Alternative Response Training Overview

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Center on Children, Families, and the Law

What does the AR training entail?

Self-Paced unit: Foundations of Alternative Response

- 2 hours SPO
- Occurs during Week 6 of Initial training block
- All new workers

Classroom training: Alternative Response

- 7 hours F2F (Zoom since 3/20)
- Occurs during Week 6 of Initial Training block
- All new workers

Foundations of AR: Self-paced unit

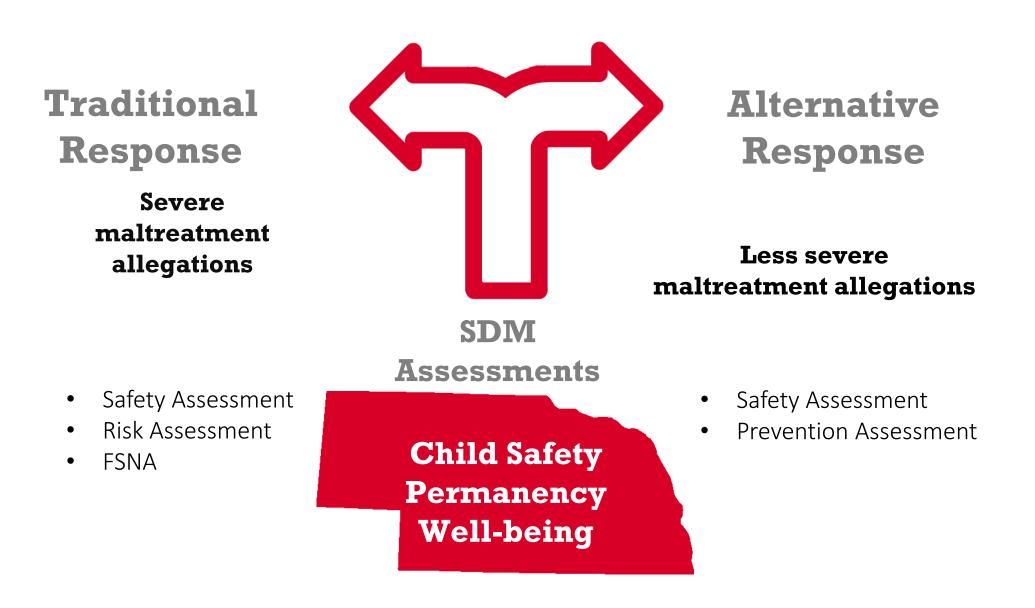
Learning Objectives:

- Understand the difference between Alternative Response and Traditional Response.
- 2. Understand the intake process for Alternative Response.
- 3. Understand exclusionary and RED Team criteria.
- 4. Understand what causes an Alternative Response case to change to a Traditional Response case.
- 5. Understand the response times and initial contact protocol.
- 6. Understand the importance of and how to complete the PFQ.
- 7. Be aware of the AR Brochure, AR Family Plan, and Consent form.
- 8. Remember the six protective factors.

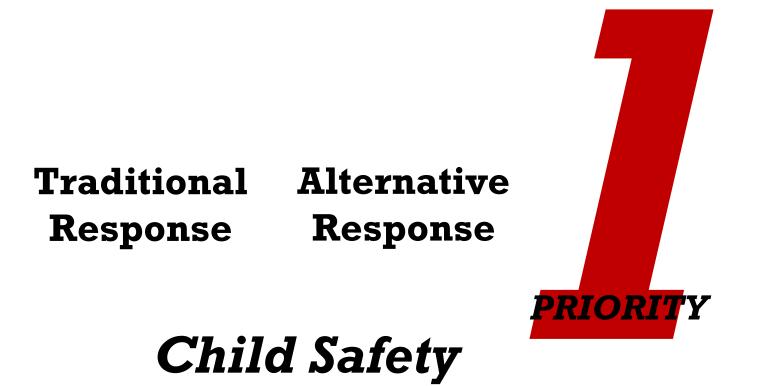
Alternative Response

is a program designed to partner with families to increase safety and lower the likelihood of future abuse or neglect to children while helping families and communities connect.











