

# Examining Outcomes of Differential Response

Results from Three Randomized Controlled Trials in Colorado,  
Illinois, and Ohio

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# Learning Objectives

- Learn about DR programs implemented in Colorado, Illinois and Ohio and the methods used to evaluate the programs.
- Gain understanding of parents' perspectives on CPS services, including differences between parents who received a traditional investigation and those who received a family assessment.
- Gain understanding of the differences and similarities in safety outcomes among families who receive traditional investigation or a family assessment.

# Overview of QIC-DR

- In 2008, the Children's Bureau awarded a five-year cooperative agreement to create the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR).
- A primary goal of the QIC-DR was to design and conduct rigorous evaluation that builds knowledge about the effectiveness of DR.
- Following a competitive application process, the QIC-DR selected three research and demonstration sites to implement and evaluate DR and participate in a cross-site evaluation:
  - Colorado
  - Illinois
  - Ohio

# QIC-DR Evaluation Questions

- How is the non-investigation pathway different from the investigation pathway in terms of **family engagement**, **caseworker practice**, and **services** provided?
- Are children whose families participate in the non-investigation pathway as **safe** as or safer than children whose families participate in the investigation pathway?
- What are the **cost** and funding implications to the child protection agency of the implementation and maintenance of a differential response approach?

# QIC-DR Outcome Evaluation Design

- All three sites used an experimental design that randomly assigned *AR-eligible* families to either a treatment group (Alternative Response or AR)\* or a comparison group (Investigation Response or IR).
- Only those families that were eligible for AR, according to locally-defined criteria, were included in the evaluation and randomly assigned.
- All three sites used the same set of data collection instruments, although each site was free to collect additional data.

\*A note about terminology

# QIC-DR Data Collection

- **Administrative data** were extracted from SACWIS and other data management systems, including information on pathway assignment, child and parent demographic information, and additional child welfare contacts during the follow-up period.
- A **family survey** was developed that was distributed to families after their initial IR or AR case closure. The survey covered several topics:
  - Satisfaction with services and caseworker
  - Emotional responses following the initial CPS contact
  - Relationship with the caseworker
  - Services received and the helpfulness of those services
  - Family well-being

# Sample Sizes and Response Rates

	Colorado		Illinois		Ohio	
	AR	IR	AR	IR	AR	IR
Randomly Assigned	3,194	1,802	3,101	4,483	1,202	2,013
Administrative Data	3,194	1,802	3,019	4,483	718	384
Family Survey	257 (24%)	206 (21%)	628 (25%)*	881 (20%)	277 (39%)	117 (30%)

# Data Analyses

- **Intent-to-Treat** – families originally assigned to the treatment condition remained a treatment case for the analysis (all sites)
- **Weighting** – adjust for different assignment probabilities across counties in admin data; adjust for non-response for family survey (CO)
- **Covariates** – control for pre-existing group differences (CO)
- **Regression Models** – multiple linear and logistic regression models fit to the data (CO)
- **Survival Analysis** - useful for analyzing time-to-event data by adjusting for different periods of follow-up (CO)
- **Qualitative Data Collection** – in-depth interviews/focus groups with parents (IL & OH)

# DR in Colorado

- Colorado Consortium on Differential Response
- Five Participating Counties: Arapahoe, Fremont, Garfield, Jefferson, and Larimer
- Study assignment period: December 1, 2010 – February 28, 2012

# DR in Colorado

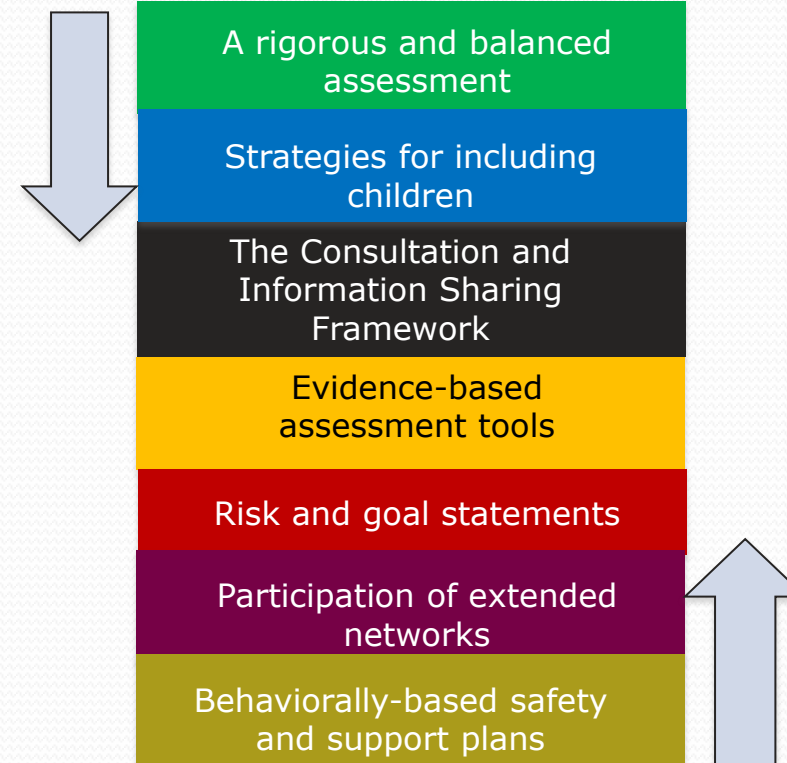
- Dual Track Response System
  - Family Assessment Response(FAR)-No finding; May interview child(ren) with alleged person responsible for abuse/neglect (PRAN)
  - Investigation Response(IR)-Finding; Cannot interview child(ren) with alleged PRAN
- Eight Core Elements outlined by the QIC-DR
- Practice Principles
  - Focus on Safety
  - Constructive Engagement
  - Collaborative Engagement
  - Family & Community Inclusion
  - Assessment of Risk and Protective Capacity
  - Transparency

# Colorado DR Model-Organizational Processes and Social Work Practices

## Organizational Processes



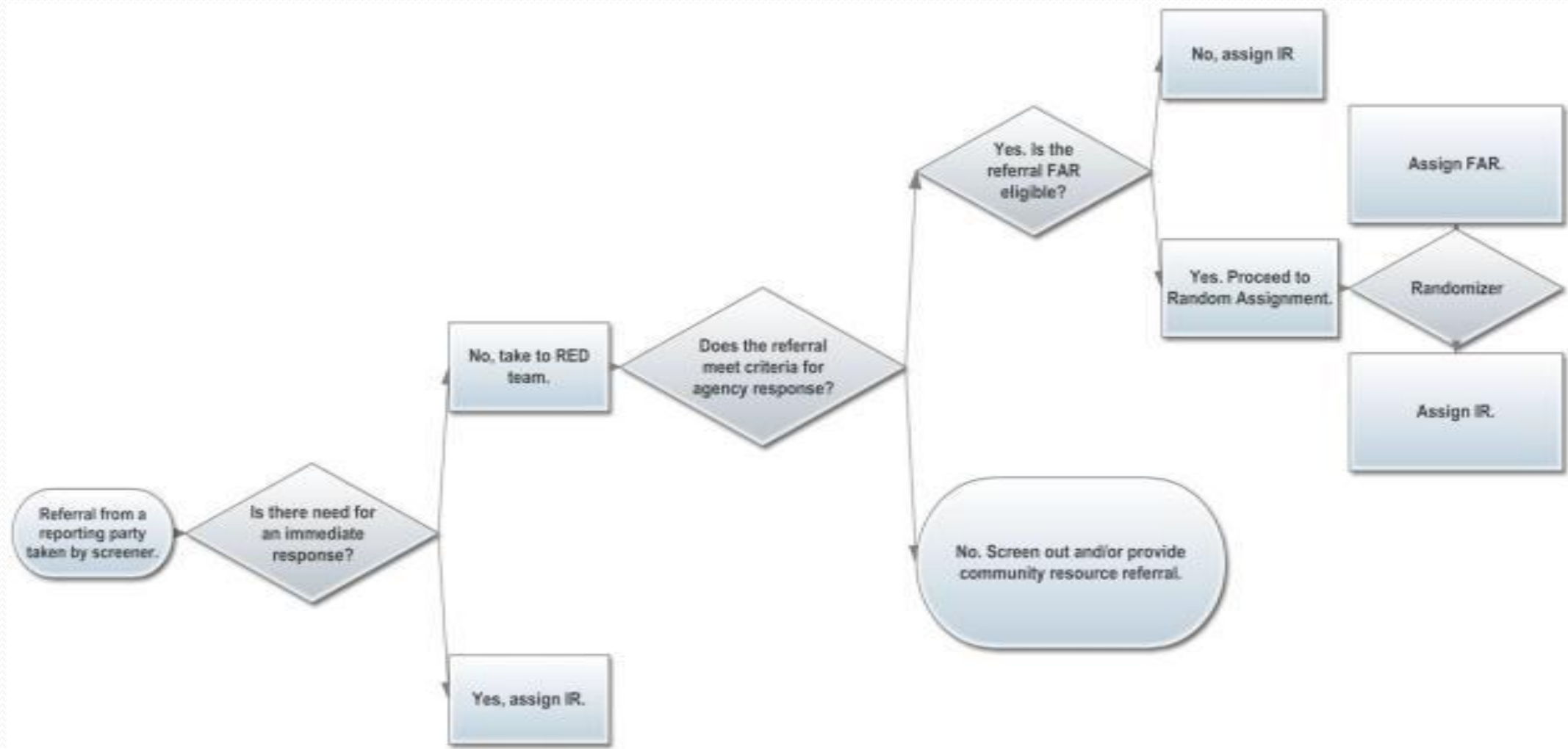
## Social Work Practices



# Which families were eligible for DR in Colorado?

- Inclusion Criteria
  - Families that Present with Low or Moderate Risk
- Exclusion Criteria
  - Mandatory investigation
    - Allegation of serious harm
    - Allegation of sexual abuse
    - Suspicious child fatality or homicide
    - Institutional referral
  - Discretionary investigation

