


**CHILD ABUSE & NEGLECT
Prevention Board**

**The Community Response Program
Experiment in Wisconsin**

Rebecca Murray, Executive Director
Wisconsin Child Abuse and Neglect Prevention Board

Kristen Slack and Lonnie Berger
School of Social Work and Institute for Research on Poverty
University of Wisconsin-Madison


May 17, 2021



Outline of Presentation

- History of the Community Response Program (CRP) in Wisconsin
- CRP Program Components
- CRP Practice Framework
- Results of a Multi-Site Randomized Control Trial Study

2



Community Response Program®
Partnering with families for stronger futures™

**History of Wisconsin's
Community Response Program (CRP)**

3

Motivation for Community Response

- Families reported to child protective services (CPS), but diverted during screening or initial assessment decision points, represent largest group to “touch” CPS.
- Research emerging that re-report rates for families diverted from CPS were similar to those served by CPS.
- Despite the evidence that diverted families remained at risk for child maltreatment, very few systematic efforts across the U.S. to engage this population.
- Collaborative efforts between the Wisconsin Child Abuse and Neglect Prevention Board and the Wisconsin Department of Children and Families.

4

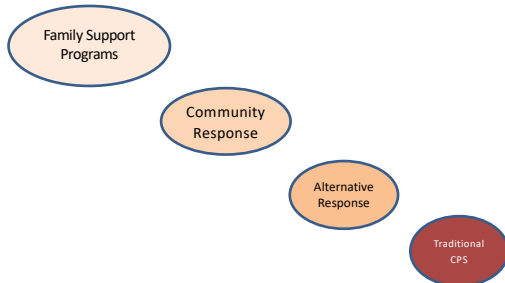
Goals of CANPB's Community Response Initiative

1. Establishment of comprehensive voluntary services for families diverted from CPS;
2. To help build a more comprehensive, community-based service continuum to strengthen families at risk for child maltreatment;
3. To prevent re-reports to CPS by reducing risk factors and building protective factors related to child maltreatment;
4. To reduce demands on the CPS system by reaching families early and meeting their needs before a crisis occurs.

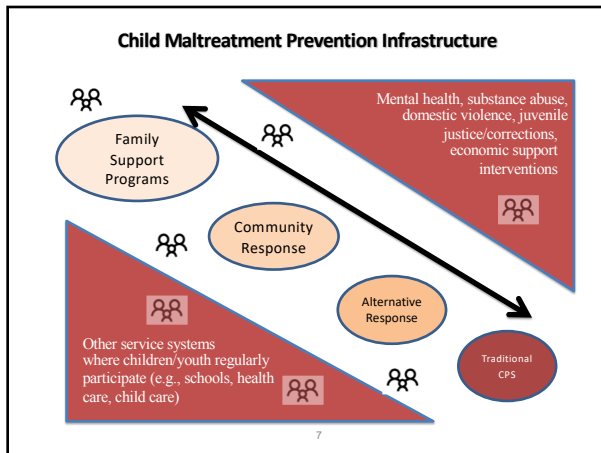
5

Continuum of Child Maltreatment Prevention Services

Voluntary ←→ Involuntary



6



CRP Implementation Evaluation

- Average acceptance rate of 54%; range 28% to 83%.
- Families referred to CRP following an Initial Assessment were more likely to participate than families screened out at report stage.
- CPS referral reasons (to CRP) were most often related to parenting needs; participant defined needs most often related to income.

8

Key Findings, continued

- Participant reports of public benefit receipt were low at CRP intake, despite very low income levels.
- Having an income-related service goal was highly predictive of goal attainment.
- 70% of participants made significant progress toward at least one service goal; 57% attained at least one goal.

9



Community Response Program®
Partnering with families for stronger futures™

Community Response Program Components

10

Program Component	Description
Service population	<ul style="list-style-type: none">Families screened-out at Access or whose cases close at Initial Assessment.
Other inclusion criteria	<ul style="list-style-type: none">At least one child under 18 must reside in the home.
Exclusion criteria	<ul style="list-style-type: none">Families with insufficient contact informationCPS reports screened out because they were created in errorFamily resides out-of-state
Program duration	<ul style="list-style-type: none">12-16 weeks, with the possibility for clients to reconnect with program for periodic, brief follow-up services in the future.