Alternative Response

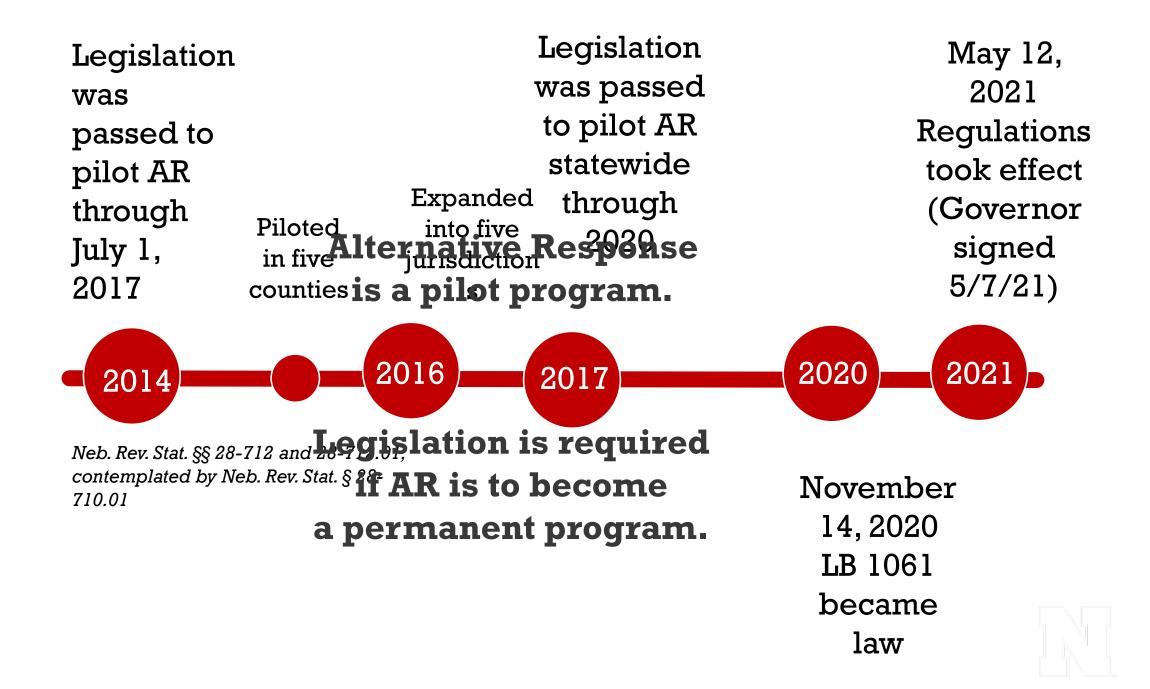
Traditional Response

Formal Investigation Finding of Abuse/Neglect Entered in Central Registry Legal/judicial involvement

Services and support are **VOLUNTARY**

once the Department establishes safety and the comprehensive assessment is complete.





Traditional Response



Considered for Alternative Response

NO

Exclusionary Criteria

are present.

One or more Exclusionary Criteria are present.

Exclusionary Criteria

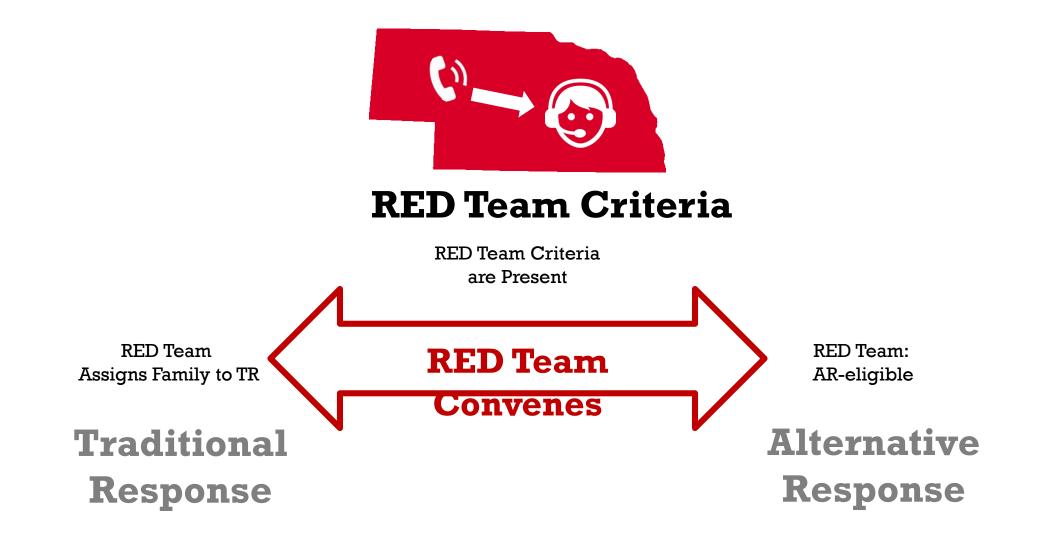


Team Criteria +

NO RED Team Criteria are Present









Exclusionary Criteria

Examples:

Sex Trafficking

Prior death of a child er Severe physical abuse h, Sexual abuse members whose parental rights were terminated

Household member

- illegally
- manufactures meth,
- opioids, or other
- controlled
- substance

RED Team

Criteria Exa

Examples:

- Caregiver exhibiting symptoms of significant mental illness.
- A traditional response case with children under five years old that closed successfully.

