jointly consulting on cases, traditional response workers gained a new appreciation for the amount of time their alternative response colleagues spent providing services that are not traditional intake functions, such as service planning, linkages, and follow up.

Practice Challenges

Workers' comfort and skill levels in the practice of alternative response evolved throughout the pilot. Practice challenges that were identified early in the process reflected much different concerns from those identified at the midpoint and later. Early in the implementation process, workers struggled with the fundamentals of practice, including how to introduce alternative response to families and, in some counties, how to put into practice new case initiation tactics. At the mid-point of the pilot, many workers expressed that these issues had become comfortable and a *“routine part of practice.”* In other counties, decisions to minimize the distinctions between alternative response and traditional response cases at initiation created a different source of frustration for some workers. For example, decisions to apply the same

standards for face-to-face contact timeframes required of traditional response cases left some workers feeling as if they were not fully engaged in alternative response practice.

Early practice challenges also stemmed from the tie between the Family Service Plan and pilot funding. In an effort to streamline documentation for counties and minimize the burden of accessing pilot funds, the State determined that a completed Family Service Plan submitted to the State would be the trigger for the \$1,000 per family service allocation. This funding tie resulted in undue pressure on workers in some counties to complete service plans with families. Early in the pilot, workers were already wrestling with the distinction between the alternative response and traditional response pathways and, for many, this emphasis on completing Service Plans with families created a persisting notion that alternative response was the “services pathway.” As one Franklin County leader expressed in retrospect, *“We needed to step back and look at how we defined alternative response. It is not dependent on services or resources; it is about openness to having families drive the process.”*

Midway through the pilot process and beyond, workers were focused on issues that were more embedded in the practice, such as:

- How and when to engage families as a unit vs. conducting separate interviews with caregivers and children;
- Decisions about pathway changes and how to recognize when a change in pathways would be beneficial or required;
- Working effectively with alternative response families on concerns not readily addressed within a short-term services model, such as substance abuse or significant mental health concerns; and
- Case closure decisions within a framework that aims to provide a holistic and family-driven response, particularly in circumstances where families have a great number of needs.

Some of these concerns reflected implementation “growing pains” and were a natural outgrowth of workers learning new functions. For example, workers coming from an intake background needed to learn skills to support service planning and post-assessment follow up, which would have traditionally been provided by another worker. Beyond adapting to new job responsibilities, however, discussions with workers, supervisors, and agency administrators at the close of the pilot reflect a steady and significant shift in focus throughout the pilot process. Early on, an emphasis on procedural concerns or system-driven issues was evident in many of the challenges identified by staff. By the end of the pilot process, practice discussions in many counties tended to reflect a greater focus on proficiency in clinical practice skills. At the close of the pilot, counties universally identified a need for continued skill-building in the areas cited above, not only among alternative response staff but agencywide.

Workers and supervisors alike also recognized the shift in supervisory focus that was needed to support alternative response implementation — a shift that may have been more difficult among supervisors working in both pathways simultaneously. At the close of the pilot, a supervisor from Trumbull County discussed how the supervisory focus changed throughout the pilot and impacted supervision in both pathways with greater *“integration of strengths-based, solution-focused supervision in investigation.”* Early in the pilot, this supervisor indicated that the opposite frame of reference tended to prevail — bringing an investigative focus to alternative response supervision. This same supervisor acknowledged the critical role that supervision coaching played in supporting this transition. Similarly, a supervisor in Clark County discussed the parallel shift required of both workers and supervisors in developing strong clinical practice skills.

Economic Impact

Implementation of alternative response in the midst of an economic crisis presented significant challenges throughout the pilot. The economic downturn severely impacted families, agencies, and communities around the state. In discussions across the pilot counties, workers, supervisors, and agency administrators all indicated that they had observed increased need among families as a result of the state's economy. Many counties experienced an upswing in referrals among families being hit with economic stressors, such as job loss or home foreclosure. Many of these same counties were simultaneously impacted by budget cuts, resulting in loss of staff and/or required furloughs. As a result of staffing shortages, some pilot counties saw a direct impact on their capacity to participate in ongoing pilot activities, particularly meetings and technical assistance opportunities that required travel out of county. Individual counties were impacted by the economic situation to varying degrees. Counties with strong local fiscal support through levies had more of a buffer. However, even these counties were impacted by a shrinking safety net of available community services and resources.

