November, 2013

OHIO SOAR PROJECT:
Final Report

HSRI

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Ohio SOAR Project: Final Report

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Acknowledgements

HSRI staff would like to thank the many individuals and organizations that have contributed to our understanding and knowledge about Differential Response in Ohio and across the country. First and foremost, we would like to thank all of the staff in each of the six SOAR counties who have contributed to this evaluation, participating in discussions and interviews, as well as completing the surveys used in the analysis for this report. We also would like to thank the lead AR staff in each of the six counties who joined us in enlightening conversations at regular SOAR Consortium meetings: Dawn Boudrie, Robin Bruno, Marsha Colman, Stacy Cox, Stefania Falke, Leslie Keown, Sushila Moore, and Diana Zelasko. Leading the six SOAR counties, Nancy Mahoney provided valuable project oversight and guidance to ensure that the project progressed effectively and provided clear communication between the Ohio project and the cross-site team. We would like to thank the staff at OJDFS for their involvement in this project, Carla Carpenter and Sonia Tillman, for their assistance in understanding AR from a statewide perspective. Finally, we'd like to offer a sincere acknowledgement of the work that Kevin Brown from Summit County offered as the Data Coordinator, in partnership with Lucy Potisuk, in working closely with HSRI and each of the counties to oversee the case-level data collection process, as well as providing valuable consultation to the HSRI evaluation team throughout the three year project.

We would also like to thank our partners in Colorado and Illinois, as well as the staff of the QIC-DR cross site team at the Kempe Center and Walter R. McDonald & Associates, Inc.

We have learned so much from each and every one of these individuals and organizations and wish to express our gratitude and appreciation for everything that you all have done.

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Chapter 1

Introduction & Background

1.1 Introduction and National Context

In 2009, the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR), funded by the Children's Bureau, U.S. Department of Health and Human Services, began a study of the impact of Differential Response (DR) on 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[1] (AR) 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" (Ohio Department of Job & Family Services, 2008). 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 reported to Child Protective Services (CPS). The SOAR project includes a mix of counties—large metro areas as well as small rural communities—and child welfare agencies with varying exposure to and experience in DR.

The Ohio SOAR consortium of counties joined two other sites, located in Colorado and Illinois, in this effort led by the QIC-DR. With the goal to advance knowledge and gather evidence about the effectiveness of DR, the three QIC-DR sites conducted a site-specific evaluation that contributes to a cross-site understanding of the impact of DR on child welfare systems (Quality Improvement Center on Differential Response, 2013). This report summarizes the evaluation conducted by Human Services Research Institute (HSRI), describing the implementation of DR in the SOAR counties and how cases flow through the Alternative Response (AR) track, fidelity to key components of the SOAR model, differences in outcomes and

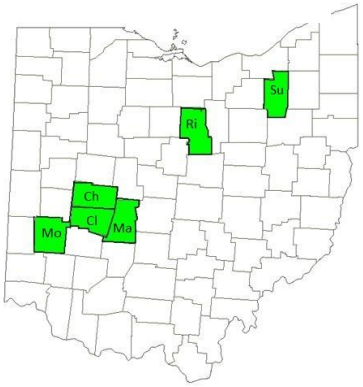
[1] Alterative Response is one track of a two-track Differential Response system. Terminology is discussed further in Section 1.3.

resources utilized on cases served in AR vs. traditional pathways, and overall impact of Alternative Response practice in a sub-group of Ohio counties.

1.2 The SOAR Consortium

The SOAR Consortium includes six county-level public children services agencies (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 Round 1 counties in the original Ohio Alternative Response pilot. The composition of the Round 2 SOAR Consortium is a hybrid, combining a mature site (Clark) with the other five counties as new sites.

SOAR Counties



The six SOAR counties represent the variation of child welfare systems operating in counties throughout Ohio. Table 1.1 demonstrates that the SOAR counties possess demographic characteristics similar to other Ohio counties. The SOAR Consortium has similar rates to the state of Ohio as a whole, in terms of children living in poverty and the African American population, and represents 12% of the entire Ohio population. These counties also serve a substantial portion of the Ohio child welfare 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 1.1 SOAR County Characteristics

	Champaign	Clark	Madison	Montgomery	Richland	Summit	Ohio
2010 county population[2]	40,097	138,333	43,435	535,153	124,475	541,781	11,536,504
% urban	6%	21%	6%	43%	11.53%	47%	9%
Population of largest city	11,793	60,608	9,904	141,527	47,821	199,110	787,033
% white	88%	88%	91%	76%	87%	82%	84%
% families below poverty	11%	11%	8%	12%	8%	10%	10%
Child Welfare Agency							
CSB or combined[3]	Combined	Combined	Combined	Combined	CSB	CSB	n/a
# staff in child welfare agency/division[4]	10	54	11	350	107	335	n/a
New allegations of abuse/neglect[5]	429	1,294	471	4,741	2,748	5,925	116,216

The SOAR Consortium Leadership Team, consisting of a lead AR staff member from each SOAR county plus evaluation staff, met regularly with the Clark County Project Director, who managed the QIC-DR grant. Among the key tasks addressed by this team were 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; in the last year of the project, discussions centered around sustainability and dissemination. 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 of the project.

These regular meetings with the SOAR Consortium allowed for communication and relationship building among the SOAR counties. The in-person meetings rotated 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.

[2] Ohio County Profiles retrieved from: http://www.development.ohio.gov/research/files/s0.htm.

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

[4] Approximate # of child welfare staff: in combined agencies, some staff are shared between divisions.

[5] Public Children Services of Ohio (PCSAO). (2011). *PCSAO Factbook 10th Edition: 2011-2012*. Retrieved from: http://www.pcsao.org/PCSAOFactbook/PCSAOFactBook10thEdition.htm.

In the beginning of the grant, some participating managers and supervisors viewed these meetings as helpful, while others found that the phone meetings specifically did not serve to coordinate or foster troubleshooting but rather were used to direct the counties with regard to tasks that were due. Nonetheless, some county managers asserted that SOAR conversations, especially the quarterly in-person meetings, provided 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. These meeting opportunities continued throughout the entire course of the grant, building on relationships established in the early months of the project.

1.3 Terminology

Before describing the Differential Response system in Ohio, it is important to define the terminology used in Ohio and in this report. According to Ohio's Revised Code:[6]

- "Traditional Response" (TR) 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, this two-track system is referred to as the "DR" system;[7] the Alternative Response track is referred to as "AR;" and "TR" is the term most commonly used by Ohio counties in reference to the traditional investigation pathway.

[6] Ohio Revised Code Section 309.50.10.

[7] Within Ohio, Differential Response 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).

1.4 Comparing Alternative and Traditional Response Tracks in Ohio

In Ohio, the guiding framework for the model was developed during the initial stages of implementation. During this period, Ohio Administrative Rules were developed, data systems were modified, and materials were created to clarify Ohio's definition of the two-track DR system. In a bulletin put out in 2007 by the collaborating partners in this effort, the AR track was more clearly defined. According to this bulletin (Carpenter, C., 2007), "to maximize child safety, a strong Alternative Response system must organizationally and individually assure that its workers:

- Thoroughly understand the multi-track system,
- Emphasize parental engagement and family strengths, and
- Prioritize early intervention and prevention efforts."

While family assessments and traditional investigations are both focused on the safety of children in the home, there are several key differences between the two tracks:

Table 1.2 Key Differences in TR and AR Tracks (adapted from Carpenter, C., 2007).

Traditional Response (TR)	Alternative Response (AR)
• Substantiation, indication or unsubstantiation of maltreatment • Incident-based with fact-finding focus • More likely to feel adversarial to both the worker and the family • More forensic in nature • Voluntary services may or may not be offered	• No formal finding of maltreatment • Strengths-based • Works under the assumption that families are willing partners in addressing child safety concerns • Focus on safety through engagement • Voluntary services likely to be offered

In regards to TR vs. AR practice, there are also differences in administrative rules about timelines for completing various casework activities and documentation, as summarized in the table below.

Table 1.3 Ohio Administrative Rule Differences Between Tracks

	Traditional Response (TR)	Alternative Response (AR)
Initiation of emergency report	Attempted face to face with alleged child victim within 1 hour	Attempted face to face with child subject of report within 1 hour
Initiation of non-emergency report:	Attempt face to face contact or complete a telephone contact within 24 hours with a principal of the report or collateral source who has knowledge of the alleged child victim's current condition and can provide current information about the child's safety. If face-to-face contact was not attempted within the 24-hours, attempted face-to-face contact with the ACV within 72 hours to assess child safety.	Initiation is done by completing one of the following within 24 hours : 1) attempt face-to-face contact with parent, child or collateral; 2) attempt a telephone contact with the parent or collateral source who has knowledge of the child subject of reports current condition or information about the child's safety; 3) send a letter to the parent, guardian or custodian acknowledging a report was received and inviting family to engage with PCSA
Safety Assessment	Complete and document the assessment of safety within 4 working days from date screened in. If extension needed in order to make the contact, documentation of the safety assessment must be completed the next working day after face to face contact	Complete and document the assessment of safety within 7 working days from date screened in. If extension needed in order to make the contact, documentation of the safety assessment must be completed with 3 working days after face to face contact
Family Assessment	Complete a report disposition and Family Assessment no later than 30 calendar days from date screened in. A 15 calendar-day extension may be requested with justification and approval.	Complete a final case decision and Family Assessment no later than 45 calendar days from screen-in date. A 15 calendar-day extension may be requested with justification and approval.
Case planning	Completed within 30 days of case disposition indicating the need for continued service provision or filing of a court complaint.	Family and agency reach a joint decision to continue services post-assessment, a Family Service Plan and/or CAPMIS Case Plan are developed any time after the assessment of safety up to 30 days after the completion of the Family Assessment.
Monthly Visits	Face to face contact no less than monthly with all parties to the case and at least every other month in the home.	Face to face contact no less than twice monthly with all parties to the case and at least every other month in the home.
End of Assessment Period	Case decision to continue service provision or close case must be made within 30 days from screened in report, with ability to request a 15 day extension.	Family and agency reach a joint decision to continue services or close case must be made within 45 days from screened in report, with the ability to request a 15 day extension.
Pathway Switch	Cases cannot switch pathways from TR to AR.	Pathway switches result from one of the following: Family request, Family refusal to engage/unable to locate, Complaint filing or a new report requires a traditional response

While there are distinctions in the two tracks based on rule and state guidelines, in talking to SOAR Consortium members, it becomes clear that the distinctions are more than just the mandated child welfare activities and timeframes. In members' opinions, it is about creating a system that allows child welfare agencies to respond differently to different situations. At an in-person meeting in January 2013, reflecting on their experience with DR, Consortium members described DR as a multi-track system enabling counties to take a different approach in working with families, with the same intent of keeping children safe. They reported:

- The TR track is incident driven, resulting in a disposition: the language is more accusatory by design. Courts tend to be incident driven, so language (i.e. "disposition," "substantiation") is needed for court proceedings.

- The AR track provides a more holistic approach, focusing on the caseworker spending time with families to assess the situation, while at the same time protecting the safety of the children. The extended timeframes and frequency of contact for AR cases allows workers to gather more information and engage families, which may result in a better assessment of children's safety.

The table above suggests that the primary distinction between these two tracks is that AR allows for expanded response options to child welfare cases in Ohio and does not require an incident-driven approach. As one SOAR Consortium member stated, the "disposition isn't what protects the child," and while it is needed for cases where safety concerns are higher, it is not as appropriate for cases deemed eligible for AR. In a DR system, counties have the ability to make a determination of how to handle different types of case instead of working with all families in the same manner. These managers view it as a change at the system level.

1.5 Ohio Context and Implementation

The implementation of the SOAR project under the QIC-DR grant was not the first DR effort in Ohio. The SOAR project was created within the larger context of Ohio's statewide implementation of the two-track DR system.

1.5.1 History

In 2004, in a collaborative effort between the Supreme Court of Ohio and the Ohio Department of Job and Family Services (ODJFS), the Subcommittee on Responding to Child Abuse, Neglect, and Dependency was created to examine Ohio's child welfare screening and assessment process and to provide recommendations to

address concerns raised in the federal Child and Family Services Review (CFSR). As a result, in 2007, key stakeholders began to explore and lay the groundwork for Ohio's first pilot of Alternative Response.[8] The pilot, also referred to as Round 1, launched in July 2008 in 10 of Ohio's 88 counties and included an evaluation study to examine its impact. The Round 1 evaluation (Loman, et al., 2010), covering the period of 2007–2009, found favorable effects of AR when compared with TR[9], leading the state to commit to steadily expanding AR in future years.[10] Because ODJFS made a commitment to implementing AR into child welfare practice across the state, Ohio PCSAs quickly became aware of the DR track and philosophy, and they began to anticipate the changes to come. It was within this context that the SOAR counties applied for and received the QIC-DR grant in 2009, becoming the DR Round 2 counties in Ohio.

1.5.2 Ohio's DR Leadership Council

From the beginning discussions about DR, state and county staff worked together to design a statewide model for DR, achieving significant buy-in for this system-change initiative early on in the process. In a county-administered child welfare system, such buy-in is essential. This collaborative partnership, named the Ohio AR Design Workgroup, [11] involved both ODJFS and Ohio county staff and was a crucial factor guiding SOAR's initial exploration and adoption of DR. This partnership later became Ohio's DR Leadership Council. The team of state and county stakeholders worked well together from the point of initial project conception, through design and development, and now throughout statewide rollout. As one county manager 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."

[8] 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.

[9] A more detailed comparison of Ohio evaluation findings is included in Chapter 7.

[10] A full description of Ohio DR history is available here: Carpenter, C. (2011). Process Perspectives: Chronicling Ohio's Alternative Response Pilot Project Experience. Washington, DC: American Humane Association. Available from: http://law.capital.edu/uploadedFiles/Law_Multi_Site/NCALP/S4_Process_Perspectives_Chronicle.pdf.

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

The Leadership Council continues to meet quarterly, addressing emerging issues and county needs, sharing lessons learned (e.g., designing new AR components in Statewide Automated Child Welfare Information System (SACWIS), developing training resources, bringing external experts). The Leadership Council is considered to be a valuable collaboration in the state, providing a practice perspective from the field to guide the continued implementation of AR practice in Ohio.

Beginning in December 2010, the SOAR Project Director and two designated SOAR county representatives began attending all Leadership Council meetings, sharing information gathered at these meetings with the other SOAR county representatives during the monthly SOAR telephone conference 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 SOAR 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. Lastly, as part of the Implementation Team (a sub-task team of 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.

1.5.3 ODJFS Role in Statewide Implementation

In addition to Leadership Council, ODJFS has supported the adoption of DR in Ohio by creating a Differential Response Manager position within ODJFS. A second position at ODJFS, the Differential Response Coordinator, was also recently added, providing more staff support for this statewide effort. The roles and responsibilities of ODJFS staff include:

- *Involvement in Leadership Council*, as non-voting members. The ODJFS staff are active participants, representing the state perspective and helping implement recommendations and address challenges raised at Leadership Council.

- *Statewide Implementation*: In July 2011, statewide rollout of DR was formalized into Ohio Statute. ODJFS staff played a key role in statewide implementation, developing the rollout process and schedule, as well as providing supports and guidance to new DR counties. As of the spring of 2013, 60 of 88 counties had implemented DR, with an expected completion of the statewide rollout by June 2014. In addition to the pre-implementation supports provided to new DR counties and offering sustainability consultation approximately one to two years after implementation, ODJFS staff also work with counties to schedule two-day coaching opportunities for DR counties who have recently implemented.

- *Ohio DR Practice Profiles*: ODJFS staff worked with Leadership Council members to create a set of tools to provide behavioral definitions of what DR should look like in practice; in other words, concrete definitions of particular skills and activities that are needed for successful DR implementation. These tools (known as "Practice Profiles") will be used to not only coach individual AR and TR workers to improve casework practices, but to also allow for a better understanding of system-level adherence to the fidelity of the DR model. Practice Profiles include the following critical activities: engaging, assessing, partnering, planning, implementing, evaluating, advocating, communicating, demonstrating cultural and diversity competence, and collaborating (Ohio Department of Job & Family Services, *Differential Response Practice Profiles*).

- *DR Training Opportunities*: ODJFS continues to work with Leadership Council to develop more capacity within the state to provide coaching opportunities for AR staff so they are less reliant on external experts in the field. For example, ODJFS staff worked with Leadership Council to develop training opportunities for supervisors to learn to effectively coach AR and TR workers, based on the Practice Profiles described above. ODJFS and Leadership Council also worked together to develop a core group of AR staff who are certified to train on the Safe and Together model.[12] Finally, as statewide implementation continues, the Ohio Child Welfare Training Program (OCWTP)[13] has now assumed all responsibility for coordinating AR

[12] Safe and Together is an approach used to help child welfare staff develop strategies to work with families with domestic violence concerns—this was a topic where AR staff needed more training, a need identified in Leadership Council. This program can be viewed here: http://endingviolence.com/our-programs/safe-together/safe-together-overview/.

[13] OCWPT is the organization designated to provide statewide training opportunities to child welfare staff in Ohio.

Primer training for new counties rolling out DR and for counties who need training to replace workers or expand the practice. OCWTP is also responsible for ensuring a pool of qualified AR trainers.

In addition to the above-mentioned efforts, ODJFS staff has recently been working with jurisdictions across the nation to share Ohio's experience with DR and share suggestions and lessons learned.

1.5.4 Other Ohio Initiatives

In addition to early exposure to DR philosophy and practice, the six 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 capped 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 Programs (CFP), which has partnered with the state to provide resources to counties as they implement DR across the state. CFP resources, in conjunction with some state funds, enable all Ohio DR counties access to supplementary funding for implementation efforts or for direct services support for families and technical assistance to help counties in their efforts toward capacity building and maintenance for DR in each county. More details about the use of CFP and grant funds to support families are included in Chapter 4, Section 4.5.

Both ProtectOhio and Casey Family Programs support have created an environment that supports the implementation of DR in the SOAR counties.

1.6 Conclusion

As this report proceeds in describing the findings from the evaluation of the six-county SOAR Consortium, it is important to keep in mind the context of implementing a DR model in a state which has already begun to practice this approach in some jurisdictions. Unlike Colorado and Illinois, where DR did not exist prior to the QIC-DR grant, in Ohio the framework had been developed, partnerships had been established, and the understanding of what a two-track system in Ohio

would look like had already emerged. It is with this in mind that we describe in more detail how AR is perceived as effective in terms of implementation, practice, and outcomes.

Chapter 2

Methodology

As part of the larger QIC-DR effort to advance knowledge of the effectiveness of Differential Response, Human Services Research Institute (HSRI) conducted the evaluation of Ohio's DR demonstration project, operating in six Ohio SOAR counties. The SOAR evaluation focused on impacts on agencies, staff, and families. This chapter offers an overview of the evaluation design, with particular attention to the population served. It also describes each of the primary data collection methods used and outlines our analytic approach.

2.1 Evaluation Design

HSRI's comprehensive evaluation of the SOAR project includes several sub-studies: a qualitative process study and an outcomes study utilizing a randomized control trial methodology. The Process and Outcomes Studies encompass activity that occurred in all six counties over the full time period of the demonstration. In this chapter, we discuss the intent of the two studies and offer details on the population served and the methodology employed.

This section describes the three distinct time periods of the demonstration project: the developmental period, when counties began to hire or reassign staff, conduct trainings, and make initial adjustments to organizational structure; the pilot period, preceding formal roll-out of the evaluation, when the six counties began serving families and became familiar with data collection requirements; and the formal study period, an 18-month period of randomization and service delivery.

2.1.1 SOAR Project Timeline and Evaluation Activities

Developmental Period: Given the complexity of implementing a new practice and simultaneously engaging in a rigorous evaluation, the SOAR counties fully utilized the months preceding DR rollout to plan for and begin making needed changes in organizational structure, community relationships, and staffing. The details of these activities are described in more detail in Chapter 3.

In order to ensure compliance to the evaluation design of this study, the evaluation team spent considerable time during the developmental period to prepare counties for their data collection role under the randomized control trial. In-person evaluation trainings were held with county staff toward the end of August 2010. Two evaluation team members and a representative from Clark County visited each of the six sites to conduct these trainings, providing an overview of evaluation procedures to line staff, supervisors, and managers in each county. While small counties only needed one day during which all staff could be trained, medium and large counties were given repeat trainings on multiple days in order to maximize the number of participants who had an opportunity to attend. The trainings were designed to build buy-in to the evaluation process as well as to explain the different components of the evaluation that would involve various groups of agency staff. The trainings for each county consisted of two segments: one tailored specifically toward screeners and screening decision makers, and the other tailored toward AR and TR caseworkers and supervisors. The lead AR staff person in each county, here forward referred to as the AR Coordinator, attended both segments. Training content focused on an overview of the evaluation itself, screening decision-making, use of the pathway decision tool, the randomization process, the web-based data system, and the survey process planned for gathering information from workers and families.

Pilot Period: In preparation for the official RCT rollout, HSRI initiated a two-month pilot period that began on September 1, 2010. This was a vital opportunity to test all aspects of the evaluation including randomization, data collection, and data monitoring processes. The pilot period was extended by one additional month, to the end of November 2010. Two reasons drove the extension decision: during the first two months of the study, a very small number of the study participants had enough time to pass completely through the study "pipeline," so not all aspects of the study process were adequately tested; additionally, some of the study sites had not had time to reach full capacity on the intervention or control side of the study, making it difficult for the evaluation team to fully understand how well the procedures for tracking the assignments and collecting data about existing families was working in practice. Five hundred and eight families were randomly assigned to AR and TR tracks during the three-month pilot period, allowing the evaluation team and counties to make some minor adjustments to their practice and data collection. The pilot cases were removed from the analysis used in this report.

Study Period and End of Randomization: Official data collection for randomized study families began December 1, 2010, continuing through May 31, 2012. A total of 3,215

families were randomized to AR or TR during this period, and a subset of 1,102 were further randomized to be surveyed. Further details are presented later in this section.

During the randomization period, the evaluation team continued to hold regular meetings with county AR Coordinators to discuss any challenges they might be experiencing with sustaining the study and to brainstorm solutions together. In the weeks immediately prior to the end of randomization, the evaluation team also held planning meetings with county AR Coordinators to help address concerns about the impact the end of randomization was likely to have on the six agencies (e.g., potential changes in workload volume or in workers' caseload characteristics). It was also important to explore the mechanisms being established to accommodate the increased numbers of families anticipated for AR, once all eligible AR families could be served.

2.1.2 Process Study

The Process Study examined changes occurring in the six participating child welfare agencies and the broader implications of implementing DR in these counties. The study specifically explored (a) changes in PCSA structure, service array, and interagency partnerships as related to DR, (b) the level of fidelity to the model within each county, and (c) post-randomization efforts toward program sustainability and replication. The analyses were designed to support an in-depth understanding of the Ohio DR model and the challenges that counties addressed as implementation progressed. The process analyses were also intended to provide a context from which to better understand the quantitative outcomes findings.

The descriptive analysis of the Process Study is based on data gathered through a variety of methods, including interviews and surveys of staff and families, gathered at several different points during the three-year project (data collection methods are described in more detail in Section 2.2). The Process Study compiles data at both the system-level and the case-level, offering insights into the impact of DR on the child welfare systems and on families served by these systems. The evaluation also examined change over time as DR practice became more imbedded into agency practice.

2.1.3 Outcomes Study

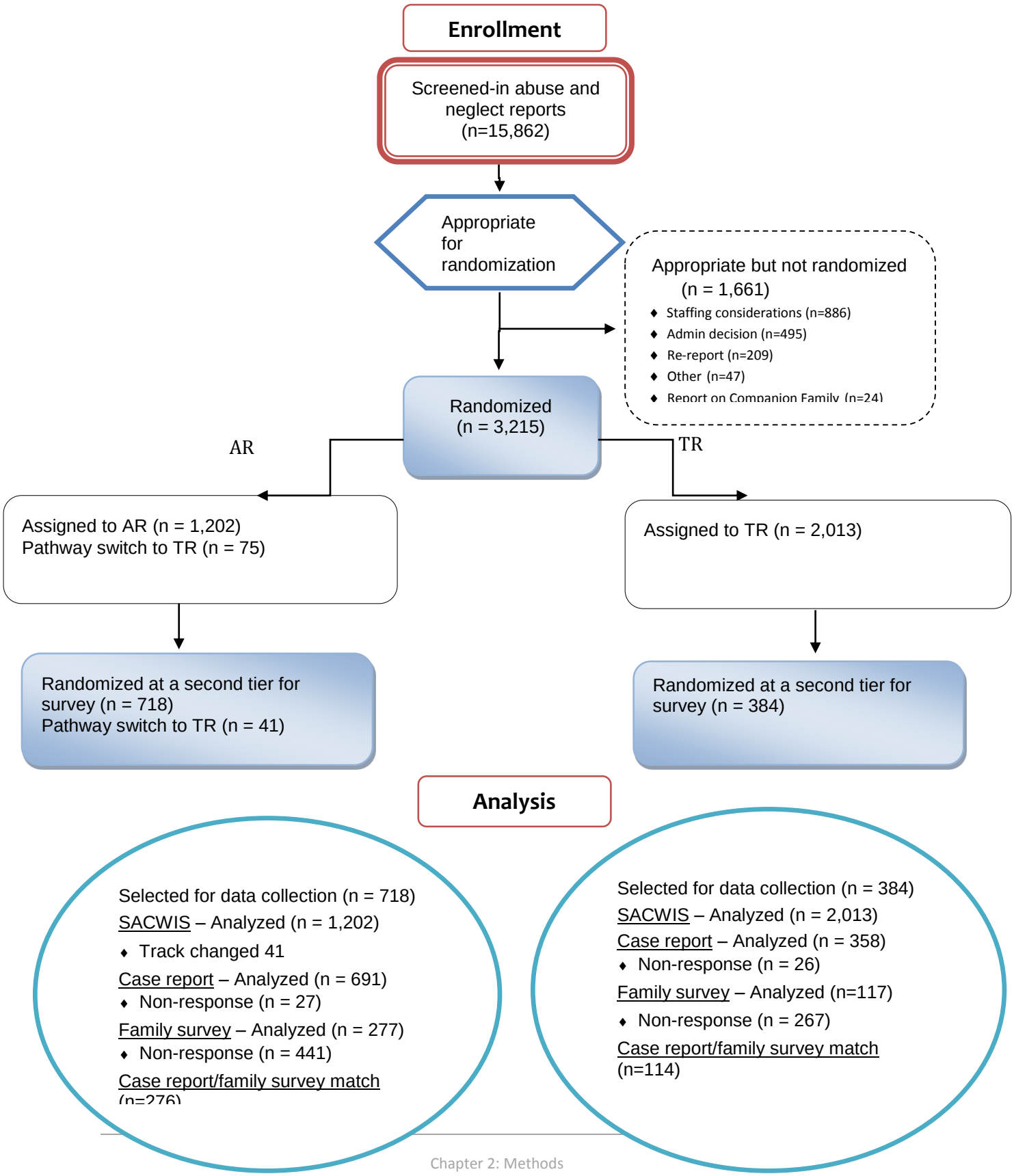
The Outcomes Study examined the impact of DR on child and family outcomes, for cases served in all six counties during the study period. The study utilizes a randomized control trial (RCT), randomly assigning eligible families to either the intervention or the control group. Using an RCT methodology assures comparability between the two groups of cases, thus reducing the likelihood that case characteristics, rather than the intervention itself, are influencing participant outcomes.

Central to rigorous outcome evaluation is effective implementation of the RCT. For it to operate effectively, two things are required: the randomization process must be smoothly integrated into existing child welfare practice, and staff must adhere to the process throughout its use. In order to incorporate the RCT process into each child welfare agency's practice of receiving reports of alleged child abuse or neglect (CAN), HSRI began very early in the pilot period to work closely with the SOAR Consortium members, developing a precise understanding of how families would be selected for the AR and TR tracks. Figure 2.1 depicts the flow of cases through the child welfare system, indicating at each key decision point the number of cases following each branch. The following section describes these steps and study size in some detail, to assist the reader in understanding the population included at each point; a qualitative description of case flow practice is provided in Chapter 5.

Analyses to understand differences between AR and TR tracks on the length of case, rates of re-reports, number and length of out-of-home placements were conducted on the larger sample (AR=1,202; TR=2,013). All other outcome analyses were conducted using data from caseworker and family surveys, the response rates for these can be found in Figure 2.1.

Pathway Assignment Tool and Eligibility for Randomization: To standardize procedures for determining study eligibility within each county, the evaluation team worked with county representatives over a period of several months to modify an existing pathway assignment tool (PAT) (Appendix A). State rule determines the lowest threshold for AR suitability such that only cases deemed to be low- to moderate-risk at screening are eligible; however, in a county-administered system, counties themselves can hold eligibility to a stricter standard. The PAT tool therefore served a dual purpose: to determine which cases were eligible for AR based on state rule (n=4876), and to gather a limited amount of additional information on these eligible families, which each county used to decide whether it would allow the case to be randomized into the study. This second level of scrutiny resulted in 3,215 cases being randomized.

Figure 2.1: CONSORT Flow Diagram - SOAR



Randomization Ratios: Prior to the implementation of AR practice in the six counties, in consultation with the cross-site evaluation team, HSRI worked with each county to identify a ratio of study-eligible families within each county that county managers believed could reasonably be handled on the AR track. Ratios were based on estimates of abuse and neglect reports projected across the 18-month study period, estimates of the county's staff capacity for serving AR cases, and the evaluation's needs for a minimum number of participants to attain power for statistical analyses.

As counties developed AR capacity and in the face of fluctuations in screened-in CAN reports, ratios changed over time in some of the SOAR counties. At implementation, randomizer ratios to AR ranged from 14% to 33% across the six counties. Final ratios of cases assigned to AR ranged from 30% to 80%. By the end of the randomization period, 1,202 cases had been assigned to AR and 2,013 were assigned to TR.

In addition to the initial randomization process that brought cases into the study group, the evaluation team established a second randomization process. To limit the evaluation burden on county staff, only a sample of the randomized cases were selected to be subject to two additional data collection processes: a survey related to case progress completed by caseworkers, and a family survey (see section 2.2.3 and 2.2.4 for more detail). In a similar manner to the randomizer ratios described above, ratios of randomized cases to be surveyed were adjusted over time to ensure that adequate numbers of survey were received. AR cases were surveyed at 68%, while TR cases were surveyed at varying rates, ranging from 14% to 25%; these ratios were also adjusted over the course of the project. In total, among the 1,202 cases randomized to the AR track, 718 were further randomized to be surveyed. Among the 2,013 randomized TR cases, 384 were selected to be surveyed.

Eligible but Not Randomized: Once the cases were deemed appropriate for AR based on state rule, counties took a more careful look at case characteristics before accepting the case for randomization. The PAT lists additional discretionary criteria identified by counties as potential red flags that, depending on individual county policy, could signal too much risk for the AR track. (See the Family Characteristics section of PAT- Appendix A). Table 2.1 shows the number and percentage of PATs

entered into SOARDS[14] that were randomized as well as those rejected for randomization (and therefore rejected from the study) due to particular reasons.