You are assigned an AR family.

You visit the family in their home.

You discover Exclusionary Criteria present.

You discover RED Team Criteria present.

Consult with your supervisor.



Law Enforcement

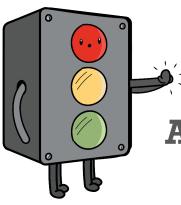
Law Enforcement Involvement

AR Eligible

- Law enforcement places a child on 72 hour EPC hold AND dismisses the case AND any involvement after the 72 hour hold
- Law enforcement made contact regarding intake but will not pursue further investigation and no citations are issued for child

AR Ineligible

- Law enforcement issues a citation for child abuse or neglect AND it has been filed in court
- Child Advocacy Center coordination is required
- Law enforcement is conducting an ongoing investigation



Exclusionary Criteria RED Team Criteria Activity

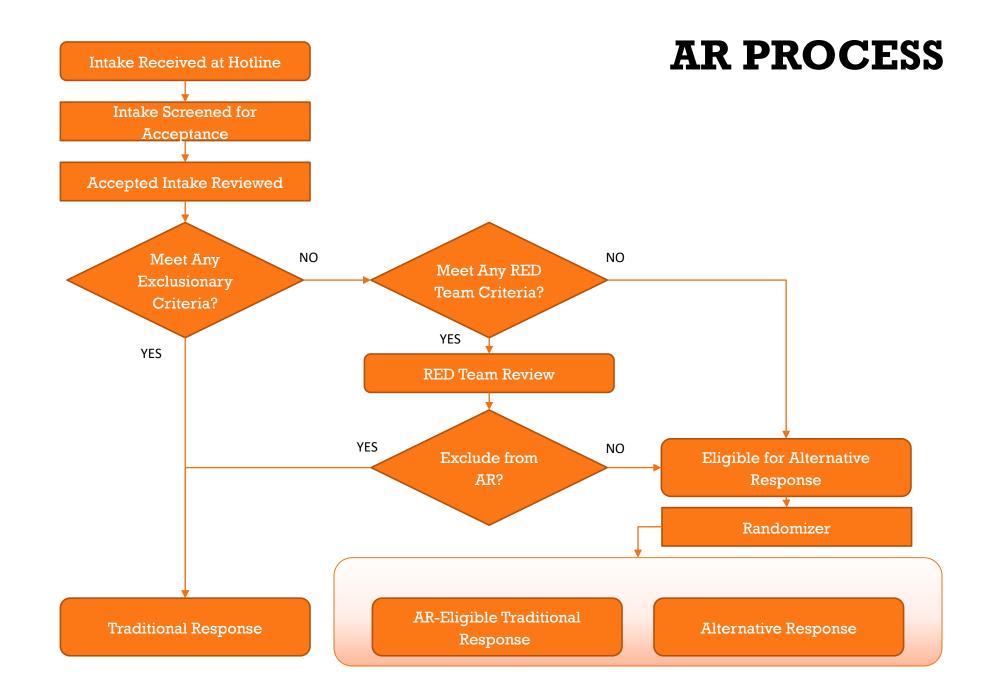
Alternative Response Classroom unit

Learning Objectives

- Be able to explain Alternative Response and Traditional Response.
- Be able to identify, apply, and respond to exclusionary and R.E.D. Team criteria in family situations.
- I. Be able to identify what causes an Alternative Response case to change to a Traditional Response case.
- Be able to demonstrate an Alternative Response initial contact.
- . Understand and demonstrate how to explain, complete, and utilize the Protective Factors Questionnaire.
- Be able to explain the Alternative Response brochure and Consent form.
- Be able to explain and develop a Family Plan.
- Understand case mapping as it relates to group supervision.
- . Understand community supports and services available to Alternative Response families.
- . Understand when and how to utilize funds with DCFS purchase cards.
- . Understand how and where to document in an Alternative Response case.
- 1. Be able to recognize when an Alternative Response case is ready for closure.

Understand steps involved in closing an Alternative Response case.