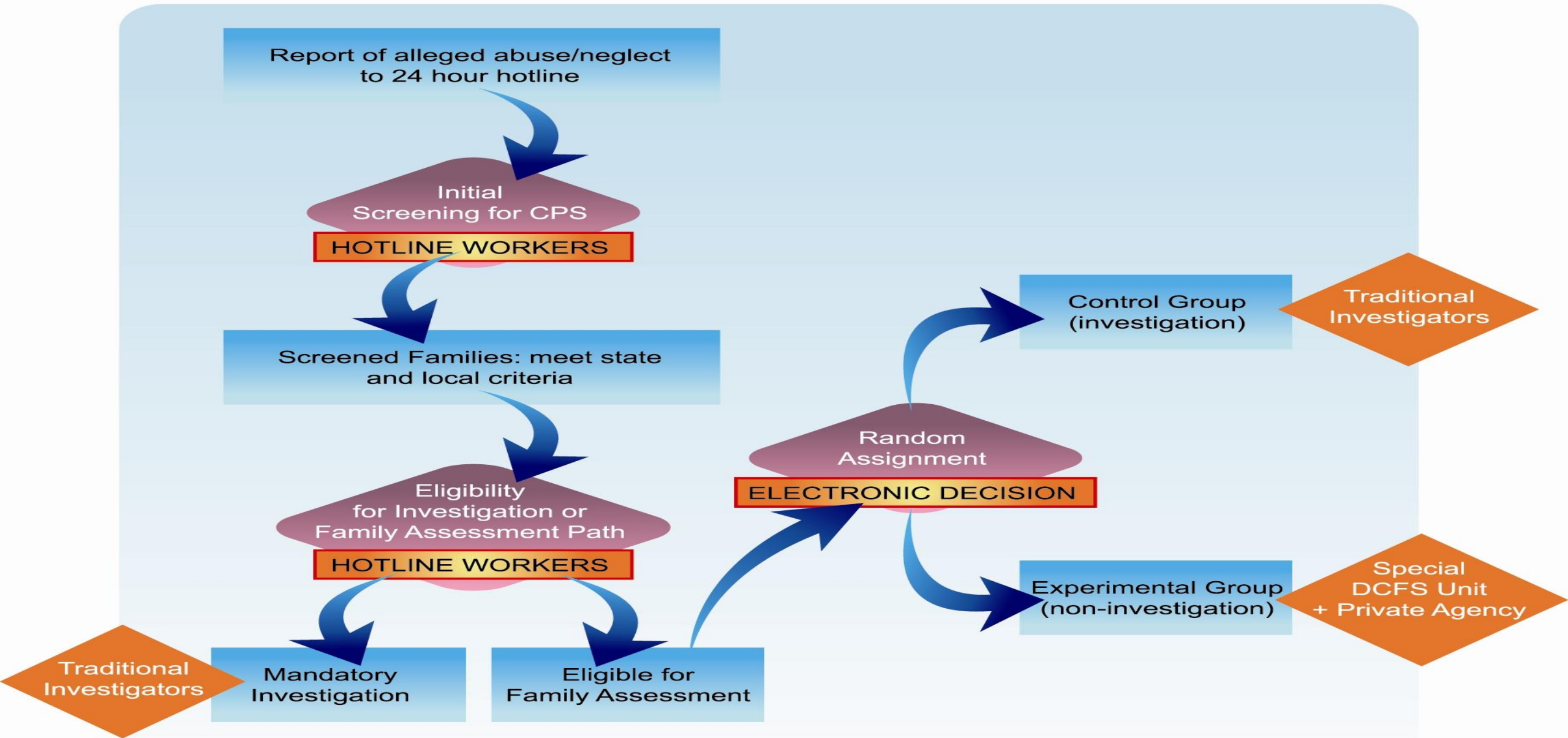
# Colorado DR Case Flow Chart



# DR in Illinois

- CPS in Illinois are administered through one state agency, the Illinois Department of Children and Family Services (DCFS)
- The discretionary demonstration of the Differential Response program was implemented statewide on November 1, 2010
- The discretionary demonstration of the Differential Response program was discontinued in June 2012 due to high investigative caseloads and overdue investigations stemming from vacant investigator and investigative supervisory positions
- Random assignment period: November 1, 2010 – May 22, 2012
- Dual-response system in which screened-in reports of maltreatment could be received either:
  - Investigation response (IR)
  - Differential response (DR)

# Illinois DCFS Pathways to Strengthening and Supporting Families



# Which families were eligible for DR in Illinois?

Screened in reports that met ALL of the following criteria:

- Caretakers were birth or adoptive parents; legal guardians; responsible relatives
- Family had no prior indicated reports of maltreatment; no prior protective custodies
- Current allegations included any combination of: inadequate supervision (children 8 years or older); inadequate food, shelter, or clothing; environmental neglect; medical neglect; emotional abuse; risk of harm

Reports that did not meet all of these criteria were automatically directed to investigation team.

# IR and DR practice in Illinois

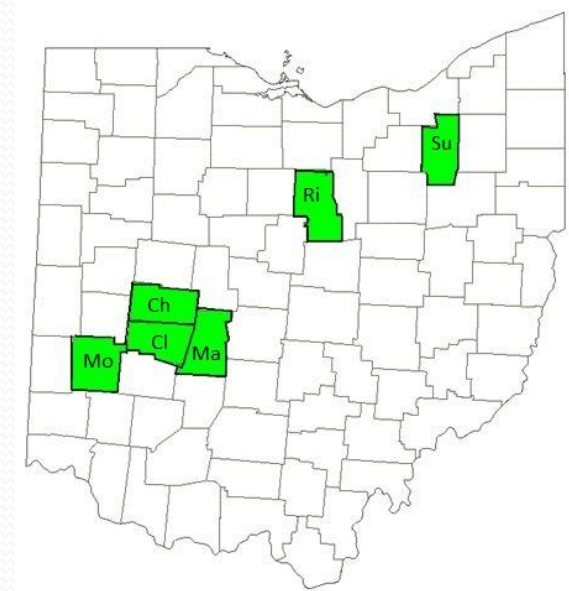
	Investigation Response (IR)	Differential Response (DR)
Staffing	Single public-agency (DCFS) investigator	Paired-worker team: one DCFS employee and one private agency employee
Mixed caseloads?	No	No
Time frame for initial contact	Unannounced in-person contact within 24 hours	Telephone contact within 24 hours; scheduled in-home visit within 3 days
Safety assessment	Yes (CERAP)	Yes (CERAP)
Possible to reassign cases to other track?	No	Yes
Families can decline further contact after initial visit?	No	Yes
Workers can take PC?	Yes	No

# IR and DR practice in Illinois

	Investigation Response (IR)	Differential Response (DR)
Maltreatment allegations substantiated?	Yes	No
Perpetrators entered into central registry?	Yes	No
Response timeframe	Investigations completed within 60 days; 30-day extensions possible	90 days; 3 30-day extensions possible
Services provided by CPS workers	Services to meet basic needs (“Norman services”); family could be referred to ongoing child welfare services, either intact family services or substitute care	Case management; crisis management; advocacy; service referrals; parent education; transportation; cash assistance up to \$400

# DR in Ohio

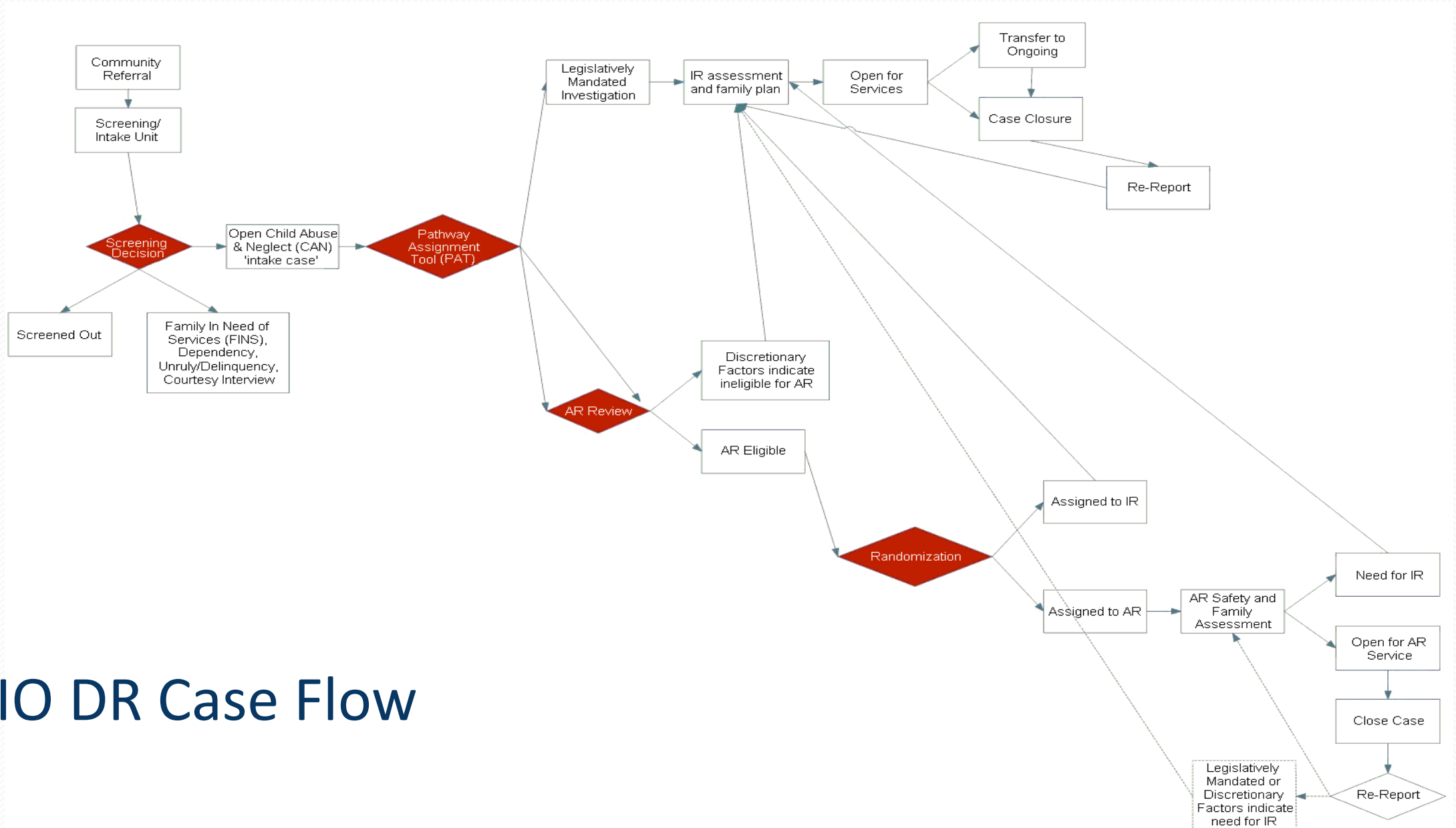
- Ohio QIC-DR Project: SOAR
- Six County Consortium: Champaign, Clark, Madison, Montgomery, Richland, Summit
- DR Implementation in Ohio began 2007
- County Administered Child Welfare System



# DR in Ohio

Investigation Response (IR)	Alternative Response (AR)
<ul style="list-style-type: none"><li>• Substantiation or unsubstantiation of maltreatment</li><li>• Incident-based with fact-finding focus</li><li>• More likely to feel adversarial to both the worker and the family</li><li>• More forensic in nature</li><li>• Voluntary services may or may not be offered.</li></ul>	<ul style="list-style-type: none"><li>• No formal finding of maltreatment</li><li>• Strengths-based</li><li>• Works under the assumption that families want to address child safety concerns</li><li>• Focus on safety through engagement</li></ul>