Table 2.1: Cases Appropriate for Randomization & Whether Randomized

	N
Randomized	3,215 (70%)
Appropriate but not randomized due to:	
Staffing considerations	886 (18%)
Administrative decision	495 (10%)
Re-report	209 (4%)
Other	47 (<1%)
Report on companion family in same household	24 (<1%)
Total	4,876

Staffing: Among the cases that were otherwise appropriate for AR during the study period, the most common reason noted for exclusion of a family was staffing considerations. This occurred when supervisors judged that AR staff was becoming overwhelmed with AR cases. In these situations supervisors would make the decision to bypass the randomizer and allow the case to go immediately to an investigation unit. This occurred in approximately 18% of all cases appropriate for randomization.

Administrative Decision: Approximately 10% of appropriate cases were eliminated from randomization due to an Administrative Decision. In order to understand whether these cases were systemically different from those that remained eligible for randomization, the evaluation team conducted chi-square analyses to compare the two groups on all the discretionary criteria listed in the PAT. Only those differences that were significant are reported in Table 2.2. These results suggest that, compared to randomized families, families that were not randomized due to an Administrative Decision were significantly more likely to have the listed characteristics.

[14] HSRI developed a stand-alone, web-based data system—Six Ohio Alternative Response Data System (SOARDS) to compile information which is not captured in SACWIS. This system is described in more detail in Section 2.2.2.

Table 2.2: Discretionary Risk Factors Associated with Randomized Families Compared to Families Not Randomized Due to an Administrative Decision

	Randomized (n=3,215)	Administrative Decision (n=495)
Positive toxicology at birth	7%	19%
Intimate partner violence	29%	47%
Previous maltreatment concerns	20%	31%
Previous harm offences charged	1%	5%
Past substantiation or indication	<1%	2%
More than one child under age five	11%	14%
Past custody	1%	4%

Families eliminated because of an Administrative Decision were also significantly more likely to have had a higher number of discretionary risk factors, regardless of which particular factors; the families not randomized averaged 1.48 concurrent discretionary risk factors associated with their case, while those randomized averaged only 0.89 factors. In other words, non-randomized families tended to have more than just one risk factor associated with their case, whereas those who were randomized tended to have one or no discretionary risk factors associated with their case.

Characteristics of AR-Eligible Families: This section describes the demographics and characteristics of randomized (i.e., AR-eligible) families. A total of 3,215 families were randomized to the AR track (1,202) or TR track (2,013). Table 2.3 compares between-group characteristics for families randomized to the two tracks. These comparisons are useful in understanding the potential biases that could influence differences found between AR and TR on key outcomes described in Chapter 8.

The information displayed in Table 2.3 suggests that the randomization process worked relatively well, with very few differences evident between the families randomized to the AR versus TR tracks; most of the factors with significant differences showed small percentage differences. The one exception is race—the TR track had a notably higher proportion of African American families. For the factors where there are significant differences, these should be noted as simply a characteristic of the randomization process.

Table 2.3 Characteristics of All Randomized Families[15]

	AR	TR
CAN Types	n=1202	n=2013
Neglect	57%	56.6%
Medical neglect	4 %	5%
Emotional neglect	14%*	10%*
Physical abuse	44%	43%
Family Characteristics		
Past PCSA custody	4%***	8%***
Two or more children under age five	27%**	31%**
Past CAN report	19%	21%
Parent declined contact in past	<1%	<1%
Previous child harm offense by alleged perpetrator	1%	1%
Intimate partner violence	10%	11%
Positive toxicology at birth	4%	4%
Adult Demographics		
Caregiver age	31.19 (SD=8.76)	31.57 (SD=9.00)
Race of primary caregiver[16]		
Black or African American only	17%*	25%*
White only	65%	60%
Multi-racial	1%	1%
Other[17]	<1%	<1%
Sex of primary caregiver - female	94%	95%
Child Demographics		
Oldest child	8.51 (SD=5.47)	8.21 (SD=5.25)
First child associated with TR vs. AR assessment ever removed	44%	35%
Sex - female	48%	50%
Race[18]		
Black or African American only	17%*	24%*
White only	54%*	49%*
Multi-racial	5%	4%

[15] * p <.05; ** p <.01; *** p <.001

[16] Excluded missing race values; does not add up to 100%

[17] Caregiver Other race includes American Indian/Alaskan Native, Asian, Native Hawaiian or Pacific Islander

[18] Excluded missing race values; does not add up to 100%

Other[19]	<1%	<1%

Overall, implementation of the RCT proved to be a very complex process for SOAR and the evaluation team. Although staff consistently adhered to the RCT rules, assignment to the AR and TR tracks was not completely clean. There was variation in the characteristics of families entered into the randomizer, due to differences in counties' risk tolerance for the AR track, and some cases switched tracks after randomization.[20] In addition, the ratio of cases randomized to AR (and the secondary randomization to create the survey sample) changed over time in response to fluctuations in reports coming into each agency. All of these factors combined to yield a useful yet imperfect demonstration of a RCT evaluation design.

2.2 Data Collection

The following section discusses the types of data collected and the sources of data collection for the Process Study and the Outcomes Study.

2.2.1 Implementation Reports, Site Visits, and Telephone Interviews

The evaluation team gathered qualitative data from each of the six counties based on interviews with staff and family focus groups, as well as documentation provided by AR Coordinators.

Site Visits: Two rounds of site visits were conducted in each of the six counties. The first round occurred in the spring of 2011, with the second occurring in the spring of 2013. During both rounds of visits, each site visit team included one staff member from HSRI and one staff member from the QIC-DR team[21] (who was responsible for taking detailed notes). Site visits included group interviews with SOAR managers, agency administrators, supervisors, and caseworkers. Given the unpredictable nature of supervisors' and caseworkers' day-to-day work, interviews were conducted with a convenience sample drawn from staff that happened to be available on the day of the visit. While this was not a randomly drawn sample of

[19] Child Other race includes Asian, Native Hawaiian/Pacific Islander; the table excludes missing race values so does not add up to 100%

[20] Even though the track-change cases remained in the intervention group for the analysis, the fact that these cases did not actually receive AR throughout their case episode could have an effect on the magnitude of the outcome impact detected.

[21] During the second round of site visits, two members from the QIC-DR team accompanied the HSRI staff member to two of the counties.

participants, the overall numbers of interviewees from each site suggests a relatively representative response from the sites (see Table 2.5). Interview guides for Round 1 were developed collaboratively between HSRI and the cross-site evaluation team, thus establishing a common set of topics and questions to be explored. Group interviews ranged from approximately 30 minutes to 2 hours; notes from all sessions were compiled and coded into a qualitative analysis program.

Telephone Interviews: In August 2012, telephone interviews were conducted with the AR Coordinators from each of the six counties to gain an understanding of the steps taken by the counties in preparation for the end of randomization, as well as the successes and challenges associated with an increase of families assigned to AR post-randomization. Interviews lasted approximately one hour.

Family Focus Groups: During the second round of site visits (spring 2013), in order to explore the experience of AR families in more detail, each AR Coordinator was asked to invite between five and eight AR families to participate in focus groups to be held in each of the six counties. The study team requested that only families whose case was already closed be invited. Given the difficulty of obtaining family participation in the focus group, the decision of who to invite was left entirely to county discretion. Focus groups were held at the child welfare agency at a time convenient to families. In all, 14 families participated in six focus groups, one meeting in each county. Hot food was provided at each focus group and a gift card of $25 dollars was given to each participant as a thank you. At least 10 of the families had prior involvement with child welfare, either as a parent, minor, or prior foster parent; thus while this sample of families was not randomly drawn, valuable insight was gained on the difference between these families' prior traditional experience and current AR experience as well as the aspects of AR that these families found most helpful.

Table 2.4 shows a timeline of the qualitative interviews conducted over the course of the three-year project. Table 2.5 provides a summary of individuals involved in these interviews, by county.

Table 2.4 Data Collection Timeline: Implementation Reports, Site Visits, Focus Groups and Telephone Interviews

Year	Method
2010: May-October	Implementation reports
2011: Spring	Site visits (managers, AR/TR supervisors, AR/TR caseworkers)
2012: Summer	Post-randomization telephone interviews (managers)
2013: Spring	Site visits (managers, AR/TR supervisors, AR/TR caseworkers) AR family focus groups

Table 2.5: Site Visits, Telephone Interviews, & Family Focus Groups (2011 & 2013)

SOAR County	Managers		Supervisors		AR workers		Other workers		Families
	2011	2013	2011	2013	2011	2013	2011	2013	2013
Champaign	1	1	2	2	1	1	4	5	2
Clark	2	1	8	5	1	3	6	6	1
Madison	1	1	1	2	1	2	6	4	3
Montgomery	3	1	8	1	4	5	6	7	1
Richland	3	1	5	5	1	3	4	5	3
Summit	3	1	6	8	4	8	5	6	4
TOTAL	**13**		**30**		**12**		**31**		**14**

2.2.2 SOARDS

To establish the randomizer and to supplement the limited data available through Ohio's Statewide Automated Child Welfare System (SACWIS), HSRI developed a stand-alone, web-based data system—Six Ohio Alternative Response Data System (SOARDS). The randomizer was accessed through this system and the information from the PAT was stored here. Staff were trained to search the log of randomized families stored in the system before attempting randomization to avoid re-randomization of families to the study. One of SOARDS' major benefits was that it allowed for "real-time" simultaneous monitoring of the cases assigned to the AR and

TR tracks, by both the evaluation team and county staff.[22] A canned reports function was embedded within the SOARDS system, allowing county coordinators to quickly track cases on a series of criteria. On a weekly basis, AR Coordinators monitored the information found in the reports to look for anomalies in data entry, to check for duplicate entries, and to ensure that caseworker and family surveys had been distributed when appropriate. In addition, the evaluation team provided a regular data validation report to the counties during the monthly calls and/or face-to-face meetings held with the SOAR counties. The evaluation team followed up with counties as necessary to assist with data verification, clarification, and additional trainings.

2.2.3 Caseworker Case Report

Caseworker case reports were completed for a subset of study cases randomized for survey; the purpose was to gain caseworkers' perspectives on case-specific features such as family functioning, threats to child safety at case start and end, service utilization, and worker perceptions of family engagement. A copy of the case report is included in Appendix B. Caseworkers were notified as soon as their case assignment was made if the family had been randomized to be surveyed. A link to the survey was sent to caseworkers at the time of case closure. Workers were asked to complete case reports on the family at the time they handed off the case to a new worker or at the time of case closure for those cases that remained with the same caseworker. Surveys were completed using Survey Monkey software. A total of 1,049 caseworker case reports were received (AR=691; TR=358). The overall response rate for worker surveys 95% (AR=96%; TR=93%). As is shown in Table 2.6, there was only one instance of a significant difference between families for which surveys were received as compared with other cases: more AR families for which a caseworker case report was received had two or more children under age five when compared with all other AR cases.

[22] County staff had varying levels of access to the system dependent upon their role and could only enter data. Evaluation team members could make changes in the system if and when data entry mistakes occurred.

Table 2.6 Characteristics of AR and TR Caseworker Case Report Respondents[23] (Source: SACWIS)

	AR Caseworker Case Report Received	All Other AR Cases	TR Caseworker Case Report Received	All Other TR Cases
	n=691	n=511	n=358	n=1655
CAN Types				
Neglect	55%	59%	57%	57%
Medical neglect	4%	5%	5%	5%
Emotional neglect	12%	16%	11%	10%
Physical abuse	46%	42%	46%	42%
Family Characteristics				
Past PCSA custody	4%	5%	7%	8%
Two plus children under five	29%*	22%	28%	31%
Past CAN	19%	20%	21%	21%
Parent decline contact in past	0%	<1%	0%	<1%
Previous child harm offense perpetrator	1%	1%	2%	1%
Intimate partner violence	11%	8%	10%	11%
Positive toxicology at birth	5%	3%	5%	4%
Adult Demographics				
Caregiver age	31.49 (SD=8.78)	32.11 (SD=8.82)	31.85 (SD=8.88)	32.14 (SD=9.02)
Race of primary caregiver**[24]				
Black or African American only	18%	16%	28%	25%
White only	69%	64%	58%	61%
Multi-racial	2%	1%	<1%	1%
Other[25]	<1%	<1%	<1%	<1%
Sex of primary caregiver - female	94%	95%	96%	95%
Child Demographics				
Oldest child	8.21 (SD=5.41)	8.72 (SD=5.54)	8.33 (SD=5.33)	8.30 (SD=5.22)
Sex - female	49%	46%	51%	50%

[23] p <.05

[24] Excluded missing race values; does not add up to 100%

[25] Caregiver Other: American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander

	AR Caseworker Case Report Received	All Other AR Cases	TR Caseworker Case Report Received	All Other TR Cases
Race**				
Black or African American only	17%	15%	27%	23%
White only	57%	53%	46%	50%
Multi-racial	5%	5%	5%	4%
Other[26]	<1%	<1%	<1%	<1%

2.2.4 Family Survey

To collect information on the families' experience with DR, a family survey was distributed to families in cases selected to be surveyed; a copy of the family survey is included in Appendix C. The survey includes items related to family satisfaction, family relationship with the caseworker, services, and demographics. Families randomized to be surveyed were notified at the first meeting with the caseworker that they were part of a multi-site federal study to assess the use of DR and were provided with written information about the study and their rights. Surveys were distributed by the caseworker at the final meeting immediately prior to case close (if the caseworker knew in advance that the case would be closing) or otherwise by mail at case closure. All families were provided with a $10 gift certificate to Wal-Mart, a paper copy of the survey, a letter explaining the study, a consent form, and a stamped, addressed envelope in which to return the survey directly to the research team. Initially, family returns were extremely low, with a response rate ranging from 12% to 20% within the first three months. Therefore, in consultation with the cross-site team, the rate of compensation was increased from $10 to $25 and was mailed to the respondent after receipt of the survey. In all, 394 family surveys were returned with an overall response rate of 34% (AR=35%; TR=30%). Demographics for this sample are shown in Table 2.7[27]. Only one factor was significantly different between the two AR groups—those surveyed were more likely to have multiple children under age 5.

[26] Child Other: Asian, Native Hawaiian or Pacific Islander

[27] The comparisons shown in Table 2.7 are calculated based on family surveys returned vs. all others randomized to each respective track, regardless of whether the family had been randomized at a second tier to be surveyed.

Table 2.7: Characteristics of AR and TR Family Survey Respondents[28] (Source: SACWIS)

	AR Family Survey Received	All Other AR Cases	TR Family Survey Received	All Other TR Cases
	n=277	n=925	n=117	n=1896
CAN Types				
Neglect	53%	58%	56%	57%
Medical neglect	4%	4%	3%	5%
Emotional neglect	8%	16%	10%	10%
Physical abuse	47%	44%	44%	43%
Family Characteristics				
Past PCSA custody	6%	4%	9%	8%
Two plus children under five	32%*	25%*	39%	30%
Past CAN	22%	19%	26%	20%
Parent decline contact in past	0%	<1%	0%	<1%
Previous child harm offense perpetrator	3%	1%	3%	1%
Intimate partner violence	11%	10%	12%	11%
Positive toxicology at birth	4%	4%	3%	4%
Adult Demographics				
Caregiver age	31.89 (SD=8.92)	31.71 (SD=8.77)	31.96 (SD=8.88)	32.12 (SD=9.07)
Race of primary caregiver[29]				
Black or African American only	15%	17%	21%	25%
White only	73%	65%	69%	60%
Multi-racial	2%	1%	0%	1%
Other[30]	<1%	<1%	<1%	<1%
Sex of primary caregiver - female	95%	94%	94%	95%
Child Demographics				
Oldest child	7.93 (SD=5.40)	8.58 (SD=5.48)	7.60 (SD=5.10)	8.34 (SD=5.25)
Sex - female	47%	48%	48%	50%
Race				

[28] An asterisk denotes p <.05

[29] Excluded missing race values; does not add up to 100%

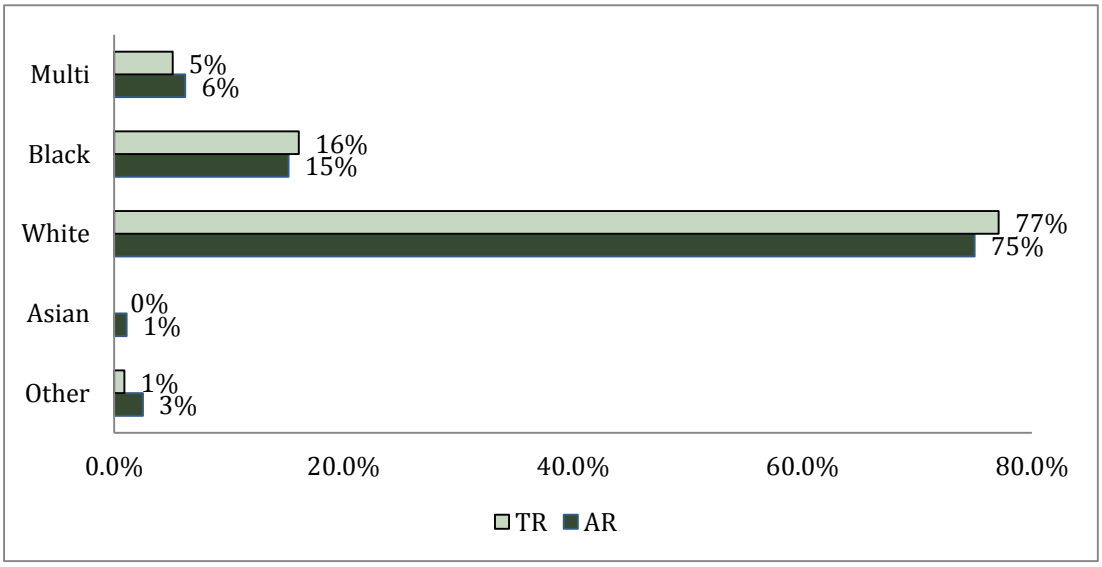
[30] Caregiver Other: American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander

	AR Family Survey Received	All Other AR Cases	TR Family Survey Received	All Other TR Cases
Black or African American only	15%	16%	21%	24%
White only	59%	54%	50%	49%
Multi-racial	8%	5%	5%	4%
Other[31]	<1%	<1%	0%	<1%

In addition to the SACWIS data shown in Table 2.7, the evaluation team also gathered some demographic information through the family survey. These additional items are discussed below.

Race: Figure 2.2 displays family responses to the questions of race, where there were no significant differences in race between the AR and TR tracks for families who returned surveys.

Figure 2.2 Self-Identified Race (Source: Family Survey)



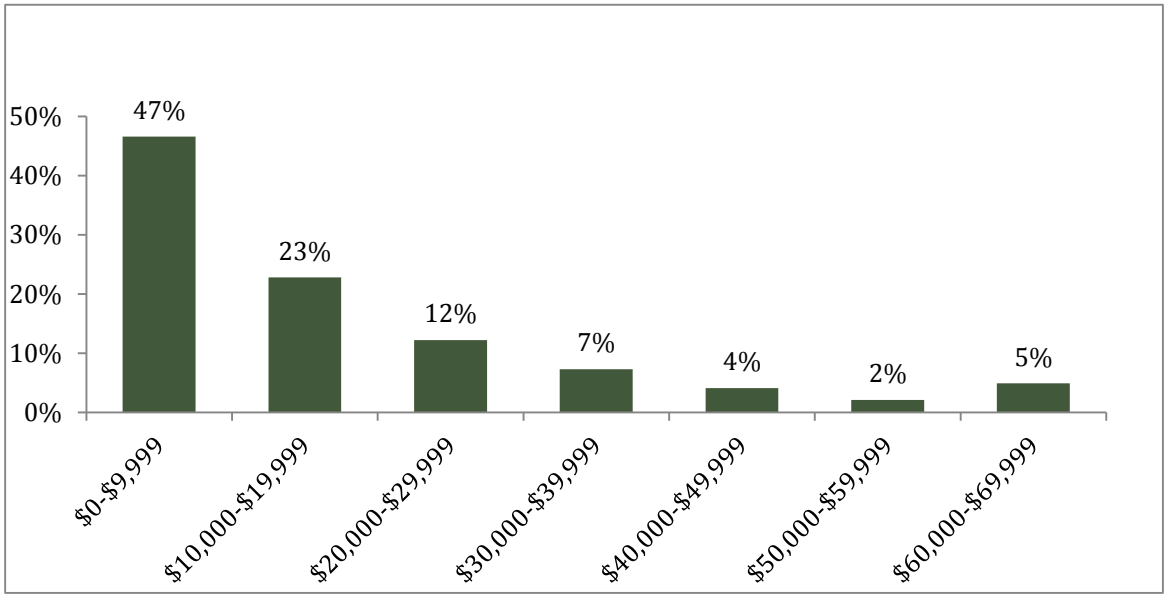
Other Family Characteristics: Similarly, there were no significant differences between the AR and TR tracks in regard to gender of family respondents (overall: 94% female), Hispanic or Latino origin (overall: 3.1% Hispanic), highest level of

[31] Child Other: Asian, Native Hawaiian or Pacific Islander

education, or income. Figures 2.3 and 2.4 display the overall percentages for level of income and education in the combined AR/TR respondents.

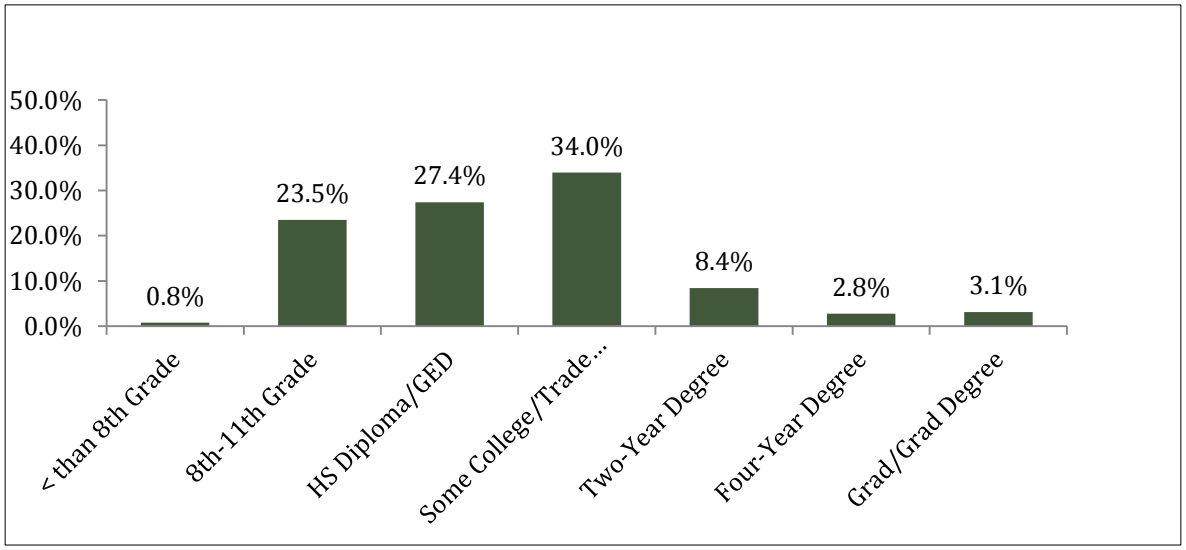
In terms of income, 46% of the families who completed a family survey reported that their income for the prior year was less than $10,000. In total, 70 percent of families reported an income of under $20,000. Just over 11% of families reported an income level of $40,000 or more.

Figure 2.3 Total Household Income Last Year



In terms of education, 27% of family survey respondents reported having gained a high school diploma or GED, and many reported having some college or trade school level of education (34%). Again, there were no significant differences between AR and TR groups in level of education.

Figure 2.4 Highest Level of Education



2.2.5 General Caseworker Survey

A general caseworker survey was administered electronically at two time points (March 2011—Time 1; December 2012—Time 2) to all staff having contact with families. The survey collected information about tenure and duties, job satisfaction, AR knowledge and attitudes, training, services, values, and demographic characteristics. A copy of the survey is included in Appendix D. The survey was distributed to all staff via a Survey Monkey link; follow-up reminder e-mails were sent out to staff within two weeks of the initial link being sent to maximize response rates. In all, 330 staff completed the Time 1 survey, 24 who self-identified as having AR as part of their work assignment. 227 staff completed Time 2 survey; 30 respondents self-identified as having AR as part of their work assignment. Table 2.8 provides overall response rates for both rounds. Due in part to staff turnover and in part to other factors, only 132 staff completed both rounds of the survey.

Table 2.8 provides an overview of the survey tools administered for this evaluation study, providing a basis for interpreting the findings of this report. It is important to remember that 718 AR cases and 384 TR cases were randomly selected to complete the family survey and caseworker case report.

Table 2.8: Survey Response Rate

	AR	TR	Overall
Family Survey	277	117	394
Caseworker Case Report	691	358	1049
General Caseworker Survey, March 2011	24	306	330
General Caseworker Survey, December 2012	30	197	227

2.2.6 SACWIS

The source for administrative data for the outcomes study is Ohio's Statewide Automated Child Welfare Information System, already introduced as SACWIS. To access this data, the evaluation team entered into a data sharing agreement with the Ohio Department of Job and Family Services (ODJFS); this agreement enabled HSRI to obtain case-level quantitative data from SACWIS on data elements including case open and close dates; safety, risk, and family assessments; placement dates; and incident report dates and types. Over the study period, HSRI received several iterations of test data which the evaluation team assessed for accuracy and completeness. The final data file submitted to HSRI from ODJFS included screened-in case-level data for the six participating counties from January 2009 through February 2013. This allowed the evaluation team to explore differences between AR and TR cases on key outcomes (described in Chapter 6, Section 6.1 and 6.2) as well as to assess the proportion of cases, out of all screened-in cases of abuse and neglect, which were AR eligible during the period of the study and how this changed over the course of the study.

2.3 Analytic Approach

This section provides information on the analytic approach taken in each of the sub-studies and on the challenges experienced by the evaluation team and strategies used to overcome those challenges.

Integral to the evaluation of SOAR was participation in the QIC-DR cross-site evaluation. The evaluation team attended regular cross-site telephone meetings as well as in-person meetings with the cross-site evaluation team, led by Walter R. McDonald & Associates, Inc. (WRMA) and the local evaluation teams from Illinois and Colorado to discuss data monitoring and other evaluation topics (e.g., methods to increase survey response rates, data upload processes, and coordination of site visits). HSRI also provided regular uploads to the cross-site evaluators throughout

the course of the project. Caseworker case report and family survey data was submitted to the cross-site evaluation team every six months beginning December 2011. General caseworker surveys were submitted to the cross-site team in December 2011 and March 2013, respectively. State administrative data were submitted to the cross-site team in September and December 2012 and once again in March 2013. Feedback was provided by WRMA to HSRI on the completeness and accuracy of the data submitted.

2.3.1 Process Study Analysis

The Process Study consists of an analysis of the policies, perceptions, and activities associated with establishing DR as a practice in the six counties. The Dedoose software package for qualitative analysis was used to analyze interview and focus group data. Content analyses and grounded theory analyses were used as appropriate to understand themes, similarities, and differences within counties and between counties. In addition, case report, family survey, and general caseworker survey findings were compiled and summarized using SPSS to understand variations in perceptions about implementation, both at the case and county level.

2.3.2 Outcomes Study

An intent-to-treat (ITT) approach was taken for the Outcomes Study in order to understand how differential response might work under real-world conditions. By using this methodology, the analysis of family data and estimates of differences between families assigned to AR or TR was based on whether the family was randomized to AR or TR, regardless of whether the AR families were re-assigned to the TR track after randomization. Using this methodology yields a more conservative estimate of the effectiveness of the intervention. During the study period, AR families could be reassigned to the TR track. This was done for reasons such as "family request" or for safety reasons that emerged post-randomization; however, only six percent (n= 75) of AR cases were ultimately reassigned to the TR track.[32]

SPSS statistical package 19.0 was utilized for all quantitative outcomes analyses. Both SACWIS and survey data was analyzed in order to address outcomes questions central to this study.

[32] This was comparable to the percentage of track reassignments described by Loman et al (2009).

2.3.3 Cost Study

One of the requirements of the QIC-DR grant was to complete a Cost Study exploring the resources required to implement a DR system in the SOAR counties, as well as a comparison of the case-level resources used by cases randomized to the AR and TR tracks. Because of the limited financial data collected by Ohio counties, HSRI collected cost data in two of the SOAR counties—Champaign and Summit. This effort required primary data collection on a small number of cases, about 120 cases total. Upon review of the findings of the Cost Study data, HSRI determined that rather than a comprehensive cost study, the findings are better described as taking a case study approach and may not be able to be generalized to the broader group of families served in the AR and TR tracks in all six counties. For this reason, HSRI has included only a brief description of the cost study in Chapter6. A separate document with more details on the Cost Study will be developed, to be published at a later time and available on the HSRI Website.

2.3.4 Challenges

A series of decisions needed to be made in advance of analysis. The following describes challenges encountered, decisions made, and reasoning behind these decisions.

Bias in Survey Populations: Out of the larger sample randomized to AR or TR throughout the course of the study, 1,102 families were randomized to be surveyed. As noted above in the discussion of Tables 2.6 and 2.7, few differences emerged in the characteristics of the surveyed versus the large randomized population. Therefore, the evaluation team made the decision to run analyses regarding length of case, re-reports and out-of-home placements on the larger dataset (AR=1,202; TR=2,013), since data necessary for these analyses were readily available from SACWIS and were not dependent on survey responses.

The study team at HSRI also made the decision to conduct analyses on all surveyed families regardless of the length of time from their initial randomization into the study. The approach is slightly different from the approach being taken by WRMA in their cross-site evaluation since they will be analyzing data for those surveyed cases that had SACWIS data available for a 365-day stretch from randomization.

Missing Data and Data Entry Errors: The evaluation team requested that counties enter Case IDs and Intake IDs into SOARDS for later merging against the electronic surveys completed by caseworkers, paper surveys returned to the team by families,

and SACWIS data. Data entry errors in SOARDS were not unusual, as digits were inadvertently reversed when entering IDs, or Case IDs were entered into the slot for Intake IDs (or vice versa). Many of these errors could not be identified until the evaluation team received SACWIS data and tried to merge Case IDs and Intake IDs from SOARDS with that data. This was an iterative and immensely time-consuming process. The evaluation team took the time to clean the data wherever possible, often directing questions to the county staff. This careful process resolved many of the errors, causing only a small group of cases to be omitted from analysis.

SACWIS: The structure of the SACWIS system underwent a series of updates over the course of the three-year project, presenting some challenges to the evaluation team in understanding where to find relevant data elements during different time periods. In addition, since the system was relatively new, many iterations of the files were received before the evaluation team could finally be assured that the data received from ODJFS was in a valid format and complete. HSRI worked very closely with county representatives both to understand the data submitted and to ensure that it accurately represented the cases randomized in the study. The final files used for this report were sufficiently complete and accurate.