Review of Online Training



TraditionalAlternativeResponseResponse

- a safety threat is present that cannot be managed through an in-home safety plan
- DCFS cannot ass**Essephildssa**fety
- Law enforcem**ent notifies the D**epartment that they will continue investigating the child abuse or neglect Intake Accepted for Assessment
- the caretaker receiving Alternative Response requests Traditional Response
- the Department learns a household member allegedly caused the death of a child



06/10/14

		Traditional Response	Alternative Response		
	Allegations	More severe	Less severe		
,	Labels	Perpetrator, Victim	Caregiver, Child		
	Law Enforcement	Possibly involved, possible ticket	No involvement		
	Interview Protocol	Alleged victim 1 st , unannounced visits	Caregiver 1 st , request permission to visit		
	Finding	Finding & Possible Central Registry	No finding		
	Contact Requirements	IA: As needed, or weekly with safety plan Ongoing: Based on risk level	No Safety Threats IA: First 30 days3 face to face + phone Ongoing: 2 nd month to closure—2 face to face + phone Safety Threats- Weekly face to face		
	Services	 Provided after thorough SDM assessment \$\$ for services requires supervisor approval <i>Case Plan</i>, might be court mandated 	 Provided as soon as need is identified \$\$ for concrete support services without supervisory approval <i>Family Plan</i>, services are voluntary (as long as safety is assured) 		

Traditional Response and Alternative Response

Child Safety #1 Priority

Promote safety, permanency, and well-being

Help Families

Engage Families

Recognize That Families Are the Experts/Utilizing Informal Support Systems

Active Listening/Empathy

Utilizing Informal Support Systems

Utilize SDM to Drive Case Management Decisions

Alternative response Process

DAVIS Family



Child Abuse/Neglect

Intake Worksheet

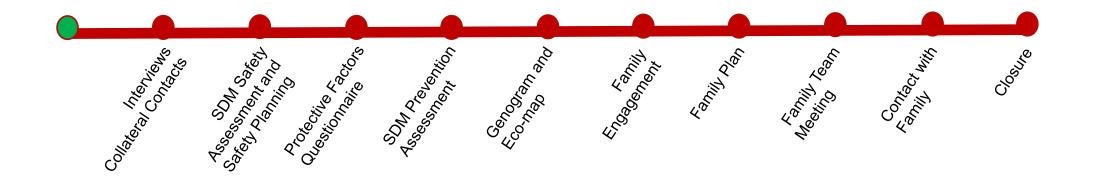
ALTERNATIVE RESPONSE

Intake Number: 00000076 Intake Name: Maureen Davis Status Reason: Alternative Response Priority: 2 Date Received: 10-15-2018 Time Received: 15:16:00 Source: Phone Call Received By: Hotline Worker OMAHA-3737 LAKE ST Worker Assigned: LILY ROSE 5220 S. 16th Street LINCOLN NE 685080000 402-471-6663 Date Assigned: 10-15-2018 County of Incident: Lancaster

RECO MC	RDS CHECK Program	<u>St</u>	<u>Begin Dt</u>
[X]C [X]A [X]C	ll Program Case PS Registry (bo PS Registry riminal History exual Offender I	th C1 a	