# OHIO DR Case Flow



# Questions and Discussion: DR Practice

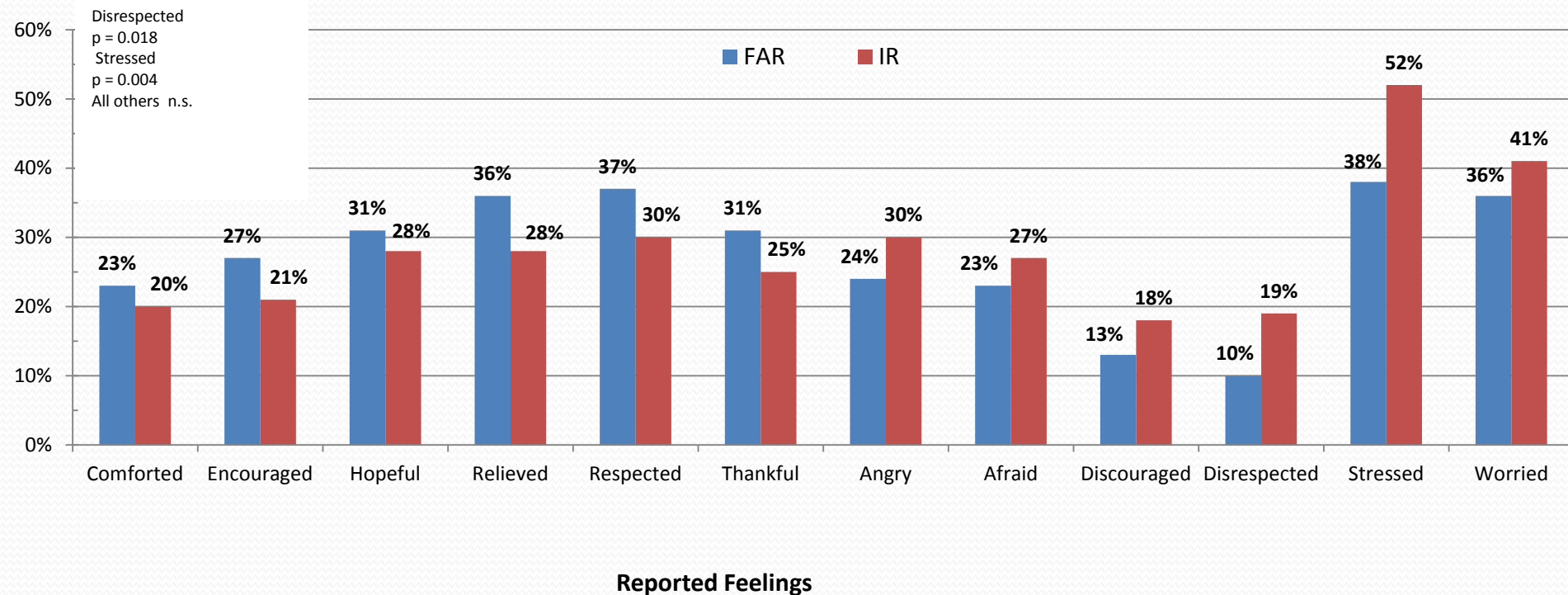
# Family Engagement - Colorado

# Family Engagement- Colorado

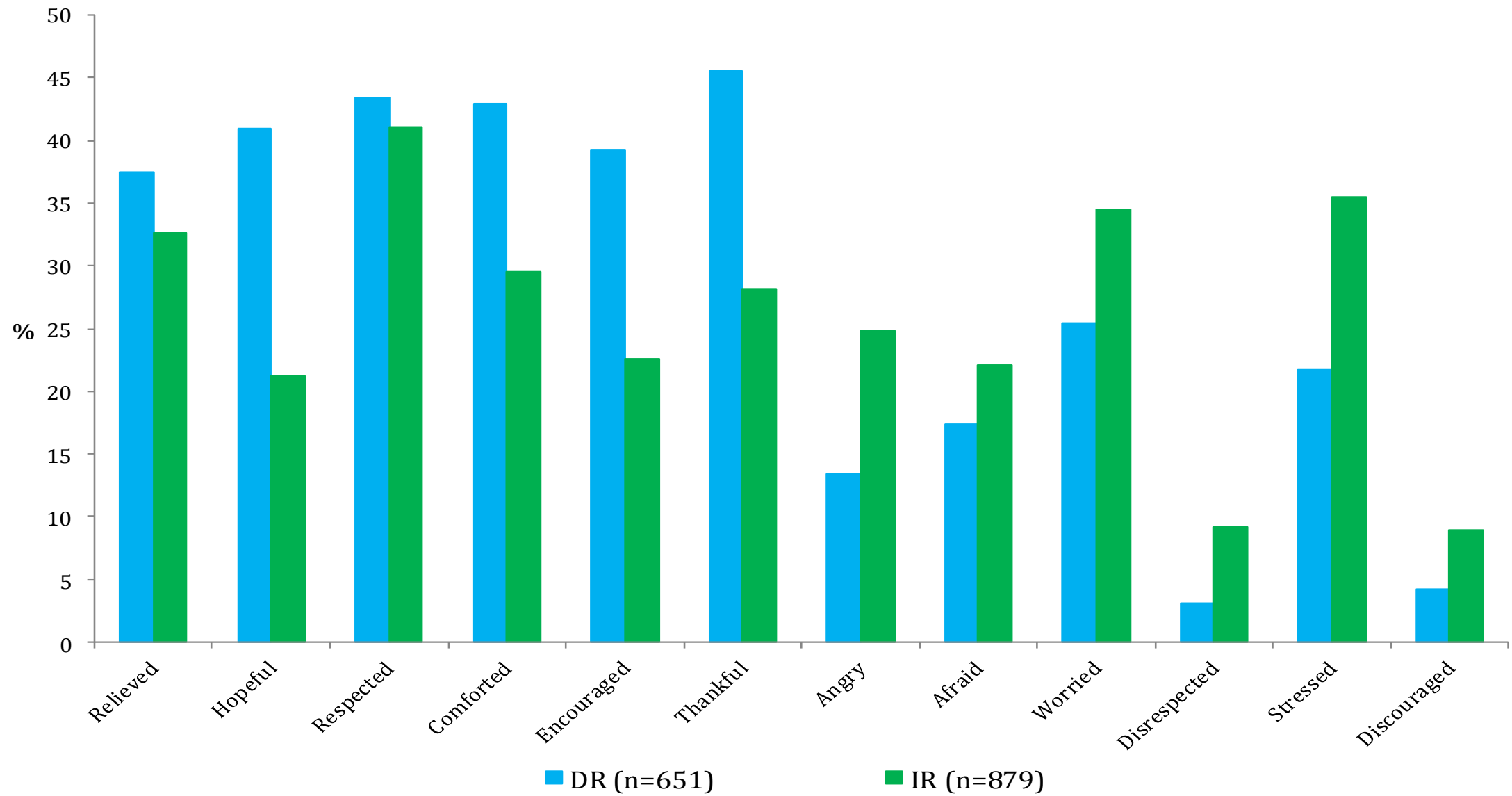
- Based on the statistically significant findings from the family exit survey...
  - FAR families had 1.6 times the odds of rating their caseworkers “high” on demonstration of family-centered practice skills than did IR families.
  - FAR families had 1.6 times the odds of rating satisfaction with their caseworkers as “high” than did IR families.
  - FAR families had 1.7 times the odds of being willing to call CPS in the future than did IR families.
  - Based on overall feeling score, FAR families reported more positive feelings after the first CPS caseworker visit than did IR families.

# Family Engagement- Colorado

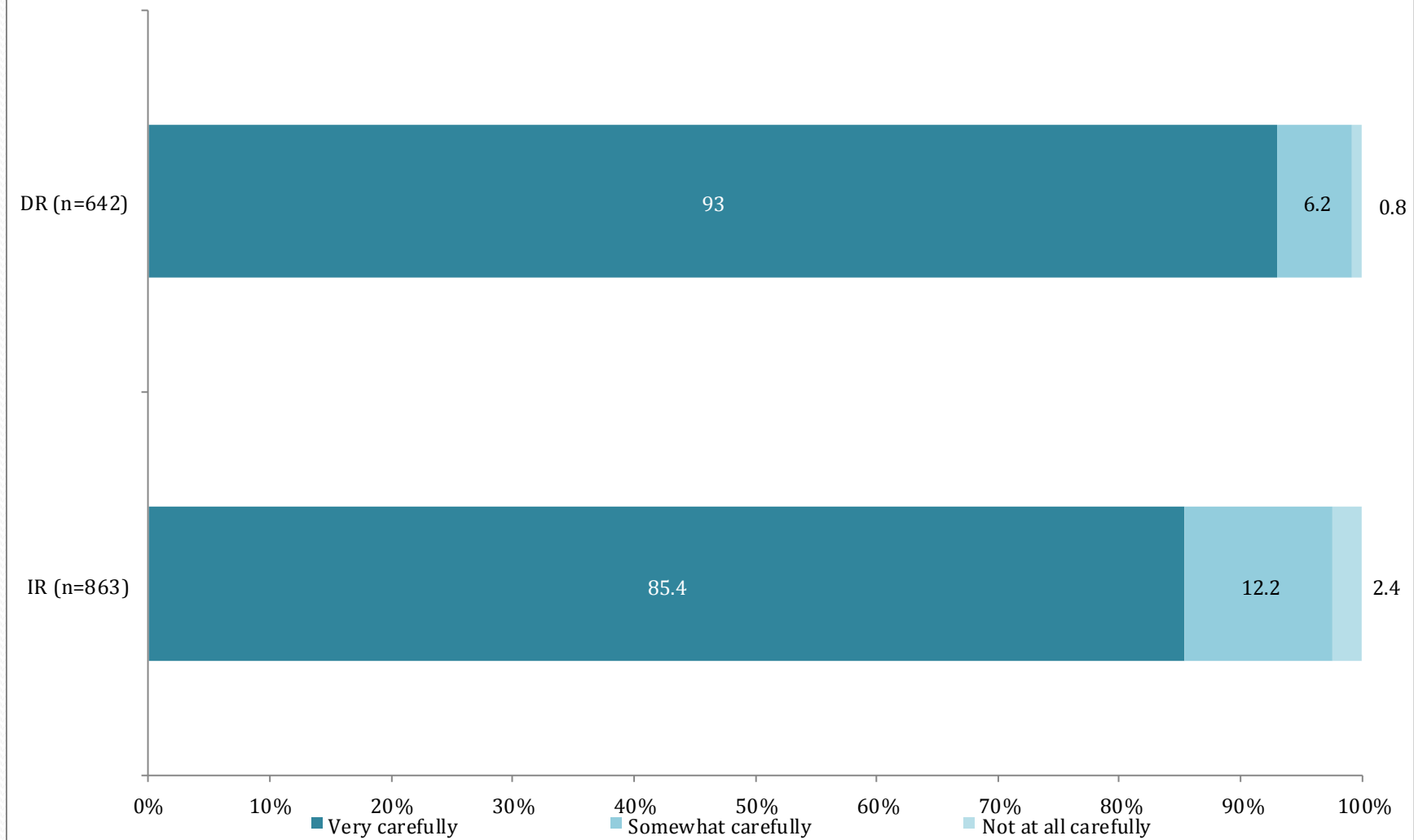
- IR respondents had two times the odds of feeling disrespected and 1.8 times the odds of feeling stressed during their initial caseworker meeting than did FAR respondents.

