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

<table>
<thead>
<tr>
<th></th>
<th>Colorado</th>
<th>Illinois</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR</td>
<td>IR</td>
<td>AR</td>
</tr>
<tr>
<td>Randomly Assigned</td>
<td>3,194</td>
<td>1,802</td>
<td>3,101</td>
</tr>
<tr>
<td>Administrative Data</td>
<td>3,194</td>
<td>1,802</td>
<td>3,019</td>
</tr>
<tr>
<td>Family Survey</td>
<td>257 (24%)</td>
<td>206 (21%)</td>
<td>628 (25%)*</td>
</tr>
</tbody>
</table>
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-O rganizational Processes and Social Work Practices

Organizational Processes
- Enhanced Screening
- RED Teams
- Dual Track Response System (FAR & HRA)
- Group Supervision
- Support Planning
- Front Loaded Services
- Facilitated Family Meetings

Social Work Practices
- A rigorous and balanced assessment
- Strategies for including children
- The Consultation and Information Sharing Framework
- Evidence-based assessment tools
- Risk and goal statements
- Participation of extended networks
- Behaviorally-based safety and support plans
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

- Referral from a reporting party taken by screener.
  - Is there need for an immediate response?
    - Yes, assign IR.
    - No, take to RED team.
  - Does the referral meet criteria for agency response?
    - Yes, is the referral FAR eligible?
      - Yes, Proceed to Random Assignment.
      - No, assign IR.
    - No, Screen out and/or provide community resource referral.
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 received either:
  - Investigation response (IR)
  - Differential response (DR)
Illinois DCFS Pathways to Strengthening and Supporting Families

1. Report of alleged abuse/neglect to 24 hour hotline
2. Initial Screening for CPS
   - HOTLINE WORKERS
3. Screened Families: meet state and local criteria
4. Eligibility for Investigation or Family Assessment Path
   - HOTLINE WORKERS
5. Random Assignment
   - ELECTRONIC DECISION
6. Control Group (investigation)
7. Experimental Group (non-investigation)
8. Traditional Investigators
9. Special DCFS Unit + Private Agency
10. Mandatory Investigation
11. Eligible for Family Assessment
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

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

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

<table>
<thead>
<tr>
<th>Investigation Response (IR)</th>
<th>Alternative Response (AR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Substantiation or unsubstantiation of maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Incident-based with fact-finding focus</td>
<td></td>
</tr>
<tr>
<td>• More likely to feel adversarial to both the worker and the family</td>
<td></td>
</tr>
<tr>
<td>• More forensic in nature</td>
<td></td>
</tr>
<tr>
<td>• Voluntary services may or may not be offered.</td>
<td></td>
</tr>
<tr>
<td>• No formal finding of maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Strengths-based</td>
<td></td>
</tr>
<tr>
<td>• Works under the assumption that families want to address child safety concerns</td>
<td></td>
</tr>
<tr>
<td>• Focus on safety through engagement</td>
<td></td>
</tr>
</tbody>
</table>
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.
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.
How carefully did the caseworker listen to what you and your family had to say?

- IR (n=863)
  - Very carefully: 85.4%
  - Somewhat carefully: 12.2%
  - Not at all carefully: 2.4%

- DR (n=642)
  - Very carefully: 93%
  - Somewhat carefully: 6.2%
  - Not at all carefully: 0.8%
<table>
<thead>
<tr>
<th>Caseworker Type</th>
<th>Very well</th>
<th>Somewhat well</th>
<th>Not at all well</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR (n=860)</td>
<td>78.7%</td>
<td>17.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>DR (n=642)</td>
<td>88.2%</td>
<td>10%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
How often did the worker consider your opinions before making decisions that concerned you or your family?

IR (n=837)
- Always: 76.7%
- Sometimes: 16.4%
- Never: 6.9%

DR (n=630)
- Always: 89.4%
- Sometimes: 7.9%
- Never: 2.7%
How easy was it to contact the worker?

DR (n=634)

- Very easy: 85
- Somewhat easy: 12.9
- Not at all easy: 2

IR (n=821)

- Very easy: 70.8
- Somewhat easy: 23.8
- Not at all easy: 5.5
Percentage of parents who were very satisfied with their CPS experience

- Very satisfied with way they were treated: DR (n=632) = 90.8%, IR (n=860) = 82.3%
- Very satisfied with help received: DR (n=632) = 85.2%, IR (n=860) = 76.5%
- Very likely to call worker if needed help: DR (n=632) = 76.4%, IR (n=860) = 61.9%
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?)