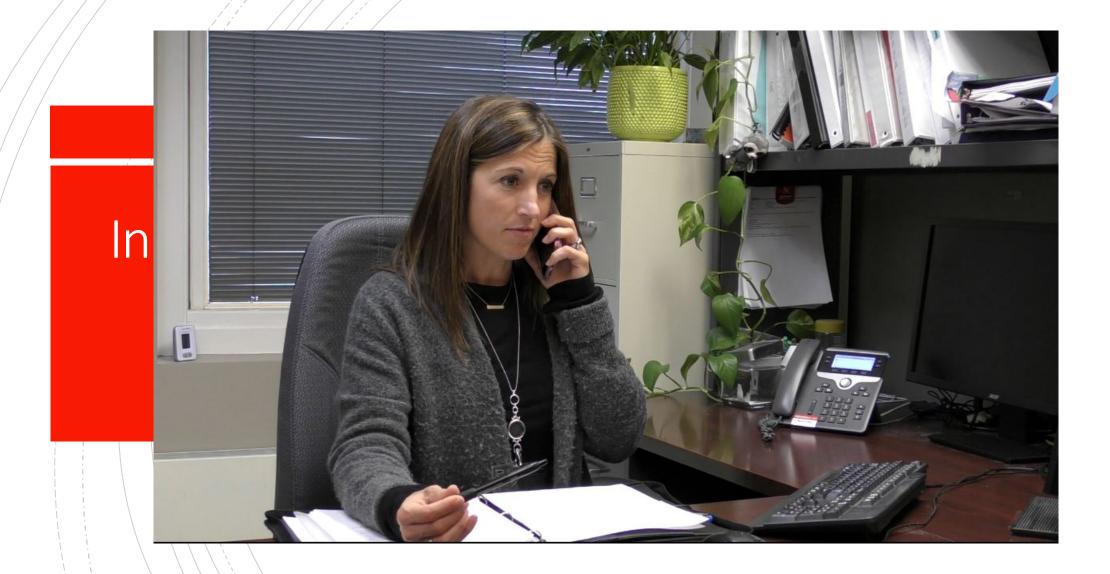
Gathering Information

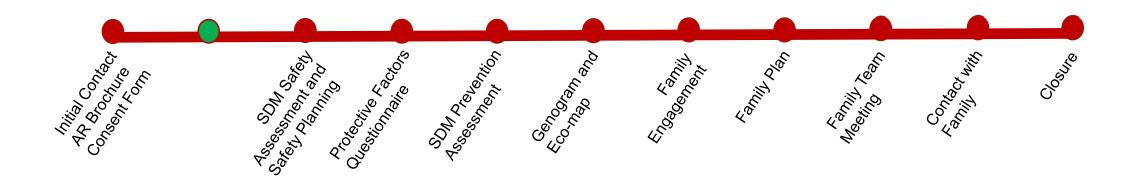
- Verify if family has had prior involvement with the Department and review internal information
- Contact Economic Assistance to understand benefits family may be eligible to receive @
 - DHHS.EconomicAssistancePolicyQu estions@nebraska.gov



Initial Contact

Traditional Response Alternative Priority 1 Alter Reistodies onse 0-24 hours Call family to schedule an **Response Time** appointment. Five days Make Princity 2d visit. 0-5 calendar days from the date **Priority 3** intake was 0-10 calendar days. accepted

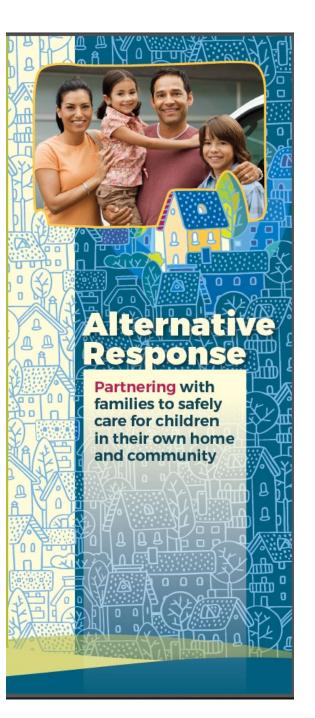




Interviews and Collateral Contacts



AR BROCHURE





AR CONSENT FORM

NEBRASKA

Good Life. Great Mission.

Nebraska Department of Health and Human Services Division of Children and Family Services (Alternative Response) CONSENT TO ALTERNATIVE RESPONSE ASSESSMENT

, have been

CFS-140 7/17

advised by the Nebraska Department of Health and Human Services that my family is eligible to receive an Alternative Response assessment.

I understand that the assessment of my children's safety is not optional, and that if I do not wish to receive an Alternative Response assessment, that a traditional investigation will be conducted regarding the safety of my children.

The following information has been explained to me:

- In order for DHHS to complete an Alternative Response assessment, a DHHS caseworker will have contact with my
 family, including my children. There may be times when this contact occurs in my family home.
- After my caseworker has determined my children are safe and has completed a comprehensive assessment of my family, we are not required to participate in Alternative Response and may choose to end our participation at any time with no action taken against my family.
- My DHHS caseworker is a mandatory reporter under state law, and if at any time during contact with my family, my caseworker has reason to believe my children are unsafe, the law requires that the caseworker report this information.
- If my children are determined to be unsafe by my DHHS caseworker, my family may no longer be eligible to receive an Alternative Response, and a traditional investigation may begin. My caseworker will notify me if this transition is necessary.
- DHHS may determine that Alternative Response is no longer appropriate for my family and end our Alternative Response. My caseworker will notify me if this occurs.
- I have the right to speak with an attorney, at my own expense, at any point during my cooperation with the DHHS.

I acknowledge that I have been provided with the Alternative Response informational pamphlet and have had an opportunity to review that pamphlet and ask questions regarding the information contained in the pamphlet.

