

Ohio Alternative Response Evaluation Final Report

Technical Appendix

Institute of Applied Research

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This document is a consideration of certain methodological issues relevant to the final report of the Ohio Alternative Response (AR) Evaluation. It is intended for evaluators and others who might desire greater detail. It also contains three of the data collection instruments used in the study for those that might want to use them.

Pathway Assignment

We are including the actual pathway assignment form used during the pilot phase. For anyone contemplating using this form or items similar to these, we have also included after the form certain suggestions that were part of an earlier IAR report provided to the pilot counties.

Start of Pathway Assignment Tool

Pathway Assignment Tool

Family Name: _____ Date Report Accepted: ____/____/____

Intake Number: _____

*Enter a Y or N for all **Bold Required** or Discretionary Item. Do not leave items blank.
The following are based on **allegations**, regardless of whether criminal charges have been filed.*

TRADITIONAL RESPONSE REQUIRED:	Enter Y or N for each item
Report alleges serious harm to a child (if Y is entered, check one of the items below)	Y or N: ____
<input type="checkbox"/> Felony child endangerment or assault (as defined in statute) <input type="checkbox"/> Child abuse or neglect that has resulted in serious injury or harm <input type="checkbox"/> Report requires the involvement of a Child Advocacy Center	
Report alleges sexual abuse of a child	Y or N: ____
<input type="checkbox"/> Criminal sexual conduct (as defined in statute) <input type="checkbox"/> Other alleged sexual abuse <input type="checkbox"/> Report requires the involvement of a Child Advocacy Center	
Report involves a suspicious child fatality or homicide	Y or N: ____
Report requires a specialized assessment	Y or N: ____
<input type="checkbox"/> Alleged perpetrator is a person responsible for the child's care in an out-of-home care setting. <input type="checkbox"/> Alleged perpetrator has access to the child by virtue of his/her employment by or affiliation.	
Report requires a third party assessment:	Y or N: ____
<input type="checkbox"/> Any employee of an institution or facility that is licensed or certified by ODJFS or another state agency and supervised by the PCSA. <input type="checkbox"/> A foster caregiver or pre-finalized adoptive parent that is licensed, certified, or approved by ODJFS and supervised by the PCSA. <input type="checkbox"/> A type B family day care home certified by a County Department of Job and Family Services (CDJFS) <input type="checkbox"/> Any employee or agent of ODJFS or the PCSA <input type="checkbox"/> Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer. <input type="checkbox"/> Any other PCSA conflict of interest.	

If any of the following boxes are marked "yes" it is county discretion whether the family qualifies for the Alternative Response pathway. Mark any item that applies, even if required items were marked above.

DISCRETIONARY		
	Y or N: ____	
Frequency, similarity, or recentness of past reports	Y or N: ____	
Long term court-ordered placement will be needed	Y or N: ____	
	Y or N: ____	
Parent/legal guardian has declined services in the past	Y or N: ____	
Parent/legal guardian is unable/unwilling to achieve child safety	Y or N: ____	
Past maltreatment concerns not resolved at previous closing	Y or N: ____	
	Y or N: ____	
Appropriate for AR but not assigned: <input type="checkbox"/> Zip code not included in AR pilot <input type="checkbox"/> Staffing considerations <input type="checkbox"/> Other (please specify) _____		

Optional Narrative Explanation:

Pathway Assigned (check one): TR AR

Date Assigned: ____/____/____

Signature _____ Mail copies monthly to the Institute of Applied Research

End of Pathway Assignment Tool

The following conclusions and recommendations were not included in Chapter 3.

Continued use of the Pathway Assignment Tool. The pathway assignment tool remains the only way that counties can systematically document the trends in decision making regarding pathways, and why some types of families and situations receive a traditional response. The assumption underlying AR in Ohio (and elsewhere) is that the *family assessment is the preferred approach to families* and “traditional” incident-driven investigations are only appropriate when certain well-defined conditions concerning criminality and danger are present. The information garnered through analysis of the pathway assignment document helps to show how Ohio counties are developing their understanding and acceptance of AR as a method for addressing family needs. The analysis of the written comments also suggests that differences existed concerning which families can best be served through the new approach.

The current paper form, however, has disadvantages, and can be cumbersome and subject to miscoding. A preferable approach will be to integrate pathway assignment into the SACWIS intake system with appropriate filters and error traps to insure basic accuracy. Simple monthly reports can be designed that will permit local offices to determine what proportion of reports received entered the AR family assessment pathway and why the remaining families were assigned to a traditional investigation.

Over 30 percent of the forms received by evaluators had written comments. This is a strong indication that the local decision makers had concerns that were not explicitly addressed in the existing tool or that they were unclear about the meaning of certain items. Certain changes in items, addition of other items and explicit instructions can reduce or even eliminate the need for written comments. A well-designed pathway decision making form can be completed in less than one minute by the experienced worker.

It is important to remember that a form cannot take the place of judgment. Pathway assignment requires informed and trained decision makers that are familiar with the purposes and the limitations of the AR family assessment approach. However, a well-designed form and instructions can support and document decision making, as well as provide greater uniformity and fairness within and between local offices.

The Mandatory Items. A more efficient approach might be to relegate the specifications under mandatory items 1, 2, 4 and 5 to an instruction manual. In SACWIS, these could appear as popup help screens. If it is important for offices to be able to count any of these for administrative purposes then the main item itself should be divided. The current two-step process (check the main item and then check the specification) did not work well in the paper form (see Analysis in Chapter 3, pp 22ff of the Evaluation Report).

Criminal Charges and Dangerous or Violent Situations. Law enforcement responses or possible responses for child endangerment or harm and other criminal charges were commented on for a number of reports. In others, the possibility seemed to underlie other comments such as substance abuse activities going on in the home or among the caregivers or the presence of firearms. These comments occurred even when the serious harm category and the previous offence category were not indicated. *It may be advisable to generalize the discretionary item on legal intervention beyond simply violent situations.* If this is done accompanying instruction should clarify why an investigation might be necessary in these circumstances.¹ Domestic violence was explicitly mentioned in a number of cases. Like all the categories of comments, we can assume that it was known, suspected or later discovered in other cases but not written down. This is an important issue for AR and might be discussed in instructions for situations in which law enforcement is not involved.

Substance Abuse. Substance abuse issues appeared in comments most frequently. An item might be added in the discretionary section to assist decision makers in determining the conditions under which substance abuse requires an investigation. A central issue is whether the short-term response (30 to 60 days) that is usually characteristic of AR family assessments is likely to be helpful to caregivers with this problem, although the alternative *would not necessarily be an investigation* but a longer-term service response.

¹ Involvement of law enforcement was a specific item in the pathway (track) assignment tool used during the earlier Missouri pilot of AR (1995 to 1998).

Sexual Abuse. This category did not appear to be problematic. In a very small number of cases, the presence of a sex offender or past sexual abuse incidents were mentioned. The relevance of these might be defined in accompanying instructions.