ODJFS also faced significant losses of staff, required furloughs, and departmental mergers to consolidate functions. Staff shortages and budget restrictions at the State level created barriers to full staff participation in coaching opportunities, training, and other important onsite activities in the pilot counties. For example, travel restrictions prevented policy staff from staying overnight in counties to attend full 2-day coaching sessions in each county. As discussed earlier, these coaching sessions have been instrumental in the development of practice at the county level. While policy staff were able to attend portions of these sessions, they could not fully benefit from the experience while missing significant pieces due to travel restrictions. Regional technical assistance staff have faced even greater limitations on their capacity to participate in pilot activities. Staffing in this area has been stretched thin, and the primary focus of regional staff has been directed to the CPOE review process statewide, making it difficult for regional staff to participate in pilot activities. The presence of regional technical assistance specialists throughout the process was missed by several counties. Unavoidable limitations such

as this have resulted in a sense of disconnect between policy and technical assistance staff and their colleagues in the counties. This will present a particular challenge as the State moves forward with planning any post-pilot expansion of alternative response. ODJFS staff will serve an integral role in crafting policy and providing technical assistance to support quality alternative response practice in the counties. As the State transitions from the pilot phase, it will be crucial to support staffing capacity at the State level around these critical roles.

Lessons Learned

“Alternative response is the first thing that I’ve seen come down the pike that has successfully moved us away from incident-driven thinking. Alternative response reinforces strengths-based practice over time. You can’t flip a switch — it’s a process.”

– Greene County Administrator, February 2010

Perhaps the most significant lesson of the pilot process is that alternative response has resulted in positive outcomes for families. In end-of-pilot interviews across all 10 counties, there was universal agreement that alternative response has been beneficial for families. Through the entire implementation process, feedback from workers, supervisors, and administrators alike consistently reflected that the alternative response approach contributed to families being more actively engaged, more open regarding their concerns and needs, and more receptive to services overall. All of the pilot counties elected to continue an alternative response pathway upon completion of the pilot, maintaining at least the same levels of service established during the pilot. Most of the counties have begun implementing plans, or are developing plans, to expand the number of families being served through the alternative response pathway. This commitment to both continuing and expanding the practice speaks volumes about the counties’ confidence in the alternative response approach, worker and family responses to date, and the probable outcomes of the pilot evaluation study.

Despite this common experience among the pilot sites, unresolved questions about the requisites of the alternative response approach remain. Disagreements among the pilot sites about the fundamentals of the model persist. Leadership Council discussions have frequently centered on distinguishing the practice elements that must be in place to ensure model fidelity from those that are flexible for local interpretation, adaptation, and application.

Some of the most significant disagreements have been in relation to case initiation practices, a critical juncture for successfully engaging families while also assuring child safety. At the county level, there has been considerable variation in the way workers have been instructed to approach case initiation throughout the pilot. For example, some counties have integrated the practice principle of respectful family engagement by encouraging workers to avoid unannounced or “drop-in” visits whenever possible. Other counties have maintained the

practice of unannounced visits as a way to “lay eyes on the child” as quickly as possible to verify safety. Similarly, some counties utilized the 4-working-day timeframe for face-to-face contact allowed under pilot rule, while others maintained stricter standards in line with traditional response practice. As workers from different counties interacted and discussed these types of practice variations, it resulted in substantial questioning of the rationale behind these decisions. Some workers expressed significant frustration that they were not able to implement the approach in the same manner as their colleagues in other counties.

Tied to concerns about model fidelity is a disparate sense of whether genuine practice change has been achieved across the 10 pilot sites. Frontline workers in some counties have indicated that they perceive very little change in practice, other than no longer labeling families and some additional flexibility in services for families as a result of the pilot funds. On the other end of the spectrum, workers in other counties have indicated that there are critical differences in the way alternative response cases are conducted in their counties that have contributed to positive outcomes for families. Not coincidentally, these perceptions mirror the statements of administrators and supervisors from these counties. Where significant change, and sometimes greater satisfaction, in practice is perceived among workers, agency leaders have made deliberate choices to encourage workers to conduct business in a fundamentally different way. In counties where this has not occurred, workers have expressed feelings of frustration and a sense that they have not fully implemented the model. Additionally, these workers and supervisors have been apt to disengage from cross-county conference call and meeting opportunities, resulting from a sense that the conversation does not reflect or apply to their work. It is critical to examine these issues going forward as county and State leaders plan to sustain and expand this change effort both within the pilot counties and beyond.

