



Ohio's SOAR Project: Executive Summary

Background

In 2010, the 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, funded evaluations in three sites exploring the impact of Differential Response (DR) on child welfare practice and family outcomes. The three evaluation sites included: Colorado, Illinois and Ohio. A consortium of six Ohio counties (SOAR: Six Ohio Alternative Response counties), ranging from large metro areas to small rural communities was awarded a QIC-DR grant to implement and evaluate DR in Ohio. When the QIC-DR grant was awarded, Family & Children Services of Clark County, the lead SOAR agency, had completed its second year as one of ten Round 1 counties in a prior Ohio Alternative Response pilot evaluation study. The composition of the Round 2 SOAR Consortium combined the mature DR site (Clark) with the other five counties as new sites (Champaign, Clark, Madison, Montgomery, Richland, and Summit counties).

The SOAR consortium contracted with Human Services Research Institute (HSRI) as their independent evaluator. According the terms and conditions of the QIC-DR funding,

HSRI conducted a process and outcomes evaluation. The outcomes study used a Randomized Control Trial design wherein low- to moderate-risk families screened-in to child welfare and identified as eligible for Alternative Response (AR), were randomized to receive the traditional response investigation (TR) or the alternative response assessment (AR). Families were identified for eligibility using a Pathway Assignment tool. State rule designates the lowest threshold for AR suitability such that only those cases deemed to be low- to moderate-risk after screen-in are AR-eligible; however because Ohio is a state supervised and county-administered system, counties can hold pathway eligibility to a stricter standard than the state does. The PAT tool therefore served a dual purpose, 1) to determine which cases were eligible for AR based on state rule (n=4876), and 2) to gather information on the additional criteria which each county used to decide whether a family could be randomized into the study. Using the two levels of scrutiny resulted in 3,215 cases being randomized into the two-track DR system. This executive summary provides a synopsis of the local evaluation findings from the five year study.

Differential Response

Differential Response is a two-track system in which families, screened-in for abuse or neglect and meeting criteria that identify them as being 'low to moderate risk,' may be assigned to AR, an approach that is considered a more family-friendly approach than the traditional response (TR). In AR, there is no disposition and family engagement is seen as the key to forming a working partnership between family and caseworker in order to identify family needs and to jointly decide on supports and services needed. Contrasted with this, the TR track tends towards a forensic approach, with an incident-driven investigation where a victim and perpetrator are identified, which results in a decision being made about whether to substantiate, indicate or unsubstantiate the report of child maltreatment. The investigative case is then closed or transferred to a Protective Worker in an Ongoing Unit.

Process Evaluation

The process study examined staffing, case flow, family engagement and service delivery.

Staff Selection: SOAR counties spent close to a year planning the implementation of DR, developing internal processes and staffing structures.

Counties first introduced the concept of AR to staff and then allowed workers to self-

identify their interest in becoming AR workers.

Four counties used interviews to select AR staff from the pool who volunteered the AR positions;

One county based the final selection of AR staff on the seniority of those interested;

The sixth county selected a full ongoing unit to become an AR assessment unit. Workers within that unit who voiced that they would prefer to remain as traditional ongoing workers were allowed to transfer to a traditional ongoing unit.

Worker Traits and Characteristics:

Interviews with managers, supervisors and workers revealed many similarities and some differences in the characteristics and traits optimal for AR and TR work.

AR-worker traits, identified by managers as important to the AR approach, included a warm personality, an ability to build rapport, family-oriented, strengths based, the ability to partner with families; the ability to engage community providers and have a strong community awareness to help AR families gain access to the services they need to achieve their goals.

TR-worker traits identified during interviews as important to investigative work during intake included the ability to handle confrontation, the ability to be straightforward but respectful, 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.

Managers mentioned 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, such workers also have a hard time with the quick timeframe required for making that initial contact with the family and completing assessments in intake. Conversely, managers observed that workers transitioning to AR with investigation experience may struggle with how to engage families and knowing when it is appropriate to close a case.

Information gathered from workers through surveys indicated that on average:

- TR caseworkers tended to be more tenured at the agency and within child welfare.
- AR caseworkers tended to be a little younger on average than their TR counterparts.

Staff Training: Several lessons were learned in regard to training for AR work: 1) training all agency staff prior to implementation allows all agency staff to fully understand the differences between AR and TR and may serve to ameliorate misconceptions around differences in workload and casework between workers, 2) providing new AR caseworkers with a practice-focused nuts-and-bolts curriculum allows them to learn from experienced AR

practitioners, 3) creating training opportunities for the supervisors of AR workers helps them to understand the differences in the tracks, and 4) providing shadowing and coaching opportunities and ongoing AR training can alleviate problems of staff turnover.

Case Flow: Based on criteria documented in the PAT, only low to moderate risk cases of abuse or neglect were eligible for randomization into AR or TR tracks. Reports that were eligible for randomization but were not randomized into the study were largely rejected due to AR staff becoming overwhelmed with too many cases, or because after further consideration, the county made the decision that the family was at too high risk. In some counties this decision was made by the screener in concert with the screening supervisor, while in others the final decision was a group process. In all:

- 15,862 child abuse and neglect reports were screened-in during the randomization period, December 1st 2010 through May 31st 2012.
- 4,876 of these reports met state and county criteria for AR-eligibility.
- 3,215 families were randomized into the study (AR=1,202; TR=2,013).

