



TEXAS
**Department of Family
and Protective Services**

Alternative Response

Resource Guide

Investigations

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ALTERNATIVE RESPONSE RESOURCE GUIDE FOR CASEWORKERS AND SUPERVISORS

INTRODUCTION

Alternative Response (AR) is a different way of engaging with families in certain cases of alleged abuse and neglect. AR allows you to better meet the needs of the family while still keeping children safe. Often, the families you serve are struggling to do the best they can. Sometimes these struggles put their children at risk. A helping hand or a supportive ally can make the difference between a family that can keep its children safe and a family that becomes a statistic in the child welfare system. The AR approach works with the family in a collaborative and non-judgmental manner. In AR there is no alleged perpetrator, no disposition, and no entry into the Central Registry.

Only certain types of intakes accepted for investigation are eligible for Alternative Response. The AR approach is appropriate for intakes that initially appear to be low to moderate risk cases, not for high risk and immediate response cases.

Once an intake is identified as a P2 with all victim children age 6 or over, it is sent to the screeners for review. If the intake meets additional criteria after going to the screener, it is assigned as an AR case. Once the case is sent to an AR unit, the AR supervisor assigns it to you. For related policy, see CPS Handbook [2600](#) Alternative Response.

STAGE PROGRESSION FROM ALTERNATIVE RESPONSE TO TRADITIONAL INVESTIGATIONS

Most cases classified as AR will continue down the AR pathway for the entire life of the case. In very rare instances, an AR case may end up being stage progressed to traditional investigations before it is assigned to you. Before this happens, both your Supervisor and Program Director **must** approve the stage progression. Also, if at any time during an AR case you find it is no longer appropriate for AR, the case can be stage progressed to a traditional investigation with the approval of the supervisor and PD. This should not happen very often.

While a case assigned to AR may stage progress to traditional investigation, cases initially assigned to traditional investigations should not be stage progressed to the AR pathway.

NEW INTAKES ON AN OPEN AR CASE

If an AR case is already open, and CPI receives a new intake on the same family, the intake is routed to the AR supervisor, who will decide whether to continue the case as AR or stage progress it to traditional investigation.

See [2612](#) New Intakes on an Open Alternative Response Case.

INITIAL CONTACT WITH THE FAMILY

TELEPHONE CONTACT

Once the case is assigned to you, it's time to make contact with the family. You do this a little differently in Alternative Response. Your first contact with the family is going to be by telephone, if the family has a telephone. You must contact the family within 24 hours of stage progression to AR or within the next business day if the call comes in over a weekend or holiday. If the family does not have a phone, you will need to make a home visit within 24 hours. During the initial contact, you are going to:

- Let the family know who you are.
- Give a brief explanation of AR.
- Provide a general description of the AR process and how it differs from a traditional investigation.
- Ask the parent to set a time to meet with the parent and the rest of the family (within the 5 calendar day timeframe).

You want to be respectful and collaborative with the family. When possible, allow the family to decide when to meet, as long as it is reasonable and within your mandated timeframes.

Try to schedule this initial face-to-face contact with the entire family. However, sometimes only part of the family is available to meet with you. You want to be flexible and work with that situation, but make sure you schedule to see all of the children within the initial 5 day time period and that any safety issues are addressed immediately.

If the family doesn't have a phone, or you can't make phone contact with the family within the first 24 hours, you will need to conduct an unannounced visit to make your 24 hour contact. Do not wait until day 5 to go out to the home. Your face-to-face contact with the family must occur no later than the 5th day from stage progression and cannot be delayed because you cannot contact the family by phone. See [2622](#) Initial Contacts.

Unannounced visits should be rare but when you make an unannounced visit to a home, the goals are the same as for the initial phone call. Introduce yourself and ask to set up an appointment to meet with the family. If they invite you in right then to meet with the family, that is ideal, but this is likely to be an exception, not the rule.

FACE-TO-FACE MEETING

The initial face-to-face contact with the family must occur within five days of stage progression. It will generally occur at the home but can occur elsewhere at the family's request. As an AR caseworker you should try very hard not to have this visit in your office. This is a place that represents your power and authority, and it may be difficult to engage the family using an Alternative Response family-friendly approach.

This is your first substantial contact with the family, and it is a very important one. It sets the tone for your relationship with the family. Use the skills you learned in AR training to develop rapport and engage the family. Treat them as the expert on their family, be respectful, and let them know they have an active voice in this case. This is your opportunity to talk to the family about what AR is, why you are there, and how you plan to work with them. As the caseworker, in preparation for a family meeting, you should review the Alternative Response Engagement Guide and make sure you consider variations of solution focused questions that may help you move a family towards their own solutions. Remember, solution focused questions are used when you start looking for solutions. This does not mean you leave your experience and knowledge as a professional caseworker at the door. Before leaving the home, you still need to address all the allegations in the intake report, or other dangers you identify while working with the family. You will continually assess whether or not the case is still appropriate for AR.

Child safety is always your #1 priority before leaving the home.