2.4 Methodology Summary

HSRI conducted a comprehensive evaluation intended to provide the child welfare field with rigorously researched findings about the process and impact of DR in Ohio. Subsequent chapters of this report summarize the findings, based on the various data collection methodologies described in this chapter. In reading these findings, it is important to understand the sources of the data and resulting ability to draw inferences from the data.

Qualitative data collected for this evaluation (i.e. site visits and telephone interviews with SOAR county staff, focus groups with AR families, and conversations at SOAR Consortium meetings) provides some context about the implementation and implications of a two-track DR system. The qualitative data enables the evaluation team to draw inferences about the impact DR implementation on agency staff and AR and TR families. However, it is important to remember that these findings are based on a convenience sample, that is, the individuals who were available to participate in the evaluation interviews. For this reason, it is important to remember that the descriptive information is not entirely objective but reliant on individuals recall and influenced by personal experiences.

Quantitative data, drawn from SACWIS, provides data to examine differences in re-reports and out-of-home placements between AR and TR families. Based on the data described in this chapter, it appears that the randomization process used to create the RCT resulted in two similar populations, each with a relatively large sample size (AR 1,202, TR 2,013). This suggests that differences in outcomes for AR and TR families, described in Chapter 6, can be attributed to the intervention in question.

Survey data (i.e. the case report and family survey). In comparing survey data to the larger randomized population, similar demographics and characteristics are reported for the families with completed case reports and family surveys, suggesting that the randomization process worked and that survey data differences can be attributed to the intervention being tested- Differential Response. The volume case reports analyzed (691 AR vs. 358 TR) provides a sample size that is large enough to infer that findings are significant, while the family survey does include a smaller number of completed surveys (277 vs. 117) and thus should be viewed with some caution. It is also important to remember the description of cases excluded from randomization, as described above, which may influence the analysis of populations assigned to AR or TR.

The general caseworker survey provides data from both AR and TR agency staff at two points in time. In subsequent chapters, if there was no notable difference in findings between the two points in time, data from December 2012 is presented. In some analyses, only responses from AR staff are included: this sample of AR workers is very small (24 in March 2011 vs. 30 in December 2012) and thus should be noted with caution.

Chapter 3

System Level Implementation/Process Study

Implementing a two-track Differential Response system in a county-administered child welfare organization requires a significant amount of time and resources to select and train staff, develop agency policies and practices, and educate stakeholders about a new approach to child welfare services. This chapter will describe the implementation activities that took place to adapt the DR model at the agency level in the six SOAR counties, documenting the process of organizational evolution that occurred (Murphy, J.G., et al., 2012).

The findings in this chapter are based on information gathered through a variety of data collection methods over the course of the three-year study. As described in Chapter 2, the evaluation team conducted a series of qualitative telephone and site visit interviews with child welfare managers and line staff in the six SOAR sites. The evaluation team also had numerous exploratory conversations with the AR Consortium at various in-person meetings, discussing implementation and the reactions of staff to DR implementation. In 2011 and 2013, HSRI also conducted a general caseworker survey of all staff having contact with cases to gauge staff experience and attitudes about DR. These varied data sources provided the basis for the findings described in this chapter; in reading this chapter, it is important to remember the qualitative nature of this data, reflecting how staff subjectively described their understanding, experiences, and opinions of the two-track DR system.[33]

3.1 County-Level Planning/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. After the initial implementation period (February 2010–November 2010), counties continued to learn more about the AR approach and adapted their agency processes appropriately. While Chapter 1

[33] In this chapter, we also refer to early and late implementation, suggesting the evolutionary nature of DR implementation; in this context, early implementation refers to activities in the first year of the project, while late implementation refers to activities that took place in the second and third years of the project.

summarizes Ohio's history and statewide context for DR, this chapter focuses specifically on the implementation and planning activities that occurred in the six SOAR counties.

3.1.1 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 believed that DR was 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.

- *Ohio's commitment to expanding DR*. When the QIC-DR request-for-proposal was released, Ohio had decided to expand AR implementation to an additional set of pilot counties, based on the results of the Round 1 pilot evaluation (Loman, L.A., et al., 2010) and the experiences of the ten original counties. By establishing an AR infrastructure and passing the legislation to support AR policy and practice, Ohio demonstrated its commitment to moving forward with statewide implementation. SOAR county managers expressed that ODJFS's commitment to AR made a big difference in the way PCSA leadership viewed DR.

- *Desire to be innovation leaders*. Given ODJFS's commitment to expanding AR practice, the SOAR county managers described how they were excited to be one of the earlier counties to implement AR; one manager noted a desire 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 not to be one of the very first counties to implement AR, still able to make an impact on the Ohio AR practice but also able to learn from the experiences of the Round 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. SOAR counties received between $26,000 and $37,000 for the first nine months of the grant and between $36,000 and $66,500 for the second full year of the grant, with decreased funding provided in last year of the grant. This funding

was used for expenditures such as trainings, contracting for services, staffing, mileage, travel, and flexible funds for families. The SOAR Consortium allocated a significant proportion of the grant resources toward flexible funds to support the provision of services.

- *Experienced lead county with a strong consortium of counties*. As part of Round 1, Clark County had experienced the benefits of AR but also brought an understanding of 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 independently pursue 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. The evaluation benefited from having new sites plus an experienced site as part of the sampling pool.

3.1.2 Formal Planning for Implementation

As described in the AR Chronicles (Carpenter, C., n.d.), much of the foundational work in the implementation of DR in Ohio was completed prior to the award of the QIC-DR grant in 2010 (e.g., initial exploration of the DR model, crafting of state administrative code, developing the AR design workgroup, and beginning to educate the child welfare community and other key stakeholders around the state). However, once the QIC-DR grant was awarded, the six SOAR counties began to plan for county-level implementation. While the smaller counties did not develop formalized implementation plans, the two metro counties did, creating planning committees and timelines. Both metro counties, however, acknowledged the need for fluidity in the plans to accommodate necessary modifications to come.

Whether or not the plan for implementation was formalized, all six counties quickly began to plan for the delivery of AR. The subsequent sections of this chapter describe some of the specific organizational changes needed for implementation.

3.2 Staff Selection and Characteristics

One of the key implementation decisions is the selection of caseworkers to work with families in the new AR track. This section will describe some of the criteria and recruitment efforts used to select AR workers, as well as the characteristics of AR workers compared to other workers in these six child welfare agencies.

3.2.1 Selection Process

The process of selecting caseworkers to support AR families was a key component in implementing AR in SOAR counties. Counties varied in whom and how AR staff were recruited and selected.

All of the counties first introduced the concept of AR to all of their staff and then allowed workers to self-identify their interest in the AR positions. This approach encouraged those who most clearly believed in AR 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, addressing the concerns of the workers' union. In the sixth county, managers selected one ongoing unit of workers that they deemed was best suited for AR to become the AR unit, and within this unit asked workers to indicate if they were interested in an AR position; those not interested were transferred to other ongoing units, and their AR positions were filled by other workers who expressed interest in the AR positions.

While one county developed a job description specifically for AR workers, the other five counties felt the roles and responsibilities required of AR caseworkers were reflected in their standard job description of a child welfare caseworker. Three of the counties' unions had some influence on their selection process in one way or the other—one county indicated that developing a job description specifically for AR would be prohibited by its union.

After the end of randomization, two counties offered AR positions to new agency hires, including some with no previous direct child welfare experience. During the interview process, they explained the varying worker roles and asked applicants to identify their preferred roles. Ultimately, selections were made based on previous experience in engaging families and education. During the second round of selecting AR workers, seniority took precedence in one county. Following an informational session on AR, workers who expressed interest in AR were required to shadow an AR worker on a home visit before a formal request to be transferred to an AR unit could be made. Final approval was dependent on seniority due to this county's union rules.

3.2.2 AR vs. TR Worker Characteristics and Values

In talking with agency staff, a variety of factors were described as important in selecting new staff for AR positions, including seniority, a personality compatible

with the AR philosophy, worker interest, and previous experience in engaging families and education. 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). However, in addition to these skills, SOAR managers articulated some ideal characteristics of AR and TR 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.

- *TR 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 early on in the case, perhaps even more than AR workers, since they often work with the identified 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.

While these traits are not formally reflected in agency policy (i.e., in job descriptions), 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. They also have come to recognize the implications of selecting AR workers with previous experience in investigation or ongoing casework. They believe that previous ongoing workers often have an easier time transitioning to AR because of their experience with engaging and supporting families; at the same time, workers with experience in ongoing protective services

also 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.

To further explore the differences between AR and TR workers, the General Caseworker Survey (GCWS) asked respondents to think about their views on child safety versus family strengths, two very strong values within the child welfare system that caseworkers must balance on a daily basis. The GCWS included a validated measure developed by Dr. Len Dalgleish, entitled the Work Practice and Values Scales for Child Protection (Dalgleish, L.I., 2000). Research behind this tool draws from the "threshold concept," which describes the extent of action a worker might proceed with related to a case and regardless of the case or assessment information: a worker's threshold is linked to the sets of consequences or risks they perceive each stakeholder to experience as a result (in this case, the child as the stakeholder or the family as the stakeholder). Since these judgments are extremely subjective, it is important to draw attention to the different values child welfare workers bring to their work and the implications this can have for policies and practices within the child welfare system and among community partners.

Within the GCWS, AR and TR caseworkers in all six SOAR counties were asked to complete the Dalgleish scale, where they were presented with paired statements (Table 3.1) and asked to indicate the statement that best reflected their general work focus and beliefs, and then rate the strength of that preference for the selected statement on a scale from (1)-very weak to (5)-very strong.

Table 3.1: Values Scale Questions

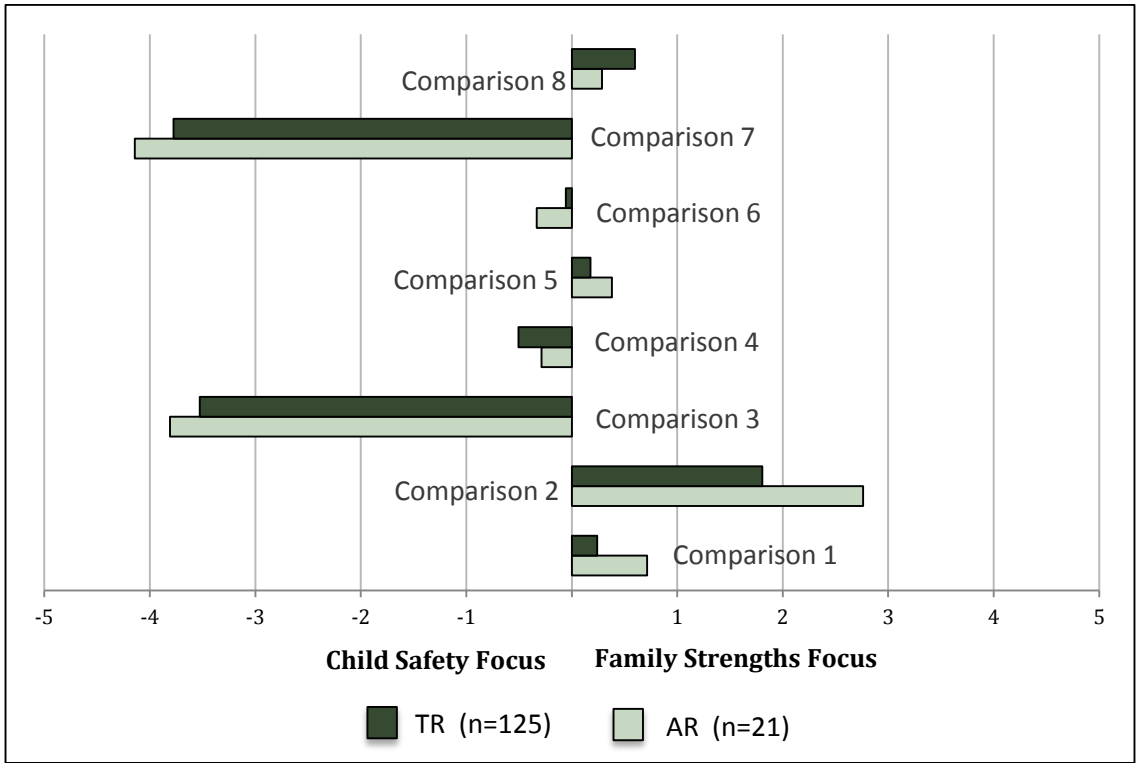
Comparison	Child Safety	Family Strengths
1.	b. Child protection workers should be willing to advocate for the child.	a. Work should be focused on keeping the family together.
2.	a. The client is the child and all other work is secondary.	b. Work should be focused on keeping the family together.
3.	a. Work should be focused on protecting the child.	b. Work should be focused on keeping the family together.
4.	b. There is a need to ensure the physical and emotional well-being of all children.	a. Families are the best place for children to achieve their full potential.
5.	a. Children's rights should be safeguarded so they achieve their full potential.	b. The family's right to guide the development of their children should be safeguarded.
6.	b. The state has a responsibility to protect children.	a. Families are the best place for children to achieve their full potential.
7.	a. There is a need to ensure the physical and emotional well-being of all children.	b. The state should not be responsible for families or their children.
8.	b. Children's rights should be safeguarded so they achieve their full potential.	a. Families are the best place for children to achieve their full potential.

Figure 3.1 provides the results of Dalgleish's value scale, by worker responsibility (AR vs. TR), reflecting the results of the survey administered toward the end of the three-year grant (Spring 2013). Prior to reporting the findings of this scale, it is important to note that, given the small number of AR workers who responded, these findings need to be interpreted with caution.

In each question, AR and TR caseworkers reported the same preference on all eight comparisons, suggesting that the values of these two types of workers do not differ greatly. However, it is also interesting to note the magnitude, which indicates the strength of their preference: for all but two comparisons, AR workers appear to have stronger preferences than TR workers.

Another notable trend is the three comparisons where much stronger preferences are expressed by both AR and TR workers. For Comparisons 4 and 7, both AR and TR workers strongly expressed that physical and emotional well-being of children trumps a family focus. This appears to support the belief that safety is paramount for both AR and TR workers. In the opposite direction, both AR and TR workers quite strongly believe that focusing on keeping the family together is more important than just focusing on the child as a client—notably this value also shows the greatest difference (almost one point) between AR and TR with AR more strongly supporting this distinction.

Figure 3.1: Caseworker Values Scale (GCWS, Spring 2013, mean response)



Initially, it was hypothesized that AR workers would value family strengths more because of the nature of AR work and that TR workers would value child safety because it is the more traditional, business-as-usual path of a child welfare system. While the sample of AR workers is small and therefore results should be viewed with caution, these data suggests that although the two paths differ in approach, the balance of child safety and family strengths is consistent among all workers in SOAR counties.

3.2.3 AR vs. TR Worker Demographics and Experience

In trying to understand the traits and values of AR versus TR workers, it is also interesting to explore these workers' experience and skill, as both contribute to how a worker accomplishes their casework responsibilities.

As Table 3.2 indicates, results from the GCWS show that AR caseworkers tend to be younger than TR caseworkers (33 years vs. 38 years), and while education levels are similar, a larger percentage of TR caseworkers have a professional license compared to AR workers—this may be influenced by the difference in age of AR and TR workers. One other notable difference is the difference in race: a higher proportion

of AR workers are African American than TR workers. It is important to note that the small number of responses from AR caseworkers does represent all of the AR caseworkers in these six counties, while for TR workers, a subset of staff completed this survey.

Table 3.2: Worker Demographics (GCWS, Spring 2013)

	AR Caseworkers (n=21)	TR Caseworkers (n=138)
AGE (average)	33 years	38 years
RACE		
White	14 (67%)	103 (75%)
Black/African American	5 (24%)	15 (11%)
Other/mixed race	2 (10%)	3 (2%)
Missing	0	17 (12%)
EDUCATION		
Some college	0	7 (6%)
Bachelor degree	11(52%)	63 (51%)
Graduate study	2 (10%)	14 (11%)
Master degree	8 (38%)	39 (32%)
PROFESSIONAL LICENSE	8 (38%)	63 (46%)

Table 3.3 further emphasizes caseworkers' experience by calculating their tenure at their agency and in the field of child welfare, based on response to the GCWS. TR workers have close to four years more experience than AR workers both in the agency and in the field. This is in no doubt related the fact that TR workers also tend to be older than AR workers.

Table 3.3: Worker Tenure (GCWS, December, 2012)

	AR Caseworkers (n=21)	TR Caseworkers (n=138)
Years of experience at agency	4.46	7.88
Years of experience in child welfare	5.03	9.25

Another interesting factor in understanding the experience of AR workers is the type of position they held at the child welfare agency prior to becoming AR workers. Of the five SOAR counties that implemented AR at the start of the QIC-DR grant, three counties had workers with investigation experience; one county selected staff with experience in ongoing casework; and one selected a worker with experience in both. Due to Clark County's participation in Round 1 of DR in Ohio, their workers already had experience in AR.

Finally, to understand perceived skill levels of AR vs. TR, the GCWS asked caseworkers to rank their own perceived level of interpersonal skills and case skills on a scale of (1)-basic to (7)-advanced. As Table 3.4 indicates, for almost all skill sets, TR workers perceived the same or higher skill levels in both interpersonal and case skills, although the differences were quite small.

Table 3.4: Worker Perceptions of Skill Level (GCWS, December, 2012, mean response)

	AR Caseworkers (n=21)	TR Caseworkers (n=138)	Difference
Interpersonal Skills			
Interviewing	4.95	5.14	0.19
Listening	5.71	5.85	0.14
Counseling	4.52	5.26	0.74
Non-verbal communication	5.19	5.35	0.16
Reasoning	5.43	5.65	0.22
Empathizing	5.67	5.82	0.15
Interpersonal relationships	5.62	5.79	0.17
Cultural sensitivity	5.67	5.67	0.00
Case Skills			
Fact-finding	5.00	5.39	0.39
Evaluating case facts	5.29	5.62	0.33
Gathering complete and quality information	5.38	5.67	0.29
Decision making skills	5.19	5.54	0.35
Accuracy of judgments	5.35	5.55	0.20
Connecting families with needed resources	5.14	5.64	0.50
Effectively having clients complete case plans	5.42	4.91	-0.51

Although the small number of AR workers included in this data limits the generalizability of these findings, AR Coordinators suggested that the apparent trend is perhaps an indication of the fact that AR workers tend to be younger and newer to the field. AR workers may be less sure of their skill levels when compared with TR workers who have more experience in child welfare. Therefore, AR workers may be more aware of the skills that they could gain, while TR workers may be more under the banner of "you don't know what you don't know."

The staff selected for AR positions range in characteristics, personality, demographics, and experience levels—differences that exist in all types of systems. Certain personality traits may be more applicable to AR and TR caseworkers, but AR and TR workers also hold similar values about balancing child safety and family strengths and similar perceptions of case skills across the six SOAR counties. Ultimately, the area where there appears to be the most difference between AR and TR workers is in age and experience at the agency and in the field of child welfare. This difference is useful in providing context for understanding differences that may be found between the experience and outcomes for AR and TR families.

3.3 Training

Essential in implementing the DR model is the provision of training and other learning opportunities for AR staff as well as the broader agency staff. Throughout the course of the project, the evaluation team asked agency staff what training/coaching opportunities they received and the adequacy of these opportunities.

3.3.1 Early Training Opportunities

The SOAR Consortium, the Project Director, and the QIC-DR staff worked together to coordinate a variety of learning opportunities to enhance staff understanding of AR and to develop practice skills during the first year of the SOAR project:

- *Agency-wide orientation.* Each SOAR county introduced the two-track DR system to their entire child welfare staff during staff and unit meetings early in the implementation period, providing an overview of the AR approach, a description of the eligibility determination process and criteria, the differences between AR and TR tracks, as well as answer any staff questions and concerns. In May 2011, the AR Coordinator from Clark County conducted a videoconference on Ohio Administrative Code rules for AR practice compared to TR practice—this was available to all staff in the six SOAR counties.

- *Two-day Core AR Practice and Engagement training.* This two-day training provided a more in-depth opportunity for AR workers and supervisors, presenting foundational information about AR practice: benefits, supporting research, pathway assignment information, and building engagement skills in workers. In July and August 2010, 45 caseworkers and 8 supervisors

representing all SOAR counties participated in this training. When the training was provided again in January 2011, 35 SOAR caseworkers and 7 supervisors attended.

- *Quarterly statewide Leadership Council meetings.* Originally hosted by American Humane Association staff,[34] these meetings are open to all Ohio counties that had implemented the DR model. The intent of these meetings was to provide support, information, and skill enhancement for AR workers and supervisors. In November 2010, 11 SOAR caseworkers and 6 supervisors attended; in February 2011, 4 SOAR caseworkers and 6 supervisors attended. After the first few Leadership Council meetings of the grant, 3 SOAR Consortium members continued to regularly attend and report back to the SOAR group.

- *Minnesota shadowing.* SOAR counties were offered the opportunity to visit Minnesota, one of the earliest DR implementers, to shadow and learn from AR Coordinators and practitioners in a state where DR was first implemented in 2000. Four workers and two supervisors representing three SOAR counties went to Minnesota to learn more about their DR model.

- *Signs of Safety overview.* Presented by the child welfare administrator in one SOAR county, this January 2011 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 techniques are appropriate for working with AR families. Staff from all SOAR counties participated.

- *Coaching and shadowing.* Opportunities to observe other AR workers doing AR practice is a valuable training opportunity for new AR staff. In the early stages of this project, SOAR counties tried to set up these opportunities for AR staff. 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

[34] These quarterly meetings began convening during the Ohio Round 1 rollout; American Humane Association was a partner with ODJFS throughout the Round 1 rollout and continued to be involved in these regular statewide meetings through November 2012.

five new SOAR counties were able to coordinate some shadowing opportunities in other Round 1 counties.

3.3.2 Opportunities for Training Enhancement in Year 1

In reflecting on the training provided at the beginning of the SOAR project, individuals interviewed articulated several key lessons learned.

Importance of educating all staff on DR: SOAR counties share the belief that it was vital that non-AR staff become familiar with and understand the agency's commitment to DR. In three counties, all agency staff attended the two-day AR Core Practice and Engagement training, demonstrating management's commitment to this approach. One TR 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 realized the importance of ensuring that non-AR staff understand AR. The agency-wide orientation mentioned above was mandatory in one large county, and 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 articulated the importance of top leadership broadcasting the agency's commitment to AR implementation to all staff, as it has an impact on all organizational operations. Otherwise, as one manager noted, "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 agency-wide staff training on AR is the belief that AR is an integral piece of how the child welfare agency supports families. From the perspective of SOAR staff, successful implementation of AR requires an agency-wide 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 two-track system, ensuring that the entire staff understand the intent of the AR practice, whether it be through training or simply through positive exposure to workers conducting the practice during daily interactions. Several SOAR counties spent considerable time early in the project 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.

Enhancements to two-day Core AR Practice and Engagement training. In the Year 1 site visit interviews, SOAR staff reflected on the initial two-day core AR trainings offered in their counties and offered some thoughtful lessons learned:

- The SOAR Consortium suggested a phased-in approach for training during the implementation phase of DR roll-out, in which managers would be involved in a training/overview of AR during the planning stages so they had the knowledge of DR to develop the flowchart, think about staffing, develop procedures, and have the ability to educate staff and stakeholders. Subsequently, a more intensive practice-focused training is needed just prior to implementation; AR workers stated that there was a lot of information at the two-day training that needed to be put into practice quickly.

- SOAR managers and staff noted that what was most helpful in the training was the nuts and bolts of AR; that is, how AR looked in practice. They were thirsty for practical, hands-on, day-to-day examples and role playing. They were interested in learning more about AR practice 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 were; 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 experienced AR caseworkers, 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[35] 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.

[35] Core training is a mandatory foundational curriculum consisting of 102 hours of training required for all new child welfare workers in Ohio.

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.

- After the training of the original AR workers in SOAR counties, agency staff identified a definite need to develop an ongoing plan to train new AR staff. AR was presented as part of new-worker orientation in several agencies, but in the first year of the grant, the two-day core AR training was not yet formalized into ODJFS training curriculum, so new workers were sometimes delayed in participating in the two-day training and found themselves initially just learning from more experienced AR workers. The more intensive two-day training for new AR workers was viewed as a vital component in AR implementation.

Need for AR supervisor training. Early in the project, managers and supervisors expressed a need for training specifically for supervisors of AR workers: only one county had a supervisor with AR experience. Without direct experience providing AR services, 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. AR supervisors did have the opportunity to attend quarterly meetings where they were able to meet as a group to discuss issues and concerns with their peers.

Need for ongoing training. Once counties had implemented the two-track system, managers saw the need for ongoing training opportunities for existing AR staff, supplemented by coaching and shadowing opportunities. In particular, it was suggested that refresher training sessions should be offered on a regular basis, with special skills training and guided professional development that complemented DR, such as relationship building, engagement, mediation training, domestic violence training, and Safe and Together.

Shadowing and coaching: Shadowing can be a valuable experience for AR staff but has to be carefully planned. In the first year of the project, when SOAR counties had to identify shadowing opportunities with staff in Round 1 counties, they learned that while it is easy to find a county that is willing to have new AR workers spend a day shadowing their more experienced AR workers, there are a number of issues to consider. First, 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. Second, the 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. Finally, 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 another child welfare agency, 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. Initial contact and engagement are areas where AR staff could benefit from the coaching experience. Further, 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 needed 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."

3.3.3. Recent Development of Training Opportunities

Clearly, much was learned during the implementation stage of the SOAR project about how best to integrate training into a DR implementation plan. Over the course of statewide DR implementation, several key training opportunities have been developed at a state level, as DR has continued to be rolled-out across the state.

- In terms of the training for new AR workers, the DR Leadership Council and ODJFS worked together with the Ohio Child Welfare Training Program (OCWTP) to integrate American Humane's two-day Core AR Practice and Engagement training into a regularly offered formal ODJFS training available at regional training centers throughout the state.

- As part of the implementation process, ODJFS and the Supreme Court plans for each group of counties to be provided two days of onsite coaching time with an experienced DR practitioner or supervisor. This time may be used by counties in a variety of ways, including 1) direct observation of preparation and practice components of the DR system, 2) case consultation, 3) AR/DR caseworker one-on-one consultation, 4) supervisor consultation, and 5) peer consultation. Typically, coaching days are provided to counties about 4-5 months after initial implementation of DR.

- Prior to implementation, each new DR county receives onsite consultation through a "Readiness Visit." Historically, this consultation was provided by

ODJFS consultants, but this is one of the activities that has transitioned fully to ODJFS. ODJFS staff provides the readiness consultation support to counties preparing to implement.

- ODJFS has also developed a sustainability consultation process to assist experienced counties in developing a long-range sustainability plan.

In addition to the more structured training opportunities available to AR staff in the later years of the grant, AR staff noted that some of the most beneficial training has been "on the job" exposure to AR practice in their own county. New AR workers in SOAR counties are now able to partner with experienced AR staff who have a solid working knowledge about how AR works within their agency; the new AR workers are immersed into units that do not have to define AR for their county. These new workers are entrenched in AR practice in their own counties by receiving individual coaching, shadowing opportunities, case mapping exercises, group discussions about individual AR families and how to engage them, and even AR unit retreats to discuss broader practices and challenges. Finally, in an effort to integrate new AR workers and build on the knowledge of experienced AR workers, when one of the larger SOAR counties decided to create an additional AR unit, they deliberately split the existing AR unit into two units so that each unit was comprised of both experienced and new AR workers. Clearly, in the subsequent years of the grant, county staff felt that new AR staff were better prepared to start providing AR because of the opportunity to learn from more experienced AR workers within their own county.

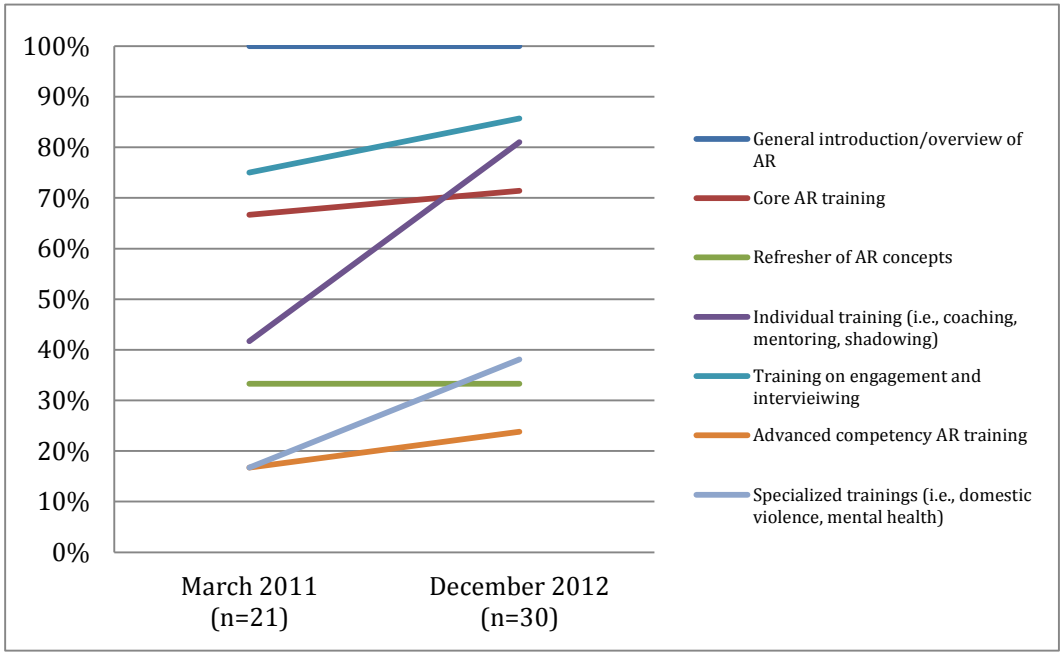
> *"[When DR first started] we were floundering, there were growing pains, but now the new workers and old workers have gone out to clean houses together, helped families move…..the new workers don't have to define DR."*

3.3.4 Adequacy of AR Training/Coaching

In reflecting on the adequacy of the training received by AR workers, the GCWS completed by SOAR county staff asked about the types of training opportunities received by AR workers. While the number of AR staff responding in the six SOAR counties is small (13 in March 2011 and 21 in December 2012), some interesting findings emerge. Figure 3.2 indicates that all AR workers took part in the general overview of AR, while about 70% received the core AR training—this is not surprising as core AR trainings were and still do not always coincide with when a new AR worker needs this core AR training, meaning they must wait until the next core training opportunity is offered at a nearby location. It is also interesting to note

the difference in responses from early implementation (March 2011) to later in the project (December 2012). More AR workers received individual training (i.e., direct coaching, mentoring, shadowing)—42% to 81%—as well as training on engagement and interviewing (75% to 86%) and specialized training (17% to 38%), while refresher trainings were less often received.