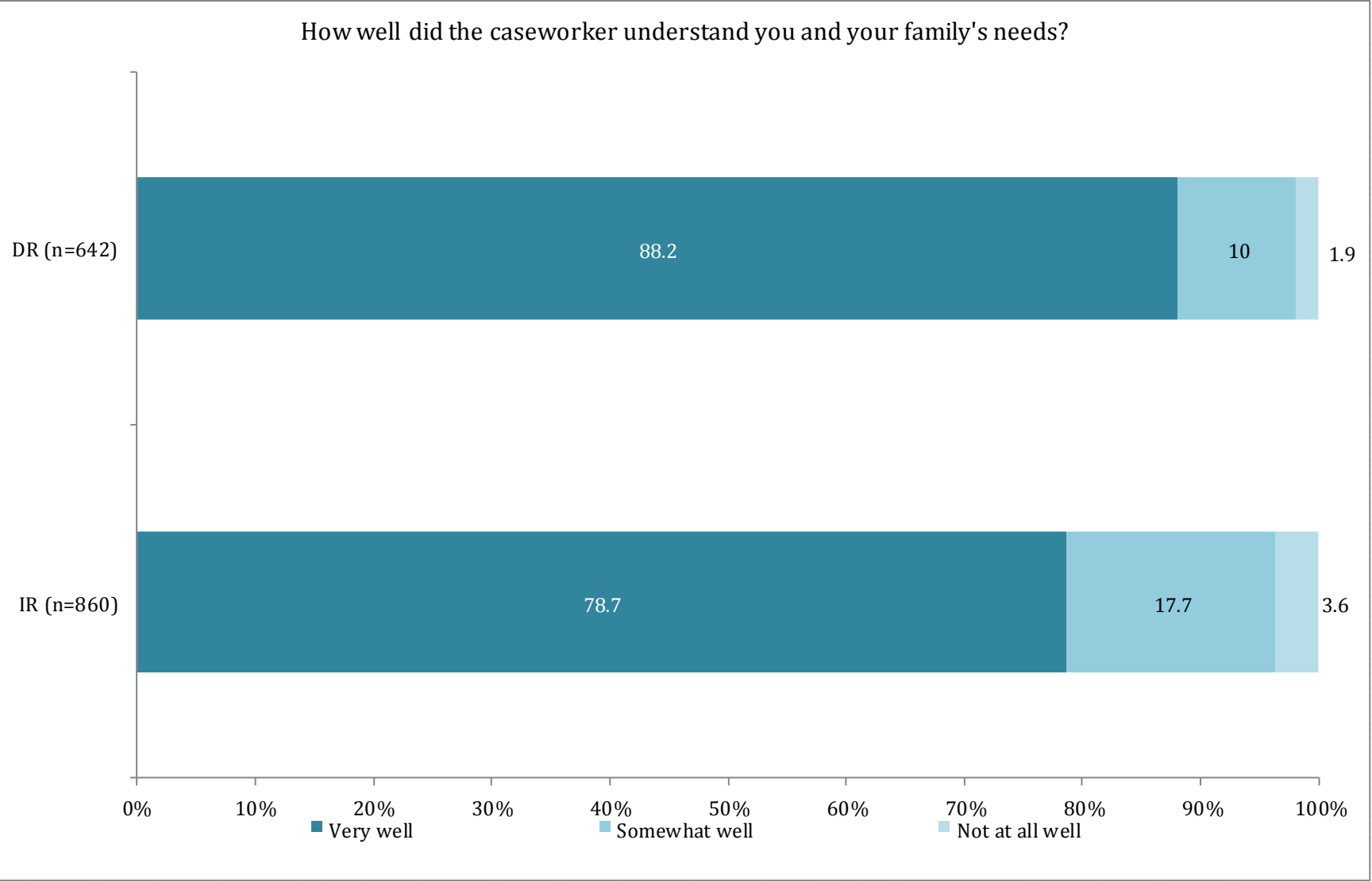


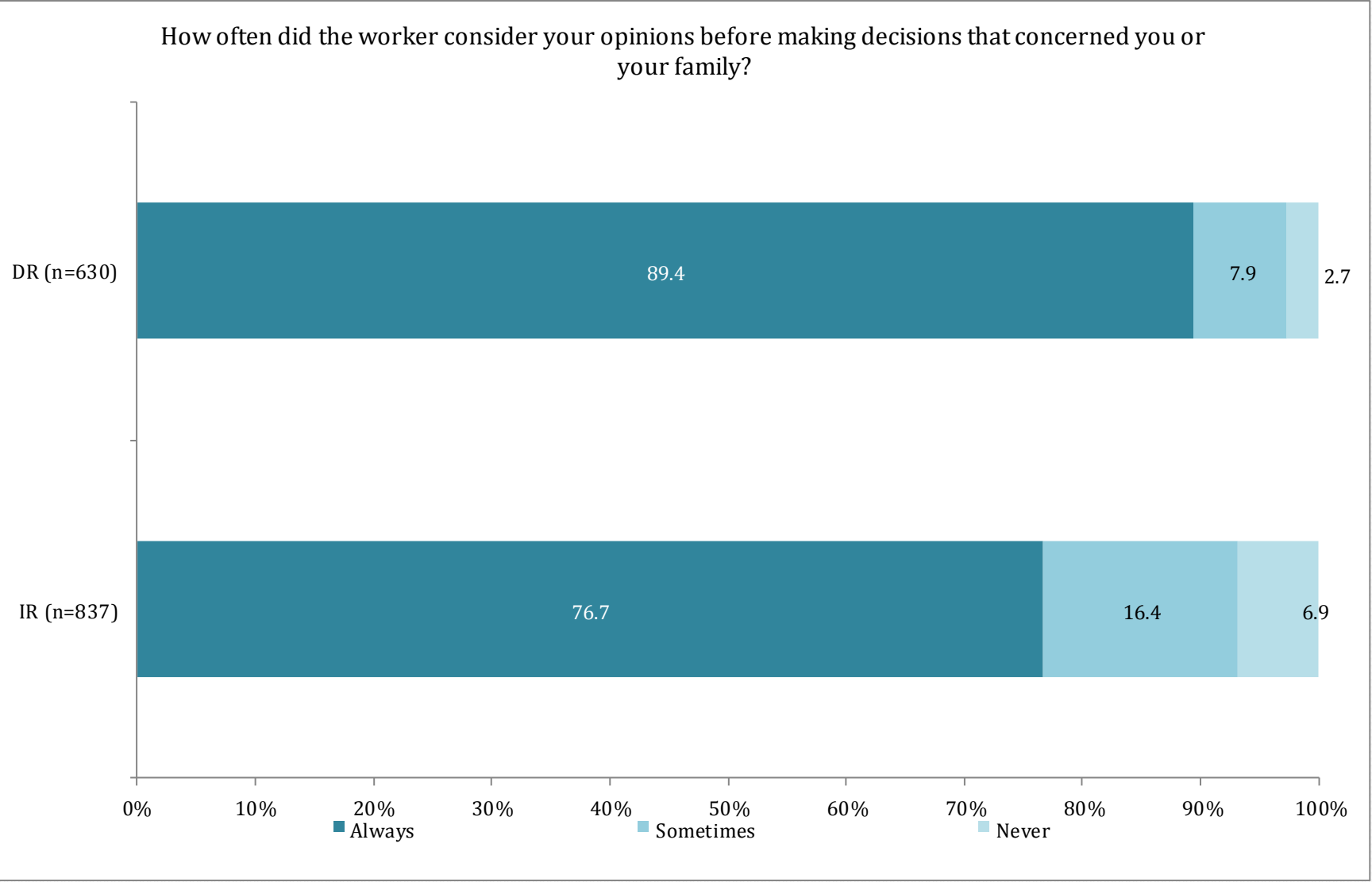
# Family Engagement – Illinois

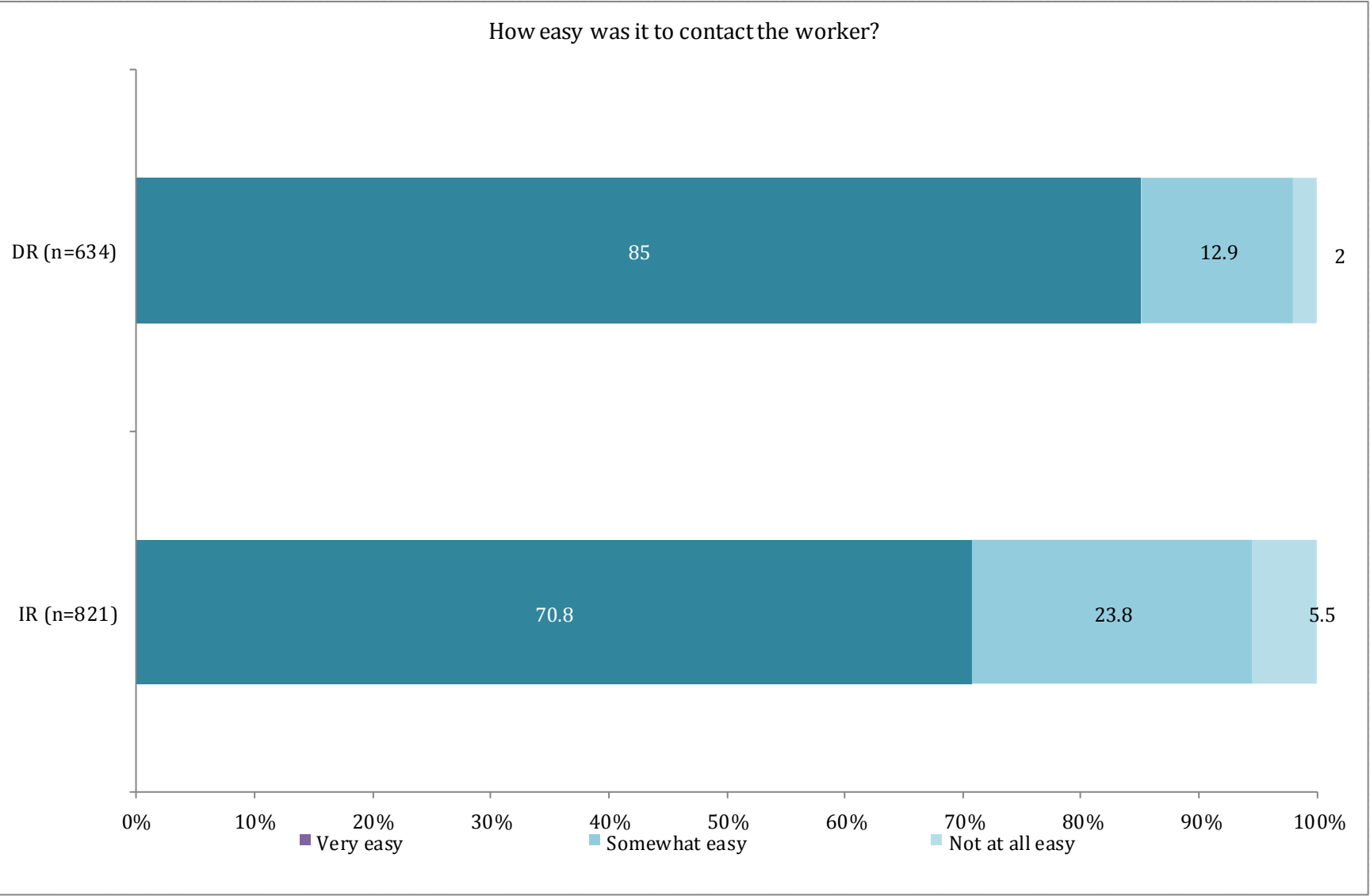


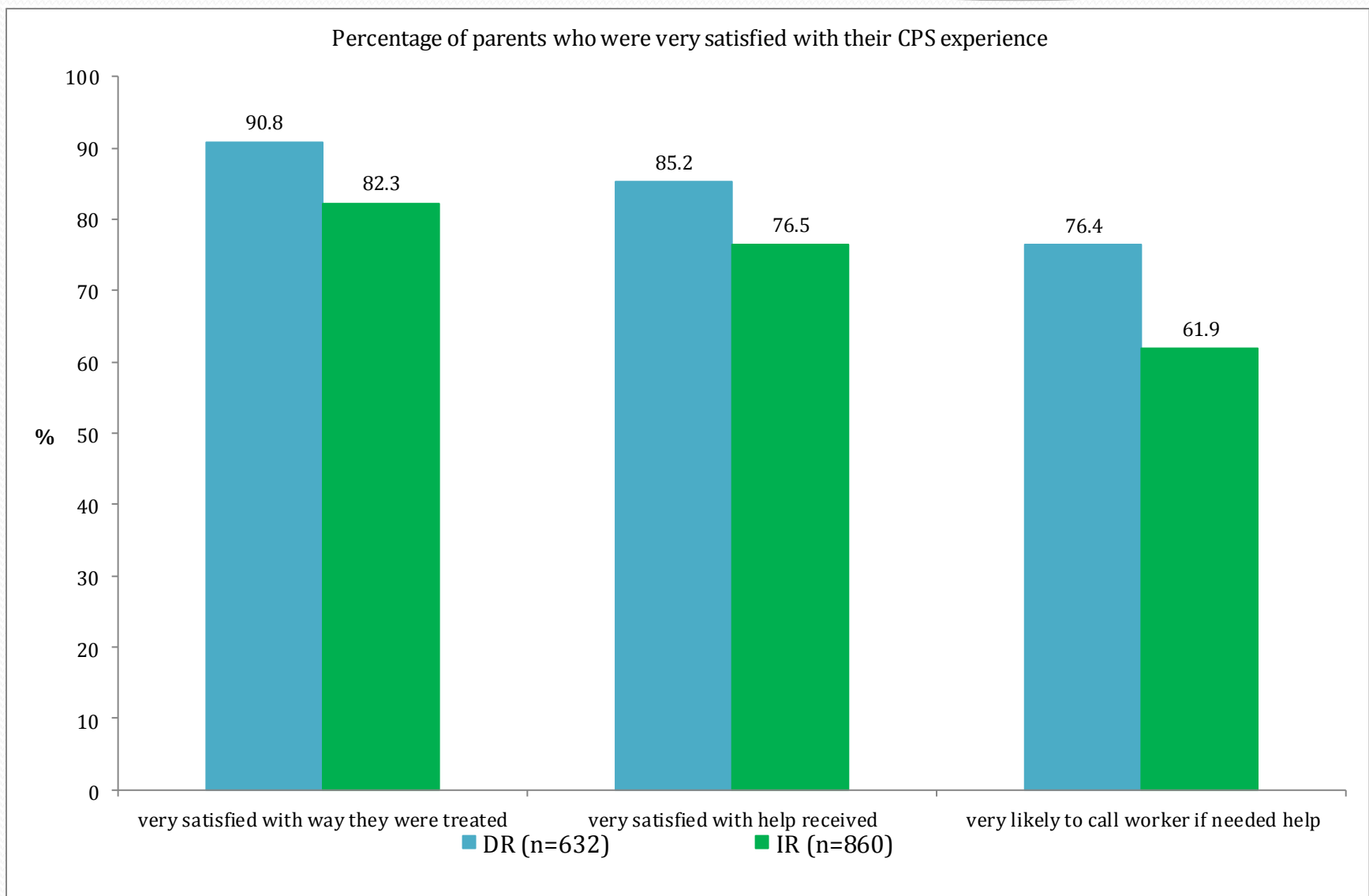
### How carefully did the caseworker listen to what you and your family had to say?











