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OHIO SOAR PROJECT:
Year 1 Site Visit Report
(Covering Activities from February 2010 to May 2011)

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Ohio SOAR Project: Year 1 Site Visit Report

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1. INTRODUCTION

In 2010, the Quality Improvement Center on Differential Response (QIC-DR), funded by the Children’s Bureau, U.S. Department of Health and Human Services, began a three-site study of the impact of Differential Response (DR) on child welfare practice and outcomes for families in the child welfare system. For low- to moderate-risk families, DR offers an alternative to the traditional abuse/neglect investigation, instead focusing on “creating a working partnership among families and child welfare and community agencies. It focuses on identifying concerns and finding solutions, not on assigning blame, finding fault, gathering evidence or applying negative labels. Alternative Response allows caseworkers to work with families to identify and use their strengths to solve their concerns and to make certain that they and their children are, and can remain, safe.”¹ A consortium of six Ohio counties (SOAR—Six Ohio Counties Alternative Response) was awarded a QIC-DR grant to implement this relatively new approach to working with families entering the child welfare system. The SOAR project includes a mix of jurisdictions—large metro areas as well as small rural counties—and Public Children Services Agencies (PCSAs) with varying exposure to and experience in DR.

SOAR joined two other sites, Colorado and Illinois, in this effort led by the QIC-DR. With the goal to advance knowledge and gather evidence about the effectiveness of a Differential Response approach, the three QIC-DR sites are required to conduct a site-specific evaluation that contributes to a cross-site understanding of the impact of DR on child welfare systems. This report describes: (1) how the SOAR counties implemented DR in their agencies; (2) how families are served in the Alternative Response (AR) pathway in these agencies; and (3) the level of resources needed to implement such an effort (using data from two SOAR counties).

The SOAR evaluation was led by the Human Services Research Institute (HSRI). To gather information on the implementation of DR in the SOAR counties, HSRI conducted site visits in each of the six counties in the spring of 2011. Each site visit team included one staff member from HSRI and one staff member from the QIC-DR team (who was responsible for taking detailed notes). During each site visit, HSRI conducted group interviews with SOAR managers, agency administrators, supervisors, and case workers (see Table 1), collecting documentation regarding the DR project. The interview guides were developed collaboratively between HSRI and the QIC-DR lead evaluator, Walter R. MacDonald Associates (WRMA), and the other two grantee sites in Colorado and Illinois, thus establishing a common set of topics and questions to be explored.² (See Appendix B for Year 1 DR Site Visit Guide-Manager Interview.) Group interviews ranged from approximately 30 minutes to 2 hours; notes from all sessions were compiled and coded into the qualitative analysis program NVivo. This report synthesizes the qualitative findings from the SOAR site visits, supplemented by information contained in county-level implementation status reports that the SOAR lead in each county completed during the early months of implementation and by discussions among SOAR managers that took place during regular SOAR Consortium meetings.

¹ Ohio Department of Job & Family Services (ODJFS) brochure: Alternative Response for Families

² In order to meet the needs of the QIC-DR team and clarify where in this report each QIC-DR topic of interest is discussed, HSRI created a crosswalk to match the QIC-DR’s outline with the framework of this report. (See Appendix A.)

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Table 1: Number of County Staff Interviewed by County				
SOAR County	Managers	Supervisors	AR Workers	Other Workers
Champaign	1	2	1	4
Clark	2	8	1	6
Madison	1	1	1	6
Montgomery	3	8	4	6
Richland	3	5	1	4
Summit	3	6	4	5
TOTAL	13	30	12	31

Before describing the Differential Response initiative in Ohio, it is important to define the terminology used in this report. According to Ohio’s Revised Code:³

- “Traditional Response” means a public children services agency’s response to a report of child abuse or neglect that encourages engagement of the family in a comprehensive evaluation of the child’s current and future safety needs. Traditional response involves a fact-finding process to determine whether child abuse or neglect occurred and to understand the circumstances surrounding the alleged harm or risk of harm.
- “Alternative Response” means a public children services agency’s response to a report of child abuse or neglect that engages the family in a comprehensive evaluation of child safety, risk of subsequent harm, and family strengths and needs. Alternative response does not include a determination as to whether child abuse or neglect occurred.
- “Differential Response” means an approach that a public children services agency may use to respond to accepted reports of child abuse or neglect with either an Alternative Response or a traditional response.

Throughout this report, the Differential Response approach is referred to as the “DR” approach;⁴ the Alternative Response is referred to as “AR;” and the traditional response is referred to as “IR,” for investigation response, which is the term most commonly used by Ohio counties in reference to the traditional investigation pathway.

Before proceeding, it is also important to explain the limitations of this report. While the evaluation team gathered extensive information about the early stages of DR implementation in the six SOAR counties, this information provides just a very early formative assessment of implementation activities there. Because the site visit occurred only a few months after DR implementation, the information gathered for this report is intended to help SOAR counties reflect on their progress and make any needed midcourse corrections. However, the evaluation team expects that modifications to the DR approach in these six counties will continue throughout the life of this project. The SOAR Implementation Manual, which will be prepared in late 2012, will offer a more comprehensive synthesis of the key steps and decisions that led to full implementation of the SOAR initiative. The Final Evaluation Report, due in 2013, will examine the impact of the initiative on counties and families. It is only with this

³ Ohio Revised Code Section 309.50.10.

⁴ Within Ohio, the Differential Response approach is most commonly referred to as the “Alternative Response.” Thus, the language used in this report is sometimes interchanged when referring to existing Ohio entities (e.g., DR Leadership Council, AR Guiding Principles).



full complement of information that local and national policy makers will have a comprehensive understanding of the DR experience and impact in these six counties.

The structure of this report includes the two main areas—implementation and practice—explored during the site visits and conversations with SOAR staff. Section 2 explores the implementation process the SOAR counties went through when deciding to adopt a DR model, developing AR practice within their individual agencies, and creating processes to provide ongoing oversight of AR practice. The framework for Section 2 is based on the core implementation components developed by the National Implementation Research Network (NIRN). Section 3 describes AR practice as implemented by the six SOAR counties and explores variations in screening and eligibility decisions as well as in case flow (from initial screening to case closure). Comprehensive summaries conclude each of the subsections in Sections 2 and 3. Section 4 summarizes the findings from the site visits, highlighting SOAR successes and challenges, as well as recommendations. Section 5 provides an initial framework for identifying model components and fidelity measurements for the DR approach. Finally, Section 6 describes the next steps in the evaluation process.

2. IMPLEMENTATION

The SOAR counties spent almost a year planning, implementing, and piloting the DR model in their counties. This period encompassed initial exploration during the proposal writing process, developing processes and staffing structures, and piloting the AR pathway to refine AR processes. Since the initial implementation period (February 2010–November 2010), counties have continued to learn more about the AR approach and adapt their agency processes appropriately. This section of the report highlights four key types of activity that occurred as part of the implementation process: initial adoption and exploration of the DR model, program installation at the agency level, program installation at the caseworker level, and creation of mechanisms for ongoing oversight of DR.

2a. Adoption and Exploration

Ohio has prior experience in DR, and it is critical to understand this to understand the implementation of SOAR. Beginning in 2005, key players within the Ohio State Supreme Court and the Ohio Department of Job & Family Services (ODJFS) began to explore and lay the groundwork for Ohio's first pilot of Alternative Response.⁵ The pilot launched in 2007 in 10 of Ohio's 88 counties and included an evaluation study to examine its impact. The 2007–2009 study, which was published in 2010, found favorable effects of AR when compared with IR,⁶ leading the state to commit to steadily expanding AR in future years. It was within this context that the SOAR counties applied for and received the QIC-DR grant. Subsequently, in 2010 and 2011 ODJFS brought 10 more PCSAs into the DR arena with the expectation that further rollout waves would occur. This meant that all Ohio PCSAs were aware of the DR approach and were somewhat familiar with the DR philosophy. This evolutionary period in Ohio has been described in full detail in Carla Carpenter's chronicle.⁷ The following bullets provide a brief overview of the period preceding the receipt of the QIC-DR grant.

⁵ Ohio has a county-administered child welfare system, operated through local PCSAs; this local decision-making role, coupled with significant funding generated at the local level, introduces substantial variation into local practice in general and specifically in implementation of a systemic reform such as DR.

⁶ Loman, L. A., Filonow, C. S. & Siegel, G. (2010). *Ohio Alternative Response Evaluation: Final Report*. St. Louis, MO: Institute of Applied Research.

⁷ Carpenter, C. (2010). *Process Perspectives: Chronicling Ohio's Alternative Response Pilot Project Experience*. St. Louis, MO: Institute of Applied Research. Retrieved from: <http://www.law.capital.edu/adoption/AR/>.

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- 2004: In response to the 2003 Child and Family Service Reviews (CFSRs) report and a study by Howard Davidson⁸ examining screening policies and practices, the Supreme Court of Ohio's Advisory Committee on Children, Families, and the Courts established the Subcommittee on Responding to Child Abuse and Neglect to provide recommendations for improving consistency in screening processes across Ohio counties.
- 2006: Among other recommendations, the subcommittee suggested that Ohio implement a pilot of DR.
- 2006–2007: Foundational work done by the subcommittee included research, outreach, and education with the child welfare community, passage of legislation authorizing a pilot of DR, focus groups, and creation of the AR Design Workgroup. In addition, ODJFS developed the Guiding Principles for Alternative Response by enacting changes to the Ohio Administrative Code and providing statutory authority in a budget line item that included provision for the DR pilots and further DR expansion (Section 5101:9-14-04) based on the eight core elements of DR.
- 2007–2009: Ten counties implemented DR in Ohio, representing Phase 1 of an ongoing statewide initiative; this initial DR effort included an evaluation conducted by the Institute for Applied Research (IAR), referenced below.
- 2008 (October): The Children's Bureau awarded a QIC-DR contract to American Humane Association (AHA), whose subcontractors included WRMA and IAR.
- 2009 (October): The SOAR Consortium successfully competed for a QIC-DR grant, which began in February 2010; this effort constitutes Phase 2 of Ohio's DR rollout.
- 2010 (April): IAR released its final report on the Phase 1 implementation of DR in the first 10 pilot counties. Major findings included:
 - Fewer subsequent reports for AR families compared to IR families.
 - Fewer out-of-home placements for AR families compared to IR families.
 - Higher immediate costs for AR families, reflecting the increased worker time with these families compared to IR families. (Further work is in progress that will determine whether this holds true over the long term.)

In addition to this early exposure to DR philosophy and practice, the SOAR counties were influenced by two major initiatives in Ohio. The first is Ohio's Title IV-E waiver, ProtectOhio. This federally funded initiative provides participating counties (including two SOAR sites) with a limited amount of federal foster-care funds to use for any child welfare purpose, enabling the counties to invest in up-front services rather than funding only out-of-home placement. The waiver is philosophically compatible with DR, allowing supportive intervention to occur earlier with families, and it can be individualized to meet families' unique needs and strengths. The other complementary effort operating in all the SOAR counties is the support of the Casey Family Program, which enables all Ohio AR counties access to supplementary funding and technical assistance from Casey to help in their efforts toward

⁸ Davidson, H. (2002). *Report to the Bureau of Family Services, The Ohio Department of Job & Family Services: Policies/practices on (1) not accepting (screening out) reports for investigation, and (2) definitions/categories used for classifying report outcomes after investigation/assessment*. Washington, DC: American Bar Association Center on Children and the Law.

capacity building and maintenance for DR in each county. (See section 3b. Case Flow: Service Delivery for a description of Casey funds.) Both initiatives have created an environment that enhances the implementation of DR in the SOAR counties.

Given this history and current context, the SOAR project offers a unique opportunity among the three QIC-DR sites to observe a child welfare system incrementally rolling out a DR model across the state. The SOAR counties entered an environment in which the overarching DR framework had already been established by the subcommittee in terms of legislative rules and regulations and the leadership body to provide guidance and support to DR counties. The SOAR project sheds light on how counties can take a statewide DR model and adapt it to their own agency practices, an experience that many other locales will face as DR continues to be implemented around the country.

Four key factors interacted during the early period of adoption and exploration of DR: state leadership structure, project coordination structure, counties' interest and commitment, and the formal planning process.

State Leadership Team

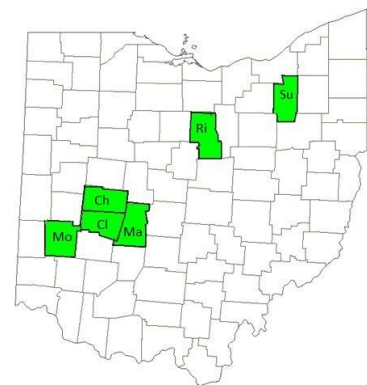
Both state and county players were involved from the very beginning in designing a statewide model for DR, achieving significant buy-in for this systems-change initiative. In a county-administered child welfare system, such buy-in is essential. This collaborative partnership, named the Ohio AR Design Workgroup,⁹ involved both ODJFS and Ohio county staff and was a crucial factor guiding SOAR's initial adoption and exploration of DR. This partnership later transitioned to become Ohio's DR Leadership Council. SOAR project leaders noted that the team of state and county stakeholders has worked well together from the point of initial project conception, through design and development, and now throughout statewide rollout. As one county director said, this "state partnership is probably one of the best.... It has been a great experience." Another commented on having "never experienced anything like this process [before]. It has always been ODJFS who promulgates the rules; this has been totally different." This leadership team continues to work together, from designing new AR components in State Automated Child Welfare Information System (SACWIS) and developing training for new DR counties to designating a single staff person to provide the linkage between ODJFS and the counties.

Project Coordination: the SOAR Consortium

The SOAR Consortium unites six county-level PCSAs in Ohio—Champaign, Clark, Madison, Montgomery, Richland, and Summit—and their evaluation partner, Human Services Research Institute (HSRI). When the QIC-DR grant was awarded, Family & Children Services of Clark County, the lead agency, had completed its second year as one of the 10 Phase 1 counties in the original Ohio Alternative Response pilot. Thus, the composition of the SOAR Consortium is a hybrid, combining a mature site (Clark) with the other five counties as new sites.

Table 2 demonstrates that the SOAR counties possess characteristics representative of the variations in state-supervised, county-administered child welfare systems in Ohio and of Ohio's population. The SOAR Consortium as a whole mirrors the broader state in terms of children living in poverty and the African American population; the consortium represents 12% of the Ohio population. These counties also serve a substantial portion of the Ohio child welfare

SOAR Counties



⁹ This workgroup was composed of representatives of the 10 original pilot counties, ODJFS, and the Supreme Court of Ohio.

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population: 14% of all new allegations of abuse and neglect in Ohio occur in the counties that make up the SOAR Consortium; similarly, 14% of Ohio children in custody are in the six counties. These six counties thus provide enough variability to supply valuable information about how DR works in different settings.

Table 2: SOAR County Characteristics

	Champaign	Clark	Madison	Montgomery	Richland	Summit	Ohio
2010 County Population ¹⁰	40,097	138,333	43,435	535,153	124,475	541,781	11,536,504
% Urban	6.48%	21%	5.65%	43.47%	11.53%	46.93%	9.17%
Population of largest city	11,793	60,608	9,904	141,527	47,821	199,110	787,033
% White	87.8%	88%	90.9%	75.6%	87.4%	82.1%	84%
% Families below poverty	10.7%	11%	8.1%	11.6%	8.2%	9.5%	10%
Child Welfare Agency							
CSB or. Combined*	Combined	Combined	Combined	Combined	CSB	CSB	n/a
# staff in child welfare agency/division**	10	54	11	350	107	335	n/a
New Allegations of Abuse/Neglect ¹¹	429	1,294	471	4,741	2,748	5,925	116,216

* "CSB" indicates free-standing Children Service Board; "Combined" indicates PCSAs that are divisions within larger Job & Family Services agencies.

** Approximate # of child welfare staff: In combined agencies, some staff are shared between divisions.

The SOAR DR approach borrows from and is patterned after Minnesota's DR initiative. Key features include:

- dedicated caseworkers grouped in units, with an ideal of one worker per case;
- ongoing training and coaching;
- DR as the explicit model to follow and adherence to model components;
- a broad service array, including use of "informal" services and supports; and
- extensive interagency collaboration.