The implementation process has also highlighted other differences in practice across the 10 counties, including variations in pathway assignment decisions; differences in the level of emphasis placed on engaging the family as a unit; and inconsistencies in how and when the Family Service Plan is utilized. As the State moves forward with plans for broader implementation of the alternative response approach, it must first clearly define what the statewide model will be, including a set of defined practice standards. The 10 pilot counties will be a crucial source of leadership and support to other counties as the practice is expanded. However, until the model requisites are more clearly established, this leadership has the potential to be uneven, resulting in the propagation of fundamentally different practice models throughout the state. Ideally, the State and counties will continue to partner in developing a unified vision for an Alternative Response System that is informed by the pilot experience and achieves consistency in policy language, tools, and practice.

FAMILY STORIES

“Building a positive relationship and partnering with families is beneficial to both families and the community and keeps kids safe.”

– Fairfield County Supervisor, February 2010

“Because it’s family driven, it’s social work at its best!”

– Trumbull County Worker, September 2008

No discussion of Ohio’s Alternative Response Pilot Project would be complete without shining a light on the experiences of families. Following are just a few brief examples pulled from many shared by workers and supervisors through the duration of the pilot. These stories help illustrate how alternative response has made a difference for families and children. *(Please note: Names have been fictionalized for the purposes of this report; county staff respectfully protected client confidentiality and did not share client names during Chronicle interviews.)*

- Sarah, who was a young mother of three children in Tuscarawas County, had been involved with children services several times previously. The agency’s most recent report followed the birth of Sarah’s third child because she and baby had tested positive for marijuana. The removal of labels and fault-finding in the alternative response approach helped the worker establish trust, resulting in a new willingness on the part of Sarah to engage in services. The worker in Tuscarawas was able to access counseling services for Sarah right away. Upon completion of the assessment process, Sarah requested that the agency keep her case open for ongoing services and support.
- Fairfield County received a report that Emily had been driving under the influence with her children in the vehicle. Emily’s children had been placed in foster care by the agency in the past, due to safety concerns surrounding Emily’s alcohol and drug use. Screening decision makers in Fairfield decided to try a different approach with Emily through the alternative response pathway. When the alternative response worker made her first telephone contact, Emily was fearful and refused to grant permission for the worker to come to her home. The worker called a second time, offering assistance again and explaining the alternative response approach. During the second call, Emily said to the worker, “Well, I have a problem, and I’m willing to see what you can do for me.” From that point forward, the worker was able to help Emily access drug and alcohol assessment and mental health assessment services, resulting in the discovery of an underlying diagnosis contributing to the substance abuse. With the support of this same worker through the entire process, Emily completed all requirements of DUI court involvement and maintained custody of her children. The worker reported that,

although Emily's case is now closed, she continues to periodically call the worker to update her on how everything is going.

- James is a single father in Trumbull County who recently received custody of his two children, ages 14 and 11, from another county. The agency in Trumbull County became involved after a report of physical abuse. James came from a strict military background and brought that perspective to parenting. James was initially very suspicious of government involvement, and when he was first contacted, he refused to allow the worker into his home. The worker in Trumbull felt that the alternative response approach was instrumental in engaging James, who ultimately needed assistance in developing parenting knowledge, particularly in relating to his daughter. The worker helped secure home-based services for the family, and James now sees the worker as a trusted resource that he can contact for support.
- In Ross County, an alternative response caseworker worked with a family living in substandard housing to secure a new mobile home. The worker assisted the family through a complex series of steps over several months while the case remained in the intake unit. The worker had releases signed so that she could share all the family's financial information with the mobile home company. She then acted as an advocate for the family throughout the process of negotiating the price, financing rates, and the monthly payment for the mobile home. She provided transportation for the family, coordinated a meeting with a financial advisor, facilitated the delivery of the mobile home, and coordinated with county building personnel to have a timely inspection of the new home and to secure all mandated permits. A supervisor from Ross County shared this case example to illustrate how alternative response has supported workers' efforts to partner with families in achieving long-term solutions for safety and stability.

CONCLUSIONS AND RECOMMENDATIONS

"It's been a great opportunity to learn how system change works – it's been a good process."