# Illinois Qualitative Data Collection

## Research Questions:

- How do parents view their relationship with caseworkers?
- What caseworker characteristics and actions influence engagement?

# Methodology

- Parents indicated willingness to participate on the Family Exit Survey
- 20 parents from each group (DR and IR) were interviewed
- Interviews were done over the phone, audiotaped and transcribed
- Semi-structured interviews with open-ended questions such as:
  - What happened during the first visit? Tell me everything you remember.
  - How did the two of you get along? Did you work well together? Why or why not?
  - What was the most helpful thing that your worker did for you?

# Fostering Engagement

Three sets of skills or behaviors that fostered engagement with parents:

- Professionalism and Competency
- Communication Style
- Care

# Professionalism and Competency

It eased parents' anxiety when they thought that their worker was “good at her job:”

- Appearing neutral and unbiased
- Maintaining a calm demeanor
- Having a respectful and polite attitude
- Explaining their role and responsibilities
- Returning calls promptly

# Communication

Certain verbal and nonverbal communication behaviors increased parent engagement:

- Asking questions respectfully and thoughtfully
- Providing clear and honest information and explanation
- Active listening, giving them a voice, even if they were angry or upset (let them “vent”)

# Care and Concern

Parents indicated more engagement with workers who demonstrated care and concern:

- Providing reassurance when appropriate
- Expressing concern for well-being of family
- Noticing strengths
- Providing or referring to resources
- Connecting through shared experiences

# Family Engagement – Ohio

# Family Engagement

**Attitude:** families are willing to work with case worker and take ownership and be involved in identifying the solution, are non-judgmental, open and sincere, feel pride and empowered, share their strengths

**Relationship:** worker is interested and involved, equitable, letting families lead and be the expert, get to know each other, trusting, transparent, flexible, mutually accountable

**Communication:** listening, not focused on incident, comfortable, respectful (tone, returning calls), building rapport (i.e., small talk, humor), calm, non-confrontational, not labeling, interviewing in groups, non-authoritative, sympathetic

## Family Satisfaction (Measuring Engagement?)

	AR N=277	TR N=117
How satisfied are you with the way you and your family were treated by the caseworker who visited your home? (Very satisfied)	87%	86%
How satisfied are you with the help you and your family received from the caseworker? (Very satisfied)	81%	75%
How likely would you be to call the caseworker if you or your family needed help in the future? (Very likely)	72%*	59%*
Were there things that were important to you and your family that did not get talked about with the caseworker? (Yes)	14%	16%
Did the caseworker recognize the things that you and your family do well? (Yes)	94%	91%

## Family Perceived Well-Being (FS)

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

## Family Engagement (FS)

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

# Questions and Discussion: Family Engagement

# Child Safety – Colorado

# Safety-Colorado

- Regression model results indicate no statistically significant differences between tracks on safety outcomes

## Safety Outcome Findings

Safety Outcome	FAR N (%)	IR N (%)	Total N (%)
Subsequent Referral	1,407 (44%)	820 (45%)	2227 (45%) n.s.
Subsequent Assessment	837 (26%)	490 (27%)	1327 (27%) n.s.
Subsequent High-risk Assessment (HRA)	390 (12%)	243 (13%)	633 (13%) n.s.
Subsequent Founded HRA	142 (4%)	79 (4%)	221 (4%) n.s.
Traditional Child Welfare Case Opened	234 (7%)	160 (9%)	394 (8%) n.s.
Out-of-home Placement	188 (6%)	108 (6%)	296 (6%) n.s.

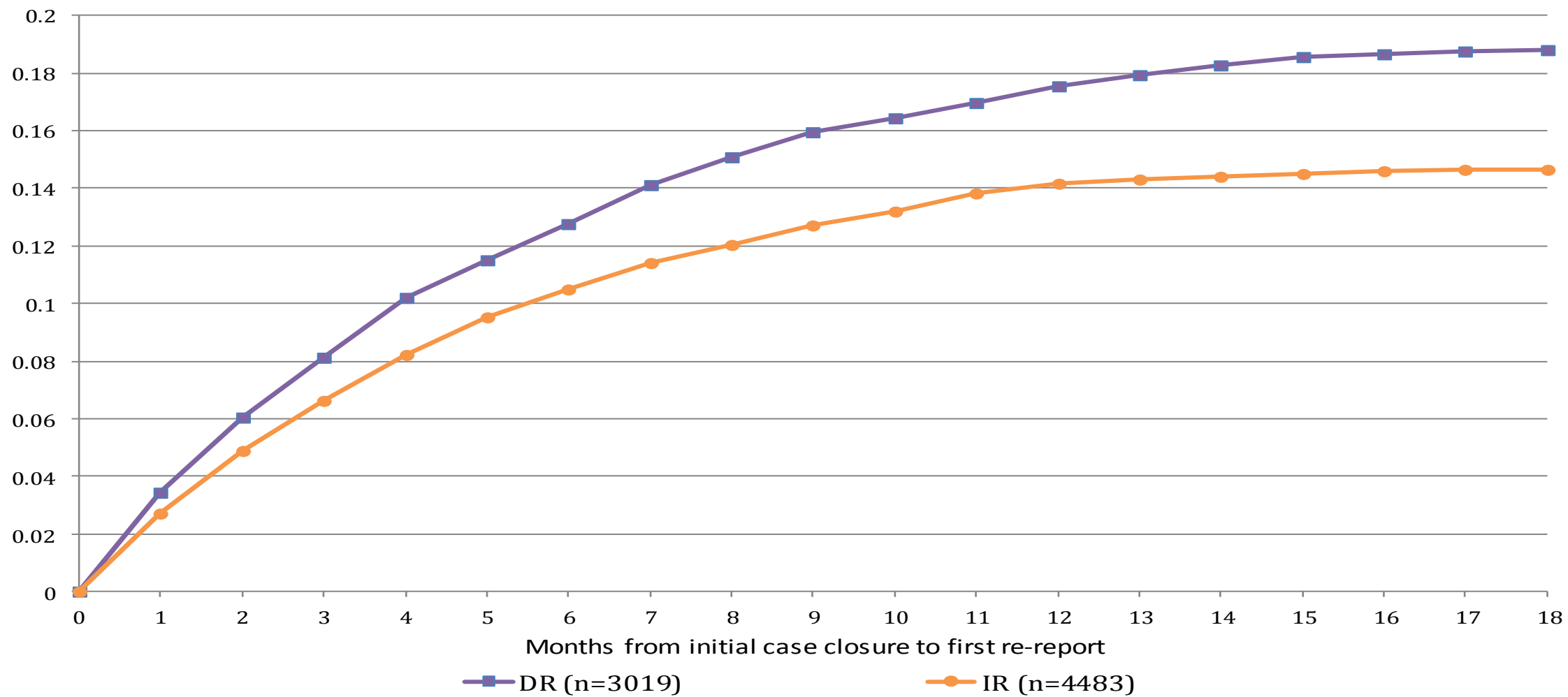
# Safety-Colorado

Based on the statistically significant survival analysis findings from the administrative data:

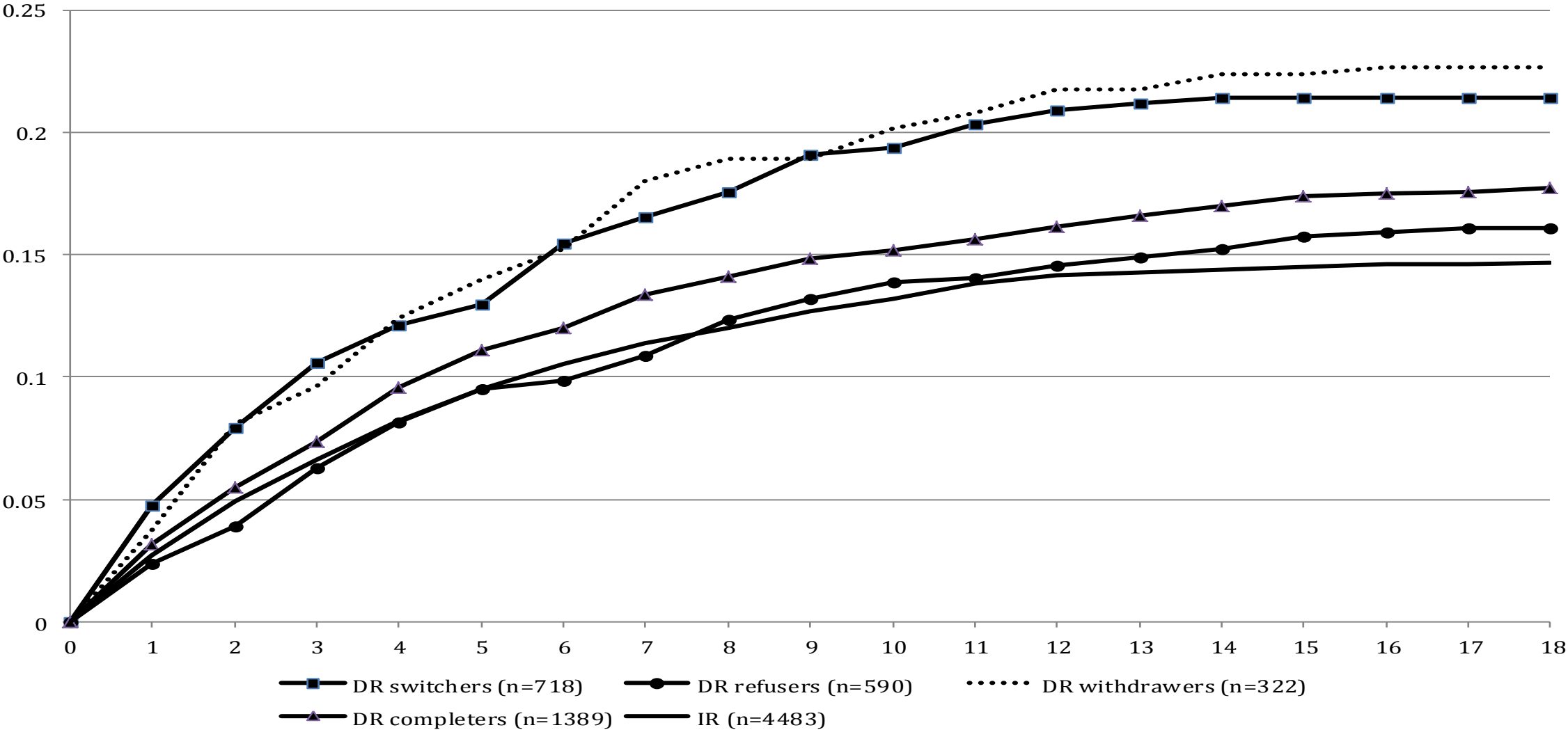
- Families assigned to the FAR track were 18% less likely to have a subsequent high-risk assessment, over time, than were families assigned to the IR track.