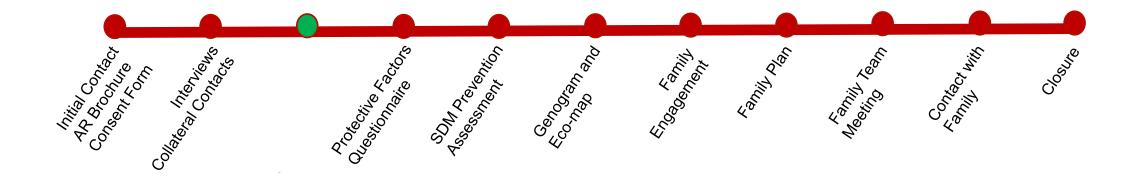
Information regarding Alternative Response has been shared with me and I, _____

desire for my family to participate in Alternative Response and consent to my family having continued contact with our caseworker.

Parent/Guardian Signature	Date				
Parent/Guardian Signature	Date				
□ Mark the box if the Parent/Guardian declined to sign consent form.					
Dates presented to the family and explanation:					



Practice Explaining AR Brochure and Consent form



SDM Safety Assessment and Safety Planning

Salety Sustatys Pharmt must be documented on N-FOCUS within 24 hours.



What Are the Nebraska Protective Factors??

I. Nurturing and Attachment

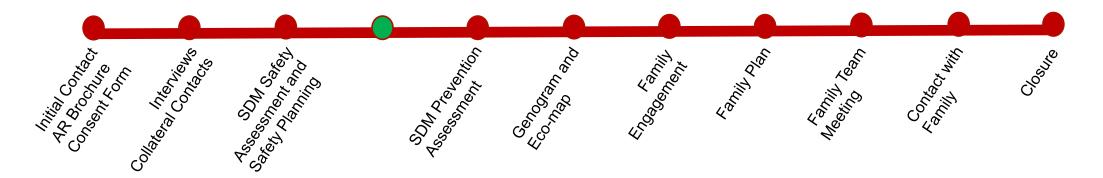
2. Knowledge of Parenting and of Child and Youth Development

3. Parental Resilience

4. Social Connections

5. Concrete Supports for Parents

6. Social and Emotional Competence of Children



Protective Factors Questionnaire (PFQ)

Nebraska Protective Factors

- 1. Nurturing and Attachment
- 2. Knowledge of Parenting and of Child and Youth Development
- 3. Parental Resilience Must be completed within 30 days from the date

the intake

- 4. Social Connections
- 5. Concrete Supports for Parents was accepted for assessment.
- 6. Social and Emotional Competence of Children

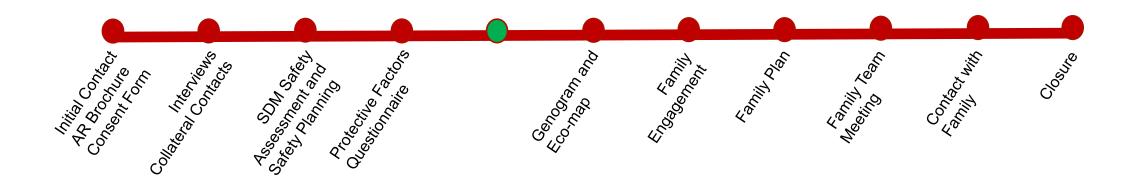
Purchase Cards

- Services
 - Enhance parental protective factor
 - Mitigate safety and/or concern for child safety
 - Reduce future risk of maltreatment
- Used only when all other funding resources have been exhausted
- CFS Specialist can utilize up to \$500 without supervisory approval
- > \$500 \$1000 = requires Supervisory approval
- > \$1000 = requires CFS Administrator approval
- > \$2000 = requires SA Administrator approval and AR Program Specialist approval
- Documentation on Sharepoint required within 72 hours of authorization
 - Scan receipt into N-FOCUS

Up to \$500 per family Can be used for the following: Food, including formula Initial clothing needs, including diapers Identification cards (i.e., associated fees, etc.) Housing One-time deposit •Rent per month **OHOUSING** repairs OHousehold items $\sim \pi$ agistopage unith utilities

Pest control

- Garbage removal
- Transportation
 - Personal vehicle
 expenses
 - Taxi, bus pass, handi-van, truck for moving, other
- Medications
- Lab work \$500 Supervisor approval \$1000 Admin approval \$2000 SAA approval & Mikayla
- Child care
- Medical and Mental Health Services



SDM Prevention Assessment

SDM Prevention Assessment must be completed and documented within 60 days after the intake was accepted for assessment.