During this visit you should:

- Establish rapport with the family.
- Explain AR in more detail and give the family the AR Parents Guide.
- Ensure the family wants to participate in the Alternative Response case and does not prefer the traditional pathway, or that you haven't discovered any additional information that requires the case to be progressed to a traditional investigation (a move to traditional should only be made if the case meets specific criteria - See [2611 Intakes or Cases Ineligible for Alternative Response](#)).
- Share appropriate information about the intake and concerns (allegations) noted in it.
- Provide an opportunity for family members to talk about their family and to ask questions;
- Observe the family's interactions with each other.
- Gather sufficient information to complete the initial safety assessment and begin the risk assessment.
- Get the information you need to run criminal background checks and DFPS history.
- Determine how the family likes to communicate (text, email, telephone, face-to-face, etc.) for future correspondence.

- Discuss collateral contacts.
- Ensure the children are safe.

When making the initial face to face contact with the family in AR, you must ensure all children are seen by the 5th day from stage progression, just as you would when making initial face to face contact with alleged victims within 72 hours from stage progression for a screened Priority 2 traditional investigation. Child safety is your number one goal in both Alternative Response and traditional investigations.

QUESTIONS

Can I interview the children separately?

Preferably, you will interview the entire family unit; however, your experience as a caseworker and case circumstances may lead you to interview the children separately. If you are going to vary from the traditional family interview, it's important to explain your request to the family before interviewing the child alone. This promotes transparency and gives the family a choice. Separate interviews should be the exception rather than the rule. Audio recordings of interviews with children are not required unless the child is interviewed without a parent or primary caregiver present. See [2623.1 Initial Tasks](#).

If I interview the child separately or at school with parents' permission, does this mean it becomes a traditional investigation?

No, not necessarily. If you made arrangements with the parents before the interview, and all other criteria are met, this is just a variation in the preferred method of Alternative Response. If interviewing the child at school is absolutely the only way to meet your initial timeframes, you should consider with your supervisor why the family is not engaging, to determine if Alternative Response is appropriate.

Interviewing the child without the parent's knowledge could make it harder to work with the parent since it does not usually appear family friendly. Interviewing the child at school is extremely rare and should only be used as a last resort or when the parents or caregivers have given permission.

What if there is an absent parent or a parent who does not live in the home but sees the child? Do I have to notify these parents in AR?

The term "absent parent" means any parent to a child that does not live in the child's home. In AR there is a distinction between an "absent parent" who doesn't reside in the child's home and an "involved parent" who doesn't reside in the child's home. "Absent parents" include a parent who has no relationship with the child. "Involved parents" are those that see the children, provide material items for them, pay child support, or have some other type of involvement which creates a relationship with the child.

Although you *do* need to make contact with an *involved* parent, an "involved parent" is not required to participate in the "family" meeting, particularly if there is conflict between the

parents. The decision to have an “involved parent” or “absent parent” participate in the family meeting is at the discretion of the parent with whom the child primarily resides. Notification of an “involved parent” or “absent parent” is not necessary if it would endanger any child in the home, a reporter, or anyone else who participated in the family assessment. See [2622.6](#) Notifying an Involved Parent that a Child Has Been Seen.

What if the parents are divorced? How do I interview everyone together?

Although you do need to make contact with an involved parent, absent parents and involved parents are not required to participate in the “family” meeting, particularly if there is conflict between the parents, the parent is a danger to the family or the parent has no relationship with the child.

However, if the parent you are working with *wants* to invite the other parent, all the better. The parent is demonstrating that he or she is looking out for the welfare of the children. The best approach is to talk to both parents, get their thoughts, and assess their relationship. Perhaps the second visit could be a joint visit, IF it is appropriate to the case.

What if parent and child are not in the same location within the 5 days, such as one of them visiting relatives in another state or county? What do we do?

During the first phone call, talk to the parent about the 5 day timeframe requirement and determine if the child will return within the time frame for first contact. If the child cannot return in the required time frame, explain to the parent that you will request a courtesy interview. If AR is not yet implemented in the area where the child is located, explain that the interview will be conducted in an investigative style. Request the courtesy interview of the child within timeframes. The case will remain an Alternative Response case.

Does the entire family always have to be interviewed together? What if I have concerns that it is unsafe to interview everyone together such as in a domestic violence situation?

The goal in AR is to meet with the entire family. However, sometimes you need a different approach, such as situations involving domestic violence. Use your experience and knowledge about domestic violence to determine the most appropriate response. For example, if you have a safety concern about interviewing everyone together, you may interview an adult victim separately, just as you would ask to speak to children in the other room if necessary. This can be the approach from the first visit if you feel your concerns justify this action. Do not feel that you must interview the entire family together even if there is domestic violence. You still need to be able to determine what is happening in the family, and these are unique situations that require you to handle them thoughtfully.

What if the family isn't there or cancels our 5-day appointment?

Contacts in Alternative Response are just as important as in a traditional investigation. It is important to explain to the family that they can contact you back regarding a time to meet; however, there must be arrangements within the 5 day timeframe to meet or the case may need to be worked as a traditional investigation.

You can easily give the family a deadline to call back. For example, "I really need to hear back from you by tomorrow so I can make sure I don't schedule something else - you are important."

If you have made your calls and visited the home, and still have no response, you may need to see the child at school in order to make contact by the 5th day. You may need to consider working the case as a traditional investigation (and stage progress the case) if the family continues to be uncooperative.

Child safety is your number one priority, and you must be able to see all the children and assess their safety by day 5. If this is not possible, you cannot compromise child safety; so, you need to consider approaching the case from a traditional investigation.

