

OHIO ALTERNATIVE RESPONSE EVALUATION EXTENSION: FINAL REPORT

to the

OHIO SUPREME COURT

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OHIO ALTERNATIVE RESPONSE EVALUATION EXTENSION: FINAL REPORT

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PREFACE AND ACKNOWLEDGMENTS

This report is a follow-up to the original 2008-2010 evaluation of the Ohio AR pilot. The original evaluation and the follow-up study were the responsibility of the Institute of Applied Research (IAR). The Ohio evaluation was one of four multi-year evaluations of differential response systems conducted by IAR. The three other studies were of pilot projects in Missouri (1995 to 1998), Minnesota (2001 to 2003), and Nevada (2007-2010). Reports of those evaluations and the 2010 Ohio evaluation report can be found on our website (www.iarstl.org). IAR was fortunate to have been selected to conduct these studies of a fundamental reform in child welfare practice. They involved demanding but exciting work, and we hope they have contributed and will contribute to improving the welfare and safety of children.

We were assisted and supported by Steve Hanson of the Ohio Supreme Court and Kristin Gilbert and Carla Carpenter of the Ohio Department of Job and Family Services. Staff of the Ohio State Child Welfare Information System (SACWIS) provided invaluable assistance by uploading on a regular basis child welfare data from the 10 demonstration counties. We are indebted to the administrators, supervisors and workers who spent many hours providing us with information about their work and the families and children they were serving. A large number of families also responded with invaluable feedback about their experiences. Thanks to everyone.

April 2014 Revision Notes

The present document is a revision of the report submitted to the State of Ohio in September 2013. In the months following the report we had an opportunity to return to the data and conduct several additional and more refined and appropriate analyses to those in Chapter 4. None of the basic findings of that chapter changed but we have added an analysis that may explain some of the differences in outcomes among local offices. In addition, we decided that two of the Appendices in the September 2013 report could be set aside. The first was an analysis of risk assessment based on the Ohio Family Risk Assessment tool. This will be added as a separate technical report on our website. The second addressed the issue of inclusion or exclusion of pathway change cases in outcome analyses. The essential materials from that section have been integrated into the narrative, charts and tables of Chapter 4 and into one of the charts in Chapter 1 in the present version of this report. Appendix 3 of the earlier report is now Appendix 1. The present report is shorter and hopefully more concise.

GLOSSARY OF TERMS

CPS	<i>Child Protective Services.</i> The government agency that responds to reports of child abuse and neglect. In Ohio, CPS agencies are administered separately by each county.
Child Welfare	A term that many CPS agencies use to refer to themselves: the <i>child welfare agency</i> . The term connotes broader preventive and remediating services beyond short-term protection of children.
PCSA	<i>Public Children Services Agency.</i> The name of the county CPS/child welfare agencies in Ohio. This is the primary term used in this report to refer to the pilot county offices. Other terms used synonymously include: <i>county office, local office, CPS agency, and child welfare agency and sometimes simply 'county.'</i>
PCSAO	<i>Public Children Services Association of Ohio.</i> A statewide membership organization of Ohio's 88 county PCSAs for member dialogue, information sharing, partnerships, research, training and technical assistance, and State and federal advocacy.
ODJFS	<i>Ohio Department of Job and Family Services.</i> The Ohio State supervising agency for CPS with authority over PCSAs.
Supreme Court of Ohio	In coordination with ODJFS, originated the alternative response reform and sought outside help in its implementation and evaluation.
CA/N Report	CA/N is an acronym for <i>child abuse and neglect</i> . A CA/N report contains one or more allegations of abuse or neglect regarding one or more children in a family. Sometimes the term <i>child maltreatment report</i> is used.
Screening	In CPS, this refers to the process of initially determining whether a CA/N report should be accepted for further action by the agency. <i>Accepted reports are screened in.</i> Reports that do not involve CA/N or for which insufficient information was received are <i>screened out</i> .
CPS Investigation	The traditional term that has been used to refer to the standard CPS response. This response concerns determining perpetrators and victims and substantiating child abuse or child neglect. Several other terms are sometimes used to designate this process: <i>traditional response; including assessment, investigative assessment, traditional investigation and investigative response (IR).</i>

Alternative Response	<p>The term is used in two ways, both of which are used in this report.</p> <ol style="list-style-type: none"> 1. A particular system reform named alternative response (or differential response, see next term). Offices that utilize alternative response have institutionalized a system that provides for responses other than traditional investigations. 2. One of the alternative approaches to families put in place when the system reform has been introduced (alternative response family assessment, see below).
Differential Response	<p>The term that has been adopted nationally by the Children’s Bureau for programs like Ohio’s Alternative Response Pilot Project. States have used many different terms, including family assessment and response, family assessment response, multiple response, and alternative response. The program has different forms and sometimes includes a third pathway for families diverted outside CPS or for whom CPS reports were screened out.</p>
Pathway Assignment	<p>In alternative response, this refers to a <i>second level of screening of accepted CPS reports to determine whether a report should be given an investigation (traditional response assessment) or an alternative response family assessment</i> (see next term). Consistent rules are used to determine mandatory traditional response; other rules permit discretionary assignment to traditional response. In some other states this is referred to as <i>track assignment</i>.</p>
Pathway Change	<p>Because Pathway assignment is determined on the basis of the allegations of the CA/N report and to some extent on the history of the family with CPS, workers may determine, after upon families, that an investigation is the more appropriate response. Conversely, in some states investigative workers are permitted to switch families to the AR family assessment pathway. Typically the proportion of families given a pathway change is less than 4%. This is a necessary to insure child safety. In experimental studies, such as the present study, these represent <i>crossover errors</i>, that is, cases randomly assigned to one treatment condition that are provided with the alternate treatment. In some states pathway change is referred to as <i>track change</i>.</p>
Alternative Response Family Assessment	<p>The term used in this report to refer to the <i>alternative to a traditional response assessment (investigation) of a CA/N report</i>. The family assessment determines child safety, that is whether children are safe in this family, but does not seek to determine formally victims, perpetrators, or substantiation of CA/N. If child safety problems are found a child safety plan is developed with input from the family. The focus then turns to broader family needs, and families are encouraged to participate in subsequent decision making.</p>

Random Assignment	<p>A process utilized in experimental studies that assigns families to one or more treatment or control conditions. Typically, cases have a probability of .5 of being assigned to one of two conditions: experimental or control. The Ohio alternative response evaluation was designed as a field experiment. Families determined to be appropriate for alternative response had a 50/50 chance of receiving an experimental alternative response family assessment or a control traditional response assessment (investigation). Experimental referred to the new approach; control referred to the traditional approach. Similarly, in experimental terms the alternative response family assessment was the experimental treatment while the traditional response investigative assessment was the control treatment.</p>
Accepted Report	<p>In this study, <i>accepted report</i> refers to a CA/N report that CPS intake workers screen in. This means that a judgment was made that the report potentially met the criteria under state law of child abuse and neglect requiring a response by the agency. The term <i>screened-in report</i> is used synonymously in this study.</p>
Target Case	<p>This term is specific to the present report. It refers to the <i>treatment period</i>. The target case extends from the day the original accepted CA/N report was received, when the family was assigned to the experimental or control group), through the conclusion of the AR family assessment or investigation. If a formal service case was opened for the family the target case is considered to be extended until the formal service case closed. Upon final contact with the family either at the end of the assessment or if applicable the end of the service case, the target case ends.</p>

HIGHLIGHTS OF EVALUATION FINDINGS

- Emotional responses of families provided with family assessments were more positive and less negative than families provided with traditional investigations. This was demonstrated using scaled response indexes.
- Increased family engagement occurred among families provided with family assessments. This was also demonstrated using a scaled response index.
- Family engagement was higher among families with positive emotional responses to worker visits but lower among families with negative emotional responses.
- Positive emotional responses of families and family engagement were the result of the approach taken by workers to families and were not the result of the level of services provided or of families' sense of the sufficiency or appropriateness of services.
- Workers and supervisors continued to rate the family responses to AR very positively in the 2013 survey of staff in the 10 original demonstration counties.
- The large majority of knowledgeable workers and supervisors felt that children were equally safe or safer under AR than traditional investigations. A small minority believed the traditional approach made children safer.
- Two-thirds to three-quarters of workers and supervisors indicated that AR was more likely to result in cooperation of families and participation in decisions and case plans than traditional CPS.
- The majority of staff felt there was no difference in the delivery of services and speed of services or referrals to resources in the community while slightly less than a third felt AR produced better results; a very small percentage regarded traditional approaches as better in these areas.
- Nearly all staff with AR involvement felt that their knowledge of AR was adequate or thorough.
- Among AR-involved staff, the proportion that felt they needed additional training had dropped from over 70% in the December 2009 survey and to under 40% in the 2013 survey.
- During the follow-up period of four to five years, experimental families that originally received an AR family assessment exhibited statistically significant lower

levels of five types of subsequent child safety problems when compared to control families. These were: serious inflicted harm, danger from a mentally or physical ill adult, lack of supervision or failure to provide basic needs, refusal of access to the child or likelihood of family flight, and failure to meet serious physical or mental health needs of the child.

- During the follow-up period of four to five years, experimental families that originally received an AR family assessment showed significantly lower rates of problems associated with parenting.
- In a controlled analysis, experimental families that originally received an AR family assessment had significantly fewer new accepted (screened-in) reports of child maltreatment. This effect appeared primarily among lower-risk families who were being encountered by CPS for the first time when they entered the study in 2008 and 2009.
- Removals and out-of-home placements of children both during the target case and during the follow-up period were lower for experimental families originally provided with a family assessment.
- Overall costs for the entire period of data collection were slightly lower for experimental compared to control families, indicating modest cost savings through AR.

EXECUTIVE SUMMARY

The Ohio Alternative Response Pilot Project grew from an initiative of the Supreme Court of Ohio and the Ohio Department of Job and Family Services (ODJFS). Authority for the demonstration was provided by the Ohio Legislature authorizing up to 10 counties to pilot the alternative response model. The original demonstration or pilot operated from July 2008 through December 2010, with a final evaluation report in April 2010. The present report is based on analysis of extended data collected through June 2013.

Alternative response (also called differential response) involves an alternative approach to traditional child protective services (CPS) investigations of child abuse and neglect (CA/N). It employs a non-adversarial family assessment process that avoids determination of fault and identification of victims and perpetrators. Family assessments still have the central goal of establishing child safety but they also focus on a broader array of family needs and solicit the input of family members into decisions about services. Alternative response systems have been implemented statewide in several states and on a more limited basis in other states. Minnesota piloted alternative response from 2001 through 2003 and subsequently established the model successfully statewide. Ohio modeled its demonstration (pilot) project on Minnesota's alternative response practice.

During the period from July 2008 to September 2009, families with accepted (screened-in) CA/N reports who were determined to be appropriate for an AR family assessment in the 10 pilot counties constituted a study pool. Families were randomly assigned from this pool to an experimental or control group. Experimental-group families received a family assessment while families in the control group were assigned to traditional investigations. Data were collected through December 2009 and analyses were conducted during the December 2009-March 2010 period. Many of the analyses of the evaluation involved comparisons of the groups of randomly assigned families. During the random assignment period, 2,291 families were assigned to the experimental group and 2,247 to the control group. There were also 92 experimental families (3.8%) that were reassigned from family assessments to traditional investigations. The latter represented *experimental crossover errors*. Analyses for this report were conducted both with and without this subgroup to illustrate the *lack of significant effects* of their exclusion. Samples of experimental and control families were selected to obtain detailed feedback from families and case-specific reviews from CPS workers. Analyses (see Chapter 1) demonstrated that the randomly assigned experimental and control families were very similar and that samples from these two groups selected for family feedback were similar as well.

Family Engagement

Data for variables related to family engagement were collected from workers about specific families and from families themselves during the original 2008-2009 evaluation. Experimental-control comparisons were described in the 2010 final report. Among these were measures of the emotional responses of family caregivers to initial home visits by workers and the level of satisfaction with workers, services and participation in decision making. These measures were based on the responses of samples of family caregivers from the experimental and control groups. In the present analysis and report (Chapter 2), individual measures were combined into scales of emotional response and a scale of family engagement. Original findings were reconfirmed and new relationships were discussed.

- Family caregivers responded to 24 items in an adjective checklist to characterize their feelings at the time of their initial meeting with the family assessment worker or investigator. Of these, 12 were emotionally negative and 12 were emotionally positive. Control (investigated) families scored significantly higher on 7 of the negative items with no difference between experimental and control on the other five. Experimental (family assessment) families scored significantly higher on 11 of the 12 positive items with no difference on the other one. These findings were shown in 2010.
- For the present analysis, the 12 negative items were successfully scaled into a *negative emotional index (NEI)*, a summated scale on which families scored from 0 to 12. Control families had a higher average score of 1.53 while experimental families had an average score of 1.02. This difference was highly statistically significant in that the probability of this result occurring randomly was one in one-thousand. The NEI findings reconfirm the original finding that investigations are initially more negatively regarded by families than AR family assessments.
- Likewise, the 12 positive items were successfully scaled into a *positive emotional index (PEI)*, a summary scale on which families scored from 0 to 12. Experimental families had a higher average score of 2.69 while control families had an average score of 1.84. This difference was also highly statistically significant, with a probability of random occurrence of less than one in one-thousand. The PEI findings reconfirm the original finding that AR family assessments are more positively regarded by families than investigations.
- Family caregivers also provided feedback about satisfaction with workers, services, the CPS experience and involvement in decisions. Seven of these were reviewed. In the original 2008-2009 evaluation experimental families had responded significantly more positively on each of the individual items. These results were shown again and reconfirmed. The items were:

- Satisfaction with treatment by worker
 - Satisfaction with help received
 - Sense that the family is better off (or worse off) because of the experience
 - Manner treatment by worker
 - Involvement in decisions about family
 - Extent to which worker listened to caregiver and family
 - Extent to which worker tried to understand family's situation and needs
- For the present analysis, these seven items were successfully scaled into a *family engagement index (FEI)*. Families received a summated score from 7 to 28. Experimental families had an average score of 24.0 while control families had an average score of 22.8. The probability of this difference being due to random variations was less than one in one-thousand. *The FEI scores reflect the overall reactions to workers and services offered as well as perceptions of participation, respect and concern by workers. It again affirms the improvements in family engagement that occurred under AR.*
- The negative emotional index (NEI) was negatively (inversely) correlated with the family engagement index (FEI). The positive emotional index (PEI) was positively (directly) correlated with the FEI. The strength of the correlations were moderate to high showing that the PEI, NEI and FEI are inter-correlated and probably measure different aspects of family responses. *This shows that ongoing family engagement is related to and perhaps dependent upon the responses of families to the initial meeting with workers.*
- There was a very weak or no relationship of the NEI, PEI and FEI with family ratings of the appropriateness of services received, the sufficiency of services received or the reported number of services received. *These findings are indications that the increase in positive feelings and in family engagement are not the consequence of having received funded services but are the result of the approach to families taken by workers under AR.*

Findings of the Third Survey of Workers and Supervisors

The third general survey of workers and supervisors in the 10 counties was conducted in January 2013. Survey 1 was done in the autumn of 2008; survey 2 was conducted in December 2009. Responses were received from 240 workers and supervisors to Survey 3. The number of workers with present or past involvement in AR had increased from 64 responding in Survey 2 to 164 in Survey 3. Responses were analyzed and reported in Chapter 3 of the full report.

- Comparing Survey 2 and Survey 3, the responses of AR-involved staff concerning *services to AR families, responses of families to AR and effectiveness of interventions under AR* remained very positive although slightly lower in the latter.

- All respondents in Survey 3 were asked to contrast *AR families with other (non-AR) families concerning families' views of the CPS as a resource and a support and families' sense of being better off or worse off as a result of their experiences with CPS*. As in earlier surveys, workers and supervisors overall continued to rate AR families more positively on these dimensions.
- In all the past evaluations of AR conducted by IAR, families provided with family assessments were referred to outside services more often. This was a finding in Ohio, as well, based on responses of families and responses of workers concerning specific cases. In the general worker survey, AR-involved and non-AR staff members were asked whether they had referred families to various services and service agencies in the community during the previous month. In Survey 3, *AR-involved staff referred more families to community services than non-AR staff*. In several categories, AR-involved staff indicated substantially higher levels of referrals, including household services, housing, food, domestic violence, transportation, parenting, substance abuse, mental health.
- Among AR-involved staff who had experience with the system both before and after the introduction of AR, over a third indicated that their approach and work had been affected a great deal or in a few important ways compared to about one-eighth of non-AR staff
- **Views of Child Welfare Staff concerning Child Safety under AR.** Among respondents who had experience with AR cases or supervision, *over two-thirds felt that children were equally safe under AR and traditional investigations and another tenth felt they were safer*. Thus, approximately three quarters of knowledgeable staff responded that AR families were as safe or safer. Slightly less than one in five did not know or could not judge while about six percent said that children were safer in investigations. A little over half of staff with no AR involvement indicated that they did not know or could not judge but of the remaining the very large majority indicated no difference in safety. These findings support the conclusions of the 2010 final report in Ohio, which were based on broader evidence—*that the preponderance of evidence is that child safety is not compromised under AR*.
- Respondents to Survey 3 provided ratings of the *differences between AR and traditional CPS* in their counties. Two-thirds to three-quarters of respondents indicated that AR was more likely to involve a friendlier approach to families and to result in cooperation of families, participation in decisions and case plans and no findings or substantiations of reports. The majority of respondents felt that there were no differences in the delivery of services and speed of services or referrals to resources in the community, while slightly less than a third of respondents in each

category felt AR produced better results in these area; a very small percentage regarded traditional CPS as better in these areas.

- Concerning *knowledge of the goals and philosophy of AR*, nearly all (95%) of AR-involved staff members felt that their knowledge was adequate or thorough. About two-thirds of staff not involved in AR responded similarly in Survey 3. Among AR-involved staff, the perceived need for additional training had dropped between Survey 2 and Survey 3 from over 70% to under 40%.
- The responses of staff concerning job satisfaction was very similar across the three surveys with average responses of between 7 and 8 on a 10-point scale (where 10 is most satisfied) concerning the CPS system in their county, their job and their workload and duties. These findings were relatively consistent across the 10 counties.
- Comments of workers and supervisors were summarized and discussed in the last section of Chapter 3. Generally, comments reflected the categorical responses and were positive although there were critical comments and concerns about CPS and AR. *Readers may examine our summary, but for those concerned with our interpretation of the comments, we have included all worker comments in Appendix 1 of the report.*

Changes in Safety and Family Risk, Subsequent Reports of Child Maltreatment, and Child Removals

These analyses considered the period of the target case (from the initial report in 2008 or 2009 through final contact with the family) and variously about 4 to 5 years of follow-up on families. The entire period extended from July 2008 through June 2013. These analyses compared all experimental and control families.

The original 2010 report examined subsequent accepted (screened-in) CA/N reports and later placements of children, but the follow-up period was very short. The follow-up period was significantly longer in the present analysis. In addition, important additions were made to the long-term follow-up variables, including measures of subsequent child safety threats and family risk of child maltreatment. These are discussed in Chapter 4 of the report.

The analysis was dependent on information collected as families returned to Child Protection Services, in reports and cases. No information was available on families that did not return. Randomly assigned and thus closely similar experimental and control groups of families have about the same probability of returning to CPS. Under this assumption, lower CA/N report recurrence rates and lower rates of out-of-home placements of children, decreases in child safety threats and improvements in family risk

indicators may be interpreted to indicate that child safety and welfare were not jeopardized by AR and were to some degree improved. However, return rates continue to be high for all families, both those that were given family assessments and those that were provided with investigations. The ultimate goal of child welfare is abolishing child maltreatment completely so that every child may grow up in a safe, healthy home and loving family. The longer-term question, then, if the following results are valid, is what are the next steps to further improve the safety of children and the welfare of their families? What further reforms are needed within CPS and the larger society?

Subsequent Child Safety. During the follow-up period, slightly less than half of experimental and control families had a subsequent safety assessment completed. Ohio utilizes an excellent child safety assessment instrument that workers complete for each family encountered, whether in a family assessment or a traditional investigation. When a safety threat is found, workers consistently complete narrative descriptions of the nature and severity of the threat (and work with families to develop child safety plans). The safety assessment includes 14 child safety categories, which can be examined in the full report (see Figure 4.1). Differences on 9 of these were so small that they did not reach the level of statistical significance. Lower percentages of experimental families were found in 5 of these:

- Children in families that originally received an AR family assessment were judged to have received *serious inflicted harm less often*.
- Children in families that originally received an AR family assessment were judged to be *less often in danger from an adult who was mentally or physically ill*.
- Children in families that originally received an AR family assessment were judged to be *less often in danger of neglect, including lack of supervision, food, clothing or shelter*.
- Children in families that originally received an AR family assessment were *less often in families in which the family refused access to the child or was likely to flee*.
- Children in families that originally received an AR family assessment were *less often found in situations of failure to meet their serious physical or mental health needs*.
- *The important finding was that where differences were found they were all in the same direction—showing positive outcomes for experimental families and their children.* Previous analyses in Ohio and in other states support the conclusion that short-term child safety is not threatened under AR. The present analysis suggests that AR results in a relative reduction of *child safety threats in the longer term*.
- The safety improvements appeared to occur among families at higher risk of new reports (families that had one or more accepted child maltreatment reports in the

past), the *improvements in longer-term child safety were more pronounced*. In addition, the same differences appeared with analyses were limited only to families that had new reports and new safe assessments.

- Comparisons of experimental and control families at the county level demonstrated that these findings were not the result simply of broad improvements in safety in a few offices. Four of the child safety problems were examined. The analysis demonstrated that safety problems of these kinds appeared less frequently in most counties for families provided with an AR family assessment compared to control families. These differences can be seen in Figure 4.4 of the full report.

Family Risk of Child Maltreatment. Ohio utilizes a family risk assessment tool; again, slight less than half of experimental and control families received at least one subsequent family risk assessment. Most of the measures of family risk were not legitimate variables for follow-up analysis, especially those that were historical in nature or measuring ongoing family conditions. However three items could be considered: *caregiver's parenting skills or MH issues, caregiver's motivation about parenting and caregiver has a major parenting skills problem*.

- Control families were significantly more often considered to have problems in these areas of parenting and motivation than experimental families, indicating a significantly lower rate of problems associated with parenting skills and motivation among experimental families. *These findings support the conclusion that the changed approach under AR—which included improved engagement of families, increased services and increased satisfaction with services—led to improved parenting skills and motivation surrounding parenting.*

New Accepted Reports of Child Maltreatment. Multivariate analyses were conducted of new screened-in (accepted) CA/N reports. The findings indicated that:

- The experimental group had significantly fewer new accepted reports.
- Families with any previous screened-in reports had significantly more new screened-in reports. This finding was consistent across experimental and control families.
- There were differences among counties in the average number of subsequent accepted reports. However, when cases were examined by county, it was found that AR was more effective in reducing the number of subsequent reports among families who had been seen for the first time in the original target case, that is, lower-risk families. *This finding must be tempered with the perhaps more powerful and informative findings on child safety, which showed stronger effects among higher-risk families.*

- An analysis of county differences in subsequent reports revealed that the overall differences in the full experimental-control analysis were explained primarily by changes in four counties. Two of these were the two large urban counties that accounted for over two-fifths of the families in the study. It was hypothesized based on a review of levels of assignment of accepted reports to family assessments that outcome differences are most apparent in offices that assign families with greater needs and with reports of more significant child safety threats to family assessments.
- Regarding the variable *any new accepted report*, significant reductions in new reports were found among families who had been seen for the first time in the original target case, that is lower-risk families. But no difference was found among families that had a previous history of encounters with CPS.

Out-of-home Placement. While previous placements before the target case were essentially equivalent for the experimental and control groups (as expected under random assignment), subsequent placements were significantly reduced among experimental families. This was true for analyses with and without crossover error cases (pathway change families). On the basis of the separate analyses we can assert that:

- Families with placements during the target case were reduced by roughly one percent (1%) among experimental families and from 2% to 3% when the entire target and follow-up period were considered.

Cost Neutrality and Savings

Four cost measures were used: 1) indirect cost of assessments and cases, 2) indirect costs of out-of-home placements, 3) direct costs of services to families and 4) direct costs of out-of-home placements. Indirect costs refer to costs associated with staff time while direct costs refer to dollar expenditures for services or care, generally outside the agency. The limitations of the analysis are discussed in detail in Chapter 5 of the full report. The most significant limitation was that mean costs were used and applied to various events since actual dollar costs per family or per child were not available to us. For example, rather than actual costs of placement for each child, a daily out-of-home care rate was applied to the number of days in care for children of different ages. Thus, the cost study corresponds to outcome differences. For example, experimental-control differences in the proportions of families with a placed child and the proportions of children placed automatically translate into experimental-control cost differences. With this in mind the following was found:

- Indirect costs of assessments and cases coupled with direct service costs were higher for experimental families during the target case period. However, because control families had more children placed during this period, the overall mean costs

during the target period in Ohio were slightly higher for control families (\$1,451) compared to experimental families (\$1,372).

- Mean costs in each of the four cost categories during the follow-up period were lower for experimental families (\$3,048) than control families (\$3,265), but especially for placement-related costs since control families had more children entering out-of-home placement.
- Total mean costs, combining those for the target and follow-up periods, were lower for experimental families (\$4,420) than control families (\$4,716).

Comments of Workers and Supervisors

Full comments of workers and supervisor from the January 2013 survey (Survey 3) are included in Appendix 1 of the full report. Readers with an interest in this detail may peruse the actual comments for themselves rather than our summary in the final section of Chapter 3.

CHAPTER 1: INTRODUCTION

The Alternative Response Pilot Project arose from an initiative of the Supreme Court of Ohio that sought to improve the child protection system in the State and make it more uniform. In 2004 the Supreme Court's Advisory Committee on Children, Families, and the Court established the Subcommittee on Responding to Child Abuse, Neglect, and Dependency to function as the instrument of reform. Based on recommendations of the Subcommittee, in 2006 the Ohio Legislature authorized up to 10 counties to pilot the alternative response model.

The original Ohio AR pilot project and evaluation began in July 2008. Families were selected and assigned to experimental and control conditions through September 2009. Data were collected through December 2009 and analyses were conducted during the December 2009-March 2010 period. The evaluation report was written simultaneously and completed in April 2010.¹ Because of the short timeframe for follow-up data collection on families and child welfare staff and the exceptionally brief period for analysis, state representatives decided to extend the evaluation. An additional 3½ years of data on the original study families and children were collected during the follow-up period.² In addition, a third survey of workers was conducted in January 2013. The present report was completed in September 2013.

The alternative response approach to child protection involves the introduction of a second type of response to reports of child maltreatment or dependency. Historically, all accepted reports of child abuse or neglect have been subjected to an investigation or investigative assessment that was, in its approach and objective, forensic and fault finding. With alternative response, a second, alternate type of response becomes possible — one that focuses more on the needs of children and less on assessing blame for their situation. The result is a dual-response system, in which a traditional investigative assessment continues to be used for reports of more severe maltreatment where the imminent safety of children is a concern, and an alternative family assessment is used for reports with less severe allegations of abuse, neglect, or dependency. The introduction of the alternative response pathway does not assume that the needs of children are not or were not of paramount importance in traditional investigative assessments. However, by eliminating the need for a formal determination or finding of fault, the new pathway seeks to approach the family in a more positive manner from the very beginning and involve families sooner and more fully in resolving problems that may adversely affect the well-being of children in the near or longer-term. At the same time, the new approach does not imply a reduced concern for child safety, which remains a central and ongoing concern of workers visiting families. The introduction of a dual-response approach to child maltreatment reports is a structural change that seeks to have functional consequences,

¹ The original report, *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel can be retrieved in full at: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

² The follow-up period varied for families since cases began closing in July 2008. For this reason, actual follow-up time varied from approximately 59 to 42 months (and less in a handful of cases).

which will be of a greater or lesser degree depending on the nature of the traditional, single-response system previously in place.

The 2008-2010 evaluation included analyses in the following areas:

1. The implementation of AR in the ten pilot counties and a process study based on feedback from child welfare workers and supervisors, from families and the community (Chapters 2, 6, 7, and 9).
2. The pathway assignment process through which families with screened-in CPS reports were determined to be appropriate for an alternative response (Chapter 3).
3. Family needs, services to families and the responses of families to services provided based on feedback from subsamples of experimental and control families, reviews of sample cases by workers, and general surveys of workers (Chapters 5, 6, 7 and 8).
4. The community response to the introduction of AR (Chapter 10).
5. Outcomes for families randomly assigned to an experimental group (receiving an AR family assessment) or a control group (receiving a traditional investigation) (Chapter 11). This included analyses of short-term safety and agency responses (pp. 128-133) as well as other short and longer-term measures of child safety and child and family welfare.
6. The costs of AR (Chapter 12).

The evaluation extension focused on the following areas:

1. A fuller analysis of measures of family responses to AR family assessments versus investigations.
2. A complete analysis of a third general survey of workers in the 10 counties.
3. A follow-up analysis of outcome data on experimental and control families.
4. A more complete analysis of costs over a longer time period.

1.1. Methodology and Sampling

The AR evaluation was a field experiment with random assignment. All families in the study were first “screened in,” that is, the report to the agency was *accepted* and determined to be appropriate for a CPS response (see **A** in **Figure 1.1**). We will refer to such screened-in reports as *accepted reports* in the following sections. Following this, study families included in the original AR evaluation were those determined to be appropriate for an AR family assessment. In Ohio this was called “pathway assignment.” Pathway assignment was based on the allegations of the report and some historical information. Families were assigned either to an AR family assessment or a traditional investigation (see **B** in **Figure 1.1**). Chapter 3 of the original report contained an extensive analysis of this process based upon over 10,000 completed pathway assignment protocol forms. The assignment protocol is available in that chapter³ That analysis, like previous analyses in AR studies in Missouri and Minnesota, revealed a great deal of variation

³ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research. (2010) pp. 20-31. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

among local offices in the proportion of reports determined to be appropriate for AR. As in other states the analysis revealed that variations were largely the result of different interpretations of discretionary items in the assignment protocol. During the period from July 2008 to September 2009, families with accepted (screen-in) CA/N reports who were determined to be appropriate for an AR family assessment constituted a study pool (see **C** in **Figure 1.1**) and were randomly assigned to the experimental or control group (see **D** in **Figure 1.1**). The experimental-group families received a family assessment while families in the control group were assigned to traditional investigations. Many of the analyses in the following pages involve comparisons of these two groups of randomly assigned families (see **E** in **Figure 1.1**).