Figure 3.2 AR Caseworkers: Training Received



These findings reflect some of the training opportunities that have been enhanced since the beginning of the SOAR project.

Training has been a key component in the implementation of AR in the six SOAR counties. Counties see the importance of assuring good training for all staff, not just AR staff. Many great suggestions and lessons learned have led to the development of new training options for other counties as they come on board. The development of internal capacity to train new workers is also noted: SOAR counties describe the benefit of having experienced AR workers within their own site to act as mentors for new AR workers.

3.4 Staff Structure and Worker Communication

In addition to the selection and training of AR staff, another key decision in implementing DR is determining how to incorporate AR staff into an existing agency

structure of traditional investigation, ongoing, and other key functions of a child welfare agency. The determination of AR staffing structure ultimately affects both case flow and worker dynamics.

3.4.1 Staffing Structure

At initial implementation of the two-track DR system in the SOAR counties, three models of AR staffing structure emerged.

- Three of the smaller SOAR counties had 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 caseworkers 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: the lack of another caseworker trained in AR to serve as backup as needed, the need for the AR worker to carry mixed caseloads, and the inability to provide the lone AR caseworker with opportunities for peer interactions to share concerns, ideas, and successes.

- At initial implementation, two SOAR counties developed AR units, each consisting of six AR positions and one supervisor.

- Clark County, the only county that participated in Round 1, had an AR unit of five to six workers and a supervisor when they first implemented AR. However, due to staffing shortages and medical leaves, this unit was functionally much smaller. At the time that the other SOAR counties were first implementing DR, the unit structure in Clark was changed to the current configuration of a mixed unit of AR and TR workers.

It is interesting to note that the actual process of shifting workers from TR to AR created some workload issues and required some careful planning. Once AR workers were selected, cases that these workers were carrying needed to be closed or transferred to other workers. This often created an influx of cases for TR 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. TR workers were getting cases passed to them in addition to carrying their existing caseloads. Overall, this process took much longer than

anticipated. As of May 2011—six months post implementation—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 TR cases and took Family In Need of Services (FINS) cases while the AR cases were ramping up, contributing to good dynamics between AR and TR workers. While these issues resolved themselves over time, it is an important implementation lesson to consider.

With the end of randomization in May 2012, SOAR counties expected the number of cases assigned to AR to increase as those eligible for AR (but previously randomized to TR) could now be assigned to AR. In anticipation of the end of randomization, all but one AR county increased AR staffing levels by expanding the number of AR positions. By Year 3 of the grant, three counties had AR units with six workers each: workers in these AR units carried predominately AR caseloads only, and the supervisor for these units supervised only AR workers. In the other three counties, there were between one and four AR workers with supervisors who supervised both AR and TR workers; in two of these counties, AR workers were assigned mixed caseloads of both AR and TR cases. Predominately, the decision about AR staffing structure is mostly dictated by county size and the desire to compartmentalize the AR function in larger counties.

3.4.2 Communication between AR and TR

The creation of AR positions and units within the SOAR counties resulted in some interesting and unintended dynamics between AR and TR workers. These dynamics appear to be influenced by simple physical proximity. In two counties, AR workers worked side by side with other TR workers; in these two counties, the units are so small that there are no other options. As one worker described, "[We are] blunt, straightforward, and work out issues immediately. We all kind of know when not to walk past someone's cubical." 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 and continued appreciation for the TR path. One TR 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 TR workers.

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

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 TR workers, the opportunities for interaction are 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. In these situations, it is the personal connections between AR and TR workers that encourage the diffusion of knowledge and understanding of AR practice. As one TR worker stated, "Unless you are friends with them, you don't hear about it."

There seem to be several common areas of concern that create the tensions between AR and TR staff. Interviews with TR workers reveal a perception among some that AR workers have easier and less stressful cases, because AR workers serve families who are more likely lower risk, less adversarial, and not court-involved. As one TR worker stated, "We get the ____-filled cases, they get the low to moderate 'fluff' cases." TR workers in one of the smaller counties also expressed a frustration that, with only two TR workers taking all the high-risk families, they are getting inundated with sex abuse and placement cases, which are more emotionally draining. Yet while TR workers voiced frustration with a perception that AR workers have lower caseloads and "easier" families to serve, AR workers expressed frustration in learning to serve the families in their caseloads. They, as AR workers, face higher expectations for contact with AR families (in one county, 2- to 3-hour visits for AR vs. 45 minutes for TR cases) and are sometimes carrying mixed caseloads, which requires them to approach families differently; apply different policies, rules, and timeframes; introduce themselves differently; and remember different timeframes and due dates—all of which they report elevates their stress levels. One manager expressed concerns about burnout on *both* sides of the system.

While some of these concerns subsided over the course of the grant, tensions still existed to some degree in the subsequent years of the project.

3.5 Workload

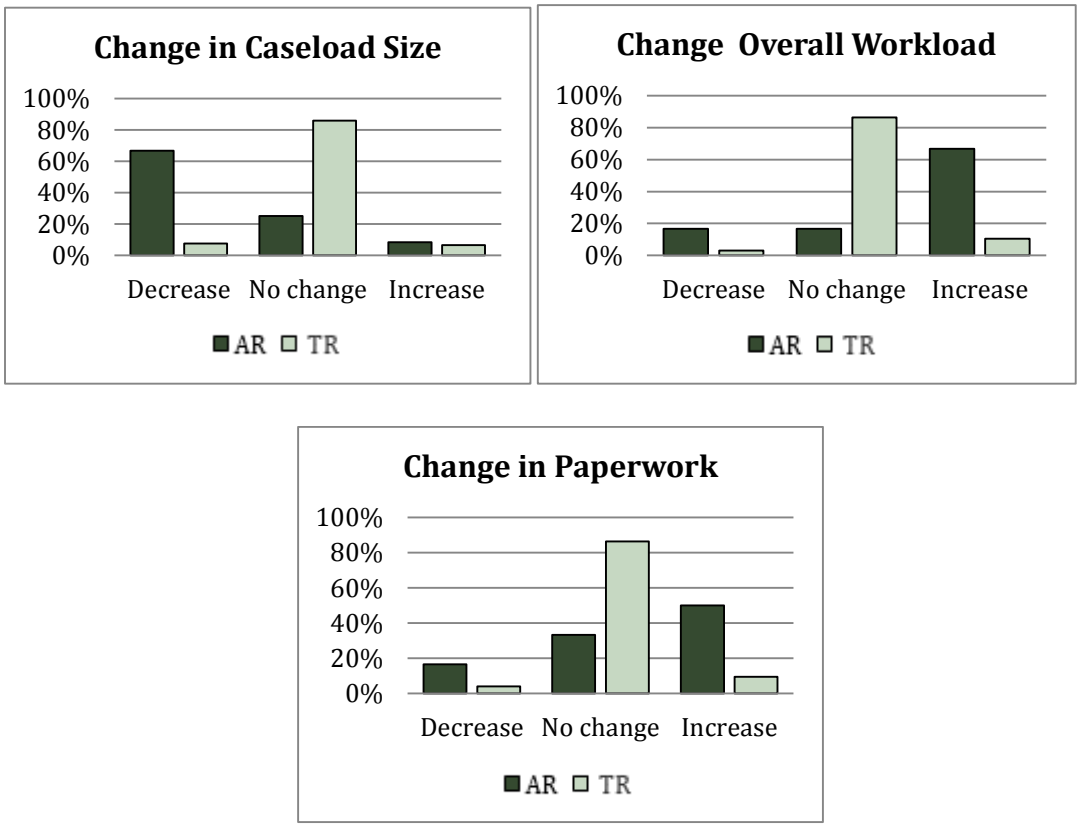
In implementing a DR system, administrators make staffing decisions based on the level of effort expected per case and an understanding of the amount of work

needed to address the issues with families. In general, there are commonly regular fluctuations in the flow and types of cases served by child welfare agencies, and it is often difficult to measure actual caseloads and workloads of workers with different responsibilities. Despite this fact, child welfare staff clearly have perceptions of their level of workload compared to others with different job responsibilities. This section explores some perceptions about the differences between AR and TR in regarding caseload, workload, and paperwork.

3.5.1 Perceptions of Workload

The GCWS explored the perceptions of casework responsibilities, asking staff: has AR in any way caused an increase or decrease in your caseload size, workload, and paperwork? The figure below indicates workers' perceptions of workload shift when the survey was administered in March 2011(Time 1). These data indicate that while AR workers perceived a decrease in caseload size because of AR, they also experienced an increase in workload and paperwork responsibilities, while most TR workers indicated that AR implementation had not greatly affected their casework responsibilities.

Figure 3.3: Perceptions of Workload



The same questions were asked again in the GCWS completed in December 2012 (Time 2), with similar responses but less differentiation between AR and TR workers. This lessening differentiation is not surprising as the abrupt shift that occurred at initial implementation was more of a distant memory. By Time 2 all six agencies were serving all eligible AR cases, so caseloads and workloads had evened out a bit.

3.5.2 AR and TR Caseloads

While perception of workload is important in terms of staff morale, it is important to be able to document how much perception matches reality. HSRI was unable to document caseloads of AR and TR workers. The sample size of this survey data does not enable us to estimate caseload sizes.

Another area that impacts workload and the perception of level of effort per case is the characteristics of cases. As mentioned above, TR workers indicated their perception that TR cases are the more difficult to serve, while AR workers felt they had to spend more time with families and take less of an "in-and-out" approach. Overall, it is difficult to come to a concrete understanding of workload differences between AR and TR because the types of cases and level of interactions vary significantly; all of these factors are also influenced by worker characteristics and their time management skills.

To more fully understand these differences, a more in-depth exploratory study would need to be conducted; HSRI believes that such an effort would contribute significantly to the field of understanding the implications of DR and would help administrators make more informed staffing decisions.

3.6 Policy & Procedures

The development of policies and procedures (P&Ps) to ensure the consistent delivery of AR services for all families within a county is vital to program implementation and success. The foundational work to develop P&Ps for AR occurred before the creation of the SOAR Consortium. ODJFS, 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.

With the implementation of AR, two SOAR counties developed county-specific formal agency P&Ps 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.

In the first year of the project, the other four SOAR counties chose not to develop county-specific P&Ps, relying instead on guidelines established at the state level and using materials developed during Round 1 of Ohio's AR implementation. These counties were reluctant to put county-specific P&Ps 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. At that point in time, these four counties thought they might develop county-specific P&Ps when they became more comfortable with AR practice in their communities.

By the end of the project, three SOAR counties had developed county-specific P&Ps, one county was moving in the direction of documenting P&Ps, and two (one large, one small) did not. Of the four that had developed P&Ps, two are Council On Accreditation (COA) counties and AR practice is incorporated into broader agency P&Ps. In the other two counties, P&Ps are framed from state guidelines with county-specific details incorporated. In these four counties, P&Ps tend to include guidelines on eligibility criteria and pathway decision processes, with less detail about ongoing practice such as service delivery and case management. In support of developing county-specific P&Ps, staff also describe that county-specific procedures are easier for the caseworker to read and follow.

In the counties where AR P&Ps were developed, this process is described as an evolutionary process. While it is difficult at first to operationalize how the AR approach should be implemented into day-to-day practice, counties found that creating the county-level P&Ps required them to think carefully through the practice and articulate changes that needed to be made. They also noted the dynamic nature of P&Ps and the need to regularly revise the county-level P&Ps so they accurately reflect practice. (In Clark County, where AR was implemented in 2007, fewer adaptations have been made over time because fewer changes to practice have been made, as practice has become increasingly well established.) Yet, while it is difficult to keep AR P&Ps up-to-date, they contribute to the sustainability of AR practice and keep AR workers practicing in a consistent manner, with clearer expectations.

In the two counties without county-specific P&Ps, agency staff relies on state rules, guidance, and other materials.

3.7 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 caseworkers have traditionally taken. This community buy-in is imperative for PCSAs to ensure that families have access to services they need, as well as to ensure that partner agencies will support child welfare decisions to serve these families with the AR approach. Without community buy-in, child welfare agencies are likely to feel resistance, which can impair the effectiveness of the DR system.

The sidebar provides a list of the partners that SOAR county managers indicated are important to include in these community buy-in efforts.

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 service providers I the community

3.7.1 Gaining Community Buy-in, Year 1

SOAR counties used the implementation period to educate community stakeholders about DR. All six counties invested in community education activities beginning in Summer 2010. A sampling of events included community breakfasts, forums, AR roundtables, mandated reporter training, and a presentation in all six counties from a lead AR expert from Minnesota. 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 continued to conduct informational and education efforts at every training or speaking event that they provided in their communities.

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 AR (i.e., the lack of investigation for cases involving egregious harm), 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; law enforcement officers expressed concern about preserving the chain of evidence if criminal charges needed to be filed at some point. One county experienced 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 remained 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.

3.7.2 Community Buy-in, Year 3

In July 2013, HSRI conducted a brief survey of the AR Coordinators in each of the six counties, exploring the level of community buy-in at the end of the grant. Reflecting on their community's acceptance of the AR approach, these managers indicated that five of the six counties had strong to very strong acceptance both in Fall 2010 and Summer 2013, indicating the consistency of support and community buy-in. When asked to identify the biggest supporters of AR in their communities, a wide range of community providers were mentioned, including family- and children-first councils, law enforcement, court staff, mental and community health providers, substance abuse providers, domestic violence programs, and schools. Conversely, when asked to identify community members who were most resistant to the DR system, while three counties indicated that they had met with little to no resistance, three counties mentioned some of the same providers that in other counties were described as supporters: court personal and attorneys, hospitals, and schools. In talking about the concerns raised among these community members, concerns revolved around a belief that the AR approach does not allow the child welfare agency to be aggressive enough, is not as protective, and takes time to manage risk. Overall, while there was significant support and buy-in of community members in all six counties, there were a variety of stakeholders, from various perspectives, who held some reservations about the new approach.

The survey also explored the degree to which the SOAR counties continued to conduct community presentations in an effort to educate and answer questions about DR—four counties reported that they regularly provide these learning opportunities, with two counties doing so occasionally. The outreach efforts target a variety of community members: schools and day care providers, mandated reporter trainings, foster parents, and community service providers; the efforts occur at regular community meetings, special events (e.g., Child Abuse Prevention Month events), trainings, and sometimes appear in newspaper articles.

Overall, at the end of the project, whiles some resistance persists, counties describe their communities as being, for the most part, extremely supportive of the DR system and provide little push-back. Several described indications of the level of buy-in: referral sources calling the PCSA to request an AR assignment for a family because they liked the approach with another family they worked with; or when the PCSA filed for Protective Supervision on an AR case, the juvenile court judge made a comment that the agency had really tried everything and provided reasonable efforts, and gave the agency temporary custody.

3.8 Implementation Reflections

An examination of the implementation of the two-track DR system in the six SOAR counties indicates a significant amount of variation among the counties, influenced by a number of internal and external factors: size of organization, organizational structure, training opportunities, existence of a union, and community support or resistance to a two-track system. These factors lead to differing levels of acceptance and buy-in of the DR system by agency staff. Ultimately, these factors also influence how AR is viewed within a child welfare agency, whether it is viewed as a distinct intervention from the traditional child welfare practice or whether there is a merging of the AR approach into traditional practice.

The following chapters examines the differences between AR and TR in terms of how the tracks differ (e.g. type and amount of contact, service linkages, perceptions of engagement) and resulting differences in outcomes. In examining these differences, it is important to understand the implementation context and how variation among SOAR counties did not necessarily result in the creation of a clearly defined two-track system, where what AR families experiences was clearly different from what TR families experiences. Rather, as suggested in Chapter 5[36], perhaps in some counties, there is less of a distinction between the two tracks (other than the lack of substantiation), and instead, the implementation of AR has resulted in a system shift that focuses on engaging and supporting all families served by the child welfare system.

[36] Chapter 5: Fidelity explores the idea of DR implementation resulting in a system change in more detail.

Chapter 4

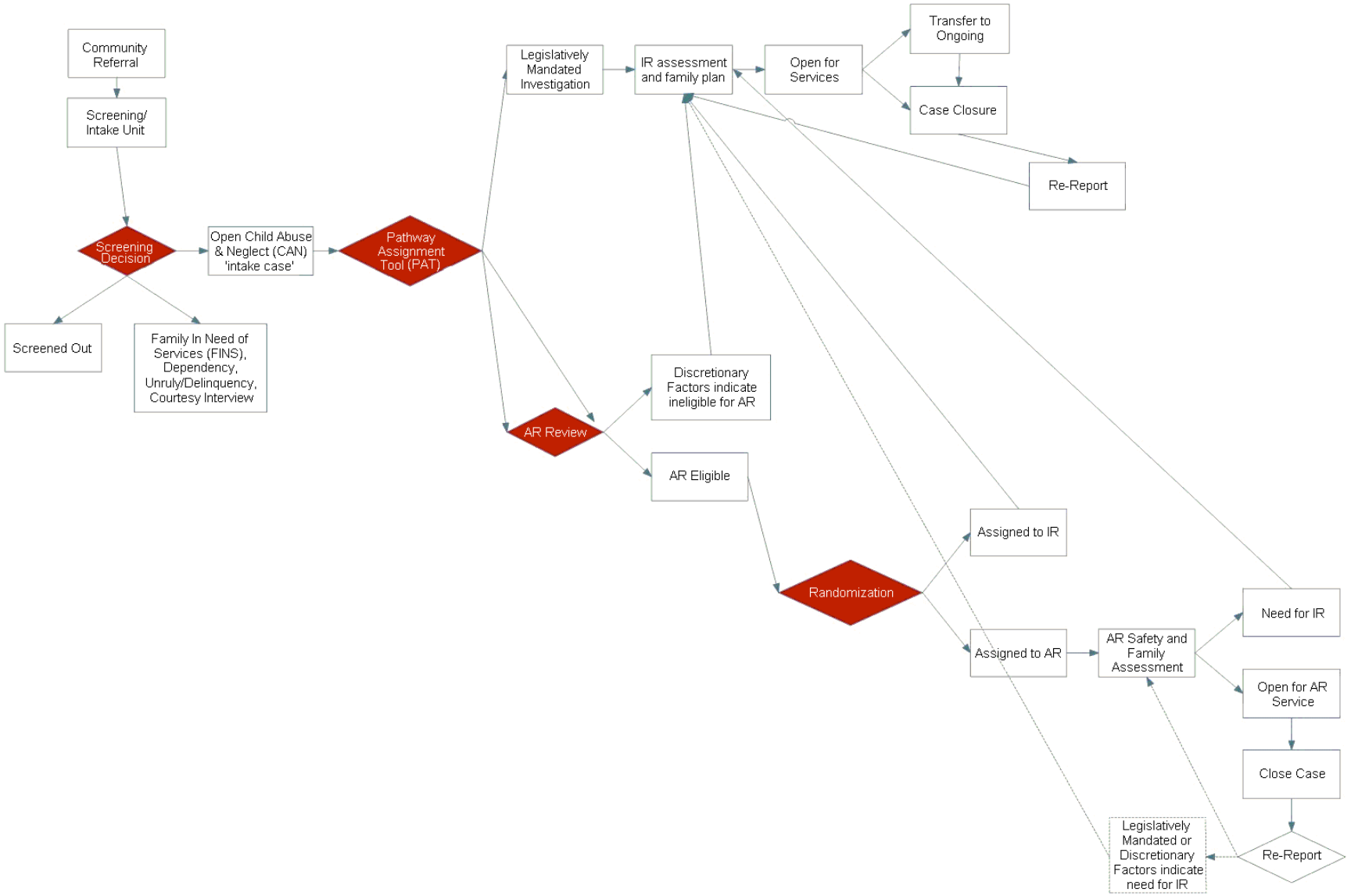
Case Flow

To fully understand the process of the two-track DR system in Ohio, the evaluation explored how the SOAR county cases move through the child welfare system and how the experience differs for families in the AR and TR tracks. This chapter explores the current service delivery system with respect to the core practices that occur at various points in the life of a case. First, front-end processes related to AR eligibility determination are described. Next, this chapter describes the interaction between workers and families, including contact, family engagement, and service provision; and then outlines differences in AR and TR practice regarding case transfers, track changes, and re-reports.

Prior to describing findings about AR practice, it is important to recap the variety of data sources used for the analysis in this chapter. The data presented in this chapter was collected through qualitative site visit interviews with AR and TR staff and supervisors and family focus groups, and through surveys of workers and families (i.e., the case reports and family survey). Discussions with SOAR Consortium members also inform this chapter's findings. When reading this chapter, it is important to keep in mind the subjective nature of all of these data collection methods as well as the limited sample sizes for some survey methods (i.e., family survey). See Chapter 2 for more details on methodology.

Also providing a context for the process, practices, and differences between AR and TR tracks, Figure 4.1 offers a graphic representation of the flow of cases, including the eligibility decision, the point of randomization, services delivery, and the points at which a case might change tracks or re-enter the system with a subsequent re-report. It is important to note that this is the flow of cases from December 2010 through May 2012, during the period that cases were randomly assigned to AR or TR.

Figure 4.1 Ohio DR case flow chart



4.1 Screening and Eligibility Determination

4.1.1 Screened-In Cases

In Ohio, the AR track begins with the initial call to the child welfare agency. In all six counties, screening of phone calls is conducted by designated screening staff in that county. The screener gathers information from the caller to determine whether the referral is appropriate for further agency involvement. In three of the SOAR counties, the decision to screen-in or screen-out a referral is made by a screening supervisor, whereas in the other three counties it is done by a screening worker. During the course of the SOAR project, there were 15,862[37] screened-in abuse and neglect reports entered into Ohio's state administrative system for the six SOAR counties.

4.1.2 Eligibility Process

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 determines whether or not an investigation for child abuse/neglect is required under Ohio law. Families assigned to an investigation are ineligible for AR. The PAT also lists additional discretionary criteria (e.g., past PCSA custody, past reports, domestic violence, positive toxicology at birth) 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 determining track assignment. The PAT is completed by the screening staff, but counties vary in who makes the final eligibility determination.

- In three counties, the determination is made by an individual staff person. In one county, the screener makes the determination of whether a case is appropriate for AR, with input from a supervisor if needed. In the other two counties, the AR supervisor makes the eligibility determination.

- In the three remaining counties, the eligibility decision is made through a group decision-making process. In these counties, staff consisting of supervisors and/or

[37] At the time of the evaluation, except for fatalities and sex abuse reports, data was not being captured in SACWIS to exactly determine the number of cases that would automatically have been ineligible for AR based on state rules; therefore, the number in Section 4.1 above also includes those higher-risk cases.

workers meets on a regular basis to review PATs and determine track assignment. In one county, the group makes the screening decision as well as the AR eligibility decision, while in the other two counties, the pathway decision occurs after the screening decision has been made. While the group decision-making process is definitely more time consuming (with this group sometimes meeting four to five days a week), these three counties describe the group process as very positive. Group decision making not only promotes group discussion and develops consensus about how to best serve families, but also increases buy-in to how these decisions are made, educating the entire agency staff about eligibility criteria for AR and TR.

While most staff believe that the eligibility process is working and AR eligibility criteria are appropriate, frontline staff in the counties that do not use a group decision-making process tend to view the screening decisions as inconsistent and to have less understanding of eligibility guidelines.

4.1.3 Eligibility Criteria

The criteria used to determine whether a case could be assigned to AR varied by county as well as over the course of the three-year project. While the PAT clearly defines which cases cannot be assigned to AR and require a traditional investigation, there are a variety of discretionary items on which a county has leeway in determining if a case can be assigned to AR.

Table 4.1: Mandated & Discretionary Criteria for Determining AR Eligibility

Cases Requiring Mandated Investigation	Discretionary Items
• Allegation of serious harm to child • Allegation of sexual abuse • Suspicious child fatality or homicide • Need for specialized or third party assessment • Current open investigation response or ongoing case • Requested or received court-ordered custody or protective supervision order	• Frequent, similar, or recent past reports • Past custody by PCSA • Two or more children under age 5 • Past substantiated or indicated CAN • Parent/legal guardian has declined contact in the past • Previous child harm offenses charged against the alleged perpetrator • Past maltreatment concerns not resolved at previous closing • Worker hazards that require law enforcement at contacts with family • Reported intimate partner violence • Positive toxicology at birth • Current open AR or on-going AR case

In exploring whether the eligibility criteria changed over the course of the project, evaluators anecdotally heard from counties about how some counties expanded the use of AR for cases with discretionary item needs. The counties described how they used to be

rather conservative and cautious in their decision-making process, but over time they have become more liberal in their eligibility decisions. As one worker stated, "We used to look at things that would make it not eligible for AR, and now it's more looking for what would make it eligible for AR." Almost all counties described how few cases now cannot go AR and suggested that this shift may continue. As one worker stated, "I can see how the whole system could be AR except for those cases where there is law enforcement." Other SOAR counties indicated that they were liberal from the beginning, accepting almost all cases that met state rule as eligible for AR.

Counties also described how they have become more refined in the use of the discretionary items used to make eligibility determinations. In using AR with higher-risk cases, staff is now better able to identify which cases are and are not appropriate for AR. For example, counties describe how they were at first hesitant to use AR for any babies with a positive toxicology at birth, but they now feel that AR is appropriate for babies born positive to marijuana, whereas for other drugs, TR is the more appropriate response. Domestic violence is another challenge which counties describe as perhaps being appropriate for AR, as long as there is not an immediate threat of violence—this shift is due in part to the SOAR counties' participation in joint training on the Safe and Together model, a field-tested approach to helping child welfare and its partners to make good decisions for children impacted by domestic violence.

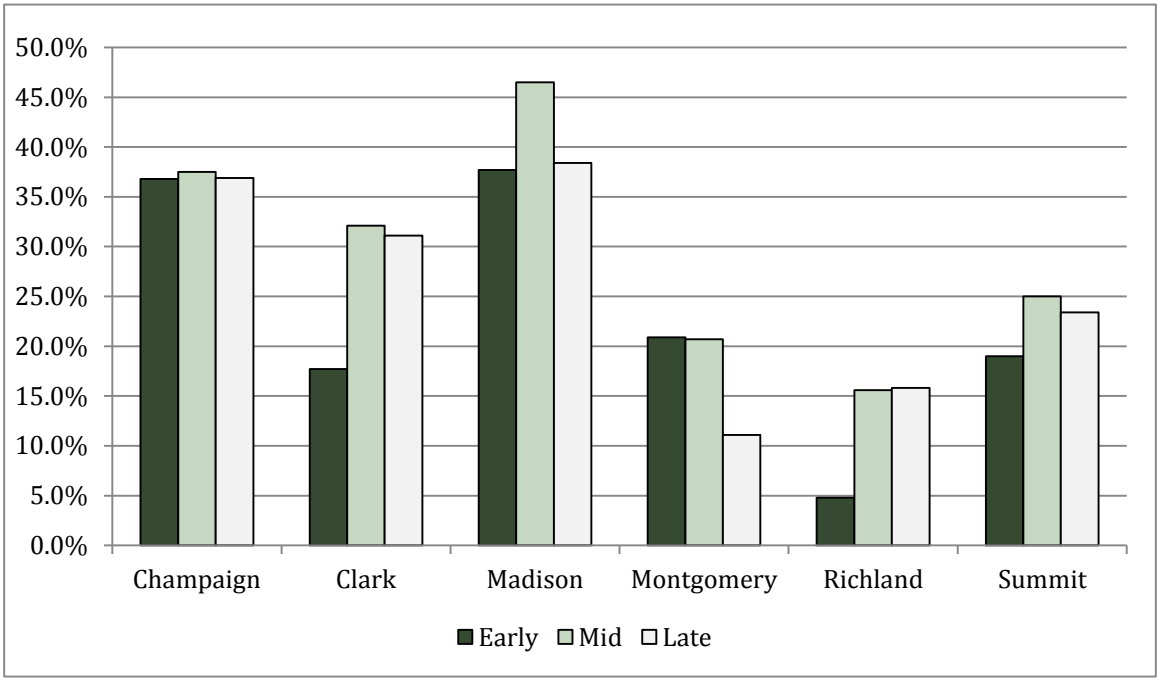
Based on their experiences with the discretionary items, SOAR counties have also come to better define which cases are not appropriate for AR, often based on their experience with past cases. They described TR as more appropriate for cases with custody disputes because parents want to have a disposition on record. They also reported that positive toxicology screens at birth for opiates and families with frequent child welfare reports appear to be better served in the TR track. Finally, cases with concerns of physical harm are not appropriate for AR, along with domestic violence cases where a weapon is involved; counties say that cases where the worker is accompanied by law enforcement on the initial visit are better served by TR because families often shut down with the involvement of law enforcement. Finally, there are varying opinions on the success of using the AR approach with certain substance abuse concerns—staff in one county stated that while they used to steer away from using AR in methamphetamine and heroin cases, they are now rethinking that decision, while other counties indicated that they do not feel AR works for families with cocaine, heroin, and methamphetamine addictions.

4.1.4 Scope of AR Eligible Population

In reflecting on the process of assigning families to the AR or TR track, it is important to explore the overall proportion of CAN reports that the six counties deemed eligible for AR.

This provides valuable information in terms of understanding the volume of cases that could be served through AR in the future. Data from the project's web-based data system shows that a total of 4,876 PATs completed over the course of the project were found to be appropriate for AR, based on state rule and county discretionary items. Over the course of the project and in all six counties, 31% of CANs were deemed eligible for AR.[38] Figure 4.2 displays the proportion of abuse and neglect reports randomized by county and over time.[39] Substantial variation is evident across the counties and over time. Differences between counties may reflect varying community referral patterns as well as the attitudinal differences described earlier.

Figure 4.2 Proportion of CAN Reports Resulting in Randomization: Early, Mid, and Late Implementation



The change over time within a county is likely related to a variety of circumstances, internal as well as environmental: AR staffing fluctuations, changes in agency attitude toward AR, changes in court understanding of AR, training for screeners as turnover occurred, and changes in the number of severe abuse and/or neglect cases reported. While county staff consistently indicated that they felt more comfortable serving a wider variety of cases through AR, this does not appear to directly result in a higher proportion of

[38] It should be noted, however, that due to staffing and other agency considerations, 20% of all intakes were determined to be eligible for AR and then randomized.

[39] Randomization during early (December 1, 2010 through April 21, 2011); mid (May 1 through December 30, 2011); and late implementation (January 1, 2012 through May 31, 2012).

screened-in cases served through AR, but is perhaps more influenced by organizational factors not related to AR.

4.2 Initial Safety and Family Assessment

Once a case is assigned to a track, the same initial safety assessment form is used for both AR and TR cases. This form requires the caseworker to list the children and adults in the family, with dates of birth and relationships to one another; provide information on current safety as well as historical information about abuse and/or neglect; and judge child vulnerability.

While the information submitted by the worker is the same, the practice used to obtain the information regarding safety tends to be different in the AR and TR tracks. This may be attributable in part to the difference in timelines before the information needs to be submitted (seven days for AR cases; four days for TR cases). AR caseworkers describe AR practice as being more conversational in style, and the TR process is more incident driven.