What about families who say they can meet but don't call you back or who reschedule their appointments past the 5 day timeframe for initial face to face contact?

We suggest that if you are nearing the end of your timeframe, just be frank with the family. If you schedule with them once and they do not show up, call back and let them know you will be coming out tomorrow, and you want to do it at a time convenient for everyone so that the family can have whomever they want present at the initial visit.

Be transparent about your requirements while balancing the desire to give the family some power in the situation. If the family keeps evading you, do as you would in a traditional investigation - try, try again. Go to the school or stop by unannounced. When you finally talk with them, explain why you had to take those steps. The family may not be willing to work with you, or they may be scared, or they may think they are being protective of their children by keeping them away from you.

Boundaries are important! You can see it as "unwilling to engage" or an act of protection. You won't really know until you get to talk to the family, and your priority is making sure kids are safe.

How do we define the 'entire family' for the family meeting?

We consider the "family" as those individuals that live in the home including those whom the family considers a part of their home.

How do we define the “household” for purposes of completing the safety and risk assessments on the household?

For purposes of completing the safety and risk assessments, additional people may be included that were not a part of the family meeting, such as the parent/caregiver’s intimate partner who does not live in the home and other relatives or adults who have significant in-home contact. This is referred to as “household plus.” The Texas Household Plus definition is used when considering who all in the family needs to be included when assessing child safety using the safety and risk assessments. “Household plus” includes individuals who share a living space AND other relatives or adults who have significant in-home contact with the child. These individuals may or may not reside in the home but for the purposes of the assessments will be included as members of the household and must be assessed for safety and risk.

When I visited the home, there was a 4 year old in the home. AR is only for 6 and above, what do I do?

Screeners will only send intakes down the AR pathway when there are no known victim children under the age of 6. If the AR caseworker later discovers a child under 6 living in the home, in most instances, the case can stay on the AR track IF the supervisor feels this is appropriate. By itself, in most instances the fact that a younger child is in the home should not prevent the caseworker from continuing the case on the AR track. The exception is if a child under 6 is found to be living in a home and the allegations are physical or sexual abuse. In this instance, the case must be stage progressed to a traditional investigation due to the extreme risk.

Are we addressing all danger indicators and risk during the interview with the family?

If you identify dangers, you need to address these during that first visit. That’s the only way to ensure the children are safe. You address these through conversation and strategic use of your authority. There may be many risk-related situations that you won’t be able to tackle in the first visit, but you must put a plan in place if you identify a danger. The plan may be very short term - a day or two so that you can bring more people to the table to put together a stronger plan. As a caseworker it is your responsibility to ensure you have all the information necessary to leave the home feeling the child is safe, and that includes addressing all safety concerns reported in the initial intake.

While at the home assessing the family, I noticed a sibling who appeared to have primary or complex healthcare needs. What should I do in this situation?

Children are excluded from AR if medical neglect allegations indicate there is a serious medical condition that could cause substantial and immediate harm; however, it is possible that a non-victim sibling in the household may have a primary medical need or complex health condition. If you have questions when assessing any children with primary or complex healthcare needs in an AR household, contact the Regional Nurse for assistance and consider if an ECI referral is appropriate.

What if the family refuses to cooperate?

In rare instances, the family may not want to participate in AR. If you exhaust all options to convince them it's in their best interest to cooperate in AR and they still refuse, that is their choice. You need to explain to them that their only other option is a traditional investigation. Your intervention with the family is NOT optional. Let them know that you will remain as their caseworker, but that an investigation is different from an AR case and you will need to give the case a final disposition. Continue your work as if the case is a traditional investigation (and stage progress the case).

If you are still in the home, immediately assess the safety of the child(ren) as you would during a traditional investigation. If the situation is not dangerous for you, never leave the house until you have ensured the children are safe. If you must leave the house before you have fully assessed safety for some reason, contact your supervisor as soon as possible.

This applies not just during the initial face-to-face contact, but any time during the case. Whenever the family refuses to cooperate with the AR process, treat the case as a traditional investigation and follow all related policies and procedures.

See [2623.3](#) Family Refusal to Cooperate At Any Time.

What about recording interviews and taking pictures?

One difference in AR is that it does not require photographing victims or audio recording interviews unless a caseworker makes the decision to interview a child separately, meaning without a parent or primary caregiver present either at the child's request or due to safety issues. However, you have all of the authority and the responsibility to ensure child safety. You may audio record conversations that involve children if you decide it is necessary. Use your best judgment when working with families to ensure safety is not compromised.

Physical evidence is very important if any charges should be filed or removal becomes necessary. While you won't need pictures in most AR cases, you need to take pictures if a situation looks like it could result in charges or removal, for example if there are injuries. The purpose of photos is to protect children now and in the future. Taking pictures is appropriate in cases where there are bruises. If you determine taking photographs is necessary, explain to the family that you need to document the injury as part of the safety assessment. If the parents refuse, the worker should work with the family in a collaborative manner to explain the need to take photographs. If the family continues to refuse, the worker needs to assess the case to determine if there are any safety concerns or risks to the child. If the worker determines there are, the case may need to be stage progressed to a traditional investigation.

Do I need to call collaterals in an AR case?