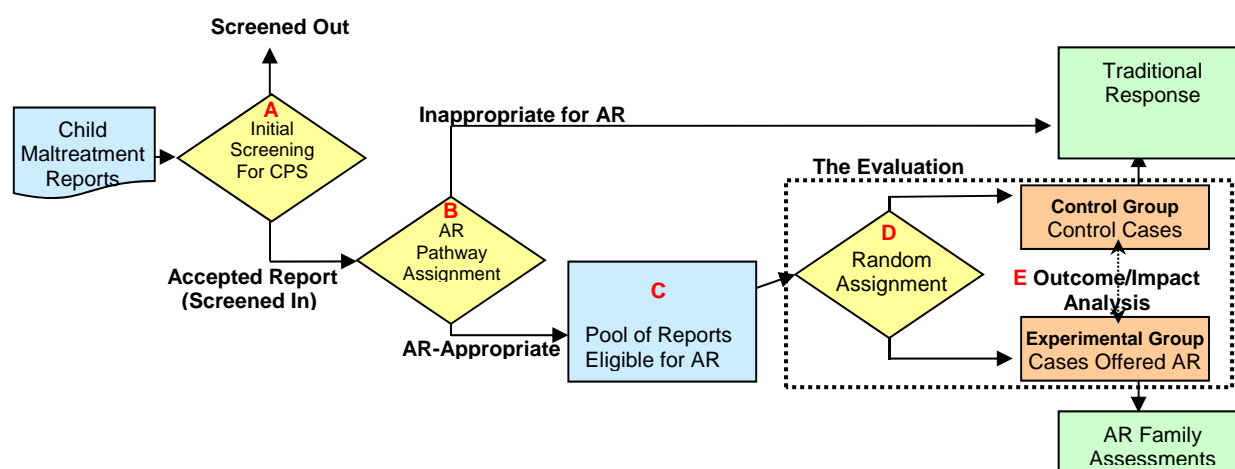


Figure 1.1. Pathway Assignment and the Random Assignment Process

Random Assignment. During the random assignment period, 2,383 families were assigned to the experimental group. Of these 2,291 were in the per-protocol sub-group, which excluded families that experience a pathway change.⁴ There were 2,247 assigned to the control group. The primary benefit of random assignment is the resulting similarity of study groups. The following two charts, **Figures 1.2 and 1.3**, illustrate similarities. **Figure 1.2** contains categorical variables, showing percentage differences between the experimental and control groups. The probability values associated with the differences are contained in parentheses next to the row label. The chart shows that the percentages in the racial breakdown, family caregiver characteristics and allegations of the target report were virtually identical for experimental families. The small differences between the full experimental and the per-protocol experimental group, show that pathway change did not seriously affect the comparability of experimental and control cases. None of the differences were statistically significant (Chi Square), although criminal history shows a trend of 0.90. The county comparison in **Figure 1.2** also illustrates an important study procedure. Random assignment was carried out on a county by county basis producing roughly equivalent numbers of experimental and control families within each county. Again, no statistically significant differences were found in this comparison.

⁴ This count excludes 92 families assigned to experimental status, who were switched to investigations and did not receive family assessments.

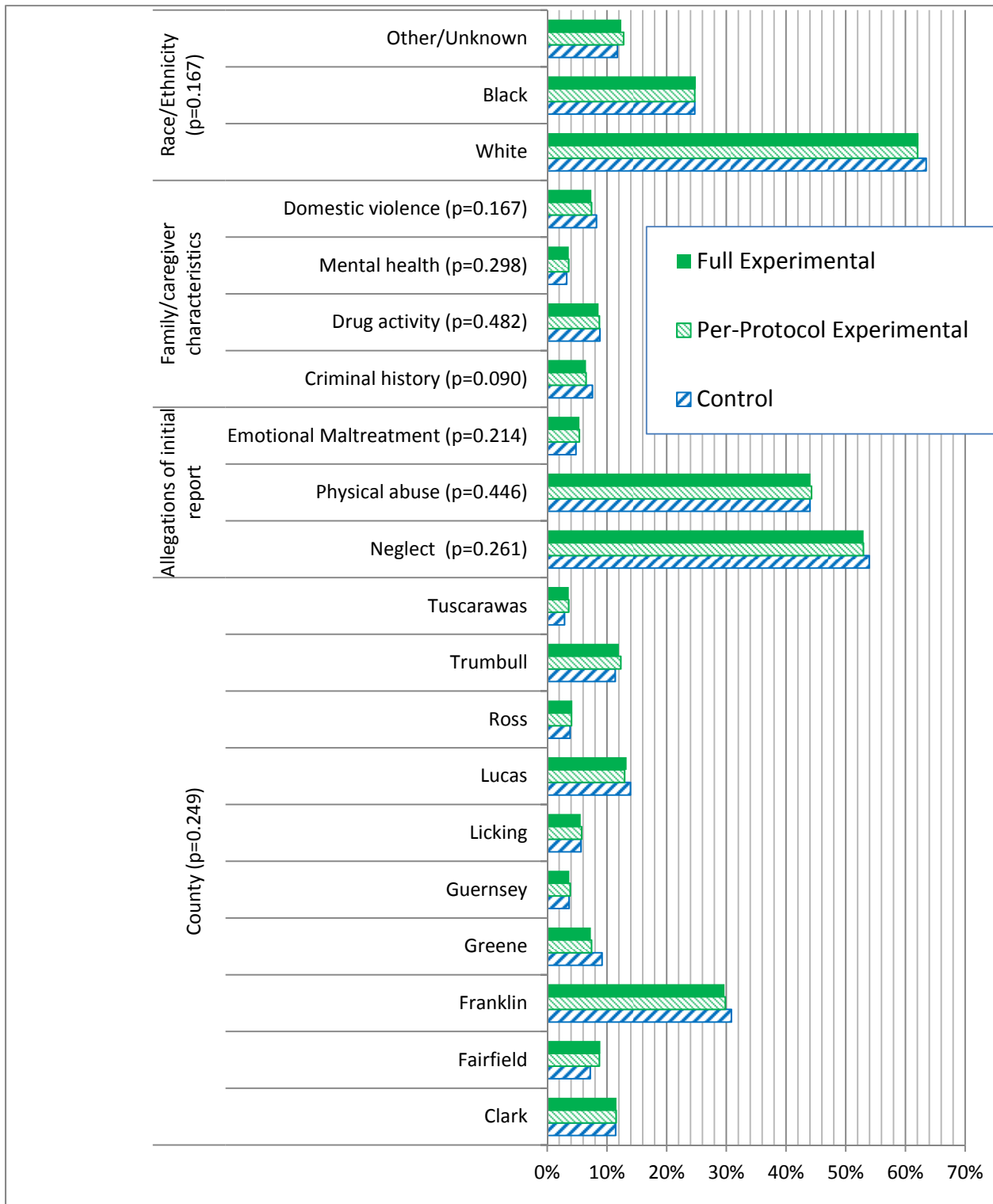


Figure 1.2. Selected Characteristics of the Full Experimental, Per-Protocol Experimental and the Control Groups Compared (Percentages)

Figure 1.3 contains mean values of adults and children in families and certain historical CPS variables. Close similarity is seen across these variables as well, including number of children and adults of various ages in families, number of families in which a child had previously been removed and placed out-of-home and number of previous investigations with various outcomes.

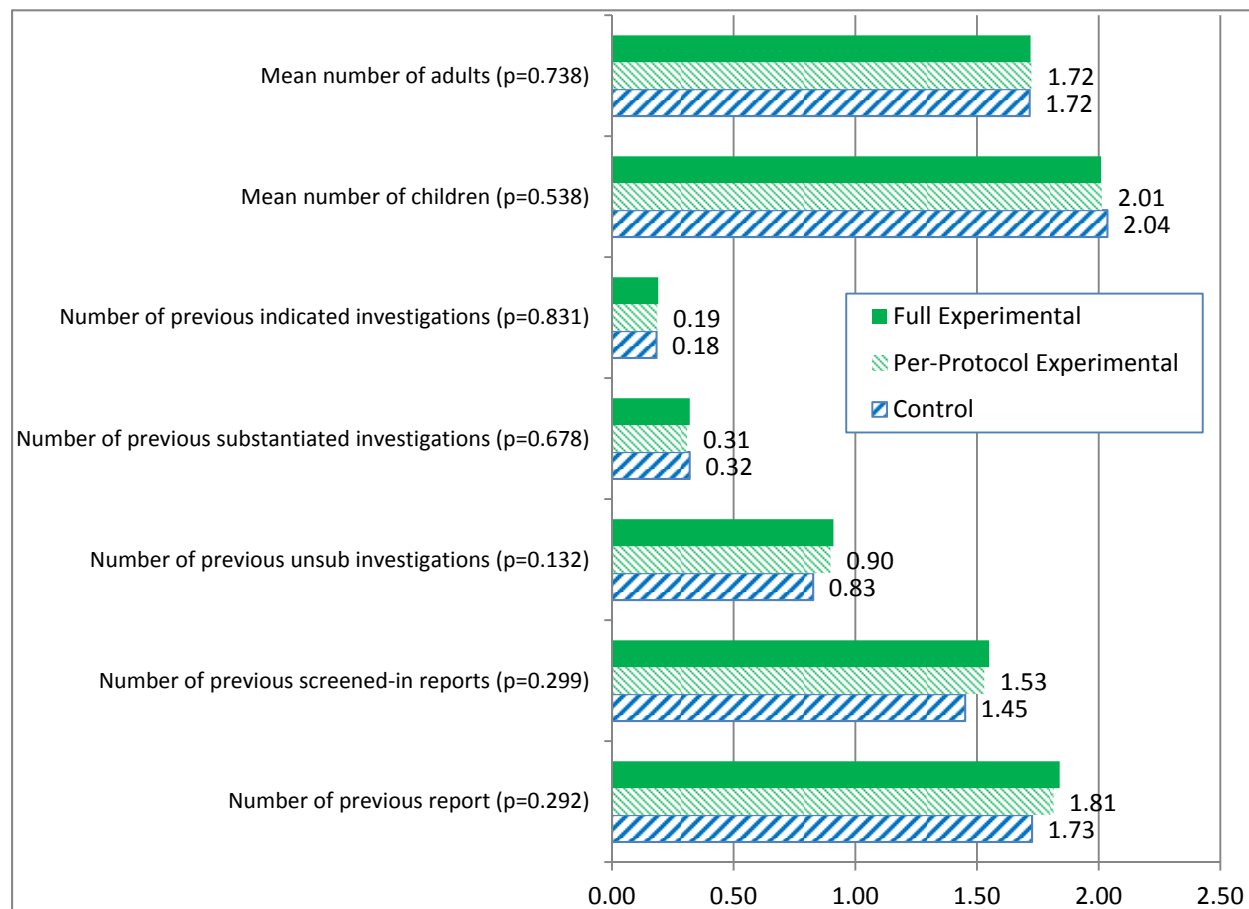


Figure 1.3. Selected Characteristics of Experimental and Control Families Compared (Means)

We conclude that random assignment produced experimental and control groups that were virtually identical in demographic and background characteristics.

Exclusion and Inclusion of Pathway Change Cases. AR programs have always included the option of changing pathways. It happens in some cases that, after visiting families, workers determine that the original decision to assign the family to a family assessment or to an investigation was inappropriate. In those cases, the worker with the advice of his/her supervisor (and perhaps a larger group responsible for pathway assignment) may reassign the family. In Ohio, such reassignments (pathways changes) were restricted to the experimental group. Consequently, some families initially assigned to an AR family assessment were switched to investigations. In other states (e.g., Missouri) pathway (or track) changes were permitted in both directions. Programmatically, such changes are appropriate and necessary to protect children.

However, some concern has been expressed that excluding such cases from experimental-control comparisons may bias the results of analyses.

In Ohio, there were 92 experimental families (3.8%) that were switched to investigations, usually as soon as a worker visited the home. We have nearly always excluded such cases, comparing only families that received the proper study protocol (per-protocol analysis), although we have always conducted analyses to determine that outcome differences were not dependent on such exclusions. Some have suggested that the requirements of “intention to treat” (ITT) apply to these analyses. We believe this is based on a misunderstanding of ITT, since pathway change cases do not represent drop-outs (i.e., study group attrition) but rather are *experimental crossover errors*, in which study cases assigned to one treatment condition were erroneously entered into another treatment condition. They are not errors from a clinical and social work standpoint but they are errors in the experimental design. Excluding such cases from analyses may indeed create biases because their counterparts in the control group cannot be known and thus cannot also be excluded. However, leaving them in may also create biases. These are cases that experienced a family friendly, non-adversarial visit from a family assessment worker but then were faced with an abrupt change to a traditional CPS investigator. The change may have been justified to protect the children but the shift represents a different experience than that of control families. In this report (in Chapter 4) we conduct analysis both including (the *full experimental group*) and excluding (the *per-protocol experimental sub-group*) these families. However, none of these families were excluded from the family sample or the case-specific sample (see Chapter 2). There are some analyses in which pathways change cases must be examined, as we note in the analysis of out-of-home placements below. In addition, such cases must also be included in any analysis of costs since they are often more expensive to treat, and they are included in the cost study in Chapter 5.

The Family Sample. Families were surveyed in the Ohio AR evaluation. Survey responses were received from 330 experimental families and 403 control families for a total of 733. Responses to the survey were completely voluntary, although a small cash stipend was paid to families that mailed back their responses. This was the basis of a number of analyses in the 2010 final report. In the present report we return to this survey for a fuller analysis of data collected on the differences in emotional responses of families and family engagement between experimental and control families. Because responses could not be controlled, it is important to determine whether biases might have arisen making the experimental and control groups very different on other grounds. This question was addressed through comparative analyses similar to those examined for the full study groups. These are shown in the two charts in **Figures 1.4 and 1.5**.

Some differences appear in **Figure 1.4**. Slightly more African American experimental families responded compared to control families in that category. Conversely, comparatively more Caucasian families in the control group responded. The overall distribution within the racial groups showed a statistical trend (Chi Square, $p = 0.90$). While the actual percentages were very small, significantly more experimental caregivers had a mental health problem. The distribution

across counties was somewhat unbalanced, primarily because a larger proportion of experimental than control families from Franklin County (Columbus) responded. No important differences were found in the allegations of the target report.

Comparisons of means are shown in **Figure 1.5**. We have restricted the variables slightly (compared to **Figure 1.3**). However, none of the important variables in this table exhibited experimental-control differences. The differences when they appear were small.

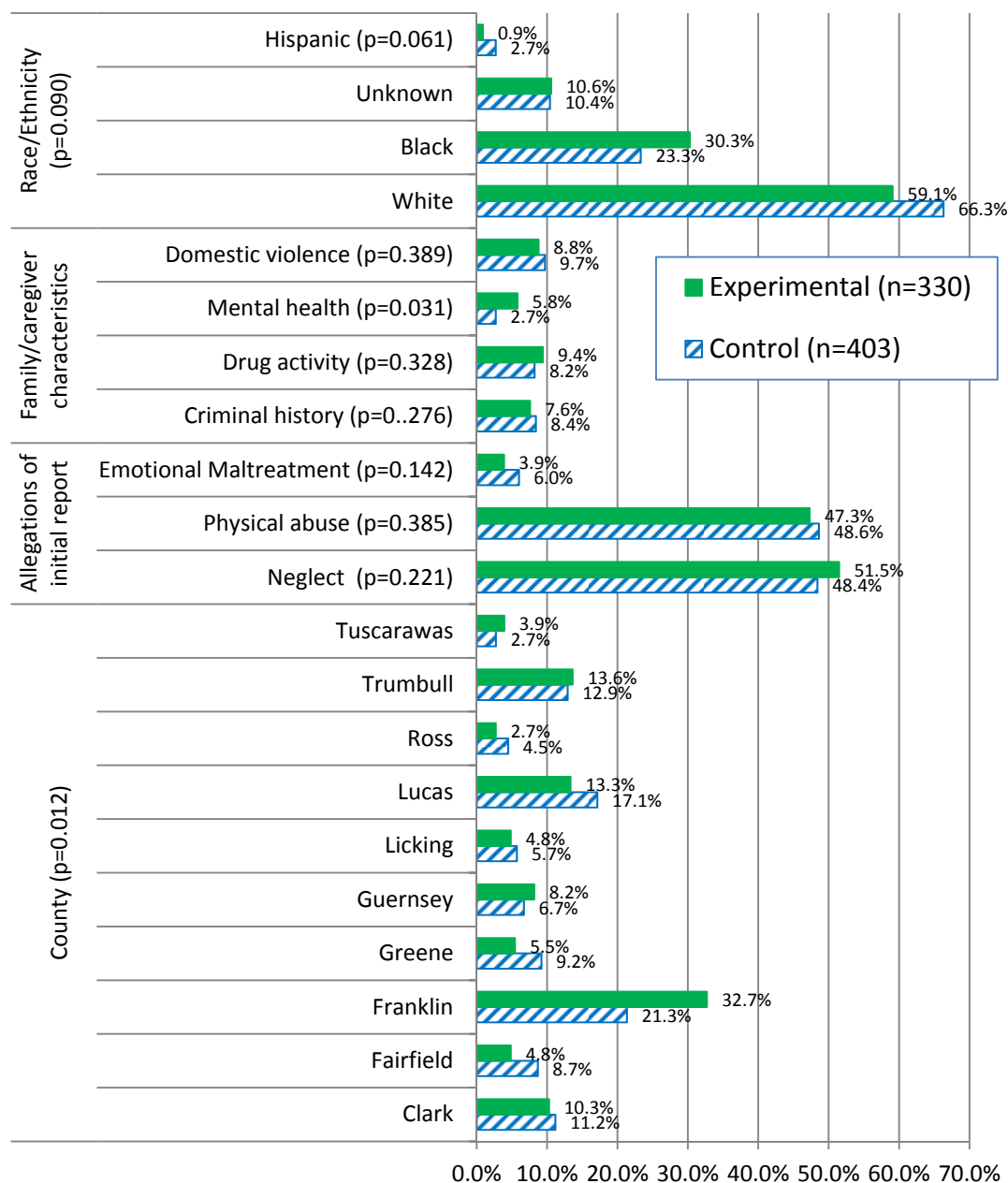


Figure 1.4. Selected Characteristics of Experimental and Control Families in the Family Feedback Sample Compared (Percentages)

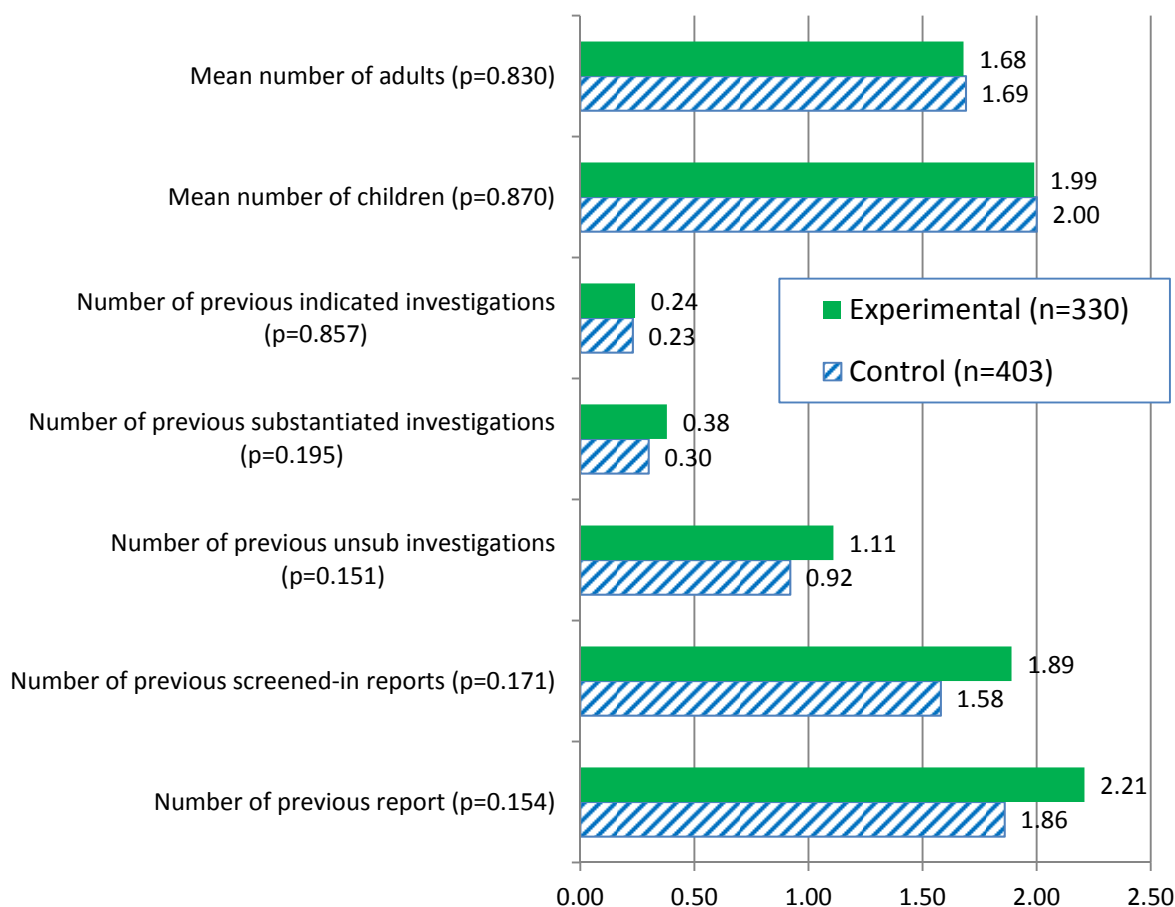


Figure 1.5. Selected Characteristics of Experimental and Control Families in the Family Feedback Sample Compared (Means)

We conclude that the experimental and control families in the family feedback sample were similar as groups, and while these analyses do not insure complete comparability, the groups are similar enough to permit comparisons on other variables.

The Third Worker-Supervisor Survey. Chapter 3 contains our analysis of the responses to the third worker-supervisor survey. In the original evaluation there were two kinds of surveys of workers: 1) an ongoing case-specific survey in which workers were asked to review and provide more information on particular randomly sampled cases in their caseload; 2) an early and late general worker-supervisor survey. The early general survey (Survey 1) was conducted in autumn 2008 in an attempt to obtain general feedback from the staff in the 10 demonstration counties concerning AR and CPS generally in their offices. The late general survey (Survey 2) was conducted in December 2009 and was similar in content, measuring staff responses after a year and a half of AR. The two surveys were compared in the 2010 final AR report. A third survey (Survey 3), with content virtually identical to the 2009 survey, was conducted in January 2013 as a part of the current follow-up study. The entire staff was surveyed, including workers and supervisors directly involved in AR work and others not so involved. Responses were received from 240 individuals. The number of workers and supervisors who are presently involved with

AR family assessment (FA) cases or had been involved in the past increased significantly in the ten counties over the three-year period. While 61 staff members responding to Survey 2 had some involvement with FA cases, that number had risen to 164 by the time of Survey 3. This occurred in part because AR was restricted during the original demonstration to select zip codes in two of the largest counties (Franklin and Lucas) but had been expanded county-wide thereafter.

The proportion of intake and screening workers declined between Survey 2 and Survey 3 from 40.3% to 26.2% although the number of individuals (64 and 63) were the same. A big change came in the number of AR assessment workers, which increased from 49 to 97, although the proportions of the samples increased less, going from 30.8% in 2009 to 40.4% in 2013. Correspondingly, the number of traditional assessment workers (investigators) remained stable (91 in 2009 and 90 in 2013), but the proportion declined from 57.2% to 37.5%. These changes reflect department staffing changes to some extent but are also due to the increase in respondents between Surveys 2 and 3 (159 to 240). In Survey 3, 104 individuals (43.3%) provided direct services; 93 (38.8%) were involved in out-of-home placement cases; and, 82 (34.2%) were involved in family preservation services. Only a small number of adoption workers (17 or 7.1%) responded. There were 34 individuals (14.2%) in staff supervision. Concerning direct contact with families, 201 respondents (83.8%) had current cases and of these, 112 (46.7%) had current AR cases, although 147 (61.3%) had an AR case currently or had had one in the past. Putting these together with experience in supervising AR, we found an unduplicated count of 164 of the 240 respondents (68.3%) had some AR involvement presently or in the past, while the remaining 76 (31.7%) did not.

CHAPTER 2: FAMILY ENGAGEMENT UNDER AR REVISITED

Chapters 6 and 8 of the 2010 Final Evaluation Report concerned family responses. Feedback of samples of families and feedback from workers about samples of specific families were analyzed and compared. This chapter is focused on further analysis of family responses related to attitudes toward workers and their engagement with workers and the child welfare process. As described in the introduction, samples of experimental and control families were surveyed. While responses were voluntary, demographic and case characteristics were similar between the two groups (see **Figures 1.4 and 1.5**) suggesting general comparability. If this is true, differences in family responses may be attributed to the change in approach rather than to pre-existing differences between the two groups.

Alternative response practice continues to emphasize child safety by making child safety assessments an integral part of the fuller family assessment. While child safety assessments are prospective in emphasis (Can we be assured that the children will be safe from now on in this family setting?), recent events and longer-term history of behavior and family relationships must be and are a part of the safety assessment process. However, there is a shift away from determining blame for maltreatment and a greater emphasis on determining underlying family needs and on family participation in decision making. This shift was predicted to lead to measurable changes in worker actions and family responses. On the other hand, as noted in the 2010 report, Ohio has promoted family-friendly and family-centered practice for a number of years. Representatives of many of the pilot counties believed that assessments by their workers were already carried out with careful attention to the needs and circumstances of each family. This is likely true, and it is therefore important to note that the Ohio pilot counties may have started alternative response implementation from a place close to the ideal principles and practices of the alternative response model. Nonetheless, the original analysis showed that the introduction of alternative response did generate positive shifts in the attitudes and engagement style of workers, which in turn, led to more positive family reactions.

Two kinds of feedback from families with alternative response and traditional response assessments were examined and compared: 1) the *emotional responses* of families to being visited by workers, and 2) the *satisfaction of families with workers and the activities* that took place in their homes. Each is an indicator of improved engagement. If families were more engaged through alternative response family assessments, the emotional responses of families in the experimental group should have been more positive and less negative than those of families in the control group. Furthermore, families in the experimental group should have expressed greater satisfaction than families in the control group. In the 2010 report the individual survey items were analyzed separately. In the present report, we show that the items form reliable scales and we examine the relationship between the overall emotional reaction of families and their sense of satisfaction and participation.

2.1. Emotional Responses of Families to Home Visits

Caregivers were asked to gauge their reactions to the assessment worker's first visit by checking a list of positive and negative terms that best described their feelings at the time. Specifically, they were asked: "How would you describe your feelings at the end of the first visit?"⁵ These were summarized in two charts in the 2010 report.⁵ They are presented again in the following chart combined into a single line chart (**Figure 2.1**). The height of each line in the chart is a measure of the percentage of families that said this was their feeling at the time of initial worker visit. As can be seen, families in the experimental condition checked positive emotions significantly more often and negative emotions significantly less often. The probabilities are shown in parentheses in the lower portion of the chart (n.s. means *not statistically significant*).

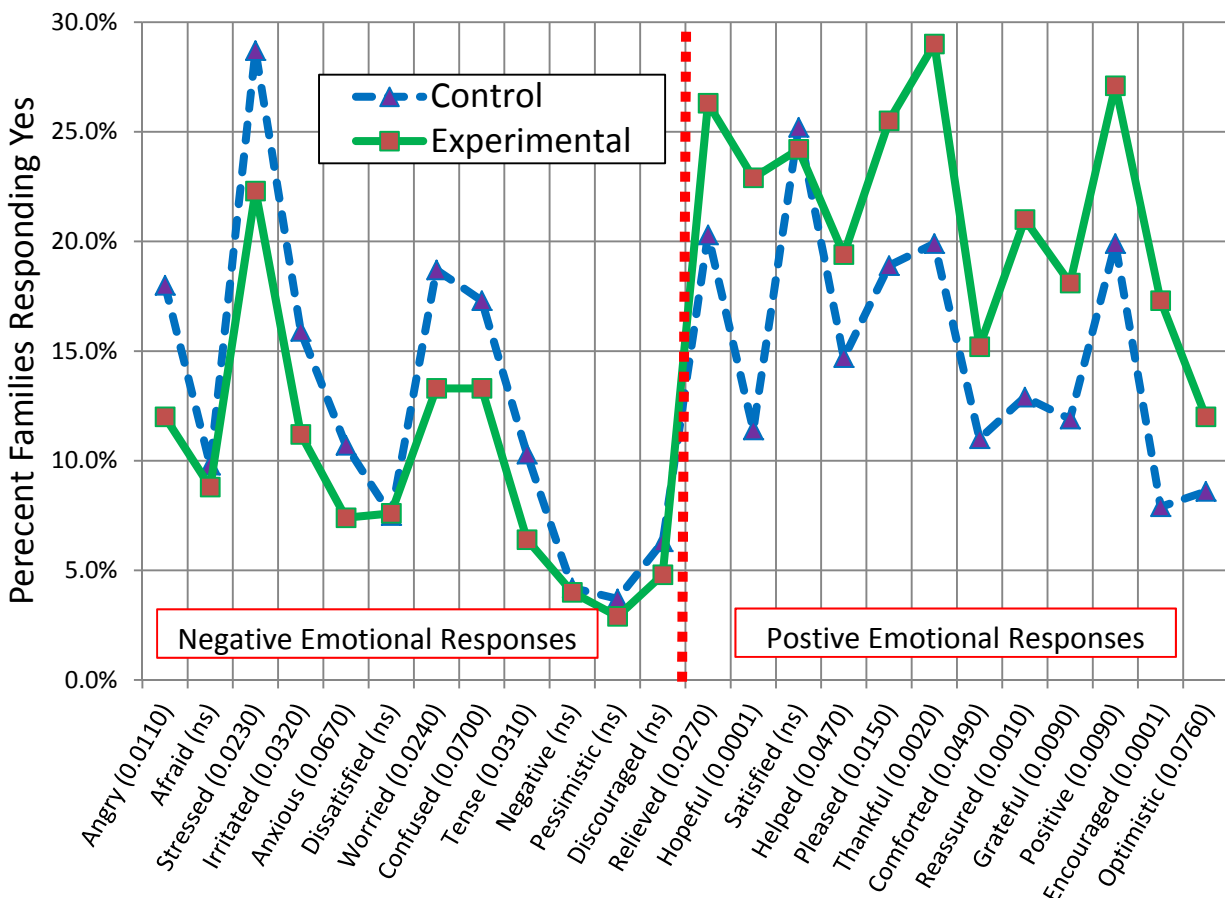


Figure 2.1. Feelings of Family Caregivers at Time of First Visit

This would seem to indicate that the changes in practice in family assessments increased the likelihood of family engagement in the following way. Initial negative responses present a

⁵ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research (2010). p 57. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

hurdle for workers to overcome when there is further opportunity for working with families. If feelings of fear, anger and resentment can be avoided the opportunity to engage and work with the family will on average be enhanced. At the same time it should be pointed out that the actual differences are modest and that positive emotional responses, albeit at a lower level, occurred among control families receiving an investigation and that negative responses occurred among experimental families as well.

The responses of these Ohio families closely mirror those of the Minnesota families in the earlier evaluation, which strengthens the validity of the results.⁶ Nonetheless, the question of consistency of responses is also an issue. By this we mean that *analyses and comparisons of individual items do not prove that the same families responded in consistently positive and negative ways to the lists of adjectives*. To show this the items must be scaled.