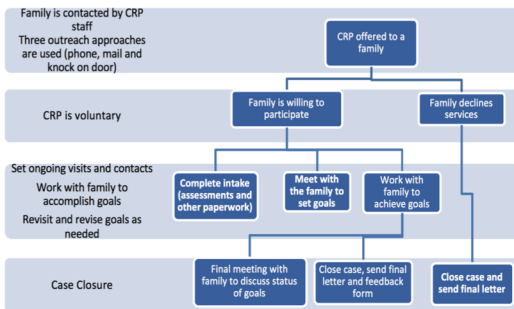
11

CRP Program Activities



12

Case Flow Diagram



13



Community Response Program®
Partnering with families for stronger futures™

Community Response Practice Framework

14

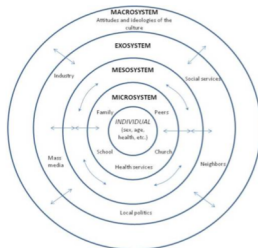
Elements of CRP Practice Framework



15

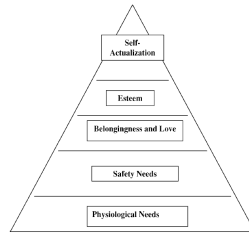
Theoretical Frameworks

Ecological Systems Theory



Bronfenbrenner, U. (1979)

Maslow's Hierarchy of Needs



Maslow, A. (1943)

Protective Factors Framework



<http://www.cssp.org/reform/strengtheningfamilies/about>

Strengths-Based Practice

Six Principles

- All individuals, groups, families and communities have strengths
- Adversities can be sources of challenge and opportunity;
- Every individual has the capacity to grow and change;
- Clients are best served when we collaborate with them;
- Every environment is full of resources;
- Helping activities are best delivered in naturally occurring settings.

Saleebey, D. (2013)

18

CRP Strengths-Based Principles

- **Client-centered**
 - Unique service plan tailored to the strengths, needs and preferences of each client
 - Meet clients in their comfort zone
- **Collaborative**
 - Clients identify and prioritize their needs with input and support from CRP staff
 - Development of service plan is collaborative exercise
- **Empowering**
 - Assist clients in determining their own goals
 - Highlights client strengths
 - Voluntary participation

Evidence-Based Practice in CRP



20

Intended Outcomes of the Community Response Program

1. Establishment of comprehensive voluntary services for families diverted from CPS;
2. To help build a more comprehensive, community-based service continuum to strengthen families at risk for child maltreatment;
3. To prevent re-reports to CPS by reducing risk factors and building protective factors related to child maltreatment;
4. To reduce demands on the CPS system by reaching families early and meeting their needs before a crisis occurs.

21



Community Response Program®
Partnering with families for stronger futures™

Results from the Multi-Site Randomized Control Trial

22

CRP Randomized Control Study

- Seven sites, representing 16 counties
- Families eligible if they were screened out at Access or closed after an Initial Assessment
- The randomization ratio varied depending on each site's service capacity relative to the number of referrals.
- **12,373 families** were randomized to a T or C status between November 1, 2016 and December 31, 2017
- Follow-up period = ~ 1 year (excluding first 21 days)

23

Sample Characteristics

- **50.6%** of the primary caregivers (as designated in the state automated information system) are persons of color.
- **68.4%** were single parents.
- **31%** had children under age six, **31%** had children ages 6-12, **28%** had children ages 13-17, and **9%** had a dependent child 18 or older.
- The majority of caregivers (**58.7%**) were age 26-40.
- The average number of prior investigated CPS reports (since January 2013) was **1.6**.
- The average annual household income (from available income sources) was approximately **\$16,000**, with an average of **\$3,024** in earnings, **57%** received SNAP benefits within the last year, **59%** received Medicaid benefits
- Most (**64%**) sample members were randomized into the evaluation due to a screened-out report versus an investigated report that resulted in a case closure.