The SOAR Consortium Leadership Team, consisting of a lead AR staff member from each SOAR Consortium county plus evaluation team staff, meets regularly with the Clark County project director, who manages the QIC-DR grant. Among the key tasks addressed by this team are an assessment of needs and development of Consortium-wide training and learning opportunities, review of challenges that occur and joint problem-solving to overcome challenges, and coordination of efforts related to the local and cross-site evaluation. The SOAR leadership team met weekly for the first three months after site selection and monthly thereafter, either in person or through a conference call, to accomplish these key tasks throughout the entire period. (See the next section for comments from SOAR Consortium members regarding how the team functioned.)

Managers in all SOAR counties reported that peer support exists both among the counties and between the counties and the state. County-to-county support happens within the SOAR Consortium as well as among the counties that had previously and subsequently implemented DR under Ohio's

¹⁰ Ohio County Profiles retrieved from: <http://www.development.ohio.gov/research/files/s0.htm>

¹¹ Public Children Services of Ohio (PCSAO). (2011). PCSAO Factbook 10th Edition: 2011-2012. Retrieved from PCSAO website: <http://www.pcsao.org/PCSAOFactbook/PCSAOFactBook10thEdition.htm>

expansion. Early in the process, the SOAR county managers relied on Clark County leadership, given its experience with DR through involvement in the original pilot program, to give guidance, advice, and help to alleviate some measure of anxiety around what DR really “meant,” and how AR practice looked in concrete terms. In more tangible ways, Clark County also helped connect the counties during the pre-implementation stage with like-sized counties who had already implemented DR so that staff could shadow AR staff from the original 10 counties that implemented DR in Ohio.

Other mechanisms for peer support include the regular phone meetings (twice a month through the pilot period, decreasing to monthly in December 2010) and the quarterly in-person meetings for SOAR, state, and evaluation representatives, which has allowed for communication and relationship building among the SOAR counties. The in-person meetings rotate from county to county, giving each county a chance to host a meeting and distributing the burden of travel to the meeting equally for all county participants. While some participating managers and supervisors viewed these meetings as helpful, others found that the phone meetings did not serve to coordinate or foster troubleshooting but rather were used to direct the counties with regard to tasks that were due. Some county managers suggest that SOAR conversations, especially the quarterly in-person meetings, provide great opportunities to share resources, troubleshoot challenges that have come up in AR practice, and have discussions about how the SOAR Consortium and project director can help address these issues. For example, one county manager who wanted to discuss processes and guidelines around case closure indicated that the in-person meetings would be the best venue for such a discussion. Another county manager who finds the group discussions very helpful now also identified that it would have been helpful to have done more pre-implementation planning and to have held more discussions among members of this group.

SOAR county representatives also participate in the statewide Ohio DR Leadership Council. All SOAR county leads attended the DR Leadership Council meeting in March and September 2010, where they had the opportunity to learn about the council and make connections with a peer network. Beginning in December 2010, two designated SOAR county representatives were to start attending all DR Leadership Council meetings; they share the information gathered at these meetings with other the SOAR county representatives during the monthly SOAR telephone calls.

One SOAR county representative who attends these meetings described how the SOAR Consortium has benefited from this participation:

Representation on the DR Leadership Council has allowed the Consortium to hear and understand successes and challenges of other counties in various different stages of implementation, and to learn from their peers. Additionally, the DR Leadership Council spends a great deal of time discussing policy and practice issues as they relate to DR, which in turn helps the SOAR Consortium grow and mature at many different levels (policy, practice, implementation issues, etc.). Lastly, as part of the Implementation Team (a task team of the Leadership Council), this SOAR representative is able to share knowledge on implementation science that will assist all six SOAR counties in fully implementing this practice with fidelity.

Interest in QIC-DR Grant

When county managers reflected on their motivation and expectations in joining the SOAR Consortium and applying for the QIC-DR grant, several themes emerged in their responses:

- *Counties' philosophical commitment to DR.* SOAR counties believe that DR is a great fit with their agency's mission and focus, asserting that their philosophical approach of offering strengths-based, family-driven services delivered collaboratively has positive outcomes for children and families. One worker responded after hearing about DR: "This is what I do."
- *Ohio's commitment to expanding DR.* When the QIC-DR RFP was released, ODJFS was in the process of deciding to expand DR statewide, based on the findings from the IAR Ohio DR evaluation report.¹² By establishing an AR infrastructure and passing the legislation to support AR policy and practice, Ohio demonstrated its commitment to move forward; to show that DR is not going away in Ohio; and that it is not "just another project." ODJFS's "commitment [to AR] made a big difference in the way people looked at it."
- *Desire to be leaders in new innovations.* Given ODJFS's commitment to expanding AR practice, the SOAR counties wanted to be "in the next wave," to be the "powerhouse leader in innovative programming" and be able to shape what AR would eventually become in Ohio. At the same time, the SOAR counties were happy to be part of Phase 2, still able to make an impact on the Ohio AR practice but also able to learn from the experiences of the Phase 1 AR counties.
- *Implementation with financial resources.* In an environment where resources to support families are otherwise scarce, the financial benefits of receiving the QIC-DR grant were a significant incentive for the SOAR counties. The QIC-DR grant provides flexible funding to support AR efforts and technical assistance before statewide expansion. One SOAR manager indicated that her director told her, if "there is money attached and the state's going to go AR anyway, I want you to go after 'the grant.'"
- *Experienced lead county with a strong consortium of counties.* As part of Phase 1, Clark County had experienced the benefits of DR, had awareness of the implementation challenges, and was already familiar with the key research and evaluation findings, including the documented AR benefits to children, families, and staff. Clark brought an understanding of and experience with the challenges and value of full adherence to AR, making Clark a key member of the SOAR Consortium. Yet on its own, Clark County did not have a large enough volume of cases to go after the grant. With the addition of five new AR counties with which Clark had existing relationships, the SOAR Consortium represented a mix of counties large and small, both with and without experience in AR practice.

Formal Planning for Implementation

Formal implementation began at the time of contract award, in February 2010. In planning for the delivery of AR services, some counties were more formal in their planning process than others. All SOAR counties participated in biweekly SOAR conference calls and quarterly in-person meetings (in July and October 2010) to discuss implementation. These meetings gave the SOAR counties opportunities to learn more about DR, to look to Clark County for guidance based on how DR was implemented in Phase 1, and to develop a peer group of individuals to interact with regarding implementation steps and challenges. In addition, representatives from two SOAR counties became part of the statewide DR Leadership Council, attending meetings to gather information and insight from those who had participated in Phase 1 and bringing this information back to the SOAR group.

¹² Loman, L. A., Filonow, C. S., & Siegel, G. (2010). *Ohio Alternative Response Evaluation: Final Report*. St. Louis, MO: Institute of Applied Research.

While most counties did not develop formalized implementation plans, the two metro counties did. Summit County created an AR planning committee and developed a timetable and deadlines to guide the implementation process; this planning committee involved staff from across the agency, which contributed to the ease of DR implementation within the county. Montgomery County also had a formal written plan with a timeline for implementation activities. Despite having formalized implementation plans, both counties realized the need for fluidity in those plans and recognized that modifications were inevitable. For example, while the counties had planned to take AR workers out of rotation when they began to receive AR cases, the implementation of this practice was harder to establish, as described below.

Adoption and Exploration Summary

The Ohio SOAR counties directly benefited from the Ohio conceptualization and implementation of DR that had occurred before the QIC-DR grant award. Starting several years earlier, an extensive amount of work had already been done to gather information and understand Differential Response. Because SOAR counties were able to learn from staff whose counties had already implemented DR, taking notes from their successes and challenges, the early experience of SOAR counties with DR was quite different from that of the “pioneer” DR counties in Ohio and may be much more representative of an evolutionary implementation of DR practice for states that choose to roll out DR gradually. At the same time, the SOAR leadership took key steps of its own to facilitate the continuing SOAR implementation process by establishing a collaborative support structure through the SOAR Consortium and by linking to the statewide DR Leadership Council.

2b. Program Installation—Agency Level

With the award of the QIC-DR grant in February 2010, the SOAR counties began planning for implementation of DR by undertaking a series of activities at the agency level specifically related to designing AR policies and procedures, adapting existing data systems to document AR practice, and developing community buy-in to the DR approach.

Policy and Procedures

The development of policies and procedures to ensure the consistent delivery of AR services for all families within a county is vital to program success. The foundational work to develop policies and procedures for AR occurred before the creation of the SOAR Consortium: The state, working in collaboration with county representatives, drafted rules and regulations to guide AR practice in the pilot counties. These rules were finalized in Ohio Administrative Code in 2007. In addition, Clark County developed AR pathway procedures in Phase 1. Most SOAR counties relied on these rules and regulations when developing their own AR practices; they also relied on guidelines and used materials from the state and other counties.

Two SOAR counties developed county-specific formal agency policies and procedures in the first months of the project. Built on the state rule and modeled on the county’s own existing agency procedures, these policies offered such details as what procedures are to be used for the initial call to the family and requirements for randomization, contact, re-report, and case closure. While these procedures provide guidelines on required activities, they do not define the elements of quality casework.

The other SOAR counties chose not to develop county-specific policies and procedures, relying instead on guidelines established at the state level and using materials developed during Phase 1 of

Ohio's AR implementation. These counties were reluctant to put county-specific policies and procedures in place, feeling that they were still learning about the best way to provide AR services and how to implement an AR practice. Some managers suggested that this reluctance reflected a concern that once put in place, guidelines become the agency rule; in their minds, it was better to wait until experience had shown what was best practice for their county. These counties may later develop county-specific policies and procedures as they become more comfortable with AR practice in their communities.

Data Development

To implement DR, modifications to the state's SACWIS system were needed to allow for the documentation of AR practice. The pace of modifications to some degree matched the timing of corresponding policy development; SACWIS changes could be made only as fast as policies were developed. Consequently, AR modifications to SACWIS began during Phase 1 of the DR rollout across the state and have continued in an ongoing effort. A complicating factor was the concurrent transition of the state's then-current FACSIS administrative data system to the SACWIS system in all Ohio counties during the Phase 1 AR implementation. The changes to SACWIS to meet the needs of AR were thus part of a larger set of modifications undertaken to meet emergent needs across the state as the new child welfare data system was being phased in.

AR-driven modifications to SACWIS began before the launch of SOAR based on recommendations made by the SACWIS subcommittee of the DR Leadership Council.¹³ At the start of SOAR implementation, changes to allow caseworkers to identify AR cases in SACWIS had just been made, but workers still had to use existing SACWIS functionality to document AR activities and they had to keep paper copies of relevant documentation. ODJFS has diligently continued to adjust SACWIS functionality as quickly as possible to facilitate caseworkers' ability to document all required state forms electronically, and it has also provided state-led training sessions to disseminate information. It is important to note that counties have valued the opportunity to work closely with ODJFS on SACWIS builds. One SOAR representative reflected that the development of AR modifications to SACWIS has probably been one of the best matches of program and technology that the state has ever invested in, because county program staff and IT experts are actually sitting at the table together from the beginning.

At this time, all state-required documentation for tracking an AR case from its entry into the child welfare system to the point of closure of the case is now fully functional within SACWIS—staff members are able to document in SACWIS when families entering the child welfare system are screened in as AR cases. They are also able to document if and when the case transfers to an ongoing case or, should it be necessary for cases in which a higher level of risk is subsequently determined, that the family is switching pathway assignments from AR to IR. Similarly, all assessments for documenting a family's AR status are now available in SACWIS.

Community Buy-in

A key aspect of successful DR implementation is the ability of counties to ensure that all agencies in the community that work with child welfare families have a sound understanding of the DR approach and are comfortable with AR caseworkers taking on a role different from the one they have traditionally taken. This community buy-in is imperative for PCSAs to ensure that DR families have access to services they need, as well as to ensure that partner agencies will support child welfare efforts

¹³ Carpenter, C. (2010). *Process Perspectives: Chronicling Ohio's Alternative Response Pilot Project Experience*. St. Louis, MO: Institute of Applied Research.

to serve these families with this approach. Without community buy-in, child welfare agencies are likely to feel resistance, which can impair the effectiveness of the DR approach.

The sidebar on this page provides a list of the partners that SOAR county managers indicate are key to include in these community buy-in efforts.

SOAR counties used the implementation period to educate community stakeholders about DR. As reported in each county's monthly implementation reports and expanded on in management interviews during the site visits, all counties invested in community education activities beginning in the summer of 2010. A sampling of events included community breakfasts, forums, AR roundtables, mandated reporter training, and a presentation from a lead AR expert from Minnesota in all six counties. Most of these events were structured as meetings to which the child welfare agency invited local community members to come and hear presentations about DR and how it might affect community providers. However, a few unique efforts were made to educate community members. One county held a roundtable forum where child welfare agency staff hosted discussions, with each of five tables assigned to discuss a different topic; participants rotated among tables to receive information from different agency staff members. Other presentations occurred in some less traditional settings, such as hosting an information table at the county fair, where the theme was "Spinning in New Directions" and AR was highlighted. Managers in all counties report that they continue to conduct informational and education efforts at every training or speaking event that they provide in their communities.

Key Community Stakeholders

- Court officials (judges, magistrates, prosecutors, public defenders, local attorneys, guardians ad litem—GALs)
- Law enforcement and probation officers
- Multidisciplinary groups, such as family and children-first councils
- Schools
- Domestic violence services
- Substance abuse treatment centers
- Mental health services
- Job and family services
- Medical community professionals
- Developmental disabilities professionals
- Help Me Grow
- Other major services providers in the community

To further introduce AR to their communities, child welfare directors and AR staff in several counties conducted one-on-one meetings with key community members (judges, members and staff of family and children first-councils, law enforcement officers, etc.) to answer questions and encourage buy-in from these key stakeholders. All counties also developed educational materials including AR brochures (using a template developed by ODJFS), information packets, and PowerPoint presentations, which were used for internal and external outreach; and purchased other promotional materials such as mini-notepads and education materials (using grant funds) to educate various community members about this new initiative.

SOAR counties reported that the amount of community acceptance or resistance they experienced to the DR initiative often seemed to be related to the history of collaboration the counties had with the agencies that serve child welfare families in these communities. Those county managers who indicated that they had little push-back to their AR initiative, also had historically stronger collaborative relationships with their partners. Even in education settings where partners expressed initial concerns about what AR is (i.e., cases that involve egregious harm would be investigated), these counties described their community partners as supportive.

A minority of SOAR counties reported that community partners raised concerns that contributed to their resistance to the AR initiative. In these counties, it appeared that there was a supportive attitude when AR was presented at a community event; but once AR was implemented with individual

families, some stakeholders began to express reservations. For example, some education officials expressed concern about interviewing a parent and child together, and law enforcement officers expressed concern about preserving the chain of evidence if criminal charges needed to be filed at some point. One county is experiencing resistance from the county prosecutor's office. Despite ongoing efforts to educate this important constituent (i.e., holding several meetings with staff, inviting the lead constituent to the national DR conferences), the court official remains concerned about the lack of court oversight in these cases. Underlying much of the resistance to DR seems to be a common belief that a PCSA should provide the "stick" rather than the "carrot." SOAR county managers anticipate that these attitudes will change over time as stakeholders experience the successes of the AR approach in their communities.

Program Installation—Agency Level Summary

As with the foundations for the adoption and exploration of DR, much of the groundwork for implementing AR at an agency level in the SOAR counties was laid prior to their implementation of AR. Policies and procedures had already been established at the state level and were incorporated into the ODJFS administrative rule, and the DR Leadership Council was working with ODJFS to make modifications to SACWIS (although this is an ongoing process). SOAR counties made considerable efforts to educate stakeholders in their communities about the new DR approach, some meeting with more success than others. It will be important to monitor the degree to which counties continue to conduct activities to create community buy-in, as well as to monitor how community support or resistance changes over time.

2c. Program Installation—Worker Level

In addition to activities designed to implement AR at the agency level, SOAR counties also focused on changes at the worker level: They began to select AR staff, develop AR staffing structures, and provide training to agency staff in preparation for AR implementation.

Staff Selection

The selection of caseworkers to serve AR families was a key component in implementing DR in SOAR counties. Each county had to determine how to select staff and what criteria would be used to select these caseworkers. Only one SOAR county developed a job description specifically for AR workers. Administrators in the other five SOAR counties indicated that their standard job description of a child welfare caseworker adequately reflected the roles and responsibilities that were needed for AR caseworkers and reflected good casework practice. One county indicated that developing a job description specifically for AR would be prohibited by its union.