There were 12 negative and 12 positive items in the analysis. By assigning a value of one (1) to each item that was checked and zero (0) to unchecked items and then summing the items it was possible to derive positive and negative emotional response *summated scores* for each family caregiver responding to the survey. Thus, two scores each ranging from 0 to 12 were obtained for each respondent. We call these the **positive emotional index (PEI)** and the **negative emotional index (NEI)**. The two scale scores showed high internal consistency reliability.⁷ The proportion of families in each score category on the PEI and NEI is shown in **Figure 2.2**, along with the mean scores. These charts show essentially the same thing as the individual item analyses in **Figure 2.1**. Control group families on average had higher NEI scores and lower PEI scores.

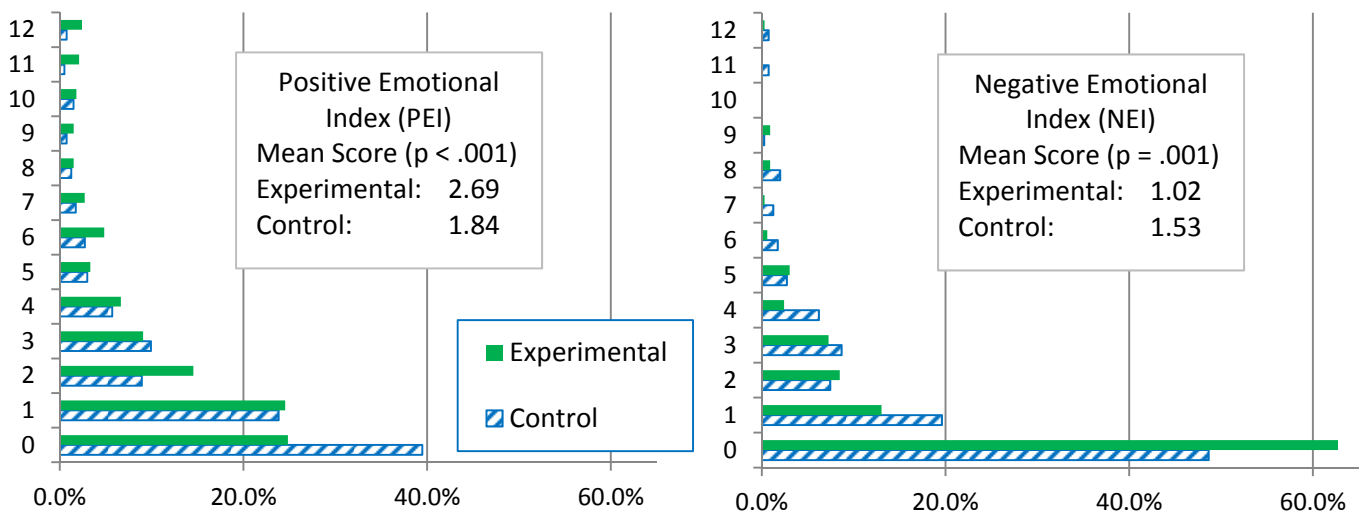


Figure 2.2. Positive and Negative Emotional Index (PEI & NEI) for Experimental and Control Group Families: Percent of Families by Score and Mean Scores

⁶ Minnesota Alternative Response Evaluation: Final Report, L. Loman and G. Siegel. St. Louis, Mo.: Institute of Applied Research. (2003). pp. 34-35. Retrieved from: <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>.

⁷ Chronbach's Alpha was 0.844 for the PEI and .820 for NEI and based on standardized items was 0.846 for the PEI and 0.828 for the NEI.

This analysis shows that the set of 24 adjectives when summated into two 12-item scales show virtually the same results. **The initial emotional responses of families provided with an AR family assessment were overall more positive and less negative than a similar group of families who were investigated.** This analysis supports the internal reliability of the adjective response categories. The validity is considered in section 2.3.

2.2. Satisfaction of Families with Workers and the Activities that took Place in their Homes

A series of seven questions was directed toward each family caregiver in the survey. Likert-type response scales were used for each item. In the 2010 report these were analyzed and presented separately.⁸ Different adjectives were used in the scale responses, although they all ranged from strongly negative or low (1) to strongly positive or high (4). This permitted a numeric score to be assigned to each family for each question. The items and the mean scores of experimental and control respondents are shown in **Figure 2.3**.

The differences in mean scores reflect the categorical analyses in the 2010 report. Each was statistically significant indicating that families provided with AR family assessments were more satisfied with workers and help offered or received. Caregivers felt their family was better off and felt that they were better treated. They expressed that they were more involved in decision-making, that workers listened to them more attentively, trying better to understand their situation and needs. Again, we note that the actual score differences were modest and that the average responses were positive for both experimental and the control families. These surveys were conducted *after* final contact of the worker with the family. Thus, generally families served by the child welfare agency—both those investigated and those receiving a family assessment—responded positively to the experience. However, the findings suggest that the family assessment approach moved satisfaction in a more positive direction for some subset of families.

Like the emotional responses, however, comparison of individual items does not answer the overall question of family engagement. In the present analysis, we also created a summated family engagement index (FEI) utilizing these seven items. The FEI showed a high internal consistency.⁹ Scores ranged from 7 to 28. Experimental families had mean scores of 24.0 while the corresponding mean score was 22.8 for control families ($p < .001$). ***This index reflects overall reactions to workers and services offered as well as perceptions of participation, respect and concern by workers. It again affirms the improvements in family engagement that occurred under AR.***

⁸ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research. (2010). pp. 58ff. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

⁹ Chronbach's Alpha was 0.869 and based on standardized items was 0.871.

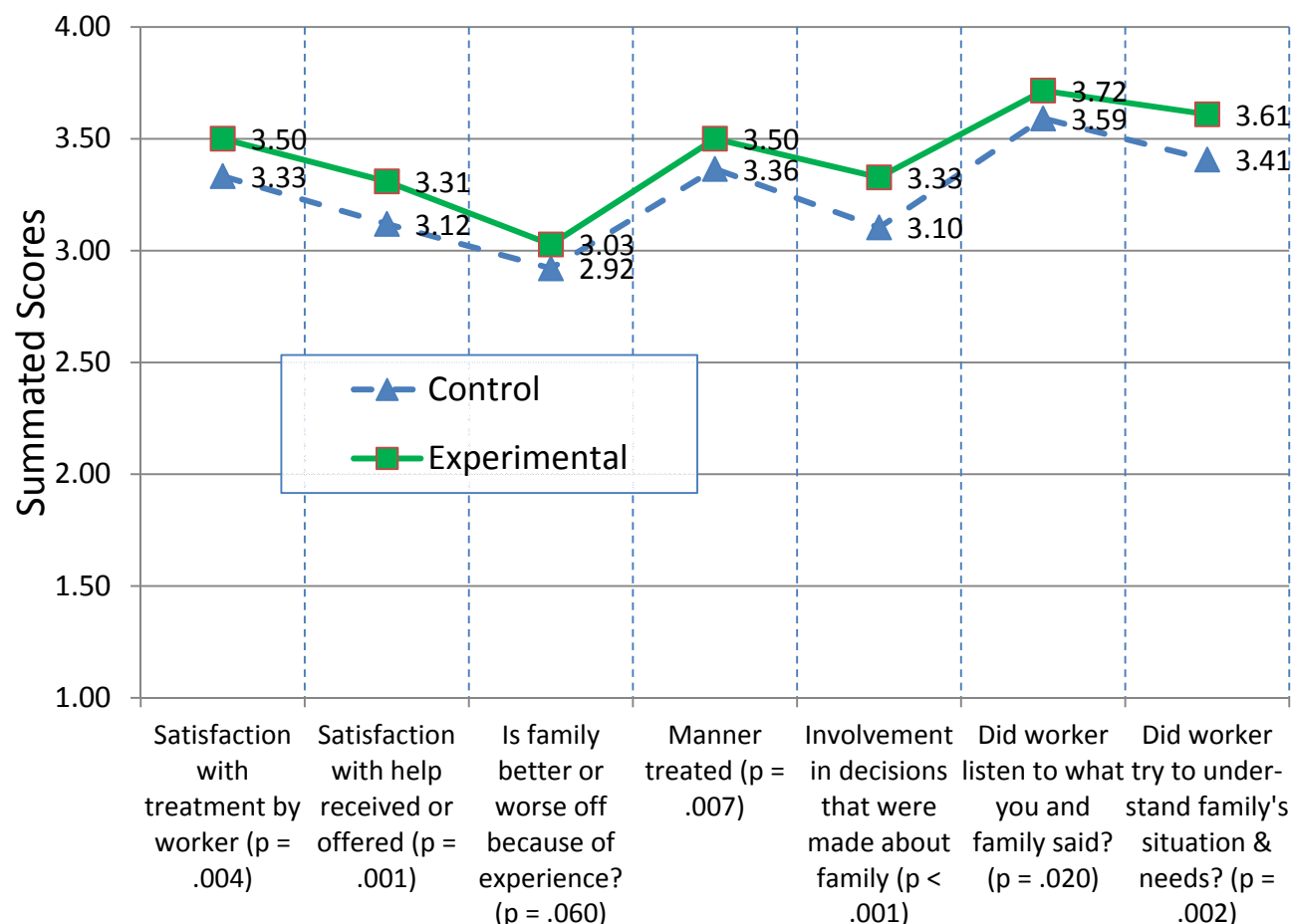


Figure 2.3. Satisfaction and Sense of Involvement and Engagement Expressed by Family Caregivers

Families Worse Off or Better Off? The third item in **Figure 2.3** bears further discussion. The custom among researchers is to search for “objective” measures of family functioning—ones that are seemingly less susceptible to the biases of workers and families. This accounts for the curious expression of professionals that somehow the opinions and testimony of families and child welfare workers are suspect and should be avoided as measures of change. This attitude about worker responses is difficult to appreciate, from our viewpoint, since these are the individuals we have put in charge of making important, sometimes life and death, decisions about the safety and welfare of children. It is equally obscure in regard to families. At the very least, the expressions of well-being and satisfaction by family members should be considered important data by researchers. This is particularly the case in the context of a field experiment. The finding that there was an increase of family caregivers who regarded their experiences with child welfare workers as positive is a critically important outcome. Even more, ***an increase among caregivers in reports that their families are better off may be as important as any outcome finding in child welfare research, and it should not be dismissed as irrelevant or trivial.***

2.3. Relationship between the Initial Emotional Response of Families and Ongoing Family Engagement

In this section we ask whether the initial emotional responses of families (as measured by the PEI and NEI) are related to family engagement. We hypothesized that positive emotional responses to the first visit would be positively correlated with later measures of engagement and that negative emotional responses would be negatively correlated. This analysis is shown in **Figure 2.4**, which shows correlations between the PEI and NEI and various measures of family engagement, including the overall engagement measure (FEI), and four other measures of services and service satisfaction. (Note that this chart shows results for experimental and control families combined.)

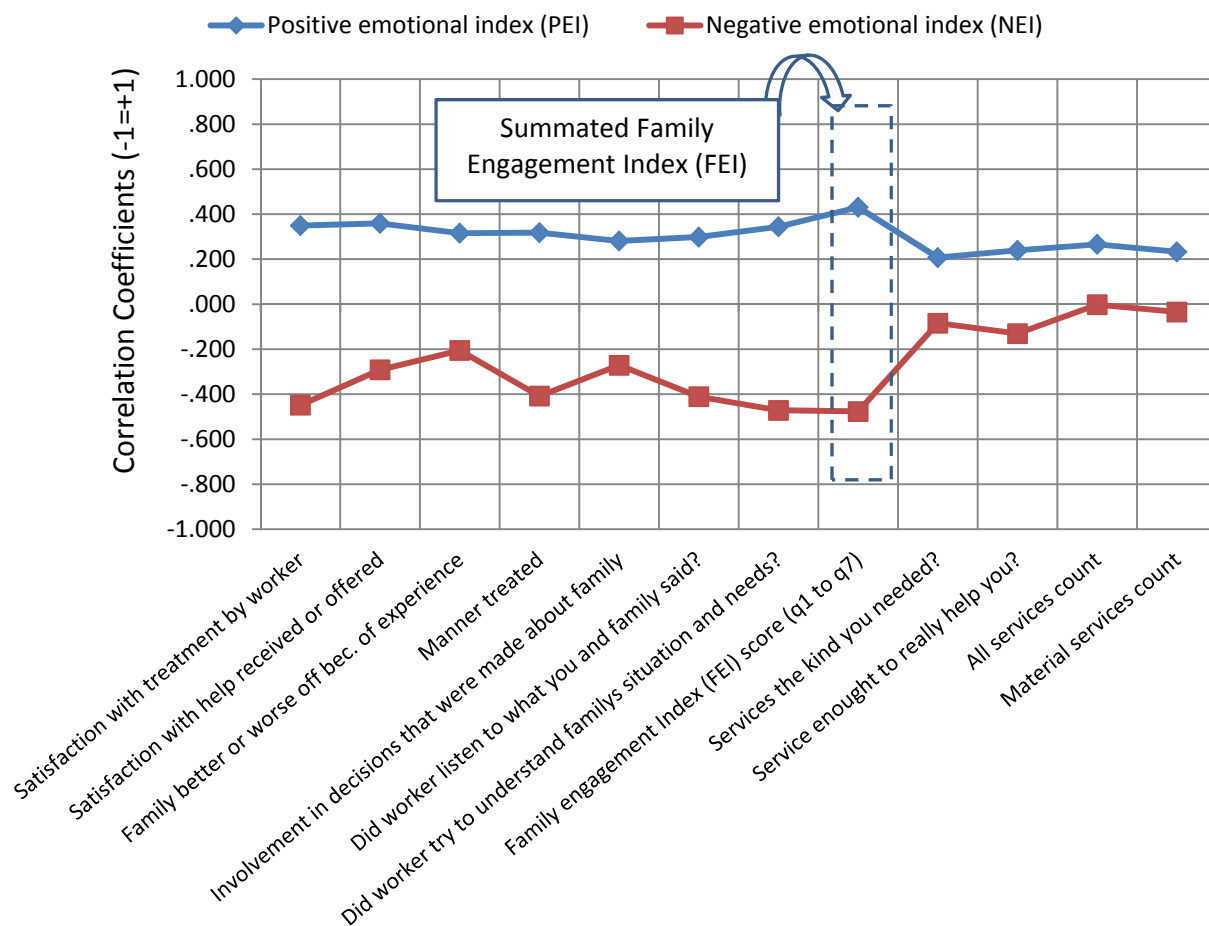


Figure 2.4. Correlation of PEI and NEI with Measures of Engagement and Services

Correlations range from -1 to +1. Negative correlation coefficients indicate an *inverse relationship*; positive correlations indicate a *direct relationship*. The chart in **Figure 2.4** shows an inverse relationship between ongoing family engagement measures of initial level of negative emotional response. This means that the greater the score on the NEI the less the engagement.

Conversely, there is a direct relationship with PEI, meaning that the higher the level of positive emotional response the greater the engagement. Notice that the strongest correlations were between the NEI, PEI and the Family Engagement Index (FEI). ***This analysis confirms that the PEI, NEI and FEI are inter-correlated and probably measure different aspects of family responses. It confirms that ongoing family engagement is related to and perhaps dependent upon the responses of families to the initial meeting with workers.*** The relationships can be described as moderate to strong (correlations were between 0.4 and 0.6).

This chart also shows the relationship of the PEI and NEI to families' sense of the sufficiency and appropriateness of services and the level of all services and material services that families reported receiving. Generally, it shows that the NEI was *unrelated* to caregivers' evaluations of services and to the level of services received and a weak relationship (c. 0.2) with the PEI. This is an interesting and quite logical finding: levels of services received and caregiver's opinions about sufficiency and adequacy are not dependent on initial emotional responses. Although not shown in this chart, the family engagement index (FEI) was positively related ($r = 0.285$) to appropriateness of services as well as to sufficiency of services ($r = 0.287$). We regard this as an artifact of the FEI content, since the second item in the scale was "satisfaction with help received or offered." The relationship with the total service and material service counts was weak ($r = 0.191$ and 0.169 , respectively). ***These findings are indications that the increase in positive feelings and in family engagement are not the consequence of having received funded services but are the result of the approach to families taken by workers.***

CHAPTER 3: FINDINGS OF THE THIRD SURVEY OF WORKERS AND SUPERVISORS

As noted in the introductory chapter, during January 2013, IAR conducted a survey of workers and supervisors in the original 10 demonstration counties. Two earlier surveys had been conducted during the original evaluation, the first in the autumn of 2008 (*Survey 1*) and a second in December 2009 (*Survey 2*). The present survey (*Survey 3*) was compared to the two earlier surveys, particularly *Survey 2*, showing continuities and changes during the past three and a half years. The responses of 240 workers and supervisors were received. The number of workers and supervisors who are presently involved with AR family assessment (FA) cases or had been involved in the past increased significantly in the ten counties over the three-year period. While 61 staff members responding to *Survey 2* had some involvement with AR cases, that number had risen to 164 by the time of *Survey 3*. This occurred in part because AR was restricted during the original demonstration to select zip codes in two of the largest counties.

3.1. Assistance to AR Families from the Perspective of Child Welfare Staff

In the 2010 AR Evaluation Report, worker perceptions of assistance to families were described (pp. 100-102).¹⁰ In *Survey 3* the same sets of questions were asked. Looking at workers and supervisors with AR involvement generally, there was a slight (not statistically significant) reduction in the average ratings between *Survey 2* and *Survey 3* for a set of items having to do with services to and reactions of AR families (**Table 3.1**). Assuming that 5.5 would be a neutral reply, the overall responses continued to be moderately positive. In other words, workers and supervisors, on average, supported the effectiveness of the AR approach and evaluated the responses of families to the approach as positive.

Table 3.1. Responses workers and supervisors with AR Involvement concerning services to AR families, responses of families and effectiveness of interventions
(*Survey 2* and *Survey 3*)

	Survey 2	Survey 3
How often do AR families view your agency as a resource or source of support and assistance? (1=never, 10=always)	7.75	7.08
To what extent do AR families you work with feel they are better off or worse off because of their involvement with CPS? (1=very much worse off, 10=very much better off)	7.75	6.82
To what extent do you feel able to intervene in an effective way with children/families (AR)? (1=never, 10=always)	8.04	7.91
Rate your overall ability to help AR families obtain services/assistance they need. (1=very poor, 10=excellent)	8.03	7.96

¹⁰ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research (2010). Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

Workers were asked to give comparative ratings for AR and other families on the items shown in **Table 3.1**. The first two items from **Table 3.1** are shown in **Figure 3.1** for all workers and supervisors—both those involved with AR and those who are not. Like Survey 2, the responses to Survey 3 indicated a slightly more positive response of families to AR family assessments compared to other families. These findings continue to correspond to the responses of families obtained in the original evaluation. Similar groups of families responded more positively to family assessments, and workers continue to perceive a more positive response.

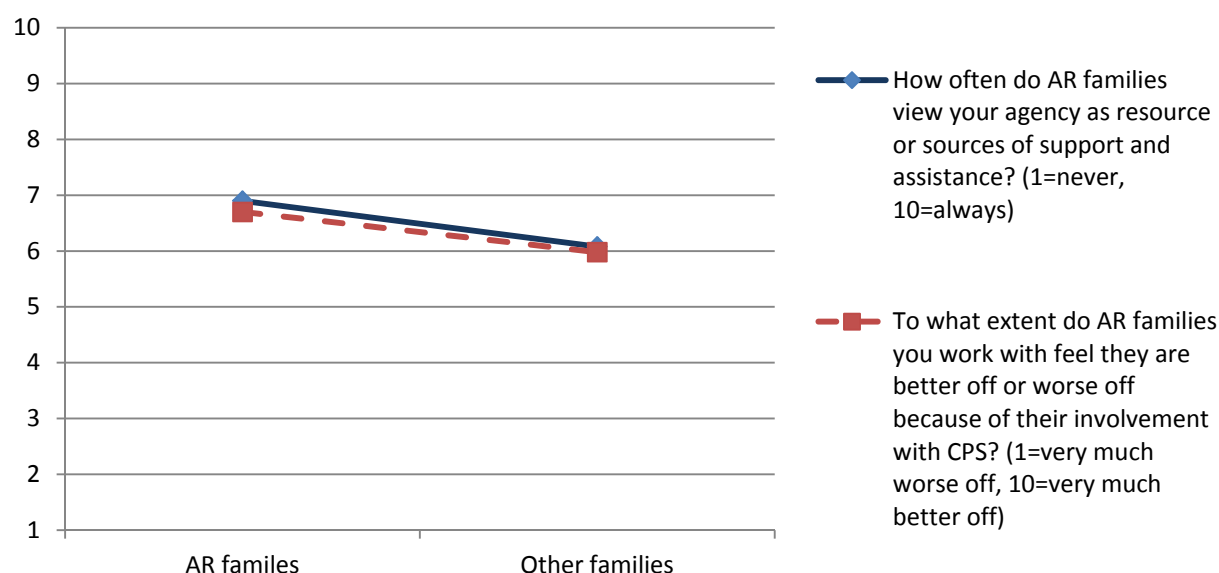


Figure 3.1. Reactions of families to AR (All workers in Survey 3)

While there was overlap between Survey 2 and Survey 3 among responding staff, a third (31.2 percent) of individuals responding to Survey 3 had been working in child welfare for three years or less, and thus could not have responded to Survey 2 which was conducted three years and two months before Survey 3. Four out of ten (39.1 percent) had been working in the agency for less than four and one-half years, that is, since the beginning of the AR demonstration in the counties. Thus a substantial portion of the responses were from individuals who were not around at the time of the original demonstration project in these ten counties. The overall similarity of the findings summarized in **Table 3.1** and **Figure 3.1** with the corresponding findings based on Survey 2 (in the final evaluation report, pp. 100ff) shows that the reaction is not simply a repetition of the enthusiasm of workers during the original evaluation period but also represents the responses of workers hired during the past three years.

While **Table 3.1** shows responses of workers and supervisors who worked (in the present or past) with AR families, many also worked with non-AR families. In Survey 3, for example, 63.9 percent of individuals who said they worked in alternative response assessments

indicated that they also did traditional assessments (investigations). This also strengthens the comparative findings in **Table 3.1** and **Figure 3.1**.

Increased referrals to local service providers occurred in all past evaluations of AR (Missouri, Minnesota, Nevada and Ohio). The present survey provides the opportunity to discover whether the differences have been maintained in Ohio during the two years since the demonstration ended. **Figure 3.2** compares 98 staff with no past or present AR involvement (hatched bars) and 61 staff with AR involvement (solid bars) who responded to the final general worker survey in December 2009. The chart in **Figure 3.2** (from Survey 2) confirmed findings from other parts of the evaluation—notably the case-specific survey results and direct feedback from families—that referrals to community agencies and assistance with basic services increased under AR.

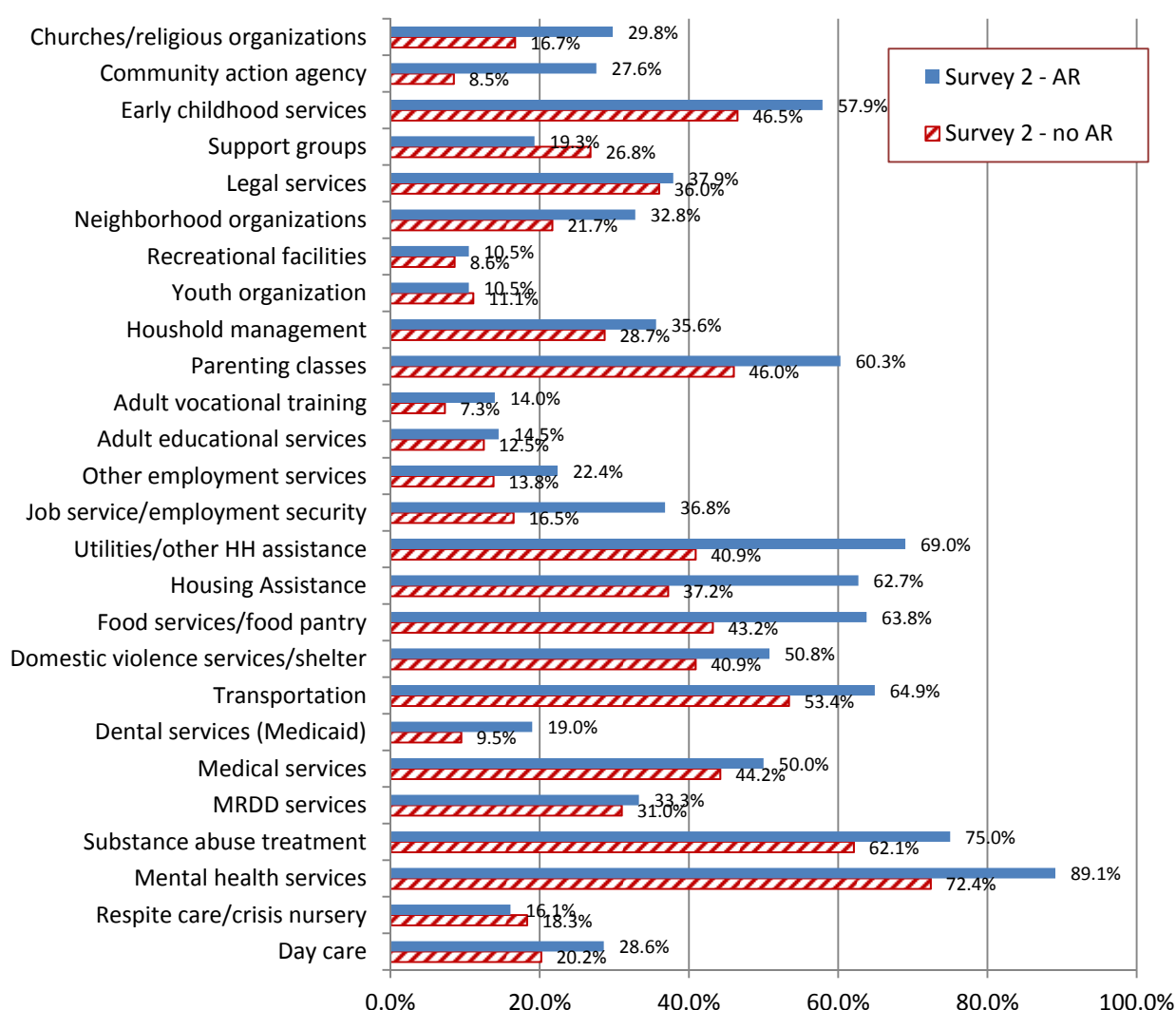


Figure 3.2. Referrals of families (during the previous month) by staff with and without AR involvement (Survey 2, December 2009)

In all but two categories (support groups and respite care) more AR staff indicated a referral of a family during the last month. In several categories, AR-involved staff indicated substantially higher levels of referrals (household services, housing, food, domestic violence, transportation, parenting, substance abuse, mental health). The experience of AR-involved staff with traditional cases, as noted above, should be kept in mind when interpreting this chart. The results from the third survey for the same items are shown in **Figure 3.3**.

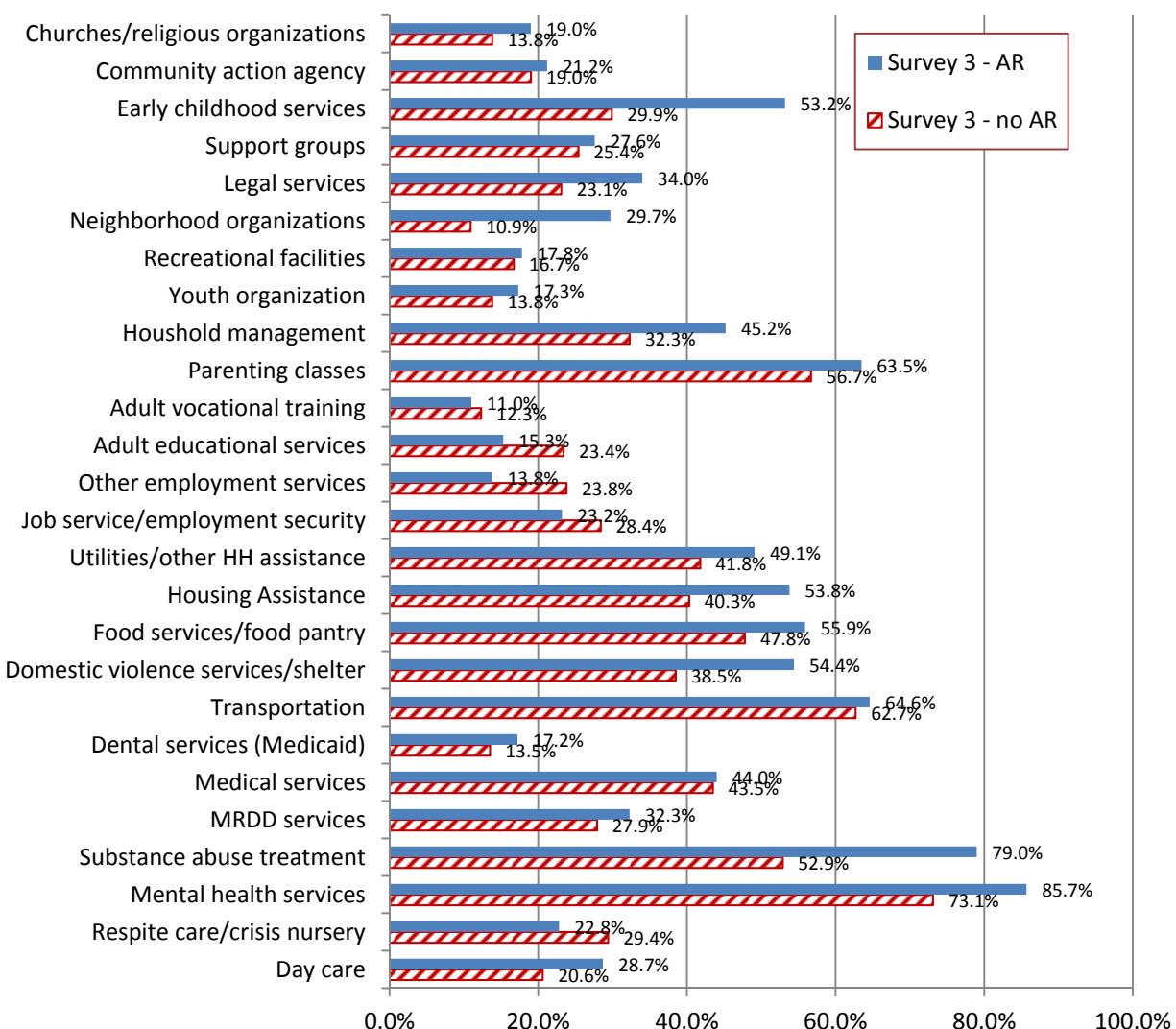


Figure 3.3. Referrals of families (during the previous month) by staff with and without AR involvement (Survey 3, January 2013)

In Survey 3, there were 76 staff who had no involvement with AR and 164 who had experience with AR, either in the past or the present. The charts in **Figures 3.2** and **3.3** may be compared. The pattern of differences is maintained between the two charts. However, *the level of difference is not as great*. Specifically, in many of the categories the level of referrals by AR-involved staff is reduced. This was true for most of the largest Survey 2 differences:

household services, housing, food, domestic violence, transportation, parenting, and mental health. This may in part reflect the absence of extra funds for services that were available during the 2008-9 demonstration but are not available currently.