# Child Safety – Illinois

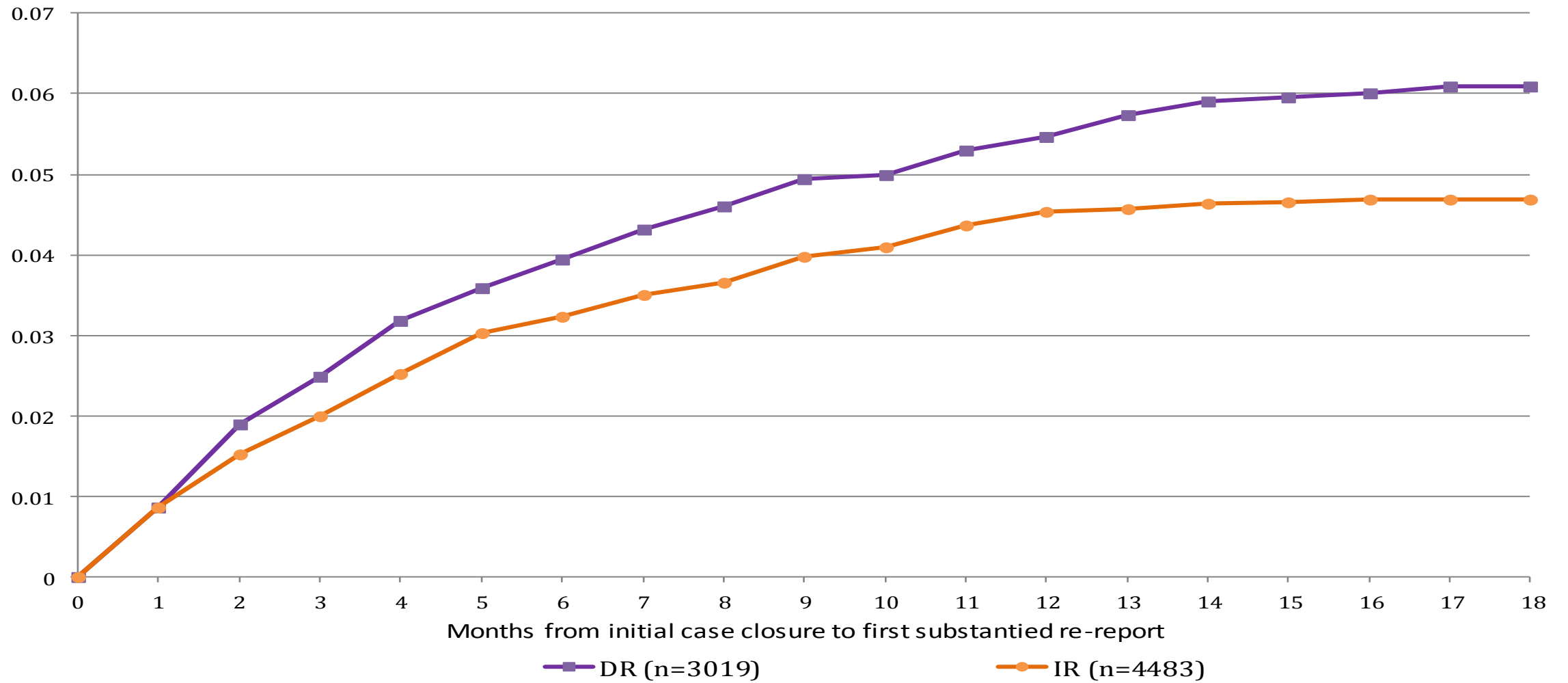
Cumulative probability of maltreatment re-report within 18 months

