



Alternative Response to Reports of Child Maltreatment:

Working With Parents to Improve Child and Family Outcomes

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Key Points

- Alternative response represents a paradigmatic shift in which CPS works with parents to develop skills and connect with community resources.
- Alternative response decreases a family's likelihood of further CPS interaction and increases family engagement of services.
- Current eligibility criteria are too narrow and prevent appropriate families from participating.
- Cases screened and sent to investigations based on incorrect or incomplete data should be transferred to alternative response when appropriate.
- Alternative response is consistent with the state's shift to community-based care and should be the responsibility of local lead agencies.

Alternative Response

Child Protective Service (CPS) investigations are coercive in nature, often including surprise visits by CPS caseworkers and other unwelcome intrusions in the family sphere. Most parents view interactions with CPS negatively—as judgmental, fear-inducing, inhumane, humiliating, and adversarial ([Merkil-Holguin et al., 19](#)). To the majority of parents, CPS is a system to be avoided rather than a support to be embraced.

In 2011, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) to require that states include a differential response process in child protection investigations ([Child Welfare Information Gateway, 3](#)). Texas' differential response includes two pathways for responding to child maltreatment reports—traditional investigative response and alternative response. The traditional forensic investigative approach was designed for serious physical abuse cases and is less useful in neglect cases and in cases involving less serious physical harm that is not deliberate (DFPS 2018a, 3).

Alternative response provides another option in which parents work in collaboration with CPS to develop skills and connect with existing community resources like mental health services, substance abuse counseling, and parenting education. The agency's goals for alternative response are to reduce the reoccurrence of maltreatment, increase

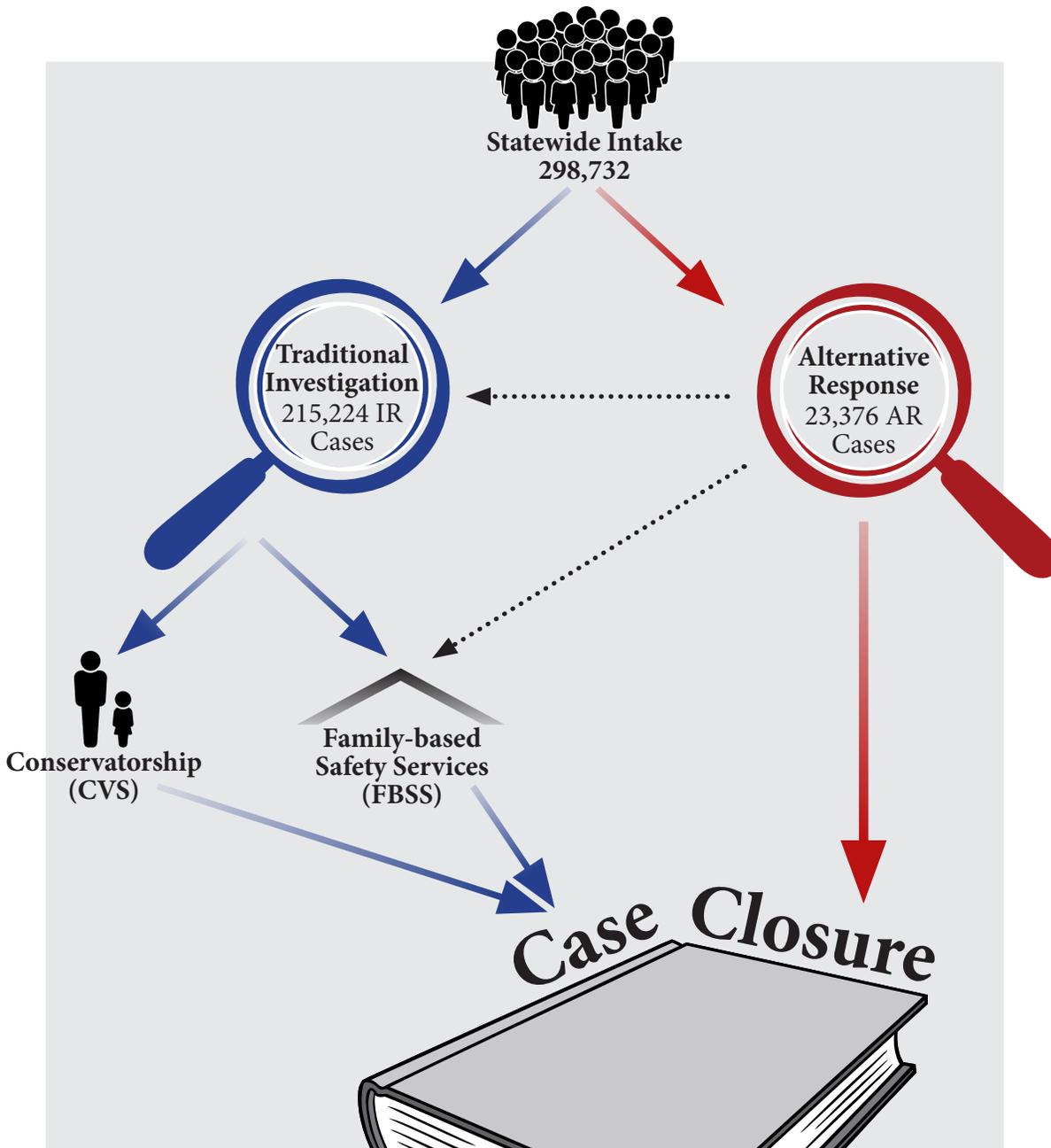
family satisfaction, and increase service utilization (DFPS 2018a, 4).