24

Evaluation sites

Site	Sample Size	C:T Random Assignment Ratio	TX Take-up Rate
Site 1	907 (467)	2:1	28.5%
Site 2	1,008 (455)	2.2:1	10.8%
Site 3	3,200 (688)	4.7:1	16.7%
Site 4	390 (220)	1.8:1	19.8%
Site 5	6,099 (1,185)	5:1	5.7%
Site 6	509 (253)	2:1	7.7%
Site 7	260 (194)	1:3	12.9%
Total:	12,373 (3,462)	3.6:1	12.2%

25

Types of Goals Set

- 31% set a goal related to housing
- 27% set a goal related to (primarily) financial resources
- 35% set a goal related to parenting
- 24% set a goal related to employment
- 22% set a goal related to mental health
- 13% set a goal related to education
- 12% set a goal related to basic needs
- 12% set a goal related to financial (planning)
- The following goal types were set for < 10% of participants:
 - Legal issues
 - Utilities
 - Benefits (access/retention)
 - Transportation
 - Childcare
 - Healthcare
 - Family violence
 - AODA

*53% had at least one goal related to economic need

26

Unadjusted CPS Outcomes

Outcome	Treatment	Control
Any CPS Contact	15.2%	14.8%
Investigated Reports	13.7%	13.5%
Substantiated Reports	3.8%	4.2%
Foster Care Placements	3.8%	3.9%

27

Analysis Considerations

- Site variation
 - Demographic composition, randomization ratios, take-up rates, practices
- Intent-to-treat (ITT) vs. Treatment-on-treated (TOT)
- Screened-out vs. Investigated sample
- Selection into treatment take-up
- Dosage effects?

28

Adjusted ITT results overall and by site

Site (TX take-up)	Investigations [SE]	CPS Contact [SE]	Substantiations [SE]	Placements [SE]	N
Overall (12%)	-0.001 [0.006]	0.001 [0.007]	-0.005 [0.004]	-0.002 [0.004]	12373
Site 1 (28%)	-0.009 [0.033]	-0.008 [0.033]	-0.023 [0.022]	-0.007 [0.016]	509
Site 2 (11%)	-0.015 [0.013]	-0.010 [0.014]	-0.009 [0.008]	-0.004 [0.008]	3200
Site 3 (17%)	0.031 [0.023]	0.025 [0.024]	0.001 [0.014]	-0.012 [0.016]	907
Site 4 (20%)	-0.062** [0.023]	-0.068** [0.023]	-0.036* [0.015]	-0.035* [0.014]	1008
Site 5 (6%)	0.008 [0.010]	0.007 [0.011]	-0.006 [0.006]	-0.001 [0.006]	6099
Site 6 (8%)	-0.017 [0.038]	0.009 [0.039]	-0.054* [0.024]	0.012 [0.023]	390
Site 7 (13%)	0.035 [0.043]	0.014 [0.047]	0.034 [0.031]	-0.023 [0.036]	260

***p < .001; **p < .01; *p < .05; +p < .10;

29

Adjusted TOT results overall and by site for the full, screened-out, and closed after investigation samples

Full Sample					
Site	Investigations [SE]	CPS Contact [SE]	Substantiations [SE]	Placements [SE]	N
Overall	0.016 [0.022]	0.030 [0.022]	-0.012 [0.013]	0.016 [0.014]	1392
Site 1	0.043 [0.059]	0.043 [0.059]	-0.020 [0.039]	-0.027 [0.028]	195
Site 2	-0.019 [0.045]	0.019 [0.048]	0.014 [0.025]	0.038 [0.027]	286
Site 3	0.090 [0.056]	0.135* [0.058]	0.035 [0.028]	0.095* [0.042]	254
Site 4	-0.007 [0.049]	-0.019 [0.049]	-0.074* [0.029]	-0.009 [0.026]	304
Site 5	-0.062 [0.039]	-0.065 [0.041]	-0.041** [0.015]	-0.012 [0.021]	255
Site 6	0.050 [0.091]	0.110 [0.094]	-0.101 [0.063]	0.001 [0.090]	47
Site 7	-0.039 [0.070]	-0.067 [0.073]	-0.005 [0.061]	-0.079 [0.056]	51