Yes. During the initial face-to-face visit, explain to the family your responsibility to contact collaterals. Discuss with them who you might contact and explain the information you will ask for. Let the family suggest and discuss collaterals or members of their support system to

contact. Ultimately, you make the decision on which collateral contacts are necessary to ensure the safety of the children, but you are transparent with the family.

In cases where there are two estranged parents, which one gets to make the decision regarding whether the case stays on the AR pathway? For example, the father, who has joint custody and was the reporter, says he wants the case sent to traditional. You said the family gets to make the decision as to which track the case goes down. Do I move it to traditional investigations?

No. When we say the "family" gets to decide, we mean that portion of the family we are assessing. In traditional investigations, you would call this person the alleged perpetrator. In this instance, the mother gets to make the decision, since she is the one being assessed. Reporters cannot "request" a case go down a specific pathway. The screeners make that decision according to protocol.

TIMEFRAMES AND ACTIVITIES

CASE CLOSURE AND EXTENSIONS

Keep case closure in mind from the beginning of your work with the family!

Once you receive the AR case, you immediately begin assessing the family and determining what, if any, additional services or needs the family has, and what role CPI will play. You have up to 60 days to complete your work with the family. If needed, there is a one-time 20 day extension you can request to complete the case. To request the extension, there must be:

- A danger present in the child's home; and
- The caseworker and supervisor agree that the danger will be resolved such that the child will be safe and the case may be closed within the extension time frame, with no further CPI intervention; **AND/OR**
- The risk level on the risk assessment for the family is high or very high; and
- The caseworker and supervisor agree that the risk will be resolved such that the child will be safe and the case may be closed within the extension time frame, with no further CPI intervention.

If you don't think you can finish the case within the additional 20 days, you must look at ongoing services for the family. If there isn't a danger or high/very high risk, you must close the case, even though you want to work with the family a bit longer.

The case does not have to stay open the full 60 days. You can close it immediately if there are no issues the family needs assistance with and risk concerns are low/moderate. You can close it at any time during the case if the dangers and high/very high risks are resolved and any other issues the family has raised are worked out.

If you reach the 80th day (with the extension), and you find you need to send the case to Family Based Safety Services (FBSS), you've misjudged your case. You should have made the decision to send the case to FPR at the 60-day timeframe. Learn from this so that the family's case gets moved more quickly to where they get the intervention they need.

SUPERVISOR SIGN OFF FOR CASE CLOSURE

The AR Supervisor must formally close a case with no extension no later than 70 days from stage progression to AR. If a case extension was granted, the AR Supervisor must formally close a case no later than 90 days from stage progression to AR.

ASSESSING SAFETY, RISK AND FAMILY NEEDS

Now that you've met with the family, you'll need to complete the initial safety assessment as soon as possible.

The safety assessment is the foundation for working with the family. It tells you what dangers to focus on. Combined with the risk assessment and Family Plan, it is the basis for the relationship you develop with this family. You must complete the initial safety assessment in IMPACT within 24 hours of implementing a safety intervention or within priority response timeframes after you have the initial face-to-face contact with the family, whichever occurs first. You need to address all dangers including those reported allegations in the intake with the family and document all your efforts to address the concerns in the case narrative. You need to talk with all members of the family involved to adequately complete your safety assessment.

However, if you talk to the caregiver (before an opportunity is available to interview the children) and determine a danger exists that requires a safety intervention, then the safety assessment must be completed within 24 hours of the safety intervention being implemented, whether or not the children have been interviewed.

An AR Caseworker may continue to work an AR case if a completed safety assessment identified no dangers, and the following conditions are both true:

- Evidence indicates that the family has experienced dangers (not currently active) in the past; and
- The department can identify services to improve general family functioning and overall protective capacity within the standard AR case time frame. CPI does not allow a case extension for AR cases based *solely* on past dangers.

SAFETY PLAN

As in traditional investigations, you must complete a safety plan if there are dangers. This plan should be completed immediately, before you leave the home. The family should be able to state back to you what the safety issues are after your conversations. Document the safety plan using behaviorally specific information that the family can easily understand. When possible, use the family's words so they understand the concerns and worries.

FAMILY PLAN

Developing a family plan (if necessary) begins as early as the first visit. As soon as issues are identified, it's time to help the family identify worries, needs, strengths, supports, and resources by completing the Family Plan with them. The plan can be completed at any time but if there are identified dangers, it must be completed within 21 days of stage progression to AR. This is the foundation for the family getting the assistance and support they need to succeed.

If dangers have been identified, the AR family plan **must** include tasks and activities to increase parent/caregiver protective actions to address those dangers. If any dangers are identified after the AR family plan is created, the plan must be revised to include tasks and activities to increase parent/caregiver protective actions to address the newly identified dangers.

The AR family plan **may** also contain tasks and activities aimed at increasing general family functioning and protective actions that are not linked to a specific danger. The family plan is a great tool that allows the family to address any needs including risk concerns in their home, not just identified dangers. This is a major difference between AR and traditional investigations!