Similarly, staff assessments of how AR has affected their work with families were similar between Survey 2 and Survey 3. This can be seen in **Figure 3.4**, which corresponds to **Figure 9.3** (p. 104) in the 2010 evaluation report. *The question was directed to those who had experience with the system prior to AR* and, as can be seen, a significant proportion of those responding indicated that they had begun work after AR started, as noted above. Among the AR-involved staff, 34.1% indicated that their approach and work had been affected a great deal or in a few important ways compared to 13.5% of non-AR staff.

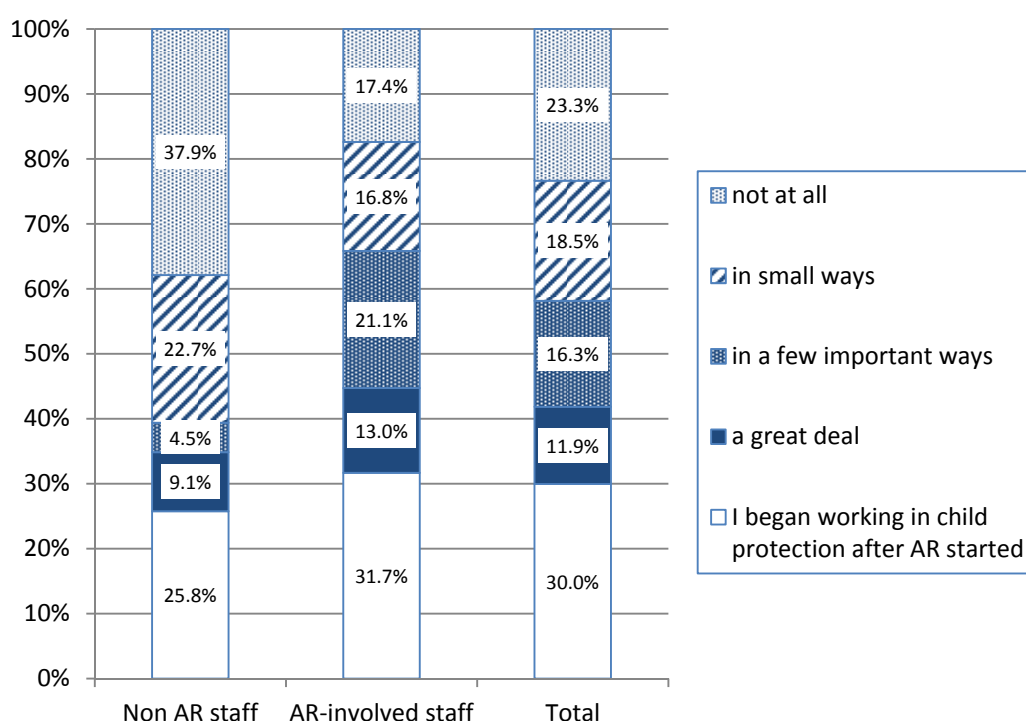


Figure 3.4. Effects of alternative response on staff approach to families or how work was performed (alternative response involved and non-alternative response involved staff)

3.2. Views of Child Welfare Staff concerning Child Safety under AR

Survey respondents were asked: *For cases that are appropriate for AR, in your opinion, how does the AR approach compare to the traditional approach regarding child safety?* Results are shown in **Figure 3.5**, where respondents are divided into those who had experience with AR cases or in supervising AR workers ($n = 163$) versus those who did not ($n = 70$). About half (51.4%) of the workers and supervisors that had no experience with AR and a smaller percentage (17.8%) of those that did have some experience answered “do not know or cannot judge.” Among those that answered this question 65.0% of those who worked in AR said that

“children are equally safe under AR and traditional investigations” and another 11.0% said that “children are safer under AR...” for a total of 76.0% (or 92.9% of those who felt comfortable answering the question). A small percentage, 2.9%, felt that children were safer in investigations. Looking at workers and staff that had not worked in AR and 45.7% said children were equally safe while 5.8% felt that children were safer in traditional investigations. Of the 233 respondents surveyed, 12 had reservations about the safety of children under AR. Of those who felt competent to answer, 92.9% felt children were as safe or safer in AR family assessments as in investigations.

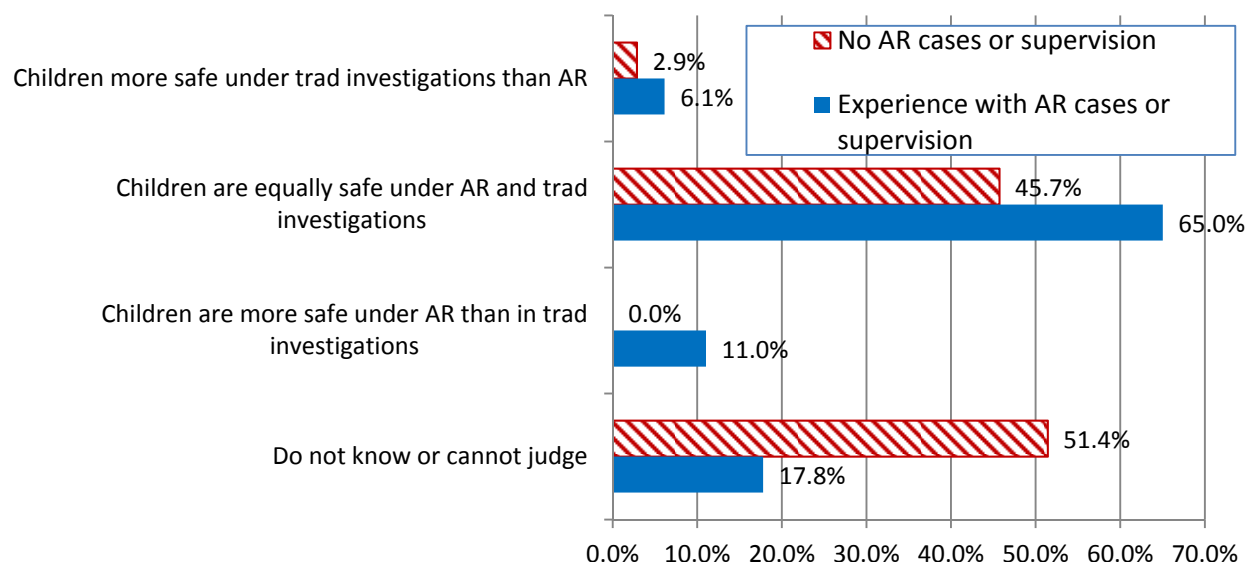


Figure 3.5. Responses to the question: *For cases that are appropriate for AR, in your opinion, how does the AR approach compare to the traditional approach regarding child safety?* by Experience with AR (n =163) versus No Experience with AR (n = 70)

This finding generally corresponds to the findings of the two earlier Ohio surveys and is consistent with the findings in the Missouri and Minnesota studies of AR and the contemporaneous findings in our study of AR in Nevada. Thus, those who question whether children are safe under this new approach must answer the question, why do over nine out of every ten practitioners in child welfare who feel competent to answer disagree? The entire child welfare system is dependent on the judgments of these and similar individuals. If they are deluded about this fundamental issue then the system is in serious trouble. On the other hand, if we generally trust the judgments of workers then we must conclude that the findings of the 2010 final report in Ohio, which were based on broader evidence, has been supported—that the preponderance of evidence is that child safety is not compromised under AR.

3.3. Difference between AR and IR

Survey respondents were asked: *In your view, what are the major differences between Alternative Response and Traditional CPS in your county?* In the 2010 report (see Figures 9.4 and 9.5, pp. 105-6), we distinguished between the responses of those with and without AR

involvement. But in the present survey the differences were minor, and the two groups are combined in the following chart (**Figure 3.6**). This is an interesting finding in itself. The differences in opinion between AR and non-AR staff apparent in the 2010 report have effectively disappeared. The proportions shown in the chart are similar to those for AR staff in the Figure 9.5 of the 2010 report. The areas of biggest difference between AR and traditional were 1) the friendlier approach to families, 2) the cooperation of families, 3) the likelihood of participation in decisions and case plans and, of course, 4) no finding or substantiation. The majority of respondents felt that there were no differences in the delivery of services and speed of services or referrals to resources in the community, while slightly less than a third in each category felt AR did better compared to very small percentages that regarded traditional as better in these areas. The bottom line for this chart is that child welfare staff members generally have come around to the viewpoint of the AR staff surveyed previously in regarding AR as equivalent or better in the areas considered.

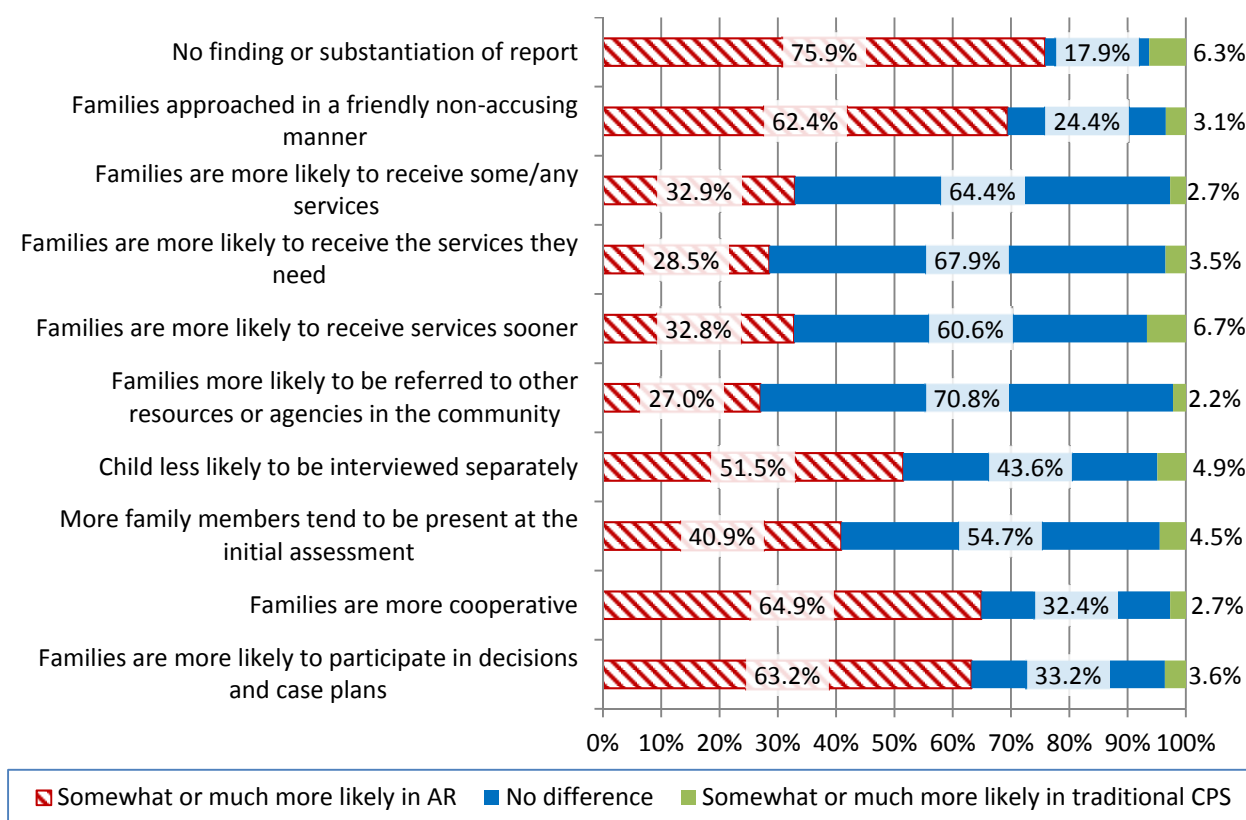


Figure 3.6. Responses to the question: *In your view, what are the major differences between Alternative Response and Traditional CPS (IR) in your county?*

These findings correspond generally to those of earlier surveys as well as the findings based on worker responses to specific cases and family responses concerning their own cases. It is the general opinion of most workers that families are more cooperative and participate in decision making more often under AR. In each of the areas examined only a small minority of workers (usually less than 5%) felt that these things were more likely under traditional

investigations. Again, those who would question whether this is indeed the case must explain why the large majority of professionals whom we have entrusted with the care and welfare of children who may have been abused or neglected disagree.

3.4. Knowledge of the Goals and Philosophy of AR

To reasonably judge the effects and impact of alternative response, it is important for workers and supervisors to have an understanding of its principles and objectives. In **Figure 3.7** results from the three Ohio surveys are compared. In each survey, responses are divided between staff members involved with AR and those that were not. In general, the former were more confident in their knowledge than those who were not involved. Among AR-involved staff, 95% or more in the three surveys felt that their knowledge was adequate or thorough and none responded “do not know.” Understanding how to do alternative response was increased through the process of performing the work and, according to workers in original interviews, knowledge gained through *doing* far exceeded learning acquired through *training*.

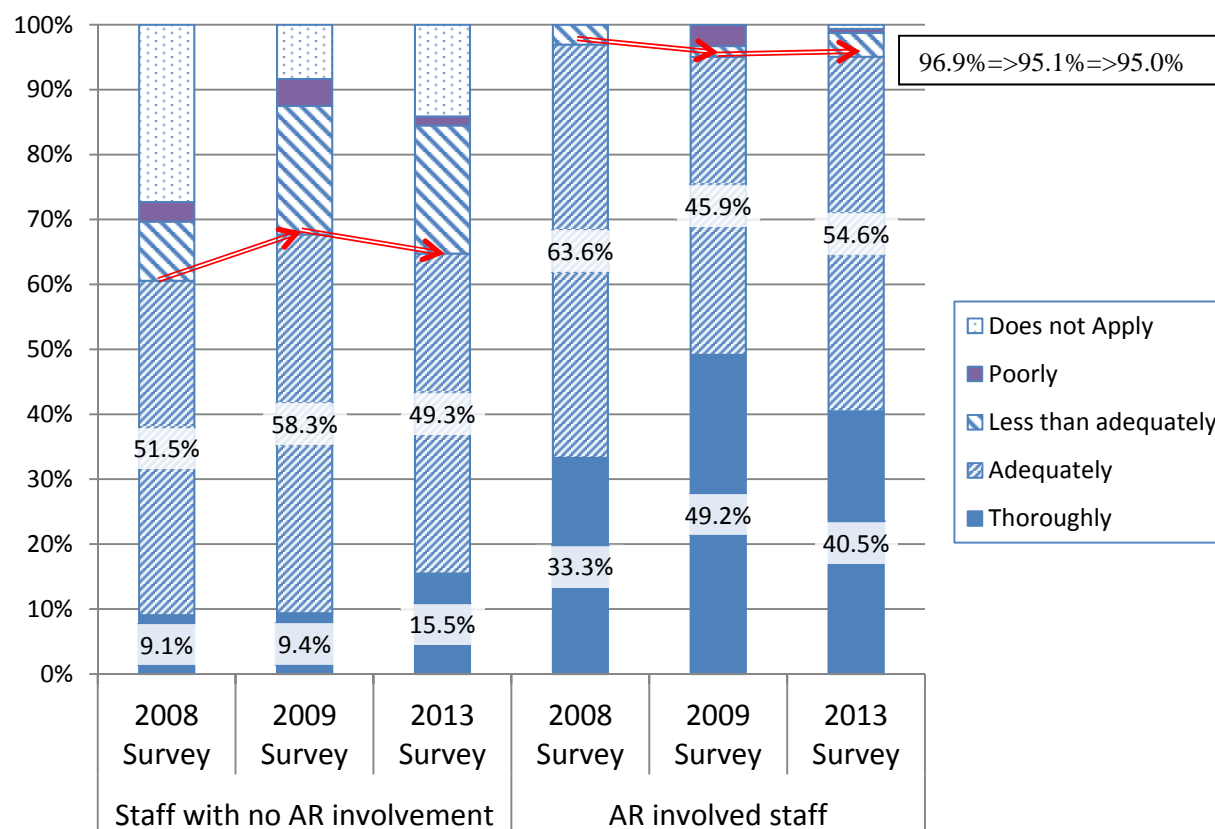


Figure 3.7. Responses to the question: *How well do you understand the goals and philosophy of the AR approach to child abuse/neglect?*

There were obvious gains in knowledge between the 2008 survey, which was conducted in the first few months of the demonstration, and the 2009 survey which was conducted nearly 18 months into the demonstration, particularly among staff members who were not involved in

AR. This chart shows that those gains have been maintained. Responses of both groups of staff in 2013 were very similar to 2009.

Staff members were also asked whether they felt the need for more training related to AR. The results for the three surveys are shown in **Figure 3.8**. The overall pattern was a reduction in staff-perceived training needs. Between the second and third surveys, such expressions ('yes, a lot' or 'yes, a little') fell from 40.7% to 28.5%. Similarly for staff with AR involvement, these responses dropped from a total of 72.1% to 36.4%. The proportions that responded 'no' increased for both groups: 6.3% to 41.4% for non-AR-involved staff and 11.5% to 53.1% for the AR-involved. This may indicate the success of ongoing training but as indicated earlier it may also simply reflect greater confidence arising from the experience of doing AR.

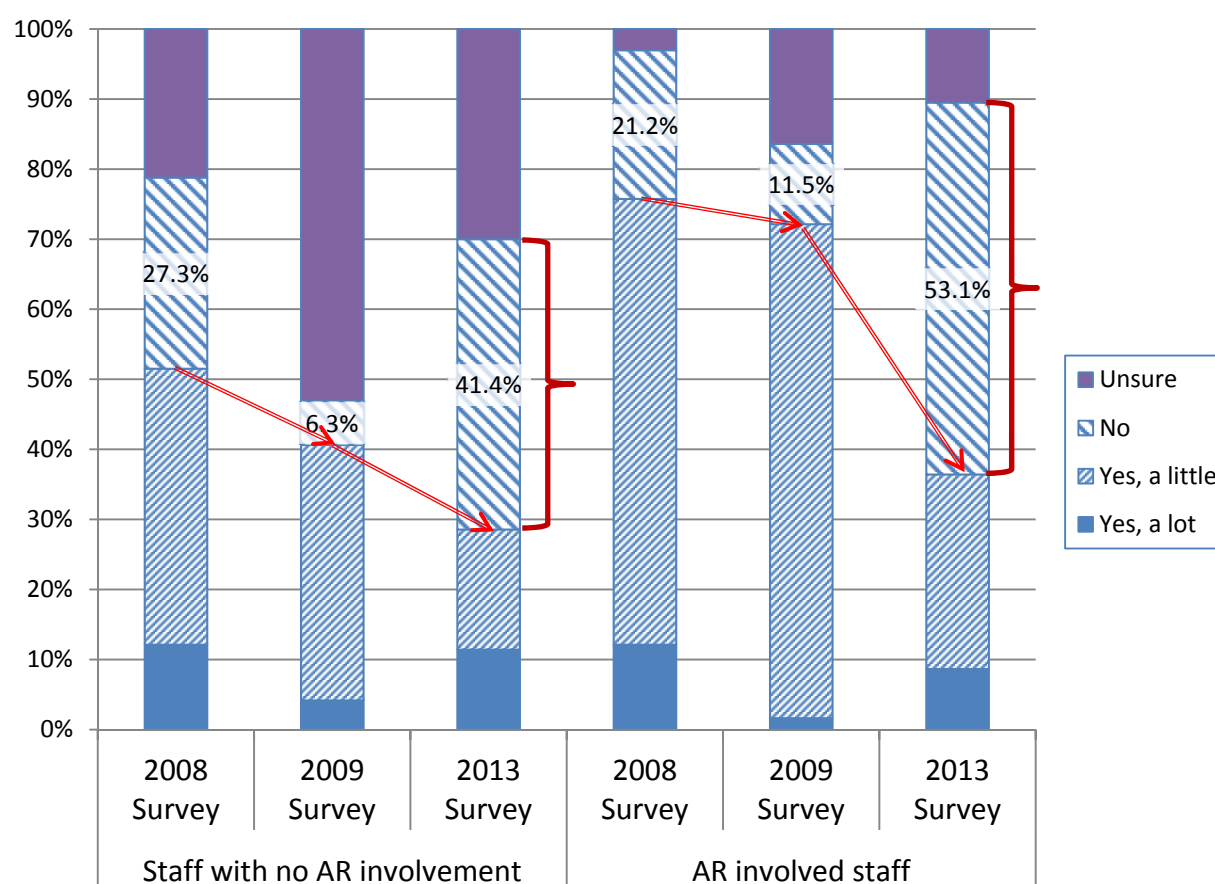


Figure 3.8. Responses to the question: *Do you feel the need for more training related to Alternative Response?*

3.5. Job Satisfaction and Satisfaction with AR

Respondents in each of the surveys were asked four questions dealing with job satisfaction and satisfaction with the child protection system in their county. The questions and workers' responses are shown in **Figure 3.9**. The chart shows average (mean) responses on scales ranging for 1 to 10, where 1 meant 'very dissatisfied' and 10 meant 'very satisfied.' For the last question concerning worker burnout, 1 meant 'not at all' and 10 meant 'completely.' This chart represents all respondents in each of the three surveys. There was very little difference between AR-involved staff and staff with no AR involvement. *The average scores were very close across the three surveys which may indicate that the introduction of AR neither improved nor diminished the overall sense of satisfaction with job and the system of child protection.* The scores on the burnout question were in the middle of the scale distribution with approximately half the workers responding negatively (indicating greater stress and burnout) and the other half responding positively (indicated less stress and burnout).

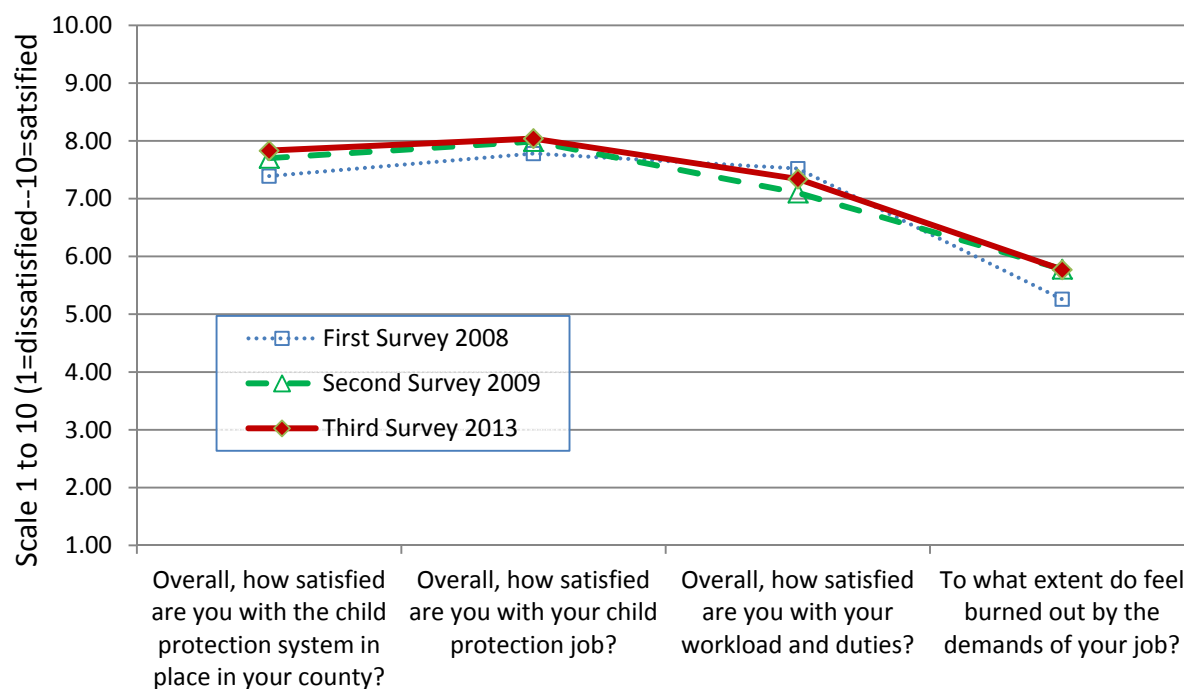
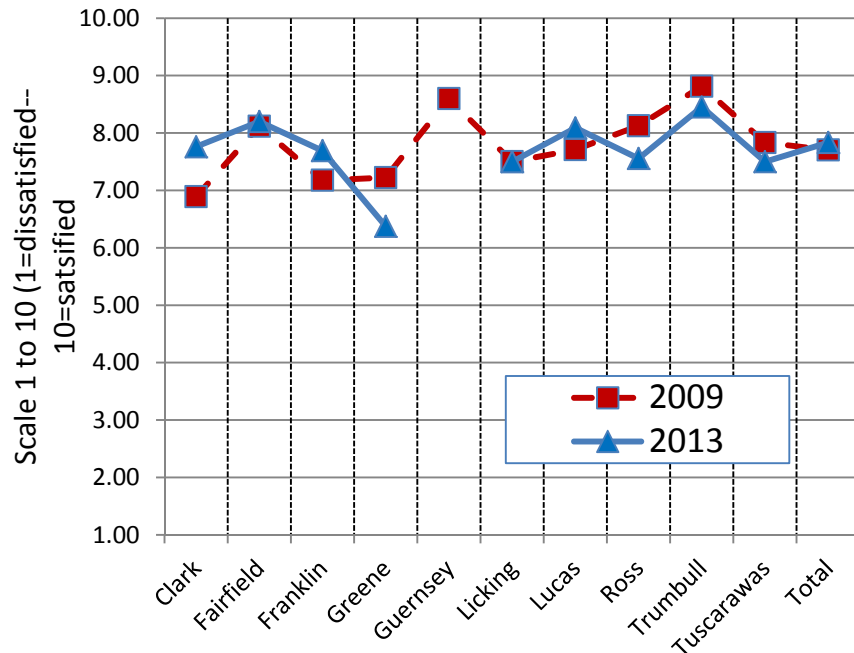


Figure 3.9. Responses to Four Questions concerning Job Satisfaction and Overall Satisfaction with CPS in the Three Surveys (Total Responding Staff)

County Comparisons. Although the number of respondents from individual county offices was smaller, it is instructive to compare the responses on the first item in **Figure 3.9**—satisfaction with CPS in your county—and a second question concerning satisfaction with the local AR program. The results are shown in the following two charts in **Figures 3.10 and 3.11** for the 2013 worker survey and the “late” 2009 survey.

Satisfaction with CPS system was high in both the 2008 and 2009 surveys. On the satisfaction scale ranging from 1 to 10, average scores were in the 7 to 9 range. With some slight



variations, the ratings provided by workers in 2013 were practically indistinguishable from those in 2009. The average for all responding workers in the ten counties is shown on the right side of the graph (Total): 7.73 in 2009 and 7.83 in 2013. The averages in individual counties were generally within one point either side of these.

Figure 3.10. Responses to the Question: *Overall, how satisfied are you with the child protection system in place in your county?*
Mean responses by County of Worker

In **Figure 3.11**, the responses concerning the AR program can be seen. The average scale response in 2009 was 7.87 (Total column on right side of figure) and had dropped slightly to 7.31 in 2013. This can be seen to be due mainly to the lowered ratings in two of the ten counties. (Some responses in Greene were particularly low both for AR and CPS generally.) Like the evaluation of CPS generally, however, the evaluation of the AR program was largely positive, with most responses averaging to between 7 and 9 for most counties.

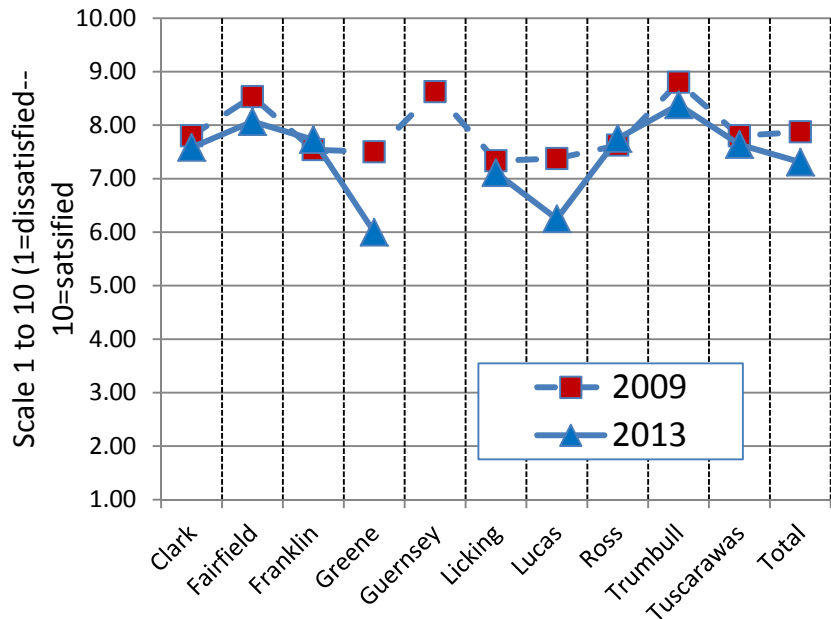


Figure 3.11. Responses to the Question: *Overall, how satisfied are you with the AR program in your county?* Mean responses by County of Worker

3.6. Comments of Workers and Supervisors

Several of the survey questions asked for or permitted respondents to comment. Many workers did so. We have included all their comments in **Appendix 1** for readers who are interested in that level of detail. Here we summarize some of the more salient and frequently stated ideas.

By now AR itself is no longer a new approach in counties that participated in the demonstration but has become standard practice. Newer workers often know only CPS practice that includes AR as an option. They have a different perspective from their longer-serving co-workers, whose experiences covers both before and since the introduction of AR. Both groups have much to contribute and can provide their offices important and distinct viewpoints. As a wise man once said: the truth is known only to everybody.

As we learned in the original evaluation, there were some counties and individual workers in other counties that employed or sought to employ a strength-based, family-centered practice in traditional assessments (investigations) prior to the introduction of the alternative response. For these counties and these workers, AR was consistent with what they already believed was best practice—being positive and supportive when engaging families, seeking to help them address the underlying causes or conditions that gave rise to reports of child maltreatment. Writing about practice in her county, one worker wrote: “We provide support, education, and counseling services to families who have been referred to CPS. The values, practice approach, and skills required to provide these services - especially in the context of a CPS agency - compliment, but precede AR.” A number of other workers had similar comments.

“I treated cases the same way prior to AR.”

“If you were doing true social work before not much has changed. The values of the profession align with AR models.”

“[Our office] has always had a ‘family-friendly’ approach to working with families and has strived to keep children safe.”

“I have always approached families with respect.”

“A lot of caseworkers, me included, were already in line with the AR philosophy.”

AR represented in these instances not so much something that was altogether new but a programmatic structure that would ensure more workers in more locations would utilize such practice when it was appropriate and from the first point of contact with families. A supervisor wrote: “Many of the AR principles and philosophies I have always embraced and tried to implement in my own and my staff's practices. Transparency, family centered and solution focused have always been a part of my practice and supervision.”