In preparation for transfer from intake to ongoing services, or closed, the AR Family Assessment form (ODJFS, 2008) is completed. Once again, the document itself is essentially the same for both AR and TR families. Caseworkers gather information regarding child and family strengths and needs, and complete a risk assessment. The only difference between tracks is that, for AR families, the form does not lead to a disposition (i.e., substantiated, indicated, unsubstantiated), and, as above, workers report they used an approach that is less incident driven to gather the information.

The differences in mandates for timelines supports a more comprehensive approach by allowing more time to pass before the assessment is required to be completed for AR cases. TR workers must complete the Family Assessment within 30 days (or 45 if an extension is granted), as directed by Ohio administrative rule. 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 this decision. Several adjustments have been made to support AR implementation in the timing of 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 TR cases. Second, many counties have decided to take a one family-one worker approach. This means that, even if the case extends past the 45-day time period for the completion of a Family Assessment, the existing AR worker is likely to continue to work with the family until the case closes.

4.3 Contact

From the first point of contact between the child welfare worker and the family (after eligibility determination) to the point of case closure, the amount and type of contact on an AR case is reputedly different from contact on a TR case. This section explores the differences between the two tracks.

4.3.1 Initial Family Contact

SOAR counties describe the mode of first contact as a crucial component of the AR approach—initiating contact by phone, requesting a meeting, interviewing family members together, explaining what they can expect from the child welfare agency, and addressing the family's needs as well as safety concerns. The micro-practices are designed to help build rapport with families early on, to make them less anxious, and to promote more open communication between the family and the AR worker so that the family's needs and underlying issues can be better matched to services and supports.

While it is up to caseworkers to make the first contact with families, the ODJFS has set certain expectations for that initial contact: a time limit for caseworkers to go out to meet families, the method used to make that first contact (e.g., announced/unannounced, in person/by phone), and the way in which necessary information is gathered and shared. The timeline for initial contact with families in AR and TR is set by ODJFS rule.[40] Both AR and TR cases must initiate their first contact with the family within 24 hours of receiving the report for nonemergency cases and within one hour for emergency reports (although emergency reports would most likely not be eligible for AR). For AR workers, the initiating contact may be face to face, by telephone, or by letter; there should be a physical attempt to visit the home within four working days of the screen-in. TR workers are required to attempt face-to-face or telephone contact with a principal or collateral within 24 hours, and make an additional attempt to contact the family if all required parties were not available at the time of first attempt within the first four working days of the screen-in. Safety assessments must be completed within seven working days from the screen-in for AR families and within four working days for TR cases.

While timelines for first contact are the same for AR and TR cases, the type of contact can be different. AR workers suggested that typically, they reach out to families first via telephone, informing the family of the need to meet with them and asking to set an appointment to meet face to face. The first phone call, letter, or in-person contact counts as

[40] More details about differences between AR and TR per Ohio Administrative Rule are documented in Table 1.3.

the first required contact for AR cases. For TR workers, phone contacts do not count toward the required first contact; TR workers must make their first contact with a family through physical visits, which are most often unannounced. AR workers in SOAR counties believe 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. This different approach is confirmed by comments gathered during the AR family focus groups—of the 14 participating families, 9 families indicated that they received advanced notice from their worker about initial contact, in the form of a telephone call or letter; 1 family received an unannounced visit.[41]

AR staff also described the initial visit as different. While they make clear the reason for their visit, AR workers also report presenting themselves differently, working to establish a relationship with a family and creating more of a dialogue, rather than using the traditional TR process. This description of the AR approach was confirmed by both families and workers. In family focus groups, families assigned to the AR track described their initial visit with the worker, saying the caseworker, "Talked to me like an equal," and that the worker was non-judgmental and non-confrontational. Families depicted their AR worker as knowledgeable, resourceful, trustworthy, and concerned for the safety of child rather than being focused on potential removal. Workers estimated the amount of time spent during the initial visit as longer than a TR visit. Staff in one county estimated that an initial AR meeting might run between 45 minutes and 3 to 4 hours, compared to between 15 minutes and 2 hours on the TR track,.

4.3.2 Ongoing Family Contact

In addition to the difference in initial contact, another core feature of the AR approach is that AR workers are encouraged to interact with families more frequently and for longer periods, enabling the worker to more fully get to know, understand, and help the families. The amount of face-to-face time spent with families tends to depend on the stage of the case. While ODJFS rule is one contact per month for every case, AR workers report that they usually meet with families at least two times per month. It is also interesting to note that one SOAR county required weekly contact between AR workers and families; this requirement permeated the agency in such a way that TR workers were also expected to make weekly contact with families. This increase in contact with families is reflected in the findings from the general case worker survey from six counties in December 2012: 86% of

[41] This question was not specifically asked of focus group participants, so the nature of the initial contact for the other four families is unknown.

AR workers indicated that AR has caused an increase in family contact, compared to 11% of TR workers.

Through the case report survey, the evaluation gathered case-level data on the amount and type of contact between workers and families. As Table 4.2 shows, the average number of contacts for AR and TR cases differs significantly for face-to-face contacts and for telephone contacts; other contacts with family members is infrequent and does not differ significantly between tracks.

Table 4.2: Average Contacts with Family Members During Course of Case

	AR (n=358)	TR (n=691)
Face-to-face contact	5***	3***
Telephone contact[42]	7***	4***
Other contact	<1	<2

In order to account for differences in the length of time cases were open on each track[43] (a topic explored in detail in Chapter 6), we calculated the contacts per case controlling for differences in case length. Table 4.3 shows that the difference between tracks is still significant, with AR families having more frequent contact with workers than TR families, both in terms of face-to-face visits and telephone calls. When examined at the county level, this statistically significant difference holds true for face-to-face contacts in two of the six counties, for telephone contacts in one county, and for other family contacts in two counties.[44]

[42] Respondents were not asked to differentiate between calls made to schedule meetings and substantive calls. It can be assumed that regardless of the intent of the call, contact was made with the family.

[43] As will be discussed in Chapter 6, an analysis of SACWIS data shows that AR cases are open for a mean of 92 days, compared to 59 days for TR cases.

[44] Although other pairs of AR and TR numbers in the table show the same pattern of AR exceeding TR, due to small samples the differences could be simply due to chance.

Table 4.3: Number of Contacts with Family per Month, Controlling for Case Length[45]

	Face to face		Telephone contact		Other contact	
	AR	TR	AR	TR	AR	TR
All counties	4***	3***	6***	4***	<1	<1
Small 1	3	2	5	4	<1	<1
Small 2	3	3	3	3	1***	<1***
Medium 1	4**	2**	5	4	<1	1
Medium 2	3	3	4	3	<1	<1
Large 1	5	4	4	3	<1	<1
Large 2	5***	3***	11***	5***	1*	<1*

The context for understanding the difference in contact between AR and TR tracks is the differing expectations for workers. Anecdotally, AR caseworkers have lower caseloads so they are expected to be able to have more contact with families, creating a better environment to establish the relationship, build rapport, and thus impact outcomes. Whether the caseloads are actually lower (see discussion in Chapter 3, Section 3.5.2), and, if so, whether the extent to which they are lower is enough to explain the significant difference between tracks, bears further scrutiny.

Finally, in terms of ease of contact, the family survey explored how easily families found they could get in contact with their caseworker. While a larger proportion of AR families reported it is very easy to contact their worker (74% AR vs. 69% TR), the 5% difference is not significant and could be due purely to chance. It is also interesting to note variation among counties: In one county, the difference was quite large (and significant), 71% to 33%, whereas in the other counties there was no significant difference.

4.4 Family Engagement

A key aspect of the DR model is the efforts of AR caseworkers to engage the family, collaboratively working to identify family needs and to address them; this interaction between family and worker is a key component of the case experience. A contributing factor of family engagement is how much and what types of contact occurs between worker and family, discussed above in Section 4.3. In this section, we explore the more qualitative aspect of worker-family interactions which contribute to family engagement.

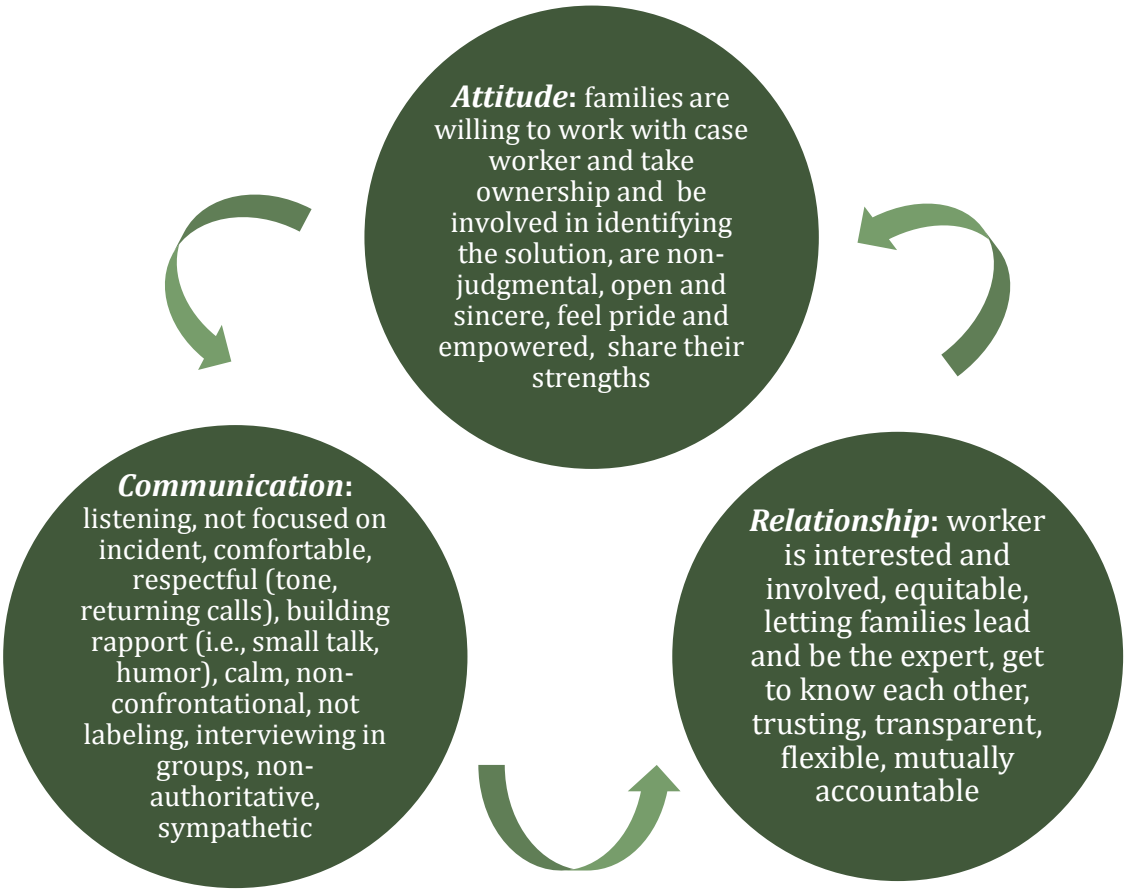
[45] * p <= .05; ** p <= .01; *** p <= 0.001.

When asked what engagement means, supervisors and workers on both tracks offered similar perspectives. They defined family engagement as being a less confrontational approach with families, building rapport, being non-judgmental, listening, and letting families lead and be the experts on themselves. AR staff described how families demonstrate engagement when they show pride, feel empowered, take ownership, and are involved in identifying solutions. During the site visit interview, a TR worker spoke about engagement:

> "Engagement is how you interact and how they perceive it. I had a family member who was really nasty to other workers, he had a car outside—I asked him what kind of engine was in it and the next time - he's my best friend. So I try to make a connection around something they may be interested in so it helps them relax some."

In reviewing the information gathered through site visits and focus groups, several themes arise which suggest three core dimensions of engagement: communication, relationship, and attitude. Figure 4.3 below summarizes the key aspects of each dimension.

Figure 4.3: Core Dimensions of Engagement



Given this framework, family engagement can be achieved in all child welfare cases, regardless of track assignment. However, the general perception of AR workers is that the nature of the role (e.g., lack of labeling and incident-focus, nature and amount of contact, nature of initial interactions, access to concrete supports) enables them to better engage families. They believe that TR workers have additional system barriers to overcome in the engagement process.

While AR workers in some counties received engagement training, in other counties, all staff received this training and/or had become more conscious of the importance of engaging families. In the counties where all staff were trained in family engagement, there is a perception that all families call the worker more often, even after case closure, for service referrals or to provide updates, suggesting that a deeper trusting relationship has been established.

The family's perception of the worker may influence their willingness to communicate. Analysis of family survey data found no significant differences between AR and TR families in the sensitivity and accessibility of their worker. Table 4.4, items 4-7, indicates that the vast majority of both groups of families judged the worker to be at the highest level in listening, understanding, and considering family perspectives, and they found workers to be equally easy to contact. The one area where there was a difference between AR and TR is in the families' likelihood that a family member would call their caseworker (or agency) if they needed help in the future (72% AR vs. 59% TR); this may have a long-term influence on child safety and subsequent report rates.

Table 4.4: Family Satisfaction Related to Perceptions of Caseworker[46]

	AR N=277[47]	TR N=117
1. How satisfied are you with the way you and your family were treated by the caseworker who visited your home? Very satisfied	87%	86%
2. How satisfied are you with the help you and your family received from the caseworker? Very satisfied	81%	75%
3. How likely would you be to call the caseworker (or agency) if you or your family needed help in the future? Very likely	72%*	59%*
4. Overall, how carefully did the caseworker listen to what you and other members of your family had to say? Very carefully	90%	90%
5. Overall, how well do you feel the caseworker understood you and your family's needs? Very well	83%	76%
6. How often did the caseworker consider your opinions before making decisions that concerned you and your family? Always	84%	75%
7. How easy was it to contact the caseworker? Very easy	74%	69%
8. Were there things that were important to you and your family that did not get talked about with the caseworker? Yes	14%	16%
9. Did the caseworker recognize the things that you and your family do well? Yes	94%	91%

In addition, AR and TR families reported similar levels of satisfaction with the treatment and the help they received from their worker (items 1-2 in Table 4.4). In short, despite

[46] * p <= .05

[47] Actual n for each question differed somewhat from the total AR and TR shown here.

more frequent contacts between AR workers and families as reported earlier, families' satisfaction with their relationship to the worker and their attitude about the worker were comparable. We return to this finding later in the chapter.

Clearly, more work needs to be done to determine how to define and measure "family engagement," being that it is much more than family satisfaction. From qualitative interviews, it would appear that areas of exploration should include communication, relationships, and attitudes; it would also be useful to gather more information about who is being engaged, whether it be all family members (including extended family) or simply the birth parents. This is an area in child welfare research that needs to be expanded to provide the data necessary to understand the degree to which AR and TR families are engaged in their case process.

4.5 Services and Supports

The prior sections describe how workers have built relationships with families and how families report being engaged in the casework process, all of which lay the groundwork for addressing family needs through provision of needed services and supports. This section examines the hypothesis that greater family contact and engagement in AR leads to more appropriate and timely provision of services and supports than occurs for families on the TR track.

In qualitative interviews with AR and TR workers and supervisors, the evaluation team explored differences between the AR and TR tracks in terms of helping families identify and access needed services and supports. The AR approach to working with families, coupled with the increased monies available via the QIC-DR federal grant and Casey Family Programs,[48] made it possible for AR staff to provide AR families with a wider array of concrete services, and to do so more quickly than it would have occurred otherwise. The DR hypothesis is that AR workers are better able to engage with families and help them access and receive services in their community, thus better addressing issues of concern to the child welfare system and positively influencing outcomes.

SOAR counties portray the AR approach currently being implemented as "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.

[48] To provide additional support for the expansion of DR, ODJFS and the Supreme Court of Ohio established a partnership with Casey Family Programs. For a few years of the SOAR project, this partnership provided the SOAR counties (and other Ohio DR counties) with limited supplementary funding and technical assistance to help in their efforts toward capacity-building and maintenance for the AR approach in each county.

Exemplifying this approach, workers are encouraged to complete the Family Service Plan together with the family, in a collaborative planning process.

Although both AR and TR workers describe how they strive to look at the big picture and holistically address the needs of the families with whom they work, in conversations with AR staff and managers, it is evident that several factors are viewed as central to the process of AR service delivery. Because there is no need for substantiation in AR cases, families may appear less defensive and more comfortable describing their struggles and needs to their worker; TR families may be less accepting of assistance because of the investigation proceeding in their case. Further, as noted above, AR workers have three days longer to complete the safety assessment than TR workers, so the urgency to gain immediate information is reduced. As described by a foster care/adoption worker in the 2011 site visits, "there is a calmness in the way a family is approached by a [AR] worker." As a result, AR workers perceive they are better able to gain the families' confidence and trust; as they describe it, they believe they are better able to open the door to better ongoing communication between AR workers and families, and to more prompt and thorough identification of 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, these workers may provide more hands-on support to families and work with them more intensely. Work with the family includes:

- Family service planning together with families in the home, allowing more family members to more fully engage in the planning process;

- Transporting and/or accompanying families to services rather than simply making cold referrals; and

- Helping families better identify needs and build better parenting skills.

Because AR workers perceive that they gain a richer understanding of families' needs, they believe 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.

- QIC-DR grant and Casey Family funding enabled services to be "frontloaded," and a preventive approach is taken.

In the family focus groups, AR families talked about how workers helped them navigate the service systems in their communities, "getting things going," brainstorming what needed to happen to close their child welfare case. As one family member described her AR worker, "She's the resource of resources." However, it is interesting to note that these AR families did not talk about many service linkages beyond the provision of concrete supports (e.g., their worker getting families "whatever is needed"). The family focus on concrete supports (e.g., food vouchers, furniture, gas cards, household supplies) is not surprising, since any immediate resolution of a family's need could be attributed to the worker's efforts.

4.5.1 Type and Amount of Services

Survey data collected through the case report and family survey enables the evaluation team to more closely explore variations in the provision of services and supports between the AR and TR tracks. The case report collected information, from caseworkers' perspectives and recall, about the overall degree to which families were linked to and provided with various services and supports. First, staff answered a few overarching questions about supports and services provided to the family. Table 4.5 indicates that staff was more likely to report that AR families were given information and referrals to services, as well as provided with services and supports, than were TR families; the difference between tracks was statistically significant.

Table 4.5: Provision of Information & Referral and Services & Supports[49]

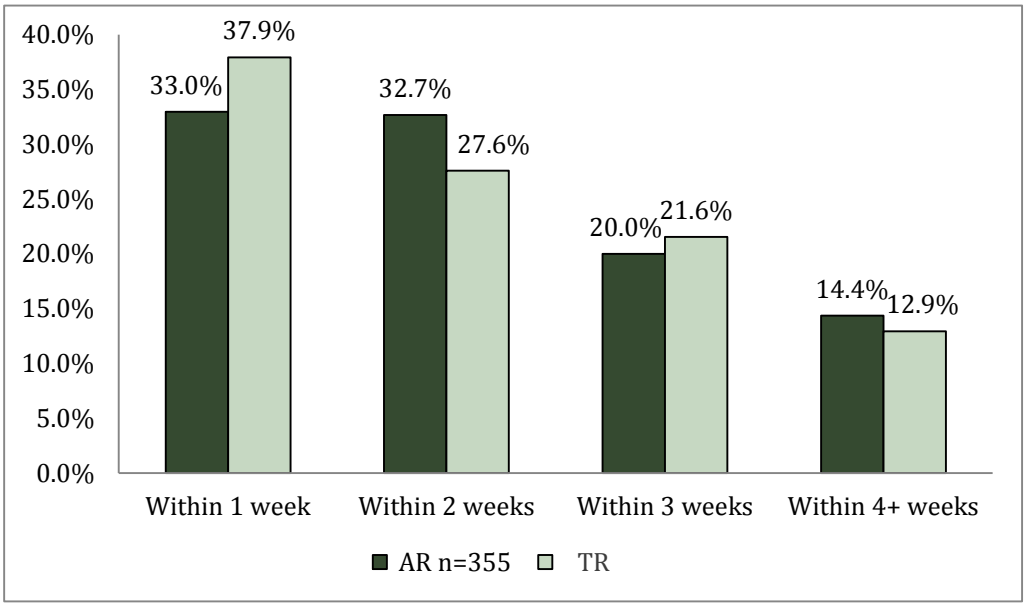
	AR n=691	TR n=358
Was information about or referral to services given to this family?	75%***	62%***
Were any services (traditional or non-traditional) or supports provided to this family?	49%***	39%***
Number of respondents who answered "Yes" to one or both of the questions above.	77%***	65%***

When caseworkers were asked how soon after the initial report the family received services, they reported that AR families experienced quicker services than TR families but the difference was not very great—slightly larger percentage of TR cases received services within one week, while a slightly larger percentage of AR cases receive services within two

[49] *** p <= .001

weeks after the initial report (Figure 4.4)[50]. These findings call into question the belief that AR staff is able to link families to services more quickly.

Figure 4.4: How Soon After Initial Report Did Family Receive Services?



The case report also gathered information on the scope and array of service referrals made for AR and TR families, as well as supports and services provided directly to families. Reports of both referrals and provision of services reflect that while in some counties services (e.g., parenting classes) may be provided, in other counties, these services and supports are available but only through a referral to another agency. Therefore, in order to capture the extent of "service linkage," both service referrals and provision must be included. Table 4.6 indicates the proportion of families for whom a service linkage was made. AR families were more than 20% more likely to be provided with material needs than TR families, and almost 10% more likely to be referred to mental health services. In the area of educational services, AR families were 5% more likely to be referred to these services and 4% more likely to receive these services than TR families. No other significant differences emerged between the groups in the area of referrals.

[50] The small number of response is driven by the fact that the question was only asked of families indicating that they had received services.

Table 4.6: Services Provided and Information & Referral Provided During Case[51]

	AR n=533	TR n=231	AR	TR
Services	**Provided**		**Referred**	
Combined material needs	44%***	23%***	33%	22%
Substance abuse services	12%	13%	17%	19%
Health services	4%	5%	4%	6%
Mental health services	18%	17%	29%*	20%*
Parenting classes, home management	5%	7%	7%	11%
Domestic violence services	7%	10%	14%	11%
Educational services	7%*	3%*	7%*	2%*
Social support services	10%	7%	14%	10%
Other	10%	8%	14%	11%

Concrete supports: Funds received as part of the QIC-DR grant, as well as funding from Casey Family Programs, enabled AR workers in SOAR counties to provide concrete services and supports (also referred to as "hard services" in Ohio) to AR families. The SOAR counties had from $16,000 to $46,000 from QIC grant funds and $10,000 to $25,000 from Casey Family Programs funds allocated as a flexible pot of resources to meet the concrete needs of AR families. These funds provided AR caseworkers with more flexibility in how and when resources are available to be offered to families and had few limitations on how the funds could be used (see sidebar). These funds were used to make it easier for families to obtain the more intense, long-term services they needed (e.g., providing a parent with a bus pass can facilitate the family's ability to attend community-based services such as mental health counseling). On the other hand, flexible funds to purchase concrete supports for TR

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

Housing: rent and utilities assistance, door alarms, motel stays, home modification/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.

[51] * p <= .05; *** p <= 0.001.

families are more limited. TR caseworkers can try to obtain Temporary Assistance for Needy Families (TANF) Prevention, Retention, and Contingency (PRC) funds, which can only be used to prevent the removal of a child and is limited in amount and frequency available. Some counties also have local and other flexible resources, but these funding streams are quite limited. TR workers report that the process of accessing these limited funds to purchase hard goods can be laborious and time consuming, and their requests are often denied: as a result, when a family is in crisis, TR workers report that they can have difficulty meeting the family's immediate needs.

Informal supports: Just as AR families may tend to receive more services than TR families, AR families might also be better linked with informal supports in the community. Case report data supports this contention, with AR families being slightly more likely to receive support from informal support systems within their communities (e.g., no-cost neighborhood/community resources such as churches). Caseworkers completing the case report reported that 61% of AR families reported moderate to extensive support and/or assistance provided by relatives and friends outside the household, compared to 57% for TR families; this small difference was statistically significant. Caseworkers also reported that AR families were also slightly more likely (20% vs. 13%) to have received moderate to extensive assistance from no-cost neighborhood/community resources; again this difference was significant and not due to chance.

Appropriateness of services provided: According to case reports, staff identified that 61% of all cases were provided with services that were very well matched to the needs of the family, and 34% of the families received services that somewhat matched their needs, with no difference between AR and TR families. The case report data also indicated no difference between the tracks in the workers' perceptions of effectiveness of the services provided—workers reported that 32% of all families received services that were very effective in solving their problems or in producing needed changes, and 49% of cases got services that were somewhat effective; again, no difference was found between AR and TR families on these questions.

Family perspective: Family survey data supports the hypothesis that AR families are provided with more referrals and receive more services of some types than TR families. Sixty percent of AR families reported receiving at least 1 service during their time with the child welfare agency, compared to 35% of TR families.

Families were also asked if they received any of a list of types of supports or services during their experience with the agency. These findings parallel the findings from the case report shown in Table 4.6. Families report even fewer services and supports being provided to them than workers noted. Table 4.7 includes only those services categories

that were provided to at least 5% of respondents, highlighting the limited number of service linkages made. It is also interesting that the same 2 services stand out in Table 4.7 as were noted in Table 4.6: mental health services and concrete supports are the 2 categories with a significant difference between AR and TR families. Further, if we combine all the Family Material Needs[52], caseworkers reported that 42% of AR families were provided with some sort of assistance in this area, a significant difference (***) compared to 23% of TR families.

Table 4.7: Family Report of Frequency of Service Provision[53]

Services	# of times a service was provided regardless of track Total N=255	AR N=277	TR N=117
Medical or dental care	20	5%	5%
Help getting mental health services	26	9%***	1%***
Counseling services	48	14%	9%
Car repair or transportation	28	8%	5%
Food or clothing	67	20%***	9%***
Appliances, furniture, home repair	37	11%*	5%*
Welfare/public assistance	29	7%	8%

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 offered to AR families 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.

[52] Appliances, furniture, home repair, car repair, other transportation assistance, gift cards (Wal-Mart etc.), bulk items such as diapers, baby formula, cleaning supplies; food or clothing, emergency shelter, housing assistance, utility payments, welfare, public assistance services, other financial help.

[53] *p <= .05; *** p <= 0.001.

- 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 TR 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.

Limitations and challenges: Despite the more expansive and timely access to concrete supports and some other types of community services in the SOAR counties, staff interviewed spoke of several limitations and challenges that emerged in regard to helping AR families access needed services:

- A number of counties reported that AR families do not receive community-provided services, such as mental health and parenting services, any more quickly or easily than do TR families; this is supported by data described above.

- Lack of available community-provided services can be a challenge, particularly in the more rural counties. For example, one county that considers itself otherwise "resource-rich" noted a lack of domestic violence and youth-focused services. Another said 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 all families' ability to gain access to the service.

- Another concern, surfaced by TR workers (who are supportive of AR), was their belief that TR families should have equal access to concrete goods and financial assistance that has been provided to AR families. As the project entered its final year, AR managers indicated that this concern seemed to have subsided somewhat, as grant funds became more limited over time.

4.6 Case Transfer and Re-report

In addition to contact with workers and service provision, the AR case flow is different from the TR case flow in terms of when a case may be transferred to another worker or when an AR case is closed and receives a subsequent report to the agency, as dictated by county practice. This section describes how the AR and TR tracks differ in these situations.

4.6.1 Case Transfer

For TR cases in Ohio, once the initial assessment is completed and it is determined that additional child welfare involvement is necessary, after 30 to 45 days the case will be transferred from a traditional investigation worker to an ongoing protective worker. This worker will continue to work with the family until the case plan has been completed and the case is closed.

For families in the AR track, case transfer practice is different, and agency policy on this varies from county to county. Agency practice regarding case transfers has changed over the course of the project—at the beginning of the project, two counties had a one worker-one family model where they kept the same AR worker through the life of the case, whereas in the other four counties, AR cases would remain with the original AR worker for varying lengths of time and then transfer to a traditional ongoing protective worker. By the end of the project, three counties had adopted the one worker-one family model, and the other three had created ongoing AR positions so that while the case was transferred to another worker, it remained with a designated AR worker with ongoing case responsibilities.

Using SOARDS data of cases randomized to be surveyed, HSRI examined the number of workers assigned to AR and TR cases. As Table 4.8 indicates, among all randomized cases, there is no difference in proportion of cases with one worker assigned through the life of the case for AR and TR cases. However, AR cases were less likely to experience a change of caseworker, the longer the case stayed open. It is important to note that this data was only available for those cases that were randomized for survey (AR and TR).

Table 4.8: Number of Caseworkers Assigned: Percentage of Cases with Only One Caseworker

	AR	TR
All cases regardless of length	89% (n=632)	86% (n=329)
For cases open 30 days or more only	90%*** (n=563)	83% (n=220)
For cases open 45 days or more only	88%*** (n=438)	77% (n=130)
For cases open 60 days or more only	84%*** (n=283)	64% (n=68)

4.6.2 Re-report

At the end of randomization, there was variation among the SOAR counties' practice as to which track the case is assigned. In two counties, closed AR cases would automatically be

assigned to TR, and in another county, closed AR cases would be assigned AR again if they still met the eligibility criteria. At the end of the project, July 2013, the SOAR counties had established consistent practices in re-reports of both closed AR cases and closed TR cases. Closed AR cases were assigned to AR if they were still eligible and closed TR cases were assigned to AR if they met the criteria for AR. Three counties continue the one worker one family model, mentioning that returning cases were assigned to the previous AR worker or unit. The rates of re-reports on closed AR and TR cases are reported in Chapter 6, Section 6.2.1.

4.6.3 Case Closure

SOAR counties have varying time frames for closing AR cases, depending on safety issues and factors in the family assessment. One county does not close a case until the issue is resolved. Another county will keep the case open if the family is low-risk but is requesting additional services; another county has a general expectation that an AR case may need to stay open for 120 days in order to have enough time to work with the family.

Reason for case closure: It is helpful to understand the reasons that a case might be closed by the 6 SOAR counties and how these reasons might differ between AR and TR families. There were 16 reasons listed for the set of families randomized to AR or TR in the Ohio SACWIS data. The evaluation team decided to collapse these into the 5 categories where reasons appeared to overlap. These include:

- **Completion of Services** (Agency Terminated Services; Custody Terminated; No Benefit of Further Service; Problem Resolved; Protective Supervision Terminated; Voluntary Protective Supervision Complete).

- **Family in Different or Unknown Location** (Child Location Unknown; Client No Longer in Service Area; Family Location Unknown; Services Provided by Other Agency).

- **Refused Services or Non-Compliance** (Family Refused Services; Family Non-Compliant).

- **Investigation Unsubstantiated** (Investigation Unsubstantiated).

- **Other** (Child Died; Child Reached Majority; Other).