The primary principle of the family plan is that it is family driven. You want the family to identify what supports they have, what they need, and how they plan on accessing resources. It is your job to act as a facilitator and guide as the family completes the plan. You are allowed to assist the family by physically documenting the family's words on the form, but the plan needs to use the family's words since the family is creating it (with help from you if needed), and they are going to be carrying out the action plans they develop for themselves. If there are safety issues that the family has missed, you should work with the family to have them express those concerns in their words and develop a suitable plan to address those issues. When the family plan is complete, have all parties who helped create the plan sign it. Tear off the top sheet of the duplicate form and hand a copy to the family right there. That way the family has a hardcopy of the plan they just helped to develop. It is a strong reminder of their voice in the process and serves as a reminder of the action steps they need to take to satisfy the goals on their plan. Remember - if you have identified any dangers, they must be documented on the family plan with action steps to increase protective actions or to resolve the safety issue.

ASSESSING RISK

Staff are highly encouraged to begin the risk assessment as soon as possible after meeting with the family. Completing the assessment sooner rather than later provides guidance on what areas to focus on when working with the family during the life of their case.

The requirements around completion of the risk assessment and recommendation for ongoing services based on the risk level is the same as those for traditional investigations. If the family has high or very high risk, the case will be recommended to ongoing services unless an exception rationale for opening the case has been met, meaning that there are family and community services in place prior to closing the case that address the risk concerns identified. In AR we have 60 days to work with a family. Therefore, the sooner the risk assessment is completed, and you know the risk level, the sooner you can begin working with the family to ensure supports are in place within the family and the community to meet the exception rationale. Caseworkers should not progress cases to FBSS solely based on risk without attempting to work on mitigating the risk concerns with the family during the 60 days the case is open.

QUESTIONS

Do I need a Family Plan in every case?

You don't need a family plan in *every* case. As in traditional investigations, some AR cases may be closed after the first visit if no safety issues are found. If any dangers are found, a family plan should be completed. Family Plans should be written within 21 days of stage progression to AR. Most would be written much earlier than this so that the family has a focus and a direction. Family plans in AR don't have to be related only to safety issues. If there are items that will help strengthen the family, these can also be added to the plan.

Do I need a safety plan to have a family plan?

No. As long as there are past danger or risk concerns, you can still work an AR case. That means you can have a family plan, with the latter part of the plan containing "optional actions to benefit the family."

Can I create a family plan during the first face to face contact?

You may begin collaborating with the family to create the AR family plan any time during or following the first contact with the family. CPI will assess the family's progress and need for assistance with the AR family plan during **every** contact with the family.

Can I ask the family to use a PCSP or have an FTM in an AR case?

Yes, you can, if that is necessary and the least intrusive way to ensure the children are safe. Use the same process that you would use in a traditional investigation.

CASE MANAGEMENT

ONGOING CONTACT REQUIREMENTS

During the life of the AR case, you must maintain regular contact with the family. Remember, we defined family as everyone living in the home. Minimum contact requirements are a face-to-face contact must be made at least once every thirty (30) days with the family including all children. Some form of contact should occur once every seven (7) days after the initial face to face contact to support and encourage continued engagement of the family and recognize their success. If there is no continued work needed with the family then the case should be closed, and a seven day contact would not be needed. This 7 day contact can occur in whatever form the family chooses (and that you as the caseworker feel is appropriate for the situation), such as phone calls, texts, emails or home visits. Let the family tell you what their preferred method of contact is and use it if appropriate.

To engage, develop rapport, and establish a relationship with the family, you may need contact with the family more frequently than the minimums stated above. Especially in the beginning of the case, when the family is in crisis, you should be having regular contact with the family to get to know them and to begin working on the required case documents. Contact allows the family to get to know you and understand that you are there to be a guide and collaborative partner during this process. You may need less frequent contact as the case progresses and the family works through the safety plan and family plan. Because every family's situation is different, use your experience to determine if more frequent contact is needed to support the family and monitor any safety concerns.

WHEN A CHILD WHO IS WITH HIS OR HER FAMILY CANNOT BE LOCATED

In an alternative response stage, the caseworker should follow policy in Section [3100](#) When a Child Who is With His or Her Family Cannot be Located.

PROVIDING SERVICES TO THE FAMILY

One of the most important aspects of Alternative Response is that you look to families to come up with their own solutions and identify possible resources and supports. These resources could be within the family or outside in their community. By using their natural safety network, you are increasing their protective actions because you are connecting them to people and resources that can assist them in the future if they experience the same types of struggles. When using existing resources to support the family, you are limiting the amount of purchased services that are funded by CPI. The goal is to use purchased services through CPI sparingly, if at all. Be creative with the family and think outside the box to locate or develop services!

There are three main ways to provide support for a family by providing services.

- You can give any AR family information and referral services, which alerts them to possible resources and supports in the community.
- Case management services are provided when families need a deeper level of collaboration from you. If a family is experiencing a danger and/or significant risk or has experienced a danger at any time in the past (in AR cases, this does not need to be a current danger), they are eligible to receive AR case management services, to help deal with those issues that may cause problems as they move forward. It's also important to identify how current risk is controlled through the use of family supports and community resources, when working on dangers that occurred in the past that create significant risk concerns or affect current parenting.
- Purchased Services are only available to AR families for whom there is a danger, but they should be used sparingly, since AR emphasizes using community-based services to surround the family with supports that remain after CPI closes the case. Any purchased services end when the case closes and should be considered only as a last resort.

Not all families will receive all of the services. Some cases may be closed without needing any of these services. Some may receive one service, others two, and if necessary some will get all three. The family's needs, on a case-by-case basis, determine the level of service provision.

QUESTIONS

What if I have companion cases, and one is Alternative Response and the other is a traditional investigation?