Some workers who thought they had personally always approached families in a manner “already in line with the AR philosophy,” nonetheless saw the broader effects of the approach in their office. One commented: “I feel that I have always treated families in the AR philosophy...with respect and dignity. I think the larger change was ‘inside’ the agency” where

there has been a “completely different way of thinking.” Nonetheless, some workers view the change more in vocabulary than practice. One wrote that the “only difference in my practice is not using the TR labels.” But there is an indication that the practice shift with AR may be more recognized by families than workers, as one wrote: “I feel I engage with both AR and traditional cases the same; it’s the families that seem to notice the difference.”

Another worker, when asked what was preventing AR from being as effective as it might be in her county, wrote: “Sometimes people think that their philosophy doesn't have to change or that they are already doing AR and they really aren't. They aren't treating families as they should or according to the AR philosophy that was to be implemented.”

A couple of workers wrote critical comments. “Unfortunately,” one wrote, “AR has reintroduced investigation which we were not using on cases prior to AR (language-wise). In some ways, AR has had a negative impact on our practice now that investigation language is once again used.” But in this instance, the worker was appealing to a broader not more restrictive use of the AR approach. Commenting in a similar vein, another worker wrote: “Not everyone has embraced it. Some departments do not see how it applies to them or affects them.”

Inter-county differences were obvious in the comments. One worker complained that “AR would work better if we truly implemented it as an ALTERNATIVE response instead of a modified CPS service. Caseworkers still look at it as a traditional case and some say that AR cases are much more risky & time consuming than traditional cases.” In another county a worker described the introduction of AR as a “paradigm shift” that had the effect of “empowering families” and said the philosophy and approach of AR had filtered through “even on traditional cases.” Another said she had “obtained skills needed to do an effective investigation and approach cultural differences with understanding.” Still another: “The training gave me new tools to engage with families...removing labels; families are more likely to trust me quicker.” From the perspective of other workers, AR has both “increased families’ decision making capacity” and the “rapport” with the worker and has made caseworkers more creative in working with families, “learning to think outside the box more.”

Some workers mentioned child safety in their comments. None indicated the belief that AR lessened safety for children. One wrote that “AR has deepened my understanding of importance and effectiveness of partnering with families in increasing child safety and reducing risk.” Another wrote that AR puts “the family at the center” and focus on “what is in the best interest of the child (not just doing the investigation), while more often “linking families with services instead of just giving them referral information.” Others commented on the preventative potential of AR. One wrote “no longer do we have to label the family. It is less invasive. When you work on issues to prevent future incident it is less threatening than singling out an incident that occurred due to other issues going on in the family.” Another wrote: “The team has been able to build a positive working relationship with families in order to get to the barriers at the root of the neglect and or abuse. It is much more productive to work with the family as partners.”

A number of workers commented on the reaction of families to AR. Families “like it” and “respond better to it,” and more of them “are receptive to the process.” These workers have found families to be “more relaxed” and “more open.” One worker wrote: “Involving the family in the planning and decision making has made a huge difference, as the family feels empowered and important. They aren't being told what to do; they have a hand in planning and decision making.”

Some workers commented on the partnering nature of AR assessments. “The AR approach allows for more positive interaction. The caseworker and family work together to identify strengths, and develop them. The AR approach allows the family to retain more control over their case progress, and direction.” Another worker wrote “I always believed in partnering with families but AR is more focused on what the client feels that they need which is new to me. I like it!” One wrote: “I made a decision to come to Child Protective Services because of the establishment of AR in our county based upon my belief in the AR philosophy.” The core AR model has two components: a positive, supportive, participatory engagement with families from the first meeting, and practical assistance to address underlying conditions that contribute to risks children face. Some workers see the value of the engagement element even when services cannot be purchased. One worker wrote: “I believe that AR would have a positive effect on families because caseworkers have or gain the knowledge to refer families to community supports.” Others noted that the “positive effect is the working relationship that is established” or the “family-friendly” approach, which will have beneficial outcomes even if no services can be provided. Most workers, however, see the value, even the need, for both components to be present for AR to be effective. As one wrote: “The approach is most important, including being able to build rapport with families. This allows AR to get to the core or underlying issues to keep children safe. However, without needed services available in the community it is difficult to help families.” This was the prevailing view of workers, expressed in different ways. Such as, “The approach helps but with no resources to follow through” [we are limited in] “reducing risk to children and families.” Or, “Yes” [AR would have a positive effect without service funds], “but not as much.”

One worker was skeptical that positive effects of AR could be sustained without an increase in service dollars: “Currently, more funding is needed for additional services but AR is still having a positive effect. Without services it is not known the length of time the positive effect will last or how much better the effect could have been.” Others were even more skeptical:

“Families have needs that must be met.”

“Without services I do not feel that any approach would work because safety needs to be paramount with any case. We need to at least be referring families to appropriate services if they are needed.”

“The funds are essential in preventing removal. Something as simple as paying rent may be an essential factor in maintaining a family intact.”

“Poverty and stress create barriers to a parent's ability to meet the needs of their children in a safe and stable manner. When flexible funds are available to meet imminent needs, children benefit and parents are better able to problem-solve.”

“Without services I do not feel that any approach would work because safety needs to be paramount with any case. We need to at least be referring families to appropriate services if they are needed.”

Many workers had comments related to their current training needs or what kind of training they have found most useful. A number commented on the value of coaching they received from “seasoned” supervisors or caseworkers, from shadowing experienced workers during family assessments, and “one-on-one” and “hands-on” training from supervisors. Others mentioned the value of AR consultants brought in during the demonstration and having opportunities to talk with AR workers from other counties. Specific areas of need mentioned by workers included: family engagement and building family rapport; training related to cultural diversity and substance abuse; identifying critical needs especially related to poverty; dealing with caregivers who do not understand the risk to their children of their own behavior; and how to find out about and connect families with community resources. “Cross-training,” training non-AR staff about AR, was also viewed as valuable. One worker wrote: “I would love to learn the techniques and tips as to how other small communities, with VERY limited resources, are assisting their families. Whenever we go to training it always seems as though we are discussing wonderful ideas brought to us by [offices with] large [client] counts.”

CHAPTER 4: CHANGES IN SAFETY AND FAMILY RISK, SUBSEQUENT REPORTS OF CHILD MALTREATMENT, AND CHILD REMOVALS

We have changed the presentation of data in this chapter since the original version of this report in September 2013. In most cases the counts and proportions remain the same (with the exception of the safety assessment values. Comparative analyses are presented in two different ways. The issue of differences that might have been produced by the inclusion or exclusion of track change cases is addressed in several tables by including the *full experimental group* and the *per protocol experimental subgroup*. The former includes all 2,383 families randomly assigned to the experimental condition. The latter sets aside the 92 families that experienced a pathway change from a family assessment to an investigation, reducing the total to 2,291. This permits readers to observe whether the presence or absence of these cases reduced or increased experimental-control differences. *The rationale for this was discussed at the end of Chapter 1.*

The analyses in this chapter are focused on the longer term outcomes that were first analyzed in Chapter 11 of the 2010 Final Report.¹¹ In addition, we were able to move beyond the original follow-up variables and consider subsequent child safety and family risk. Data were collected for all the measures over an additional 3½ years resulting in a follow-up period that ranged between 4 and 5 years for each family. The entire period considered stretches from July 2008 through June 2013.

The analysis was dependent on information collected as families returned to Child Protective Services, in reports and cases. No information was available on families that did not return. Randomly assigned and thus closely similar experimental and control groups of families have about the same probability of returning to CPS. Under this assumption, lower CA/N report recurrence rates and lower rates of out-of-home placements of children, decreases in child safety threats and improvements in family risk indicators may be interpreted to indicate that child safety and welfare were not jeopardized by AR and were to some degree improved. However, return rates continue to be high for all families, both those that were given family assessments and those that were provided with investigations. The ultimate goal of child welfare is abolishing child maltreatment completely so that every child may grow up in a safe, healthy home and loving family. The longer-term question, then, if the following results are valid, is what are the next steps to further improve the safety of children and the welfare of their families? What further reforms are needed within CPS and the larger society?

¹¹ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research. (2010). pp. 127-145. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

4.1 Child Safety during the Follow-up Period

Child safety was a primary consideration in the original Ohio AR demonstration, as it was in earlier demonstrations in Missouri and Minnesota. The responses of workers in Chapter 2 show that they continue to regard AR family assessments to be as focused on safety as traditional investigations. Unfortunately, safety assessment and planning during the original demonstration was done on paper forms and could not be entered into the Ohio SACWIS system. As noted, we were not successful in collecting these for all experimental and control families.

In 2010, after the original demonstration had ended, AR was fully integrated into SACWIS. The child safety assessment and planning tool utilized in Ohio is, in our opinion, particularly well designed. It contains a comprehensive set of categories of child safety threats that cover the large majority of situations that workers encounter in families. Workers are also able to enter extensive narrative data into the system, and they appear to make full use of the narrative fields when they have found a safety issue. A content analysis of the hundreds of safety narratives written by workers is beyond the scope of the present analysis but offers a rich source of information on subsequent child safety problems, which we hope to analyze and will present to Ohio subsequently as an addendum to this report. The present analysis considers the categorical data.

Since the September 2013 version of this report, we have had time to refine the analysis. Specifically we developed a more accurate method of identifying whether safety assessments were associated with new incidents or were associated with original *target* report and/or case.¹² Some of the safety assessments in the earlier analysis, therefore, were dropped. This did not seriously affect the outcomes of the analysis but it did reduce the proportions of families that had safety assessments *after the original target case*. Among experimental families, we have now determined that 45.0% had one or more safety assessments; for per-protocol families the proportion was 44.5%; for control families it was 50.4%. Since control families had more screened-in subsequent reports, they also had more safety and risk assessments over the entire follow-up period. Among all families (both experimental and control) in the full sample that had a subsequent safety assessment, most received two or more: 44.6% had only one, 26.4% had two, 11.6% had 3, 7.9% had 4, and the remaining 9.4% had 5 or more.

The counts of new safety threats shown in **Figure 4.1** represent *any occurrence of the issue in any subsequent safety assessment*. Thus, for example, violent behavior would be counted even if it was found in only one of three different child safety assessments conducted for a particular family. Conversely, duplicate findings were counted only one time. Thus, violent behavior that occurred in all three assessments would be counted once. The logic underlying this approach is to determine *whether particular kinds of child safety threats ever occurred subsequently*.

¹² Recall that the *target* report and case refer to the original report in the 7/2008-9/2009 period that brought the family into the study. It turned out that a small number of safety assessments at the end of period—probably reassessments in cases—were recorded in the SACWIS system.

The chart shows each of the 14 child safety categories. The differences for 9 of these were so small that they did not reach the level of statistical significance (probability value in parentheses in each row). For the other five (see the double caret ">>" symbol in chart), the percentage difference was in favor of the experimental group (i.e., lower) in each case:

- Children in families that originally received an AR family assessment were judged to have received serious inflicted harm less often.
- Children in families that originally received an AR family assessment were judged to be less often in danger from an adult who was mentally or physically ill.
- Children in families that originally received an AR family assessment were judged to be less often in danger of neglect, including lack of supervision, food, clothing or shelter.
- Children in families that originally received an AR family assessment were less often in families in which the family refused access to the child or was likely to flee .
- Children in families that originally received an AR family assessment were less often found in situations of failure to meet their serious physical or mental health needs.

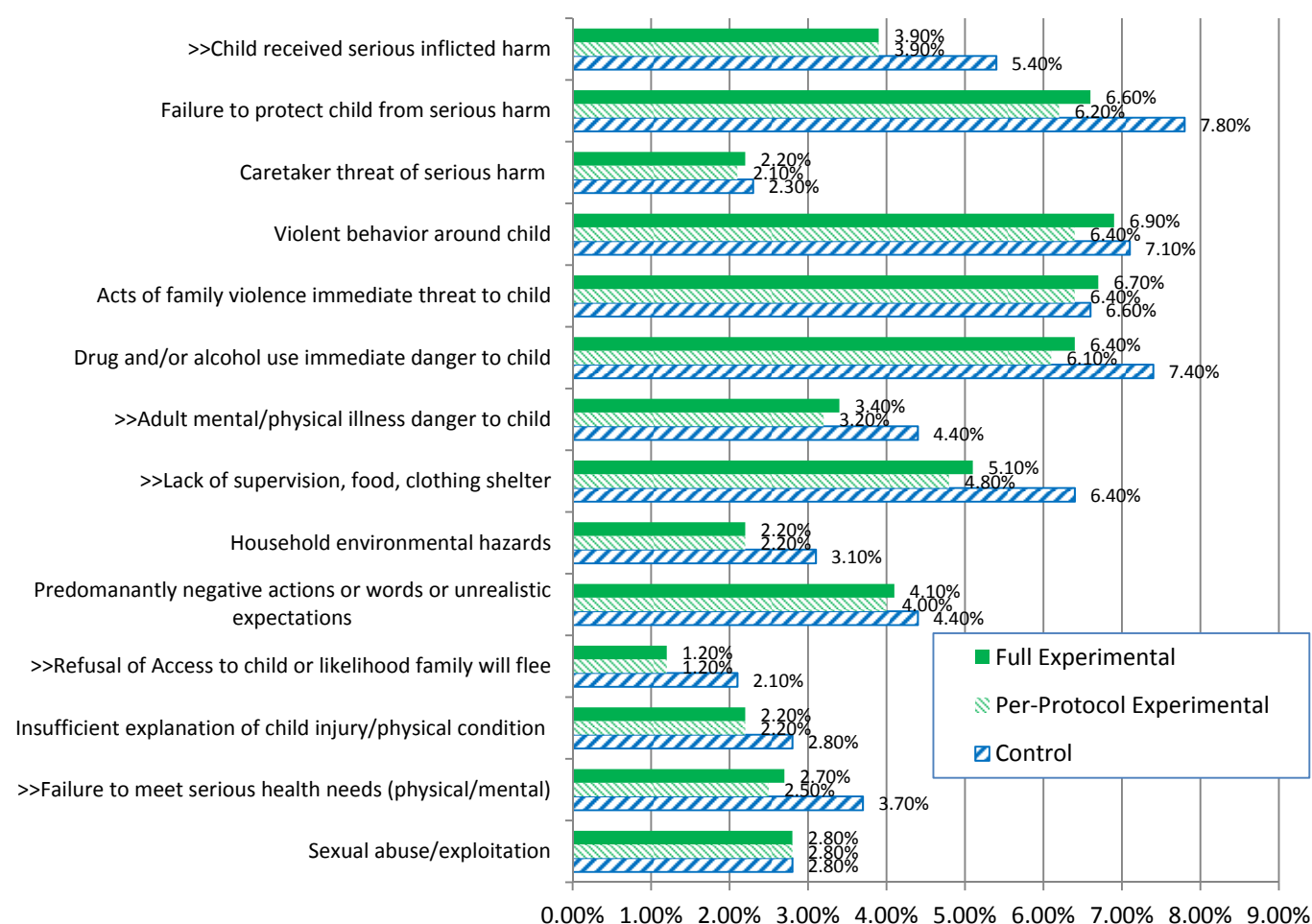


Figure 4.1. Emergence of New Child Safety Problems among Experimental and Control Families during the Follow-up Period after the Close of the Target Cases

The differences, while statistically significant, were modest. ***The important finding was that where differences were found they were all in the same direction—showing positive outcomes for experimental families and their children.*** Does this mean that children in families who are not reported again do not experience threats to their safety? Decidedly not! *The confidence we have arises, again, from random assignment and the assurance this gives of overall equivalence between the two groups. When such results are found for equivalent groups of families and they are all in the same direction, we have greater confidence that they are due to what the family received during the demonstration.* The figure also shows that limiting the experimental cases to the per-protocol sub-group had little effect on the comparative analysis, that is, the inclusion or exclusion of cases of pathway change was of no consequence in the overall analysis

Two of the items are particularly interesting. The difference in neglect findings may be related to the kind of assistance provided during the demonstration. Neglect in this case refers to the full range of failures usually associated with neglect: lack of supervision of children or failure to provide adequate food, clothing or housing. The latter—neglect of basic needs—are associated with poverty, as well as ignorance and intentional behavior of caregivers. During the demonstration, we saw substantial increases in assistance in these areas. We have reproduced one of the tables showing this in **Figure 4.2**. This is the original Figure 7.1 on page 69 of the 2010 report (see references above). The rows with asterisks (*) at the end refer to statistically significant differences. The current safety finding provides further support to the idea that addressing these areas among families served by CPS may have longer-term benefits ***in the avoidance of child neglect in future years.*** The question to be asked next is how we might increase these benefits through CPS and through broader assistance programs.

The second item of interest has to do with family cooperation: refusal of access to the child or the likelihood of family flight. This may be evidence of longer term effects of improved engagement discussed in Chapter 2. This would be true if the experience of family caregivers at the time of their family assessment translated into more cooperative attitudes when subsequent reports were received. It is also possible that other aspects of the original experience of families may be implicated in this difference.

In the Ohio AR evaluation, we examined, using our own instruments, the kinds of ***immediate threats*** to child safety that workers saw at the time of their first visit with the family. Workers responding about particular experimental and control families then told us whether and in what way the problem was addressed and the extent to which the threat was removed by the time of final contact with the family. We concluded that in the Ohio study, no reduction in child safety occurred, that is, children appeared to be as safe by the conclusions of an AR family assessment (which included a safety assessment) as they were at the end of a traditional forensic investigation. Similar methodology was used with similar results in Minnesota. In Missouri we conducted several hundred intensive case reviews of experimental and comparison cases and interviews of workers with the same results. The present analysis suggests that ***family assessments result in a relative reduction of immediate child safety threats in the longer term.***

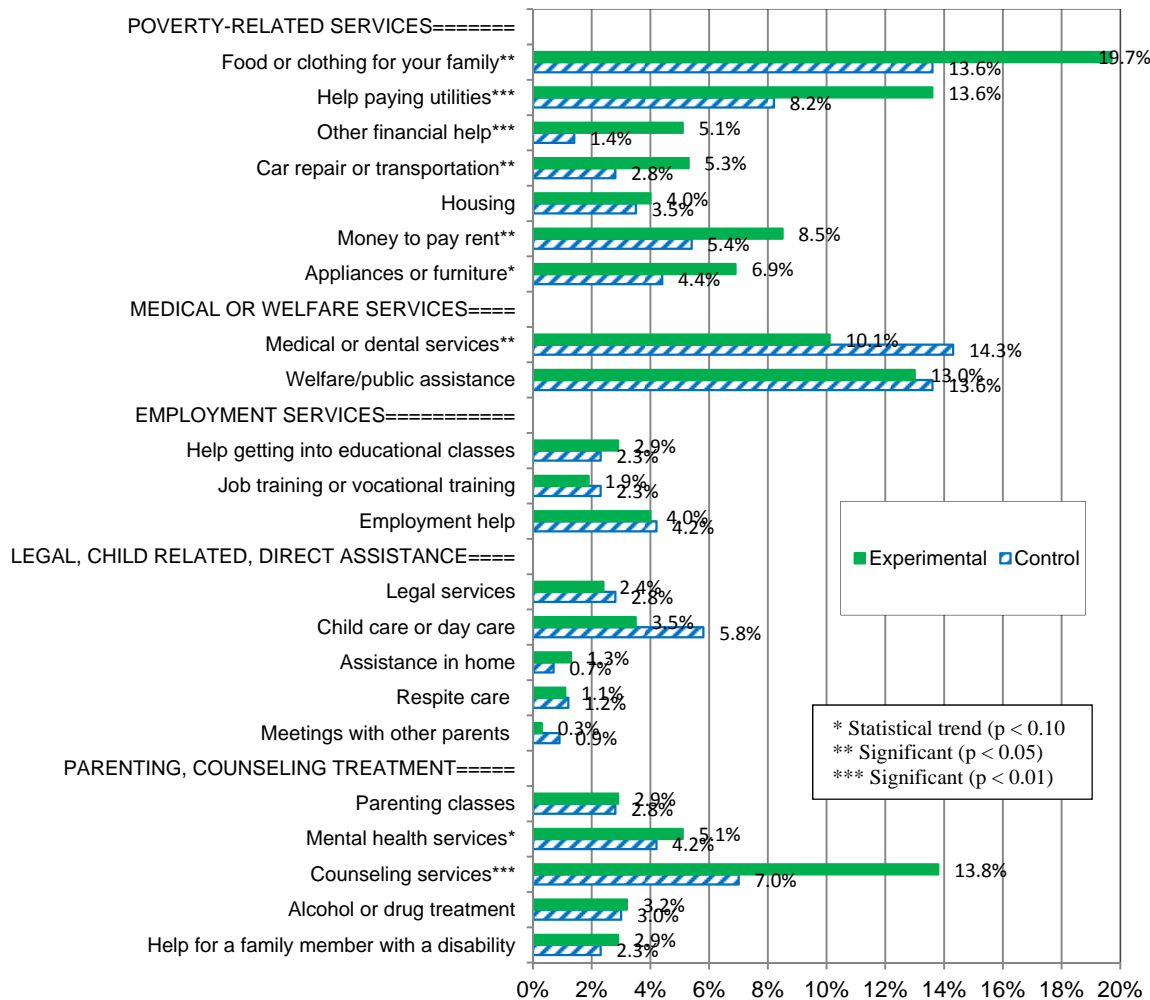


Figure 4.2. Family Reports of Services Received (Figure 7.1 in original 2010 report, page 69)

There is also the question asked in the later sections, do we see differences among families encountered for the first time versus families with one or more previous accepted reports? The analysis (**Figure 4.3**) revealed that most of the differences occurred among the higher-risk families, that is, among families that had been encountered previously by CPS. Again, the statistically significant items are indicated by the double caret (>>) symbol. In this table, for the sake of simplicity, we have limited the analysis to the full experimental group. The difference for *lack of food, clothing and shelter* diminished somewhat but a larger difference emerged for *household environmental damages*. *This analysis demonstrates the importance not only of examining new accepted reports but the underlying problems in the reports that threaten children*. Subsequent detailed analyses of narrative data that we will conduct may provide greater in-depth information on the nature of the safety threats and differences among experimental and control families.

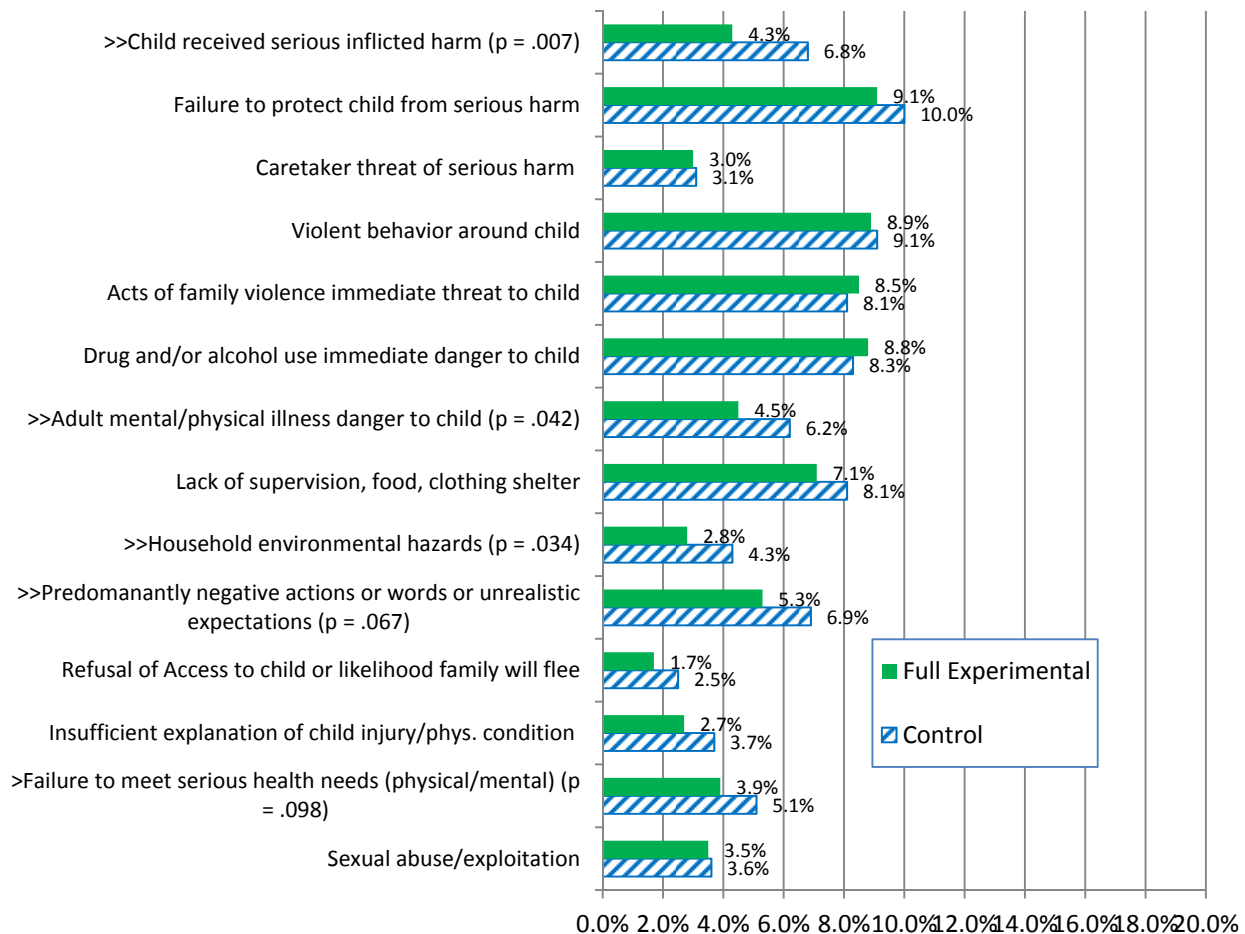


Figure 4.3. Emergence of New Child Safety Problems among Experimental and Control Families with one or more Prior Reports (Higher Risk Cases) during the Follow-up Period after the Close of the Target Cases

From the experimental standpoint, full experimental-control group comparisons are appropriate. However, the question arises whether the small differences in the proportions of experimental and control families that received a subsequent child safety assessment might be implicated in the findings. The argument against this interpretation is that if the differences were due to this imbalance we would expect experimental reductions across *all safety categories*. This did not occur; differences appeared only in categories that could arguably have been the result of interventions during the family assessment. Nonetheless, to demonstrate this, we conducted another segmented analysis of the higher-risk cases (**Figure 4.3a**). This analysis is limited *only* to those higher-risk experimental and control families who *actually received a subsequent safety assessment*. The analysis *excludes families who did not receive a subsequent child safety assessment*. In this chart as well we show only results for the full experimental group. The percentages are greater since the base numbers of experimental and control families who received subsequent safety assessments were smaller, but the chart essentially mirrors Figure

4.3. This supports the conclusion that the differences observed were not the result of a biased application of the safety tool.

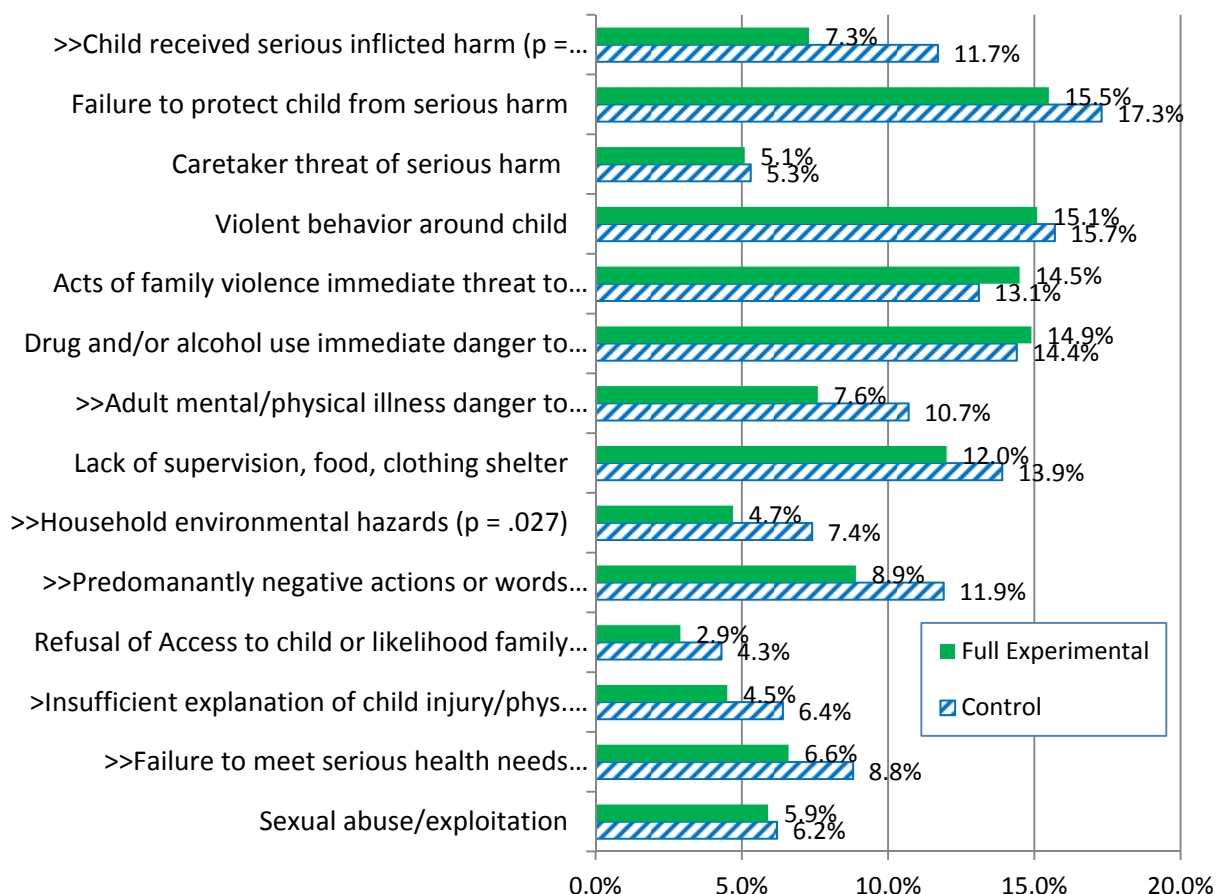


Figure 4.3a. Emergence of New Child Safety Problems among Experimental and Control Families with one or more Prior Reports during the Follow-up Period after the Close of the Target Cases excluding Families with No Subsequent Safety Assessments.

County Differences in Safety Measures. We asked whether these differences were consistent across counties. *Were they perhaps due to large differences in a one, two or three counties but were not generally representative of the demonstration as a whole?* Four variables were chosen in which there were large enough samples at the county level to permit reasonable comparisons. **Figure 4.4** contains four charts showing county differences on items that were significant in **Figures 4.1 and 4.3**. The numbers of cases are shown next to the county names in parentheses. In some cases the values for experimental and control were very close. Nonetheless, safety problems of these kinds appeared less frequently in most counties for families provided with an AR family assessment compared to control families. In nearly every case in which differences occur they were in favor of the experimental group. The numbers next to the county names show that these differences were not a function of percentages but were primarily a result of greater *numbers* of control families reappearing with these particular child safety problems.