Family History with the Agency. Comments concerning the history of the family with CPS sometimes appeared to have an implicit assumption that because the agency has not been successful with the family in the past, an investigation is the only course of action that can be taken. Yet, many anecdotal cases can be found of families with a long history of investigations and lack of cooperation that were subsequently engaged through the family assessment approach. One of the interesting findings of this evaluation is that a large proportion of families that entered the study groups had CPS histories—sometimes extensive and involving child removals. It is clear that a history with the agency was not a factor in pathway assignment for some offices and some decision makers. The conditions under which a history with the agency should exclude an AR family assessment ought to be explicitly discussed in pathway assignment instructions.

An Outline for a Revised Pathway Assignment Tool. It would be worthwhile to involve the local pathway assignment decision makers in the revision process. The revised tool should then be tested and afterward integrated into SACWIS intake screens. Without predetermining the content of items, the present analysis suggests that the following topics should be considered. The terms “inappropriate” and “appropriate” in the descriptions of discretionary items must be explicitly defined in accompanying instructions because *none of these items per se should exclude a family from an AR family assessment.*

Mandatory Items

1. Allegations of serious harm to a child (multiple items, if necessary as discussed above).
2. Allegations of sexual abuse of a child
3. A suspicious child fatality or homicide
4. Need for a specialized assessment
5. Need for a third party assessment

Discretionary Items

1. Currently open traditional assessment
2. History with agency: (explicitly listing the types of past reports or past interactions, if any, that might make an AR family assessment inappropriate)
3. Legal: Law enforcement involvement occurred or is likely
4. Legal: Previous child harm offenses charged against the perpetrator
5. Legal: Past or present criminal activity that might make an AR family assessment inappropriate
6. Substance abuse that might make an AR family assessment inappropriate or point up the need for a more intensive approach
7. Mental health and emotional stability concerns that might make a TR assessment necessary

8. Other risky conditions that might make a TR assessment necessary (specify)
9. Past unresolved maltreatment concerns that might make an AR family assessment inappropriate

The Family Sample

Responses were received from 804 families. The actual number of family responses was somewhat larger because some families were inadvertently contacted twice. When the second responses of families were set aside, the final sample consisted of 804 unduplicated families.

Completion of the family survey was voluntary, as can be seen in the cover letter, which is reprinted in the listing of instruments at the end of the present document. And while we amply demonstrated in Chapter 4 of the final report the comparability of the responding experimental group families to families in the control group, we did not consider the extent to which this group of families as a whole resembled or differed from the larger sample of families in the study.

The method used was to compare the family survey sample with the entire study sample (including the family survey sample) on common variables that were found in or derived from administrative (SACWIS) data. On demographic variables *no statistically significant differences* were found for means of the following variables.

Number of children in the case of ages:

- less than one year
- one to three
- four to five
- six to 11
- 12 to 17
- 18 years or older

Number of adults in the case of ages:

- 18 to 24 years
- 25 to 34
- 35 to 44
- 45 to 54
- 55 years or older

Total number of adults in the case

Total number of children in the case

In all cases the mean values for the above variables for the family survey and entire study sample were virtually identical. Concerning caregivers, the large majority were female, as indicated in Chapter 4. On the variable of age of the female caregiver, a difference was found of 28.7 years for the family survey sample compared to 27.3 years for the full study sample ($p = .016$)

No differences were found for the race of the family as indicated in admin data with 62.6 percent of the family survey sample indicated as Caucasian compared to 62.7 percent of the entire study sample and 27 percent of the family survey sample African American compared to 24.8 percent of the entire study sample (with 10.3 and 12.3 percent respectively having missing data).

Regarding allegations for the target incident, no statistically significant differences were found for child neglect with 45.2 percent of the family survey sample reported for neglect compared to 42.9 percent of the full study sample. No differences were found for the small category of emotional maltreatment (4.4 percent and 4.0 percent respectively). A statistically significant difference ($p < .001$) *was observed, however, for physical abuse* with 44.4 percent of the family survey sample reported for physical abuse compared to 36.6 percent of the full study sample, a difference of 7.8 percent.

Regarding past accepted reports of abuse and neglect, families in the survey sample had experienced a mean of 1.7 compared to 1.5 for families in the full study sample. This difference was also statistically significant ($p = .048$).

Thus, three differences were found: age of female caregiver, number of past accepted reports and proportion of target reports for physical abuse. Another area of difference was found in the comparative proportions of survey sample cases residing in the 10 pilot counties. These were off by one to two percent in most cases but Franklin County (the largest county in the study) was underrepresented in the survey sample by 3.6 percent and Lucas County (the second largest county in the study) was overrepresented in the survey sample by 2.4 percent. The numbers of cases in most counties were small, which exaggerated percentage differences.

Comparative analyses, such as those presented in the Chapter 4 and elsewhere of the present report were not altered by weighted analysis (for example, adjusted for differences in county proportions). We have planned further outcome analyses of the family survey sample similar to those conducted for the 2006 Minnesota Extended Analysis (see our website) if Ohio permits follow-up to continue. The issue of statistical control or weighting of the survey sample will be reconsidered if this course is pursued.

Short-Term Imbalances in Random Assignment

This is a suggestion for evaluators utilizing random assignment. One of the problems with the random assignment program used in Minnesota and Ohio was strings of experimental or control cases that sometimes led to imbalances in worker caseloads. Local decision makers entered identifying information on reports considered appropriate for AR. Our online program used a random number generator to assign experimental or control status to entered reports. The problem with this process is that it is possible in a short sequence of entries with 50/50 weighting of experimental/control (E/C) cases to have an imbalance of one type of case or the other. For example, in a sequence of ten entries eight cases might be assigned to the control group. Over time as more and more reports are entered the proportions even out, but short-term imbalances can lead to caseload imbalances in counties that have specialized AR assessment workers or traditional investigators.

One way around this problem, that we became aware of after the Ohio pilot had begun, is to use two tiers of randomization. First, a sequence length is randomly selected. For example, sequence lengths of 8, 10 and 12 might be used. Second, half the cases in the sequence are designated E and the other half C and then randomly distributed within the sequence. This method requires a way of storing each sequence. For example, a particular office might enter four cases using the first four items of eight-case sequence ECEECCCE, yielding three experimental and one control case. When they next opened the randomizer the program would have to begin on the fifth item in this sequence—thus, the need to store the sequence and the pointer location within the sequence. It would probably be simpler to create a database (list) of random sequences and random numbers within sequences. The database would need to be large enough, of course, to accommodate all the entries from a particular location. Separate databases would be needed for each location. In this case the randomizer program would only need to store a number designating the last item accessed in the database and position the database pointer to the next item. This is certainly a more complex program than the few lines of code needed for generating random Es and Cs, but it avoids the short-term imbalance problem than we have experienced several times in random assignment evaluations.

Limits of Random Assignment: Treatment-Oriented Analysis

In this section we describe the problem of controlling the specific elements of the experimental treatment. The advantage of random assignment is the creation of roughly equivalent groups of families for comparative purposes. This equivalence has the most utility in situations where a clearly defined, univocal and controlled difference in the way the groups are treated—the experimental treatment—can be put in place. In the most banal terms: one group gets the pill, the other gets the placebo, and nothing else is different. If differences are found

in outcome measures, it is possible to point with some confidence to the experimental treatment as the likely explanation.