If there are companion cases, and one is sent to Alternative Response and the other sent to a traditional investigation, both cases need to be worked as a traditional investigation. Staff can always contact the Alternative Response mailbox for consultation if they feel cases should remain on their respective pathways and not be reassigned.

What happens if local law enforcement wants to conduct a joint Investigation on an Alternative Response case? Does the case remain in Alternative Response or is it stage progressed to a traditional investigation?

By law, the CPI is not required to conduct a joint investigation with law enforcement unless the case is a Priority 1 PHAB or SXAB case. However, CPI strives to maintain a collaborative working relationship with law enforcement. If this situation arises, follow Alternative Response policy and meet requirements while explaining our policy to law enforcement and working out an agreement that is acceptable for all. You should be transparent when working with families involved in a criminal case by explaining the difference between CPI and law enforcement and their roles in the case.

What if law enforcement wants to have the child interviewed at the Children's Advocacy Center (CAC)? Does the case remain in Alternative Response or is it stage progressed to a traditional investigation?

A law enforcement request to have the child interviewed at the local Child Advocacy Center (CAC) does not automatically mean the case will be stage progressed to a traditional investigation. Law enforcement can request a child be interviewed at the CAC just as CPI has the right to request an interview when appropriate. You and your supervisor need to discuss the allegations and rationale for an interview at the CAC and determine whether the case still meets Alternative Response criteria or should be progressed to a traditional investigation.

CASE EXTENSION

In certain situations, you can get a one-time 20-day extension for an AR case, with supervisor approval. You can request the extension any time during the case, but no later than 60 days from the date the case stage progressed to AR.

A case qualifies for an extension only if:

- A danger is present in the child's home; AND
- The caseworker and supervisor agree that the danger will be resolved such that the child will be safe, and the case may be closed within the extension time frame, with no further CPI intervention; AND/OR
- The risk level on the risk assessment for the family is high or very high; AND
- The caseworker and supervisor agree that the risk will be resolved such that the child will be safe and the case may be closed within the extension time frame, with no further CPI intervention.

These conditions must exist for the extension to be granted. If it doesn't seem likely that you can address the safety threat within the 20 days, don't request the extension. It may be more appropriate to stage progress to FPR or consider removing the child. See [2640](#) Extension.

CASE CLOSURE

You must save and submit an AR case for closure no later than 60 days from stage progression to AR, unless an extension was approved. The AR supervisor must formally close the case, or stage progress the case to ongoing services, no later than 70 days from stage progression to AR, unless an extension was approved.

FINAL CONTACT WITH THE FAMILY

If it's possible to contact the family, you must notify the family that the AR case is being closed or stage progressed to the traditional investigation track or FPR, or that we are asking the court

to remove the children. You typically notify the family during a face to face visit, but the AR Caseworker and AR Supervisor make the decision about the type of contact to make, based on case circumstances. At a minimum, verbal notification is required if possible, followed by a notification letter. For most cases, the order of preference for final contact is:

- Home visit
- Face-to-face contact occurring outside of the home; or
- Telephone contact.

If you have engaged the family, closing the case is a critical time. It is important to sit down with the family and debrief with them.

NOTIFICATION LETTERS IN ALTERNATIVE RESPONSE

You must send a notification letter to the family's last known address and to the reporter any time an AR case is closed or stage progressed. The format and content of the letter varies depending upon the reason for AR case closure, and there are standardized letter templates in IMPACT for each of the closure and transfer scenarios.

CLOSURE REASONS

Close - No Danger Indicators/CPI Decision

The AR caseworker has completed the initial safety assessment and has determined there are no danger indicators present in the home and determined that risk in the home is low to moderate. CPI decides to close the case, regardless of the wishes of the family, and no services other than information and referral have been offered.

Close - Services Completed

This is when the AR caseworker and family have partnered to develop a plan that addresses the needs of the family AND the family has initiated/ completed this plan which includes but is not limited to CPI recommended services. All danger indicators have been resolved and have been managed adequately for the foreseeable future. Risk concerns for the household have been addressed and controlled. CPI involvement is no longer needed in this case.

Close - Family Declined Services/No Danger Indicators

The AR caseworker has met with the family, completed the initial safety assessment and determined there are no danger indicators that warrant further CPI involvement, BUT has determined that there is high/very high risk and the family could benefit from AR services but the family is declining services. Because there are no safety issues, the family has the ability to decline services.

Close - Unable to Locate

If the AR caseworker cannot locate the family, either before or after the case is initiated, and before all dangers are resolved, the case is closed as "Unable to Locate" in case the family has a new report called in. CSCAL policy applies.

Close - ADMIN – Refuting the Allegations

The AR caseworker may submit an AR case for closure if the caseworker gathered sufficient, credible information refuting that the alleged abuse or neglect occurred or is at risk of occurring and the child is not vulnerable to any other danger. Administrative closure policy applies.

Close - ADMIN – Anonymous Report

The AR caseworker may submit an AR case for closure if the allegations were based on an anonymous report and there is no evidence corroborating the allegation. Administrative closure policy applies.

Close - ADMIN – Lacks Authority

The AR caseworker may submit an AR case for closure if CPI does not have the authority to investigate the allegations or the allegations do not meet the definition of abuse or neglect. Administrative closure policy applies.