– Franklin County Administrator

The entire pilot process, from the earliest stages of planning up to the present, has culminated in a wealth of experiences and lessons to build on moving forward. The critical work of sustaining and growing momentum after a successful pilot effort now begins. Project milestones, successes, challenges, and feedback collected from county and State staff throughout the pilot process has provided insight into the areas of investment required to carry this change effort forward. The following is a summary of process recommendations as the next stages in the development of Ohio's Alternative Response System are considered.

Parallel Process: Continuing to Develop an Effective State and County Partnership

Throughout the planning process and implementation of Ohio's Alternative Response Pilot Project, hard-fought gains were made in developing a foundation of partnership between the State and counties. As the pilot counties created a culture shift on the ground level with families, the State and counties also engaged in a process to achieve a culture shift. While this parallel process is still in development, next steps to consider include:

- *Engaging ODJFS regional technical assistance specialists and policy staff early in the planning and implementation processes for alternative response expansion.* These individuals will be vital to the success of any broader implementation effort. In particular, regional staff have had limited opportunities to participate in pilot activities up to this point, so they will need additional support going forward to develop their capacity around alternative response practice. State staff should actively participate in coaching and training opportunities offered at the county level within the current pilot sites, as well as any new sites going forward. Additionally, several of the pilot counties have offered opportunities for State staff to go out in the field with alternative response workers to see the practice firsthand. These types of experiences, approached with care and from a learning perspective, would foster a shared understanding of the practice and help establish a stronger feedback loop connecting policy and practice.
- *Creating a plan to support further professional development of ODJFS policy staff and technical assistance specialists that is specific to their ongoing roles in relation to the counties.* In particular, State-to-State coaching or technical assistance with experienced State-level practitioners in other jurisdictions would parallel similar experiences that

have been critical in the development of county staff. These types of peer learning or mentorship opportunities specific to State staff would strengthen State-level capacity to sustain the change process initiated through the pilot.

- *Establishing a child welfare quality assurance process that is distinct from the CPOE review process.* Several counties, along with State staff, expressed a parallel interest in enhancing focus on the quality of practice. Many counties honed in on an incongruity between current monitoring processes and full integration of an alternative response approach from top to bottom in Ohio's child welfare system. A quality assurance process developed jointly between the State and counties could potentially be a powerful mechanism to support ongoing learning and constructive exploration of quality of practice. Such a process might involve peer review between counties conducted in partnership with ODJFS technical assistance specialists.
- *Continuing to provide ongoing forums to support networking, communication, and problem solving among counties and State staff.* Preferably, these opportunities would be in the form of periodic in-person meetings, perhaps scheduled regionally. State staff should actively participate in these sessions alongside county colleagues. The in-person meetings have been a valuable support mechanism for both workers and supervisors throughout the pilot, and many have requested that these opportunities continue post-pilot. While conference-call opportunities were appreciated, feedback generally indicated that workers and supervisors did not feel this was the best medium to engage everyone.
- *Providing sufficient opportunity to review early decisions made by the Design Workgroup in light of the 18+ months of implementation experience.* As the Design Phase came to a close and decisions were being made to prepare for pilot implementation, members of the Design Workgroup were assured that there would be ample opportunity post-implementation to review decisions, tools, and procedures created early in the process. It would be impossible to fully capitalize on the experiences of the pilot counties without establishing a thorough review process to guide planning for statewide implementation. Leadership from Guernsey County suggested that carrying the established Design Workgroup/Leadership Council Task Team structure forward and utilizing technology support, such as "Go to Meeting," might facilitate such a review process and lessen the strain on counties by reducing the number of trips to Columbus.

Infrastructure Needs

The collective wisdom gained from the pilot experience is also instructive regarding infrastructure needs to support implementation going forward. Recommendations to consider include:

- *Maintaining flexibility in funding streams going forward.* The ability to provide creative services tailored to individual family needs has been a key element in the success of the pilot. Across the pilot counties, workers and supervisors indicated that the flexibility in funding allowed agencies to work with families in new ways that would support their long-term stability. In retrospect, many counties indicated that they were not necessarily spending more on families; rather, they were able to spend dollars in different ways due to the flexibility of the pilot funding.
- *Developing SACWIS enhancements that will fully support alternative response practice.* While counties are appreciative of the current level of SACWIS enhancement, there are still significant challenges around tracking details included in Family Service Plans; lack of access to CAPMIS Case Reviews, which some prefer over the current Family Service Plan Review; and difficulties with the functionality of pathway changes. Several counties expressed concerns about their capacity for continued internal expansion as well as broader implementation of alternative response within the state in the absence of complete integration of alternative response in SACWIS.
- *Fully integrating alternative response into Ohio Child Welfare Training Program curricula and coaching.* Similar to state policy and regional staff, OCWTP staff should participate in technical assistance, training, coaching, and mentoring opportunities, both independently and within the counties, going forward. Like State staff and administrators at the county level, OCWTP staff need both a systems perspective and a “ground level” understanding of the practice in order to effectively integrate alternative response into the OCWTP.