In selecting AR caseworkers, all counties first introduced the concept of AR to all their workers and then allowed workers to self-identify their interest in the AR positions. This approach encouraged those who most clearly believed in the AR initiative to apply for these positions. Four counties then used an interview process to determine which of the interested workers would best fit the AR positions. One county had to base its selection on seniority. Managers in the sixth county selected one unit of intake workers that they deemed was best suited for AR to become the AR unit, and then asked workers within that unit to indicate their interest in an AR position. The managers then transferred those workers not interested in AR to other intake units, leaving the AR positions to be filled by the workers who expressed interest.

When asked what characteristics managers in the SOAR counties sought in selecting AR workers, many agreed that all child welfare workers need a similar set of skills (i.e., engagement, relationship-building, organization, time management, and the ability to follow mandates, rules, and procedures). In addition these managers articulated some ideal characteristics of AR workers and of traditional intake (IR) workers:

- *AR traits* include a warm personality, an ability to build rapport, a good communicator, family-oriented, not punitive, and a willingness to ‘hold a family’s hand’ and allow the family members to self-direct. AR workers should be able to understand how identified concerns are affecting safety, but as long as safety is not jeopardized, they should be able to let go of the need for power and control. AR workers need to be able to use judgment to make individual decisions in individual cases that are not black and white. One interviewee recognized that some of the workers selected for AR had taken a strengths-based approach in the past and had gotten “in trouble” for not wanting to label families. Another interviewee described AR workers as having the ability to engage with families in a collegial relationship for the betterment of the children rather than taking a paternalistic approach. Finally, one county manager mentioned the ability to engage community providers and have strong community awareness to help AR families gain access to the services they need to achieve their goals.
- *IR traits* include the ability to handle confrontation, to be straightforward but respectful. One manager expressed a need for these workers to be able to engage families perhaps even more than AR workers, since they often work with the alleged perpetrator, who may be less willing to share. These workers also more often need the skills and the desire to be involved in cases for a short amount of time and then either close the case or pass it to an ongoing worker.

The background of caseworkers selected for AR varies among counties. In the five SOAR counties newly starting AR, two counties have workers who moved from an intake role; one county pulled from intake units; another from ongoing units; and the fifth new SOAR county selected a worker with experience in both. In reflecting on the process of selecting AR caseworkers, SOAR county managers have come to believe that there are distinct differences in the personality traits and skills of the workers who are appropriate for AR positions, as indicated above; but they also have come to recognize the importance of selecting AR workers with previous experience in ongoing casework. Such workers often have an easier time transitioning to AR, because of their experience with engaging and supporting families; however, they often have a hard time with the quick timeframe required in intake and making that initial contact with the family. On the other hand, managers have observed that workers with investigation experience struggle more with how to engage families and knowing when it is appropriate to close a case.

Staffing Structure

Because of the variation in the size of the SOAR counties, there is variation in the staffing structure created to provide AR services; two models of staffing structure have emerged.

Three of the smaller SOAR counties have a single AR caseworker. In two of these counties, the decision to create a single AR position was a function of agency size; there are only five to six child welfare case workers in these counties. For the third of these smaller counties, the initial decision was to have one AR worker with the possibility of expanding later. Managers in these counties described several challenges to having a single AR worker:

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- The lack of another caseworker trained in AR to serve as backup as needed (e.g., large influx of AR cases, vacations, training, sick/extended leave).
- The need for the AR worker to carry mixed caseloads, also serving families in need of supervision (FINS)¹⁴ cases, and/or doing home studies to help balance the ebbs and flows of the need for AR casework.
- The inability to provide the lone AR caseworker with opportunities for peer interactions to share concerns, ideas, and successes.

The other three SOAR counties maintain full AR units, each with six AR positions and one supervisor; at least one of these AR units also has a social service aide to assist workers in serving AR families. However, all three of the larger counties indicated that they have had only two to four AR workers at any particular time due to vacant positions, workers on extended leave, and other issues.

A crucial decision affecting caseload variations and thus the viability of the AR staffing structure is when to transfer the AR case. Clearly, concerns regarding child safety make cases ineligible for AR, and the case must be transferred to an ongoing worker (described further in the Reassignment discussion in Section 3b. Case Flow: Service Delivery). However, for cases appropriate to AR, counties have differing practices regarding when and if they transfer an AR case to an ongoing worker to address continuing issues in the case:

- Three counties ascribe to the “one worker, one family” model, but also recognized that some cases may not resolve in a reasonable time and may need to transfer (e.g., after 90 days or 120 days). Staff in one of these counties indicated the desire to avoid transferring cases to an IR worker if possible, believing that transfers extend the length of time the agency will be involved, given that the transfer process has to occur and the new ongoing worker has to learn the case and the family. They were further concerned that the transfer itself can alienate the family.
- Three counties follow a policy of transferring AR cases after an extended period (i.e., 120 days after a case opens or 90 days after the case plan is completed)¹⁵ or if the case becomes court-involved. One county described a warm handoff between the AR and the ongoing worker, where the workers discuss the case when the transfer occurs and then meet with the family together to introduce the new ongoing worker and ensure that all are on the same page.

In reality, because it is still early in the project, the SOAR counties have not had enough cases reach this stage to have attained consensus on a formal agency policy for when a case should transfer to an ongoing worker. They are still observing how long AR workers are taking to close cases to determine whether they should have rules regarding this practice.

The creation of AR positions and units within the SOAR counties resulted in some interesting and unintended consequences in term of the dynamics between AR and IR workers:

- *Communication between AR and IR workers.* The dynamics of communication between AR and other workers often appear to be strongly influenced by simple physical proximity. In two counties, AR workers are working side by side with other IR workers; in these two counties, the

¹⁴ FINS cases are those that do not reach the threshold of abuse or neglect but where the family requests services from the agency.

¹⁵ It is important to note that the timeframe for an IR case to transfer to an ongoing worker is 30 to 45 days.

units are so small that there are no other options. In another county, AR workers stayed in the workspace of their original intake position and are thus sitting among their peers. In these counties, there is a belief that physical proximity encourages longstanding relationships, open communication, and the diffusion of knowledge to other agency workers, creating a sense of buy-in to the AR approach. One IR worker spoke of how she loves sitting next to an AR colleague and talking about how to approach families. It is also interesting to note that some AR workers in these counties have come to be viewed as experts on available community resources, acting as positive information resources for IR workers.

By contrast, in the SOAR counties where AR units are less integrated into other parts of the agency, even physically located on a different floor from intake workers, the opportunities for interaction is more limited. An unintended consequence of this arrangement is workers' sense that the AR unit is a tangential effort, leading to lessened agency understanding and buy-in to AR.

Even in the counties with physical proximity, however, IR workers reported initial frustration and feeling some tension toward AR workers. Over time these feelings have dissipated, as IR workers have come to understand the differences in their respective roles and have been able to develop good communication and relationships with AR workers.

- *Shifting caseloads at worker transition to AR.* Once AR workers were selected, cases that these workers were carrying needed to be closed or transferred to other workers. This requirement often created an influx of cases for IR workers as AR workers were taken out of rotation. While counties developed plans for helping workers with this process (e.g., having AR workers take on other types of cases after they were shifted out of rotation), this transition point created stress. AR workers were trying to transfer or close cases at the same time they were trying to learn the new approach. IR workers were getting cases passed to them, in addition to carrying their existing caseloads. Overall, this process took much longer than anticipated. At the time of the site visits in May 2011—six months postimplementation—some AR workers were still carrying cases they had prior to the implementation of AR, often due to staffing vacancies; they found it difficult to be serving both types of cases. In one county, the AR unit helped out on IR cases and took FINS cases while the AR cases were ramping up, contributing to good dynamics between AR and IR workers.
- *Caseload characteristics.* Interviews with IR workers revealed a perception among some that AR workers have easier and less stressful cases, because AR workers serve families who are lower risk, less adversarial, and not court-involved. IR workers in one county also expressed a frustration that, with only two IR workers taking all the high-risk families, they are getting inundated with sex abuse and placement cases, which are more emotionally draining. At the same time, AR workers expressed frustration in learning to serve the families in their caseloads. They face higher expectations for contact with AR families (in one county, 2- to 3-hour visits for AR vs. 45 minutes for IR cases); are learning a new way of serving families; and are often carrying mixed caseloads, which requires them to wear different hats for different cases, use different forms, introduce themselves differently, remember different timeframes and due dates, and try not to neglect FINS cases because of AR responsibilities—all of which is stressful for them. One manager expressed concerns about burnout on *both* sides of the system.

- *Staffing vacancies.* All the SOAR counties described how hard they have been hit by the current fiscal austerities, and how that impact has affected their ability to fill vacancies. One county cited a 47% staff loss in the last two to three years.

While the factors just described affect SOAR counties to varying degrees, managers in SOAR counties acknowledge some of the tensions attributed to implementation of DR are likely also occurring in other counties due to conditions in the larger child welfare field and in Ohio as a whole, such as budget austerities and increasing levels of family stress.

Staff Training

An activity vital to launching DR in SOAR counties was to provide training and other learning opportunities for agency staff. The SOAR Consortium, the project director, and the QIC-DR staff worked together to coordinate a variety of activities for staff from each county to enhance staff understanding of AR and to develop practice skills.

- *Two-day AR practice and engagement training.* This training provided an introduction for all AR workers and supervisors, presenting basic foundational information about AR practice: benefits, supporting research, pathway assignment information, and building engagement skills in workers. This training was presented by QIC-DR staff, but plans are under way to shift this training responsibility to the Ohio Child Welfare Training Program (OCWTP) trainers to sustain the training after American Humane Association leaves. In July and August 2010, 45 caseworkers and 8 supervisors representing all SOAR counties participated in this program. When the training was provided again in January 2011, 35 SOAR caseworkers and 7 supervisors attended.
- *Agency-wide orientation.* Each SOAR county introduced AR to the entire child welfare staff during staff and unit meetings early in the implementation period. The two larger counties added an agency AR orientation session to provide a broader overview of the DR approach and to answer questions that staff might have. Several counties posted flyers around their agencies to keep staff informed, educated, and excited about AR implementation. One county also offered drop-in informational sessions for PCSA staff to address any concerns of non-AR staff.
- *Quarterly statewide meetings.* Currently hosted by American Humane Association staff,¹⁶ these meetings are open to all Ohio counties engaged in AR. The meetings are held in various locations throughout the state with the intent of providing support, information, and skill enhancement for AR workers and supervisors. Initially, meetings for supervisors and workers were held separately at the request of participants. Content is determined by participants at each meeting. In November 2010, 11 SOAR caseworkers and 6 supervisors attended; in February 2011, 4 SOAR caseworkers and 6 supervisors attended.
- *Minnesota shadowing.* SOAR counties were offered the opportunity to visit Minnesota to shadow and learn from AR managers and practitioners in a state where DR was implemented in 2001. Four workers and two supervisors representing three SOAR counties participated.
- *Signs of Safety overview.* Presented by the child welfare administrator in one SOAR county, this overview provided AR staff with information related to building partnerships with parents and children in cases of maltreatment through a strengths-based collaborative approach. This presentation was offered because SOAR partners recognized that many of the Signs of Safety

¹⁶ These quarterly meetings began convening during the Ohio Phase 1 rollout; American Humane Association has been a partner with ODJFS throughout the Phase 1 rollout and continues to be involved in these regular statewide meetings.

techniques are appropriate for working with AR families. Staff from all SOAR counties participated.

- *5th National Conference on Differential Response in Child Welfare.* The November 2010 conference in Anaheim, CA, brought together national leaders and experts, child welfare workers, managers, administrators, and researchers to learn about the implementation and success of DR. Four SOAR counties were represented, including five caseworkers, six supervisors, and the SOAR project director.

In addition, SOAR staff participated in the Ohio AR Symposium in May 2010, in quarterly American Humane Association webinars, and in a videoconference on AR-specific rules and evaluation refreshers. SOAR staff also participated in evaluation trainings conducted in each county by HSRI staff, the data coordinator in Summit County, and the lead AR supervisor in Clark County; the intent of this training was to inform agency staff of evaluation processes and activities they would be involved in. Finally, ODJFS provided a webinar to instruct AR workers on the completion of AR-specific components of SACWIS.

In reflecting on the training provided during the initial stages of the SOAR pilot, interviewees articulated several key lessons learned:

- *Importance of training all staff on DR.* SOAR counties share the belief that non-AR staff should become familiar with and understand the agency's commitment to DR. In three counties, all agency staff attended the 2-day QIC-DR training, demonstrating management's commitment to this approach. One IR worker proudly stated, "I'm at the point where I could tell anybody about AR and what it is. I think we can all talk really well about it." Even in large counties, where training all staff on AR is not practical, managers have realized the importance of ensuring that non-AR staff understand AR. The agencywide orientation mentioned above was mandatory in one county, not mandatory in the other; managers in both counties now recognize the importance of exposing all workers to AR from the beginning, believing the more training the better.

The SOAR counties have also come to understand the importance of top leadership broadcasting the agency's commitment to and planned direction with AR implementation to all staff, as it will have an impact on all organizational operations. Otherwise, "staff have the impression that we'll just keep doing what we're doing over here." In some counties, this message was not initially clear, but with continued exposure to AR, the message did permeate.

Underlying this support for agencywide staff training on AR is the belief that AR is an integral piece of how the child welfare agency supports families. Success in AR is seen as requiring an agencywide shift, and without a belief among staff that it is a worthwhile approach, it will never reach this level. Managers believe it is vital to educate all staff in the philosophy—that it will help the entire staff to understand the potential in the AR approach, whether it be through training or simply through positive exposure to workers conducting the practice during daily interactions. Two counties spent considerable time educating staff during implementation, and anecdotally from site visits, it appears that they have had strong agency buy-in relatively early on. In other counties, buy-in has been a more gradual process, as staff becomes aware of AR workers' success stories and as agency leadership becomes more comfortable expanding the use of AR with more families.

- *Improvements to AR initial training.* In the site visit interviews, SOAR managers reflected on how the initial introduction to AR could have been improved.
 - A single comprehensive training on AR before implementation was not seen as sufficient. In the SOAR counties, the 2-day AR training was offered in the two months leading up to implementation. This meant that as SOAR administrators were trying to learn about AR practice and develop AR processes, they did not have a complete understanding of the nuts and bolts of DR just prior to orientation. The SOAR leaders suggested a phased-in approach for training—in which managers should be involved in a training/overview of AR at the very beginning so they have the knowledge of DR to develop the flowchart, think about staffing, develop procedures, and have the ability to educate staff and stakeholders. In addition, a more intensive practice-focused training is needed just prior to implementation; AR workers stated that there was a lot of information at the 2-day training that needed to be put into practice quickly.
 - SOAR managers and staff noted that what is most helpful in this training is the nuts and bolts of AR; that is, how AR looks in practice. They were thirsty for practical, hands-on, day-to-day examples and role playing. They were interested in learning more about how the AR approach works in terms of how to let families really take the lead in dealing with a crisis; how to introduce AR to families; how to make initial contact with families; what the ongoing tasks and roles are; how to close a case and disengage from the family; and how to work with families who are resistant to child welfare involvement. While the trainers were very knowledgeable and skilled, SOAR staff also wanted to hear from individuals who had practiced AR, to hear the success stories and even the unsuccessful stories with lessons learned.
 - SOAR managers and staff felt strongly that AR workers needed different areas to be emphasized in training, depending on their prior roles in the child welfare agencies. While all caseworkers receive core training when they first become case managers, the AR training needed to re-emphasize different elements for workers coming into AR with different experiences. Workers with an investigation background reported that they benefitted most from training that focused on methods around engagement and reviewing how to monitor progress and conduct required case reviews, how to support families in an ongoing manner, and how and when to close a case. Workers with a background in providing ongoing support wanted more information on how to initiate a case and the timelines that are needed in the first days of a family's interaction with the child welfare agency. Overall, managers and staff expressed a desire for training that covers many of the core aspects of the AR approach but with the focus on how AR can be integrated into these activities.
- *Need for AR supervisor training.* Managers and supervisors expressed a need for training specifically for supervisors of AR workers. Supervisors felt that they were often ill-equipped to help AR workers stay true to AR and to model the AR approach by being transparent in supervision. They also want opportunities to interact with a peer group/supervisor support group. They are excited about plans under way at ODJFS to develop an AR supervisory training component.
- *Need for ongoing training.* Now that counties have implemented AR, managers see the need for ongoing training opportunities supplemented by coaching and shadowing opportunities. In

particular, it was suggested that refresher training sessions should be offered on a regular basis, with special skill training and guided professional development that complement DR, such as relationship building, engagement, mediation training, domestic violence training, and Safe and Together. AR workers and supervisors expressed appreciation for the quarterly opportunities to get together offered by the DR Leadership Council; however, they expressed frustration that these sessions are not facilitated and seem to lack a plan for topics to be covered. They suggested that if various staff (workers, supervisors, administrators) attend these meetings, it is most helpful to break the meeting into smaller groups based on position, because then the areas of interest of each group can be addressed and so that staff feel comfortable speaking up and asking questions.