Eligible cases are routed to alternative response during screening by the State-wide Intake unit. Participation in alternative response is voluntary and parents have the option of a traditional investigation. Alternative response is a separate stage of service from investigations, meaning a different level of intervention for screened-in cases. However, alternative response cases may be reassigned to investigations at any point during the process if new evidence indicates elevated risk. Parents participating in alternative response are not entered into the state's central registry of abuse or neglect perpetrators and there is no ultimate finding of maltreatment and no designation of a perpetrator ([DFPS 2018b, 1](#)).

Implementation of alternative response began in 2014. To date, alternative response has been fully implemented in eight of eleven regions and is projected to be implemented statewide by 2019 (DFPS 2018a). The results have been positive so far: families referred to alternative response were more likely to avoid further CPS intervention and were more likely to utilize services than families in traditional investigations (DFPS 2018a, 6-10).

Although an agency evaluation demonstrated positive outcomes from alternative response services, unreasonably narrow eligibility criteria prevent many

Figure 1. Texas differential response for child protection



Source: DFPS 2017a

appropriate families from participating. In 2017, Texas CPS received 298,732 intakes (DFPS 2017a). Only 23,376 cases were referred to alternative response (DFPS 2017a). Almost 160,000 low-risk cases were routed for a traditional investigation response (DFPS 2017a).

Alternative response services are limited to a certain subset of the lowest-risk cases. Because of eligibility criteria, only 10 to 15 percent of all intakes meet the requirements to receive alternative response. Intakes are eligible for alternative response only if the formal screening determines there are no serious physical or sexual abuse allegations and all

children subject to investigation in the home are over 6 years of age (DFPS 2017b). It is this last requirement related to victim age that prevents proper utilization.

Expanding and Improving Alternative Response

The state should expand on the success of alternative response by eliminating age-based eligibility criteria, by providing a pathway to reroute appropriate cases from investigations to alternative response, and by transferring

the alternative response stage of service into the community-based care model.

In cases where there is a low risk of harm to children 6 or younger, families need access to collaborative, solution-focused services designed for their specific needs. Those families are currently ineligible for alternative response based solely on the age of children in the home, without regard to risk. The number of families in which alternative response would be appropriate but who are ineligible based on the age of their children is significant. In response to a survey about the alternative response stage of service, CPS staff suggested broadening eligibility criteria to include children of all ages, all cases except the highest risk (Priority 1) intakes, and cases where mothers or infants test positive for drugs at birth (DFPS 2018a).

Of approximately 70,000 confirmed cases of maltreatment in 2017, more than 50,000 involved neglect (i.e., lack of supervision) rather than abuse (i.e., physical harm) (DFPS 2017a). The alternative response model was specifically designed to address the social isolation and lack of resources present in cases of neglect. However, because almost 40,000 of the confirmed cases of maltreatment involved children ages 6 or younger (DFPS 2017a), the majority of cases are ineligible for alternative response based solely on the ages of children involved.

An alternative response case may be transferred to investigations at any point if new information is discovered about the case that increases the risk level. This process ensures appropriateness and manages risk in alternative response cases, independent of age restrictions. However, a case assigned to investigations cannot be referred to alternative response, even if the investigator deems alternative response to be a more suitable reaction to the family's circumstances. The initial case designation that determines a family's eli-

gibility is based solely upon facts available at intake. If the screener routes a case to investigations based on inaccurate or incomplete information at intake, a family loses the benefits of alternative response. To provide families the most appropriate response based on their level of risk and need, investigators should be able to reroute appropriate cases from investigations to alternative response.

The alternative response model leans heavily on existing community services and supports. Families come up with their own solutions and identify possible resources and supports in their community (DFPS 2018b, 9). By connecting families with people and resources that are available to assist them in the future, alternative response strengthens these families' natural safety networks (DFPS 2018b, 9).

In 2017, the Texas Legislature directed DFPS to implement Community-Based Care (CBC)—a community-centered approach to serving families and children. A pilot program was authorized by CBC legislation whereby Family-Based Safety Services (FBSS)—a stage of service similar to alternative response—transferred from CPS to a community nonprofit. Because it emphasizes community-based services and supports during and after CPS involvement, alternative response is a logical fit in the CBC model. Responsibility for the alternative response stage of service should be transferred from CPS to local nonprofits, the same as foster care services and FBSS.

Recommendations

- Expand eligibility for alternative response to include children 0 to 6 years old.
- Permit appropriate cases under investigation to be transferred to alternative response.
- Transfer the alternative response service stage to local nonprofits under the community-based model. ★

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