Figure 4.4. County Differences on Four Subsequent Child Safety Items

4.2 Family Risk of Maltreatment During the Follow-up Period

We also examined *all subsequent family risk assessments*. It is important to note that, except for three of the individual risk items (considered below), we do not regard these measures as outcomes. The child safety items considered in the previous section are immediate and are specific instances of *short-term* child maltreatment or threats of maltreatment. Risk factors concern underlying family conditions that are correlated with future child maltreatment but *are*

not in themselves indications of child maltreatment. It is entirely possible that families who are not reported again (and therefore who did not receive a family risk assessment) would also score positively on many of the risk items considered.

Ohio utilizes a version of the Structured Decision Making (SDM) Family Risk Assessment (FRA) instrument. The focus of this analysis was individual items of the FRA rather than the final categorical risk ratings (low, moderate, high intensive). Most of the risk items were not considered to be appropriate for outcome follow-up. For example, no change would be expected in an item such as *a caregiver was abused as a child*. Three items were thought to be amenable to change and might be appropriate as outcome measures. These were 1) *caregiver has a major parenting skills problem*, 2) *caregiver's motivation about parenting*, and 3) *Caregiver's parenting skills or MH issues*. Any or all of these might be expected to change as a result of interventions with families.

In **Figure 4.5** we experimental and control differences for these three items. The upper portion of the chart shows comparative results for all experimental and control families. The lower portion compares *only* families that received at least one subsequent risk assessment after the close of the target case. The later includes 46.1% (1,056) of experimental families and 48.3% (1,087) of control families. The percentages are greater in the lower portion since the percentage base is smaller. Like the charts on child safety in the previous section, this analysis demonstrates that differences observed for all cases were not the result of differences in rates of new reports but were the result of differences among families that received subsequent risk assessments.

Like Figure 4.1, this chart also includes the per-protocol subgroup of experimental families, that is, excluding the 92 cases that were changed from family assessments to investigations. It can be observed that very little bias resulted from the exclusion. Setting aside these cases (3.8% of experimental families) made little difference in outcome comparisons.

In each case, lower proportions represent relative improvement. These items refer primarily to current conditions and *we consider them possible outcome measures of the demonstration*. Similar to the safety analyses in Figure 4.3, we note that these items followed the same pattern when the denominator for the percentages was the entire experimental or control group. In both instances, therefore, we see a small reduction in parenting skills and motivation problems, but it is the parenting skills/mental health category that a consistent significant different is observed (probability values shown in the row headers were for comparisons of the full experimental and control group.)

These findings support the conclusion that the changed approach under AR—which included improved engagement of families, increased services and increased satisfaction with services—led to improved parenting skills and motivation surrounding parenting.

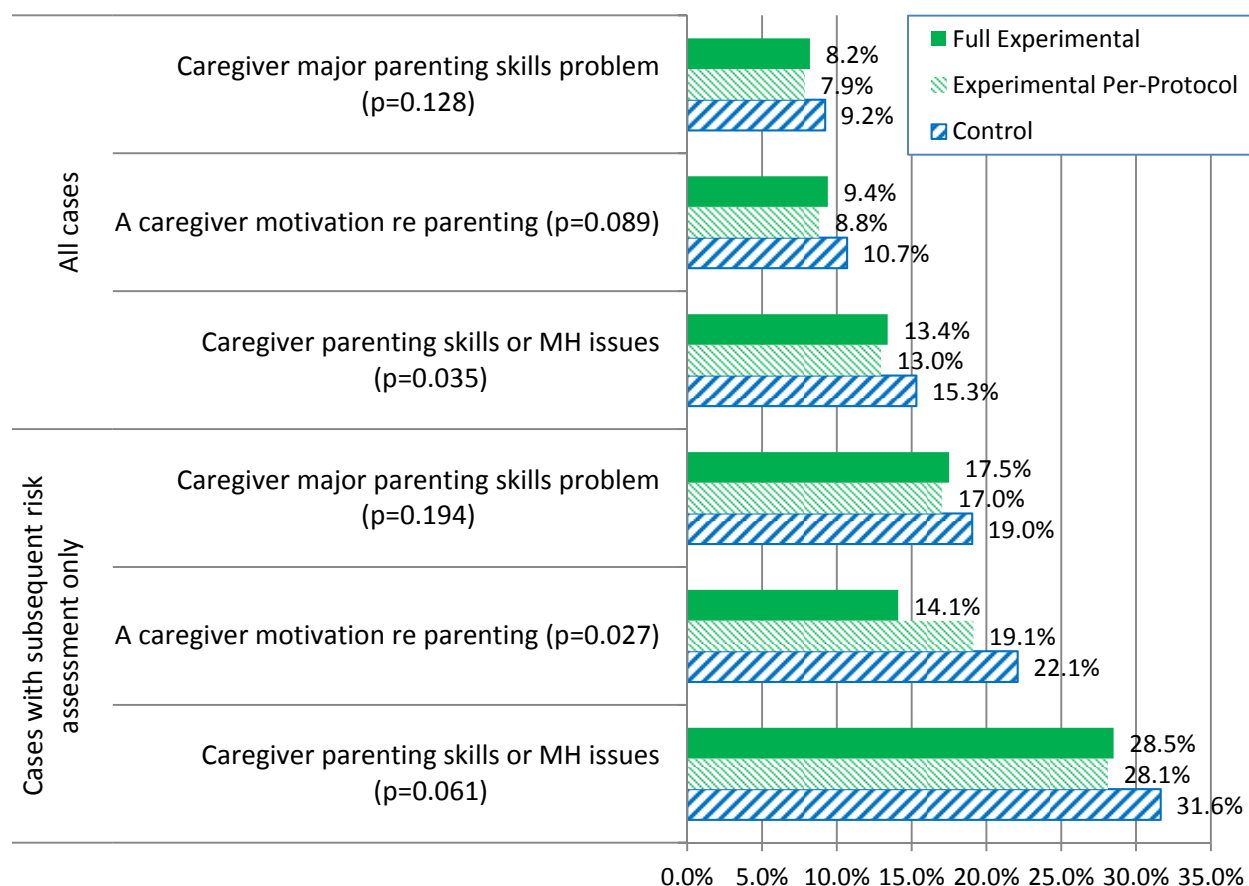


Figure 4.5. Motivation and Parenting Risk Items Checked on the SDM Family Risk Assessment Tool during the Follow-up Period
(All families and only families that received a Risk Assessment)

4.3 New Accepted Reports of Child Maltreatment

As indicated, the term *accepted* refers to reports that have been screened-in; thus, accepted reports are reports that intake workers have evaluated and determined fit the legal criteria for child protection response—either an investigation or AR family assessment. In Ohio as in other states, accepted reports are a subset of all reports that allege child abuse or neglect. So, each accepted report involves a further action by the agency in which workers contact and visit families, conduct safety assessments of children, conduct risk assessments of families and, in investigations, determine whether child maltreatment is indicated or should be substantiated. In a smaller subset of families, cases may be opened to monitor child safety and provide services to families; in yet another subset of these, children who are judged to be in grave danger may be taken from their homes and placed in out-of-home care.

The bars in the following chart (**Figure 4.6**) represent averages (means) of accepted reports for experimental and control families after the final contact with the family in the target

case. Nonetheless, we have always reported the number of reports received during the intervention. In the Minnesota field experiment, which mirrored the current study, we found slightly, but not statistically significantly, more reports received for AR families in the experimental group, primarily because the cases were opened longer. In Ohio, we have found the opposite and the difference was larger: 3.8% of experimental families received new accepted reports compared to 4.8% of control families (Chi Square, $p = .01$). The means depicted in **Figure 4.6** of reports after final contact with families show a similar difference. Mean reports of any kind (accepted or unaccepted) were 1.79 for control families compared to 1.65 for experimental families ($p = .055$). For accepted (screened-in) reports the difference was control = 1.00 versus experimental = 0.92 ($p = .076$). The Chi Square probability for this simple analysis did not reach the commonly accepted level of statistical significance (.05) but may be described as a statistical trend. The differences for unsubstantiated and substantiated investigations were statistically significantly. Levels of subsequent AR cases were essentially equivalent between the two groups.

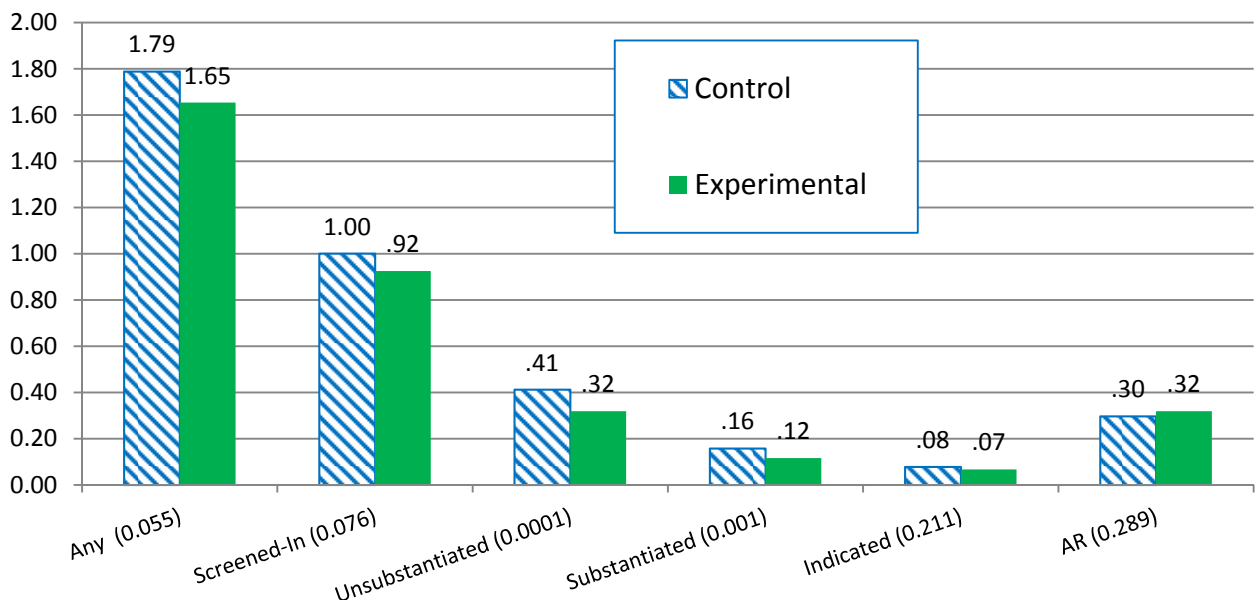


Figure 4.6. Average Number of Accepted Reports and Agency Responses for Experimental and Control Cases after Cases Close and Intervention has Concluded

It should be noted that the pathway assignment had no effect on reporting, which occurred before the pathway decision, although the history of the family with AR may have been a consideration in assigning them to investigations. There may be reluctance among some pathway decision makers to provide yet another family assessment to families that have already been down that road. While this is a factor, the larger factors concern the nature of the allegations of the new report and the assessed threats to child safety. These factors loom larger in the minds of decision makers. For example, if the new report alleges sexual abuse or severe physical abuse, the investigation path will always be selected.

Nonetheless, the pathway assignments for the new reports varied significantly by county. **Figure 4.7** is limited only to families that received at least one later accepted report. (The bars in **Figure 4.6** represent means for *all* families.) **Figure 4.7** may be used to answer the question: How likely was it that experimental and control families who were re-reported were assigned to the same or a different pathway. The chart shows only percentages of AR family assessment pathway assignments. Franklin County (Columbus) stands out in this regard. When experimental families originally assigned to the AR family assessment pathway returned, they were twice as likely to be assigned again to new family assessment compared to original control group families (36.5% vs. 18.0%). This was the general pattern at a lower level in six other counties (Clark, Fairfield, Licking, Ross, Tuscarawas). In four counties (Greene, Guernsey, Lucas and Trumbull) control families were assigned to AR more often. This may mean that policies were in place concerning reassignment. More likely, in most counties the differences can be explained simply by the uncontrollable variations in the types and severity of new reports received. The differences generally average out across all ten counties (see the Total row), although the large difference in Franklin resulted in about a five percentage point difference in Total comparison, as well.

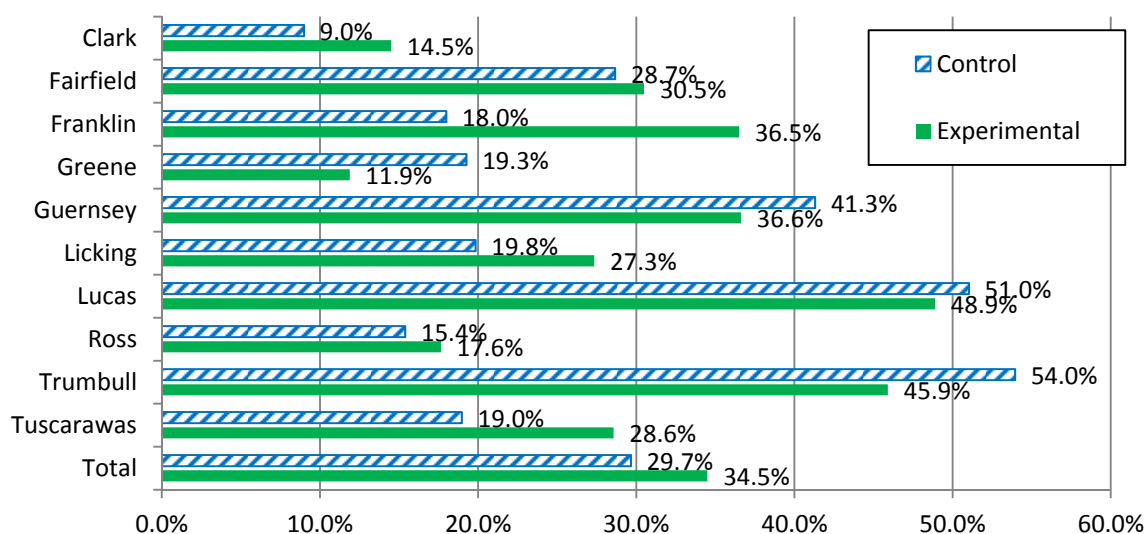


Figure 4.7. Percentage of Families with New Accepted Reports that were assigned to the AR Pathway by County

Controlling for Past Accepted Reports. Substantial proportions of families in the Ohio study had been reported to CPS previously. The proportion was slightly higher among experimental families (48.3%) compared to control families (47.9%), although as indicated in Chapter 1, this difference was not statistically significant. In our research we have noted that it is critical when analyzing new reports to equalize (that is, control for) this variable. If one group has substantially more families with a CPS history, simply by virtue of that difference they are more likely to return to CPS in the future. In our Minnesota study we were always careful to control for this variable in analyses. Levels of previous reports are in fact measures of family risk of future

reports. One of the questions we ask here is whether AR was more or less effective among higher risk families, categorized using this variable.

We analyze this in two ways. First a categorical analysis of the rate of new reporting in shown in Table 4.1. We also conduct a more appropriate multivariate analysis: a GLM Poisson regression analysis. Several findings are evident in **Table 4.1**. First, our measure of risk is vindicated. Focusing on the full experimental group percentage column, 61.5% of the families we designated as lower-risk had no subsequent reports compared to only 41.4% of higher-risk families. One or more previous reports is indeed a valid measure of family risk of later maltreatment.

Table 4.1. Families with Screened-In Reports of Child Maltreatment during the Target Case Period and Follow-Up: Experimental-Control by Family Risk

	<i>Full Experimental</i>		<i>Per-Protocol Experimental</i>		<i>Control</i>	
Lower-risk families						
No Reports	753	61.5%	735	62.1%	691	59.1%
One	289	23.6%	274	23.1%	254	21.7%
Two	103	8.4%	99	8.4%	122	10.4%
Three	40	3.3%	39	3.3%	57	4.9%
Four	18	1.5%	16	1.4%	29	2.5%
Five	10	0.8%	10	0.8%	8	0.7%
Six or more	11	0.9%	11	0.9%	9	0.7%
Total	1,224	100.0%	1,184	100.0%	1,170	100.0%
Probability vs. Control:		.091		.073		
Higher-risk families						
No Reports	480	41.4%	467	42.2%	444	41.2%
One	301	26.0%	284	25.7%	249	23.1%
Two	172	14.8%	159	14.4%	176	16.3%
Three	88	7.6%	85	7.7%	88	8.2%
Four	48	4.1%	47	4.2%	56	5.2%
Five	38	3.3%	36	3.3%	27	2.5%
Six or more	32	2.8%	29	2.6%	37	3.4%
Total	1,159	100.0%	1,107	100.0%	1,077	100.0%
Probability vs. Control:		.346		.289		
All families						
No Reports	1,233	51.7%	1,202	52.5%	1,135	50.5%
One	590	24.8%	558	24.4%	503	24.1%
Two	275	11.5%	258	11.3%	298	13.3%
Three	128	5.4%	124	5.4%	145	6.5%
Four	66	2.8%	63	2.7%	85	3.8%
Five	48	2.0%	46	2.0%	35	1.6%
Six or more	43	1.8%	40	1.7%	46	1.6%
Total	2,383	100.0%	2,291	100.0%	2,247	100.0%
Probability vs. Control:		.020		.013		

Second, **Table 4.1** shows in the final row that the rate of new reports was significantly less for experimental families. This was true for 2,383 families in the full experimental group

compared to 2,247 control families ($p = .020$). It was also true for 2,291 families in the per-protocol sub-group compared to the same control group ($p = .013$). This again demonstrates that including or excluding the 92 experimental families that experienced pathway changes from family assessments to investigations did not substantially affect the outcome analysis. The differences between experimental and control were modest in magnitude but statistically significant.

Third, the separate analyses of lower-risk and higher-risk families showed that the differences for all families on this variable occurred exclusively among the lower-risk subgroup. Because of the smaller number of families the probabilities were reduced to trends (less the .1) but no difference at all could be detected between higher-risk experimental and control families.

The GLM Poisson regression moves this analysis to a more refined level. A Pearson's Chi Square dispersion adjustment was necessary. The two variables were essentially the same as in Table 4.1: the experimental-control *group* variable although we used a three-category (0, 1, 2 or more) *risk* variable. Results for the full experimental group were—for the risk variable: $B = -.31$, $SE = .038$, $Wald = 65.4$, $p < .0001$; for the group variable: $B = -.09$, $SE = .041$, $Wald = 4.7$, $p = .031$. Results for the per-protocol experimental subgroup were—for the risk variable: $B = -.306$, $SE = .038$, $Wald = 63.7$, $p < .0001$; group variable: $B = -.10$, $SE = .041$, $Wald = 5.9$, $p = .015$. Considering the distributions in Table 3, these results were not unexpected but confirm that, although the risk variable is a substantially more powerful predictor, both the risk and group variables were significantly related to subsequent reports. ***We conclude that AR family assessments reduced the rate of later accepted reports of child maltreatment.***

County Differences in Rates of New Accepted Reports. The analysis illustrated in **Figure 4.8** involves a comparison of experimental and control families on the major dependent variable new screened-in (accepted) reports. We know that there were some variations in practice among the 10 demonstration counties.¹³ Thus, we believed it would be informative to include the county in which families were served as a variable in the analysis. Specific intra-county differences would have been useful to consider, including types and levels of assistance, direct services and service referrals received/utilized and the intensity of worker contacts with families, but these variables were collected only on samples of experimental and control families and were not available at the full study group level. **Figure 4.8** breaks the full experimental and control group into county segments and makes the same comparison as is seen in the bottom portion of **Table 4.1**. In three counties the experimental groups fared more poorly than the control groups (Clark, Licking and Tuscarawas). This may have been due simply to smaller sample sizes, particularly in the latter two. Four counties appear to account for most of the differences observed when the full ten-county experimental and control groups were compared. These were Franklin, Lucas, Fairfield and Ross. The first two are populous urban counties while Fairfield is a more suburban county near Franklin.

¹³ See the implementation study on pages 8 to 19 and the qualitative process analysis on page 60-64 of the report *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

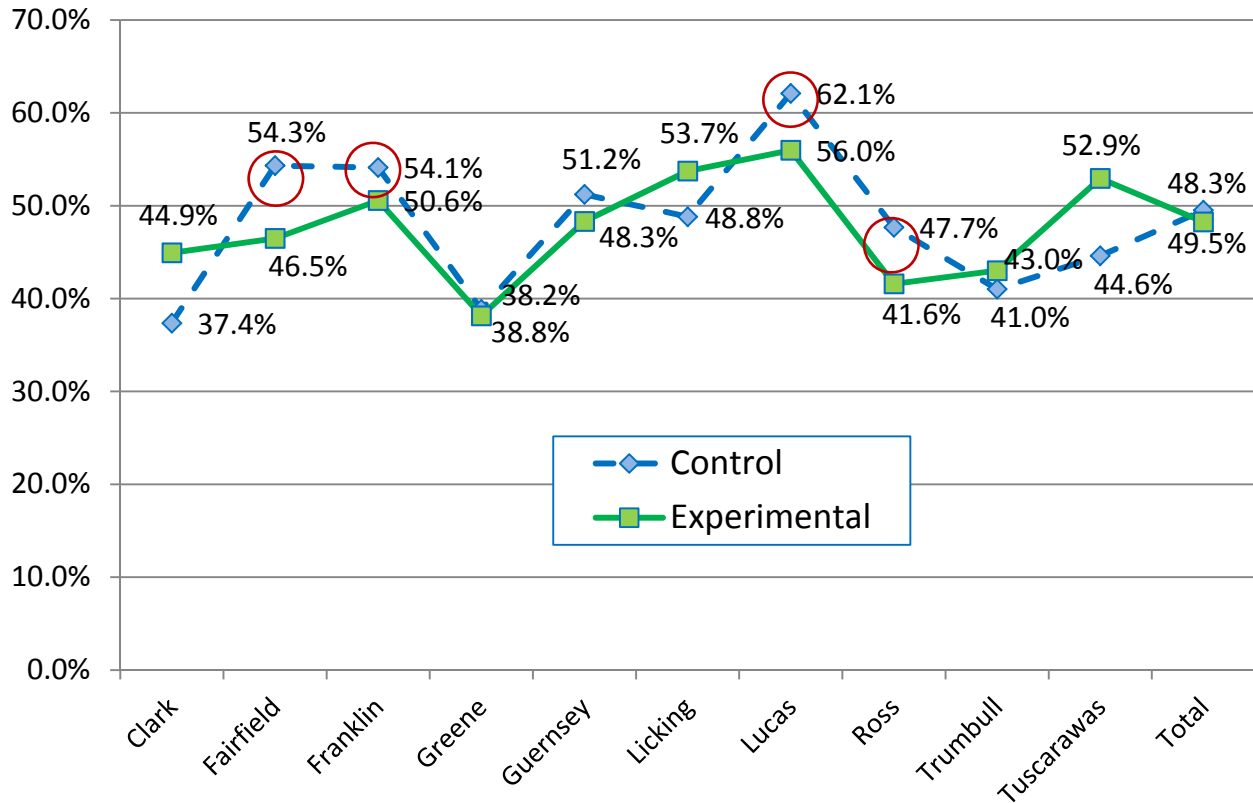


Figure 4.8. Proportions of New Accepted Reports for Families by County

How do we account for these differences? AR appears to operate differently from county to county, something we have described in detail in earlier studies. While we have been able to show overall differences in report recurrence in *large populations*, the difference become more ambiguous when examined at the county level. This is in part a result of smaller samples in more rural counties. Greater variation and error is expected in smaller samples. It may also be the result of *differences in pathway assignment* of families. For example, a local office staff that was very cautious about AR may have assigned only families in which there were few or no real child safety issues. Other counties may have assigned families with more severe safety issues. In the former case, we might expect few experimental-control differences because there is a greater likelihood that fewer or no assistance will be needed or provided and because such families are at lower risk of later child maltreatment. We hypothesize that this is a major factor in the *measured* success of AR with families. **Table 4.2** reproduces Table 3.1 from the 2010 Final Report of the Ohio AR evaluation. It shows the level of assignment of reports to the AR pathway (family assessments) versus the traditional pathway (investigations). The counties with the highest rates of assignment to family assessments were Franklin and Lucas. Together these two large urban counties contributed 43% of the families to the study and they assigned upwards of 70% of all accepted to reports to family assessments. Ross and Fairfield did not follow this pattern, but they were much smaller, together accounting for about 12% of the full study sample. *Counties with higher rates of assignment to family assessments must necessarily be assigning families with*

greater needs and a greater variety child safety and welfare problems. This hypothesis suggests an important area for further study, some of which could be done via a meta-analysis of pathways assignment differences across states. Is it possible that differential response (AR) is less successful in offices that assign only families to family assessments that have few needs and in which child safety is only marginally threatened?

Table 4.2. Pathway Assignment by County

County	Family Assessment	Investigation
Clark	53.7%	46.3%
Fairfield	55.9%	44.1%
Franklin	67.5%	32.5%
Greene	48.7%	51.3%
Guernsey	20.5%	79.5%
Licking	18.8%	81.2%
Lucas	70.0%	30.0%
Ross	32.4%	67.6%
Trumbull	63.0%	37.0%
Tuscarawas	36.7%	63.3%
Total	51.7%	48.3%

Any New Accepted Report. We now turn to a comparison of families that were not reported again after their case closed with families that were reported again, without regard to how many reports were received on any one family. This analysis is similar to that presented in

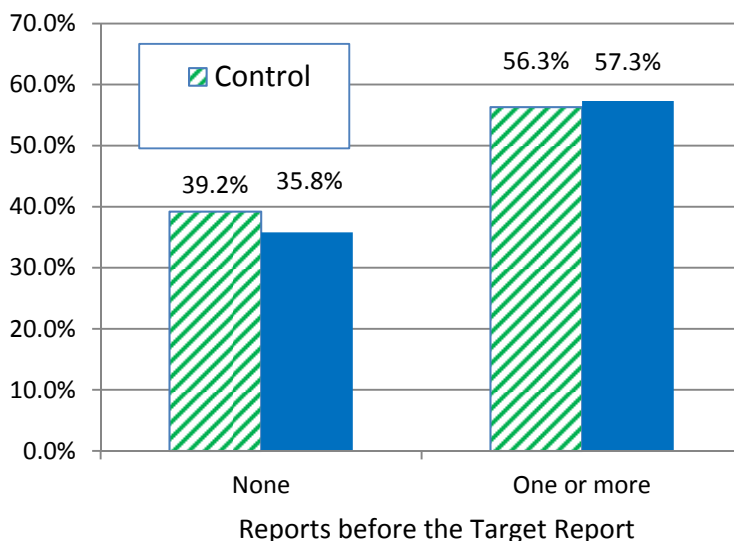


Figure 4.9. Subsequent Accepted Reports for Families with No Previous Reports or One or More Previous Reports.

the previous section, but permits time until a new report is received to be considered; that is: Were there differences, on average, between experimental and control families in the gap between the end of treatment and the reception of a new accepted report?

First, looking simply at overall percentages--46.2% of experimental families had at least one new report once their case closed compared to 47.4% of control families. This difference was not statistically significant ($p = 0.214$). Not surprisingly, considering the analysis in the previous section, controlling for past accepted reports,

experimental families with no previous reports showed some improvement. The difference

between experimental and control families was 3.4% ($p = 0.047$; **Figure 4.9**). There was little difference between the groups among families with previously accepted reports (1.0%, $p = 0.333$).

In order to add the dimension of time to a new report, we must move to survival analysis (Cox proportional hazards analysis). The results are shown in **Table 4.3**. The table summarizes three separate analyses. The first row of the table shows the results for the entire experimental and control group. As can be seen the experimental-control difference was not statistically significant although it was great enough to result in a statistical trend ($p = .097$). In the lower rows of the table the entire population is segmented into those with and without prior reports before the target case. Like the previous analyses, it is apparent that the primary effect of AR on this dependent variable—the emergence of a new accepted child maltreatment report and the time until a report is received—occurs among the families that were encountered by CPS for the first time. To reiterate, these families are, as a group, at lower risk of future maltreatment. However, as can be seen in **Figure 4.10**, over a third returned to CPS with at least one report in the 3½ year follow-up period.

Table 4.3. Cox Proportional Hazards Analysis: Experimental-Control Analysis for All Study Families and for Families with and without Accepted Reports before the Target Case

	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>Rel. Hazard</i>	<i>95.0% CI</i>	
						<i>Lower</i>	<i>Upper</i>
All study families	.072	.043	2.748	.097	1.075	.987	1.170
Families with no prior reports	.163	.067	5.876	.015	1.178	1.032	1.344
Families with one or more prior reports	-.004	.057	.005	.944	.996	.891	1.113

The difference is apparent in the hazard function charts, shown in **Figure 4.10**. The hazard function is the reverse of the survival function. Thus the height of the line increases over time as more critical events occur. A clear separation occurs in the chart on the left for families with no prior reports, corresponding to the statistics in the middle row of Table 4.1. The lines show that the relative hazard is greater for control group families in this segment of the study in that they have more reports *and* the reports occurred sooner than families in the control group. No differences are apparent in the chart on the right where the hazard function lines are indistinguishable.

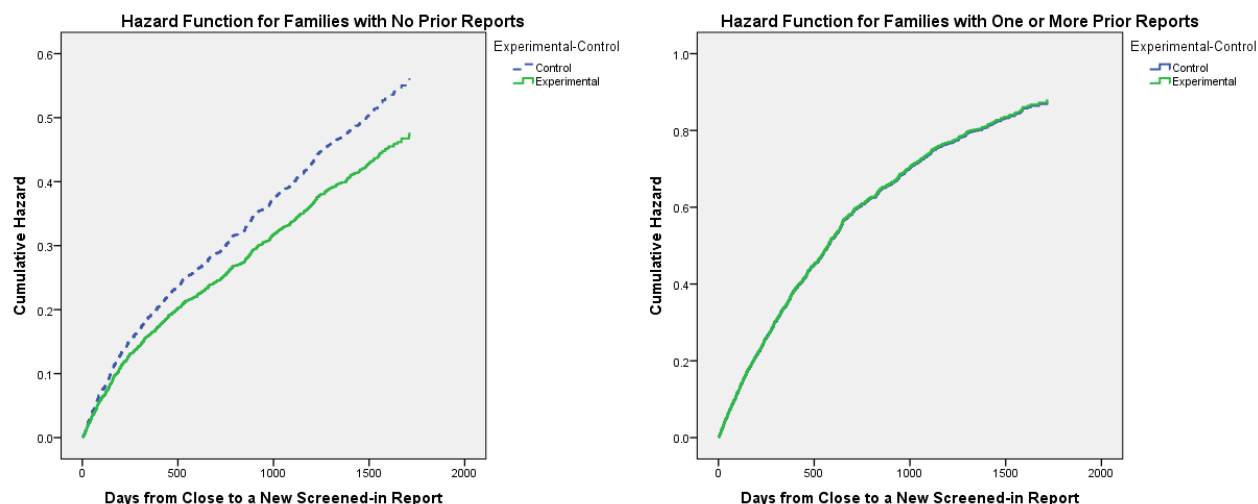


Figure 4.10. Proportional Hazards Functions (Days until a New Screened-in Child Maltreatment Report is Received) for Families with no Prior Report (top chart) vs. Families with One or More Prior Reports

4.4 Out-of-Home Placement

We have generally defined outcome events as those that occurred after final CPS contact with the family. However, just as we looked at reports during the target period, it is informative to examine placements while the target case was active. Pathway changes (from AR family assessment to traditional investigation) often occurred in Ohio when AR family assessment workers found more dangerous conditions in families. **Table 4.4** shows the proportions of families with a child removal in each period. Random assignment insured that roughly the same proportions of families with previous child removals entered the control and experimental groups. Removal of pathway change cases reduced the experimental percentage of previous placements by 0.4%. There was no significant differences between experimental and control whether such cases were or were not included.