In field experiments within active programs, like the present study, the experimental treatment cannot be so tightly controlled. The best we can say of simple experimental-control comparisons of outcomes in this study is that *on average* the new approach (the experimental treatment) produced improved outcomes. The reason why we can only speak of averages is that the implementation of the new approach can and does vary from office to office, among worker and from one family to another. It does not consist of a prescribed action or set of actions: do this with each experimental family and do not do it with any control families. Rather the implementation consists of general rules and guidelines that require creativity and improvisation by workers. The guidelines set the context but what goes on is not workers doing something to families but interactions among workers, family members and in some cases other individuals. The conditions that make certain interactions more likely can be somewhat controlled (through the formal structure of home visits and the training of workers) but the interactions themselves cannot be controlled. The *experimental treatment emerges* from these interactions. In addition, the treatment takes place over time and changes as relationships develop or fail to develop. The timeframe cannot be controlled. The treatment may consist of one visit with the family and be over in a day or it may stretch over several weeks of multiple visits, telephone contacts. Further, the treatment may be restricted to talk among the worker and family members or it may involve many other individuals, including friends, relatives and service providers. Finally, the treatment may involve no services or assistance to the family, direct services by workers, education about the sources of services and assistance in the community, or referrals to and facilitation of services through other organizations.

Evaluators have little control over whether the treatment happens, how long it continues and what concrete resources come into play. Even more disturbing to the experimentalist is that aspects of the new approach may be enacted in the control group. For instance, some investigators insist on acting like social workers and if they can overcome the initial negative response of families to being investigated they can develop positive, helping relationships similar to the relationships that are promoted under the AR approach.

Because the experimental treatment is variable, what exactly it was that made a difference in outcomes cannot be fully understood from simple experimental-control comparisons of final outcome variables. What can be done? The process study provides a basis for understanding the underlying changes that led to new outcomes. Some experimental differences—instrumental outcomes—can be examined as part of the process analysis. For example, experimental-control variations in service approaches, family caregiver responses, the intensity and length of work with families, and so on can be analyzed. In addition, other combined quantitative and qualitative measures including worker values and attitudes, community knowledge and attitudes, differences in office organization, variations in service availability, and so on can be considered. In one approach, the final integration of outcome and process findings occurs as part of report writing. In the analysis phases of the evaluation, multiple methods create streams of knowledge based on various data sources. In the

integration phase, the streams are recombined into, hopefully, a coherent whole that is understandable and valid. The validity flows as much from the coherence of the presentation in the report as it does from associations, correlations and outcome differences.

Another approach integrates information about instrumental changes directly into the outcome analysis. For example, concerning poverty-related services one might argue: You have shown that levels and types of services change under AR (DR) and you have coupled this with other qualitative data from families and workers to explain that these differences were implicated in producing more positive longer-term outcome such as reductions in new reports of child maltreatment. The arguments are logical and the evidence is not unconvincing but if what you say is correct shouldn't you be able to conduct a statistical analysis that shows that improvements in experimental group occur more often in families where these instrumental changes took place? Why not introduce these differences into outcome analyses as covariates representing intervening variables? Or maybe you could segment the experimental and control groups into served versus not served subgroups to be analyzed separately.

Integration of process and outcome findings in the final report and introduction of process variables into the outcome analysis are admissions that the experimental method in this study has serious limitations. The experimental treatment—the new AR approach—is complex and variable, and rather than treating it as a black box it is critical that we understand what it was that happened or did not happen in the experimental cases that led to the longer-term differences observed.

Thus, we ask what differences in the experimental treatment, the AR family assessment, are relevant and might be examined? AR family assessments include child safety assessments and safety plans but this does not differentiate them clearly from traditional investigations, which also consider child safety. Rather, the AR experimental treatment can be conceptualized as potentially incorporating three major components that distinguish it from the traditional approach.

- 1) There is the removal of negative actions and events from the first encounter with the family. These include the shift in primary focus away from the incident recounted in the report, the avoidance of formal (and informal) designations of victims and perpetrators of abuse and neglect, absence of a determination (substantiation or indication) of child maltreatment, and in most states the avoidance of an addition of the caregiver's name to a central registry of child abuse perpetrators. This removal of the negative occurs in virtually all AR cases because these aspects of traditional CPS investigations are explicitly removed from the formal structure of the AR family assessment.
- 2) The second component of the AR family assessment is improved family engagement. This may occur in part because of the removal of negative elements but AR workers are trained to emphasize that they have not come into the home to accuse or find fault but are there to offer assistance. They are also trained to solicit the

participation of the entire family—all the members—in the process and to focus on family strengths and resources as well as family needs. There is an emphasis on building relationships of respect and trust with family members. Some investigators also take this approach to the extent that they were able within the formal structure of the investigation but we have found that indicators of positive engagement are not found as often under traditional investigation as under AR and that the negative aspects of investigations can obstruct and delay the process of engagement with the family.

- 3) A third component of the family assessment centers on services. AR workers are trained to conduct broader assessments of family needs than in traditional investigations. This involves beginning the assessment of service needs at the time of the first visit by the family assessment worker rather than delaying it for weeks until a service worker meets with the family. Assessment of needs is also a participatory process and leads to a service plan. The combination of a focus on broader needs, beyond what is needed to insure immediate child safety, of all families encountered and the participation of the family in decision making leads to more needs being discovered and discussed and to a greater emphasis on poverty-related services. This in turn leads to increases in services.

As noted, the second and third components play out in different ways and are not always fully accomplished. They involve communication and the development of affective relationships that are dependent on the skills of the worker and the cooperation of the family. And it may be added that even in cases in which they are enacted fully with families, the question can still be asked, what elements produced the changes observed? For example, in Minnesota there was a desire to know whether the family friendly approach or increased services or some combination of the two explained the positive outcomes observed.

An integrated process-outcome statistical analysis will consider the extent to which these components were present and accomplished in experimental cases and whether they might also have occurred in control cases. It will also attempt to partial out the effects of each. We focused on these as part of the process analysis in Ohio but were unable to integrate them statistically into the analysis of outcomes for several reasons, including the absence of SACWIS administrative data for experimental cases on contacts, service plans and services and the short timeframe for follow-up data collection and analysis. In Minnesota, our follow-up study introduced certain factors into the outcome analysis that measured directly and indirectly variation in the experimental treatment, including family satisfaction, delivery of services and formal case opening. Each was shown to have had effects—both separately and as interactions—on outcome measures.² This analysis went beyond purely experimental considerations by introducing covariates that were uncontrolled in the study.

² See Siegel, G., & Loman, L. A. (2006). *Extended follow-up study of Minnesota's family assessment response*. Institute of Applied Research. Retrieved from: <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

Pathway Change and Intention to Treat. Our approach has been to set aside experimental cases that received none of the three components listed above. This was a first kind of tightening of the design to test whether the treatment—the change in approach under AR—made a difference. These are cases of pathway change in which families were immediately found to be inappropriate for an AR family assessment. For example, an experimental case may have an initial report of lack of proper supervision of a child. Then a worker discovers the possibility of sexual abuse of a child in the family. Sexual abuse cases require an investigation and the family is switched from an AR family assessment to a traditional investigation. We have found that pathway change typically occurs in roughly two percent of families assigned to family assessments in alternative (differential) response programs. As indicated in Chapter 3, this happened for two percent of the experimental families in Ohio. Our approach has been to then apply statistical controls to equalize the groups, particularly using the strongest risk characteristic of families: past CPS reports and/or cases.