- *Training for new workers.* There is a definite need for a plan to train new AR staff. AR is presented as part of new-worker orientation in several agencies, but nothing specific has been developed for AR workers—they are primarily learning from other AR workers. The formal AR training is viewed as a vital component for these workers. This training has been offered twice since implementation, in January and June of 2011, but it will be important to ensure that it is available to new workers in a timely manner. County staff acknowledged that as new AR workers begin to practice, they benefit from the experience of current AR workers and then have a sense of AR prior to the formal training.

Coaching and Shadowing

Another vital aspect of AR training is the availability of coaching and shadowing opportunities. One of the major reasons for SOAR workers want to shadow AR workers in similarly sized counties was so they could observe and learn; nonetheless, this did not always work out the way workers hoped. In the original development of the SOAR proposal, Clark County was planning on providing coaching opportunities for the other five counties. Due to extreme staffing cutbacks, however, the county was unable to offer these opportunities, although the AR supervisor was always available to answer questions from other SOAR county staff. In terms of shadowing, four of the five new SOAR counties were able to coordinate some shadowing opportunities in Phase 1 counties for their staff. One county has coaching available internally through an experienced child welfare practitioner who participated in AR training.

Reflecting on these experiences, SOAR counties suggested that more careful thought be given when structuring shadowing and coaching opportunities. Shadowing can be a valuable experience for AR staff. For example, in one county, workers described their shadowing experiences as very helpful—new AR workers were given a tour of their mentor agency and introduced to the ins and outs of putting AR information into the state administrative data system. In another county, the opportunity was available to observe the initiation of a case opening. However, shadowing experiences have to be carefully planned. While it is easy to find a county that is willing to have new AR workers spend a day shadowing their more experienced workers, the SOAR staff found that:

- Different counties have different rules, so their AR practice may be different, or a county doing AR may not appear to be doing much that is “different” from standard practice in another county.
- Experience of individual AR workers varies significantly, so the AR worker being shadowed may not always be demonstrating the skills and attributes considered important in AR.

- The shadowing experience depends on the schedule for the day. The new AR worker may really want to see how an experienced AR worker makes initial contact, but the only thing going on that day is meetings. On at least one occasion, workers travelled a fair distance to a fellow PCSA, only to have no family assigned to AR and therefore there was no shadowing to be done.

In terms of coaching, several comments were offered:

- During Ohio's Phase 1 rollout, Clark County received formal coaching from American Humane Association and found it helpful; the coach was able to participate in a meeting with a family and asked questions to dig deeper into history that the worker might not have thought to ask.
- Initial contact and engagement are areas where AR staff could benefit from the coaching experience. One worker said, "Nothing can prepare you for going in unannounced, even role playing—you can't get an angry parent screaming in your face."
- AR supervisors are potential coaches, going out with AR workers, observing, and then debriefing with the worker and making suggestions on areas for improvement. However, AR supervisors need to be better trained in AR so they are better able to coach AR. One interviewee stated, "AR workers all feel they have grown with what they do with families, are moving past their supervisor with respect to thinking from the start about how to help the family get beyond the place they are currently."

Overall, AR workers felt that they could really benefit from shadowing/coaching that would illuminate the similarities and differences between serving families on AR and IR pathways. However, staff emphasized the need for some quality assurance standards on shadowing and coaching opportunities, to make sure it will be a beneficial experience. The DR Leadership Council recently worked with OCWTP to develop a new coaching program, which will be available to staff in SOAR counties.

Program Installation—Worker Level Summary

In preparation for implementing AR, SOAR managers focused on selecting AR staff and developing a staffing structure and training opportunities that would promote smooth integration of the AR approach into existing child welfare practice. Because of the variation in size and scope of the six SOAR counties, there was significant variation in how staff were selected, organized, and trained. The SOAR counties encountered challenges that enabled them to identify key factors in the process of preparing an agency workforce for the implementation of DR. The factors ranged from desirable AR/IR worker skills, pros and cons of various AR unit structures and caseload mixes, and planning for transitioning AR cases to ongoing services, training enhancements, shadowing criteria, and ready availability of coaching.

2d. Ongoing Oversight of AR

To assure that the DR initiative continues to operate in accordance with expectations (as defined in formal plans, procedures, training, etc. that are described in earlier sections of this report), child welfare agencies need to have an oversight and administrative support capacity (called "implementation drivers"¹⁷). This capability, which makes the organizational environment a support

¹⁷ More information about implementation science is available from the National Implementation Research Network (NIRN). <http://www.fpg.unc.edu/~nirn/default.cfm>

rather than a hindrance or an irrelevance to the implementation of DR, includes four key functions: decision-support data systems, facilitative administrative structures, systems interventions, and monitoring of staff performance. This supportive environment does not emerge quickly; rather it is expected to evolve over time in response to the strengths and challenges of the implementation.

Decision-Support Data Systems

Decision-support data systems are intended to provide information on a regular basis to a wide range of stakeholders. The data track the implementation process, fidelity, and outcomes, and thus support ongoing decisions about how to improve practice—thereby ensuring a process of continuous quality improvement. The SOAR counties have taken modest steps in this direction; Clark County, during its earlier participation in the Phase 1 AR pilot, developed some case-level tracking procedures. Some of this type of tracking occurs now through SOARDS, the web-based data management system used by all the counties. However, it appears that supervisors in all SOAR counties tend to use the information to assess progress on individual cases rather than to step back and assess patterns in practice overall.

All counties undergo Ohio’s Child Protection Outcomes Evaluation (CPOE) reviews and pay attention to CPOE measures. They see the CPOE approach as a possible model for measures focusing specifically on AR practice.

- One SOAR county has taken some steps in this direction. The quality assurance (QA) department does regular reviews of closed AR cases to identify whether processes were followed correctly and outcomes were achieved; results are shared with supervisors. The QA department also produces regular statistical summary reports on cases served, caseloads, and certain outcomes. For example, supervisors receive weekly reports on all cases in their unit that have been open for more than 45 days. They are thinking about developing some new reports specifically for AR cases.
- One county uses a modified version of the CPOE tool for a quality improvement (QI) review on two AR cases per month; the program QI supervisor compiles a report each month, and managers receive those reports. The individual review results are shared with the workers during supervisory review meetings.
- One county has spreadsheets to keep track of conformance to mandated timeframes.
- One county uses a case-level tracking form (described above) to monitor worker performance on individual cases. This information can be aggregated to create an overview of a worker’s overall performance in working with families.

Several counties noted that they would like to begin looking at overall patterns such as characteristics of open AR cases and proportions coming into care; others simply look to the evaluation to synthesize the information for them and give them an overview of AR case activity.

Facilitative Administrative Structures

Facilitative administrative structures are mechanisms that assure that the data related to the progress of the DR initiative is regularly used to improve activities not only at the practice level (i.e., what workers do) but also at the management level (e.g., policies and procedures, work flow). Most counties have administrative teams that oversee DR, including the child welfare administrator and lead supervisors—these are the “DR champions,” in addition to the AR workers themselves who spread the word through their actions. One county has established a special structure, the AR Panel. The panel

meets daily to review particular intake cases for appropriateness for AR, which often leads them to identify policy issues; decisions may be made there or recommendations sent up the chain to top management, where decisions are made in the context of the entire agency. For example, the agency has made some changes in the discretionary criteria used to judge whether cases are eligible for AR. (See the Discretionary Criteria discussion under Section 3a. Screen-In, Eligibility, and Pathway Assignment.) In addition, all county administrative teams are represented at regular SOAR meetings, where each county shares its own experiences and changes, and projectwide policy and practice decisions are made.

Systems Interventions

Systems interventions refer to the actions taken by administration and management to improve the DR initiative using the established data systems and administrative structures described above. During the pilot period, some counties became more careful or conservative about eligibility guidelines to lessen the impact of workload fluctuations due to randomization. After 6 months of practice experience, most counties are now considering how to expand eligibility, because they have seen AR be helpful in a wider range of cases. (See Section 3a. Screen-In, Eligibility, and Pathway Assignment for more details.) In addition, several counties developed formal policies and procedures for DR. (See the Policies and Procedures discussion under Section 2b. Program Installation—Agency Level.)

In most counties, implementation of AR is seen as having already had an effect on IR practice:

- Some counties reported that their IR workers are approaching cases now in a “softer” way, with a different mindset, more focused on empowering families and listening better.
- Some counties noted that IR workers have learned more about available services, because AR has focused much more on providing services. One county instituted a process called “Hidden Treasures,” where AR staff made a presentation to all caseworkers to share information about previously unknown community resources that the AR workers had newly identified.

Monitoring Staff Performance

The three areas described above—data systems, administrative structures, and system-level interventions—constitute a comprehensive approach to system-level performance assessment and improvement. The individual-level counterpart is the monitoring and improvement of worker performance. Both levels are essential to a successful initiative.

Monitoring of AR worker performance tends to be the same for all workers—it occurs on an annual basis, using standard agency performance review processes. However, some counties have developed additional ways to assess and improve the performance of AR workers:

- One county developed a tracking tool for individual case review, which is aggregated to look at worker performance across all the worker’s cases each month. The caseworker and the supervisor each rate how the caseworker did in completing mandated processes and on quality casework measures (e.g., engaging the family, addressing child well-being, parent-child interactions). Wherever there is disagreement, they discuss it.
- One county’s yearly evaluations include CPOE scores on the AR worker’s cases that were reviewed.
- One county has an extensive standard process for all workers—an annual performance review with a follow-up performance action plan if the worker is struggling (which may involve having

the staff development department provide mentoring). In addition, AR workers set up performance objectives early on, with quarterly evaluation with supervisors around those objectives. This was done only during the early phase of learning the AR role; the county is not doing it any longer with the experienced AR staff but will do it with new staff as they join.

Supervisors tend to use the information to assess progress on individual cases handled by a worker rather than to step back and assess patterns in a worker's practice. Caseworkers in several counties commented that they would like more supervisory feedback on their overall performance and the opportunity for subsequent coaching or mentoring. (See the Coaching and Shadowing discussion under 2c. Program Installation—Worker Level.)

Ongoing Oversight of AR Summary

Performance assessment focuses on assuring that the AR process is occurring as it should in terms of the overall activities and accomplishments of the DR initiative, at both the individual worker level and system level. The SOAR evaluation certainly feeds into this process, but ultimately it lies with the child welfare agency to oversee and continuously nurture effective implementation. It is clear that thus far, only modest progress has occurred in this arena. Counties have heavily focused on implementing new practices and procedures; only now are they beginning to step back to view Differential Response as a whole and begin to systematically plan and support its continuation.

3. AR PRACTICE

The SOAR Consortium developed its AR practice through the implementation process described in section 2 and guided by the work done by the DR Leadership Council. All six counties follow common steps and use the same data collection instruments (e.g., the Pathway Assignment Tool, SOARDS). Upon receipt of a report of abuse or neglect, the county must determine if the case is eligible for AR; then if the case is determined to be eligible, randomization occurs. If the case is selected for the AR track, the case is assigned to an AR worker and flows through the AR pathway. However, because each PCSA operates in a different environment, each SOAR county has evolved with some unique characteristics. Understanding variations between counties in the life of an AR case is important to understand how counties have adapted the DR model to fit their organizational environment. In this section of the report, both the eligibility and AR case flow phases are described, documenting how SOAR counties have designed their AR processes to serve AR families, highlighting variations among counties as well as how the AR pathway varies from the IR pathway. To document the core DR process, Figure 1: Case Flow Chart displays the ideal movement of a case from a family's point of entry into the child welfare system until the case is closed.

3a. Screen-In, Eligibility, and Pathway Assignment

Determining whether a SOAR case is eligible for AR entails three separate steps: the first step is the PCSA's standard process for screening referrals; once a case is screened in, it then goes through the second step of deciding whether the case is eligible for AR. If it is deemed eligible, the case then goes to the third step, submission to the randomizer, resulting in an assignment to AR or to IR.

Initial Screen-In

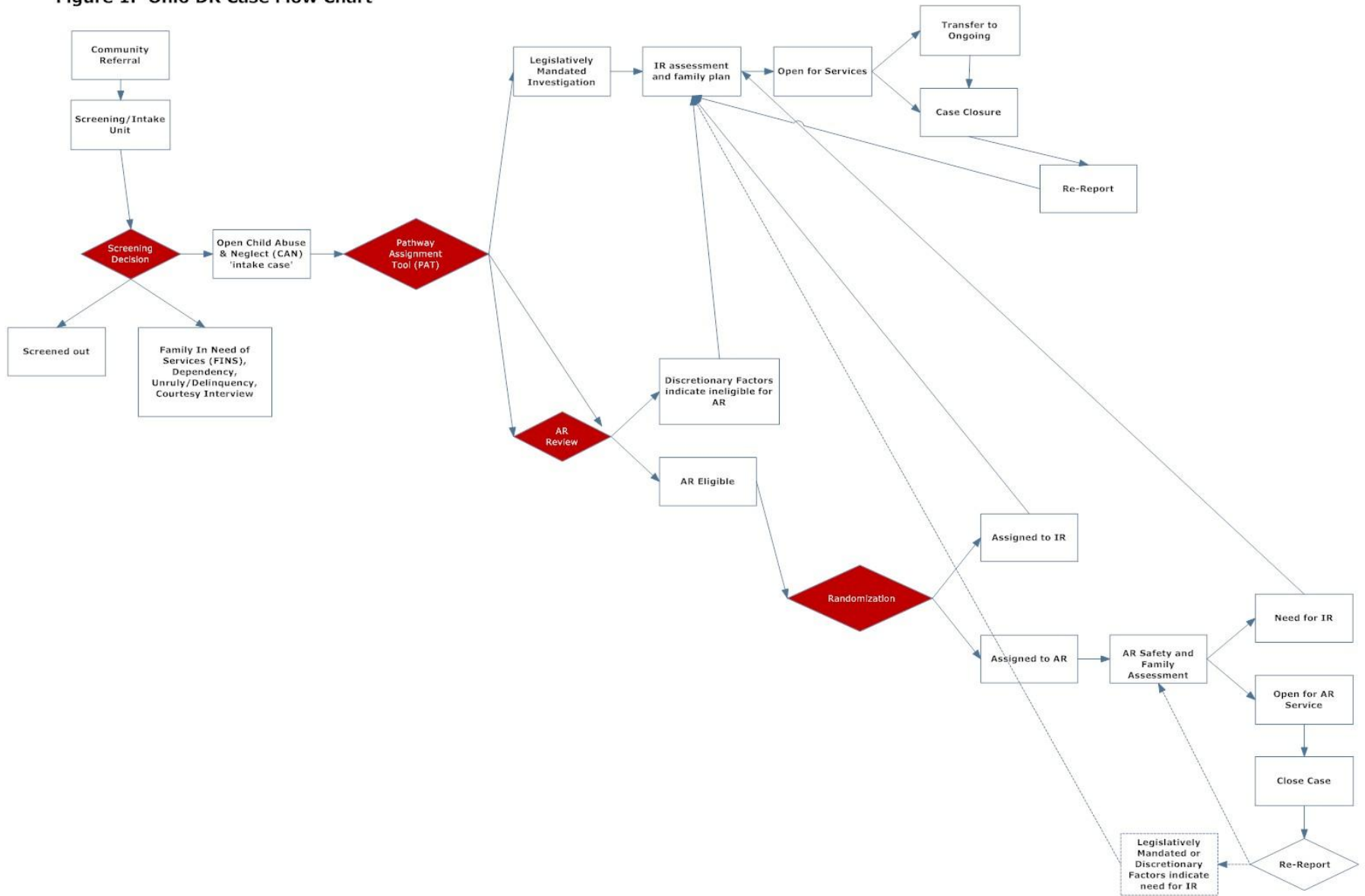
In Ohio, the AR pathway begins with the initial call to the child welfare agency. In all six counties, screening of phone calls (and other referrals) is conducted by designated screening staff. Screening staff first gather information from the caller to determine whether the referral is appropriate for agency involvement. The decision to screen-in or screen-out a referral is made by a screening supervisor in three of the SOAR counties and by a screening worker in the other three counties. The two smallest counties rotate screening responsibilities among caseworkers on a regular schedule; one county reports that this can lead to some inconsistencies in the screen-in/screen-out decisions, depending on who is making this decision.