Supporting Change as a Process, Rather Than an Outcome

At the end of the pilot, individuals in several pilot counties commented on the significance of the implementation process and the change created over time in their counties. The experiences of the pilot counties provide strong evidence of the factors that were the most critical drivers of meaningful system change. Building on these experiences, next steps to consider include:

- *Developing a timeline for expansion that supports the same type of developmental change process experienced within the first 10 pilot sites.* A consistent message among county and State staff at the close of the pilot was that the change implemented through the pilot experience could not be rushed. County staff emphasized the growth process that occurred over time in the implementation of alternative response, and most identified that this process was by no means complete after 18+ months of implementation experience. Even during the final round of Chronicle interviews in February 2010, discussions with county staff revealed significant changes in language, agency culture, and practice that occurred within the last few months of the pilot and

beyond. County and State staff alike articulated that the current alternative response structure should not be viewed as a “finished product.” As one State-level stakeholder expressed, *“The pilot counties had the benefit of the design process and pilot experience — months of foundation — we can’t expect others to flip a switch.”*

- *Investing in regular and ongoing outreach to system and community partners at both State and local levels.* At the close of the pilot, stakeholders in several of the counties reflected on agency communication efforts with partners throughout the pilot. Several judicial system stakeholders interviewed indicated that ongoing communications between the agency and the court system were appreciated and important to the court. Many agency staff stated that while community outreach efforts at the beginning of the pilot were impactful, ongoing communications were an even more critical element in keeping partners engaged. In post-pilot conversations, many of the counties discussed a need for continued work in this area, as misconceptions or lack of awareness of alternative response persist among some community and system partners. As a worker in Ross County discussed, focusing on partnerships and facilitating community “buy-in” is an investment in greater systems change.
- *Building on efforts to enhance supervisory support.* Supervisors are a critical linchpin in supporting and enhancing quality of practice within agencies. Although supervisors were universally positive about the difference alternative response has made for workers and families in their counties, many indicated that additional support and specific opportunities for supervisory professional development would have been helpful prior to implementation. While this is certainly a lesson learned relative to new counties exploring alternative response, it is not too late to invest additional resources in supervisors within the existing pilot sites. Several supervisors commented that the coaching opportunities provided during and after the pilot have been exceptionally valuable, and many of these experiences have resulted in significant shifts in language and process within their counties.
- *Utilizing peer champions to help craft and communicate the message about alternative response going forward with new workers.* In their reflections on the pilot experience, workers keyed in on early messages that they found confusing or obstructive as they prepared to implement alternative response. In several instances, workers underscored the need to learn by example through peer discussions and shadowing, as well as in-the-field coaching.
- *Building on the foundation created by “change champions” from within the pilot counties.* Practice change and system transformations are dependent upon the investment of leadership in guiding and allowing the work to be done differently — or *differentially*. Across the 10 pilot counties, there is a disparate sense of the degree of change achieved through the pilot process. In counties where staff perceive the most

significant changes, county administrators and supervisors have made deliberate choices to support fundamental changes in practice and internal agency processes. Some of these changes are not necessarily tied solely to alternative response, such as the implementation of group supervision processes in several counties; however, the pilot process provided the impetus for these changes. "Change champions" among the pilot counties will be a critical resource for mentoring other counties going forward.