Not setting aside such cases changes the focus of evaluation from whether the change in approach to families made a difference to whether random assignment made a difference, the so-called “intention to treat” approach. The former is the reason for doing the study and is simply a first step in what ought to be a more detailed departure from a one-dimensional experimental analysis. As a general rule, it is better to give up the strictest experimental comparability to deal with variations in the experimental treatment in order to understand *why* observed differences occurred.

An exception arises when the reasons for pathway change are directly related to the outcome being measured. In our analysis of child removal and placement changes in Chapter 10, we alluded to this. The reasoning is as follows. The best measure of placement outcomes in a study of this kind would exclude child removals and placements that occurred *during* the original target investigation/assessment/service case. The activities during this case constitute the experimental treatment and it would be best to measure outcomes only after the treatment was completed. In Minnesota we did this because a longer follow-up period was available for tracking families. In that state, we only counted child removals *after the initial assessment/case* was concluded, that is, after the final contact with the family. There was generally a hiatus of weeks or months until a new report was received followed by an investigation that led to a child being placed. In Ohio, the follow-up time was much shorter and we were forced to begin measuring removals and placements that occurred during the original target assessment/case. We also learned that in certain counties the primary reason for pathway change was that such severe safety concerns were found that a child had to be removed from the home. In Ohio, therefore, the pathway change reason was potentially confounded with the outcome being measured. Most child removals in the experimental and control group, nonetheless, occurred several months later but because we were counting from the date of the original child maltreatment report, we conducted the outcome analysis both ways—with and without pathway change cases. We found a statistically significant difference in child placement both when pathway change cases were excluded and when they were included in the analysis.

Data Collection Instruments

Some interest has been expressed in the data collection instruments that were used in Ohio and Minnesota. Three are included in this document: the family questionnaire, the case-specific survey instrument and the general worker survey. Not included are the community survey instrument, the family interview protocol, the protocols for worker and supervisor interviews during site visits or other more specialized interview instruments (e.g., interviews of juvenile judges). The three that are included have been edited slightly to represent the slightly different versions used in the Ohio and Minnesota AR evaluations.

Family Questionnaire. This instrument was mailed to families with a cover letter explaining the voluntary nature of their participation and offering them a \$20 stipend if they completed and returned the instrument. The cover letter and questionnaire are included in the following six pages. The family questionnaire is five pages in this document but with proper formatting can be fitted on four pages. We printed it on 11x17 inch paper folded to 8^{1/2}x11 and then tri-folded to fit into a standard business envelope.

«FIRST_NAME» «LAST_NAME»
«ADDRESS_L1» «ADDRESS_L2»
«CITY_NAME», «STATE_CODE» «ZIP5_CODE»

Dear «FIRST_NAME» «LAST_NAME»,

The Ohio Supreme Court and the Department of Jobs and Family Services has asked the Institute of Applied Research (IAR) to evaluate services provided to families and children in Ohio counties. As part of this study we are contacting a sample of families who have been visited by a county child welfare worker within the last year about the well-being of a child. We are asking how satisfied families are with the services they received and with the way they were treated, and we would like to know how your family is doing.

We are asking you to assist us in this research by completing the enclosed survey. The survey is **completely voluntary** and **completely confidential**. If you return the completed survey to us **you will receive \$20 for your time**. No one but IAR researchers will ever see any survey returned to us or even be given a list of families who participated in the study. Our reports include only summaries of what groups of families say. Whether or not you participate in the survey, you will not lose any services you may be receiving.

The purpose of the research is to learn whether services help the families and children who receive them and to assist the state and counties improve services for families like yours. As you will see from the survey, we would like to learn what assistance your family received, what you thought about the experience, and how you and your children are doing. There are some background questions to help us understand what groups of families tell us. If there are questions you prefer not to answer just leave them blank.

It is important that we hear back from you. Please answer the questions on the survey and mail it to me in the envelope provided. It does not need a stamp. It will only take a few minutes. Don't forget to write your name and address on the form so we can send you \$20 for your help.

If you have any questions about the research we are doing or the survey itself, don't hesitate to call or email me. I hope you chose to participate in this survey. Your views are important. Thank you.

Sincerely,

Tony Loman

Confidential Family Survey

A children's services worker visited you one or more times in the last year concerning the well-being of a child. Please answer the following questions about those visits (or visit).

1. How satisfied are you with the way you and your family were treated by the caseworker or children's services workers that visited your home?

- ☐ Very satisfied ☐ Generally dissatisfied
☐ Generally satisfied ☐ Very dissatisfied

2. How satisfied are you with the help you received or were offered?

- ☐ Very satisfied ☐ Generally dissatisfied ☐ No help was offered
☐ Generally satisfied ☐ Very dissatisfied

3. Overall, is your family better off or worse off because of this experience?

- ☐ Much better off ☐ Somewhat worse off ☐ Made no difference
☐ Somewhat better off ☐ Much worse off

4. Overall, were you treated in a manner that you would say was:

- ☐ Very friendly ☐ Unfriendly
☐ Friendly ☐ Very unfriendly

5. Were you involved in the decisions that were made about your family and child(ren)?

- ☐ A great deal ☐ A little ☐ No decisions were made
☐ Somewhat ☐ Not at all

6. Did the worker who met with you listen to what you and other family members had to say?

- ☐ Very much ☐ A little
☐ Somewhat ☐ Not at all

7. Did the worker who met with you try to understand your family's situation and needs?

- ☐ Very much ☐ A little
☐ Somewhat ☐ Not at all

8. Please check everyone who was present when the worker first came to your home?

- ☐ You ☐ Your spouse
☐ Any of your children ☐ Other relatives
☐ Friends ☐ A worker from another agency
☐ Law enforcement ☐ Others (write in) _____

9. Were there any matters that were important to you that were not discussed?

- ☐ Yes ☐ No If Yes, please describe these matters:

10. Did the worker(s) help you or another family member get any of the following help or services?

-----Check any of the following where you received help-----

<input type="checkbox"/> Housing	<input type="checkbox"/> Food or clothing for your family
<input type="checkbox"/> Money to pay your rent	<input type="checkbox"/> Appliances or furniture or home repair
<input type="checkbox"/> Help paying utilities	<input type="checkbox"/> Any other financial help
<input type="checkbox"/> Medical or dental care for you or your family	<input type="checkbox"/> Welfare/public assistance services
<input type="checkbox"/> Help for a family member with a disability	<input type="checkbox"/> Legal services
<input type="checkbox"/> Assistance in your home, such cooking or cleaning	<input type="checkbox"/> Child care or day care
<input type="checkbox"/> Help getting mental health services	<input type="checkbox"/> Respite care for time away from your children
<input type="checkbox"/> Help in getting alcohol or drug treatment	<input type="checkbox"/> Meetings with other parents about raising children
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Help in getting into educational classes
<input type="checkbox"/> Counseling services	<input type="checkbox"/> Help in looking for employment or in changing jobs
<input type="checkbox"/> Car repair or transportation assistance	<input type="checkbox"/> Job training or vocational training

11. Did the worker help you obtain other help or services?☐ Yes ☐ No

If yes, what? _____

12. If you received some help or services from the worker or another source, was it:

- The kind you needed? ☐ generally yes ☐ generally no ☐ did not receive any services
- Enough to really help you? ☐ generally yes ☐ generally no ☐ did not receive any services

13. Was there any help that your family needed that you did not receive?☐ Yes ☐ No

If yes, what? _____

14. Were you offered any services or assistance that you turned down?☐ Yes ☐ No

If yes, what did you turn down? _____

15. Did the worker give you the names of service agencies or anywhere else where you could get services or help for something you needed?☐ Yes ☐ No

If yes, did you contact any of these agencies or places?