Screen-In Changes under DR

None of the counties noted a change in the volume of reports/referrals since the onset of DR and only one county reported a change in the volume of referrals being screened in since the onset of DR. In line with the revised ODJFS screening guidelines, which narrowed the population appropriate for PCSA service from what this county had previously been using, this county is now screening in fewer cases than previously. Of the 700–800 calls received per month, approximately a third to one-half are now screened in for further child welfare involvement. The evaluation team may be able to examine changes in the number of reports/referrals during the project timeframe using SACWIS data for future reports.

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Figure 1: Ohio DR Case Flow Chart



AR Eligibility Determination

Once a case is screened in, all SOAR counties use a standardized form to determine whether the case is eligible for AR; this form has come to be known as the Pathway Assignment Tool (PAT) (see Appendix C). The PAT lays out the Ohio state rules regarding the types of cases for which a mandatory investigation is automatically triggered. (These families are thus ineligible for AR and for the study.) The PAT also lists additional discretionary criteria identified by counties as signaling potential red flags that, depending on individual county policy, may result in a decision that the family is ineligible for AR.

For cases that are screened in for agency involvement, practice varies considerably in who completes the PAT and who determines whether a case is eligible for AR services. The eligibility determination is made in two steps. The first step is to ascertain whether the case is eligible for AR based on ODJFS-rule mandatory exclusion criteria. Once this section is completed, and for those cases without any mandatory exclusion criteria that apply, the second part outlining the discretionary items is completed. Then, depending on county policy, there may be some additional review of the PAT before the final eligibility decision is finally made:

- Supervisors in all counties participate in the final decision. In two counties, the screening supervisor completes the entire PAT and makes the final decision about a family's eligibility for AR. In other counties, supervisors may review the PAT information previously gathered by screening staff and then make the decision.
- Half the counties make the eligibility decision through a collaborative group process. While smaller counties make this decision through informal conversations, the largest of these counties uses a formalized approach involving the AR Panel of supervisory/management staff. The AR Panel consists of the screening supervisor and AR supervisor, as well as representatives from management, quality assurance, and the legal department. The panel meets daily for up to an hour and will hold short discussions of cases that, based on ODJFS rules, are eligible for AR but which nonetheless are a potential cause for concern when discretionary factors are taken into consideration (shaded items on PAT- Appendix C).
- In at least two of the counties, screening staff (those who receive the initial referral to the agency) are responsible for completing the PAT and are also responsible for exploring the case more thoroughly by looking through the family's history in SACWIS and by "probing for more details about strengths, supports, nature of the problem ..." during the screening interview on the phone; these procedures are important steps in obtaining contextual information for making the eligibility decision. There is less need for this type of additional probing in small counties, as "we are very privileged to be in such a small county and we just know our families."

Discretionary Criteria

Use of the discretionary section of the PAT differs across counties. Among discretionary criteria, items causing the most concern in the counties include: domestic violence, drug-affected infants/positive toxicology at birth, a prior substantiated child abuse and neglect (CAN) report, and county custody/placement history.

In some counties, specific discretionary criteria may only sometimes make a case ineligible for AR, while in other counties the same criterion will automatically make a case ineligible. Some of this variation has to do with the local court systems and their buy-in to DR, and some of the variation reflects varying comfort levels in perceived risk associated with discretionary items within each county.

- Two counties have no automatic exclusions for discretionary criteria, noting that “we put (nearly) everything in the randomizer that is not a mandate for IR,” and that they are “trying to pull in cases rather than exclude them.”
- One county stated that a history of refusing services or lack of cooperation will lead to automatic exclusion; another identified past custody and drug-affected infants as automatic exclusions.
- In most counties, drugs in the home or drug-affected infants are concerns but do not trigger automatic exclusion. However, one county noted that these are the cases that often result in the need for a pathway change, and another suggested that drug *type* is a factor that will impact eligibility determination; staff in one county indicated they were extremely successful in providing AR to a case with a marijuana-positive infant.
- For at least one county, when discretionary characteristics are checked in the PAT, the case automatically goes through an additional level of review by the AR Panel. (See AR Eligibility Determination discussion under Section 3a. Screen-In, Eligibility, and Pathway Assignment.)
- In the majority of counties, the presence of multiple discretionary criteria in a single case signals a red flag that is likely to lead to exclusion from AR.

Use of discretionary criteria has changed over time; some counties have adopted a more conservative approach for certain case types while becoming more liberal regarding other types of cases.

- One county noted it has become more comfortable with some domestic violence cases being eligible for AR.
- At least one county has tightened its internal eligibility criteria to exclude cases with any drug involvement other than marijuana.
- Other counties have shifted due to staff availability. For example, use of discretionary criteria was temporarily tightened in some instances when counties were short-staffed in AR or when there was a sudden spike in the number of CAN reports.

The evaluation team will continue to explore how SOAR counties adapt in their use of the discretionary items as they gain more experience with DR.

Appropriateness of Cases Determined to Be Eligible for AR

In general, the criteria set out in the PAT for case exclusion from AR seems to be working well; nonetheless, in a county-administered system, opinions vary among counties regarding the appropriateness of families recommended (or, conversely, not recommended) for AR based on the PAT criteria. In general, counties viewed the PAT guidelines as very helpful in determining appropriate cases for AR; it prompts agencies to pay careful attention to case characteristics and thus helps counties avoid inappropriate selection of cases going to AR, which then have to be reassigned to a different pathway at a later date. However, interviewees across counties expressed the concern that some cases currently eligible for AR should not be. Potential examples of additional exclusionary criteria include:

- Alleged perpetrators who are outside the home and that the family does not want in the conversation.

- Caregivers with hard drug use, such as heroin or cocaine, or children born with special needs due to drugs. The comment was made that it is “hard to see how these cases will avoid court-involvement.”
- Indication of use of a weapons.
- Parental custody disputes.
- Children under the age of 5 in the home.

On the other hand, based on their experience with AR cases thus far, counties expressed that the AR pathway could also be very helpful for certain types of non-CAN cases, including failure to thrive, dependency,¹⁸ and FINS cases. It is also interesting to note that in Clark County, the county with the most experience with AR in the SOAR Consortium, staff expressed a willingness to try AR with some types of sex abuse cases; currently all sex abuse cases face a mandatory exclusion.

Random Assignment

As one of the QIC-DR grantees, and to support the research agenda of this project, SOAR counties are required to randomize AR-eligible cases in order to establish whether they will ultimately be served in the AR or IR pathway. Once a case is determined to be eligible for AR, its report identification number is entered into a centralized electronic “randomizer” to be assigned to either the AR or the IR pathway. The actual process of randomization is relatively simple for county staff and is completed with the click of a button within the SOARDS database; nonetheless, the results of the randomizer have produced some challenges, most of which are related to the randomness with which cases are assigned to the respective pathways. In the words of one worker, “we love the [AR] program but not the randomizer.” Several types of challenges have arisen as a result of randomization:

- *Workload.* Almost all SOAR counties commented on the unevenness of workloads for AR workers. Counties may experience extended periods during which no cases are randomized to AR, followed by periods when multiple cases are randomized to AR within just a few days—it depends on “which way the wind blows.” This randomness may be particularly difficult for counties with just one AR worker, one of whom reported, “it’s the randomness of it and we can’t control it.”
 - One county has addressed the problem of staff overload by keeping a weekly tracking sheet with an assignment log to quickly know when an adjustment should be made.
 - Another has countered AR worker overload by providing workers with 2 days “off rotation” once they receive an AR case, so they have time to complete their compliance paperwork and have time to do the weekly, face-to-face, 2- to 4-hour home visits with each of their AR families.
 - Several counties mentioned that AR workers can become overwhelmed with sudden spikes in the number of incoming cases because of their increased level of involvement in all AR cases (e.g., more frequent and lengthy contacts with each family, a closer relationship with

¹⁸ However, complicating the inclusion of dependency cases for AR is the problem that this case type is used differently across the Ohio counties. For example, some counties use it when there is not enough evidence to suggest abuse or neglect, while others use it more broadly for mental health issues, cognitive disability, or other factors that put a child at risk but when no one can be described as being “at fault.”

the family that can result in the AR worker being more reluctant to close the case or transfer cases to an ongoing worker).

It is also difficult to know whether some of the perceived staff overload is a result of the increased number of reports that counties are seeing rather than being directly attributable to randomization. For example, sexual abuse cases tend to be higher in the summer for some counties, and reports to the agency also tend to increase at certain times of the year (e.g., at the end of the school year and during child abuse prevention month). Nonetheless, counties have also noted that many of the challenges associated with the unevenness of case distribution because of the randomizer have evened out over time.

- *Staffing.* Another factor complicating the ebb and flow of cases as a result of the randomization process is AR staff going on vacation, taking personal leave, or resigning. In the case of resignations, AR units may be down a person for some time before being able to hire a replacement. These additional complications “add a different level of juggling.” Under these circumstances, counties have worked with the evaluation team, and temporarily adjustments to the randomizer ratio have been made to account for changes in staffing levels.
- *Case-mix.* Shifts in the mix of cases a worker has as a result of the randomization process can also be challenging for both AR and IR workers.
 - One county found that caseload itself had not changed but IR workers were receiving proportionally more high-risk cases. As an AR worker commented, “we’ve had the most sexual abuse cases ever in this county in the last year. That’s probably got to take a toll on them [IR workers].” To ease the burden, a manager commented that the IR workers, “would like to see the occasional dirty house,” [for relief]. On the other hand, AR workers keep their cases longer and make more and longer contacts with families. This, while perceived to be worthwhile, is nonetheless far more time consuming and thus has its own set of associated challenges.
 - In small counties with few workers, randomization can be difficult on IR workers, because there may only be one or two IR workers in the county. “It’s constantly going back and forth between two IR workers with no reprieve. We have no capacity to say we’ve reached our limit to do something.” (Under normal circumstances, if further services were necessary after the investigation, these cases would be passed to an ongoing worker, but at the time there was no ongoing worker in one of the counties).
- *Denying AR to families who could benefit from AR.* Finally, the lack of control over which AR-eligible cases are randomized to AR or IR causes frustration when cases that workers think would benefit from AR are assigned to the IR pathway. “We can’t choose the cases that we think would benefit most from AR,” but “we get excited when a case (that seems perfect) for AR gets assigned to AR.”

Defined Pathways and Rules for Changing

The State of Ohio maintains clearly defined rules regarding the case characteristics that preclude a family from receiving the AR approach. These rules are clearly set out in the PAT (see Appendix C), and are strictly adhered to in all SOAR counties. There are also clearly defined ODJFS rules for when a pathway change from AR to IR should occur; the pathway change can occur at any time during the course of the case but, specifically, a pathway change is required by ODJFS rule:

- When the family requests a change from AR to IR. Caseworkers will explain the AR premise to the family as early as possible in the process, at first contact or during the first face-to-face visit. The worker will inform the family that if they desire, they may opt for the IR pathway. Families rarely decide on an investigation, but families in some cases have chosen to do so. To date, two families have requested a pathway change to IR, and both requests were because of ensuing custody battles.
- When the level of family engagement is insufficient to allow for the completion of the assessment process. To date, only one family has been required to change pathway due to lack of cooperation.
- Families may change pathways if caseworkers find serious cause for concern as they become more familiar with the family situation: Risks that were not evident during the completion of the PAT may come to light sometime later, when case court involvement may become necessary. One county mentioned that a pathway change would also occur if a placement was needed.

Two counties have internal written policies above and beyond those determined by ODJFS.

The reassignment discussion under Section 3b. Case Flow: Service Delivery describes the practice and frequency with which these reassignments occur in SOAR counties.

Screening, Eligibility, and Pathway Assignment Summary

Central to SOAR counties' decisions about eligibility for AR (and thus which cases go to the randomizer) is the systematic use of the Pathway Assignment Tool, or PAT. The PAT delineates criteria for automatic exclusion (per ODJFS rule) and areas subject to county discretion. While ODJFS rule clearly provides guidance regarding cases not appropriate for AR, counties have discretion in making the decision for cases that are of low to moderate risk. Among the discretionary factors, SOAR counties differ in which type of cases they are comfortable serving with AR, and it appears that these comfort levels change over time as counties begin to judge which families they believe benefit most from AR compared to those that do not. It is also important to note that the random assignment of cases to AR vs. IR has caused significant frustration among both AR and IR workers and supervisors; while many understand the need for random assignment, the process greatly impedes the ability to control the flow of cases to workers.

3b. Case Flow: Service Delivery

As shown in Figure 1, above, AR cases move through a series of activities and decision points in the child welfare system. This section of the report will describe how the case flow is different for AR and IR cases, as well as how case flow varies among SOAR counties.

Case Initiation and First Contact

SOAR counties feel that the way the first contact is made with families—starting by phone, requesting a meeting, interviewing families together, explaining what they can expect from the child welfare agency, and addressing the family’s needs as well as any safety concerns—is a crucial component for an AR case. The manner of case initiation and first contact with AR families sets the stage for building rapport with AR families—making them less anxious—which in turn promotes more open communication between the family and the AR worker and illuminates a more complete understanding of the family’s needs and underlying issues so that supports and services to meet needs can be provided sooner and more easily.

When considering the first contact with a family, caseworkers need to consider multiple factors, including the timeline set out by ODJFS that establish the maximum amount of time allowed to pass before contact is made with the family, the method used to make that first contact (e.g., announced, unannounced, in person, by phone), the tenor of the first visit, and the way in which necessary information is gathered and shared.

Timeline. The timeline for initial contact with families in AR and IR is set by ODJFS rule:

- Both IR and AR cases must have their first contact within 24 hours of receiving the report for nonemergency cases and within 1 hour for emergency cases.
- For AR workers, the initiating contact may be face-to-face, by telephone, or by letter; but there should be a physical attempt to visit the home within 4 working days of the screen-in.
- IR workers are required to make two physical attempts to contact the family within the first 4 days of the screen-in.
- Safety assessments must be completed within 7 working days from the screen-in for AR families and within 4 days for IR cases.

First Contact. While timelines for first contact are the same for AR and IR cases, the type of contact can be different. Most often, AR caseworkers reach out to families first via phone, asking to meet with the family face-to-face, and then set an appointment to do so.

- The first phone call, letter, or in-person contact counts as the first required contact for AR cases. While IR caseworkers might first try to contact the family via phone, this contact (or contact attempt) does not count toward the required first contact and this prompts many IR caseworkers to make the initial contact with a physical visit, which does count. IR first visits are most often unannounced.
- AR workers in SOAR counties indicate that the ability to schedule the first visit with a family, as opposed to conducting an unannounced visit, dramatically changes the dynamic between the child welfare worker and the family, promoting a better relationship and enhancing an AR worker’s ability to engage with the family.

First Contact: A Family Story

One case I shadowed was a drug case: mom, minor child, adult child, and child’s girlfriend. [We did] a group interview of everyone then went to drug test the mom—they’d had involvement in other counties—Mom started to do her dance in the room. By the time it was over she admitted she was using again and her son said, ‘We had never talked about it before as a family.’

[I] asked the others how they felt about this [group interview], and the adult son said he really liked it, because he felt it held his mom accountable.

While AR workers indicated that setting an appointment is generally their preferred method to meet with a family, this may sometimes be impossible: “Most cases I call, but there are still some cases where I just go [to the home] and initiate, like if they have no phone. I still explain, and if I have to do an unannounced, I apologize first for the unannounced visit.”

Interviews/Style & Focus of Visit. There are several differences between the AR and IR approaches during the first face-to-face interactions. AR workers take more of a “team approach with the family,” and they resist the use of terms such as “victim” and “perpetrator”—“we take away all the labels”—and they attempt to include all family members involved in the case in the first visit. The tenor of the approach for AR is less likely to be “you need to fix this,” but rather “what’s going on with your family?”