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

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

### Family Engagement (FS)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>AR (n=277)</th>
<th>TR (n=117)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I really made use of the services my caseworker gave me.</td>
<td>42%</td>
<td>26%</td>
<td>16%*</td>
</tr>
<tr>
<td>Working with my caseworker has given me more hope about how my life is going to be in the future.</td>
<td>35%</td>
<td>20%</td>
<td>15%*</td>
</tr>
<tr>
<td>I wasn’t just going through the motions, I was really involved in working with my caseworker.</td>
<td>44%</td>
<td>31%</td>
<td>13%*</td>
</tr>
<tr>
<td>What the agency wanted me to do was the same as what I wanted.</td>
<td>47%</td>
<td>29%</td>
<td>18%*</td>
</tr>
</tbody>
</table>
Questions and Discussion:
Family Engagement
Child Safety – Colorado
Regression model results indicate no statistically significant differences between tracks on safety outcomes

### Safety Outcome Findings

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

- **DR (n=3019)**
- **IR (n=4483)**

**Months from initial case closure to first re-report**

The graph shows the cumulative probability of maltreatment re-report within 18 months, with two lines representing different groups: DR (n=3019) and IR (n=4483). The probability increases over time, with the IR group having a higher probability compared to the DR group.
Cumulative probability of maltreatment re-report among DR subgroups

- DR switchers (n=718)
- DR refusers (n=590)
- DR withdrawers (n=322)
- DR completers (n=1389)
- IR (n=4483)
Cumulative probability of substantiated re-report within 18 months

- DR (n=3019)
- IR (n=4483)
Cumulative probability of substantiated re-report among DR subgroups

- DR switchers (n=718)
- DR refusers (n=590)
- DR withdrawers (n=322)
- DR completers (n=1389)
- IR (n=4483)
Cumulative probability of child removal within 18 months

- Months from initial case closure to first child removal
- DR (n=3019)
- IR (n=4483)
Cumulative probability of child removal among DR subgroups

- DR switchers (n=718)
- DR refusers (n=590)
- DR withdrawers (n=322)
- DR completers (n=1389)
- IR (n=4483)
Parent reports of improvements in family well-being following CPS experience

- Better able to provide necessities:
  - DR (n=634): 56.1%
  - IR (n=827): 36.2%
- Better parent:
  - DR (n=634): 68%
  - IR (n=827): 54.4%
- Family is better off:
  - DR (n=634): 60.4%
  - IR (n=827): 34.1%
Child Safety – Ohio
### Ohio Safety Findings:
#### Length of Case (Days)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR</td>
<td>92***</td>
<td>59***</td>
<td>2</td>
<td>668</td>
</tr>
<tr>
<td>IR</td>
<td>67</td>
<td>40</td>
<td>2</td>
<td>756</td>
</tr>
</tbody>
</table>
Ohio Safety Findings: Length of Case by Project Period

December 1st through the end of May 2011
June 1st through the last day of November 2011
December 1st 2011 through May 31st 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.

[Graph showing the proportion of cases closed over days re-reported after case close, with lines for AR and IR.]
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%)

<table>
<thead>
<tr>
<th>Child Level</th>
<th>AR: N=79</th>
<th>TR: N=171</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placed During Randomization Case Episode</td>
<td>46%</td>
<td>36%</td>
</tr>
<tr>
<td>Placed After Randomization Case Episode</td>
<td>54%</td>
<td>64%</td>
</tr>
</tbody>
</table>

No SD between groups
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

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- Raquel Ellis - raquelellis@westat.com

- Julie Murphy – jmurphy@hsri.org
## Case-Level Fidelity to SOAR Model

<table>
<thead>
<tr>
<th>Fidelity category</th>
<th>Components and maximum possible score</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and DR model</td>
<td>• Major differences between AR &amp; TR&lt;br&gt;• Score of AR knowledge</td>
<td>Worker understands AR-specific policies and procedures</td>
</tr>
<tr>
<td>Organizational structure</td>
<td>• AR-only unit composition</td>
<td>Worker supported by AR colleagues</td>
</tr>
<tr>
<td>Caseload</td>
<td>• Single worker on a case&lt;br&gt;• All-AR caseload</td>
<td>Worker able to focus on AR cases</td>
</tr>
<tr>
<td>Training and staff support</td>
<td>• Types of AR training received&lt;br&gt;• Worker’s interpersonal skills, case skills</td>
<td>Worker trained in AR and perceives self as skilled</td>
</tr>
<tr>
<td>Engagement of community partners</td>
<td>• Worker experience obtaining services&lt;br&gt;• Was information and referral given&lt;br&gt;• Sum of I&amp;R provided&lt;br&gt;• Degree services matched to needs</td>
<td>Worker report of capacity to address family needs: obtaining services, giving referrals, ability to match services to needs</td>
</tr>
<tr>
<td>Family engagement</td>
<td>• # contacts/month with family&lt;br&gt;• Types of contact with family&lt;br&gt;• Family characteristics at first meeting&lt;br&gt;• Family view of # caseworker meetings&lt;br&gt;• Family view of worker listening, ease of contact, understanding</td>
<td>Worker and family reports of amount and nature of interactions: worker-family contacts, attitude of family and of worker</td>
</tr>
<tr>
<td>Services</td>
<td>• Use of outside no-cost supports&lt;br&gt;• Family needed help but did not receive&lt;br&gt;• Family used services&lt;br&gt;• Service received soon after report</td>
<td>Family receipt of informal services and service timeliness; family view of receiving needed services and using services</td>
</tr>
</tbody>
</table>
Histogram of AR Fidelity
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.