☐ Yes ☐ No**16. Did the worker contact any other agency or source of assistance for you?**☐ Yes ☐ No ☐ Not

sure

17. Did the worker provide any direct assistance or help to your family (such as, transportation, clothing, financial help, etc.)?☐ Yes ☐ No

If yes, what? _____

18. How would you describe your feelings at the end of that first visit from the county worker to your home?

-----check all that apply:-----

<input type="checkbox"/> Angry	<input type="checkbox"/> Relieved	<input type="checkbox"/> Worried	<input type="checkbox"/> Comforted
<input type="checkbox"/> Afraid	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Confused	<input type="checkbox"/> Reassured
<input type="checkbox"/> Stressed	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Tense	<input type="checkbox"/> Grateful
<input type="checkbox"/> Irritated	<input type="checkbox"/> Helped	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
<input type="checkbox"/> Anxious	<input type="checkbox"/> Pleased	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Encouraged
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Thankful	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Optimistic

19. Please tell us who lives with you in this household.

- ☐ My husband ☐ My boyfriend ☐ My mother ☐ My sister/brother
- ☐ My wife ☐ My girlfriend ☐ My father ☐ Other friend/roommate

Number of children you are responsible for: _____ List their ages: _____

Other persons (please list their relation to you) _____

20. Please provide the following age and school information about ALL your children.

Child's FIRST name	Age	Check if he or she is in school	Write Grade in school	If the child is in school rate how he or she is doing in school currently.				If the child is in school rate whether he or she is doing better or worse in school than in the past		
				excellent	good	fair	poor	better	same	worse
Example→: Mary	7	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# 1:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 2:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 3:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ohio Alternative Response Evaluation: Final Report Technical Appendix

# 4:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 5:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you feel more or less able to care for your child(ren) now than you did a year ago?

☐ Much more
 ☐ Somewhat more
 ☐ About the same
 ☐ Somewhat less
 ☐ Much less

22. Compared to last year at this time, how confident do you feel about your ability to deal with issues in your life?

☐ Much more
 ☐ Somewhat more
 ☐ About the same
 ☐ Somewhat less
 ☐ Much less

23. Do any of the children in your household:

check yes or no for each

- | | | |
|---|------------------------------|-----------------------------|
| ➤ Have a serious illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Miss school often because they are sick? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Have a developmental disability (such as mental retardation)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Complain frequently about feeling unwell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Complain frequently about headaches or stomachaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Have trouble learning in school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Have a hard time getting along with their teachers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Have a hard time getting along with other students in school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Ever refuse to go to school or skip without your knowing it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Act aggressively towards you or others in the household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Act as if they might be depressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Act as if they might feel anxious or unsafe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Act out to get your attention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Act in ways that make them difficult to control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Engage in occasional delinquent behavior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

24. How much stress do you currently feel about the following:

a lot some a little no

- | <i>of stress</i> | <i>stress</i> | <i>stress</i> | <i>stress</i> | | | | |
|---|--------------------------|---------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The money you have available each month | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your current job or job prospects | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your relationship with other adults in your life | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your relationship with your children | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your own health and happiness | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The health and happiness of your children | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Your living arrangements | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Your life in general | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. Do you feel any more or less stress now than you did a year ago regarding:

more a lot somewhat somewhat a lot
more more less less

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The money you have available each month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your current job or job prospects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your relationship with other adults in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Your relationship with your children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Your own health and happiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The health and happiness of your children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Your living arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Your life in general | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

26. Is there anyone in your life that you:

	<i>Yes, whenever I need it</i>	<i>Yes, occasionally</i>	<i>Yes, but rarely</i>	<i>No, I have no one</i>
can turn to in times of stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can talk to about things going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know will help you if you really need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to care for your children when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask to help you with transportation if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can turn to for financial help if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How would you describe your current living arrangements?

☐ Excellent ☐ Satisfactory ☐ Less than satisfactory ☐ Unacceptable

28. How long have you lived at your present address? _____ years (or _____ months)**29. How many times have you changed your residence in the past year?**

☐ None ☐ One time ☐ Two times ☐ Three or more times

30. What current medical coverage do you have for yourself and your child(ren)

You ☐ no insurance ☐ private insurance ☐ Medicaid ☐ Other _____

Your child(ren): ☐ no insurance ☐ private insurance ☐ Medicaid ☐ Other _____

31. What is your marital status?

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never married

32. Are you currently employed? ☐ Yes, full time ☐ Yes, part time ☐ Not currently employed**33. If you are currently employed, how many hours do you usually work each week? (check one)**

☐ Less than 20 hours ☐ 20 to 29 hours ☐ 30 to 39 hours ☐ 40 hours or more per week

34. How many months were employed during the past 12 months? _____**35. If you are living with a partner (married or unmarried) is he or she employed?**

☐ Yes, full time ☐ Yes, part time ☐ Not currently employed ☐ does not apply

36. What is your level of education?

☐ Grade school ☐ High school diploma or GED ☐ A four-year college degree or more
☐ Some high school ☐ Some college or a two year degree

37. Has anyone in your household received any of the following during the past 12 months? (check ALL that apply)

☐ Food stamps ☐ TANF (welfare check) ☐ WIC ☐ Child Support
☐ Retirement check ☐ Unemployment benefits ☐ Utilities assistance
☐ Housing assistance ☐ School breakfast or lunch ☐ Social Security disability check

38. What was your total household income during the past 12 months?

(Please add up everything, including wages, salaries, welfare, gifts—all the money coming into the household.)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than \$4,999 | <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$5,000 to \$9,999 | <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$60,000 to \$69,000 | <input type="checkbox"/> \$90,000 + |

39. Has your current income increased or decreased since this time last year?

- ☐ Increased ☐ Decreased ☐ No change

We are interested in anything else you might want to say about your experience.

Thank you.

Please fill in the following information so that we can send you your CHECK.

Your Name _____ Street or PO Box

City _____ State _____ Zip _____

Institute of Applied Research, 103 W. Lockwood, Suite 200, St. Louis, MO 63119

The Case-Specific Survey Instrument. This might also be called the case-review instrument. It was sent to the workers responsible for sample cases after the final contact with the family. In the Ohio and Minnesota studies this instrument was in the format of an online survey. Workers received an email with the following text:

Dear _____,

The Institute of Applied Research (IAR) is conducting the evaluation of the Ohio Alternative Response (AR) Pilot Project. Some of the reports of child abuse and neglect that your office receives each month are being assigned to an experimental group (receiving AR) and others to a control group (receiving a traditional response). Over all 10 counties in the pilot, several hundred families are assigned each month.