- AR initial visits are focused less on the incident that prompted the case initiation and more on the strengths and needs of the family, with the view to assist the family rather than to investigate an allegation.
- AR workers tend to use a more informal method of gathering information than do IR workers, allowing the family to talk rather than questioning them. There may be a tendency to be “less abrasive” and “less confrontational.” Too, AR workers may find, as one worker did, that “through the family interview, they interview themselves for you. For me that’s really a big change, and I think you get a lot more information when sometimes they’re calling each other out right there at the table.”
- AR family members are interviewed together, in contrast with IR interviews of children first, followed by family members, and lastly the alleged perpetrator, each individually.
- AR workers also spend some of this first visit explaining AR and what the family can expect from this process and explaining the evaluation. (For families who have had prior system involvement, this explanation can be valuable.)

Amount of Time Spent with Families. One of the core features of the AR approach is that AR workers are encouraged to interact with families more frequently and for longer periods to more fully get to know, understand, and help the families. And in general, AR workers report that they make more frequent contact with families, whether by phone or face-to-face, than do IR workers. They also tend to spend more time with families during each contact than IR workers, especially early in the case.

- In one county, AR workers reported spending approximately 4 hours in the home with the family during the first visit, compared to approximately one and a half hours spent with families during the first visit by IR workers.
- In another county, AR workers say that they are typically with families from 2 to 3 hours during face-to-face visits, whereas IR workers are likely to be with families for about 45 minutes.
- At least two counties expect AR workers to make a minimum of one contact per week, although for one county that contact is expected to be face-to-face. The other county expects only two of the four contacts during the month to be face-to-face. By contrast, the ODJFS rule for IR workers is only once per month. It is important to note that in at least one of the smaller counties, the DR philosophy has permeated the agency in such a way that IR workers are now also expected to make weekly contact with the family.

First Contact: A Family Story

In a case with domestic violence issues involving an unruly teenager and a single father with possible substance abuse issues, a caseworker who had previously worked with the family described an earlier experience with the father by saying that she was called “everything [under the sun]” because she went to the home unannounced. She eventually closed the case because “there wasn’t enough there to do.” Two years later, an AR worker received a report on the same family and initiated the case by making a phone call; the father “was as nice as jelly to [the AR worker], receptive to the phone call and the allegations!” The first time the AR worker went to the home, he spent 2 to 3 hours on the floor with the family talking to them. He then had one or two more visits with the family, each of which was 2 to 3 hours long. The original caseworker, on the other hand, had spent possibly a total of 2 to 4 hours with the family in 45 days. The original caseworker noted that she wasn’t sure the difference was all AR-related, but that the tone of the first call may have made a difference.

Assessment

For the initial safety assessment, the same form is used for both IR and AR cases; this document requires the caseworker to list the children and adults in the family, providing dates of birth and relationships to one another, information around current safety, historical information about abuse and/or neglect, and perceived child vulnerability. The worker then completes the safety response.

While the information submitted by the worker to the agency follows the same lines, the approach in obtaining the information on the document tends to be different between AR and IR cases. This may be attributable in part to the difference in timelines before the information need be submitted (7 days for AR cases; 4 days for IR cases). Caseworkers describe AR practice as being more relaxed, where they will allow the family to talk rather than being incident-driven and directing questions at family members in a more formalized manner.

At case closure or the transition to ongoing services, if that is deemed to be necessary, the AR Family Assessment form¹⁹ is completed. Once again, the document itself is essentially the same for both AR and IR families. Caseworkers submit information regarding child and family strengths and needs, as well as completing a risk actuary. The differentiating feature between AR and IR cases is that for AR families, this form does not result in a disposition (i.e., substantiated, indicated, unsubstantiated). As above, while the form may be similar for both pathways, the approach used by the worker to gather necessary information is described as more family friendly for AR families.

Differences in mandates for timelines also support a more family-friendly approach by allowing more time to pass before the assessment is required to be completed for AR cases. IR workers must complete the Family Assessment within 30 days (or 45 if an extension is granted). At this point, the intake worker makes the decision to either transfer the case to ongoing services or close the case, with the supervisor signing off on these decisions. Several adjustments have been made to support AR implementation in the timing of completing the Family Assessment. First, for AR families the Family Assessment is completed within 45 days without the prerequisite for an extension request, thus alleviating some of the time constraints that affect IR cases. Second, many counties have decided to take

¹⁹ <http://www.odjfs.state.oh.us/forms/findform.asp?formnum=01419>

a one family, one worker approach. Meaning that, even if the case extends past the 45-day time period for the completion of a Family Assessment, if the decision is made that the case should remain open, the existing AR worker is likely to work with the family until the case closes.

Reassignment

As described above, ODJFS maintains clear rules regarding when an AR case must be reassigned to the IR pathway, effectively ending an AR case. If the family is still in intake during this period, an IR worker will take over the case; otherwise, the family will transition from the AR worker to an ongoing worker. Counties have experienced relatively few instances when AR cases were required to be reassigned to the IR pathway (also known as a pathway change). Only 20 of the 490 cases randomized to AR have been reassigned to IR, a mere 4% of all AR cases.

A pathway reassignment most often results from safety concerns that then may lead to a safety filing. This might occur because the worker has learned more about the case and perhaps uncovered more serious issues that put the child(ren) at increased risk. However, a pathway change may also occur for a number of other justifiable reasons; the following bullets list some of the reasons noted by counties in SOARDS.²⁰

- Two counties each described instances of families asking for an investigation rather than the alternative approach, because the families were involved in custody battles and wanted the disposition.
- Two counties had families move out of the county.
- Two counties had families who were randomized in error.
- One county mentioned the necessity to change a family's pathway because the family was uncooperative because of drug use.
- The screener in one county felt a cigarette burn was appropriate for AR, but the supervisor categorized this as a serious physical abuse and changed the pathway assignment.

When families change pathway from AR to IR, an IR worker expressed the frustration that such a transition can be difficult; the new worker has to deal with the immediate safety concerns, and consequently the tenor of the case changes; this can be confusing to the family. At least one county has decided that when reassignment happens there should be a "warm handoff." The original AR worker will go with the new worker to introduce the family and to ameliorate potential confusion.

Service Delivery

The AR approach to working with families, coupled with the increased monies available via the QIC-DR federal grant²¹ and Casey Family Programs, gives SOAR counties the sense that they are providing AR families with a wider array of concrete services, and that families are receiving them faster than they would likely have received them under IR. However, some counties still acknowledge the challenge of accessing community-based services such as mental health and domestic violence services, either due to wait lists or the absence of specific types of services within the surrounding areas. (e.g., One county commented that substance abuse counseling is nonexistent in its local area.)

²⁰ For the evaluation, counties are required to provide a reason in SOARDS for any pathway reassignments that occur.

²¹ The SOAR counties' DR approach and its budget reflects their belief that dedicated resources are needed to provide AR families with services and support needed to address the families' individual needs.

Overall approach. Counties have suggested that the AR approach currently being implemented is “a least-restrictive approach.” AR workers strive to empower families, allowing them to take the lead while the worker provides guidance to help them identify services and supports they feel they need. Exemplifying this approach, workers are encouraged to complete the Family Service Plan together with the family, representing a collaborative planning process.

While both AR and IR workers indicate that they strive to look at the big picture and holistically address the needs of the families they work with, several factors were mentioned by the counties as central to the process of AR service delivery. Because there is no need for substantiation in AR cases, families are less defensive and more comfortable describing their struggles; the AR worker is able to be less incident-focused. Further, as noted above, AR workers have 3 days longer to complete the safety assessment than IR workers, so the urgency to gain immediate information is reduced. “There is a calmness in the way a family is approached by a [AR] worker.” As a result, AR workers are better able to gain the families’ confidence and trust. This opens the door to better ongoing communication between AR workers and families, so there is a collaborative exploration of strengths, needs, and potential services and supports to meet a family’s needs.

Given the slightly extended timelines that AR workers have available before initial paperwork needs to be completed, together with the encouragement counties provide for workers to spend more time with AR families, caseworkers may provide more hands-on support to families and work with them more intensely in an effort to achieve long-lasting results. Work with the family includes:

- Family service planning together with families in the home, allowing entire families to more fully engage in the planning process.
- Transporting and/or accompanying families to services rather than simply making cold referrals.
- Helping families better identify needs and build new skills due to more time spent with the family.

Because AR workers gain a richer understanding of families’ needs, they are more able to provide or link the family to *appropriate* services. Thus, additional services may be provided that might not have been identified as quickly when taking the traditional incident-focused approach. This happens in several ways:

- AR workers go into the case immediately looking for ways to help and, working with families from the beginning, can bring them help right away—which also helps build trust and rapport.

Casey Family Programs Funds

To provide additional support for the expansion of Differential Response, ODJFS and the Supreme Court of Ohio established a partnership with Casey Family Programs. As a result of this partnership, counties involved with DR in Ohio have access to supplementary funding and technical assistance to help in their efforts toward capacity building and maintenance for the AR approach in each county. SOAR counties have used these funds in a variety of creative ways. They see this funding as a bonus that makes it much easier for them to provide AR families with some immediate concrete items to reduce their stress.

Casey Family Programs funds have been used to pay for:

- A variety of hard goods, including: cleaning supplies, diapers, baby gates, gift cards, gas cards, car brake repair, tires, bunk beds, work boots, providing family with a hotel room for a limited time.
- Fast Track in-home intensive family services, a parent aide, child’s dental care, parent “academy training” to understand their child’s autism spectrum disability.
- Salary for project director, travel expenses for county representatives to attend meetings, worker trainings, computers to take into the field.

- Services are “frontloaded,” and a preventive approach is taken.

Type and amount. The SOAR counties report that community-provided services are equally available to AR and IR families, but one county noted that AR families may be receiving more services because the AR worker has time to be more aware of the whole family situation and to look for available services for the families. In four of the SOAR counties, staff reported that AR families have access to more services and supports. This is particularly true for purchased concrete services and hard goods (see sidebar).

Availability of many of these services and supports is due primarily to the funds received by the SOAR counties for AR families as part of the current QIC-DR project as well as funding from Casey Family Programs. Monies from both of these funding sources are used in part to purchase services and supports for families. Counties also report that these funds provide more flexibility in how and when resources can be offered to families.

Unlike the supports available to be purchased with ODJFS Prevention, Retention, and Contingency (PRC) funds, no limitations are placed on *who* can receive supports purchased with these AR funds, nor are there the same limitations on *how* the funds can be used. Additionally, counties are able to provide these supports to AR families after cases have closed if needed, which can prevent a case from being reopened.

Another advantage of the SOAR counties’ ability to provide purchased supports is that those supports often make it easier for families to obtain the more intense, long-term services they may need. For example, gas cards or bus passes to help with transportation can facilitate the family’s ability to attend community services such as mental health counseling.

Nonetheless, SOAR counties are attentive to the necessity to ensure that AR families can sustain themselves in the future without these time-limited supports. One county said that its staff works to exhaust community services before purchasing supports and makes sure families understand that these are one-time or time-limited forms of assistance.

Only one county indicated that little if any difference existed between IR and AR cases with regard to service availability, noting that equivalent supports are available for IR families via Temporary Assistance to Needy Families (TANF), in-house services, or services in the larger community.

Services-related family stories. With this project’s funding flexibility for AR cases, innovative services have been provided that would otherwise have been unlikely, if not impossible, for counties to offer families. Some examples of these innovative supports include:

- One county purchased a punching bag for a youth with anger management issues and provided \$300 for his parents to attend an academy group to understand his disability.
- Another county purchased baby gates and safety alarms for a family when the concern was that the children were leaving the house while the caregiver was sleeping. This solution was mentioned as being far more cost-effective (and less traumatic) than a removal.

Concrete Services & Supports Available to AR Families via QIC-DR Grant and Casey Family Program Funds

Housing: rent and utilities assistance, door alarms, motel stays, home modifications/repairs, furniture (beds, cribs).

Household Maintenance: cleaning supplies, baby gates, safety alarms.

Transportation: gas cards, car repair, bus passes, a vehicle.

Other financial/hard good supports: gift cards, clothing vouchers, diapers.

Other parenting supports: parent aide, training, workshops, summer teen program, life coaching.

Innovative family relationship building supports: zoo passes, YMCA memberships.

- Another county described a young family who had little external support, the children in the family had medical problems, and their house was in very bad condition. Typically, if the family had entered the system through the IR pathway, the children most likely would have been removed from the home. In this case, however, the county was able to pay a contractor to do some work so the house would be safe for the children. They were also able to help the family reach out to people in the community that the family normally would not have connected with, and who could offer support.

Timeliness of service provision. As noted previously, the SOAR counties feel that they are able to provide AR families with services they need more quickly, because caseworkers gain a more thorough understanding of their families' needs faster. All but one county described the ease and speed with which workers are able to offer services and supports to AR families, particularly in purchasing hard goods or financial supports (including rent and utility payments). The funding flexibility described above allows counties to keep items on hand at the agency rather than having to wait for a purchase order approval or having to go through a provider or voucher process.

Development of new services. One aspect of the AR approach is that child welfare agencies are able to use grant funds to increase the availability of services needed by AR families to maintain child safety. In two counties, gaps in service availability were identified, and this resulted in the development of new services targeted to AR families.

- One SOAR county has developed a contract for in-home supports/life coach services for AR families. These services are now available to all child welfare families (both AR and IR families) within the agency if appropriate. Another SOAR county is planning to do something similar.
- Another SOAR county developed a contract for more intensive in-home wraparound services for higher risk AR cases.
- Several counties expressed an interest in developing more services for AR families as the grant progresses (e.g., batterer's program, transportation, in-home supports).

Limitations and challenges: Despite the more expansive and timely access to hard goods and concrete services in the SOAR counties, several limitations and challenges have emerged:

- A number of counties report that AR families do not receive community-provided services, such as mental health and parenting services, any more quickly or easily than do IR families.
- Lack of available community-provided services can be a challenge, particularly in the more rural counties. For example, one county that considers itself to be otherwise "resource-rich" noted a lack of domestic violence and youth-focused services. Another said that it had no substance abuse programs in the local vicinity. Further, even in those areas where the community-provided service is available, wait lists can be very long, thus limiting the families' ability to gain access to the service.
- Another concern, surfaced by IR workers (who are supportive of AR), is their belief that IR families should have access to the same concrete goods and financial assistance that has been provided to AR families. Currently, since the majority of this assistance is provided through DR funding, IR families are not eligible to receive it.

Case Closure

As can be seen in Table 3, below, SOAR counties have varying timeframes for closing AR cases, based on the determination of safety issues and factors in the family assessment. Many counties are still determining an optimal timeline for case closure for AR families. Several factors affect the decision about when to close a case. An AR family may be a low-risk case but may be requesting additional help or services, so “we keep the case open and provide those for the family ... the family is driving that piece of it.” Other counties state they keep the case open until the “issue is resolved,” while a general expectation in one county is that an AR case may need to be open up to 120 days in order to have enough time to work with the family.

At least one county noted that AR cases have remained open longer than expected and that the agency was in the process of setting clearer guidelines for case closure agencywide. In some instances, the reason for cases being open for extended periods may be attributed to the prior experience of AR workers. Those AR workers with prior experience as ongoing workers may be reluctant to close cases too soon, since they are familiar with working with families for extended periods of time. On the other hand, AR workers who transferred from intake units may still be developing their own skills to help families resolve issues; in their past positions, they simply identified issues that ongoing workers worked to resolve.

Table 3: Counties’ Average Times to Case Closure and Process Regarding Case Transfer	
County	Timeline for Closure/Transfer
Champaign	Approximately 90% close within 45 days; the other 10% can be open 4 to 6 months
Clark	Closure depends on case risks and family needs
Madison	AR workers have been asking to close just prior to 90-day review
Montgomery	120 days
Richland	Average 72 days
Summit	After 45 days (family assessment) + 90 days (case review); only 2 cases have gone beyond

Re-Report

For those AR and IR cases that have closed, when a new report of abuse or neglect is received, the referral goes through the usual screening process. Screened-in re-reports of open or closed IR cases are automatically assigned to IR. However, if a case previously served in the AR pathway receives a re-report and the report does not cross the threshold set out in the PAT for exclusion from AR, SOAR counties must decide if these cases should again be served in the AR pathway. SOAR counties have different perspectives and policies in making pathway assignments for these previously served AR families. Two counties automatically assign new referrals to IR if the family was previously served using the AR approach. Other counties assign the family to the AR pathway as long as the family meets the necessary criteria for safety. The screener in one county will typically contact the previous caseworker to ask whether the caseworker thinks the family will still benefit from AR services. The screener cited a



case, for example, in which the decision was made to screen a family in as an IR case because it had previously refused services when going through the AR approach.