Close - ADMIN - Already Investigated

The AR caseworker may submit an AR case for closure if the incidents of allegations were already investigated. Administrative closure policy applies.

Close – Stage Progress to INV

- **INV - CPI Decision** - Based on new information discovered or the emergence of a significant safety threat, the case is determined no longer appropriate for AR, and the case is progressed to traditional investigations.
- **INV - Family Request** - If the family prefers that the case be handled via the traditional investigations pathway (e.g. a custody battle), then the family has the right to request a non-AR pathway. **NOTE:** If the reporter is a parent, the parent being investigated chooses what pathway the case follows, as long as it remains appropriate for AR.
- **INV - Child Fatality Allegations** - If a child in an open AR case dies as a result of alleged abuse or neglect, the case is immediately progressed to traditional investigations.
- **INV - Removal** - If removal appears likely or imminent, the AR case is stage progressed to traditional investigations before removal (or as quickly as possible but no longer than 24 hours after a removal if the child is removed pursuant to an emergency removal) so that the Conservatorship Removal page can be completed, the SUB and FSU stages opened, and an INV disposition determined.

Close – Stage Progress to FBSS/FPR

If the safety threat in the AR case cannot be resolved during the normal duration of the AR stage, or during the one-time extension period, a case may be directly stage progressed to FPR. This can occur at any time during the AR stage as long as the caseworker is certain the safety threats or level of risk cannot be resolved within the AR timeframe, and has completed all

required documentation for this stage of service. Stage progression requires supervisory approval.

CASE CLOSURE WHEN CPI INVOLVEMENT IS NO LONGER REQUIRED

After the initial safety assessment and risk assessment are completed, a case in the AR stage may be closed at any time if the AR Caseworker and AR Supervisor determine that CPI is no longer needs to be involved. In this scenario, the criteria for case closure are:

- No dangers exist;
- High/Very High risk has been addressed with the family utilizing family support and community resources; and
- No identified additional services to enhance general protective capacities can be coordinated within the remaining case time frame.

Here are a few activities that should be included in the final contact with the family:

- Explain that the safety plan and family plan - if any - are no longer in effect because all children are safe.
- Debrief with the family about their experience and review the origin of CPI involvement.
- Reinforce positive changes made.
- Discuss possible future issues, and help the family make tentative plans to address them; and
- Discuss how the family can seek help in the future and review any community resources available.

Express your pride in the family's hard work and encourage the family to continue using the supports and resources around them. Review and acknowledge the work they have done and ask them if they have anything they want to say or any feedback. Leave them feeling empowered and self-confident that they have the skills to be successful as a family.

STAGE PROGRESSING CASES

For various reasons, you may determine an Alternative Response case is no longer appropriate for the Alternative Response pathway, or you may determine that the case requires ongoing services. The information provided below will help you understand the process for stage progressing a case from Alternative Response to another stage of service.

STAGE PROGRESSING AN AR CASE TO THE TRADITIONAL INVESTIGATION PATHWAY

If the process of working with the family needs to change from AR to traditional investigations due to additional information, a new report, or a family request, staff the case with your supervisor and start stage progression procedures. The AR case should be stage progressed within 24 hours after the decision to stage progress was made. Be sure to meet with the family to explain why you are changing the way you are working with them and debrief with them. You will remain the caseworker for the family, unless the transfer is due to a fatality caused by alleged abuse or neglect. (See [2630](#) Stage Progressing an AR Case to Traditional Investigation). Since you are going to remain the caseworker, it is in the best interest of both you and the family to maintain the rapport you've developed.

After initial face to face contact with the family, the process to change from AR to the traditional investigation pathway is:

- Within 24 hours after the decision:
 - Document the decision in a contact narrative and stage progress in IMPACT;
 - The AR Caseworker must contact and interview all victim children if this has not already occurred; and
 - Notify the family of the change from AR to traditional investigation.
- The AR caseworker continues to serve as the Primary Worker if a case is stage progressed from the AR pathway to the traditional investigation pathway, unless the AR Supervisor directs otherwise.
- Complete the initial safety assessment within 24 hours of implementing a safety intervention or after initial face to face contact with the family, *regardless* of when the stage progression occurs. Complete the initial safety assessment in the Alternative Response stage (if it was already started there) or in the traditional investigation stage if it was not started in the AR stage.

When talking to the family about stage progressing their case to a traditional investigation, complete the following activities when appropriate:

- Reiterate the reason for changing the manner of working with them to a traditional investigation and answer the family's questions;
- Explain that the safety plan and family plan – if any – are still in effect because all children are not safe;
- Explain that you remain the family's caseworker in the traditional investigation pathway, unless your supervisor has directed otherwise;
- Discuss the traditional investigation process and explain what the family can expect;
- Provide the family with a CPI "Parents' Guide" for traditional investigations;

- Debrief with the family about their experience, and review the origin of CPI involvement; and
- Reinforce positive changes made.
- Begin the time frame for completing the case in the traditional investigation pathway once the decision is made to change the case approach. You must complete the traditional investigation case within 15 days from the decision to change the approach; two 15-day extensions are available. The first extension requires supervisor approval; the second extension requires supervisor and PD approval.
- Follow all existing policy, procedures, and checklists related to the traditional investigation pathway.