As Table 4.9 shows, according to SACWIS data, we see a notable difference in the reasons for case closures. Most striking about this data is the differences between track in the cases

where services were completed and the cases closed because the investigation was not substantiated. While it is not surprising on the AR side that 84% of the cases were closed because services were completed, in the TR track, 45% were closed because there was not enough evidence that the report could be substantiated or indicated. If we assume that the AR and TR track are comparable, this indicates that almost half of the cases served in AR might have been closed as unsubstantiated cases had they been in the TR track.

Table 4.9: Reasons for Case Closing[54]

	AR (n=1,165)	TR (n=1,946)
Completed Services	84%* (n=980)	47% (n=906)
Family in Different or Unknown Location	7% (n=76)	6% (n=114)
Refused Services or Non-Compliant	6%* (n=67)	2% (n=45)
Investigation Unsubstantiated	1%* (n=10)[55]	45%(n=872)
Other	3% (n=32)	1% (n=9)

4.7 Synthesis of Findings Related to Case Flow

Some notable differences between AR and TR families occur throughout the life of a child welfare case in Ohio. From their first encounter with a child welfare caseworker, AR families report experiencing less stringent timeframes, a less forensically focused initial visit, and more frequent caseworker contacts throughout the life of their case. AR families also receive more services and supports, especially with regard to mental health service linkages, concrete supports, and informal supports in their communities. On the other hand, while AR staff describe a primary component of AR practice as an increased focus on engaging with families and parents, data indicates that there were few significant differences between AR and TR families' perceptions—both AR and TR families reported similar positive experiences in terms of satisfaction and relationship with their child welfare caseworker by the end of their case.

[54] * p <= .05.

[55] Note: an intent to treat analysis was conducted, the unsubstantiated AR cases are therefore AR cases that were track changed to investigation.

Chapter 5

Fidelity to the SOAR Model

Discussions in the preceding chapters regarding the definition of Differential Response in Ohio and the examination of SOAR implementation reveals a complex interplay of philosophy, perceptions, and activities within the context of the six SOAR counties. It is difficult to adequately synthesize the "success" of SOAR implementation, not only because of the variability among the sites, but also because the core components of DR have not been universally established. In 2010, HSRI began to tackle this issue, drafting a framework linking the DR model components to a draft fidelity framework. The measures within this framework focus on what should be in place in order to truly be doing DR; these measures enable the evaluation to answer a key question: "To what extent are the SOAR sites doing DR?"

Such attention to fidelity is essential to evaluating the effectiveness of any intervention.

> 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 desired outcomes. Acceptable levels of fidelity need to be established before an outcome evaluation is undertaken (Stuczynski & Kimmich, 2010).

This chapter presents one perspective—the SOAR perspective—on what constitutes DR in child welfare, and offers a qualitative and quantitative analysis of fidelity to the defined model. System-level measures are first considered, followed by case-level measures. We conclude with a brief look at how case-level fidelity is associated with outcomes for children and families.

5.1 The SOAR Model of Differential Response

Chapter 1 offers a definition of DR as it is specified in Ohio statute and state training/technical assistance materials. Stating that a county child welfare agency is doing DR means that the agency has two approaches available to serve families screened-in for assessment/investigation: the traditional investigation response (TR), and Alternative

Response (AR). In the simplest terms, an AR approach is distinguished from a TR approach by not having a formal allegation and investigation of maltreatment, and having somewhat longer timeframes for required activities. However, many other practice differences flow from this initial distinction. As noted in previous chapters, a strong AR approach influences both system-level and case-level practice, requiring thorough training and mentoring of agency staff, intense focus on spending time with families and engaging them positively in the casework process, and earlier provision of services and supports.

This official view is extended and enhanced by practice differences endemic to Ohio counties, due to the state-supervised, county-administered structure for child welfare. The SOAR counties together agreed upon some practices that became part of the SOAR model. The evaluation team utilized this model as a framework for the study of implementation and thus also the examination of SOAR fidelity. The six key domains that differentiate AR practice from TR practice include:

- Policies and procedures: eligibility, time frames, etc.
- Organizational structure: AR workers grouped together
- Caseload: specialization of caseload
- Training and support: AR worker training and mentoring, all-agency DR education
- Engagement of community partners and providers: DR education, service availability
- Family engagement: worker-family contact, relationship
- Services and supports: readily available hard goods and service referrals, informal supports

Certainly, some of the practices that distinguished AR from TR practice at the outset of this grant project were not uniquely restricted to AR; spending more time with families and developing positive supportive relationships could be accomplished by TR workers as well. But the dominant belief and motivating force in the SOAR counties was that AR offered a new approach to casework. This exploration of SOAR fidelity seeks to capture the essence of the "new" approach and to assess how the presence of AR as an option impacted practice on both the AR side and the TR side of the agencies.

5.2. System-Level Fidelity

Chapter 3 explores changes at the system level, in internal child welfare agency practices and in agency relationships with the larger county community. This information is distilled below into a qualitative assessment of system-level fidelity, indicating the degree to which the DR model was implemented in accordance with the intent of the model.

Using data from the first year of SOAR implementation, HSRI applied its fidelity framework to assess the extent to which SOAR practice conformed to the defined DR model; the expectation was that counties would have made some changes but perhaps not to the same extent across all six counties. Table 5.1 recaps the findings originally reported in HSRI's Year 1 Report (Murphy, J.G., et al., 2010) offering information on SOAR fidelity as it existed close to the beginning of the pilot project. This summary profile serves as an early baseline measure of implementation in accordance with the SOAR model.

Table 5.1: SOAR System-Level Fidelity in 2010

Component	SOAR Counties' Status
Policies and procedures	Three counties had their own DR policies and procedures, including eligibility criteria; two had written DR implementation plans.
Organizational structure	All counties had all AR workers in same unit; two counties had an AR-only supervisor; none had supervisors with AR experience.
Caseload	Three counties had AR workers who only carried AR cases.
Training and support	All counties held all-staff orientation and all-AR-staff core training; only some workers had shadowing experience.
Community partners and providers	All counties held community orientation/education.
Services and supports for AR children and families	Two counties had service slots reserved for AR families; all counties had discretionary funds for hard goods.

Table 5.1 reveals moderate uniformity in three of the six domains (organizational structure, training, and community) and less attention to formalizing system-level processes in the other three domains. This variability may be due as much to the lack of explicit expectations under the SOAR model as it is due to county capacity. In other words, understanding what is expected under the SOAR model has evolved over time.

In the initial report on SOAR fidelity, the evaluation team acknowledged that there was much more to explore. The 2010 fidelity assessment focused largely on system-level information, appropriate in the early years of the project. By 2012, however, many families

had received the AR intervention, and their experience of AR could be measured against the ideal—that is, HSRI could assess case-level fidelity. For this Final Report on the impact of SOAR, HSRI has thus separated the fidelity findings into two arenas: the first, presented below, focuses on system-level fidelity and is compared qualitatively to earlier findings; the second set of fidelity findings focuses on case-level fidelity and is presented later in this chapter.

Using data collected in 2012 from various sources (site visit interviews, telephone interviews, and the surveys of caseworkers and families), the evaluation team compiled a more nuanced profile of SOAR system-level fidelity toward the end of the project. Table 5.2 focuses on system-level performance; it reflects and summarizes much of what is described in more detail in Chapter 3. Table 5.2 offers a largely qualitative sense of how far the SOAR Consortium has come in implementing its DR model (relying on measureable items) over the course of the project.

Table 5.2: SOAR System-Level Fidelity in 2012

Component	Overall SOAR status
Policies and procedures	Three counties have own DR policies and procedures, including eligibility criteria and re-report procedures.
Organizational structure	All counties have all AR workers in same unit; three counties have AR-only supervisor; one county has a supervisor with AR experience.[56]
Caseload	In four counties, all AR workers have all-AR caseloads. Across all AR workers, 80% have caseloads with only AR cases or only one non-AR case.
Training and support	Across all counties, AR orientation was received by all AR staff[57] and 74% of TR staff. Among AR staff, 73% received core training. Among AR workers, 81% received individualized training (coaching, mentoring, and/or shadowing).
Community partners and providers	AR staff perception of how community partners have stepped up to provide needed services: "I can usually find services needed"—57% "It is easy to work with community providers"—57%
Services and supports for AR children and families	All counties have discretionary funds for hard goods; one county had service slots reserved for AR families.

[56] One SOAR county had begun AR in 2008 as part of Ohio's first pilot of AR.
[57] Workers=caseworkers; staff=workers + supervisors

Comparing the early fidelity information to the recent assessment reveals some important areas of growth. For example, in 2010 the evaluation team learned that all counties had conducted agency-wide orientation and AR-wide core training; in 2012, we learned directly from staff that only about 75% of them had received said trainings—74% of TR staff had received the orientation, and 73% of AR staff had received core training. This is not a surprising difference, since staff are hired at various times and trainings are not offered on a regular basis in all counties; rather, it serves to highlight the value of worker-specific fidelity data.

Perhaps the most important shift evident in the 2012 data relates to community partners. In 2010, community agencies were first learning about DR and how they could contribute to the success of AR families through provision of key services and supports. In 2012, data was available on where that original learning led, in terms of service availability. By 2012, more than half of all AR workers had positive experiences in finding needed services and working with staff in community agencies.

In two domains where the fidelity measures remained consistent (organizational structure and caseload), the 2012 data show some improvement over the earlier assessment. Half of the SOAR counties now have a supervisor dedicated to AR staff, and AR workers in four counties are carrying only AR cases.

5.3 Case-Level Fidelity

Chapter 4 examines how SOAR families move through the child welfare system and highlights how the process is different for families in the AR and TR tracks, focusing on the core practices that occur at various points in the life of a case. By identifying and establishing specific measures of the essential differences between AR and TR practice, the evaluation team is able to explore the variability among the SOAR cases, assessing how closely the intervention they received adhered to the SOAR model. We offer an index that assesses case-level fidelity across AR cases in all six counties; this measure can be used to better understand variations in case outcomes. The evaluation team also constructed a modified version of the fidelity index, called the engagement-services index, which was applied to both AR and TR cases to assess the extent to which AR case experiences are similar to or different from TR case experiences.

5.3.1 Developing the AR Case-Level Fidelity Index

Case-level fidelity is a quantitative measure defined in terms of actual activities related to individual family cases. It utilizes seven domains—the six domains used in system-level fidelity and one added domain, family engagement.

To begin, the evaluation team reviewed available data at the worker and case level. The key data sources were the three surveys: the General Caseworker Survey (GCWS) completed by front-line staff, the case report completed by the worker relating to a specific case, and the family survey completed by the primary parent involved in the case. Table 5.3 summarizes the components comprising each fidelity domain and the specific source of the data. Appendix F gives more detailed information on the precise items used from each data source and any coding changes made.

One noticeable feature of Table 5.3 is that data in some domains is largely or exclusively at the worker level (i.e., all data gathered from the GCWS). It is information that does not vary by case but rather is identical for every family served by a particular worker. This reduced variability did not significantly affect variability on the index as whole,[58] so it was judged to be a satisfactory way to capture some dimensions of AR fidelity.

Table 5.3: Components of SOAR Case-Level AR Fidelity

	Domain	Components	Data source(s)
1	Policies and procedures, DR model	• Major differences between AR and TR • Score of AR knowledge	GCWS
2	Organizational structure	• AR unit composition (all AR or mixed)	GCWS
3	Caseload	• Number of workers on a case • All AR or mixed AR caseload	SOARDS GCWS
4	Training and staff support	• Amount of AR training received • Workers' perception of own interpersonal skills and case skills	GCWS

[58] The 18 worker responses were quite varied, and the number of cases attached to each worker ranged from 1 to 23.

	Domain	Components	Data source(s)
5	Engagement of community partners and providers	• Workers' confidence in the availability of services in the community and working with community providers • Volume and variety of service referrals made or provided: (a) hard goods; (b) health, mental health, substance abuse services; (c) parenting, household, domestic violence services; and (d) social support services. • Degree that services were matched to needs	GCWS Case report
6	Family engagement	• Average family contacts/month (face-to-face, telephone, other) • Family characteristics at first meeting • Number of times family met with caseworker • How well caseworker listened and understood family's needs • How easy it was to contact the caseworker	Case report Family survey
7	Services and supports for AR children and families	• Use of outside family and friends support and no-cost neighborhood resources • Any help the family needed but did not receive; whether used services offered • How soon after the initial report the family received services	Case report Family survey Case report

Table 5.3 captures the essence of the AR approach as much as is possible given the specific data available. In places using proxy variables,[59] and in others using precise measures commonly understood as characteristic of AR, the fidelity components describe the ways in which SOAR practice contrasts with traditional casework and agency context. The index score indicates the extent to which AR cases consistently have more frequent contact between worker and family, receive more services more quickly, and exist within an organizational structure that enables the AR worker to concentrate on serving the family in a different way than he/she would have under a TR approach. The obvious limitation of this index is its post-hoc creation: to the extent that the evaluation of DR has been somewhat exploratory, seeking initially to clearly define the intervention and then tracking relevant activities, and only afterwards selecting from among data elements already collected those that seem to best reflect the core aspects of AR practice, the index is at best a starting point for future work to refine a measure of fidelity. It is in this exploratory context that we present some interesting findings about variations in adherence to the SOAR model.

[59] Proxy variables such as family perception of services meeting its needs, rather than a direct comparison of services identified as needed to services provided.

5.3.2 Computing the Case-Level Fidelity Index

Because the index includes data items from all three surveys, the sample of cases included in this examination of fidelity is necessarily limited to those sampled for surveying and where both the case report and the family survey were completed. The usable sample includes 215 AR cases; these 215 cases constitute 78% of the AR family surveys received, 32% of the AR case reports received, and 33% of the AR caseworker surveys received (Table 5.4).

Table 5.4: Fidelity Sample Compared to Survey Samples

Survey	Total received	Number in fidelity sample	% of survey sampled used in fidelity
Family survey	277	215	78%
Case report	691	215	32%
GCWS	54	18	33%

Table 5.5 shows the range of possible scores that a case could be assigned for each component of the fidelity index. For data items drawn from the GCWS, the worker score on the item was given to all the cases in the sample that were assigned to that worker. The scores for each component in a domain are summed to yield a score for the domain, and all the domain scores are summed to yield a total score on the index. Details on how the item scores are computed can be found in Appendix F.

Table 5.5: Fidelity Components and Scoring for AR cases (n=215)

Fidelity category	Components and maximum possible score	Maximum score for domain	Summary
Policy and DR model	• Major differences between AR and TR (8) • Score of AR knowledge (5)	13	Worker understands AR-specific policies and procedures
Organizational structure	• AR-only unit composition (1)	1	Worker supported by AR colleagues
Caseload	• Single worker on a case (1) • All-AR caseload (1)	2	Worker able to focus on AR cases
Training and staff support	• Types of AR training received (10) • Worker's interpersonal skills, case skills (18)	28	Worker trained in AR and perceives self as skilled

Fidelity category	Components and maximum possible score	Maximum score for domain	Summary
Engagement of community partners	• Worker experience obtaining services (2) • Whether information and referral was given in 4 areas (4) • Sum of I&R provided (3) • Degree services matched to needs (2)	11	Worker report of capacity to address family needs: obtaining services, giving referrals, ability to match services to needs
Family engagement	• # contacts/month with family (3) • Types of contact with family (5) • Family characteristics at first meeting (5) • Family view of # caseworker meetings (4) • Family view of worker listening, ease of contact, understanding (6)	23	Worker and family reports of amount and nature of interactions: worker-family contacts, attitude of family and of worker
Services	• Use of outside no-cost supports (6) • Family needed help but did not receive (1) • Family used services (1) • Service received soon after report (4)	12	Family receipt of informal services and service timeliness; family view of receiving needed services and using services
Total fidelity		**90**	

It is important to note that the potential value of the case-specific items is equal to the total score for the worker-specific items (45 points for each). To enhance the role of case-level data relative to worker-level data, thus emphasizing the importance of family-worker interactions, the evaluation team created an alternate fidelity score by doubling the value of the last two domains. Table 5.6 shows the alternate scoring by domain and in total. Both versions of the index are used in the analysis in Section 5.3.3.

Table 5.6: Scores for the Weighted Fidelity Index

Domain	Weighted score
Policies and procedures, DR model	13
Organizational structure	1
Caseload	2
Training and staff support*	28

Engagement of community partners and providers	11
Family engagement	46
Services and supports for AR children and families	24
Total weighted fidelity	**125**

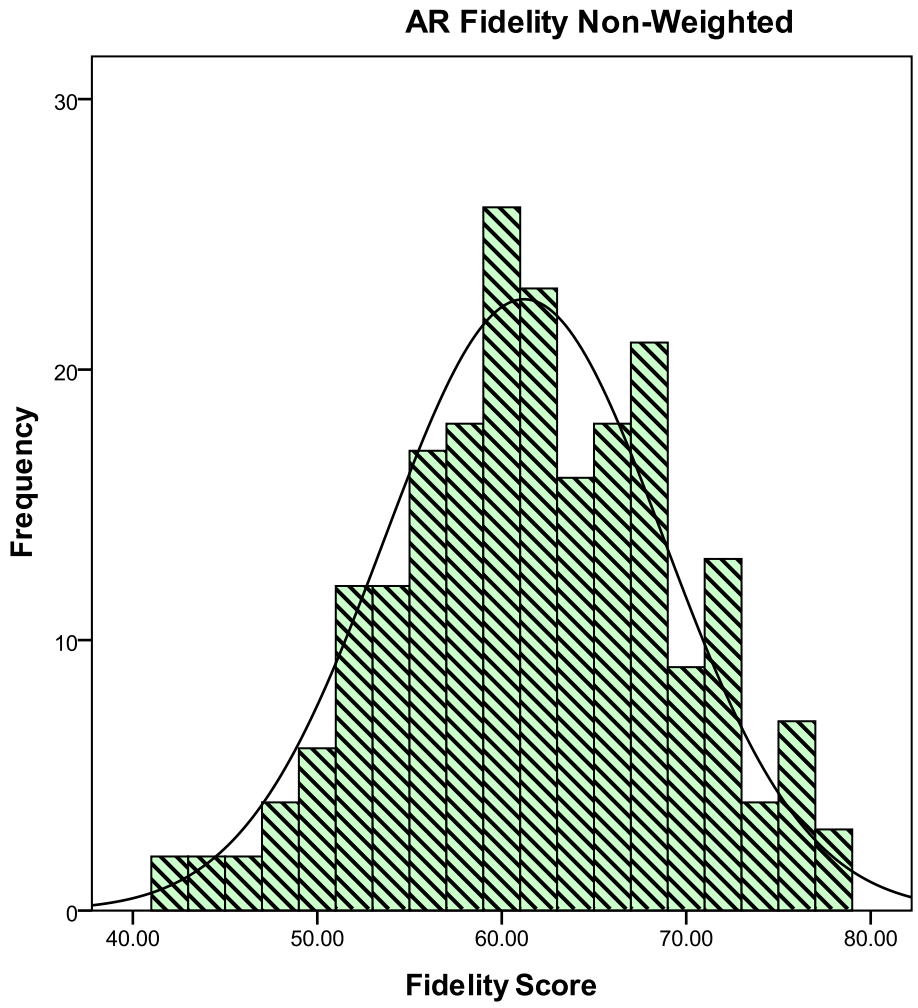
5.3.3 Analysis of Case-Level Fidelity

Not all of the components of the fidelity index are considered equally important by AR workers or even by SOAR supervisors and managers. As discussed in Chapter 4, it is generally understood that AR families are not investigated and that they tend to have more contact with workers than do TR families, but not all the items attributed to AR in the fidelity index are absolutely necessary to AR practice. The hypothesis, however, is that AR cases will more systematically experience the components than will TR cases, and that AR cases that have a fuller experience of the components will have better outcomes than AR cases that experience a less intense or less full version of the SOAR model. The first hypothesis is examined below; the second is the focus on the outcomes section at the end of this chapter.

Variations in fidelity among AR cases: This analysis examines how AR cases vary in their experience of the AR track. For example, some families likely have more frequent and more positive contact with their worker, receive needed service referrals more quickly, and have the same worker throughout the service period, compared to other AR families. The histogram in Figure 5.1 shows the distribution of fidelity scores calculated for AR cases, with each bar representing the frequency of each possible fidelity score. The histogram shows variability in case-level scores on the fidelity index, with fewer cases receiving a score in the upper and lower ends of the histogram, and most cases receiving scores at the mean score, resulting in the bell-shaped curve. In fact, the AR scores on the fidelity index are approximately normally distributed, with the midpoint and the mean having the identical value, 61.

The figure is helpful in highlighting the regions where family experiences are the most different—the ends of the histograms. Families who received a score of less than 57 constitute 27% of the AR sample and can be considered the "low" fidelity group; families who received a score of more than 67 make up 23% of the cases and can be labeled the "high" fidelity group.

Figure 5.1: Histogram of AR Fidelity



[*Low fidelity*] [*High fidelity*]

The normal distribution of AR fidelity scores indicates that adherence to the SOAR model differed among the AR cases, and thus AR families had quite different experiences from one another. Whether these different experiences translated into different outcomes is addressed in the next section. First there is another question begging to be asked: did the experiences of AR families, as varied as those were, differ systematically from the experiences of TR families? In short, how different was the AR experience from the ordinary TR experience? We offer a partial answer below.

Variations in engagement and services between AR and TR cases: To the extent that AR families have a different experience on the AR track than they would have had on the TR track, the expected areas of difference are contact with the worker, service delivery volume and promptness, and access to community supports. If the experiences of families in the

two groups are completely different (i.e., AR families more systematically experience each of the components than do TR families) this lends support to the concept of a distinct two-track DR system being used by SOAR counties. On the other hand, if TR families appear to experience worker contact and service provision similar to AR families, it suggests that systems change has occurred (i.e., that to some degree the DR philosophy and practice has permeated both tracks).

To explore whether systems change has occurred among the TR cases, we created a modified version of the fidelity index, using only the three last domains: engagement of community partners and providers, family engagement, and services and supports for families. These domains comprise the casework areas, where workers interact with families and provide supports. These are areas which are most open to the subtle changes that characterize a shift in philosophy toward DR. All of this data comes from case-specific surveys.

Table 5.7 describes the resulting engagement-services index. Figures 5.2 and 5.3 show the distribution of scores for AR and TR families,[60] respectively.

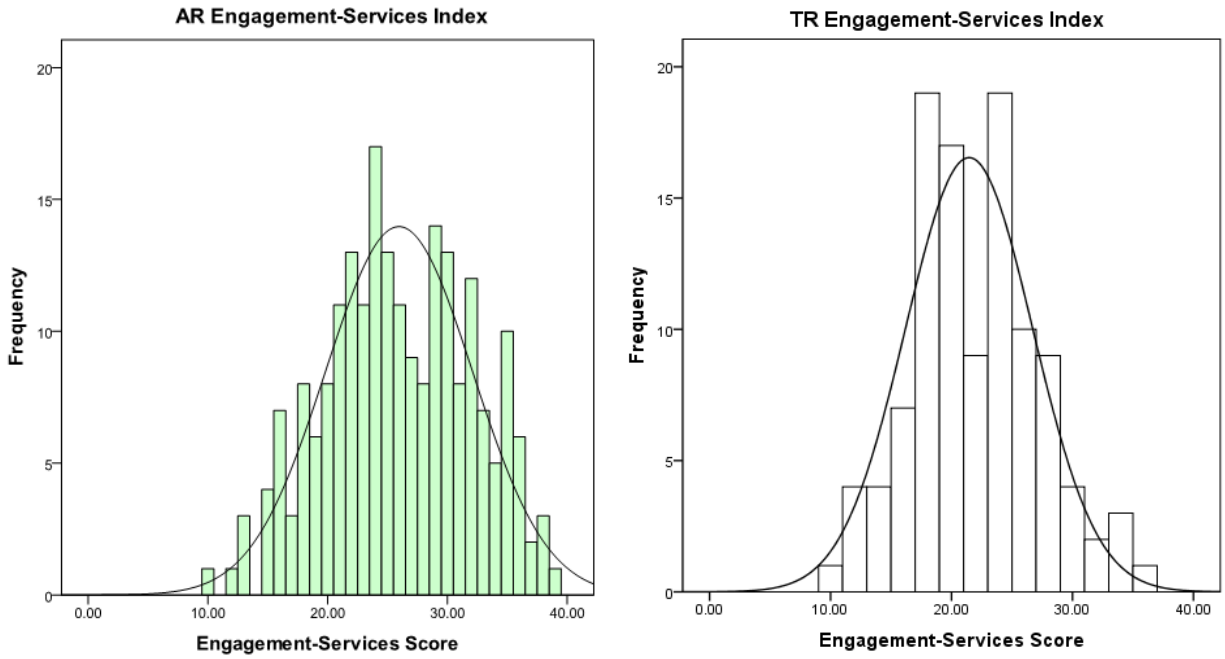
Table 5.7: Description of Engagement-Services Index

	AR cases (n=215)	TR cases (n=109)
Engagement of community partners and providers	Worker report of capacity to address family needs: obtaining services, giving referrals, ability to match services to needs[61] (9)	same
Family engagement	Worker and family reports of amount and nature of interactions: worker-family contacts, attitude of family and of worker (23)	same
Services	Family receipt of informal services and service timeliness; family view of receiving needed services and using services (12)	same
Scoring on domains	Community engagement (9) + family engagement (23) + services (12) = 44	same
Average (mean)	26.0	21.5
Midpoint (median)	26.0	21.0
% low (<21)	19%	47%
% high (>25)	51%	20%

[60] TR sample includes only those cases that had both a family survey and a case report.

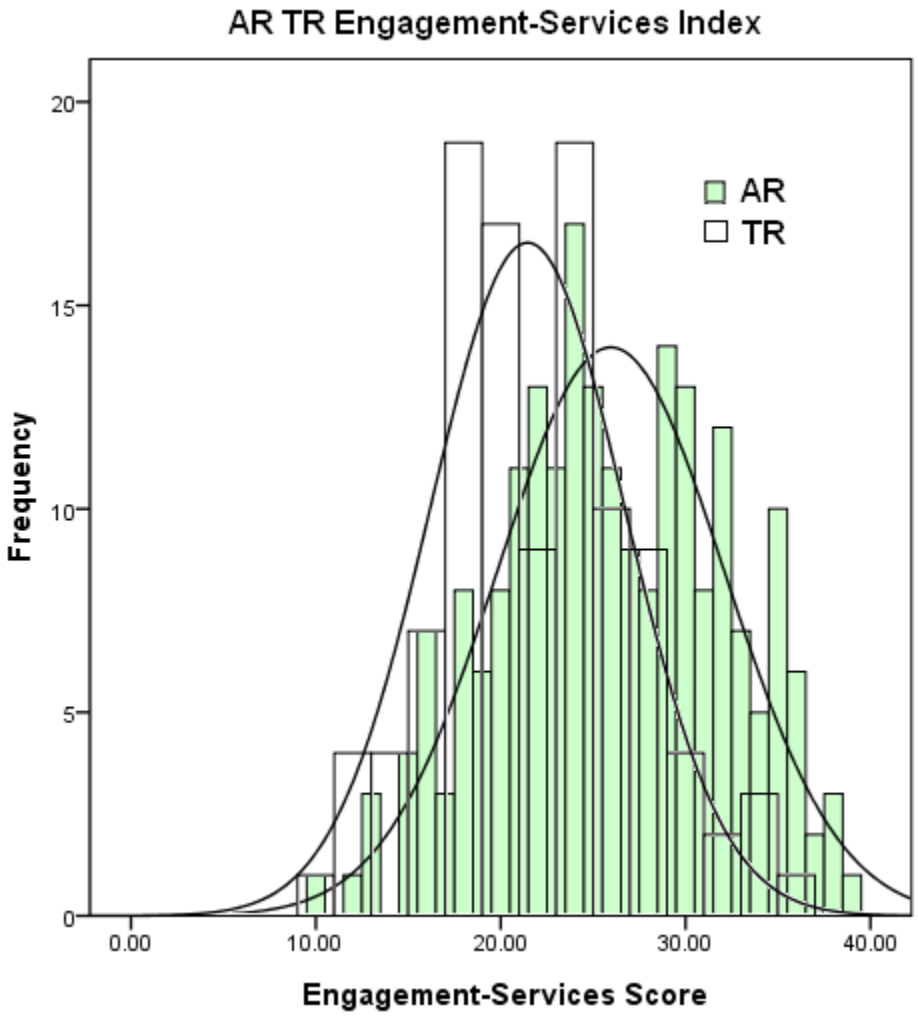
[61] Note that this differs from what is included in the domain for the fidelity index; this does not include the GCWS item on confidence in availability of services in the community.

Figure 5.2: Engagement-Services Distributions for AR and TR Samples



The histograms show somewhat similar distributions of scores on the engagement-services index. They together suggest two things: first, AR families vary substantially in their experience of engagement and services on the AR track, and the same can be said of TR families; that is, the within-group variability is substantial. Second, the two groups have a surprising degree of similarly; that is, the between-group variability is modest. Figure 5.3 illustrates the latter point, showing the large extent of overlap in the bell curves of the AR and the TR groups.

Figure 5.3: Similarity in Engagement-Services Index Scores for AR and TR Samples



The overlapping distributions on the engagement-services index clearly indicates that the two tracks are not mutually exclusive: relative to the average AR family, the average TR family experiences a similar degree of contact with their caseworker, has similarly positive perceptions of the worker, obtains similar amounts and variety of service referrals, accesses similar amounts of informal supports in the community, and has their needs met on a similarly timely basis. But notable differences do appear in the tails of the curves, especially on the right-hand side: very few TR families have index scores exceeding 30—a mere 6% of TR families—but 25% AR families fall in this high range. In short, the DR philosophy and practice has somewhat filtered into TR practice, but there remains a distinct difference in the proportion of families with high index scores.

The overlapping bell curves show that some AR cases, those at the high end of the distribution, have indeed been served in a way that is different—more engagement and more services—than is usual; this represents a change from practice prior to the project. And some TR cases, again those at the high end of the distribution, have also experienced something different than the usual; this represents systemic change in the agency since the desired AR shift has permeated somewhat into the TR track. What we cannot determine is whether the current range in TR practice (as measured by the index) constitutes a significant shift from where it was prior to the advent of AR in the SOAR counties.

The next section discusses the results of some exploratory work on the relationship between the SOAR fidelity index and outcomes, and the engagement-services index and outcomes.

5.4 SOAR Fidelity and Outcomes

The foregoing discussion in this chapter suggests a lack of significant difference between case-level experiences for AR families compared to TR families. Several immediate explanations come to mind: first, that AR as a model is not enough different than usual casework practice to effect a change in outcomes; second, that AR as implemented in the SOAR counties did not adhere sufficiently to the distinct AR track practice; or third, that both AR and TR practices changed during the course of the project, thus masking the effect of AR on its own. We explore these possibilities below, looking first at measures of fidelity to the SOAR model and then turning to the question of systems change wherein agency-wide changes occur.