We are selecting a sample each month (from Aug 08 to Aug 09) of experimental cases (assigned to AR) and control cases that received a traditional investigation for follow-up with the workers who were assigned to the case. The purpose of this follow-up is to obtain information in a consistent manner that only workers can provide. We follow up only after cases are closed.

One of your cases is listed below. When you click on the link (below the case name) a survey form will open in your web browser. Read all the instructions carefully. Most of the questions can be answered by clicking on the proper checkbox. A few ask you to type in short answers. Press the SUBMIT button when you are done.

We are aware of the demands on the time of workers and this is the reason we are sampling families rather than asking about every family. However, because of this, we need worker responses on each and every sample family we ask about.

We will try to limit the number of requests to each worker. During the next few months we may ask you about more than one family per month. Please be patient with us, but if you have questions or comments do not hesitate to reply to this email. Your supervisor or the office director should be able to explain the need for this survey.

If we have made a mistake and this is not your case, please reply to this email and tell us so.

Thanks for your help. Your feedback is essential and will play a big part in the findings of the Ohio AR Evaluation. We ask that you complete the survey within the next week.

Intake ID#: nnnnnnnnnnnnn, Intake Date: 04/28/2009

Report Name: XXXXX XXXXXX

Case ID#: nnnnnnnnnnn

Close Date: 06/01/2009

Experimental Group

<https://www.iarstl.org/oh/-----/>

Tony Loman

Institute of Applied Research

(314) 968-9625

The following is a paper version of the instrument that was developed for one Minnesota county. The online version was continuous, that is, there were no inserts, as seen below.

Confidential Questionnaire

AR/DR Case Specific Instrument

Family Name: _____ Case ID: _____

Your Name: _____ County: _____

If you are not a member of the county Child Protection staff, please write in the name of your organization or agency: _____

Part One

1. Did you: *(check all that apply)*

- ☐ conduct the initial assessment at the beginning of this case?
- ☐ conduct an interim or follow-up assessment while the case was open?
- ☐ conduct a final assessment at case closure?
- ☐ provide case management, support, and/or referral services to this family?
- ☐ provide any other direct services to this family?

2. Please Identify anyone else who may know more things about this case than you know.

(Write in their address if different from yours. If there is no one, proceed to question 3.)

Name _____ Organization _____

Address _____ Email address _____

Is this: ☐ a county staff person ☐ a community agency staff person

3. Was this: ☐ an Alternative Response case ☐ a Traditional Response case

If this was an **Alternative Response** (AR) case answer the next three questions (a,b,c):

- a. If the initial report on this family had been investigated in the traditional manner would it have been substantiated, in your judgment?
☐ certainly yes ☐ probably yes ☐ probably no ☐ certainly no ☐ unsure
- b. Did this family refuse all efforts to provide assistance or services? ☐ yes ☐ no
- c. Did this family receive any services under AR that they would not have received, in your judgment, under a Traditional Response?
☐ certainly yes ☐ probably yes ☐ probably no ☐ certainly no ☐ unsure

If this was a **Traditional Response** case answer the next two questions (d & e):

- d. Would an Alternative Response been appropriate in this case, in your opinion?
☐ certainly yes ☐ probably yes ☐ probably no ☐ certainly no ☐ unsure
- e. Are you aware of any services this family did not receive but might have with Alternative Response?
☐ certainly yes ☐ probably yes ☐ probably no ☐ certainly no ☐ unsure

Comments:

4. Number of contacts with Family (*estimate if necessary*):

- a. How many face-to-face meetings did you have with members of the family? _____
- b. How many telephone contacts did you have with members of the family? _____
- c. How many other contacts did you have with a family member (court visits, etc.)? _____
- d. How many contacts did you have with others on behalf of this family? _____
- e. How many other face-to-face contacts did other social workers/agency providers have? _____

5. Please indicate whether there were any extenuating circumstances that made work with this family very difficult, impossible or unnecessary. (Check as many as apply).

- ☐ traditional assessment was un-substantiated
- ☐ traditional assessment substantiated but low risk case not opened
- ☐ family fled or moved out of the county
- ☐ alleged perpetrator left family
- ☐ alleged perpetrator was separated by court
- ☐ alleged perpetrator was imprisoned
- ☐ a caregiver was hostile throughout the case
- ☐ a caregiver missed appointments often
- ☐ caregiver was uncooperative in other ways
- ☐ a child was uncooperative
- ☐ other agency/non-CPS worker had major responsibility for the case
- ☐ other

Comments:

6. Was a child in this family threatened or harmed before the first assessment contact by any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| ➤ neglect or abandonment | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ➤ physical abuse or emotional maltreatment | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ➤ sexual maltreatment | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ➤ lack of supervision or proper care | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ➤ poor or damaging adult-child relationship | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ➤ other threats to child safety | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If you checked yes to any item in question 6, complete the chart on INSERTED PAGE, SIDE A. If you did not check yes to any, continue below without completing the chart.

7a. Were any services, support or assistance provided to this family (caregivers or children)?

☐ yes ☐ no ☐ uncertain whether family actually received services

7b. Was any information about where services may be found given to the family?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> yes, and family acted on this info | <input type="checkbox"/> no |
| <input type="checkbox"/> yes, but whether family received services is unknown | <input type="checkbox"/> uncertain |

If you answered yes to either 7a or 7b, complete the chart on INSERTED PAGE, SIDE B. If you answered no or uncertain to both of these questions, do not complete the chart.

8. On the following scale please rate the cooperation or attitude of family members the first time you met with them. On the scale, -5 indicates “very uncooperative” and +5 indicates “very cooperative.”

<i>very uncooperative</i>										<i>very cooperative</i>	
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	

9. If you met with this family or members of the family more than one time, on the following scale rate their cooperation the last time you met with them. ☐ does not apply

<i>very uncooperative</i>										<i>very cooperative</i>	
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	

If you did not have to complete SIDE B on the INSERTED PAGE, you may stop here, you are finished. If you completed SIDE B, please continue with Part Two.

Part Two

10. Did you or another worker or community agency help members of this family in obtaining services or assistance from any of the following? (check all that apply)

- ☐ school
- ☐ neighborhood organization
- ☐ mental health provider
- ☐ alcohol/drug rehab agency/program
- ☐ MR/DD provider
- ☐ youth organization
- ☐ health care provider
- ☐ job service/employment security
- ☐ employment & training agency (JTPA etc.)
- ☐ legal services provider
- ☐ support group
- ☐ childcare/preschool provider/Head Start
- ☐ community action agency
- ☐ domestic violence shelter
- ☐ emergency food provider
- ☐ church or religious organization
- ☐ recreational facility (e.g. YMCA)
- ☐ neighbors/friends/extended family
- ☐ other

Comments:

11. On the following scale (from 1 to 5, where 1=not at all, 5=completely), indicate whether the level of service response in this case was sufficient to: (circle)

- | | | |
|---|-------------------------------|-------------------|
| | <i>not at all</i> | <i>completely</i> |
| a. meet the immediate threats to a child in this family | 1--2--3--4--5--6--7--8--9--10 | |
| b. reduce threats of possible future child abuse or neglect | 1--2--3--4--5--6--7--8--9--10 | |
| c. meet other family needs affecting child well-being | 1--2--3--4--5--6--7--8--9--10 | |

12. Overall, how well were the services that were actually provided matched to the service needs of the family? (circle)

very poorly matched
very well matched

1--2--3--4--5--6--7--8--9--10

13. In your judgment, how effective were the services provided to the family in solving their problems or in producing needed changes? (circle)

very ineffective
very effective

1--2--3--4--5--6--7--8--9--10

14. If there were any services this family needed or needed more of that it did not get for any reason, please list them here.