Case Flow Summary

In exploring the process by which an AR case moves through the child welfare system in the SOAR counties, there are clearly differences between AR and IR cases, as well as variation among the six counties. Overall, staff described the AR approach to working with families throughout the life of the case as more focused on building relationships and encouraging families to discuss their needs openly, from initial contact to case closure. Less stringent mandates and timeframes regarding contact with families allow for more time to build relationships and rapport. Staff in SOAR counties indicated that this approach, coupled with the availability of resources for AR families, enables AR workers to more easily address the families' needs and builds relationships and trust, a feat more difficult with the incident-driven IR approach.

4. SUCCESSES, CHALLENGES, AND RECOMMENDATIONS

Throughout the course of the site visits and conversations with SOAR representatives, staff reflected on their DR experience thus far. Several common themes emerged, highlighting particular successes and challenges of DR implementation.

4a. Successes

SOAR counties described successes in terms of an overall perception of how AR has changed the child welfare experience for workers and families, a growing understanding of AR, and a developing network of child welfare staff in Ohio who are knowledgeable about, and collaborating to improve, DR implementation across the state.

- *Workers' experiences.* SOAR county staff feel very positive about the way AR workers interact with AR families. AR workers, as well as some IR workers, noted that they feel AR is a preferable approach to IR; a few noted that it “feels like good social work,” and “[we’re] going back to true family-centered [work].” AR workers indicated that because they spent more time with AR families (compared to IR families) both through longer initial visits and more subsequent visits, most learned more quickly what families needed and found they enjoyed being able to work with families longer. Some IR workers have adopted elements of the AR approach in their own work, and IR workers in two counties specifically noted that they would like to see AR practices applied more widely in the agency.
- *Families' experiences.* SOAR county staff believe that families like the AR approach. Some counties reported that they have had requests from families to have AR, likely due to hearing in their own communities about services and supports that other AR families have received. AR workers believe the AR pathway results in building rapport with families. To date, counties perceived that they are getting fewer repeat reports and/or transfers to ongoing services. Although this may be due in part to the newness of the program (i.e., relatively few cases have closed or been open for long periods), the counties feel it is related to AR implementation.

- *Enhanced services and supports for AR families.* Because AR workers spend more time getting to know family needs, they reported being able to provide AR families with more services and supports more quickly than would otherwise be possible. The SOAR counties have earmarked some of the QIC-DR grant, as well as Casey Family Program funds, to allow AR workers to provide such supports more frequently and more quickly to AR families. SOAR staff say that the ability to provide families with hard goods and services quickly not only helps families in a very concrete way, but also helps strengthen trust and builds more positive relationships between workers and families. AR families view this as a real advantage.
- *Strengthened definition and structure for AR practice.* Over the grant period, SOAR counties have gained significant DR experience and knowledge. This has enabled the SOAR Consortium to begin to define the model more clearly, develop explicit procedures, and identify a skill set for AR workers. Some counties developed formalized processes and procedures early, during implementation, creating consistency and formalization in practice. Other counties chose to gain more experience with the approach first and are now beginning to develop guidelines for AR implementation (e.g., what cases are appropriate for AR, when to transfer, how to determine when to close); this should ultimately lead to more formalized and defined AR practice, tailored to each individual county.
- *Peer support.* The configuration of the SOAR Consortium has created a network of peer support for the SOAR counties. Quarterly in-person meetings provide an opportunity for staff in the SOAR counties to talk with each other, share experiences, and troubleshoot areas of concern. SOAR counties hope that these SOAR meetings will evolve into a forum that allows them to learn from one another and have discussions about how to improve AR implementation continually in their counties.
- *Statewide collaboration.* SOAR county administrators, managers, and line staff feel very positive about the success of DR statewide. They noted strong collaboration among DR counties (both within and outside of the SOAR Consortium), and between the counties and ODJFS. In a county-administered system in which counties operate independently, with many having little regular interaction with one another or with ODJFS, this is a notable success that bodes well for the continued rollout of DR throughout Ohio.

4b. Challenges

The main challenges center on staffing and data collection.

- *Staffing challenges.* All counties experienced a variety of staffing challenges.
 - As a result of the economic downturn's effect on county budgets, all counties faced a shortage of staff and funding for staff. Many agencies in Ohio have experienced leadership changes (or, in some cases, losses without replacement), and most have experienced staffing reductions caused by budget constraints. This has resulted in fewer workers being asked to handle more cases, creating challenges for implementing new initiatives such as DR.
 - Most counties originally staffed their AR efforts by shifting workers from intake and/or ongoing units to AR. Many counties noted that the AR assignment can be a significant change for these workers. Those previously assigned to intake now must actively assist families to resolve problems rather than transferring the case to an ongoing worker. And

those staff who previously were ongoing workers now must learn to close cases within a short timeframe. In addition, shifting workers to AR positions means that their existing caseloads must be assigned to someone else, or else the workers carry mixed caseloads for some period of time. Neither solution is ideal—IR workers typically don't have space on their caseloads to handle additional cases, and the new AR workers find it difficult to adapt to their new role while still playing their old role on some pre-existing cases.

- Caseload challenges may be exacerbated by ambiguity around rules for transferring AR cases to ongoing services. The SOAR counties have not come to consensus about the appropriate length of time to keep an AR case open to the AR worker; this issue directly affects AR workload, since keeping a case for more than several months means that fewer new AR cases can be served.
- *Evaluation challenges.* Many staff in the SOAR counties discussed challenges with data collection and/or the evaluation process, largely related to the time required to enter information into two systems (SOARDS and SACWIS). In addition, staff in several counties expressed frustration with the randomization process because (a) it makes predicting and balancing caseload size difficult, (b) it prevents workers from being able to provide AR services to families they believe would benefit from AR, and (c) using the randomizer requires an additional step.

4c. Preliminary Recommendations for Midcourse Corrections by SOAR Counties

It is too early in the study to provide a comprehensive list of recommendations for the implementation of DR; at the time of the site visits, the SOAR counties had only been providing AR services for 5 to 6 months and were still learning about the impact of AR implementation on families and agencies. However, when counties reflected on their experience thus far, they offered several “lessons learned” in the first months of SOAR implementation, which can inform their further implementation efforts.

1. *Services.* The ability to provide hard goods and services to AR families is viewed as a key component that appears to help families address the issues that brought them to the attention of the child welfare system. As funding available through the QIC-DR grant and the Casey Family Program ends, it will be vital for SOAR counties to think about sustainability of resources to support AR families in meeting their needs, as this likely impacts the timing of case closure and incidence of re-referrals.
2. *Staffing.* In reflecting on their experiences in creating staff positions and units to deliver AR supports, SOAR managers suggested that several factors be considered: (a) Where the AR worker/unit is physically located can enhance or inhibit communication among agency staff; if AR staff are working amidst other agency staff, it appears that communication, relationships, and ultimately buy-in to DR is enhanced. (b) How to ensure that AR staff—independent of the number of AR staff in a county—benefit from peer interactions to share experiences and challenges with one another. (c) What background and experience to require of workers selected for AR positions, since AR work seems to draw on elements of both ongoing service practice and investigation practice. Thus, all new AR workers will typically have to learn new skills to perform the role successfully.
3. *Training.* The SOAR counties recognized the continuing need for AR training. Existing AR staff may need ongoing training opportunities to enhance their skill sets, once they have had some experience serving AR families. Initial AR training will be needed for all new staff in the agency;

new AR workers will need hands-on experiences/exercises adapted for AR workers with different casework backgrounds. Further, counties clearly saw the need for training AR supervisors so that they can meaningfully mentor and advise their AR workers.

4. *Coaching and shadowing.* AR staff at all levels recognized the value of coaching and shadowing opportunities, and they suggested careful planning and quality standards for where, when, and how these activities occur.
5. *Agency and community buy-in.* Several counties discussed the importance of ensuring that significant efforts are made to educate all staff within a child welfare agency on DR, helping them understand how it fits into the broader spectrum of agency responses. This message needs to clearly and regularly come from the top leadership in the organization. In the first months of the project SOAR counties varied in their success in gaining agency buy-in, but all suggested that training should be provided to all agency staff not only at the time of initial implementation but over time as well. They also noted that key players such as union representatives should be brought into conversations early in the process, and that outreach to community partners, especially the courts and law enforcement, was also very important.

5. MEASURING FIDELITY TO THE SOAR DR MODEL

Before evaluating the impact of services on child (and family) outcomes, it is critical to assess fidelity, in order to measure the extent to which the program was implemented as intended and thus would be expected to reach the expected outcomes. Acceptable levels of fidelity need to be established before an outcome evaluation is undertaken. In addition, fidelity assessment helps practitioners to make sense of the efforts they have undergone with children and families and provides a framework for evaluators to identify and acknowledge the constraints and uncertainty surrounding their findings.²²

Fidelity is a concept from evidence-based practice. To test whether an intervention model is effective, the intervention must be clearly defined. Fidelity is a measure of the extent to which practice conforms to the defined model.

In the early-implementation stage of SOAR, the definition of the SOAR DR model had not been made explicit; rather, it was evolving gradually through the six counties' practice and discussions. Guiding principles and policy parameters were clear, but practice requirements were only loosely defined. The DR Leadership Council has begun this process, as have other interested groups around the country. It is therefore timely for the SOAR project to offer its preliminary thoughts.

HSRI has drafted a framework that identifies model components and their constituent fidelity measures and has applied this framework to the current status of SOAR sites. The items were defined by answering the question, "What should be in place to truly be doing DR?" These measures enable us to answer the key question "To what extent is each site doing DR?" and then to describe overall SOAR status, based on data gathered from Year 1 site visits, implementation reports, and county-specific

²² Stuczynski, A., & Kimmich, M.H. (2010) Challenges in measuring the fidelity of a child welfare service intervention. *Journal of Public Child Welfare*, 4:406-426.

documents. Subsequent assessments of fidelity will include not only site visit interviews but also case-level data obtained from SACWIS and surveys. We expect to assess fidelity approximately annually.

Table 4 reflects and summarizes what is included in the foregoing sections of this report. In its entirety, the table indicates three things: a concrete definition of the essential components of DR; an initial qualitative sense of how far the SOAR Consortium has come in implementing its DR model (relying on measurable items); and specific topics to be explored in the subsequent evaluation to yield a more complete assessment of SOAR's adherence to the essential components of the DR model. In the coming weeks, we will share this information with the SOAR Consortium and with ODJFS. These discussions may lead to refinement of the fidelity measures and to an increased focus by SOAR counties on their own implementation processes.

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Table 4: Implementation Fidelity Measures and Status, Year 1

Model components	Fidelity Measures	Current Status at State and County/PCSA Levels	Future Fidelity-related Information to Be Collected (at Agency level [A], Worker level [W], Family level [F])
<p><u>Policy and DR Model</u></p> <p>Policy infrastructure: statute, rule, procedures; pathways; data systems</p>	<p>Formal DR procedures</p>	<p><u>State:</u> Ohio Administrative Rules (OAR) for AR established regarding mandates on eligibility, required documentation, and contact with families; SACWIS modifications made to accommodate AR practice.</p> <p><u>County:</u> Two counties have formal agency policies & procedures (P&P) on how to serve AR cases at intake (screening, eligibility, re-report); one of them also addresses case closure. A third county has developed AR pathway procedures—while not formal agency policy, this documentation encourages consistency in understanding expected AR practice. The other three counties rely on existing ODJFS rules.</p>	<ul style="list-style-type: none"> • County-specific AR P&P (A) • Procedures regarding AR practice for entire life of case, including provision of services/supports (A) • Creation/revision of P&P over time (A) • Knowledge of and adherence to P&P for AR practice (W)
	<p>Written eligibility rules for assigning cases to IR and AR pathways</p>	<p><u>State:</u> OAR includes AR eligibility criteria, pathway changes.</p> <p><u>County:</u> Three counties have their own written eligibility criteria and screening decision rules; one county has written rules for reassignment; two counties have written rules for re-report.</p>	<ul style="list-style-type: none"> • County-specific guidance on eligibility (e.g. PAT), re-report and reassignment (A) • After hours/weekend case randomizations (A) • Screening decision makers’ knowledge of and adherence to eligibility/screening decision rules (W)
	<p>Explicit DR implementation plan developed and followed.</p>	<p><u>State:</u> Much groundwork was laid during the Phase 1 pilot, including development of Ohio DR core elements.</p> <p><u>County:</u> Regular planning discussions among SOAR Consortium: conference calls and in-person meetings, learning from Clark and Leadership Council. Two counties developed written plans and continue to make modifications.</p>	<ul style="list-style-type: none"> • Written plans after beginning implementation (A) • Ongoing modifications to written plans (A)
<p><u>Organizational Structure</u></p> <p>AR workers grouped together; AR supervisor has AR experience</p>	<p>Unit configuration: AR workers are in same units.</p>	<p><u>County:</u> All counties group AR workers together, including backup workers.</p> <p>Three counties have a single AR worker within a mixed unit, with another worker in the unit serving as the AR backup worker in two of these counties.</p> <p>Three counties have full AR units with six AR workers and one AR supervisor.</p>	<ul style="list-style-type: none"> • # AR workers in agency (A) • Configuration of unit with AR workers (A) • # backup AR workers (A)
	<p>Supervision</p>	<p><u>County:</u> No supervisors had AR experience prior to implementation. Two counties have AR supervisors who only supervise AR workers.</p>	<ul style="list-style-type: none"> • AR supervisors’ experience & training in AR practice (A) • AR supervisor supervision of non-AR workers (A) • Supervision methods (use of group supervision) (A)

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Table 4: Implementation Fidelity Measures and Status, Year 1

Model components	Fidelity Measures	Current Status at State and County/PCSA Levels	Future Fidelity-related Information to Be Collected (at Agency level [A], Worker level [W], Family level [F])
<p>Caseload</p> <p>Caseload size; mix of types of cases; case transfer practice</p>	Caseload size	<p><u>County:</u> Unknown—each county has needed varying time to reach full complement of AR cases.</p>	<ul style="list-style-type: none"> • Expectation of AR vs. IR caseload size (A) • Actual AR vs. IR caseload size (W)
	Caseload mix	<p><u>County:</u> In three counties with single AR worker, the AR worker has a mixed caseload of AR cases, FINS, home studies, dependencies, etc. In other three counties, after initial transition of ongoing cases during early implementation, AR workers carry only AR cases.</p>	<ul style="list-style-type: none"> • Caseload mix of AR workers and backup workers (W) • If mixed, types and % of other cases (W)
	Case transfer practice	<p><u>County:</u> In all counties, AR workers keep AR cases beyond the traditional 30-45 days.</p> <p>No transfer in three counties; three counties have set a transfer timeframe ranging from 120 to 180 days, but few cases have reached that point. Counties expect to start seeing longer cases and are now beginning to discuss guidelines.</p>	<ul style="list-style-type: none"> • Agency policy for transferring AR cases: criteria/timeframe for transferring (A) • Changing standards for timeframe to transfer over course of project (A) • Time to transfer for AR vs. IR cases (F)
<p>Training and Staff Support</p> <p>Types of staff, types of training, whether training is mandatory; types of support for staff (shadowing, mentoring, coaching, peer support)</p>	DR is part of PCSA’s own training.	<p><u>County:</u> One county has incorporated a section on AR into the 6-week new caseworker training; other counties receive training from OCWTP, not own agency.</p>	<ul style="list-style-type: none"> • Whether there is a DR section in PCSA’s own training (A) • PCSA providing AR training as supplement to OCWTP core training (A)
	Caseworkers and supervisors in AR and IR pathways (intake/ongoing) get training before start of AR project or soon after hire.	<p><u>County:</u></p> <p>All counties offered DR orientation to entire staff; in one county, participation was mandatory.</p> <p>All counties sent workers and supervisors to 2-day QIC-DR training; two counties sent all workers, others sent all AR and some IR workers.</p> <p>Four counties sent some workers and supervisors to National DR conference (November 2010)</p> <p>The 2-day QIC-DR training was offered a second time in January 2011, for staff hired after kickoff. Two counties sent new AR staff, and other counties sent other staff who missed the earlier training.</p> <p>HSRI trained all appropriate county staff on evaluation data collection.</p>	<ul style="list-style-type: none"> • Activities to introduce new non-AR staff to DR (A) • Training new AR workers (W) • Written training manual (A) • Content and timing of training (A) • Supervisor training (W) • Refresher training on evaluation data collection/SACWIS (W) • Mandated or optional (orientation, trainings, etc.) (A) • Other ongoing training opportunities (e.g. webinars) (W)
	AR staff receive shadowing, mentoring & peer support.	<p><u>County:</u> Staff from three SOAR counties visited MN to learn about its DR model. Several counties visited other AR counties for shadowing experiences.</p>	<ul style="list-style-type: none"> • Content and timing of PCSA/SOAR coaching, shadowing, and peer support opportunities (A) • Coaching, shadowing, peer support received (W)