- *Investing in immersion experiences or other cross-jurisdictional learning opportunities.* Learning opportunities that had immense impact among the pilot counties include: "Minnesota immersion" experiences where teams from Fairfield and Franklin Counties had opportunities to visit county agencies in Minnesota; the National Differential Response Conference convened by American Humane in Long Beach in 2007, Columbus in 2008, and Pittsburgh in 2009; and coaching experiences with Minnesota child welfare professionals visiting Ohio's pilot counties. Going forward, it is imperative that State staff and OCWTP personnel are provided opportunities to fully participate in these types of learning opportunities alongside county leadership, supervisors, or workers, and that State staff be provided cross-jurisdictional learning opportunities specific to their roles.
- *Capitalizing on the experiences of the initial 10 pilot counties by enhancing their capacity to mentor new alternative response counties prior to expansion.* Some considerations going forward include: the provision of training on coaching for supervisors and frontline staff who may be called upon to mentor other staff; development of a specific plan for matching counties; and establishing a process for cross-county mentorship that is inclusive of State staff and builds capacity for technical assistance provision at the State level. The potential demand for peer mentorship at all levels, from frontline staff to supervisors to agency administrators, to support a broader rollout underscores the need for a measured and sustainable implementation timeline.

Messages From the Pilot Experience

Upon completion of the pilot experience, all counties and State staff were asked to share the messages they believed would be most important for the Chronicle to convey. Following is a representative sample of closing thoughts conveyed by workers, supervisors, administrators, and State staff:

- *"Even though I said two years ago, 'this is what I do', it truly is a different approach."*

– Licking County Worker

- *"The time committed to the process is critical. It takes time to create system change."*

– ODJFS

- *"This is the way social work should have been done all along with families. The timelines really allow more time to build relationships."*

– Greene County Worker
- *"During training it's difficult to understand how alternative response is different. You need to see the differences in practice and how system change impacts family response."*

– Tuscarawas County Supervisor
- *"Having community partners involved and educated is critical."*

– Fairfield County Supervisor
- *"Approaching families with alternative response hasn't resulted in any loss of safety. Partnering with families doesn't compromise anything."*

– Clark County Administrator
- *"It's important to get people invested in any change this big. Stay open-minded and be flexible!"*

– Lucas County Supervisor
- *"There is a prevention focus to alternative response. We're trying to wrap safety and stability around the family to prevent future involvement."*

– Trumbull County Worker
- *"Don't forget traditional response staff. Avoid lumping terms together as unique to alternative response when they're not. Provide training to traditional response workers."*

– Franklin County Administrator
- *"Pointing out family strengths and allowing them to be the experts has changed the perspective of families. Families are more likely to come to us for help, rather than wait until they're in crisis because they're afraid."*

– Ross County Worker
- *"We have more of an opportunity now than in a long time to create practice change."*

– Guernsey County Administrator

- *“No matter what perspective individuals came from — administrator, policy, or front line staff — it’s been a learning experience. Everybody had something to learn and something to improve upon.”*

– ODJFS Policy

Final Thoughts from the Chronicler...

The last 5 years have been an exciting time for child welfare in Ohio. It has been such a privilege to have a seat at the table to follow the development of Ohio's Alternative Response System. My hope is that this Chronicle provides a sense of the scope of the work involved in bringing forth this system change from an initial proposal conceived of by the *Subcommittee on Responding to Child Abuse, Neglect, and Dependency* to a fully realized practice benefitting so many children and families. Countless hours were dedicated to this process by talented, caring, and committed people throughout all layers of our child welfare system. My aspiration as the chronicler was always to capture the voices and experiences of those engaged in the work. Without the willing participation of so many who took time and ventured risk to share their candid perspectives, there would be no Chronicle. Thank you for allowing me a window into your process. I hope that I have conveyed your collective wisdom and the lessons of your experience in a manner that will be useful to others joining in the journey ahead.

REFERENCES

Davidson, H. (2002). *Report to the Bureau of Family Services, The Ohio Department of Job and Family Services: Policies/practices on (1) not accepting (screening out) reports for investigation, and (2) definitions/categories used for classifying report outcomes after investigation/assessment*. American Bar Association Center on Children and the Law, Washington, D.C.

St. Clair, D. (2010). *Understanding H.B. 371*. The National Center for Adoption Law & Policy at Capital University Law School. Retrieved April 21, 2010, from <http://www.ohiochildlaw.com>

Supreme Court of Ohio; Advisory Committee on Children, Families, and the Courts; Subcommittee on Responding to Child Abuse, Neglect, and Dependency. (2006). *Final report of the Subcommittee on Responding to Child Abuse, Neglect and Dependency to the Advisory Committee on Children, Families and the Courts – The Supreme Court of Ohio*. Retrieved April 21, 2010, from http://www.law.capital.edu/adoption/amicus/sumcom_documents/final_subcom_document_App_Executive_ver4a.pdf