SDM PREVENTION ASSESSMENT

DHHS.PSPolicyandGuid@nebraska.gov

COMPLETING THE PREVENTION ASSESSMENT.

- A. The prevention assessment is completed based on conditions that exist at the start of the initial assessment or referral to ongoing services. An SDM prevention assessment must be completed on each household that is involved in the referral
- B. The CFS Specialist should refer to the policy definitions to determine his/her selection for each item.

C. Section 1: Neglect/Abuse Index

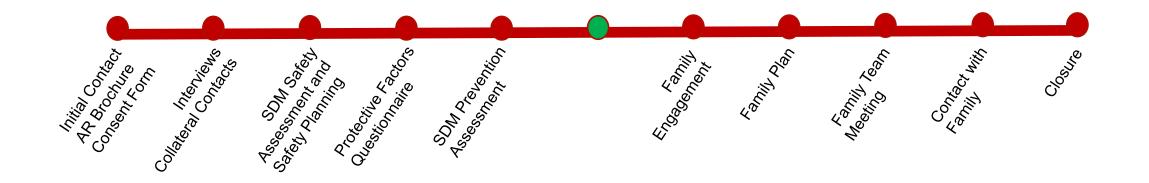
 P1. Prior investigations of any household aduit Assess prior DHHS or other CPS history. Determine if there are any prior intakes, excluding those accepted as dependency, Alternative Response, duplicate/multiple reports, information only, and law enforcement only, involving any adult members of the current household as alleged perpetrators for any type of neglect or abuse, regardless of finding. Keep in mind that one intake may involve multiple allegations and/or multiple children, but will still be counted as one intake. Exclude investigations of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect. Where possible, history from other jurisdictions should be included.

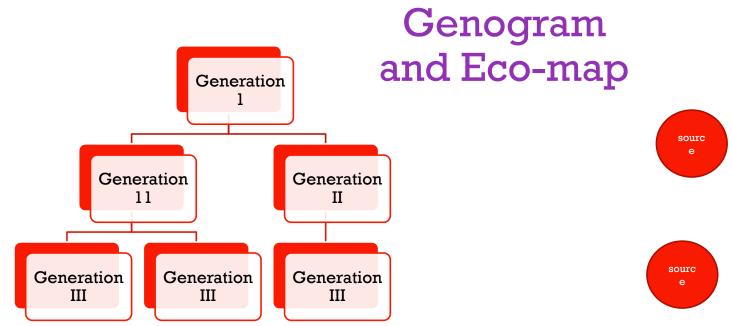
Answer both P1a and P1b, indicating the number of prior neglect investigations and the number of prior abuse investigations.

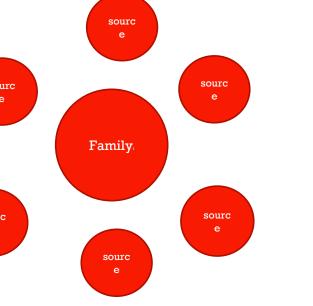
- Neglect includes general neglect or abandonment, and if the caregiver is absent or incapacitated.
- b. Abuse includes physical abuse, emotional abuse, and sexual abuse/sexua exploitation P1. Prior investigations of any household Neglect Score Abuse adult Score []a. No -1 0 []b.Yes 0 P1a. Prior neglect (select one) []a. None 0 [] b. One or Two 0 [] c. Three or More 3 0 P1b. Prior Abuse (select one) [] a. None 0 0 []b. One 1 [] c. Two or More 1



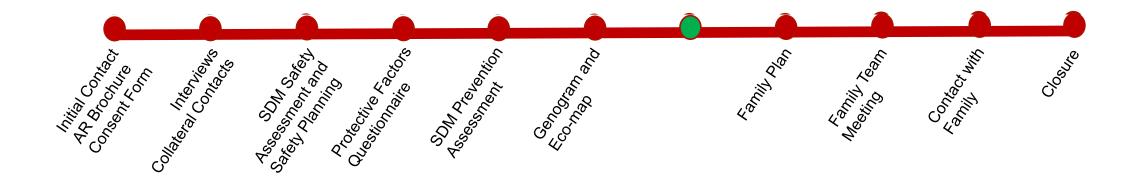
Division of Children and Family ServicesNebraska Department of Health and Human Services