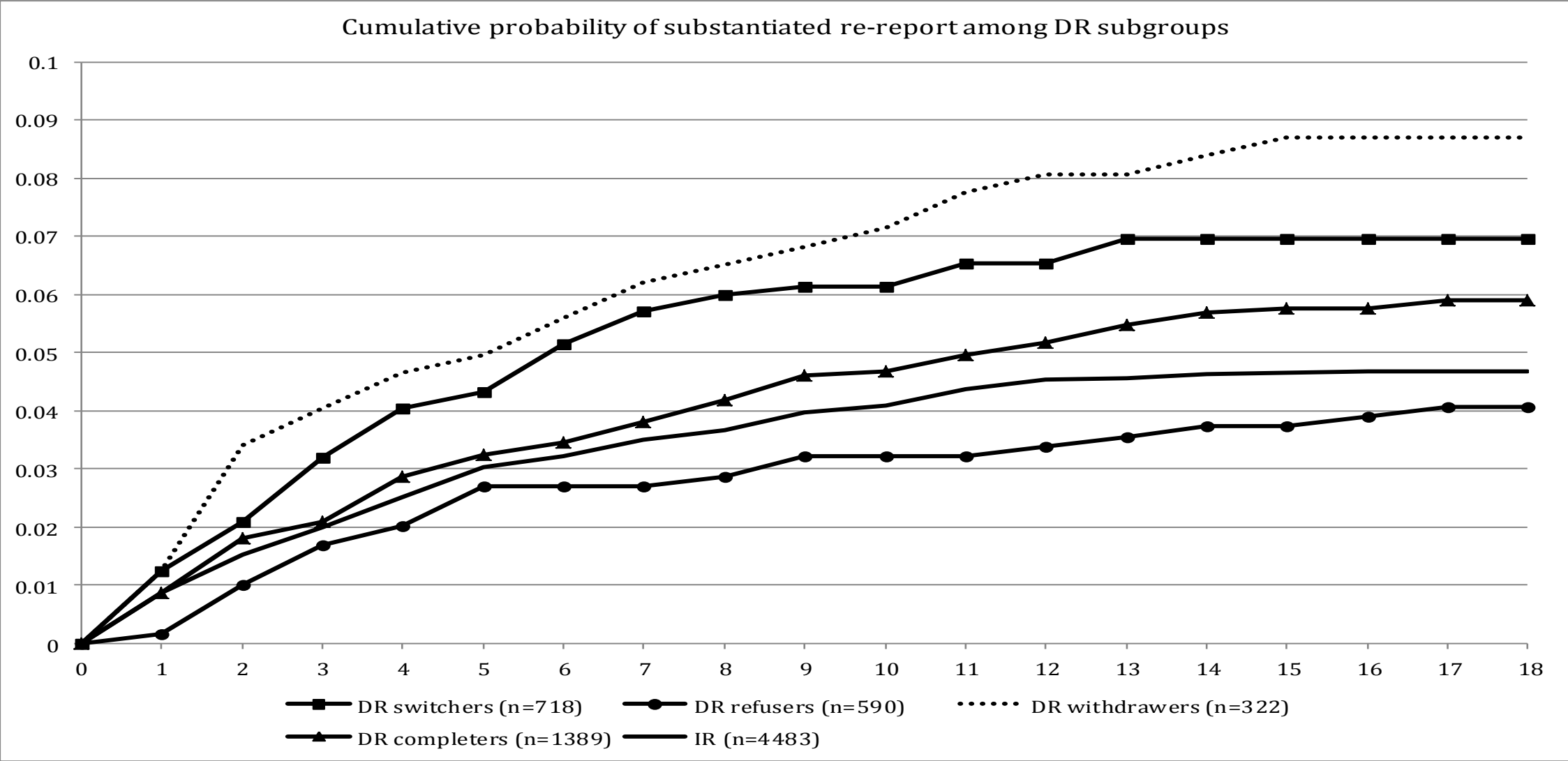


Cumulative probability of maltreatment re-report among DR subgroups

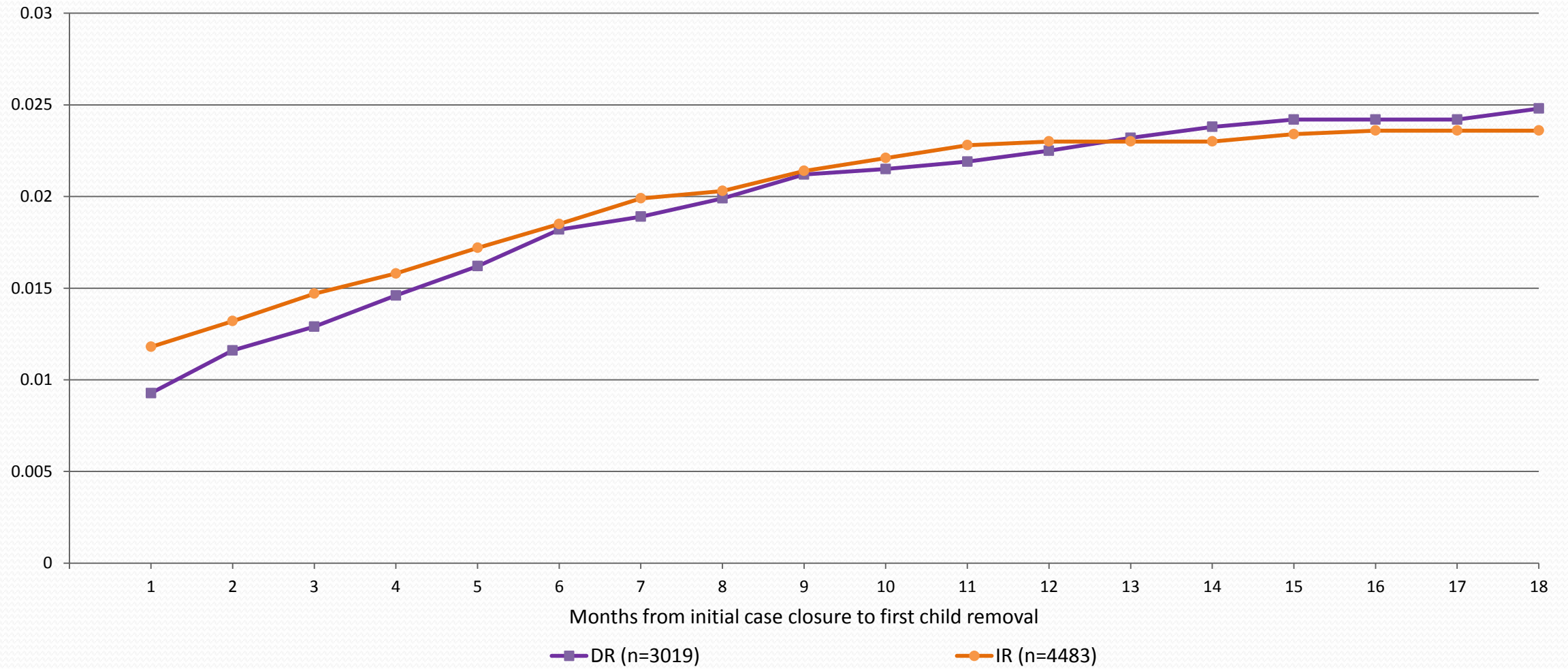


Cumulative probability of substantiated re-report within 18 months

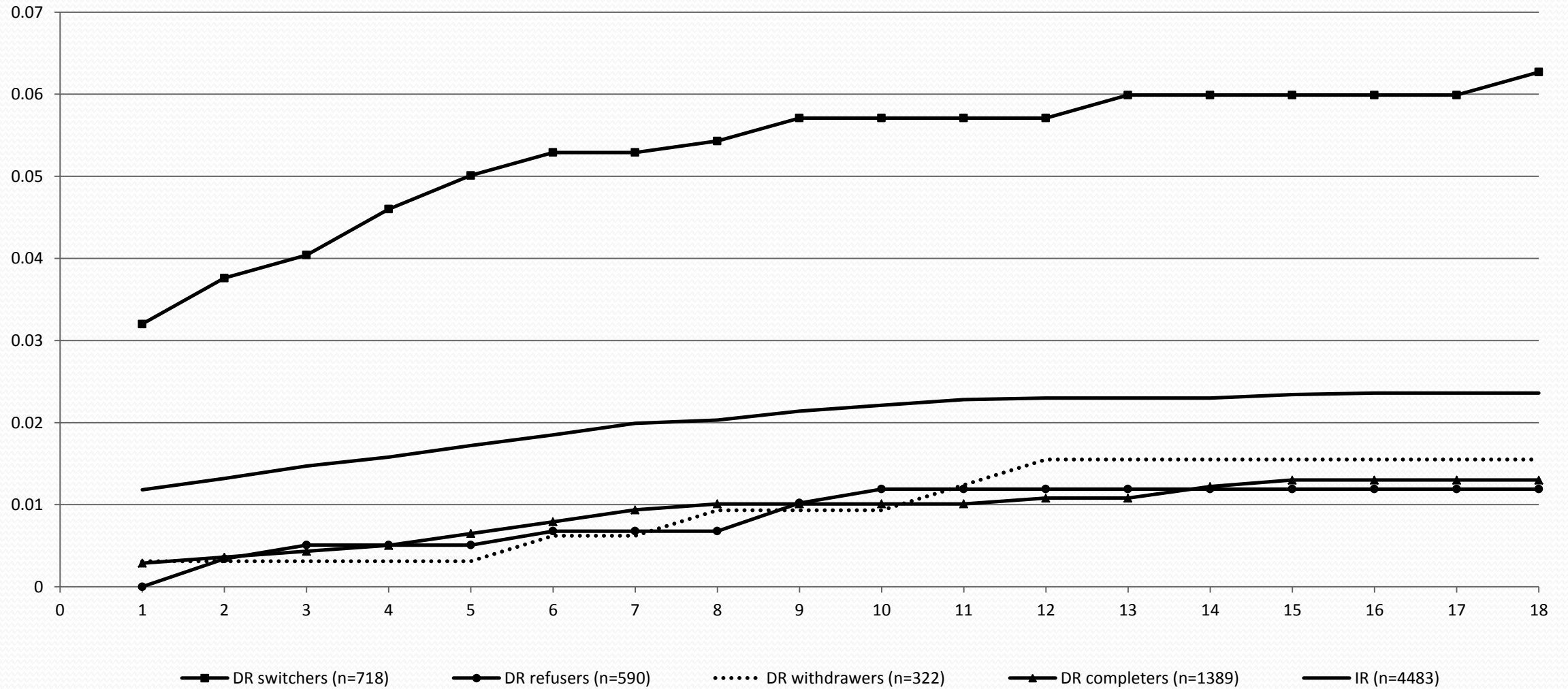


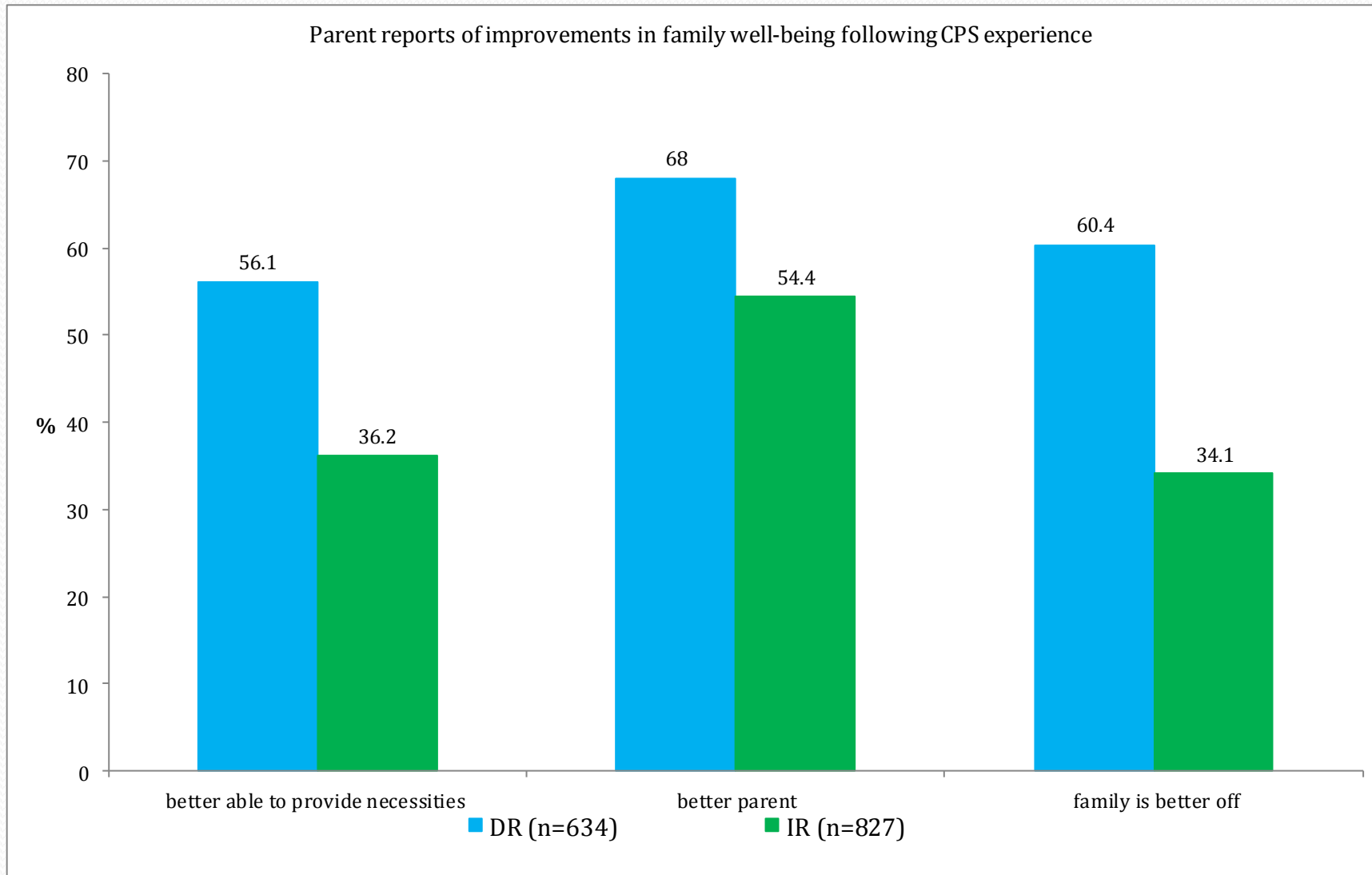


Cumulative probability of child removal within 18 months



Cumulative probability of child removal among  
DR subgroups





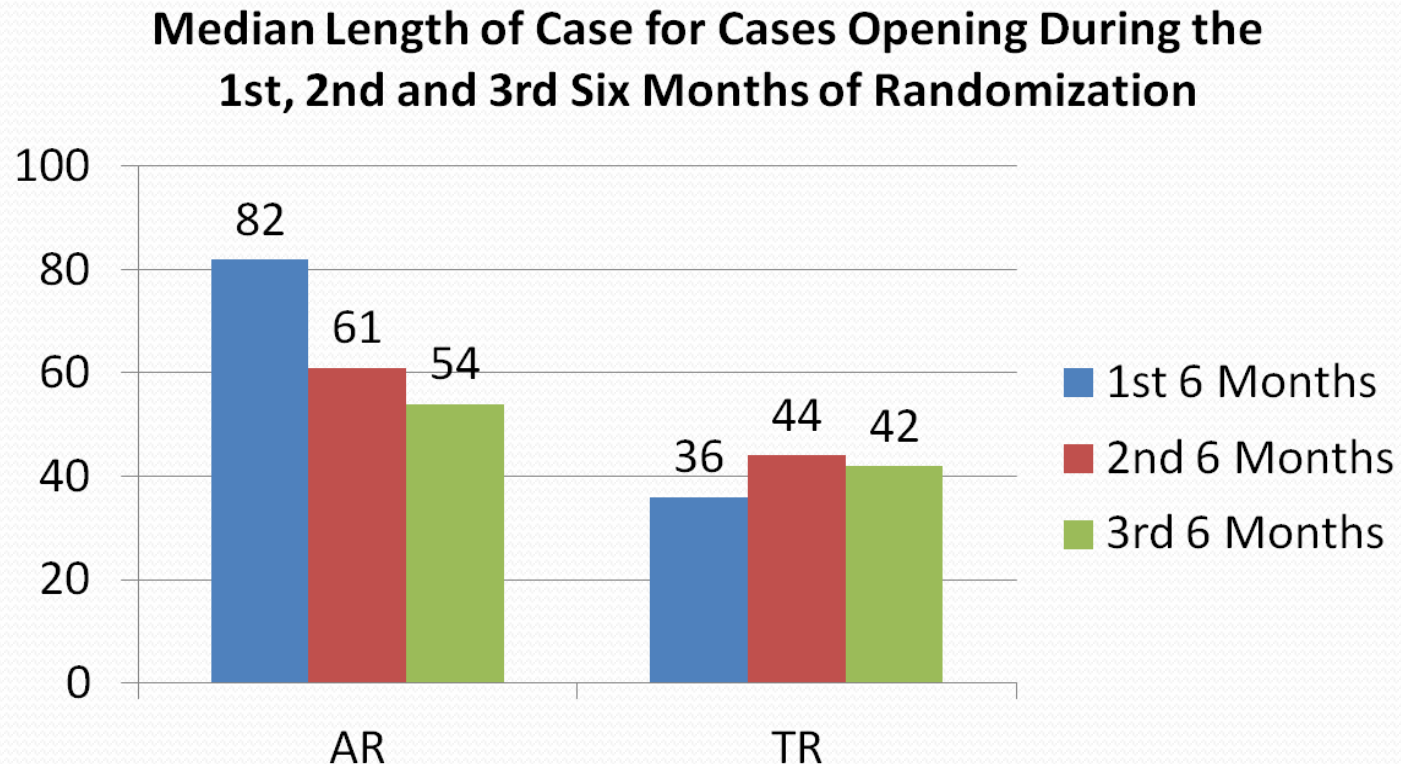
# Child Safety – Ohio

# Ohio Safety Findings:

## Length of Case (Days)

	Mean	Median	Min	Max
AR	92***	59***	2	668
IR	67	40	2	756

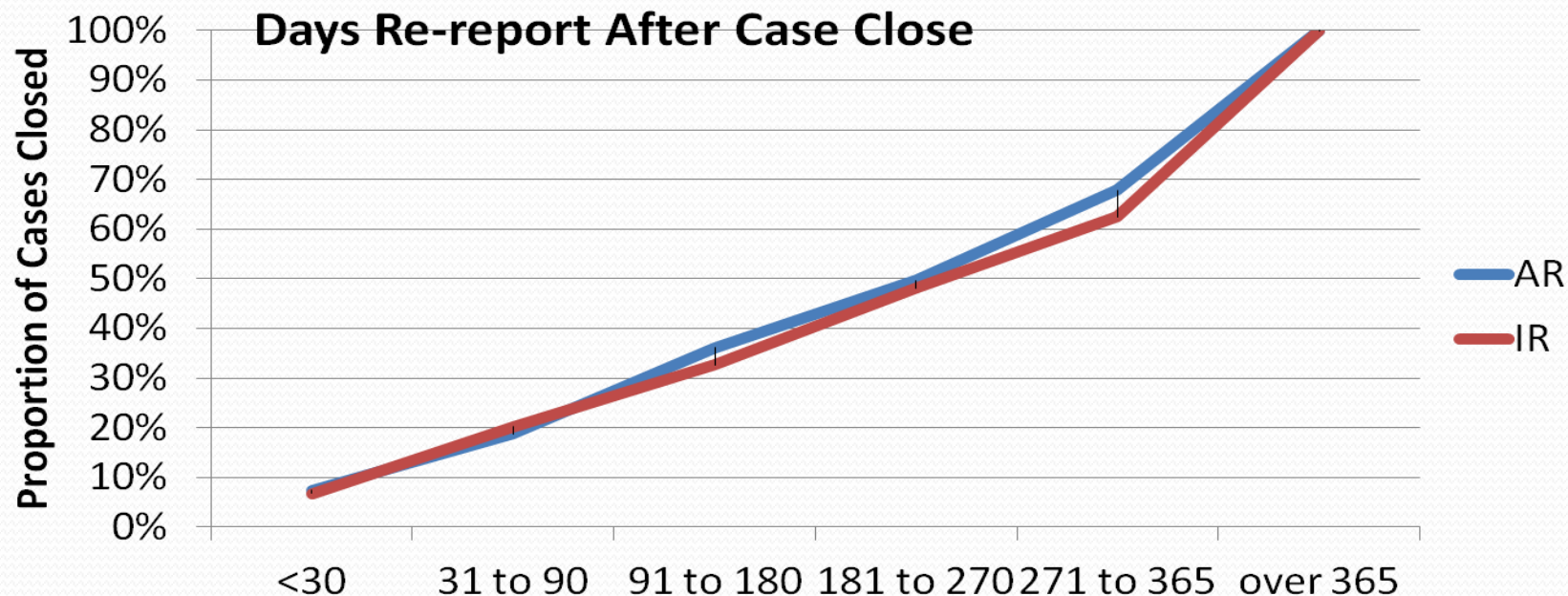
# Ohio Safety Findings: Length of Case by Project Period



- December 1<sup>st</sup> through the end of May 2011
- June 1<sup>st</sup> through the last day of November 2011
- December 1<sup>st</sup> 2011 through May 31<sup>st</sup> 2012

# Ohio Safety Findings: Child Re-Reports

- 40% AR and 38% TR had prior screened-in CAN
- 37% AR (n=445) and 36% TR (n=735) received at least one report after randomization. No Significant Difference
- No significant difference by report type (e.g. FINS, dependency)\*\*, time from case closure, or before vs. after case closure.