Table 4.4. Proportions of Control and Experimental Families in which One or More Children were Removed and Placed Out-of-Home Before, During and After the Target Case (Analyses conducted with and without crossover errors)

Families with:	Control	Full experimental group	p (Chi Square)	Per-protocol experimental subgroup	p (Chi Square)
Previous Placements	17.1%	16.2%	0.233	15.8%	0.138
Placements during the target case	2.7%	1.0%	0.0001	0.7%	0.0001
Placements during case and follow-up	11.8%	9.8%	0.015	8.8%	0.0001

Significantly more children were removed in the control group during the target case. This was true whether crossover error cases were included or not included. This may reveal a

difference in orientation and procedures among investigators compared to family assessment workers. Some would argue that this should be interpreted as an outcome of Alternative Response, arguing that improved engagement led to cooperation of such families in plans to assure the safety and welfare of their children, while on the investigative side this happened less often and children had to be removed. On the other hand, it might be argued that investigators are more concerned about ongoing safety of the children and therefore more prone to remove children in such cases. Our work in studying child safety under AR and the opinions of workers about safety (see Chapter 2) suggests that vigilance regarding safety is not relaxed under AR. The reasons for these differences, both here and in Minnesota, might be examined by a more detailed assessment of what went on in cases assigned to experimental and control group status.

The important difference in **Table 4.4** concerns placements during follow-up. The analysis without pathway change cases shows an experimental-control difference of 3.0%; with pathway change cases the difference was reduced to 2.0%; both were statistically significant. As we noted pathway change should not be confused with treatment group attrition. Rather, the shift of families from one treatment condition to another introduce a treatment error into the experiment that may detract from our understanding of the experimental treatment of interest. What this means is that approaching a family for a family assessment and often convincing them to participate in more family-friendly meetings but then informing the family that this was a mistake in their case and they will have to be handed over to a forensic investigator *may have greater negative effects than would have been the case had they simply been approached by an investigator*. If this is the case then retaining the family in the experimental groups and treating them *as if nothing different had occurred* may introduce greater errors into the analysis than removing them. We believe this may be the case and is the reason behind showing the per-protocol approach in these analyses.

We should point out that the final row in **Table 4.4** shows the results for any removal and placement after the initial report, but also includes families that had removals during the case, returns to the family and then new removals after the case. The second and third rows of the table duplicate small numbers of families.

CHAPTER 5: COST NEUTRALITY AND SAVINGS

5.1 Introduction

In this chapter we conduct a comparative analysis of costs of AR compared to traditional CPS, as it functions for families determined to be appropriate for an Alternative Response. It is important to reiterate the latter: All the families included in this evaluation were determined by local decision makers to be appropriate for AR. Even though we demonstrated in Chapter 3 of the original 2010 report that counties varied in this determination, the study groups do not include the same proportions of very serious child abuse and neglect cases as one would find in the general CPS population. Thus, we should not generalize from this study to all families in CPS, which include greater proportions of families that are court involved and in which children are initially removed from their homes. Before examining the details of the study it is important to understand why studies of this particular kind are conducted and to acknowledge its limitations.

The Nature and Purpose of the Present Cost Analysis. All *ex post facto* cost studies are fundamentally outcome studies differently defined. In cost studies actions and events that are normally regarded as very different from each other are redefined and assigned a monetary value. Thus, a dollar is thought to be a dollar whether it is paid to a foster provider or to purchase a loaf of bread or as part of the salary paid to a worker. In this way, multiple activities and events can be combined and compared. The change from separate studies of various instrumental or long-term outcomes is the difference in value. Out-of-home placements can be counted and compared as we did in the previous chapter; similarly, new accepted reports and the activities of practitioners that ensue can also be counted and compared. The cost analysis assigns a value to these and combines them, and because placements are considerably more expensive than assessments, they assume greater importance when the two are combined. This kind of cost study, then, involves assignment of different weights on the same value scale to outcomes, permitting them to be joined in a single analysis.

Costs studies that are conducted in experimental designs are sometimes used to draw conclusions about the effectiveness of reforms: ‘it costs this much per child or family to achieve this much change in a particular outcome’ or ‘this much cost saving was achieved per child or family by instituting this reform.’ This is not attempted in the present analysis. Other cost studies are broad ranging, asking what are the costs, cost savings and benefits to the larger society. These studies usually involve data collection from multiple systems. The present study is not a cost-benefit study and focuses only on costs within the child welfare system.¹⁴ We call the

¹⁴ We have conducted both types of studies in the past and we include references here for interested readers who would like to see how they are done. Our cost-effectiveness studies were conducted as part of Title IV-E waiver evaluations: Indiana Title IV-E Child Welfare Demonstration Project: Final Evaluation Report. (2003). pp. 106-112. Retrieved from: <http://www.iarstl.org/papers/INFinalReport.pdf>; Minnesota Permanency Demonstration: Final Evaluation Report. (2011). Pp. 92-101. Retrieved from: <http://www.iarstl.org/papers/MnPD%20Final%20Report-2011.pdf>. An example of a full cost-benefit study is: A Cost-Benefit Analysis of the St. Louis City Adult Felony Drug Court (2004). Retrieved from: <http://www.iarstl.org/papers/SLFDCcostbenefit.pdf>.

present analysis, *a cost neutrality study*. It asks whether costs associated with the AR reform are greater or less in both the short-term during the initial target case, in the long-term as families are followed for several years, and for both periods combined.

We have attempted this in the present analysis by calculating costs in four areas: 1) indirect costs of CPS staff in doing assessment, investigations and ongoing cases, 2) indirect costs of staff in conducting out-of-home placements, 3) direct costs of services to families, and 4) direct costs of out-of-home placement. Indirect costs include monies expended for salaries and various administrative expensive. Direct costs generally refer to purchased goods and services.

Limitations of this Analysis. The best cost studies collect cost data at the level of the individual case. In child welfare field experiments this involves collecting data on worker time and activities and specific goods and services delivered to each family in the study. Data collection of this kind is exceptionally time-consuming and expensive to conduct and is the reason that such studies often involve relatively small sample sizes or are carried out only on randomly selected sub-samples of cases. This could not be done as part of the AR follow-up. The alternative is to fall back on averages witch are empirically-based or reasonably estimated. For example, knowing the average daily cost of out-of-home placement and the days that a child is in placement, the cost of a placement episode can be calculated. The primary limitation of this is that it may not reflect unknown variations. To continue the example, some placements are more difficult for providers and most states, like Ohio, provide extra difficulty-of-care funding. This can be taken into account, on average, in the daily costs utilized in calculations but may overestimate or underestimate actual costs in particular cases. This should be born in mind in reading the following analysis. This limitation will not affect the *relative differences* in experimental-control comparison, which are based on outcome measures. Practically speaking, this means that the *patterns* of the stacked bars in the following charts can be regarded as accurate. Inaccuracy, however, may arise in the relative size of cost categories *within each study group*.

5.2 Measures

Indirect Costs of Assessments and Cases. As noted, we have separated out these costs from indirect costs associated with out-of-home placements. Costs associated with worker time were analyzed and presented in the 2010 report. Here we summarize those procedures and findings. Full descriptions are readily available to interested readers.¹⁵ Case-specific feedback from workers provided information on types of contacts with families (face-to-face, telephone, other, collateral, service providers). Average times associated with these types of contacts were calculated based on responses to a general survey of workers in the study counties that were engaged in direct work with families. The total average minutes was greater for experimental families (513 minutes) than control families (382 minutes). Costs per minute were calculated using the Ohio Random Moment Studies for the final two quarters in calendar 2008 and the four quarters of calendar 2009. Random Moment Studies are conducted by states to do cost-

¹⁵ *Ohio Alternative Response Evaluation Final Report*, by L. Loman, C. Filonow and G. Siegel. St. Louis, Mo.: Institute of Applied Research. (2010) pp. 147-154. Retrieved from: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

allocation for claims of federal funding. They sample counties and workers within counties, who are asked on a specific sampled day to indicate what they were doing on particular sampled minutes during the day. Two of the standard categories of activities, intake/investigation and non-custody caseworker, were analyzed. Further details are available in the reference. The result was costs per minute for services in each of the ten counties in the study. For the present analysis these costs were averaged for the four quarters of 2009 and then adjusted for inflation to 2012 value. By multiplying costs per minute times the average minutes for types of cases (family assessment versus investigation) costs were determined that could be attached to the target case and subsequent accepted reports. These varied, of course, in each county as well as families since families had varying numbers of reports and varying responses of CPS to the reports.

Direct Costs of Services to Families. For this we also utilized the analysis of services in the 2010 report. The analysis was based on data on samples of families in 8 of the 10 study counties. Because data could not be obtained from two of the larger counties, it may represent an underestimate of average expenditures on families. The services categories analyzed may be seen in Table 12.2 in the 2010 report, but include both material and psychological services. As with the findings of worker time, the average expenditure for direct services was greater for experimental families. Adjusted for inflation to 2012 the average cost of direct services to families receiving an AR assessment was \$208 versus \$106 for control families. These were applied and reapplied whenever a new accepted report was received.

Indirect Costs for Out-of-Home Placement. Because a number of children were removed during the original target case and a greater number during the follow-up period, we decided to attempt an *estimate* of indirect costs associated with removal, placement and court-time. The frequencies of various activities and the times associated with them were not empirically derived. Rather they are estimates based on our experience following out-of-home placement cases and observing and following cases in Juvenile Court. CPS staff with experience in this area will probably regard these estimates as quite low. We realize this but were attempting to be as conservative as possible. Each child removal involves at a minimum the time for the removal visit, contacting and ordering initial care arrangement, transportation, other collateral contacts, and immediate follow-ups. We estimated conservatively 16 hours on average for these activities. In addition, each removal involves at least two hearings, usually in the first 60 days. First, there is an initial hearing to determine whether temporary custody is necessary which results in the child entering temporary custody. Then, sometime later (within 30 days in many states) there is an adjudicatory hearing to determine whether there is cause to keep the child in custody. Foster care workers attend these and must prepare for these; our conservative estimate of time was 16 hours. These were minimum hours for all children placed. For placements longer than 60 days in length, we assumed one court hearing every three months or 3 hours/month plus 6 hours per month of child, family and/or joint visits and various collateral contacts. These hours were assigned to each case and each child removed and multiplied by costs per unit time. Being child-specific, the costs may sometimes represent an overestimate since siblings that are removed and placed together may be less time consuming than those placed with separate providers. Others

might have estimated times in different ways. Empirical values would be preferable. However, as noted, this will only affect the relative costs within each group (experimental and control) and not the relative difference in comparisons across groups. This is true because the ultimate basis of the values is the number of children removed and the length of the combined placement episodes per child.

Direct Costs of Out-of-Home Placement. We had full data on the number families with children removed, the specific children removed and the length of each placement episode of each child. We did not have the actual daily cost associated with each placement episode. That would have required access to financial data, which would have required a system of surveys of bookkeepers in each county, something we were only partially successful at doing in the original evaluation study. Thus we fell back on other empirical work to determine costs. The 2012 National Survey on Family Foster Care Provider Classifications and Rates provided costs of placement for children in various age groups.¹⁶ Ohio provided a base rate to the survey but also reported a very large range of variations for difficulty of care. The authors of the report developed a method of expanding the base rate to include average rate increases based on the age of the children. The average daily rates for Ohio were

Age	Daily Rate
0-2 years	\$ 21.84
3-5 years	\$ 22.07
6-8 years	\$ 24.32
9-11 years	\$ 25.18
12-14 years	\$ 26.48
15-17 years	\$ 26.95

The procedure involved determining the number of days in placement for each child in each age group, multiplying by costs values times days, and then summing costs for children in each family.

5.3 Findings

Full Study Groups. Because this analysis was based on application of average costs to cases and activities of specific kinds, we were able to include the entire study group, that is, all experimental and control families, in the analysis.

Pathway Change Cases (Crossover Errors). While we conducted both full experimental and per-protocol analyses in Chapter 4, in cost studies the question is total costs of the experiment and experimental anomalies such as these do indeed cost money. Thus, all experimental and control cases must be included in the cost study.

¹⁶ DeVooght, K., Child Trends and Balzey, D. (2013). *Family Foster Care Reimbursement Rates in the U.S.* Annie E. Casey Foundation, Casey Family Programs and Child Trends. Retrieved from: <http://childtrends.org/wp-content/uploads/2013/04/Foster-Care-Payment-Rate-Report.pdf>

Costs during the Target Case. Mean costs during the target case can be seen in **Figure 5.1**. As in the original 2010 study the indirect and direct costs of experimental cases provided with family assessments were greater. This can be determined by comparing the two lower segments of the stacked experimental and control bars. The total for control families was (\$982=\$112+\$870) compared to the total for experimental families (\$1,310=\$208+\$1,102). A difference between these values and those in 2010 is that they were adjusted for inflation to 2012 and care was taken to include, on both the experimental and control sides, costs of new reports *during* the target case. The latter (usually investigations) were not large but did serve to inflate slightly both direct and indirect costs for both experimental and control cases. However, as was demonstrated in the previous chapter, control families experienced a greater number of child removals and placements during this early period. When those were calculated and averaged, control families incurred higher costs (\$470=\$337+\$133) than experimental families (\$62=\$36+\$26). Consequently, for this sample total costs during the target case were slightly higher on the control side (\$1,451 per family) compared to the experimental side (\$1,372 per family).

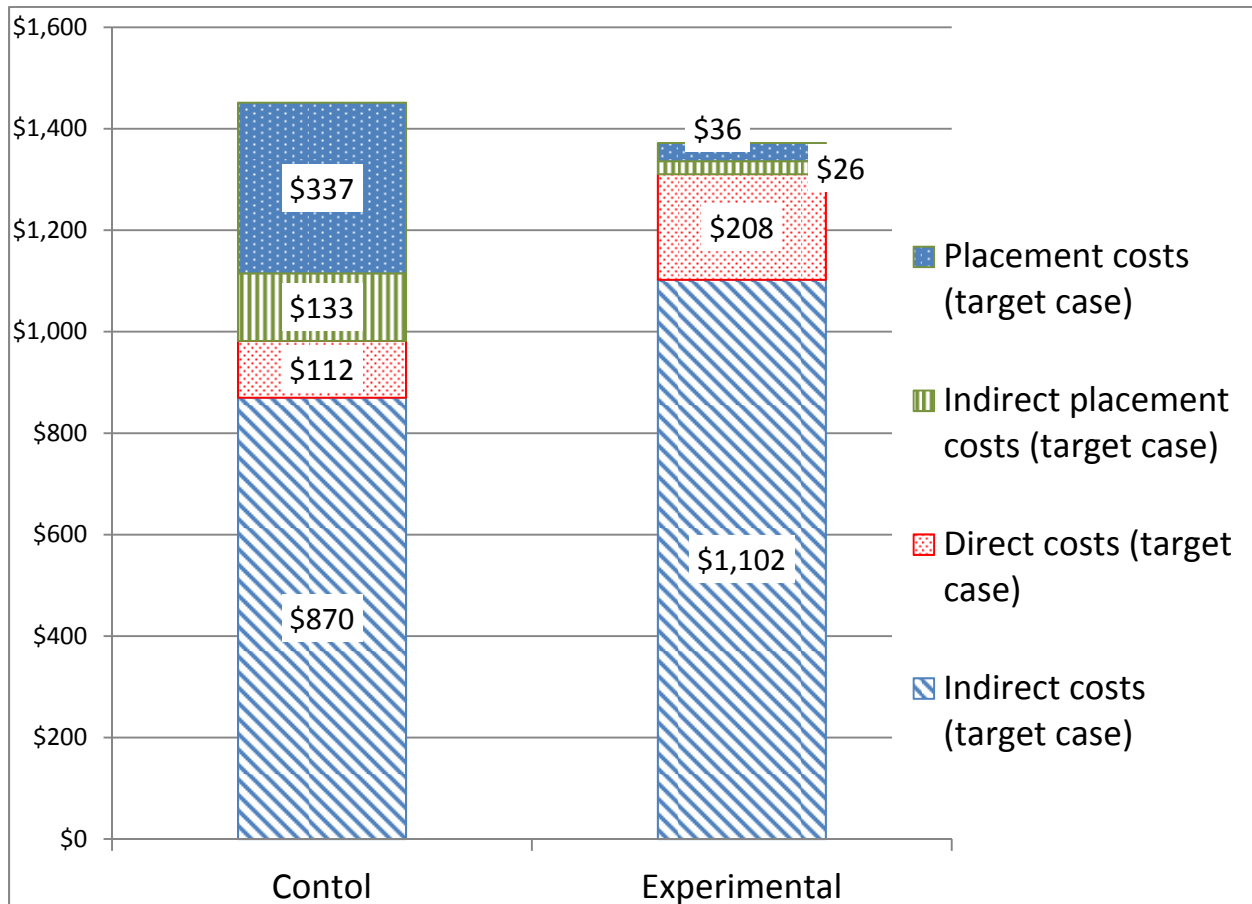


Figure 5.1. Mean Costs per Experimental and Control Family during Target Case

Costs during the Follow-up. As noted previously, 3½ years of data were added to the original study resulting in roughly 4 to 5 years of follow-up time per study family. As seen in Chapter 4, a fairly substantial proportion of both experimental and control families were encountered again via new accepted reports. These were multiple for some families and in a number of cases children were removed and placed in out-of-home care. Thus, costs increased and the pattern of costs changed, as can be seen by comparing **Figure 5.2** to **Figure 5.1**.

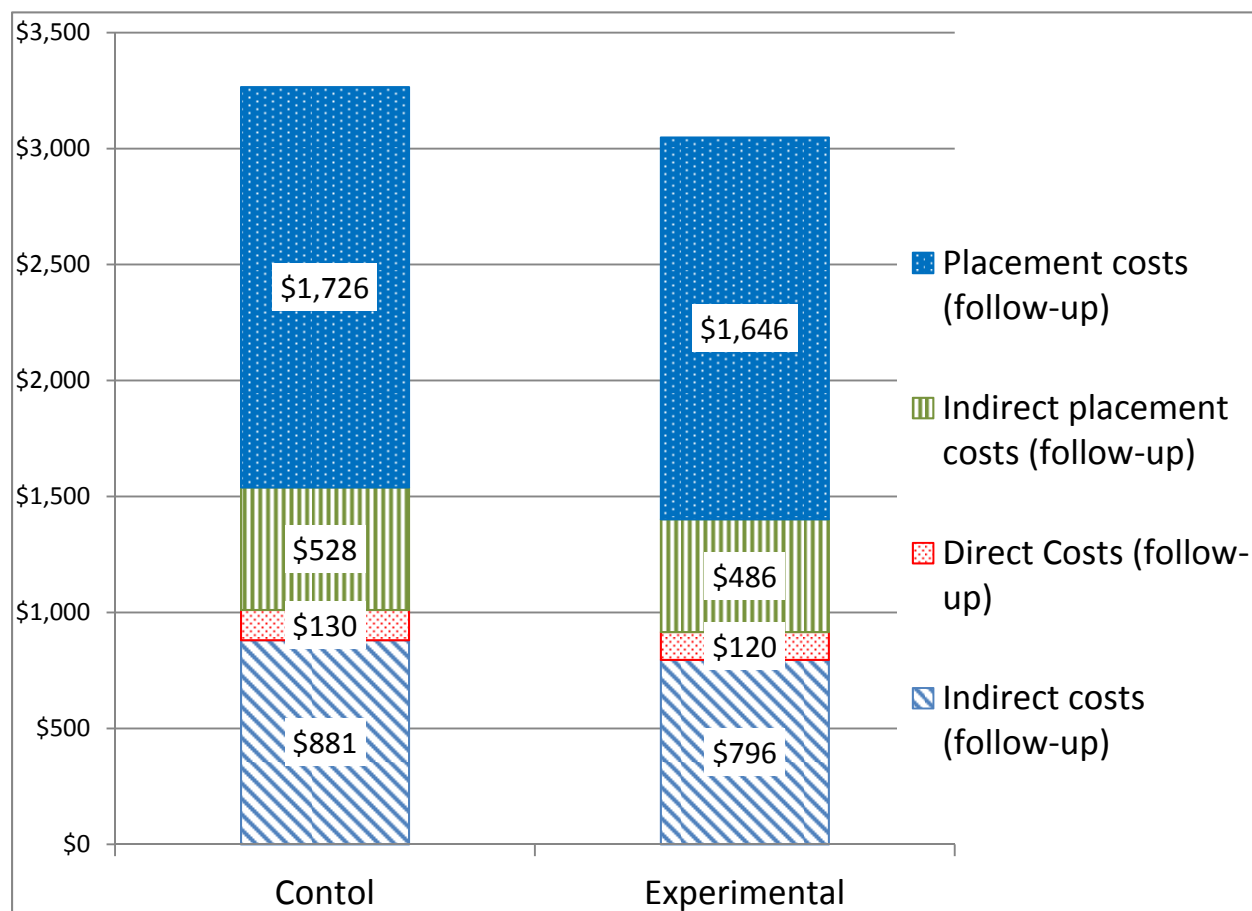


Figure 5.2. Mean Costs per Experimental and Control Family during the Follow-up Period

As families returned to the system, the direct and indirect costs of new assessments/investigations were assigned to each. The differences between control (\$1,011=\$130+\$881) and experimental (\$916=\$120+\$796) primarily reflect the higher number of subsequent accepted reports after final contact with families. Similarly, costs associated with placements were higher for control families (\$2,254=\$1,276+\$528) than experimental families (\$2,132=\$1,646+\$486). This also is primarily a function of increased later placements on the control group side.

Finally the totals of **Figure 5.1** and **5.2** are brought together and summed in **Figure 5.3**. The total costs for families combined from the date of their first report received, between July

2008 and September 2008, through June 2013, in the categories we have described, can be seen. As noted these are average (mean) costs distributed across all families in the study. As can be imagined, costs of individual families vary substantially. For example, families with several children in longer-term placement incurred thousands of dollars while other families that had unsubstantiated investigations or family assessments with no services incurred only a few hundred dollars in those categories.

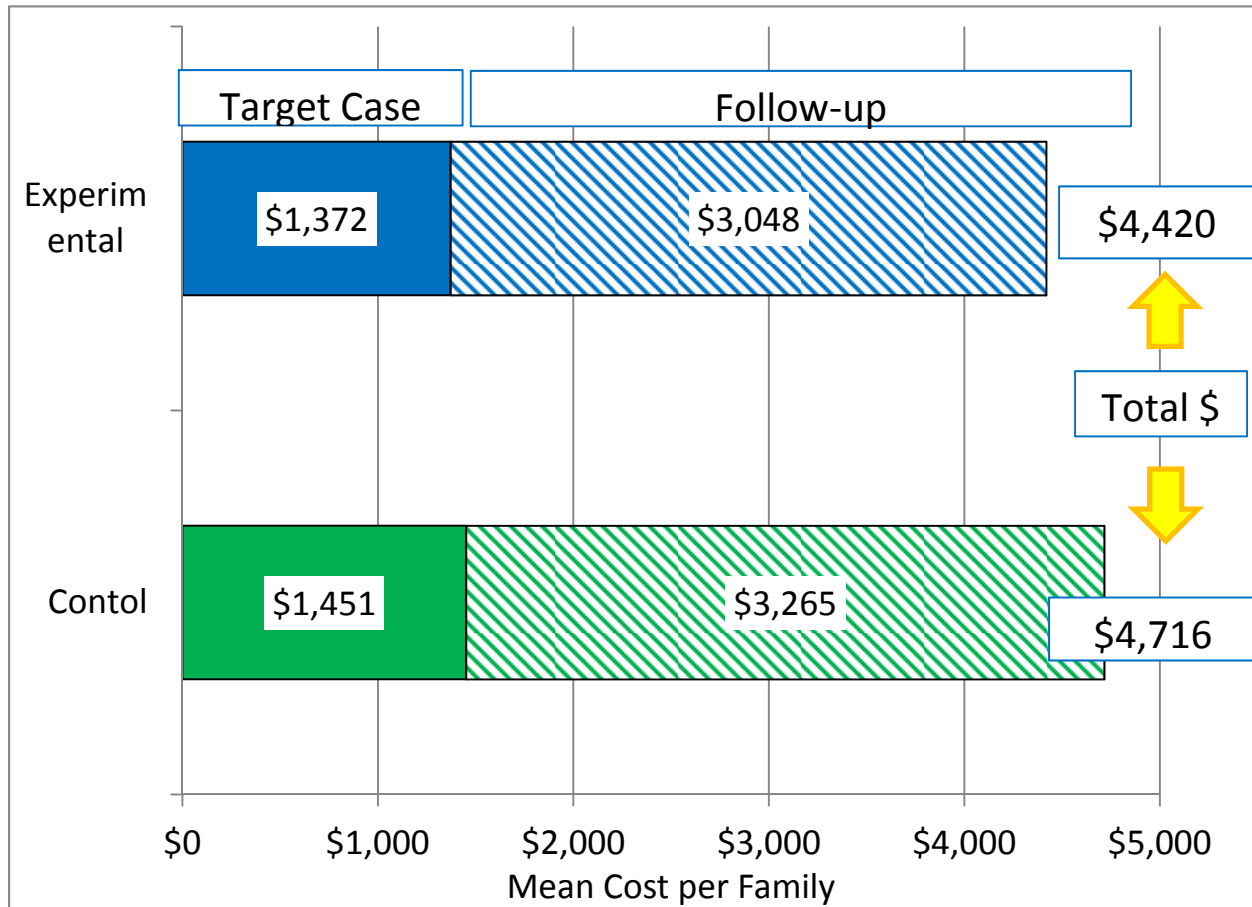


Figure 5.2. Mean Costs per Experimental and Control Family during Target and Follow-up and Total Mean Costs

We have not conducted a sensitivity analysis for these families, although we have pointed out the limitations of the analysis and suggested that within the experimental or the control group the relative size of some of the categories might have varied had other decisions about costs been made. Given the general approach, however, no adjustments of these kinds would change *the relative difference* between experimental and control, that is, experimental families would cost less. On the other hand, the difference between the totals (\$296) was not great. We conclude that AR families in Ohio entering in these ten counties during the 2008-2009 period were slightly less costly than a similar group of families that were approached in the traditional fashion.

APPENDIX 1. COMMENTS OF STAFF RECEIVED IN THE 2013 GENERAL SURVEY OF WORKERS AND SUPERVISORS

Respondents wrote in many responses to the open-ended questions in the survey. These are summarized in very general form in Chapter 3. Here they are presented in full.

Question: *If you worked in child protection before the start of AR, has the Alternative Response program affected how you approach families or perform your work, this is, are you doing anything differently than before?*

Viewing the family as the key informants to their strengths and resources.
More time with the families.
I haven't seen a great deal with some of the cases referred to AR as they keep repeating and there is not a lot of change.
All clients are not looking and asking for money and handouts all the time because that is what they think the AR program is.
The only difference was that in AR I was able to work with families longer if I developed a service plan with them. This allowed me to continue assuring safety and make sure the family got the most out of local services. There was also more contact with them...
More families are receptive to the process
Obtained skills needed to do an effective investigation and approach cultural differences with understanding.
I treated cases the same way prior to AR.
We come into their homes from a different angle. Not sure if it matters to families, but does change how we handle things.
The training gave me new tools to engage with families and be removing labels; families are more likely to trust me quicker.
I approach families in same way except for changing working of AP to AS for example
The only difference to me between AR and TR are the terms AP, ACV VS. ASOR or CSOR. If you were doing good casework to begin w/ you were already referring families to needed services.
I always ask for family's input when making decisions. I explain to them that I only see small snap shots of what is going on in their family and they see the whole picture because they live it. I feel that it empowers families...
If you were doing true social work before not much has changed. The values of the profession align with AR models
Less stress on families... They feel less "attacked."
But coming from Wraparound, which is very much an AR approach, I see FCS workers coming in with more assistance of community services.
AR has deepened my understanding of importance and effectiveness of partnering with families in increasing child safety and reducing risk.
I'm sure to include specific AR language. However, the focus of my practice appears the same.
[Our office] has always had a ""family-friendly" approach to working with families and has strived to keep children safe and families together."
It is always important to start where the family is at and engage family members to identify strengths and areas for improvement. In AR it is difficult to help staff develop skills to assist family members to move through denial.
I provide the same services and engagement but I do change the wording and use concerns/ASR/CSR.
I will try to avoid language that may build barriers between me and people I serve and try to build on the strengths of those I serve
The standards are not applied consistently across units and departments. There are people still doing business as usual.
I have always approached families with respect and the right to their own self-determination.
Looking and viewing things from the parent's perspective, from a voluntary stance [while] at the same time not compromising the safety and well-being of children.
I try and be equally engaging and supportive with all families.
When working with AR families they seem to want to tell you more in the new approach.
In my unit we have always been encouraged to obtain parent input and to approach families in the way AR is written
Cause of risk is looked at, and if there are services that can be given to family w/o opening a case, that is being done.
I treat all of my cases the same.
AR has helped enforce the way our Agency looks at engagement skills and has facilitated the organization of and training on Family Engagement.