1. _____
2. _____
3. _____

15. Check any of the following reasons why the family may not have been fully served

- ☐ size of worker caseload
- ☐ limited staff time to work with family
- ☐ other pressing cases on caseload
- ☐ problems beyond scope of CPS to remedy
- ☐ limited funds for needed vendor services
- ☐ other _____

16. Overall, how involved was the extended family (relatives outside the household) in providing needed support and/or assistance to this family?

- ☐ not at all
- ☐ very little
- ☐ moderately
- ☐ extensively

17. Overall, how involved were unfunded community resources (i.e. churches) in assisting this family?



- ☐ not at all
- ☐ very little
- ☐ moderately
- ☐ extensively

18. Family Functioning. Check the boxes next to any area (if uncertain leave blank)

- 1) That was addressed (instruction/counseling, direct services, referrals, etc.) during the case, and/or
 2) That showed marked improvement over the course of the case, whether addressed or not
 (Check boxes under 1 or 2 or both. Leave blank if uncertain.)

	1) Need or Risk Condition found (check if yes)	2) Condition addressed while in contact with family	3) Improvement (check one)		
			Little	Moderate	Much
Structural condition/safety of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness/order of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent/Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting skills of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach to child discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity of parent/caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor or harmful Interaction in family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate family income / poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underemployment or unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning/money handling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress of children in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health of parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health of parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality/stability of adult relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-child relationship/communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability/integrity of family as a unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental level of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support system of friends and neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to access needed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSERT, SIDE A – THREATS TO A CHILD

(1) Check all safety threats present in this case first. 	Then for every problem checked, complete (2) and (3) 	(2) Indicate whether level of threat was mild, moderate or severe.		(3) Was the issue addressed?											Don't know/ not sure
				Yes, by:					No, because						
		At first contact	At closure	County staff	Vender agency/ paid provider	Unpaid community resource	Family resource/ kin	Other/ don't know	Funds unavailable	Provider unavailable	Un-cooperative family	Threat removed	Other		
<input type="checkbox"/> child lacked basic needs (food, clothes, hygiene)		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> home unsafe or unclean		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> homelessness or potential homelessness		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> abandonment		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> locking in or out		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> caretaker neglected medical/healthcare need of child		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> educational neglect/truancy		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> other neglect		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> violence to child by caretaker (non-disciplinary)		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> excessive discipline		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> emotional maltreatment		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> child witnessed domestic violence/ violence in home		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> sexual maltreatment		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> other abuse		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> child 6yrs old or younger left unsupervised		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> child 7-12 left unsupervised		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> other harm (e.g. burns, fractures)		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> verbal or physical fights		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> rejection of child by parent		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> rejection of parent by child		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		mild mod sev	mild mod sev	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSERT, SIDE B:

SERVICES TO FAMILY

The following is a list of services that are sometimes provided to families.

1) Place a check after any service to indicate:1. service provided during the case - service were provided to a family member(s) while the case was open and had not been in place at the time of the first visit.2. info/referral provided – services information was given or referrals were made,3. service in place before case - service was in place at the time of first visit**2) For any service received by the family, give us some idea of the level of services received or used from very little (1) to very much (5).**

For each service check <u>all</u> that apply	(1)	(2)	(3)	Level of participation or use by family (circle) Very little < ----- > Very much				
	Service provided	Info/ referral provided	Service in place at start					
Childcare/daycare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Respite care/crisis nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Medical or dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Marital/family/group counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mental health/psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drug abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Alcohol abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Help with rent or house payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Help with household needs (utilities, repair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Emergency food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TANF, SSI or food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Assistance with transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Assistance with employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vocational/skill training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Educational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Homemaker/home management assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Assistance from support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Recreational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Family preservation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Independent living services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

General Worker Survey. This survey was also an online instrument. The survey was conducted at two points in Ohio, the early survey near the end of 2008 and the late survey near the end of 2009. The two instruments used were practically identical. The late survey instrument is shown here. The following is the email sent to workers.

Dear _____

As you may know, the Institute of Applied Research (IAR) is evaluating the Ohio Alternative Response Pilot Project. The pilot is being conducted in 10 Ohio counties. There are a number of parts to the evaluation. At this stage we are asking you to participate in the GENERAL SURVEY of workers.

Some of you may have received earlier survey requests about specific experimental or control cases. That survey will be repeated monthly during the next several months. The survey linked to the present email is different and is meant to find out about workers' general knowledge, attitudes and experiences with AR during the early stages of the pilot.

The survey can be accessed by clicking on the link below. The link will open your browser and show you the survey form. You should be able to complete it in about 15 to 20 minutes. Most questions can be answered by clicking check boxes. You can go back and change answers at any time.

After you have answered all the questions you must click on the Submit button at the bottom of the form to send the survey to IAR.

This survey is not anonymous but will be treated in the strictest confidence. No one outside the IAR research team will ever know what any individual respondent submitted.

The primary AR contact in your county is aware of this survey. If you have any questions about the content of the survey or find yourself confused by it, don't hesitate to email me your questions or to call. Your answers are critical to determining whether the Ohio AR pilot was successfully implemented.

You can access the survey by clicking on this link: _____

Thank you.

Tony Loman
Institute of Applied Research
St. Louis, Missouri
314 968 9625

DR/AR Worker Survey

Your name _____ County _____

Position/Title _____

—

This questionnaire is confidential but not anonymous. No one outside the research team will view it.

1. How long have you worked as a child protection case manager or supervisor? Since (mo/yr) _____/_____

2. Check all work areas that are part of your job currently.

- | | |
|---|---|
| <input type="checkbox"/> case intake/screening | <input type="checkbox"/> out-of-home placement cases |
| <input type="checkbox"/> case assessment – traditional investigations | <input type="checkbox"/> family preservation services |
| <input type="checkbox"/> case assessment – Alternative Response | <input type="checkbox"/> adoption |
| <input type="checkbox"/> case management | <input type="checkbox"/> staff supervision |
| <input type="checkbox"/> social work (providing direct services) | <input type="checkbox"/> other _____ |

3. If you have a caseload:

3a. How many cases are on your current caseload? _____

3b. How many of these are Alternative Response (AR) cases, if any? _____

3c. If you have handled AR cases since July 2008, either assessment or ongoing, estimate about how many you have handled until now (enter 0 if none) _____

4. If you are a supervisor, about how many of workers handling AR cases have you supervised since July 2008? _____

5. On a scale from 1 to 10, where “1” represents “never” and “10” represents “always,” how often do families you work with view your agency as a resource or source of support and assistance? (Answer for both AR families and/or families that receive the traditional approach depending on your experience.)