STAGE PROGRESSING AN AR CASE TO FPR

A case can be stage progressed directly from AR to FPR. If all of the danger or risk concerns have not been resolved due to lack of protective actions or other safety concerns, the case may need to be transferred to longer term services such as FPR. Staff with your supervisor for the best course of action. You must complete all required AR documentation before stage progression to FPR can occur. See CPS Handbook 2400 regarding timeframe requirements for transfer of a case to Family Based Safety Services.

When talking to the family about stage progressing their case to FPR, complete the following activities when appropriate:

- Reiterate the reason for the case becoming an FPR case and answer the family's questions;
- Explain that the safety plan and family plan - if any - are still in effect because all children are not safe;
- Explain that the family will receive a new caseworker and how that process will occur;
- Discuss the FPR program and explain what the family can expect;
- Debrief with the family about their experience and review the origin of CPI involvement;
- Reinforce positive changes made.

TRANSFERRING AN AR CASE TO CVS

Any time a child is removed during an AR case, the case must change from the AR pathway to the traditional investigation pathway so that staff can complete the *Conservatorship Removal* tab and issue a formal disposition. The case should be stage progressed in IMPACT from AR to INV with enough time to enter the placement and medical consent by 7:00 PM on the day following the removal. All existing policy, procedures, and checklists related to removals apply.

When a removal is necessary and transfer to the investigation stage is required:

- If a safety assessment is started in the AR stage it must be completed or deleted prior to stage progression to the investigation stage.
- Any contacts entered in the AR stage will be available in the investigation stage but will not be editable.
- All other work that is required can be completed in the investigation stage.

When talking to the family about stage progressing their case to Conservatorship complete the following activities when appropriate:

- Reiterate the reason for removal and answer the family's questions;
- Explain that the safety plan is no longer in effect because the children are no longer living at home (this applies only if all of the children have been removed);
- Discuss whether the family plan remains in effect or needs to be modified, if activities need to occur for reunification;
- Explain that the family will receive a new caseworker and how that process will occur;
- Discuss the CVS program and explain what the family can expect;
- Provide the family with the 'While Your Child is in Care' brochure;
- Debrief with the family about their experience and review the origin of CPI involvement; and
- Reinforce positive changes made.

CHILD DEATH OCCURS IN AN AR CASE

When CPI receives an intake report that a child involved in an open AR case is alleged to have died from abuse or neglect, the new (P1) intake is generally sent to the unit with the open AR case. The supervisor stage progresses the case involving the child death to a traditional investigation, and the case is assigned to a different caseworker than the AR worker. The supervisor follows standard DFPS policies and procedures (See [Child Fatality Protocol Guidebook](#))

You are not allowed to have additional contact with the family after a child death occurs in an open AR case.

If a child death occurs while the Alternative Response case is open, you must complete these tasks:

- Within 24 hours, complete all final documentation in the AR case. The existing AR case is stage progressed to the investigation stage and merged to the traditional investigation case (leaving the traditional investigation case open and the AR case closed).
- Inform the new investigation caseworker of any additional contact with the family or collaterals that are needed so the new worker is aware of the issues and may address them.

APPEALS PROCESS FOR THE FAMILY

There is no formal appeals process for the transfer of an AR case to a traditional investigation or any other stage of service. However, families always have the right to discuss issues with Supervisors and PDs. Also, eligible families in the traditional investigation pathway may engage in the Administrative Review of Investigation Findings (ARIF) process at the end of the traditional investigation.

There are also no formal appeals process for families who believe their AR case should remain open even though CPI has made a closure decision. The family may always talk to the supervisor and/or their chain of command if they feel there are safety issues that have not been addressed and if they feel the case should remain open. The AR Caseworker should explain the reason CPI is closing the case as part of the final contact.

MISCELLANEOUS

In most other instances, AR cases follow the same procedures that a traditional investigation does if not addressed in this Resource Guide. For instance:

- Any safety concerns, dangers or risk that occurs during the life of an AR case will be handled using the same policy, procedures, and practice that address safety concerns occurring in the traditional investigation pathway.
- At any time during an AR case, if an AR family cannot be contacted or located, the AR caseworker follows the same policy, procedures, and practice outlined for cases in the traditional investigation pathway regarding attempting to locate the family.
- For all Unable to Locate cases, a decision will need to be made regarding CSCAL. This should involve a Special Investigator. See the Case Management section of this guide for more information regarding CSCAL.
- When making the initial face to face contact with the family in AR, you must ensure all children are seen by the 5th day from stage progression, just as you would when making initial contact with alleged victims within 72 hours from stage progression for a screened Priority 2 traditional investigation. Child safety is your number one goal in both Alternative Response and traditional investigation. Although you work with families in different ways, you are expected to always ensure that the children are safe both during the case and before submitting the case for closure.
- An intake that alleges *Refusal to Accept Parental Responsibility* is not automatically ineligible for AR. In fact, many times parents are at their wits end, but are able to make great progress when served through an AR approach. You should follow AR protocols to engage the family and seek their participation. However, if the situation appears to be based on the parent's inability to obtain mental health services for the child you must

determine if the parent may be able to place the child in a Residential Treatment Center (RTC) bed funded by the Department of State Health Services (DSHS). See the CPS Handbook Section [2390](#) Families Who Are Unable to Obtain Mental Health Services for Children with Severe Emotional Disturbance.