Families don't feel as threatened by AR workers
The team has been able to build a positive working relationship with families in order to get to the barriers at the root of the neglect and or abuse. It is much more productive to work with the family as partners...
A lot of caseworkers, me included, were already in line with the AR philosophy.
I have never worked in AR but have always taken an approach in which I empathize and engage with my clients and have been family centered.
The families learn they are responsible for making a plan to keep their children safe.
More frequent engaging with families, being more creative in addressing the concerns
Not making dispositions or accusing people of being perps is a good thing.
I do not do AR but the investigators that do seem to help the families w/AR services.
Increase families decision making capacity, increased rapport.
By explaining the AR philosophy and making them more a part of their family plan. But my approach with the families hasn't really changed. I still treat them with the same respect, etc. as before.
The AR approach allows for more positive interaction. The caseworker and family work together to identify strengths, and develop them. The AR approach allows the family to retain more control over their case progress, and direction.
The only issue for me that is different in the way I use A/R versus traditional is the language.
I have been able to continue my style of casework and engagements tactics.
Approaching families in non-confrontational ways, trying to get to the root of the problem to establish services that will be beneficial
I was an AR intake worker in 2008 and I feel it helped re-frame my thinking as a worker.
I feel the only difference is the type of paperwork that is involved e.g.; case plan vs. family service plan and the case reviews.
AR has always been a part of good practice.
Engaging family and getting their input and cooperation improves outcomes of cases.
I made a decision to come to Child Protective Services because of the establishment of AR in our county based upon my belief in the AR philosophy.
AR would work better if we truly implemented it as an ALTERNATIVE response instead of a modified CPS service. Caseworkers still look at it as a traditional case and some say that AR cases are much more risky & time consuming than traditional cases...
There has been more of a shift in looking at what the causes are and if the family is in need of a support that would change the risk of a child that is non-conventional, we are more likely to try it than we were before. There is a more thinking outside [the box].
I only know from hearing from protective workers that the families are more receptive. I do not supervise AR nor work with AR cases personally.
The AR approach is less intrusive.
Calling the family first, different wording to make things seem more of as a support rather than investigation.
Our Agency was using the Strengths Based empowerment theory prior to using AR
"I think the model is beneficial when there are ways to put in the upfront "hard" services and for families who have had limited involvement with agency."
AR takes some of the pressure off the case workers in the sense that there are certain cases they can do so that we are not spread so thin. However, enough is not accomplished through the time barrier of AR..
The families are more open and seem to be more relaxed then the traditional.
My approach with families is the same with a TR vs. AR case. Most of the time families do not understand the difference, as AR and TR are really only agency terms to them.
"Like the focus on strengths based family-centered approach, less labeling needed, e.g., "alleged perpetrator" not needed...
I always believed in partnering with families but AR is more focused on what the client feels that they need which is new to me. I like it!
I think I always had a mindset similar to Alternative Response when working with families.
As an ongoing worker we already [have many] techniques of joining with family and using their strengths. We have benefited from some of those cases not coming to ongoing.
I still ensure the safety and well-being of the children as needed.
Only difference in my practice is not using the TR labels, ACV.. Ap... etc.
Paradigm shift. Empowering families to be the authority of their own members. Using AR philosophy and approach, even on traditional cases.
Putting the family at the center and what is in the best interest of the child (not just doing the investigation), received IPV training which has been extremely beneficial, linking families with services instead of just giving them referral information...
The AR models is very effective in certain cases.it should not be used as a one size fits all. In those cases in which it is effective-dependency, some domestic violence, some abuse/neglect-it can be an excellent model. In more severe cases it can ... {answer

cut off}.
Involving the family in the planning and decision making has made a huge difference, as the family feels empowered and important. They aren't being told what to do; they have a hand in planning and decision making.
I worked in child protection in 2006-2007 as well. I was a traditional caseworker prior to being an AR caseworker. I do think that it is beneficial to engage with the family over the phone prior to meeting with them. Otherwise, I do not think there is a ... [difference]
AR had started in my county before I became an AR caseworker.
We provide support, education, and counseling services to families who have been referred to CPS. The values, practice approach, and skills required to provide these services - especially in the context of a CPS agency - compliment, but precede AR.
I believe no matter the terminology you must treat your families and clients with respect. You must be fair and nonjudgmental in this line of work regardless of the allegations and circumstances.
I allow the family to take the lead in determining what they are willing and able to do to alleviate the current concerns.
Not doing anything differently.
I have had the approach before you gave it the name of AR. It has always been about treating people with dignity and respect.
I have always been respectful of my clients. Taking time to get know my clients finding out their needs and how the agency can help them move forward. I approach my case as if this is about my clients and their family not about what I need to do...
By using a more family friendly approach
I feel that I have always treated families in the AR philosophy.... with respect and dignity. I think the larger change was ""inside" the agency. Completely different way of thinking."
CW engages with the family effectively regardless of the status.
Although attended AR training, my work continues to be from the Family Development model.
My work and approach depends on the goals and needs of each family.
My perspective is that we are trying to work as a team and help the family identify resources instead of penalizing the family and going with negative info.
I learned to ask open ended questions to get a client to talk.
I employed some of the same philosophy with my families when appropriate, prior to AR starting.
I think I used very similar approach before AR in regards to how you work and speak to families
I feel I engage with both AR and traditional cases the same; it's the families that seem to notice the difference.
We don't have APs or dispos. Unfortunately AR has reintroduced investigation which we were not using on cases prior to AR (language-wise). In some ways, AR has had a negative impact on our practice now that investigation language is once again used.
"No longer do we have to label the family. It is less invasive. When you work on issues to prevent future incident it is less threatening than singling out an incident that occurred due to other issues going on in the family. No more "incident driven"
Many of the AR principles and philosophies I have always embraced and tried to implement in my own and my staff's practices. Transparency, family centered and solution focused have always been a part of my practice and supervision.
Only change is the language when explaining the referral, either allegations or concerns.
I think I am learning to think outside the box more.

Question: Would the AR approach have a positive effect on families if there were no additional funds for services?

We offer the same types of resources to our traditional families so it's not the funds that are having the positive effect.
Having funds and resources helps a lot.
The group that is in the AR unit are young and they are inexperienced and they have their own thought process.
Families need financial help at times and there is no one else to give them the money they need. This has kept families together.
The funding assists our agency in provided needed services for these families to maintain children in the home.
Money helps
When funds are lacking and the family is unable to address the concern then the problem is still there.
Money for services is a critical factor to any family's success.
AR families do not received any different access to funds than TR families.
There are no additional funds.
What funds?
If there were no funding for the services these families would not have the supports provided by AR and would still have the stressors attached to the needs. These stressors are what add to risk of CA/N for children in AR eligible households.
I do not feel that I use any more funds for my AR families than what I do for my traditional families. There are not really any funds left.
Sometimes, parent just needs someone to talk to and listen to the problems they have been having.

I believe that AR would have a positive effect on families because caseworkers have or gain the knowledge to refer their families to community supports.
Community services are an important part of effect on families.
The hygiene pantry and household items that AR has been able to offer, often is the reason the family is able to succeed.
Yes [AR would have a positive effect without finds], but not as much
The knowledge and link with service providers is equally as effective as the approach
I think that the AR approach would still have a positive effect on families because, as an agency, we are still working together with the families to help them make changes. However, the agency can only do so much in attempting to help the family make ...
Feel this approach needs to be funded adequately.
Approaching a family in a manner to offer support allows the family to recognize Agency as a support and not punitive encouraging them to reach out when has questions or needs
I think that some families buy into AR due to the money that is attached but I also feel that some families truly engage with the worker and are more comfortable with the AR approach vs. the traditional approach.
An AR worker can work with the family longer, making sure necessary services are set up and being followed through with.
If the funds are not available for the services they would than become TR cases.
The approach helps but with no resources to follow through with limits reducing risk to children and families.
I'm unaware of any additional funding or resources for my AR families as compared to my traditional families. I believe the difference comes from the amount of support through increased visits.
It is a philosophical framework that doesn't cost any additional money.
Funds for services are the same for TR and AR cases. I do not see where funding is the solution or the problem.
I feel regardless of the approach, families should be willing to participate in services once there is agency involvement.
With AR funds we are able to provide more to the families.
Funds for services are needed.
We have had extra funds to help out to show those that we are willing to work and help if funds were not available it would be harder to help families.
Our agency offers the same services and pay scale to families in traditional or AR. I do not feel many of the families we service would have a way nor the means to attend the services recommended without the assistance of the agency.
If services couldn't be offered it is unlikely that change would occur w/o opening a case
We have not had funding for AR in quite some time. Often this was beneficial for families and their issues under AR. I also believe that it is all in the approach and engagement one takes with a family versus just funding.
Finances are big barriers for families
At this time there are no additional funds to utilize with families in this county above that of TR.
There are additional funds?
I feel that how we work with families is the biggest percentage of the difference we are going to make.
Using natural supports to build a safety network around the children.
In traditional CPS funds are limited due to various requirements. With AR, the actual needs (i.e. car repairs vs. bus pass or taxi only).
Services and money to assist with basic needs to address poverty issues is extremely helpful to families
Money is needed by most of the families we serve.
I do not work in this capacity.
funds are limited now
We could still use the family centered, family friendly approach and involve the families more in their plan. That doesn't require money!
Most families are in need of some sort of funding.
The services are truly the support to the family. Our engagement with the family is the gateway to services. Without the services. This is just lip service.
Families need concrete services additional funding can bring even if the assistance was short term or one time.
Yes, the AR approach is more family friendly and will still have an impact.
The funding helps to access preventative services that are sometimes not otherwise available.
Yes, how you choose to engage with a client is important.
In every case practice should be family-friendly, engaged, and serviced to their specific need. Whether AR or TR approach.
Currently, more funding is need for additional services but AR is still having a positive effect. Without services, it is not known the length of time the positive effect will last or how much better the effect could have been...
Everything costs money; we cannot take away the money and expect the approach to be successful.
It would still have an impact on families based upon the approach alone.

The AR approach allows SW's to at least get in the door. Most of our families have medical card for services.
Funding is needed to provide families with the services they need to reduce risk. Lack of funding would increase risk.
Funding usually makes programs work more effectively in any situation.
There aren't really extra funds available now but the lack of confrontation seems to help get us in door and working w/ family and they might be more receptive since they aren't being accused of wrongdoing.
They would not be able to access services.
Limit our ability to provide proper services
Family benefit from the Funds, however, using the AR approach helps family find their own answers to their problems
AR has a more empathetic approach to engage parents.
The types of cases assigned to AR lend themselves to being open to the AR model and in need of services that can be found using additional funds (getting a used car, buying clothes for job interview, etc....) to get families to a level of functioning where...
I do not believe there has been enough research in this to give a good solid outcome indicator. I believe without the funds for services there is great positive effects on the families because to them we cannot deliver what they are in need of...
AR is empowering for families.
Under AR if families are in need of services that we can no longer provide due to issues with money then the likelihood of future CA/N will increase and be intensive. This would lead to an increase in TR cases given the nature of the Abuse or Neglect.
Additional financial resources were initially included in the AR cases but dropped off after test period - they are still needed to handle chronic issues
The positive effect is the working relationship that is established which is helpful in case management.
The funds are essential in preventing removal. Something as simple as paying rent may be an essential factor in maintaining a family intact.
The extra support services that have been offered financially to stabilize families are a huge benefit.
There would still be services that could be utilized by families through insurance.
We are working AR now with no additional funds. It would be nice to have financial resources for our families. However, the approach we employ is what really makes the difference.
Services are still an important part of assisting a family to overcome risk factors related to CA/N. If services are not in place to assist, change may not be able to be made by families as there are no community supports to support or initiate this change
The approach is most important including being able to build rapport with families. This allows AR to get to the core or underlying issues to keep children safe. However, without needed services available in the community it is difficult to help family...
Sometimes family needs more intervention then AR.
It would be not as effective in some scenarios, but in others it could still have a positive effect.
The economy is tough right now and people are struggling to make ends meet. We work with families who are living with other families because they can't afford to each make it on their own.
There does not appear to be extra funds at this time and still AR has a positive impact.
The practice of engaging the family with a phone calls first rather than an unannounced home visit would probably be more preferable to families. Even if there are not services in the area, the family would be more likely to engage with the worker who could...
Engagement component is a great asset to the approach and if there were no money family would still be more open as a result of the approach.
Poverty and stress create barriers to a parent's ability to meet the needs of their children in a safe and stable manner. When flexible funds are available to meet imminent needs, children benefit and parents are better able to problem-solve.
For what I have seen, [my county] has no additional funds for the AR cases I have had.
Families need and request help.
There are no funds now for AR.
It has been my experience that voucher requests are often not approved; I am not aware of current additional funding for services.
"The original funding for our families allowed us to "think more out of the box" to help our families. Due to financial restraints, we are more limited."
Some families respond to additional help because they know there is money available for them.
"My experiences in Home-Based services are "family centered and family-friendly" is the "best practice" approach."
Families have needs that must be met.
I take the time to listen to the client's problem and treat people with respect. This is free.
The public has this preconceived notion about children's services and it is hard to get them to understand new changes.
Without services I do not feel that any approach would work because safety needs to be paramount with any case. We need to

at least be referring families to appropriate services if they are needed.
I believe our practice was better prior to AR, as we were all using assessment language. The funds are needed in AR cases. Families need hard services these days and are struggling to make ends meet.
We really do not have additional funds as we did in the past and we seek out other alternatives before requesting any monies from the agency. Families do find other means when the agency cannot help.
I would hope the engagement and relationship building piece would mitigate the money side of the approach.
We have no additional funds.

Questions (19a and 19b): What kind of training or technical assistance would help you and your coworkers most? AND What kind of training has helped you the most in the past? See / Past training: below.

Having seasoned workers in the unit that are able to assess a situation and know how to build relationships. / Past training: Working with a seasoned workers with different approaches so I could see different ways of handling things and picking and choosing something from the different workers.
Overview of AR and SACWIS AR training on working with the AR forms in SACWIS. We do not know if these are being inputted correctly because we have never had any training on these forms.
/ Past training: The AR Primer
Technical and field and court. / Past training: shadowing co workers
/ Past training: AR Primer training
I feel some of my coworkers are negative. I have heard them say negative things about each other and the families that we work with. I feel that [if we were] more positive with each other that would transfer to our clients. / Past training: I have had extensive training in regards to all aspects of AR.
/ Past training: Hands on training--actually working through cases.
Approach, diagnosing problems. / Past training: Cultural training.
/ Past training: I worked Family outreach and the training for family reach was identical to the training for Alternative Response.
We need to more information on community resources; what is available and procedures for linking clients to specific agencies.
The kind of training or technical assistance that would help me the most is hands on training, that is going out and spending at least half a day with the community supports to become familiarized with who they are and what they do. / Past training: Hands on.
Our county has begun AR cross training to assist with training staff outside of AR about AR. / Past training: No past training on AR.
/ Past training: Small group, one day trainings.
More information on mandates and philosophy. / Past training: drug use, working with difficult clients, legal trainings
/ Past training: Substance abuse and drug related training because I feel it is often hard to engage these clients.
Seeing how we are a traditional unit, the specifics of AR is unclear. I often get AR as an OIC. / Past training: Hands on interactive trainings.
A review of AR techniques and how to implement as a supervisor. / Past training: Talking with supervisory peers with more AR experience.
/ Past training: The one on one training with my supervisor.
More information about the resources, explanation of AR. / Past training: Culture
/ Past training: Understanding and hands on experience.
/ Past training: Training that expand on poverty, cycles, clients' needs, etc. have helped me gain a better understanding of what our current families are facing and how to develop a relationship with them based on their current situation.
How to handle when parents do not understand the risk to their children or how their behaviors increase the risk or cause harm. / Past training: I am not able to pinpoint one training. My primary theoretical foundation is rooted in a family systems approach.
How to connect to services. Better relationships and contacts with service providers. / Past training: CORE/Child development
Just an update on AR, we had some training when it first started / Past training: Basic overviews of programs.
/ Past training: Speakers/video/handouts.
Job shadowing AR workers, etc. / Past training: Job shadowing, etc.
The training would be ensuring that cases are actually AR cases and not TR or FINS. / Past training: Engagement, Cultural diversity
Have all employees go through an AR workshop, then as an ongoing service have half-day updates on new trends/research as this continues to be utilized. / Past training: Just the overview comparing/contrasting AR with TR
I believe ongoing training is always important; I particularly think refreshers for AR assessment workers are important, as it appears some have a tendency to go back to a more traditional approach. / Past training: Engagement/case planning.

/ Past training: Family Center approach and the stages of communication.
Some still have negative feelings about AR and what the approach is. Some feel AR does not do as much as TR.
People need to take more time with clients to as I say dig a little deeper to see what is going on. Don't look at the surface. / Past training: interviewing, listening type trainings.
More clarification on time frames for completion of mandatory paper work, service plans and safety plans / Past training: explanation of changes as they occur
I think that each Agency operates AR a little differently. I believe that our county does it very differently from other counties that might have better success than we do, but do not have the stats to know this for sure. / Past training: Hands on training.
with new mandates, new approaches
/ Past training: Engagement
/ Past training: The 2 day overview was sufficient.
Training for supervisors. / Past training: Solution-focused and interviewing trainings.
/ Past training: Those that included tools for engaging clients
Understanding exactly how to screen in an AR and the [effects the] approach it has on families.
More seasoned workers are the most skeptical of the approach. They seem to be "entrenched" with the past and need additional convincing or training. / Past training: Specific cases- the philosophy and background of the AR approach. What the goals of the AR philosophy are (i.e. keeping kids out of the foster care system, for example). Most people can agree with that.
/ Past training: Drug abuse info, DV
Case examples, practical knowledge / Past training: Case specific examples, and trainings related to the issues that many of our families face, i.e. mental health, domestic violence, etc.
I am not quite sure what kind of training. I know that until Alternative Response becomes familiar to all parties in the Agency. We need assistance to become familiar. / Past training: I do like the quarterly meetings.
/ Past training: Just explaining what the difference is between AR and traditional.
Comprehensive training for workers who do AR. Overview training for all other workers within an agency.
There needs to be a greater reach out to the traditional and new workers. As a pilot county we had agency wide training prior to the implementation when aspects of the approach were not fully understood or put into place. Since that time we have had ne
/ Past training: The national conferences.
/ Past training: Clarity of AR practice
/ Past training: Engagement Trainings have helped staff.
/ Past training: application of the approach with families
/ Past training: Training related to family systems, addiction, domestic violence and effects of trauma on families.
Again, implementing a true alternative response as opposed to a modification of the current system. / Past training: critical analysis and thinking training; training where I am able to stretch the limiting boundaries of child welfare while still being effective, promoting family engagement and meeting the needs of the family.
/ Past training: I feel starting off in AR with a hand on approach has helped.
Just ensuring that everyone agency wide is trained on what AR is and what techniques are used to facilitate a successful interaction. / Past training: Hands on.
/ Past training: engagement training has proven to be useful.
Yes, for those employees who do not work in AR - at least an 8 hour training / Past training: AR training which was mandatory
/ Past training: The basic training offered at the onset to let us know about the different approach w/ the family and why it was being implemented/how it differed from traditional approach.
More workshops on the purpose of AR, the benefits and statistics to shows its effects on cases vs. traditional / Past training: workshops
/ Past training: I received a training as a UPP Student, and studied AR in UPP Child Welfare class at OSU
I work in TR. / Past training: I work in TR.
I work in Adult Protective Services / Past training: I work in Adult Protective Services
/ Past training: Family-centered, strengths based.
Training on what is working what has not worked in the past. Training on what AR is about across the board. Some workers have no idea what they really do and how it affects traditional worker and their job. / Past training: I like the training we do from our computers as it is there in black and white so you can spend as much time on it as you deem that you personally need.
What constitutes AR over Traditional, when there is DV in the family? / Past training: using a case to explain how AR is used over traditional.
I found the research and reading and training that I did on motivational interviewing have been helpful and work together well with AR approach. / Past training: I completed extensive research on the AR/differential response approach. I also received some training through the agency where I work. Problems with the lack of consistent implementation and therefore the ability to give clear direction were palpable during...

/ Past training: I attended a conference in Long Beach when AR first started.
I would love to learn the techniques and tips as to how other small communities, with VERY limited resources, are assisting their families. Whenever we go to training it always seems as though we are discussing wonderful ideas brought to us by [office with] large [client] counts. / Past training: AR Conference-however it would be helpful to work with small communities like [] who have to assist families with few resources.
I believe that ongoing training only boosts what we already know and reinforces our practice. Also, there are some positions where AR is used less, yet the AR approach can and should be utilized throughout the life of every case. / Past training: Hands on demonstration. We brought real cases in, and an expert demonstrated a mock interview. Lecture tends to lose people, especially those who are already skeptical.
Training on AR for people who become AR workers from other units (i.e. traditional or ongoing traditional) / Past training: Family Engagement, IPV/Safe and Together Model, Differences between AR/TR, Coaching on AR
More coaching / Past training: coaching
/ Past training: I don't think it is the need for more training necessarily but the time to utilize all the tools that are being taught in the initial training sessions. Many people do not utilize all of the tools because they do not feel they have the time to spend with [families]...
The AR consultants who have come to our county have had good practical information to share. Although not on the "A" list for being invited, AR workers have helped me get into some of those meetings...
/ Past training: Training that can assist me with my day to day responsibilities.
For those that do not do AR cases it's a little hard to know the differences and if it has had a good or bad effect on how we do business.
/ Past training: Learning what AR is about and how it differs from traditional case management was very helpful.
More knowledge about the AR response in general
Hearing stories of how AR has helped families. / Past training: Overall AR training
/ Past training: I really enjoyed the discussions with the other counties during the Pilot Project. The exchange was very good and helpful. As workers, it felt good to support one another.
/ Past training: Training that has to do directly with Parent Mentor services
/ Past training: speaking with persons who have experience in using the techniques.
I would like to be able to spend more time with experienced social workers to learn how to keep up with the paperwork. / Past training: I learned from going on home visits and to court with other social workers.
Refresher for some workers
Just learning how this is different from traditional. Answering questions such as not able to do unannounced home visits. / Past training: More small groups that discuss their AR cases.
I feel that the AR approach at our agency has been somewhat diminished over the past couple of years and that we could use more updated trainings on what has changed with AR and how it can work with higher risk cases. / Past training: In-Person meetings.
/ Past training: Group consultation
All new workers would benefit from learning about engagement. So many young social workers are entering child welfare and some families have difficulty dealing with young workers telling them how to raise their children. Approach is important. / Past training: Currently explanation of and implementation of rules and SACWIS procedures with AR have been lacking in our agency. It is a shame the service plan tool became so complicated and not a family friendly tool...
/ Past training: The practice/applicable side of the AR philosophy. The 'how to'.
More engagement techniques. / Past training: CORE training
Training to get others to a better way of approaching cases in certain situations where it may have been a traditional case. / Past training: The use of the pilot team and being able to go out with other workers and observe how they do things.

Question: Is there anything that is preventing AR from working as well as you think it could or should be working?

Cases are not being sent to the AR unit
We need more workers!
of workers/high workload at times
Large case loads-large amounts of paper work and car travel
We need all staff trained in AR practices.
There is no funding to help the families like there used to be.
Identify true differences -Less meetings [that are] not beneficial and time consuming
Cases should be transferred by the 3 month time period, or closed. There are many times when AR cases are transferred to Ongoing after working with the family for 6 months, which ends up making a tremendous amount of work for the Ongoing

caseworker.
Attitudes of others who are either in TR or are in AR but can't seem to incorporate AR and rely on TR practices.
Need more training.
I think Alternative Response worked in the form of Family Outreach and it will work as AR.
Not all workers are fully invested in this approach for various reasons.
When cases tend to linger on.
If we are going all AR then we need to do it so that we are all on board.
I feel more workers in this area may be more helpful to our families.
Screening process for AR and Traditional is not consistent
When AR cases are transferred to Ongoing, the cases are usually chaotic and difficult to manage. Ongoing workers have a VERY difficult time engaging parents in services as they often do not feel the need for intervention...
I think that AR has been effective for our county at this time.
More expedited services needed. IRF has complicated referral process.
Caseloads
There are too many factors that are considered before a case is accepted into the AR unit. I feel that more families, cases should be accepted into AR.
The intake process, some of the cases that are determined AR should be TR or FINS cases.
I believe that the screening process for AR/traditional cases needs to be addressed. Many cases are coming to AR that quickly become court involved and have to be pathway switched.
Assessment Supervisors need to be held accountable for full implementation of AR, currently each unit does something different.
Funding
Case workers should be approaching all families in a supportive family friendly manner. There should be services available to all families in need regardless of the way their case was screened in.
If there was more consistency between departments.
Extend the service plan time frame.
Maintaining workable caseloads
Our County needs to have separate AR and Traditional units.
Barriers by those that have not bought into the practice shift. Need to continue to move forward.
I believe it is working, but they are not receiving as many cases as traditional still are on a weekly basis.
Just keeping workers flexible and open-minded. Some are rigid and don't like change or new ways of doing things.
It's all in the engagement process and the families' willingness to work with the Agency; they need ability to have input.
Access to financial support to help families overcome small obstacles which they believe are not possible to overcome.
Sometimes people think that their philosophy doesn't have to change or that they are already doing AR and they really aren't. They aren't treating families as they should or according to the AR philosophy that was to be implemented.
A dependency of clients. Now they understand that CPS is not trying to take their children. Just to provide them services and needs to prevent re-opening, it is more difficult to close.
The Alternative Response is not being used in [] County as it was originally designed for in the pilot project.
Workers are resistant to the AR approach.
As it is implemented in my county I think there should be more consideration to the length of an AR case opposed to a TR case and the number of contacts with the family are more time consuming...
Yes, only addressing the immediate need.
Families could take advantage of the services they receive.
Screening
There needs to be an understanding by all layers of management and the state that a great amount of time is invested upfront and throughout the life of an AR case which should eventually make for a healthier family and safer children...
When there has to be a switch back to traditional due to custody change.
Families should want it and when they do not it makes it much harder, because I feel their level of cooperation decreases without court involvement, when they hear words like voluntarily, not court order then they become very uncooperative...
Perhaps a training on developing communication/empathy would be helpful
I believe AR should be used with those chronic, higher risk families in which the traditional path has not been successful time and time again.
Implementation is causing protection staff to be less concerned with child safety, cases are closing that should be opened because family ""declines services" Cases are "under investigated/underworked" at times as AR and "over investigated" when TR.
We could use more AR workers

Community resource availability
We have not been as successful as we would like in getting all departments "sold" on the approach. Those of us who completely buy in, would like to see others employ the philosophy and practices, no matter what type of case they are working."
Definition of AR appropriate cases at screen in is difficult to determine given current definitions and expectations as they frequently change.
Trying to figure out how to balance direct services with paperwork.
If I still had a caseload heavy in AR cases it is likely that I would be looking to possibly change positions. While AR is an effective tool, an entire caseload under the current mandates is unmanageable. The intensive nature and number of requirements
Not everyone in our Agency has a clear understanding of it and the philosophy should be implemented at ALL levels of the Agency, not just casework.
There are still some caseworkers who do not practice Alternative Response exactly as this county has suggested.
Some workers just are good at engaging.
... I believe AR could be more effective if workers would utilize more of the tools to complete assessments such as the 3 houses activities but I think workers still utilize their own assessment techniques
In the past we have pulled staff from AR when referral #'s are high. They say it is hard to switch gears.
It appears that not as many cases go to AR as they should. I hear a lot of complaints regarding this.
Need more IPV resources for families.
Lack of funding available to truly assist family w/o resources
So many of our cases are screened in as AR that sometimes need to be screened in as TR.
Yes, families are aware that the Alternative Response approach is voluntary meaning they do not have to participate in services. Most often families look at the approach as a resource only.
Workers may not be using it to full extent
Sometimes we have too many cases
In [] County, we have been in turmoil for well over a year and there is no end in sight. AR/TR is the least of our worries.
Yes. We are taking moderate to high risk cases in our AR program. The upper management believes AR is intended for high risk cases. This was never true during the pilot. The result is we have high risk due to drugs, mental health and violence that never get [proper assistance].
Not everyone has embraced it. Some departments do not see how it applies to them or effects them.
Lack of funds to offer to family's for additional services or provisions

Question: Is there anything about the way the AR approach is implemented in your county that you consider exemplary or that involves something other counties should be away of and consider?

There is the ability to provide for material things for families at a faster rate.
We develop a team of staff from all levels to work on issues of implementation of the AR/DR practice.
I feel our county, under the leadership of [], is above all other counties in AR. [] completely understands AR and is always helping people in our agency and other agencies understand this approach better.
Voluntary Team Meetings
Supervision that understands AR philosophy and supports the AR practice.
The fact that some units are AR is a good approach so that we can feel things out, but if that is the direction we are going in, we should do it so that we are all working the same way.
I feel [] county has always done an excellent job of collaborating. This has allowed FCS to use resources to benefit it's families and the community with the maximum outcomes.
I like the idea of being non-threatening or non-accusatory when working with AR families. I believe that it helps the families better understand the reason for the agency's involvement and the goals that the agency has as a whole to protect the children
I am not aware of how other counties are using AR. I like that we have a supply of items (clothing and cleaning) that can be directly accessed by our workers for their families instead of them having to refer them to somewhere in the community for such things...
I personally believe our county is getting many things right in our approach, particularly in our increased involvement with our families. I think our families are beginning to see the Agency as a resource instead and a support, rather than a negatively.
Geographic engagement training
The implementation of Family Engagement Skills training was and is very beneficial.
Case mapping, Red teams
The family surveys speak for themselves in my opinion. The surveys are 98% positive re: the families experiences
Yes, the flexibility in funding of resources to aid families
I think having separate AR and TR workers could be beneficial. Currently they do both, and sometime AR and TR tends to "blend" together with certain workers as they go back and forth.

It is my belief that AR is only as good as the workers and their "buy in" to the approach. Having worked in AR since its implementation, I have had the privilege of working with individuals who believe in the approach and what we do...
We had an AR committee and a sub committee that would address issues and meet one a month.
Our Family Unity Meetings allow for families to work together to solve their issues.
For families that have extensive history with our agency, getting rid of the "labels" of ACV/AP are well received with the families.
They need to start using the family service plan as opposed to the typical CP.
I really like the AR pantry that we have.
Hard to answer - it seems every county does things differently - the one worker model [for] the entire life of a case seems to be effective
The AR team in our county completely embraces the AR approach and treasures the ability to work with our families utilizing this non-adversarial method to help families identify their strengths and strategies to overcome barriers. The team maps cases together...
I know that the workers put a lot of effort into all of their cases and AR is no exception.
I love that people are changing their language, using words like families instead of client, focus on strengths and clients view of needs, working together with families on plans--all positive developments due to AR implementation.
I think we are doing an excellent job as we have strong supervisory support which translates into a more positive and encouraging work experience.
I feel our county has done well in sharing the AR approach with other community agencies that we come in contact with. We have given presentations to schools, juvenile court hospitals, etc.
We did a nice job properly staffing our "front door". Having enough workers to take the AR assessments has made a difference, and allows the workers the time to do the work the way it should be done...
Make sure all other child protection units are aware of AR and are kept involved with it's implementation because it will cut down on tension between the units (especially with TR). My supervisor is great at communicating with us...
The focus on keeping family unified and children remaining at home is the strength of the program. The available resources utilized in AR cases is also a strong positive of the program.
Group supervision
The utilization of Family Unity Meetings on almost all of the cases. The "warm handoff" from the Alternative Response Assessment Worker to the Alternative Response Ongoing worker.
My supervisor is amazing at supporting families in making their own plans and ensuring that plans are as least restrictive as possible.
Yes, [] County has many partner agencies which can offer families ongoing assistance.
Need separate AR and TR units. [That] AR cases have no dispositional findings interferes with tracking past history substantiated and unsubstantiated referral history...
Genuine emphasis placed on building positive relationships w/ families
I feel that the agency has done a good job on "getting people on board" re: the AR philosophy.
We have small group sessions where we discuss AR cases.
I am sad to say we regressed from what we started in 2008