	never	always	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
Other families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

6. To what extent do families you work with feel they are better off or worse off because of the involvement of the child protection agency?

	much worse off	much better off	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
Other families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

7. To what extent do you feel able to intervene in an effective way with the children and families you work with?

	never	always	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
Other families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

8. Please rate your overall ability to help families and children in cases you work with obtain the services/assistance they need.

	very poor	excellent	don't know
AR families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
Other families	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

9. The following is a list of specific services and service providers. Please tell us (by circling yes or no):

a) Are you aware of any providers (resources) of these services in your service area? If yes:

b) Do you know the name of a contact person within such a provider agency or have you ever met with anyone from such an agency or resource?

c) Have you referred a client child or family to any such provider or resource within the last month?

	a) any provider in area		b) know or met with contact person		c) referred to in the last month	
a. child care (day care)	yes	no	yes	no	yes	no
b. respite care/crisis nursery	yes	no	yes	no	yes	no
c. mental health services	yes	no	yes	no	yes	no
d. substance abuse treatment	yes	no	yes	no	yes	no
e. MR/DD services	yes	no	yes	no	yes	no
f. medical services	yes	no	yes	no	yes	no
g. dental services that accept Medicaid	yes	no	yes	no	yes	no
h. transportation services	yes	no	yes	no	yes	no
i. domestic violence services/shelter	yes	no	yes	no	yes	no
j. food services/food pantry	yes	no	yes	no	yes	no
k. housing assistance	yes	no	yes	no	yes	no
l. utilities & other household assistance	yes	no	yes	no	yes	no
m. Job Service (Employment Security)	yes	no	yes	no	yes	no
n. JTPA services	yes	no	yes	no	yes	no
o. other employment services	yes	no	yes	no	yes	no
p. adult educational services	yes	no	yes	no	yes	no
q. adult vocational training	yes	no	yes	no	yes	no
r. parenting classes	yes	no	yes	no	yes	no
s. household management	yes	no	yes	no	yes	no
t. youth organizations (e.g. Boy Scouts)	yes	no	yes	no	yes	no
u. recreational facilities (e.g. YMCA)	yes	no	yes	no	yes	no
v. neighborhood organizations	yes	no	yes	no	yes	no
w. legal services	yes	no	yes	no	yes	no
x. support grps (e.g., parents anonymous)	yes	no	yes	no	yes	no
y. early childhood services	yes	no	yes	no	yes	no
z. community action agency	yes	no	yes	no	yes	no
aa. churches/religious organizations	yes	no	yes	no	yes	no

10. How would you rate your overall knowledge of service resources in the community?

very poor	very good
1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	

11. How would you rate your office's working relationship with the following?

	no relationship	poor	fair	good	excellent
unsure					
a. local law enforcement authorities	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
b. juvenile court	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
c. circuit court/prosecuting attorney	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
d. school administrators and teachers	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
e. hospitals, clinics and school nurses	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
f. mental health providers	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
g. Job Service and JTPA offices	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		
h. churches/religious organizations	<input type="checkbox"/>	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	<input type="checkbox"/>		

12. How effective is the current child protection system overall in protecting children in client families who are at risk of:

	very ineffective	very effective	unsure
a. sexual maltreatment	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
b. moderate to severe physical abuse	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
c. neglect of basic needs (food, clothing, etc.)	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
d. lack of supervision of young children	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
e. medical neglect	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

13. In your experience how effective is the current child protection system in working with client families in which there is:

	very ineffective	very effective	unsure
a. drug abuse	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
b. alcohol abuse	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
c. domestic violence/spouse abuse	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
d. extreme poverty	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
e. extreme child behavior problems	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
f. mental illness	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
g. mental retardation/developmental disability	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
h. extremely poor parenting skills	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
i. educational neglect	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>
j. parent-adolescent conflict	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10		<input type="checkbox"/>

14. If you worked in child protection before the start of AR, has the Alternative Response demonstration affected how you approach families or perform your work (that is, are you doing anything differently from before)?

- ☐ not at all
 ☐ in small ways
 ☐ in a few important ways
 ☐ a great deal
☐ I began working in child protection after AR started

Please explain your answer briefly:

15. How well do you understand the goals and philosophy of the Alternative Response approach to child abuse/neglect that is being implemented in this demonstration?

- ☐ thoroughly
 ☐ adequately
 ☐ less than adequately
 ☐ poorly
 ☐ does not apply

16. **For cases that are appropriate for AR, in your opinion how does the AR approach compare to the**

traditional approach regarding child safety?

- ☐ Children are more often safe under traditional investigations than under AR
☐ Children are about equally safe under AR and traditional investigations
☐ Children are more often safe under AR than in traditional investigations
☐ Do not know or cannot judge

17. **When AR has a positive impact on families, how much of this is generally caused by (a) the family-centered and family-friendly approach of AR or (b) services under AR that families need and receive?**

1) the approach _____ %

2) services _____ %

total = 100 %

18. **Would the AR approach have a positive effect on families if there were no additional funds for services?**

- ☐ yes, ☐ yes, but not as much ☐ not sure ☐ no

Please explain your answer briefly:

19. **Do you feel the need for more training related to Alternative Response?**

- ☐ yes, a lot ☐ yes, a little ☐ no ☐ unsure

19a. **If yes, what kind of training or technical assistance would help you and your co-workers the most?**

19b. **What kind of training has helped you the most in the past?**

20. **In your view, what are the major differences between Alternative Response and traditional CPS in your county?**

	<i>much more likely with AR</i>	<i>somewhat more likely with AR</i>	<i>no difference</i>	<i>somewhat more likely with traditional CPS</i>	<i>much more likely with trad. CPS</i>
a. Families approached in a friendly, non-accusing manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. No finding or substantiation of report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Families receive some/any services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Families receive services they need.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families receive services quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families referred to other resources or agencies in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Separate interviews of child and caregiver.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Family members present at initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Cooperation of caregivers/family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Participation in decisions and case plans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Overall, how satisfied are you with the child protection system in place in your county?

very
dissatisfied very
satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 ☐

22. Overall, how satisfied are you with your child protection job?

very
dissatisfied very
satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 ☐

23. Overall, how satisfied are you with your workload and duties?

very
dissatisfied very
satisfied unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 ☐

24. To what extent do you feel “burned out” by the demands of your job?

not at all completely unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 ☐

25. Overall, how satisfied are you with the Alternative Response program in place in your county?

not at all completely unsure

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 ☐

26. Has Alternative Response in any way caused an increase or decrease in your:

	<i>large increase</i>	<i>small increase</i>	<i>no change</i>	<i>small decrease</i>	<i>large decrease</i>
a. caseload size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. job-related stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Has the introduction of AR made it any more or less likely that you will remain in this field of work?

- ☐ Much more likely
☐ A little more likely
☐ No effect
☐ A little less likely
☐ Much less likely

28. Is there anything that is preventing the Alternative Response from working as well as you think it could or should be working?

29. Is there anything about the way AR approach is being implemented in your county that you consider exemplary or that involves something other counties should be aware of and consider?