***p < .001; **p < .01; *p < .05; +p < .10

30

Adjusted TOT Results by Site for the Screened-out Sample					
Site	Investigations [SE]	CPS Contact [SE]	Substantiations [SE]	Placements [SE]	N
Overall	0.027 [0.025]	0.036 [0.025]	-0.017 [0.015]	-0.002 [0.014]	911
Site 1	0.115+ [0.062]	0.115+ [0.062]	-0.008 [0.049]	-0.007 [0.033]	140
Site 2	0.012 [0.047]	0.049 [0.052]	0.005 [0.022]	0.026 [0.028]	201
Site 3	0.057 [0.068]	0.081 [0.068]	-0.007 [0.017]	0.070 [0.049]	132
Site 4	-0.066 [0.055]	-0.070 [0.055]	-0.099** [0.034]	-0.034 [0.025]	185
Site 5	-0.015 [0.046]	-0.022 [0.047]	-0.024* [0.012]	-0.015 [0.023]	177
Site 6	0.020 [0.121]	0.124 [0.122]	-0.144+ [0.084]	-0.039 [0.106]	38
Site 7	-0.060 [0.091]	-0.100 [0.095]	-0.025 [0.088]	-0.141* [0.069]	38

***p < .001; **p < .01; *p < .05; +p < .10

31

Adjusted TOT Results by Site for the Closed after Investigation Sample					
Site	Investigations [SE]	CPS Contact [SE]	Substantiations [SE]	Placements [SE]	N
Overall	0.010 [0.039]	0.035 [0.041]	0.001 [0.025]	0.050+ [0.028]	481
Site 1	-0.141 [0.128]	-0.141 [0.128]	-0.071 [0.067]	-0.040 [0.052]	55
Site 2	-0.090 [0.091]	-0.023 [0.101]	0.025 [0.074]	0.080 [0.078]	85
Site 3	0.100 [0.078]	0.158+ [0.085]	0.065 [0.047]	0.117+ [0.068]	122
Site 4	0.083 [0.079]	0.054 [0.079]	-0.044 [0.048]	0.026 [0.046]	119
Site 5	-0.176** [0.065]	-0.158* [0.072]	-0.074+ [0.039]	-0.002 [0.037]	78
Site 6	---	---	---	---	9
Site 7	---	---	---	---	13

***p < .001; **p < .01; *p < .05; +p < .10

32

Takeaways

- Participation rates based on the full treatment group within sites varied, from quite low (5%) to close to 30%.
- Among those families whom the CRP staff were able to contact, nearly one-third enrolled in the program.
- CRP may be most beneficial to families who have a screened-out CPS report, as opposed to an investigated CPS report.

33

Takeaways, cont.

- Variation in CRP implementation, differences in service population characteristics, and differences in the local service array all may influence the success of the intervention
- Among families with home visits, the treatment effect was in the expected direction and increasingly larger as the number of home visits increased.

34

Implications

- (1) systematically offering voluntary prevention services, external to the child welfare system, to families diverted from CPS after a report or investigation of alleged child maltreatment;
- (2) inviting families to set their own terms for participation and service needs (as opposed to prescribing a “one-size-fits-all” intervention with a goal of “program fidelity”); and
- (3) focusing on family strengths and protective factors as opposed to a focus on deficits and risks in the service approach.

35

Resources to Get Started

- CRP Program Manual:
https://preventionboard.wi.gov/Documents/CRPManual_Sept2018_Final.pdf
- Research to Practice
https://preventionboard.wi.gov/Documents/CRP_RTP_Brief.pdf

36



Community Response Program®
Partnering with families for stronger futures™

Questions?

37

References

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

Center for the Study of Social Policy (June 6, 2016). *Strengthening Families*. Retrieved from <http://www.cssp.org/reform/strengtheningfamilies/about>

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396.

Saleebey, D. (Ed.). (2013). *The Strengths Perspective in Social Work Practice* (6th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Spring, B. & Hitchcock, K. (2009) Evidence-based practice in psychology. In I.B. Weiner & W.E. Craighead (Eds.) *Corsini's Encyclopedia of Psychology*, 4th edition (pp. 603-607). New York: Wiley.

38

supportive resources
prevention policy advocacy
educate proactive safe knowledge
strengthen care
caregivers child positive network
research connect secure family
parenting awareness nurturing community
mobilize innovate

To find out more information on
Community Response Program,
please email Rebecca Murray at
RebeccaK.Murray@wisconsin.gov

<https://preventionboard.wi.gov>