Contact with Families: State administrative rules in Ohio allow for caseworkers to initiate their contact with AR families by either a phone call or letter to request an initial appointment, rather than conducting an unannounced home visit. Ideally, AR

workers will have fewer case assignments, which will give them more time to interact, build rapport and engage the families. Surveys from both families and workers indicated that while AR and TR workers were equally available to families:

- AR workers and families reported significantly more face-to-face contact than TR workers and families.
- AR workers and families reported significantly more telephone contact than TR workers and families.
- AR and TR families reported no differences in ease of contacting their caseworker.

Family Engagement: Family Engagement is seen as central to AR. Analysis of qualitative data collected in interviews and focus groups with caseworkers, supervisors and families suggest it is comprised of three core dimensions -- communication, relationship and attitude -- and that engagement can be achieved regardless of track assignment. However, AR workers may be able to achieve engagement with families more easily because of the lack of labels, the nature and amount of contact with families. As a proxy for understanding engagement from the family perspective, several questions were posed in surveys submitted to family members. The responses indicated:

- No statistical differences in the way AR and TR families were treated, helped, listened to, or understood by their caseworker, nor were there any

significant differences in the degree to which the caseworker recognized the things the family did well.

- AR families reported they were more likely to call the caseworker in the future if they needed help of some kind.

Services and Supports: It was expected that greater family contact and engagement in AR would result in more appropriate and timely provision of services and supports than for families on the TR track.

Caseworkers tracked the number and types of services they referred families to, and that families were provided. AR families in general received more services and overall, these services tended to be provided more quickly.

- AR families were significantly more likely to receive information about, or a referral to services than TR families.
- AR families were significantly more often linked to Mental Health services and concrete supports than TR families.
- AR families were slightly more likely to receive services more quickly than TR families but the difference was small.

Fidelity: A fidelity framework was developed to explore the extent to which SOAR counties offered the Ohio model of DR. Six measureable domains of fidelity were measured. Based on these domains, information was compiled to assess the experiences of AR and TR families in the receipt of caseworker practice. Wide variation in family experience existed with each of the two tracks and there was

considerable overlap in the experiences of AR and TR families. This suggests that some AR and TR families engaged very well with the casework experience and services, while others in each track did not. It may be that, as a result of DR implementation within the six counties, the ongoing effort by the state including offering trainings on Signs of Safety and on aspects of family engagement, casework practice became more AR-like for all child welfare cases in the SOAR counties, suggesting a systemic change in child welfare philosophy and practice. This shift may have impeded the ability of the evaluation to assess the true effect of AR in the SOAR counties.

Outcomes Evaluation

Of primary interest in the outcomes study was whether children of families assigned to AR were as safe, or safer, than those assigned to TR.

Length of Case: AR cases were typically longer than cases assigned to TR; however, when comparing the length of cases for those cases entering during the first, second and third six months of the evaluation, TR cases showed similar case lengths throughout the study whereas AR case lengths declined in length during subsequent six month periods. This suggests that as workers became more familiar with AR they became more adept at knowing when to close a case; nonetheless, during all time periods AR cases remained longer in case length than TR cases.

- AR families experienced a significantly longer mean case length than TR families (AR=92 days; TR=67 days).
- AR families experienced a significantly longer median case length than TR families (AR=59 days; TR=40 days).

Re-reports: A proxy measure for understanding the safety of a child is found in the number and types of re-reports child welfare receives. Based on this measure of safety children in the AR track were found to be just as safe as those in the TR track.

- No significant differences emerged between tracks in the percentage of cases receiving a re-report, the number of re-reports, the type of re-report received or the timing of the re-report.

Placement in Out of Home Care: The decision of child welfare to place a child in out-of-home care may be taken as another measure of the safety of a child in their home. Given the relatively low-risk nature of the AR eligible populations, there were few families in which one or more children were placed in out-of-home care (AR=4.5%; TR=5.6%). Based on this measure, again, children in families receiving AR services were found to be as safe as those whose families were tracked to TR.

Since there were relatively few cases in which a child needed to be physically removed, it seems that involvement with child welfare should leave the family in a better place than they were when first

contact was initiated. Family survey responses indicated that:

- Compared to TR parents, a statistically higher proportion of AR parents thought they were better off because of their experience with the agency than TR parents.
- Compared to TR parents, a statistically higher proportion of AR parents thought they were better parents as a result of their experience.

Conclusions

Results of the evaluation suggest that children whose families are assigned to AR are as safe as children in families assigned to investigation. Although AR families tended to receive more services than TR, it should be noted that many of these services received were “concrete services” and extra grant funding was allocated to AR workers in order to provide these. AR families tended to have more contact with their caseworkers than TR families but there were no statistical differences in the ease of contacting the caseworker. Similarly, were few differences between AR and TR families in their self-reported levels of satisfaction; however, AR families did perceive themselves to be better off, and better parents as a result of their experiences with the agency, and reported that they would be more likely to seek help from their caseworker should they need to at some future date.

The overlap of training experiences for AR and TR caseworkers, and based on the fidelity index assessment the overlap in experience between AR and TR families, suggests the implementation of a two-track DR system has may have resulted in an overall systems shift. The nuances of this could not be fully explored in this study, but suggest further exploration of the system impact of implementing a DR two-track system.