Variations in AR fidelity related to outcomes: As discussed above, the evaluation team constructed a case-level fidelity index using various data elements related to seven domains. This index was used to identify AR cases which were served in a way most consistent with the SOAR model ("high" fidelity cases) and others which were served much more like traditional cases ("low" fidelity cases). In order to examine whether the level of fidelity to the AR model had any effect on case outcomes, HSRI restricted analysis to the groups at the two ends of the distribution (high versus low fidelity cases), leaving out the middle section of scores to better observe the contrast between the extremes.

When the high and low groups of AR cases were compared against the three major outcomes (case length, re-reports, and placement), we found a significant positive relationship between fidelity and case length; that is, families that experienced high-fidelity AR practice were significantly more likely to have longer cases. Families with low fidelity averaged a case length of 57 days, while families with high fidelity averaged a case length of 127 days. While this result is not surprising—workers who actively engage families may

spend more time with them, learn more about their needs, and help them to improve their situation—it is nonetheless an important finding from a policy and practice perspective. If cases stay open longer as a result of the family getting more actively involved and receiving more help, policy makers will want to see a corresponding improvement in safety and permanency to counterbalance the added cost of having a case open for a longer time. The fact that the evaluation did not find a significant relationship between fidelity level and other outcomes for AR families, particularly in the likelihood of a subsequent maltreatment report or an out-of-home placement, may be somewhat troubling to child welfare administrators and policy makers.

Variations in the engagement-service index related to outcomes: As discussed above, the evaluation team created a modified form of the fidelity index, called the engagement-services index, to capture the essential difference in casework practice between AR and TR tracks. This index was used to identify a group of AR cases which were served in a way most consistent with the AR approach ("high" index cases) and a group of TR cases which were served in the very traditional investigation manner ("low" index cases).

The overlapping bell curves in Figure 5.3 give some initial evidence of a difference between the AR and TR groups. The evaluation team decided to explore this further by conducting a series of analyses looking at whether the engagement-services index score was related to outcomes. Because of small sample sizes in the "low" and "high" index groups (41 and 109 for AR, 51 and 22 for TR), only limited analyses could be conducted.[62]

Comparing AR cases with a high engagement-services index score to TR cases with a high index score revealed no significant difference in the likelihood of a CAN report after case close.

Among cases with a CAN report subsequent to case opening, there was no significant difference between high AR cases and high TR cases in days to first subsequent CAN report (high=208; low=190).

Comparing high-index AR cases to high-index TR cases is essentially a test of how important it is to conduct an assessment (without a maltreatment determination) rather than an investigation (with a maltreatment determination), since both high-index groups were actively engaging families through frequent contact and providing needed services. So it should perhaps not be surprising that no significant differences emerged. However, it is possible to examine purer forms of AR and TR, comparing high-index AR cases with low-index TR cases. Such a comparison would perhaps be a proxy for the ideal contrast

[62] An analysis of differences in placements by fidelity was not possible because of sample size.

between AR and a traditional approach minimally exposed to the AR philosophy. When we conducted this analysis, we found a statistically significant difference in length of case: AR cases with a high engagement-services index score were on average 70 days longer than TR cases at the other end of the scale (AR=118; TR=48). This is an even larger difference than emerged when comparing AR and TR cases without attention to the engagement-services index—92 compared to 67 days. While it is possible that this interaction between track and index score could be a driver of a reduction in placements,[63] this was impossible to test given the limited number of placements within this subset.

5.5 Synthesis of Findings Related to Fidelity

In an effort to reflect the overall experience of AR and TR case flow, the evaluation team developed a fidelity index intended to create an overall "score" at the case-level of the delivery of key components of the SOAR model. Findings from this analysis suggest that AR cases vary in their experience of the SOAR model—while some AR families more systematically experienced the key components of the model (e.g., trained AR worker, designated staff, frequent contact, appropriate services, and engaging interactions with their worker) and received a high fidelity score, other AR cases experienced few components of the model. The evaluation team also used some pieces of the fidelity index to create an engagement-services index to explore whether AR families have a significantly different casework-level experience than TR families. Data indicates the two tracks are not mutually exclusive: relative to AR families, many families on the TR track had a similar experience—both tracks had normal distributions in fidelity scores. However, it is also important to note that while the distribution was similar in shape, AR families' scores were higher as a whole, suggesting that these cases, as a group, experience a greater degree of fidelity to the AR model when compared to TR cases.

In examining the impact of fidelity index scores or engagement-services index scores on outcomes, the evaluation team found few significant relationships. High-fidelity AR cases had longer case lengths than did low-fidelity AR cases, and high engagement-services AR cases had longer case lengths than did low engagement-services TR cases, but no significant differences were found related to safety or placement outcomes. In short, this exploration of SOAR practice compared to TR practice has revealed some interesting findings that bear further attention in the future as two-track DR systems spread more widely and are applied to broader populations.

[63] We mention the possibility of a difference in placements only because the cost study showed less use of placement among AR cases than TR cases, although samples were too small to provide statistically significant results.

The SOAR project has offered a valuable opportunity to define and refine the DR intervention for purposes of fidelity assessment. The 2012 set of system-level fidelity measures seems to be a solid set of measures, in that it has not changed much over time; it points to needed structures and procedures to assure that DR is being implemented in accordance with the intent of the initiative. In addition to providing a summative view of DR implementation, having a well-defined fidelity assessment helps practitioners 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.

Chapter 6

Outcomes

The impact the DR model has on children and families in terms of child welfare outcomes and family well-being is a primary area of interest in this evaluation. This chapter presents outcome findings for families who randomized to the AR track compared to those on the TR track, with direct implications for the impact of a DR approach when used with a low- to moderate-risk child welfare population, as is the case in Ohio. In particular, this chapter describes quantitative results of the analysis of family- and child-level outcomes (length of case, re-reports, and placements) as well as examines changes in family engagement practices on both tracks related to outcomes. Examined next are information on family satisfaction and well-being upon exit from the child welfare agency, and worker perceptions of DR practice, including worker buy-in, job satisfaction, and attitude about AR practice and the system change that often accompanies implementation of DR. The chapter concludes with a brief summary of a case study of cost conducted on a small number of cases in two SOAR counties.

To provide the critical context for understanding the outcome findings, recapped below are the variety of data sources and the analytic approach used for this analysis.

- Seven sources of data are used for the analyses presented in this chapter: SACWIS; the SOARDS web-based data system; family self-report survey and caseworker case report for the subset of families randomized for survey; the General Caseworker Survey (GCWS) distributed to all workers to assess staff attitudes toward and knowledge about DR; and qualitative data taken from interviews with workers and managers during site visits and focus groups with families. (See Figure 2.1: CONST Diagram for more details on sample sizes.)

- The final SACWIS data set contained data through 5/31/2013; this date falls 11 months after the end of randomization, meaning that every case randomized to AR or TR had at least 11 months of information following its randomization date.

- All SACWIS analyses were conducted on the full sample randomized to AR (N=1,202) and TR (N=2,013), with subsets used for further analyses of family and caseworker respondent data. We present the results of statistical analyses showing the combined results for the six counties. However, it should be noted that the

results are highly influenced by the two metro counties that make up 61% of the full sample size. It should also be noted that, for all analyses, an intent-to-treat approach has been taken. This constitutes a relatively conservative method where analyses are conducted based on each family's initial track assignment regardless of whether a track change occurred during or after the child welfare case episode. Thus, cases that changed track from AR to TR (75 cases, 6%) have been analyzed together with all other AR cases.

6.1 Family Outcome: Length of Involvement

For families, often of immediate concern is the length of time they may be expected to be involved with the child welfare system. The length of time a case remains open is of equal concern to the child welfare agency, both in terms of resource utilization and, more important, in terms of the disruption and uncertainty that agency involvement brings to family life. Our first analyses thus examine how the length of the initial case episode (from the date of intake report to case close) differs between AR and TR families, and how that difference has varied over the course of the project.

6.1.1 Length of Case

To assess differences in length of case between families assigned to the AR and TR tracks, the evaluation team conducted independent t-tests using only closed cases. Ninety-eight percent of both AR and TR cases were closed at the time SACWIS data for the analyses were extracted; therefore, the decision to use only closed cases does not compromise the applicability of the findings to the full population of AR and TR cases.

In examining the amount of time between the report date and child welfare agency case close date, Table 6.1 indicates that TR families experienced significantly shorter cases than those assigned to AR, by an average of 25 days. It should be noted that there was much county variation in length of case with the smallest, most rural counties tending to have the shortest AR and TR case length; among the six counties, average time to case closure ranged from a low of 53 days for TR cases in one rural county to a high of 116 days for AR cases in one of the larger counties.

Table 6.1 Case Length across All SOAR Counties

Case Length in Days	AR	TR
Mean	92***	67
Median	59***	40
Range	2-668	2-756

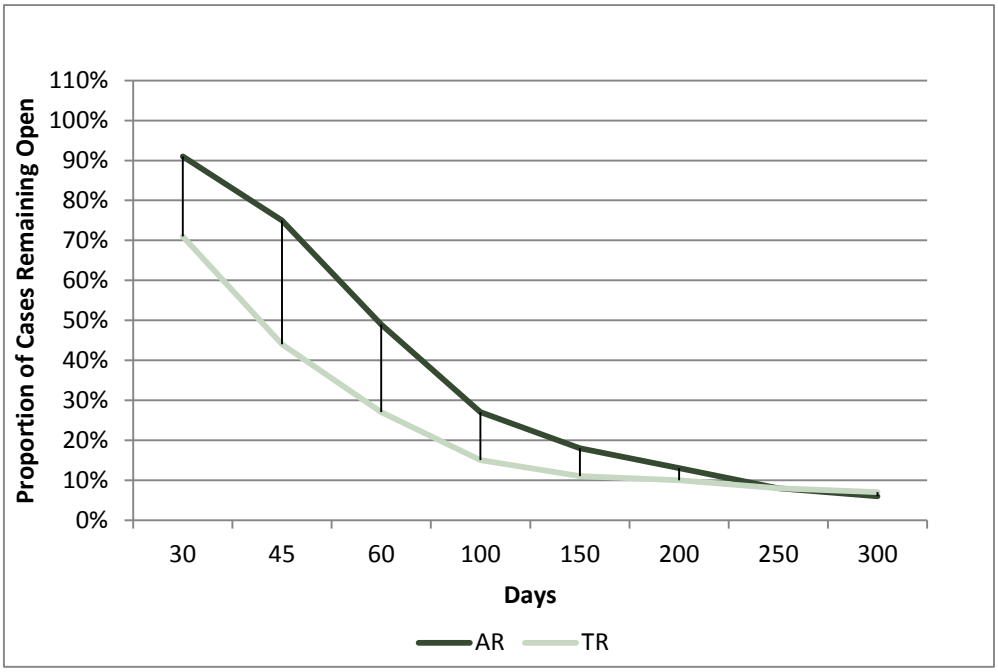
While the average value is the measure of central tendency most often used, it is most appropriate when values are symmetrically distributed. This was not the case for AR or TR length of cases. The distribution of values associated with both AR and TR cases were skewed toward longer cases, meaning that there were more extremely long cases than extremely short cases, causing the average length of time to be somewhat inflated. To gain perspective on the extent to which the mean overestimates the length of case, we also present the median value. The median values shown in Table 6.1 represent the number of days at which half the cases had closed and half remained open. A Mann-Whitney U test indicated a significant difference once more, with AR cases remaining open significantly longer than TR cases.

6.1.2 Timing of Case Closure

Another helpful way to understand length of case is to examine the rate at which cases closed over time. Survival analyses were conducted to assess the differences in timing of case closure (Kaplan-Meier with Log-Rank test),using 30, 45 and 60-day time points, which correspond to critical deadlines for Family Assessments and Safety Assessments (documents used to determine whether cases should be closed or formally transferred to ongoing services)[64]. As shown in Figure 6.1, larger proportions of AR cases remain open at 30 days and at all later time points until the lines converge at just over 200 days. At 30 days, 20% fewer TR cases remain open when compared to AR cases; this difference is somewhat greater at 45 days, and then it decreases gradually.

[64] TR caseworkers are required to complete the Family and Safety Assessments within 30 days (or 45 days if an extension is approved). AR caseworkers are required to complete the Family and Safety Assessments within 45 days (or 60 days if an extension is approved). AR cases transferring to post-assessment ongoing services usually remained with the same caseworker.

Figure 6.1: Days to Case Close



6.1.3 Length of Case by Implementation Period

- Because AR is a new approach in the SOAR counties,[65] there is likely a learning curve for staff as they gradually get familiar with and more skilled in doing AR. To explore whether casework practice at different points in time may have contributed to different outcomes, the evaluation team looked at cases randomized early in the implementation process and cases randomized at later dates, using survival analysis (Kaplan-Meier survival curves with the Log-Rank test). Although relatively few cases remained open on the AR or TR tracks at the time the SACWIS data was extracted, this methodology takes into account those cases that were still open. AR cases and TR cases were compared in three time periods of six months each:

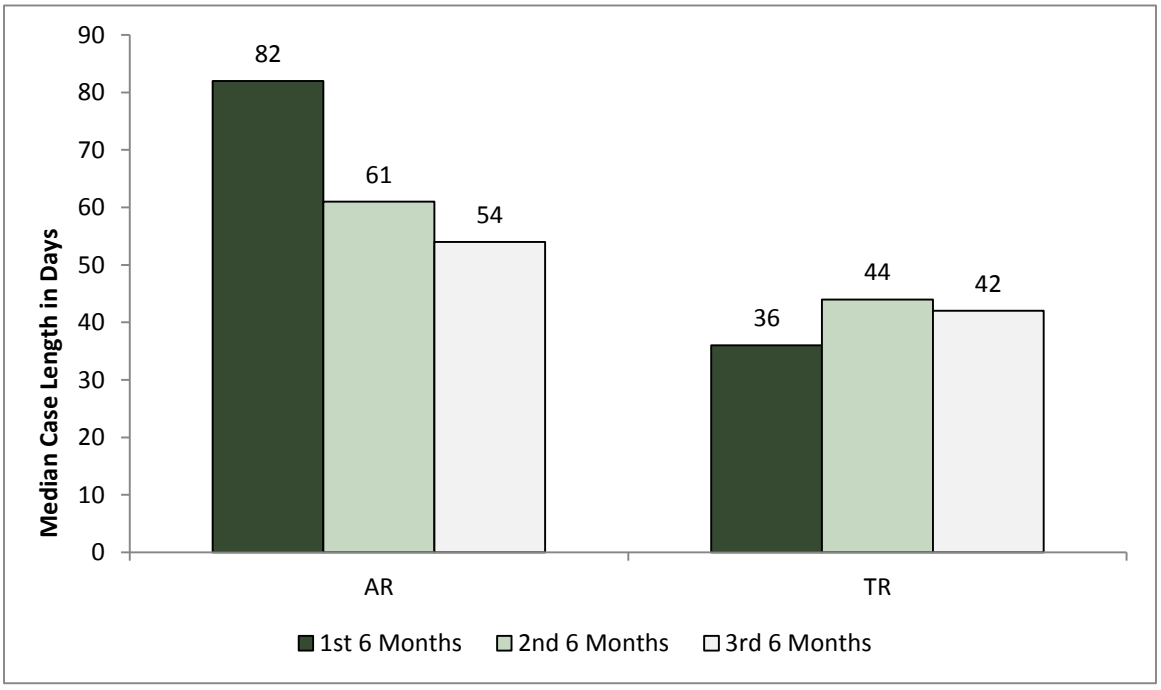
- 12/1/2010-5/31/2011
- 6/1/2011-11/30/2011
- 12/1/2011-5/31/2012

[65] The exception is Clark County, which began AR in 2008, but some new staff in that county nonetheless had to learn the practice.

The overall model suggested a significant difference in survival rates ($p < .001$) between groups. Figure 6.2 illustrates the median time to case closure for the three time periods. An inspection of the confidence intervals for the median length of case provided evidence for a significant difference between AR and TR tracks in case length, for all of the time periods.

Perhaps more interesting is the change in length of cases as the study progressed. The length of TR cases remained fairly constant over time, whereas AR cases became shorter over time, lessening their difference from TR cases. Again, non-overlapping confidence intervals for each of the three AR time periods suggest a significant difference. This suggests that staff need time to internalize the new AR practice: early in implementation, AR staff were working with families for longer periods of time as they adapted to the AR practice model, but over time, as AR practice became more engrained, the length of AR cases became more comparable to TR cases. For TR cases, the variation is not statistically significant and could simply represent common fluctuations in child welfare practice.

Figure 6.2: Median Length of Case for Cases Opening During the 1st, 2nd, and 3rd Six Months of Randomization



6.2 Child Safety

The immediate goal of child welfare involvement is child safety. When introducing a two-track DR system to a community, the most common concern is that not doing an investigation will result in children not being safe.. Even though AR-eligible cases tend to be

low to moderate risk, this concern is a crucial one. This section focuses on child safety, defined in terms of reports of child abuse and neglect and out-of-home placements subsequent to the case being randomized. Examined are the number and type of screened-in reports received, and whether or not an out-of-home placement is made. A series of analyses were conducted to explore the differences between tracks on each of these outcomes.

6.2.1 Re-Reports

Of immediate concern and an immediate indicator of a potential threat to a child's safety are the number and type of screened-in reports and case receives. These reports to the child welfare system may occur during the initial case opening and/or after the case has closed. This section explores differences between the AR and TR tracks in the extent, types, and timing of re-reports for randomized cases, with particular attention given to screened-in reports of abuse or neglect (CAN reports) occurring after the case had closed.

Several sets of analyses were conducted to assess differences in child safety based on case-level re-reports.[66] If re-reports are viewed as an indicator of safety, then overall, children in the AR track were found to be just as safe as those in the TR track. As described below, no significant differences emerged between tracks in the percentage of cases receiving a re-report or the number of re-reports those cases received.

- AR and TR cases did not differ in the percentage of cases receiving at least one screened-in report of any kind[67] after randomization: AR=37% (n=445); TR=36% (n=735).

- AR and TR cases did not differ in the percentage of cases where the first screened-in report after randomization was a report of abuse or neglect: AR=32% (n=381); TR=32% (n=640).

- For those cases where there was a re-report, there was no difference in the mean number of re-reports by track: AR=2; TR=2.

[66] In consultation with county representatives, it was decided that any re-report occurring within a three-day period of the intake that led to randomization would be removed from further analyses. This is because in the short term a cluster of reports may be phoned into children's services in regard to the same event and would not therefore be truly representative of the child's increased risk of harm.

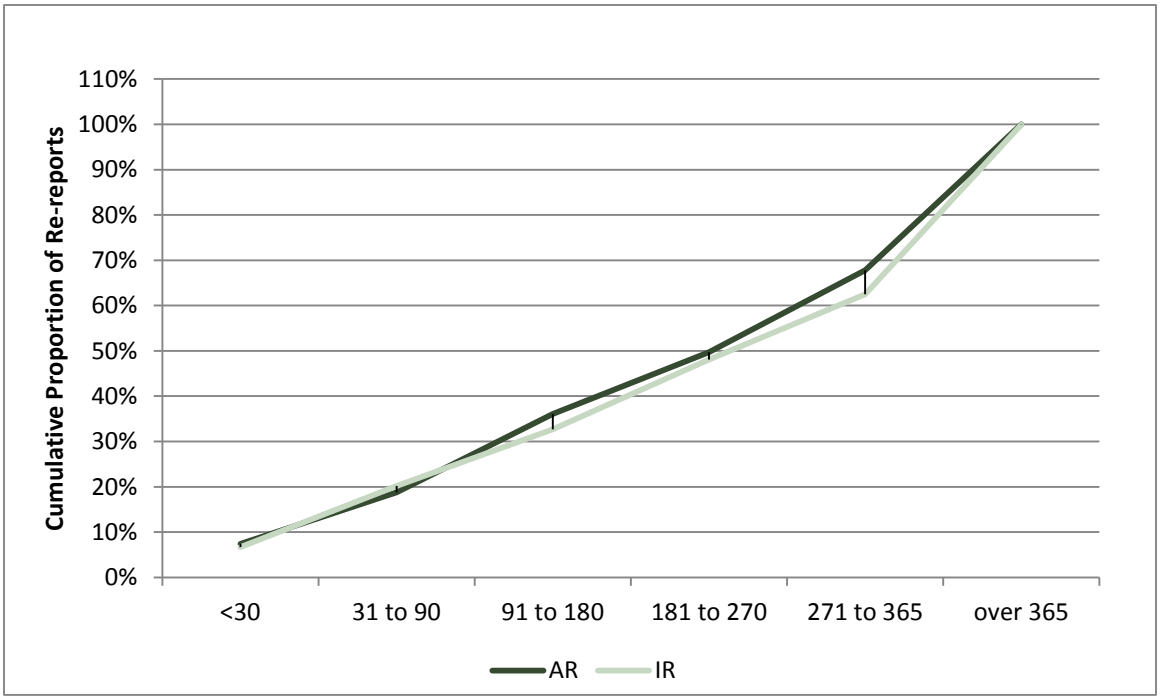
[67] Includes CA/N, dependency, and FINS(Family in Need of Services)

- AR and TR cases did not differ in the percentage of cases receiving a re-report of abuse or neglect after the case had closed: AR=28% (n=338); TR=28% (n=564).

6.2.2 Time to First CAN Re-report After Case Close

Although no significant differences were found between AR and TR cases in the frequency of subsequent reports, it is important to explore how soon that report occurred among the cases which had a subsequent report after case closure. The proximity of the subsequent report to the date of case closure may offer some insight into whether the case was closed too quickly, before the family's situation was stabilized. Figure 6.3 presents a visual description of the difference between AR and TR cases in the timing of CAN re-reports after the case had closed. The lines are very similar for cases on the two tracks; survival analyses confirmed that there were no significant differences between AR and TR in the amount of time from case close to a subsequent screened-in re-report.

Figure 6.3: Days to Re-Report After Case Close



6.2.3 Re-Report and Risk

The evaluation team conducted a second set of analyses exploring whether AR and TR cases had different rates of re-report depending on their prior history with child welfare. Ohio's SACWIS data is only reliable from January 2009 forward; however, prior history data was also collected in SOARDS based on caseworker and supervisors' personal

knowledge of family histories. Combining both data sources reveals that 40% of AR cases and 38% of TR cases had a screened-in report of abuse or neglect in their prior history. The outcomes analyses also found no significant differences between AR and TR when examining re-reports in relation to prior history:

- Among cases that had some prior history with children's services, AR and TR cases did not differ in the proportion having screened-in CAN reports after the case had closed: AR=36% (n=171); TR=37% (n=278).

- Among cases with no prior history with children's services, there was no difference between AR and TR tracks in the percentage of CAN reports received and screened-in after the case had closed: AR=23% (n=168); TR=23% (n=286).

The evaluation team also explored whether the type of report influenced re-report findings. Based on information gathered from SOARDS, we categorized families into two groups—those for whom the intake leading to randomization was for neglect alone (n=1820), and those for whom the intake leading to randomization was for physical abuse or physical abuse in association with neglect (n=1394). Findings suggest that the type of alleged maltreatment does not influence re-reports in AR or TR tracks:

- No significant differences emerged in the rate of screened-in CAN re-reports after the case closed for cases whose initial report was for neglect solely (AR=28%; TR=30%).

- No significant differences were revealed in the rate of screened-in CAN re-reports after the case closed for those cases whose initial report was for physical abuse or physical abuse in association with neglect (AR=28%; TR=25%).

6.2.4 Out-of-Home Placements

While re-reports are one measure of safety, a reduction in the use of out-of-home placements can be viewed as a positive outcome that signifies greater child safety, preserving the best interest of the child and reducing the use of agency resources. Although the SOAR counties implemented AR with a relatively low- to moderate-risk population, a small proportion of children nonetheless needed to be removed from the home during the time the case was open or after it had closed. Of the total number of cases randomized into the study, only 54 AR cases (4.5%) and 113 TR cases (5.6%) had at least one child in placement either during the initial case episode or after case closure. This translates to 79 AR children (4%) and 171 TR children (6%) being placed out of home at some point during

the case or in the follow-up period. Fifty-four percent of AR placements and 64% of TR placements occurred after the close of the case; these differences were not significant.

Even though there were no differences between the proportions of AR and TR cases that went to placement, it could be the case that AR succeeds in diverting some types of cases from placement, while TR is successful with other types of cases. Table 6.2 seeks to provide some insight into this question by looking at the characteristics of children placed from the AR track and from the TR track. It is important to view this table relative to Table 2.3 in Chapter 2, which shows the same characteristics for the total population of children in each track. The pattern of contrasts between AR and TR children in placement is very similar to AR and TR children overall, suggesting that AR is not having a different impact than TR on the likelihood of placement among children with differing demographic characteristics. However, the comparison is not a perfect one, because population demographics in Chapter 2 are reported at the case level, whereas placement demographics are at the child level.

Table 6.2: Demographics of Children in Out-of-Home Care

Child Level	AR n=79	TR n=171
Average age of all children at time of placement	8.22 (SD=5.40)	7.56 (SD=5.45)
Median age of children placed	7	7
Male	57%	46%
Black or African American	20%	28%
White only	66%	59%
Multi-racial	13%	10%
Missing	1%	3%

We next examined whether any differences exist between AR and TR children in time to placement and length of placements. As detailed in the following bullet points, no significant differences were evident.

- Assessing all closed cases with placements, regardless of whether the placement occurred during the initial case episode or after the case had closed, no significant differences were found in the mean time to placement between AR and TR tracks: the mean time to placement for the AR and TR populations combined was 217 days.

- Separating out the two groups of placements, those with placements occurring during the initial case episode and those occurring after the case closed, again no

significant difference between the tracks was found. Average time to placement was 105 days for both AR and TR children placed during the initial case episode and 214 days for those AR and TR children placed after the case closed.

- Findings for time to placement mirror the results for length of placement: no significant differences emerged between tracks on overall placement length (both tracks had a mean of 116 days for closed cases with a placement).

It is worth noting that for cases where the placement remained open at the time of the SACWIS data pull and which were thus excluded from the foregoing analysis, the mean length of time in placement was 431 days (using the data extraction date of May 1, 2013 as the last day of placement). This is substantially longer than other groups of placement cases discussed above and testifies to the limitations inherent in exit cohort analyses.

While the above discussion indicated no significant differences between AR and TR tracks in terms of length of placement, it is notable that for both the AR and the TR populations, approximately one third of all placements during the initial case episode were made with kinship caregivers.[68] This perhaps suggests an agency emphasis on the reduction of trauma for children who experience an out of home placement, regardless of whether the family is served by AR or TR.

The evaluation team conducted one more analysis, to separate the effect of longer case length among AR cases from AR's effect on safety outcomes. A logistic regression was conducted for closed cases to examine whether track assignment was predictive of placement when holding the length of case constant. The results suggest that there is indeed a significant effect: holding case length constant for those families whose case was closed, AR cases were 34% less likely to be placed than TR cases ($p<=.05$). However, in the model explaining the variation in placement in terms of case length and track, only a very small proportion of the variability was explained (between 2% and 8%). In other words, the full explanation of the impact of track on placement rates is largely unknown, and thus this significant result should be viewed with caution.

6.2.5 Safety Outcomes and System Change

In conversations with managers in the six SOAR counties, evaluators encountered a theme regarding the impact of AR: there is a prevalent perception that the implementation of AR has affected more than just families served by AR workers. Particularly in terms of

[68] In addition to using kinship caregivers for children who are in agency custody, SOAR counties also make considerable use of informal kinship arrangements, with children remaining in parental custody or being in the temporary custody of the kinship caregiver. None of these informal placements were recorded as placements in SACWIS.

engagement, managers observe that both AR and TR workers are more cognizant of the need to engage parents in the service-planning and decision-making process. In this respect, managers describe AR not as an isolated intervention only provided to families assigned to an AR worker, but rather something that over the course of the project has spread across the agency, causing a systemic change in the agency and inevitably diminishing distinctions between AR and TR over the course of the study period.

In order to test this hypothesis, several analyses were conducted comparing outcomes for AR and TR cases. This analysis were divided into three six-month cohorts depending on when the case was randomized—during the first, second, or third six-month intervals of the randomization period. This analysis allows evaluators to explore if differences between AR and TR in re-reports and placements decreased as AR became a part of overall agency practice. Analyses revealed no significant differences in the probability of a re-report or placement within or between AR and TR groups during each of the time frames.

In regard to differing outcome results related to the type of initial report (CAN, Dependency, and FINS), we found little change in the rates of reports after initial randomization over the course of the project. Similarly, when exploring the receipt of CAN reports alone, either during the initial case episode or after case closure, there were no significant differences over the course of the evaluation period, although significant differences were found between AR and TR for cases randomized during the third six-month period. Similarly, no significant differences emerged when we examined placement rates during the first, second, and third six-month periods of the project. Overall, we found little evidence of a gradual acculturation in the agency toward AR practice; however, it is interesting that there were changes over time for AR cases in terms of length of case, as can be seen in Figure 6.2, above.

6.3 Family Perceptions of Well-Being

The impact of AR on traditional child welfare outcomes is always a central evaluation concern, but it is also important to understand how the experience of a new casework practice is viewed by the family being served. This section will share findings about families' perceptions of well-being, relying on the 394 family surveys (277 AR, 117 TR) received. The family survey captured a broad array of family perceptions, related to their attitudes about their caseworker and changes in their perceptions of family well-being. The tables below offer some specific contrasts between AR families and TR families. We also present some anecdotes and stories from the qualitative focus groups with 14 AR families, revealing a deeper sense of their experiences as a result of being assigned to AR.

Table 6.3 presents results from analysis of family self-report surveys. Fifty-two percent of AR families perceived themselves to be better off as a result of their involvement with the agency, contrasted with 31% of families assigned to the traditional track. This was a statistically significant finding and a potentially important one.