# Ohio Safety Findings: Placements

- Of the total number of cases 3215: 113(5.6%) TR and 54 (4.5%) AR (track changed) **cases** had at least one child in placement during the randomization period or after the randomization period closed. NS
- No Statistical difference in time to placement (225 days), length of placement (118), % placed with kin (38%)

	Child Level	
	AR: N=79	TR: N=171
Placed During Randomization Case Episode	46%	36%
Placed After Randomization Case Episode	54%	64%

No SD between groups

# Questions and Discussion: Child Safety

# Implications

# Acknowledgements

- The Illinois Differential Response evaluation is being supported by the Illinois Department of Children and Family Services (IDCFS), through a grant from the National Quality Improvement Center on Differential Response (QIC-DR), which is funded through the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. CFRC would also like to thank DR Project Director Womazetta Jones, the DCFS and private agency staff who participated in the evaluation, the QIC-DR and the Children's Bureau.
- HSRI would like to thank the many individuals and organizations contributing to the Ohio SOAR evaluation, especially the staff in each of the six SOAR counties, the SOAR project leads and the Project Manager, Nancy Mahoney, as well as the staff at ODJFS and at the Kempe Center/QIC-DR. We express our gratitude and appreciation.
- Westat and Colorado State University would like to thank the individuals and organizations that supported the Colorado evaluation including the Children's Bureau, Walter R. McDonald & Associates, the Kempe Center, the Institute of Applied Research, Colorado Department of Human Services, the five participating county DHS agencies, and the caseworker, supervisor and family participants.

# Contact Us

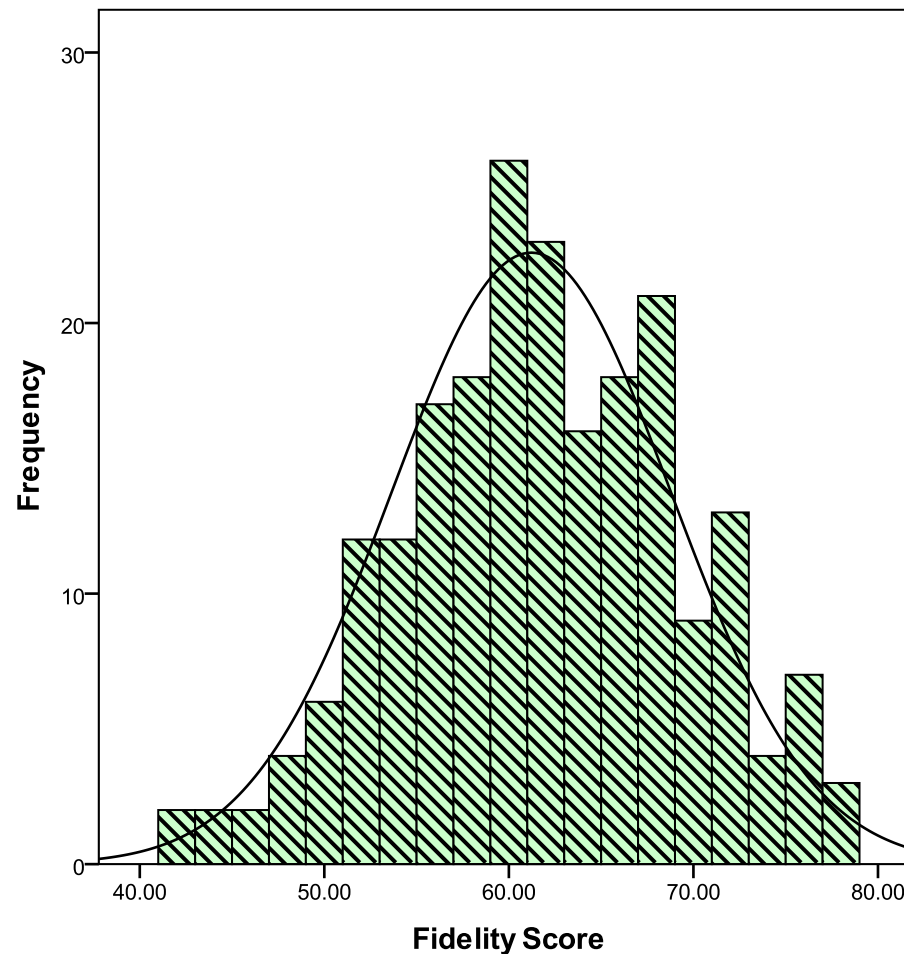
- Final reports for all three sites available at:  
***www.DifferentialResponseQIC.org***
- ***Tamara Fuller*** – t-fuller@illinois.edu
- ***Raquel Ellis*** - raquelellis@westat.com
- ***Julie Murphy*** – jmurphy@hsri.org

## Case-Level Fidelity to SOAR Model

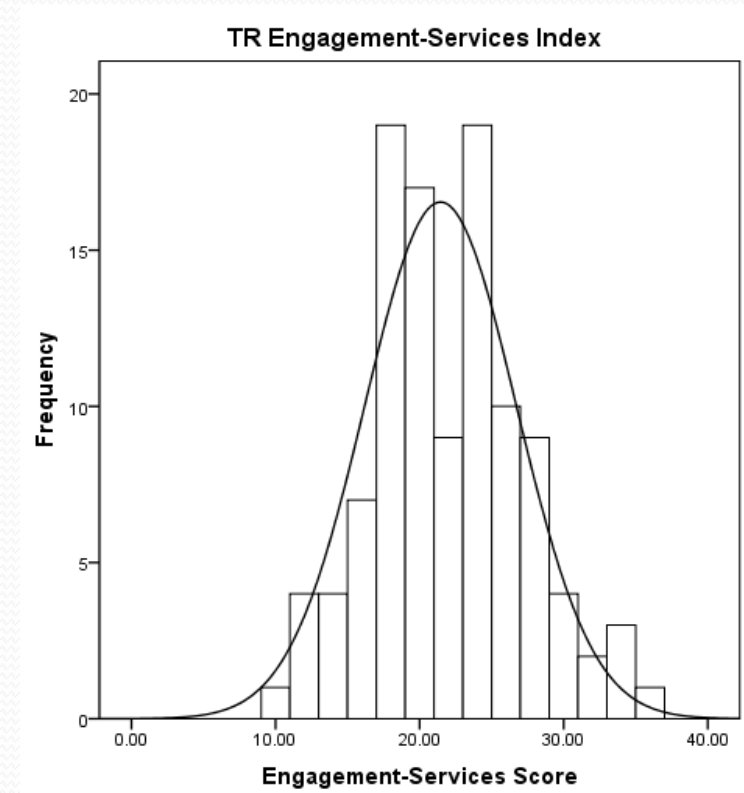
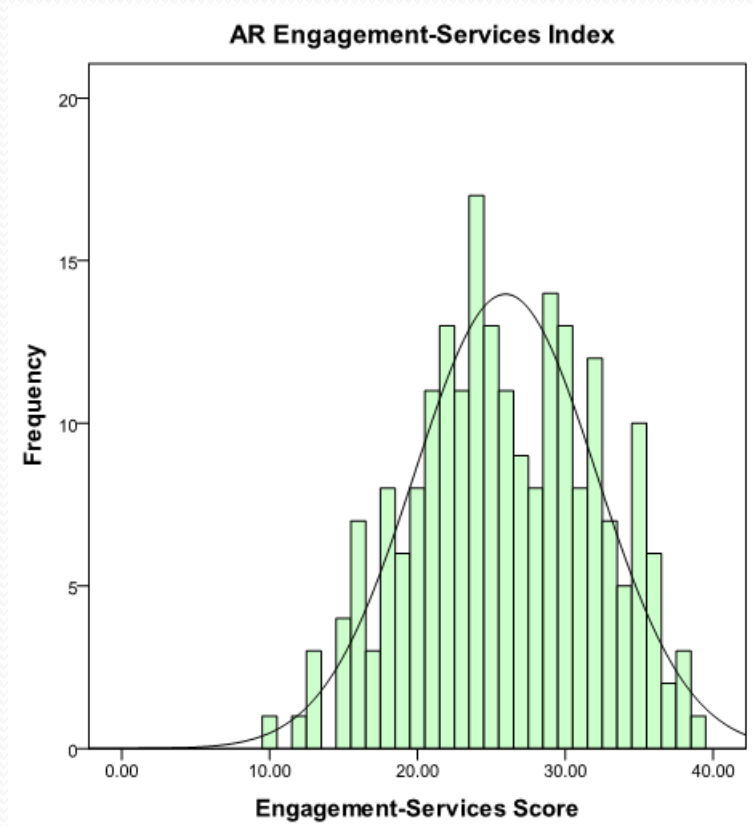
Fidelity category	Components and maximum possible score	Summary
Policy and DR model	<ul style="list-style-type: none"> <li>Major differences between AR &amp; TR</li> <li>Score of AR knowledge</li> </ul>	Worker understands AR-specific policies and procedures
Organizational structure	<ul style="list-style-type: none"> <li>AR-only unit composition</li> </ul>	Worker supported by AR colleagues
Caseload	<ul style="list-style-type: none"> <li>Single worker on a case</li> <li>All-AR caseload</li> </ul>	Worker able to focus on AR cases
Training and staff support	<ul style="list-style-type: none"> <li>Types of AR training received</li> <li>Worker's interpersonal skills, case skills</li> </ul>	Worker trained in AR and perceives self as skilled
Engagement of community partners	<ul style="list-style-type: none"> <li>Worker experience obtaining services</li> <li>Was information and referral given</li> <li>Sum of I&amp;R provided</li> <li>Degree services matched to needs</li> </ul>	Worker report of capacity to address family needs: obtaining services, giving referrals, ability to match services to needs
Family engagement	<ul style="list-style-type: none"> <li># contacts/month with family</li> <li>Types of contact with family</li> <li>Family characteristics at first meeting</li> <li>Family view of # caseworker meetings</li> <li>Family view of worker listening, ease of contact, understanding</li> </ul>	Worker and family reports of amount and nature of interactions: worker-family contacts, attitude of family and of worker
Services	<ul style="list-style-type: none"> <li>Use of outside no-cost supports</li> <li>Family needed help but did not receive</li> <li>Family used services</li> <li>Service received soon after report</li> </ul>	Family receipt of informal services and service timeliness; family view of receiving needed services and using services

# Histogram of AR Fidelity

AR Fidelity Non-Weighted



# Engagement-Services Distributions for AR and TR Samples



# Scores on Engagement-Services Index

Histogram overlap shows that shift occurred with implementation of AR track, but not enough to create distinctly different intervention.