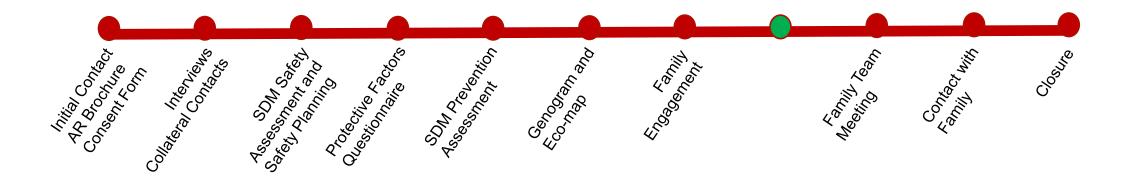






Family Engagement





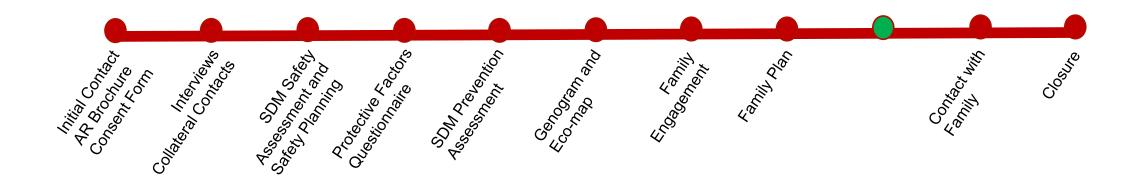
Family Plan Form CSS-44

- 1. Family Needs
- 2. How do we get there?
- 3. Who or what can help us?

Must be completed within 60 days from the date the intake was accepted for assessment.

	Initial	Review	Closing
Name Family Plan			
Date			
1. Family Need(s):			
2. How do we get there?			
3. Who or what can help us?			
3. Who or what can help us?			
Plan created by:			
Signature		Date	
Signature		Date	
orginatoro -		00.0	
		Date	
Signature		Date	





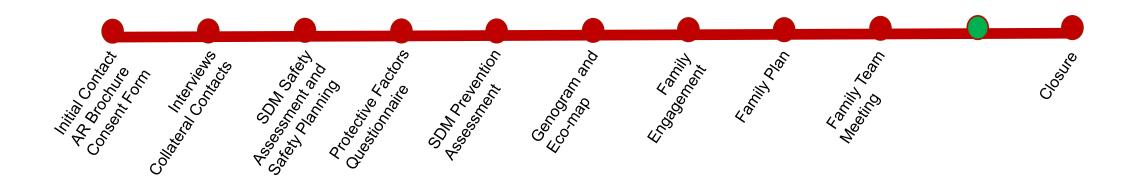
Family Team Meeting





Davis family plan activity





Contacts with the Family

No Safety Threats

First month:

• Minimum of three face-to-face contacts in addition to phone contact.

Second month to Closure:

• Minimum of two face-to-face contacts in addition to phone contact.

Safety Threats

• Weekly contact

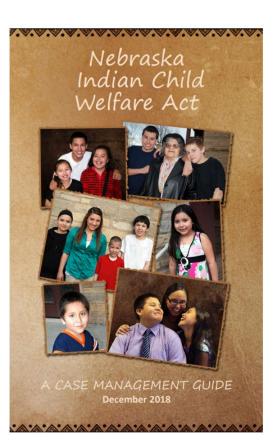


ICWA

Active efforts and tribal notifications apply to families receiving AR just as they are applied with TR families.

CFS Specialist must send Tribal Notices within 5 days of offering services in a an AR case.

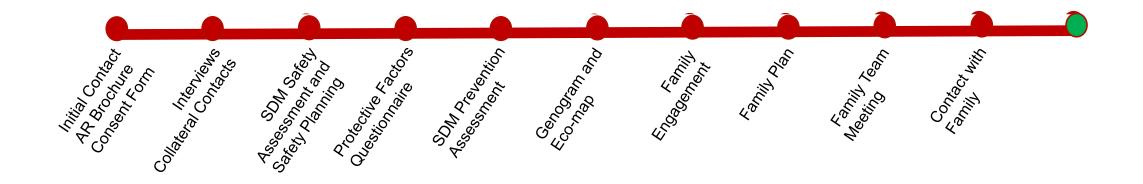
 Same notice used for non-court cases is used for AR cases.



Individual Supervision

Supervision & Case Mapping

Per current policy and procedure
Supervisor is responsible to coach and engage staff
Mandatory consultation required at 90 and 180 days



Closure



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Mikayla.Wicks@Nebraska.gov

402-471-8438

DHHS.AlternativeResponse@Nebraska.gov

DHHS.ARREDTeam@Nebraska.gov



<u>dhhs.ne.gov</u>