Table 6.3: Family Well-Being[69]

Overall are you better or worse off because of your experience with the agency (percentages shown are the positive responses)	AR (n=277)	TR (n=117)	Difference
Are you better or worse off because of your experience with the agency?	52%	31%	21%**
Are you a better parent because of your experience with the agency?	65%	53%	12%*
Are your children safer because of your experience with the agency?	65%	59%	6% ns
Are you better able to provide necessities like food, clothing, shelter, or medical services because of your experience with the agency?	54%	44%	10% ns

Since there were relatively few cases in which a child needed to be physically removed, and among the children removed, most were reunified, it seems that any involvement with Children's Services may, if possible, leave the family in a better place than where they were when contact was first initiated. This is perhaps best expressed in the words of family members themselves:

> *They closed the gap between what I wanted to happen to what did happen. I wanted to be able to have clothes for my kids and not have to call on the phone and beg my ex-husband or call [the] county to get him to pay child support. Instead, [caseworker name] helped without judgment and my kids had what they needed even if I had to let go of my pride, it happened. [Caseworker name] was there ... closed that gap between where I was and where I needed to be. When you have that gap closed, you don't have all those thoughts running through your mind—'what am I going to do, how am I going to do it?' You can help your children because your mind is more at ease. You can enjoy having your kids instead of it being a chore. It's great to have some kind of a resource, even if the situation was bad to start with and that's why they're there, once they're there, everything's going to be okay. When [caseworker name] told me what*

[69] **p<=.01; *p<=.05.

was going to happen, the world was lifted off my shoulders. [Caseworker name] is going to help me ... not going to judge me. (AR parent)

It was all about putting plans in place and figuring out things that I needed to get stable on my feet and to get the things taken care of that I needed to help me figure out some obstacles, roadblocks in my way. I ended up having a whole team which came from the alternative response … (the caseworker) came into my life after I did two and a half years in state prison. The transition of me coming home, being a mom … I went from being a drug dealer to a full-time college student. I've got my own home, car, my children have clothes and toys. I worked very hard but she is absolutely the one who helped get things completely in place and be able to not resort to old behaviors. (AR parent)

The family survey also posed several questions related to how the family viewed their own well-being after their involvement with the child welfare agency. Findings shown in Table 6.3 suggest that compared to TR families, AR families see themselves as better able to care for their children in several realms, with statistical differences in regard to the parent seeing herself/himself as a better parent. In focus groups, AR parents described how they consider themselves to be better parents because of their involvement with Children's Services:

AR makes you reinforce your knowledge and skills, made me dig deep and be consistent and apply the skills.

I am a mother [now] and not just a person in the room. I spend so much time with them [children] that I don't remember before what I was doing to be a good parent. I wasn't a good parent. I was just there. I was not engaging in their lives, not influencing them in the right direction, not teaching them. I got my confidence back as a mother and I am not letting anything take that away.

Table 6.4 presents survey results related to family perceptions of being engaged in the casework process. Overall, AR respondents were more likely to say they had made use of the services provided by the caseworker, were in agreement with the caseworker about what should be done to address concerns, were engaged with working with the caseworker, and were hopeful for the future. All of these differences were statistically significant.

Table 6.4: Family Perceived Engagement[70] [71]

Strongly Agree	AR (n=277)	TR (n=117)	Difference
I really made use of the services my caseworker gave me.	42%	26%	16%*
Working with my caseworker has given me more hope about how my life is going to be in the future.	35%	20%	15%*
I wasn't just going through the motions, I was really involved in working with my caseworker.	44%	31%	13%*
What the agency wanted me to do was the same as what I wanted.	47%	29%	18%*

In all, results from surveys and family focus groups suggest that caregivers randomized to the AR track, while reporting similar levels of satisfaction with their child welfare experience, they perceived they to be better off after their interactions with the PCSA than they were before.

6.4 Worker Outcomes

In addition to the case-level differences between AR and TR cases, the evaluation also explored the impact of the implementation of DR on the staff within the child welfare agency. Using results from the GCWS, the evaluation team was able to explore how the implementation of AR has impacted staff level of satisfaction and beliefs about a two-track DR system.

6.4.1 Job Satisfaction and Retention

There have been several studies noting the relatively high rate of worker turnover in the field of child welfare (Mor Barak et al, 2006). Turnover can have serious implications for families, workers, and the agency. Service provision for families may be compromised as remaining caseworkers take on the burden of higher caseloads. The burden of higher caseloads for remaining workers may then lead to worker fatigue, resulting in even more turnover; costs for agencies may increase as new workers have to be hired and trained. Questions on the GCWS distributed in December 2012 to all workers in the field asked about job satisfaction; results are presented in Table 6.5. While caseworkers expressed similar levels of satisfaction with their current child welfare job, AR workers were

[70] Taken from: Yatchmenoff, D.K., (2005). Measuring client engagement from the client's perspective in non-voluntary child protective services. Research on Social Work Practice, 15(2), p 84-96.

[71] *p<=.05.

significantly more satisfied with the AR program in the county and felt that the introduction of AR made it more likely that they would remain in this line of work; this suggest that the implementation of AR may impact worker retention.

Table 6.5: Worker Satisfaction[72] (Source: GCWS, December 2012)

	AR n=25	TR n=264
Overall, how satisfied are you with the AR program in your county? (% responding "satisfied" and "very satisfied")	76%***	37%
How satisfied are you with your current child welfare job? ("satisfied" and "very satisfied")	72%	67%
Has the introduction of AR made it any more or less likely that you will remain in this field of work? (% responding "likely" and "very likely")	64%***	13%

It is possible that since the majority of AR workers self-selected into their AR positions, they felt they were a better fit as an AR worker rather than as a TR worker and thus, given the introduction of AR, will indeed be less likely to leave the field as a result of burnout or work overload. One comment from an AR worker reflects this satisfaction with the job assignment.

> *I'm a better caseworker but I can't tell you why, it's time, supervisor, God, family, but life feels better in AR, I feel calmer at work.*

Nonetheless, as a TR worker pointed out:

> *AR workers think AR is great but it's not for me.*

This statement perhaps emphasizes the fact that caseworkers have different child welfare philosophies and that, while having respect for both tracks, not all workers feel that AR would be a good fit for everyone in the agency.

6.4.2 View of AR practice

There was much variation in worker perceptions of the differences between the two tracks. Table 6.6 provides the responses to questions asking whether the events described would be "likely" or "much more likely" to occur under the AR approach. The items included in the list were meant to be differentiating characteristics between the two tracks; for example, it is expected that AR families will more likely receive services they need and receive them quickly than will families in TR. As indicated in the table, there were very few significant

[72] ***p <= 0.001.

differences in workers' perceptions of the items. It is difficult to interpret this lack of difference; it may reflect TR workers' insistence that they do just as much as AR workers in providing families what they need and in getting cooperation from families, or it may reflect a lack of knowledge about the ideal AR practice.

Table 6.6: Perceptions of AR Practice[73]

In your view, what are the major differences between AR and TR in your county? (percentage answering "likely" or "much more likely")	AR n=25	TR n=252
Families receive services they need	56%	37%
Families receive services quickly	48%	45%
Families referred to other resources or agencies in community	48%	33%
Separate interviews of child and caregiver	4%	13%
Family members present at initial assessment	56%*	32%
Cooperation of caregivers/family members	72%	55%
Participation in decisions and case plans	76%**	46%
Families drive case decisions and case plans	76%*	48%

6.4.3 AR Effectiveness and Buy-In to AR

There was much variation in worker perceptions of AR practice, as well as buy-in for the two-track system; interestingly, however, while there was no significant difference between workers in the two tracks in their perception of AR's ability to keep children safe, 31% of TR workers felt AR was "safer" or "much safer" than TR versus 52% of AR workers who felt the same way. This illustrates the regard many TR workers had for AR as an approach for lower-risk families. In some SOAR counties, a shift occurred as staff recognized that AR workers spent more time with families and worked with them more intensely during the assessment period. As one AR staff member put it, "The attitude of 'intake light' has gone away." A traditional supervisor also noted: "TR is more of an in-and-out situation, they're [caseworkers] always in crisis mode, band-aid situation, just hand them [families] the [resource] guide… sometimes you only see an issue in the home after a couple of visits, and TR doesn't have the time to make those visits."

Different issues surfaced when workers were asked whether there was anything preventing AR from working as well as it could or should be working. Staff described a number of factors which could limit the provision of AR practice: caseloads being too high in some agencies and too low in others (low AR caseloads causing resentment and frustration among TR staff); limited community resources for some agencies and lack of agency and staff buy-in in others; lack of communication between staff across tracks; and

[73] **p<=.01; *p<=.05.

the perception of inappropriate screening and lack of consistency in screening families to AR, particularly once randomization had stopped—one manager reported that the screeners thought the screening tool was 'stupid' and so they weren't using it.

There was also concern that cases that might previously have been screened-out as not needing PCSA intervention, such as "lice-only" cases, were now being screened-in determined to be eligible for AR, thus increasing the overall volume of families within the system. Nonetheless, it should also be noted that many caseworkers from both tracks thought that AR was working very well within the agency and the community and valued the implementation of a two-track approach.

> *"It allows us to make a decision; before it didn't matter if your kid escaped out the door when you weren't looking or if you shook your child to death [there was an investigation for both], but now we're allowed to make a determination of how to handle a case instead of doing it the same way every time."*

> *"As an AR supervisor, I have more information, caseworkers know families better …"*

> *"It's given the agency a positive image in the community; they aren't looking at CPS as baby snatchers. Now, we're perceived as having services. Now I hear, 'We're glad you're involved, now you're here to help people and we could use some help.'"*

6.5 Cost Study Results

In addition to exploring the implications on outcomes, well-being, and family and worker perceptions, the QIC-DR cross-site evaluation team was also interested in learning about the costs associated with implementing the two-track DR system in the six Ohio counties. As discussed in Chapter 2, Section 2.3.3, HSRI collected a significant amount of primary data from two very different SOAR counties—Champaign and Summit—and explored case-level costs associated with a sample of cases that were randomly assigned to AR and TR. Data collected included the cost of the caseworker labor, services and support, and placement for this sample of AR and TR cases. The limiting factor of this analysis is the small number of cases that are included in the case-level cost analysis: the Champaign case-level cost study sample includes 18 AR cases and 12 TR cases, while the Summit case-level cost study sample includes 48 AR cases and 48 TR cases. It is because of the small sample size that the findings from this Cost Study are not considered to be representative of the group of SOAR counties as a whole. As such, HSRI intends to present the findings in their entirety in a separate document, to be published in the future as a case study.

However, to provide a brief glimpse into the findings, the following section shares the summary findings of the Cost Study in these two counties. Given the limitations described above, **these findings should not be extrapolated beyond Champaign and Summit counties.**

Total Case Costs

Summing together the caseworker costs, hard goods and services costs, and placement costs yields total costs for AR and TR cases in Champaign and Summit counties. Table 6.7 displays the average costs per time period. The bottom line is that AR cases cost less than TR cases on average: $223 versus $256 in Champaign, and $548 versus $682 in Summit. In both Champaign tracks and in the Summit AR track, intake costs exceeded follow-up costs by a factor of 1.8 to 6.5. Only in the Summit TR track did follow-up cost exceed intake cost, specifically due to the placement costs of these cases.[74] Summit's average follow-up cost just for cases with follow-up was $924.29 for AR cases and $1,430.73 for TR cases (due to placement costs).

Table 6.7: Total Case Cost During 365 Days

	Champaign		Summit	
	AR (n=18)	TR (n=12)	AR (n=48)	TR (n=48)
Average cost	$222.82	$256.11	$548.06	$681.64
Median cost	$174.66	$185.79	$249.50	$143.00
Range	$77-$740	$18-$929	$56-$2993	$11-$11,314

It is important to again note the wide variation in total case costs in both Champaign and Summit: the median cost is consistently much lower than the average cost due to the presence of a few high-cost cases which were placed in out-of-home care. Indeed, while the median costs in Champaign show the same relationship as the average costs—AR is lower than TR—the relationship reverses in Summit, with AR median cost exceeding TR cost. Having a few outliers is not unusual in any distribution, but it has the effect of making calculations on small samples less stable and thus less predictive of what could be expected to occur in a population. Bearing in mind the limitations of the small samples used in the Cost Study, we can calculate total savings across the SOAR population through a two-track

[74] In both counties, none of the AR cases experienced placement. In Summit, children in four TR cases spent some amount of time in placement.

DR system. Use of the AR track in Champaign saved an average of $33.29 per case; the comparable figure in Summit was $133.58.

6.6 Summary

The evaluation was able to explore the impact of the two-track DR system in the six SOAR counties by examining SACWIS and survey data to determine if children and families served by the AR track had better child welfare outcomes and if families experienced greater well-being, compared to families served in the TR track. One of the concerns of some community members was that safety would be compromised for children of families served under AR. Our analyses revealed no evidence for this supposition. Families served under AR and TR tracks were equally likely to experience a screened-in re-report during the case and/or after the target case closed, with no difference in the timing of when the report occurred.

Length of case was consistently found to be longer for AR than TR. Similarly, when looking at length of case by level of fidelity to the AR model, high-fidelity AR cases were on average longer than high-fidelity TR cases, and when comparing high-fidelity AR cases with low-fidelity TR cases, AR cases were again longer than TR. This suggests that high engagement is a contributor to length of case. On the face of it, there appeared to be no differences in time to placement, number of placements, or length of time in placement as a function of track assignment. Interestingly, however, there was evidence to suggest that while holding length of case constant, the odds of at least one child in a family being placed in out-of-home care were somewhat less for families assigned to the AR track. Nonetheless, this finding should be viewed with caution since despite being significant, the model explained only a small portion of the variability. In other words, while AR/TR was a contributor to the difference in number of out-of-home placements, there were clearly other contributors that were not accounted for in this model.

In general, family perceptions of AR are positive, with family members commenting that they made use of the services provided, perceived themselves to be better parents, and their families were better off than they had been prior to their interactions with Children's Services.

Worker outcomes were mixed and tended to be county-dependent; AR staff tended to agree that children were as safe as they would have been in TR, while some TR staff were slightly more likely to have reservations. Some of the reservations were likely to be linked to a lack of understanding about AR practice generally. Workers assigned to AR tend to be satisfied with the program, feel it is working well overall, and say they are more likely to stay in this field of work.

Chapter 7

Summary and Implications

As Differential Response (DR) continues to be adopted by child welfare agencies around the county, it is vital to understand how the two-track DR system is being implemented and the resulting impact. The QIC-DR SOAR evaluation gathered a significant amount of data regarding the process of implementing a two-track DR system in six diverse Ohio counties, as well as compiling data to explore the impact of the SOAR DR implementation on cases randomly assigned to either the traditional child welfare investigation track (TR) or the experimental Alternative Response (AR) track.

This chapter summarizes the major findings of the evaluation and then highlights the implications and overall results that have come out of this work. The chapter also notes similarities and differences in findings from the evaluation conducted by the Institute of Applied Research (IAR) during the Round 1 implementation of DR in Ohio. In conclusion, the evaluation team offers some thoughts on subsequent areas of research in future evaluation efforts of DR initiatives across the country.

7.1 Summary of Findings

This section highlights key findings for each of the evaluation studies comprising this report.

7.1.1 Process Study: Implementation

During the first year of the grant, the SOAR counties spent considerable time planning for the roll-out of a two-track DR system in their counties, from hiring staff, reorganizing staffing structures, and conducting trainings to educating community stakeholders about this new initiative.

Applying for the QIC-DR grant: Six diverse Ohio counties came together to apply for the QIC grant, with a desire to continue their agency philosophy of strengths-based family-driven services and become early implementers of an approach that was in the early stages of being rolled out statewide.

Staff selection: All six counties utilized a self-selection process to identify staff most interested in becoming AR caseworkers; this process appears to attract caseworkers with differing approaches to delivering child welfare services. While all child welfare caseworkers need a similar skill set (e.g., ability to engage families, build relationships, adhere to agency policies and procedures), there is an anecdotal perception that there are differences in characteristics and traits of the caseworkers who appear well suited for AR positions. However, it is important to note that both AR and TR staff convey the importance of balancing family strengths with child safety.

Training: Significant efforts were made in the early months of the grant to provide education and training opportunities not only to staff in newly created AR positions, but also to the entire child welfare agency workforce, developing an agency-wide understanding of this new effort. Agency staff expressed several lessons learned in regard to early training, including the importance of 1) training all agency staff prior to implementation, 2) providing new AR caseworkers with a practice-focused nuts-and-bolts curriculum that allows them to learn from experienced AR practitioners, 3) creating training opportunities for the supervisors of AR workers so they understand the differences in the tracks, and 4) developing shadowing and coaching opportunities and ongoing AR training opportunities as agency staff turnover. In the subsequent years of the grant, many of these training issues were addressed and training opportunities have been expanded.

Staffing structure and communication: The six SOAR counties are varied in geographic size, population density, and PCSA agency size. As such, the structure of the staffing units that provide AR services also varies, ranging from a single AR position in a small agency, to an AR unit with only AR positions, to a mixed unit with both AR and TR positions. As the grant drew to a close, all counties but one had increased the number of AR positions in order to serve larger numbers of families assigned to the AR track. The configuration of the staffing structure appears to impact communications between AR and TR workers. In some counties, AR and TR positions are viewed as complementary functions. In other agencies, AR is viewed as quite separate from other traditional functions, sometimes creating an "us vs. them" environment (e.g., perceptions of workload, caseload, and level of difficulty of cases). Over the course of the grant, this perception has subsided to some degree, but it still continues to exist in some SOAR counties.

Community buy-in: Staff in SOAR counties spent considerable time during the early months of the grant providing educational opportunities to address questions or concerns of community members prior to implementing the two-track system in their counties. At the end of the grant, AR managers in most SOAR counties reported good community support and buy-in, with some lingering resistance among some stakeholders. SOAR county staff

continues to provide community education at regular community meetings and training opportunities in their counties.

7.1.2 Process Study: Case Flow

This chapter summarizes the experience of families as they move through the AR and TR pathways, highlighting similarities and differences in these families' child welfare experiences.

Screening and eligibility: All six SOAR counties use a standardized form to determine eligibility for the AR track, and Ohio state rules indicate the types of cases cannot be served in AR. Over and above state rules, however, there is variation in the counties' individual thresholds for AR eligibility (e.g., discretionary items such as domestic violence, drug-positive babies, involvement of law enforcement) as well as the eligibility determination process (e.g., individual staff vs. a group decision-making process). Of the 15,862 cases screened-in with child abuse and neglect reports in the six SOAR counties during the study period, 4,876 were determined to be eligible for AR, approximately 30% of the total reports. As noted above and reported in Chapter 4, there were some differences among the six SOAR counties in their threshold for eligibility determinations, partially influenced by agency and community buy-in or resistance to the two-track system, as well as internal factors such as staffing, number of reports being received by the agency, etc.

Contact: According to caseworkers and families, the type and amount of contact between AR and TR workers and families is different. Because of differences in Ohio state administrative rules about timelines for key aspects of a child welfare case, AR workers describe that they are able to initially approach families differently (i.e., initiating through a phone call, rather than an unannounced visit) and create interactions which can set the tenor of future contacts. As reported by AR and TR workers, AR families receive more frequent contact (i.e., face-to-face, telephone, and other contacts) from their caseworkers, compared to TR families. However, in terms of ease of contacting their caseworker, there is no significant difference between AR and TR families.

Family engagement: AR staff indicates that a key aspect of AR practice is the interactions that engage families in the case process. AR staff describe engagement in terms of three dimensions: communication, relationships, and attitudes. While both AR and TR caseworkers are trained and encouraged to engage families, certain aspects of the AR track more fully enhance the family engagement process (e.g., initial contact experience, availability of concrete services).

In this evaluation, the best proxy measure of family engagement was a series of questions related to the families' perceptions of their child welfare experience. For many of these questions, there was no significant difference between AR and TR families' responses (e.g., satisfaction with the way the family was treated, help the family received from the caseworker, and/or how carefully the caseworker listened, understood, and considered the family's opinion). However, AR families were more likely (72% vs. 59%) to call the caseworker (or agency) if they needed help in the future. These findings indicate that there are few differences between AR and TR families in terms of satisfaction; however there appears to be a need to develop a better way to directly measure the construct of family engagement.

Services and supports: In exploring the services and supports provided to families, caseworkers reported that AR families were more often referred to or received services and supports in their community (77% vs. 65%). In exploring particular types of services, AR families more often are linked with mental health and counseling services, concrete supports,[75] and informal supports (e.g., no-cost neighborhood and community resources). According to families surveyed, 60% of AR families reported receiving at least one service during their time with child welfare, compared to 35% of TR cases.

7.1.3 Process Study: Fidelity

In an effort to develop a framework for measuring how the components of AR are implemented, the evaluation team developed a fidelity framework to explore the extent to which SOAR counties are able to offer the Ohio model of DR. Through the course of the grant, the evaluation team identified key components of DR and identified six measurable domains which impact the level of implementation of a two-track DR system: policies and procedures about AR eligibility and practice timeframes; organizational structure that groups AR workers together; specialized AR caseloads; agency and AR worker-specific trainings and supports; engagement of community partners; a focus on family engagement; and services and supports for AR families. These six domains provide the basis for the framework and exploration of AR fidelity at a system and case level.

System-level fidelity: At a system level, the fidelity exploration examined changes in internal child welfare agency DR policies and practices, as well as efforts to build support for DR within the larger community and provide an array of supportive services for AR families. At the system level, this examination found that early efforts made to train and educate AR and other agency staff about DR led to an increase in service availability from

[75] It is important to note that AR workers had access to QIC-DR grant and Casey Family Programs funds which could be used to purchase concrete supports such as utility assistance, cleaning supplies, transportation passes, clothing vouchers, etc.

community sources. In later years of the grant, worker reported having a more positive experience in finding needed services for AR families in the community.

Case-level fidelity: The case-level fidelity index compiled information about the experiences of individual AR and TR families and their receipt of core AR practices, assigning a score to the family on each of the fidelity components described above. This fidelity score helps assess the degree to which the implementation of DR has impacted case practice for both AR and TR cases. The analysis of families in the AR track found substantial variability in the experience of AR families, with some receiving a fuller experience of the AR domains than others (e.g., amount of contact with workers, service delivery volume and promptness, and access to community supports). When comparing case-level fidelity scores of families assigned to AR and TR, it is interesting to note that TR families, like AR families, also had variation in their experience of the AR domains, with some receiving with high fidelity scores and while others received low fidelity scores. These findings suggest that the range of experiences of TR families may be similar to AR families and may indicate a shift in case practice across the entire child welfare system.

Finally, the evaluation team examined AR fidelity in relation to three child welfare outcomes. While no differences were found in the relationship between fidelity scores and re-reports or placements, AR families which experienced high-fidelity AR practice were significantly more likely to have longer case length. This difference was even more pronounced when comparing high-fidelity AR families to low-fidelity TR families, indicating the differences in outcomes achieved between high-fidelity AR practice and quintessential traditional practice. The variation in fidelity scores across both AR and TR cases, and the suggested impact of fidelity on length of case, suggests that further attention should be given to refining the definition of AR practice to more clearly differentiate it from TR practice and to thus better understand the relation between AR practice fidelity and case outcomes.

7.1.4 Outcomes Study

The Outcomes Study compared cases randomized to the AR and TR tracks, examining the impact the DR system has on children and families in terms of child welfare outcomes and family engagement and well-being.

Family outcomes: When examining the difference in the length of AR and TR cases (i.e., the number of days from the date of the child welfare report to the closure of the case), AR families experienced a longer mean length of case (92 days AR compared to 67 days TR), with even larger differences for median length of case. When the evaluation team examined the rates of re-reports to the child welfare agency, there were no differences in terms of

number of re-reports or percentage of cases with varying types of re-reports. Similarly, there were no differences in the proportion of cases with an out-of-home placement either during the initial case episode or after case closure, with only about 5% of all cases eligible for AR experiencing a subsequent placement. These findings indicate that while AR cases may be open longer than TR cases, there is no greater risk of safety concerns (i.e., re-reports or placements) for AR families than TR families.

Family perception of well-being: Family survey findings were used to gain an indication of families' perceptions of well-being following their experience with the child welfare system. This analysis indicates that AR families perceive themselves as both better off and better parents because of their experience with the child welfare agency. On the other hand, there was no difference between AR and TR families in terms their perception about either the safety of their children or that they are any more able to provide basic necessities for their family because of agency involvement.

Worker outcomes: The evaluation team also used survey data completed by child welfare staff to understand the impact of the implementation of DR on the staff within the child welfare system. AR staff were two times more satisfied with the AR program in their county (76% AR vs. 37% TR) than TR staff, and AR staff were nearly five times more likely to say they intended to remain in this field of work because of the implementation of AR (64% vs. 13%). Statistically speaking, both of these differences were found to be significant ($p<.05$). Conversely, there were no significant differences between AR and TR caseworkers in terms of overall satisfaction with their current child welfare job (72% vs. 67%).

7.2 Overarching Findings and Implications

The overall evaluation findings of the two-track DR system in the six Ohio SOAR counties suggest several themes that are important to highlight:

- The self-selection of workers into AR positions, and the resulting differences in AR vs. TR worker characteristics, suggests that AR staff may be more committed to making AR successful than other caseworkers. These factors, in conjunction with differing timeframes for AR cases, enable AR caseworkers to spend more time with families and work with the cases longer. From the family perspective, while AR did not result in higher levels of family satisfaction, AR families did report being more likely to contact their worker in the future, being better off and better parents because of their experience with the agency, and report higher levels of engagement in the case work process.

- The population of families that are served in the AR track is characterized as low and moderate risk, as shown in the small percentage of screened-in cases that were eligible for AR. According to SOAR managers, low-risk cases tend to have longer case length because it takes more time to address the often complex underlying family issues that cause dysfunction but do not necessarily suggest an immediate risk to the child. Because AR serves a lower-risk population, AR cases are placed in out-of-home care relatively infrequently, with similar rates to TR families. At the same time, AR workers are expected to spend more time with the family during intake period; this is perhaps what drives the AR group to have longer case length.

- AR cases are equally safe compared to TR cases, with no difference in likelihood of re-report or placement. This diffuses a common fear that the AR track leaves children at greater risk or compromises child safety. However, given that SOAR was generally conservative about the population deemed eligible, this evaluation has not truly tested the effectiveness of AR with higher-risk populations. When controlling for case length (essentially adjusting for the overrepresentation of low-risk cases in AR), the evaluation did find statistically significant differences between the tracks, with a slightly lower placement rate for AR, an indication that AR may be effective among somewhat higher-risk cases.

- The fidelity index showed a large degree of overlap between AR and TR case practice, suggesting that only cases at the opposite extremes of the fidelity index are receiving something distinctly different. These extreme groups (i.e., low-fidelity TR cases and high-fidelity AR cases) are significantly different on case length, with AR again having longer case length. As indicated in the above bullet, when case length is held constant, the evaluation found slightly lower placement rate among AR cases, which suggests that adopting high-fidelity AR practices in the key AR domains indeed has a positive effect.

- Finally, some AR and TR staff believe the implementation of the two-track DR system has resulted in changes for both AR and TR workers. In particular, it is believed that the focus on family engagement has permeated all aspects of child welfare practice in their agencies. This implies that families in both tracks have had different experiences than they might have had prior to the implementation of DR. This idea suggests the need for further discussion about what DR is in various jurisdictions around the country; is DR a discrete intervention offered to some families but not others, or is DR an approach which encourages agency wide policy changes which ultimately changes the ways in which caseworkers work with all families?

7.3 Comparison of DR Research Findings in Ohio

When DR first launched in Ohio in 2008, the Institute for Applied Research (IAR) conducted an evaluation of the DR experience in the ten Round 1 counties. The findings from this research were published in the report entitled "Ohio Alternative Response Pilot Project Evaluation, Final Report" (Loman et al, 2010). In many aspects, the IAR evaluation and the HSRI SOAR evaluation had similar findings. AR families had more contact with their workers than TR families; AR families were provided with more service linkages, especially to mental health services and the provision of concrete supports; cases received similar proportions of re-reports; and AR families' experienced longer case openings.

In some areas, however, these two evaluations resulted in different findings. In particular, the IAR study found that a higher proportion of screened-in reports were found to be eligible for AR in the Round 1 evaluation (52%), compared to the SOAR evaluation (30%). Further, the Round 1 study found that AR families experienced fewer re-reports, removal, and out-of-home placements compared to TR; these results were not found in the SOAR evaluation. Several factors might be at play to explain these differences.

- First, the difference in eligible population found in the two studies may have been impacted by variations in eligibility criteria. Round 1 counties may have had a lower threshold for eligibility and thus determined a higher proportion of cases to be eligible for AR. Given this assumption, the differences in research findings related to re-reports, removals, and out-of-home placements may have been impacted by higher-risk cases being served by AR, suggesting that if cases of higher risk are served in the AR track, perhaps placement rates for AR and TR are impacted differently. F

- Second, the IAR Round 1 study found that AR families reported more family engagement and satisfaction. These differences may be accounted for by the sample size of the SOAR evaluation: while similar trends were evident, the small survey sample size may have resulted in a lack of significant difference in the SOAR evaluation.

- Another potential explanation of the differences in Round 1 and Round 2 evaluation finding is the idea that the child welfare system had already begun to shift by 2009, as described in the final bullet above. In Round 1, there were clearly two distinct tracks of AR and TR, but even in the few years prior to Round 2 implementation, some of the components of AR were being emphasized across child welfare agencies. This is evident in some of the SOAR county's effort to provide AR and other training opportunities to <u>all</u> staff, not solely AR staff, resulting in a 'bleed over' of AR

practices and thus the lack of differentiation between the two tracks found in HSRI's evaluation.

7.4 Recommendations for Further Evaluation Exploration

The evaluation has provided a wealth of data about implementation, practice variation, and outcomes impacted by DR. While this evaluation has yielded a wide variety of important findings, it also suggests the need for further exploration in a number of areas.

Family engagement: Family engagement is a key component of AR practice in the six SOAR counties in Ohio. However, the evaluation was only able to measure levels of engagement based on families' perceptions of their child welfare experience. In conversations with agency staff, family engagement is related to communication, relationships, and attitudes. This suggests that a method for measuring these particular factors, from both the caseworker and family perspective, is needed to truly understand the degree to which family members are encouraged to actively participate in achieving the goals of their child welfare case.

Caseloads: Child welfare caseworkers describe that one of the differences between AR and TR is the number of cases that a caseworker has open at any point in time. While anecdotally there is a difference in caseloads of AR and TR workers, the SOAR evaluation was unable to quantify this difference because caseload data is not readily available. This is an important area of inquiry that should be studied in more detail to understand the two-track DR system.

System change: As described in the last bullet in Section 7.2 above, the implementation of a two-track DR system has resulted in not only changes in the child welfare experience of AR families, but also for TR families. While the random control trial design of this evaluation yielded interesting finding about the AR experience compared to the traditional experience, this design is unable to capture the more nuanced system shift which may have occurred in these six counties.

Cost Study: As mentioned briefly in Chapter 2 and Chapter 6, the evaluation team conducted a Cost Study, but due to limited data on the use of agency resources, a case study approach was taken. While the findings of this exploration (to be published subsequent to this report) suggest the financial implications of implementing DR in two specific counties, these findings cannot reliably be extrapolated to the other SOAR counties or other jurisdictions implementing DR. It will be important to look at the methods and findings of the Cost Studies in the other two QIC-DR sites, Colorado and Illinois, as well as explore

other ways to measure the utilization of agency resources in sites where fiscal data are limited.

DR fidelity: The fidelity findings described in Chapter 5 provide an interesting insight into the variation in DR experiences among AR and TR families. However, the data items used in the construction of the fidelity measures were reliant on data collection efforts that were developed at the beginning of the grant, before the SOAR counties had a clear understanding of "what DR is." For this reason, data were often not available at the case level and analysis was reliant on worker- or agency-level characteristics. The evaluation team believes that fidelity is an important area of inquiry for future research efforts. In order to enhance this fidelity exploration further, it will be important to clearly define the differences between the two tracks in the early stages of development and then collect case-level data on all components of AR practice.