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Table 4: Implementation Fidelity Measures and Status, Year 1

Model components	Fidelity Measures	Current Status at State and County/PCSA Levels	Future Fidelity-related Information to Be Collected (at Agency level [A], Worker level [W], Family level [F])
<p><u>Training and Staff Support</u> (continued)</p>	<p>Statewide commitment to ongoing support for AR staff.</p>	<p><u>State:</u> AR leadership council is working to develop coaching program. <i>Peer Supports:</i> Quarterly opportunities for AR staff to meet have been provided by AR Leadership Council—however, need to be more targeted by job responsibility and facilitated.</p>	<ul style="list-style-type: none"> • AR training included in core CW training (A) • Other AR staff support opportunities provided through AR Leadership Council (A)
<p><u>Engagement of Community Partners</u></p> <p>Types of community partners; information-sharing and involvement for education, planning purposes</p>	<p>Staff from other child-serving agencies (public, nonprofit, informal associations) are introduced to AR; PCSA leaders are involved.</p>	<p><u>State:</u> Statewide leadership group includes representatives from partner agencies. <u>County:</u> All SOAR counties conducted a variety of events to educate other human services organizations about DR, using community-wide meetings, presentations, and other forums, as well as individual meetings between PCSA DR representatives and leaders of other organizations.</p>	<ul style="list-style-type: none"> • Ongoing involvement of community partners at state and county level (information-sharing, education, planning) (A) • Key community partners included (A) • PCSA leaders’ involvement in community events (A) • Changes in community partners’ view of AR (A) • Frequency of service referrals to various partner agencies (W)
<p><u>Family Engagement</u></p> <p>Frequency and intensity of contact, voluntary involvement</p>	<p>PCSA has requirement on frequency of face-to-face contact with families.</p>	<p><u>County:</u> Two counties have expectations that AR workers make more frequent contact (# of visits and length of time) with families.</p>	<ul style="list-style-type: none"> • Formal agency policy regarding frequency of contact (A) • Frequency of face-to-face contact (F) • Average length of visit (F)
<p><u>Service Array and Service Provision</u></p> <p>Enhanced service array; promptness of service provision</p>	<p>Services and hard goods made available to AR families.</p>	<p><u>County:</u> Two counties purchased slots of certain services for AR families. All counties established a discretionary fund to provide hard goods to AR families.</p>	<ul style="list-style-type: none"> • Whether hard goods received (W) • What service slots targeted to AR (A) • Average time between service referral and service provided (F)

In sum, the data suggest that the SOAR Consortium has made progress across all DR components but still faces implementation challenges, as expected after less than a year of prelaunch and initial implementation activities. Given the preliminary nature of the fidelity measurement process, it is expected and appropriate that there be variation among the counties. This variation enables HSRI to examine qualitatively how important any particular fidelity measure is to SOAR success, and ultimately to begin to understand how overall fidelity to the SOAR DR model influences family outcomes.

6. NEXT STEPS FOR THE EVALUATION

The evaluation site visits conducted in the SOAR counties after the first few months of implementing AR have provided a glimpse into the pre-implementation and early implementation stages, documenting the evolving process of installing DR. The evaluation team will continue to gather information on the ongoing implementation of DR in these sites through future phone interviews (Spring 2012), site visits (Spring 2013), and ongoing conversations with the SOAR counties. This information will be helpful in informing future efforts to implement DR around the country. The evaluation team also will begin to analyze data from surveys completed by families and caseworkers on AR and IR cases, exploring similarities and differences in these two distinct pathways. Finally, the evaluation team will examine child welfare outcomes data from SACWIS to look at the impact DR may have on the overall experience and trajectory of study cases. Data from all these sources will provide a comprehensive understanding of how the implementation of DR in the SOAR counties has affected agency practices, worker and family experiences, and outcomes for children and families involved in the child welfare system.

APPENDIX A: Outline Crosswalk

WRMA's outline		Where to find in HSRI report	Page
Introduction	Purpose of report	1. Introduction	1-2
	Description of site visits		
	Follow-up visits for 2012 - 2013	6. Next Steps	47
Background	Site Description	2a. Adoption and Exploration SOAR Consortium & SOAR Peer Support	5-7
	CPS system prior to DR	2a. Adoption and Exploration	3-5
	Other child welfare reforms	2a. Adoption and Exploration	4-5
	Factors leading to consideration of DR	2a. Adoption and Exploration: Interest in QIC-DR Grant	7-8
	Making the commitment to DR	2a. Adoption and Exploration 2a. Adoption and Exploration: Community Buy-In	3-9 10-12
Implementation	Overview of DR Model: DR Policy	2a. Adoption and Exploration 2b. Program Installation—Agency Level Policy & Procedure	3-5 9-10
	Overview of DR Model: the DR Model	3. AR PRACTICE 3a. Screen-In, Pathway Assignment, and Eligibility 3b. Case Flow	23 24-30 30-39
	Initial Implementation of DR	2c. Program Installation—Worker Level	12-20
	Organizational Supports for DR	2d. Ongoing Oversight of AR	21-23
	Relationship with community	2a. Adoption and Exploration:Community Buy-In	10-12
	Opportunities for Improvement	4. Successes, Challenges, Recommendations & Next Steps	39-42
Fidelity	Initial Screen-in	3a. Screen-In, Pathway Assignment, and Eligibility Initial Screen-in	24
	AR eligibility	3a. Screen-In, Pathway Assignment, and Eligibility AR Eligibility Determination Discretionary Criteria Appropriateness of Cases Determined Eligible for AR Defined Pathways and Rules for Changing 3b. Case Flow: Re-Assignment	26-30 34
	Random Assignment	3a. Screen-In, Pathway Assignment, and Eligibility Random Assignment	28-29
	Assessment	3b. Case Flow: Assessment	33-34
	Services	3.b Case Flow: Service Delivery	35-38
	Case closure	3b. Case Flow: Case Closure	38
	Re-report	3b. Case Flow: Re-Report	39
	Opportunities for improvement	4. Successes, Challenges & Recommendations	39-41

APPENDIX B: Year 1 DR Site Visit Guide- Manager Interview

Introduction: *This interview is with managers directly involved in the implementation of AR in this county, no introduction needed, however consent to participate must be presented.*

Participants (Name, Title, Time with Agency)

[Click here to enter text.](#)

Staffing Structure

AR workers: (# AR workers, caseload size and mix, floater, previous position, hx with agency, # ongoing AR workers, after-hour AR workers) (60-63)

AR supervisors: # AR supervisors, AR intake unit (one unit with all AR workers), blended unit, (61)

Staffing model: (one worker/1 family, hybrid, warm hand-off) (62)

When do cases transfer? To what workers? Frequency... Timeframe. Is there an ongoing AR unit? (63)

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Communication between intake and ongoing workers (66)

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Case Flow: For the following questions, walk interviewees through the case flow diagram, documenting process, and probing questions below.

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AR eligibility

Please describe the process for determining AR eligibility? ** Note variations in criteria for eligibility (i.e. screened in case in Richland would never have been screened in in Clark), has to do a lot with court. (group decision making, varying comfort levels in screening decisions (universal, case-by case) (78)

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Written criteria for AR eligibility** (75-77)

Written procedure so that families assigned to DR pathway may opt for the IR pathway if no safety concerns (i.e. is voluntary) (76)

Written procedure so that the PCSA may move family from AR to IR pathway when safety issues make it necessary (77)

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Random assignment

Have there been any problems resulting from the random assignment process? ** (87-88)

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How were these resolved? ** (88)

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Has the random assignment process produced an excessive workload for AR or IR caseworkers? ** Has this been addressed? How? ** (89)

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Defined Track Pathway and Rules for Changing

Does your county have the following written procedures (68-70):

A written procedure so that families assigned to DR pathway may opt for the IR pathway if no safety concerns (i.e. is voluntary) (68)

A written procedure so that the PCSA may move family from AR to IR pathway when safety issues make it necessary (69)

A written procedure so that the PCSA may move family from AR to IR pathway if they prefer (70)

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Case initiation and first contact:

Different Timeframes for first contact (90)

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Frequency/Type of contact with AR and IR families (91)

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In P&P (92)

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Service delivery

Please describe the major differences in the procedures for responding to AR and IR cases in your county. ** (104) Is it substantially different from what was done in the past or with IR cases?

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Please describe what AR workers do when they meet with a family? ** (105)- at initial and follow-up meetings with families

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Are there differences in the availability of services between AR and IR cases? ** (106-109)

Differences in how quickly they receive services? ** (107)

Differences in the amount of services received? ** (108)

Differences in the types of services received? ** (Examples) (109)



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Case close

What are the guidelines for how long AR and IR cases should be open? What is the procedure for extending that time? ** (111)

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Do AR cases transfer to an ongoing unit, or remain with AR worker until case closure: (112)

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DR model

Describe the process used to develop the DR model and practice guidance for your site.* (i.e. formalized planning committee, pilot leader with input from staff, explicit plan, schedule, distinct section in PCSA manual) (11)

Policy: DR practice clearly defined in state and county policy documents/manuals?* (10)

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Facilitative Administration

What administrative teams are responsible for the ongoing development of DR? * (13) What was the role of each team in the implementation of DR?* (14)

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What adjustments have these teams made to DR implementation since initial implementation? (staffing training, coaching, monitoring)* (15)

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Systems Intervention

Please tell us about instances in which implementation of DR has required additional changes in policy or practice that were not initially anticipated. How were these needs identified and addressed? * (18)

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Who are the DR champions in your county? What do they do that makes them effective?* (19)

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Has the implementation of DR affected practice in the IR track? How?* (20)

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Community buy-in This may have been covered in SOAR Meeting

What outreach was done to key community stakeholders? * (28)



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What groups were specifically targeted? (e.g. mandated reporters, law enforcement, service vendors, lawyers, the courts)* (30)

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Who was involved in conducting outreach and community events? (31)

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Were any groups not brought into the process initially that should have been?*(33)

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HSRI Questions:

Who are the key stakeholders in your county? Name, Title, Contact Information

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Staff selection

What are the criteria for selecting caseworkers for alternative response? (e.g. skills, prior training, time in service, desire)* (self-selection, internal interview process, seniority and uni on criteria) (37)

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How, if at all, are the criteria different from criteria for selecting workers into investigation response? *
How are those criteria related to the practice of alternative response?*(39)

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Training

Who was trained and how? (40-43)

Training materials

Were screening decision-makers are trained before begin screening cases ? (41)

How did the training differ for each of these groups? (length, content)* (42)

During the training, what activities address the following: learning; skill development; buy-in? *(43)

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After the initial implementation of DR, how are new DR workers trained? *(44)

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What if any changes have been made to the training curriculum since the beginning, and why? *(45)

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Must trainees demonstrate proficiency in the knowledge and/or practice of DR at the conclusion of training? How? * (46)

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How would you improve the DR training?* (48) What training would you like from this point forward?

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What further training needs do you or your staff have? (48.5)

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Performance Assessment

How is caseworker performance monitored for DR, IR?* (49)

Probe: group supervision, clinical consultation, signs of safety, difference in supervision, supervising AR workers: successes and challenges

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Supervision and Coaching

Please describe the process used to coach DR and IR caseworkers to improve practice. (what, how often, etc)* (50)

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Do you feel that the coaching you receive is effective? * (52)

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Monitoring

What outcomes are monitored to assess DR performance? * (55)

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What DR and IR practice measures are monitored? * (56)

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How are these measures monitored? By whom?* (57)

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How frequently are these outcomes reported, and to whom?* (58)

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Wrap up/Other

Community partners viewed as key in outreach (117)



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How do you utilize Casey Funds vs. grant funds? (119)

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Evaluation questions and concern: surveys- how are they distributed? (122)

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Peer support among SOAR counties (120)

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What the the biggest successes and challenges of implementing AR model in your counties? (121)

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Evaluation questions and concern: surveys- how are they distributed? (122)



Appendix C: Pathway Assignment Tool

Family Name: _____ Date Report Accepted: _____

Intake Number: _____ Family SACWIS ID: _____

CA/N Type: _____

INVESTIGATION RESPONSE REQUIRED:

Check all that apply

Report *alleges* serious harm to a child:

- Reports of physical abuse and or neglect that results in a serious injury or that creates a serious and immediate risk to a child's health and safety as defined in ORC 2901.01 (A) (5) (a-e), "serious physical harm to a person means:
 - = Any mental illness or condition of such gravity as would normally require hospitalization or prolonged psychiatric treatment;
 - = Any physical harm that carries a substantial risk of death;
 - = Any physical harm that involves some permanent incapacity, whether partial or total, or that involves some temporary, substantial incapacity;
 - = Any physical harm that involves some permanent disfigurement or that involves some temporary, serious disfigurement;
 - = Any physical harm that involves acute pain of such duration as to result in substantial suffering or that involves any degree of prolonged or intractable pain
- Report requires the involvement of a Child Advocacy Center

Report *alleges* sexual abuse of a child:

Report involves a suspicious child fatality or homicide:

Report requires a specialized assessment:

- Alleged perpetrator is a person responsible for the child's care in an out-of-home setting.
- Alleged perpetrator has access to the child by virtue of his/her employment by or affiliation.

Report requires a third party assessment:

- Any employee of an institution or facility that is licensed or certified by ODJFS or another state agency and supervised by the PCSA.
- A foster caregiver or pre-finalized adoptive parent that is licensed, certified, or approved by ODJFS and supervised by the PCSA.
- A type B family day care home certified by a County Department of Job and Family Services (ODJFS).
- Any employee or agent of ODJFS or the PCSA.
- Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
- Any other PCSA conflict of interest.

Report is on a current open investigative response or on-going case:

Requested or received Court-ordered custody or Protective Supervision Ordered:



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Listed below are characteristics of families to be used in your decision for pathway assignment. Check all that apply. Note: the characteristics listed are not automatic county discretionary exclusions to pathway assignment. The characteristics indicated will be used in the decision making process and collected for research purposes.

FAMILY CHARACTERISTICS:	
Check all that apply	
Family has had frequent, similar, or recent past reports: <ul style="list-style-type: none"> • 3 reports/referrals within 6 months. 	<input type="checkbox"/>
Past custody by a PCSA: <ul style="list-style-type: none"> • Dates of placement; _____ 	<input type="checkbox"/>
Two or more children under the age of 5:	<input type="checkbox"/>
Past substantiated or indicated CA/N: <ul style="list-style-type: none"> • Is the AP still in the home or providing care for the child/ren? <input type="checkbox"/> yes <input type="checkbox"/> no 	<input type="checkbox"/>
Parent/legal guardian has declined contact in the past: <ul style="list-style-type: none"> • Parent/legal guardian did not allow access to the family. • PCSA filed court order to allow access to family 	<input type="checkbox"/>
Previous child harm offenses charged against the alleged perpetrator:	<input type="checkbox"/>
Past maltreatment concerns not resolved at previous closing:	<input type="checkbox"/>
Worker hazards that require Law Enforcement at contacts with family:	<input type="checkbox"/>
Reported Intimate Partner Violence:	<input type="checkbox"/>
Positive toxicology at birth: <ul style="list-style-type: none"> • Type _____ 	<input type="checkbox"/>
Current open Alternative Response or on-going Alternative Response case (post family assessment)	<input type="checkbox"/>
Other: _____ _____	<input type="checkbox"/>
Appropriate for Alternative Response, but not assigned due to: <input type="checkbox"/> Administrative decision <input type="checkbox"/> Staffing considerations <input type="checkbox"/> Other _____	<input type="checkbox"/>

County Decision

- County has determined the report is appropriate for Alternative Response Pathway Assignment and will be randomized
- County has determined the report is **not** appropriate for the Alternative Response Pathway Assignment

