Ohio Alternative Response Evaluation: Executive Summary

Conducted by the Institute of Applied Research
St. Louis, Missouri

Research Team

Report by:
L. Anthony Loman, PhD  Christine Shannon Filonow, MSW  Gary Siegel, PhD

Research and Programming Assistants
Jerre Cline, MA
Marcus Loman, MA
Jessica Drennan, MSW
Tonya Dean MSW (cand.)
Yu Shimizu, MSW
Lina Sapokaite, MSW PhD (cand.)

Institute of Applied Research
103 W. Lockwood, Suite 200
St. Louis, MO 63119
(314) 968-9625
www.iarstl.org
HIGHLIGHTS OF EVALUATION FINDINGS

- A little more than half of child abuse and neglect reports were determined by local offices to be appropriate for an alternative response family assessment rather than a traditional response investigative assessment.
- Families assigned to the alternative response pathway were among the poorest in Ohio. More than two-thirds of families surveyed reported incomes of $15,000 or less compared to 8% for Ohio families as a whole.
- There was evidence of improved family engagement and satisfaction under alternative response. Initial emotional reactions were more positive and less negative. Families were more satisfied with their workers and felt that they had more say in decisions that were made.
- Workers reported feeling better able to intervene effectively with alternative response families than with other families. Service referrals were more frequent among workers involved with alternative response. Workers felt that reactions of alternative response families to assistance were more positive than the reactions of other families.
- Alternative response cases were kept open for slightly longer periods. The number of contacts of various kinds with and for families increased under alternative response.
- Provision of poverty-related services of various kinds increased under alternative response, such as food and clothing, help with utilities, money to pay rent, help in obtaining appliances and furniture, car repair and transportation, and other financial help.
- Families served through alternative response were more frequently connected to counseling and mental health services.
- Services provided directly by child welfare workers increased under alternative response.
- Alternative response families were more satisfied with services received.
- No evidence was found that replacement of traditional investigations by alternative response family assessments reduced the safety of the children. Children were as safe under alternative response as under traditional approaches.
- Subsequent reporting of families for child abuse and neglect declined under alternative response, particularly among minority families, the most impoverished families in the study.
- Removals and out-of-home placements of children declined.
- The cost study showed that full indirect costs measuring worker times were slightly more expensive for alternative response by the end of the evaluation period.
- Familiarity with alternative response among community stakeholders had increased by the end of the Alternative Response Pilot Project period.
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.

Alternative response (also called differential response) involves an alternative approach to traditional child protective services (CPS) investigations of child abuse and neglect. 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 Pilot Project on Minnesota’s alternative response practice.

Planning, Implementation, and Evaluation. Implementation of alternative response in Ohio involved selection of the 10 pilot counties, collaborative project development among counties and stakeholders, and an evaluation with an experimental design. The pilot began in July 2008 and ran through December 2009. Participating counties were Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull and Tuscarawas. The American Humane Association and several representatives of the Minnesota child welfare system assisted in planning and implementation. The Institute of Applied Research was selected to conduct the evaluation, which was designed as a field experiment. The evaluation collected data from a variety of sources to describe effects of the reforms on families, county Public Children Services Agencies (PCSAs), and the community.

Pathway Assignment. Pathway assignment refers to the assignment of reports to an alternative response family assessment or an investigative assessment based on criteria established by the counties. The best estimate of the proportion of reports during the pilot determined to be appropriate for an alternative response family assessment was 51.7%. The remaining 48.3% received a traditional response assessment/investigation. A little more than half of the latter were assigned to traditional response for mandatory reasons such as allegations of serious and criminal harm to a child or sexual abuse. The other half of cases sent to the traditional response pathway were assigned for discretionary reasons. Discretionary criteria were utilized at different rates by the PCSAs. The most commonly indicated discretionary reasons were the frequency or recentness of past reports, and the caregiver’s inability to achieve child safety. The study population in the Pilot Project involved only reports judged appropriate for the alternative response pathway.
Families determined to be appropriate for the alternative response pathway were then randomly assigned either to an experimental group that received an alternative response family assessment or a control group that received a traditional investigative assessment response.

**Characteristics of Families.** By the conclusion of the pilot, 4,529 families had entered the study group, of which 2,285 (50.5%) were experimental and 2,244 (49.5%) were control. Family follow-up surveys were completed for 804 experimental and control families. The following factors, taken together, suggest a population with multiple needs and ongoing risk for future reports:

- Alternative response-appropriate families were likely to be headed by a single mother.
- Caregivers in the families typically had a lower educational attainment compared with statewide statistics.
- More than two-thirds of families surveyed reported incomes of $15,000 or less compared to 8.0% for Ohio families as a whole. Families frequently participated in government support programs. Eight of every 10 families had received food stamps and a little less than a quarter of them had participated in Temporary Assistance for Needy Families (TANF) in the past year.
- About half of the alternative response appropriate families had previous accepted reports of child maltreatment, and 1 in every 10 had a child placed in the past.

**Family Needs.** Alternative Response Pilot Project families had a number of needs, many of which stemmed from poverty:

- High rates of unemployment, single-parent status, female-headed families, and lower educational achievement were each associated with low income. Instability in housing was also found. Low-income families with these characteristics typically experience problems with unaffordable and unstable housing, utility payments, lack of furniture and appliances, unreliable transportation, and occasionally lack of sufficient food and clothing.
- Problems of children were reported by many of the families, including high rates of behavior problems and difficulties in school. The presence of such problems may suggest a need for counseling for children or parents, parenting instruction, and other services that might directly address health, school, and behavioral issues.
- About one-fourth of the families were judged to be both socially and financially isolated, although considering finances alone, half of the families reported that financial support was rare or nonexistent. The areas in which the most family caregivers reported stress were financially related.
- Alternative response workers reported that the areas of highest needs and risk within families concerned interaction and communication among family members, parenting,
approach to discipline, and mental health. Among poverty-related needs, rent and utilities and unemployment or underemployment were listed at about the same frequency.

**Engagement and Family Satisfaction.** Significant differences were found between the experimental (alternative response) and the control (traditional response) groups on key measures of family engagement, suggesting the real practice shifts occurred for workers serving families through alternative response.

- Emotional reactions to the initial visit by assessment workers were significantly more positive for families that had received an alternative response assessment than for those that received a traditional response assessment. Likewise, negative emotions were experienced more frequently by control families.
- Alternative response families were more likely to report that they were very satisfied with treatment by their workers.
- More experimental families than control families thought their worker tried to understand their family’s situation and needs very much than control families.
- Reports of participating a great deal in decision making occurred more frequently for experimental families than for control families. Conversely, more control families reported that no decisions were made regarding their family.

Alternative response workers tended to hold cases open longer than did traditional response workers. The average number of days until case close was 53.6 for experimental families and 44.7 for control families. Worker contacts with families increased with alternative response. The average number of face-to-face and telephone contacts was significantly higher for workers serving experimental families. During interviews, alternative response workers and supervisors explained that alternative response assessments allowed workers to be less incident-driven and to more fully explore a family’s full circumstances. Workers perceived that families found this to be less threatening and therefore were more likely to open up and share information.

**Services.** The evaluation was designed to determine whether the introduction of alternative response led to changes in the types and amount of services provided to families, and whether the orientation of workers toward services changed.

Based on reports by families, poverty-related services to families increased. Alternative response workers more often provided referrals for or helped families receive food and clothing, help with utility bills, other financial help, car repairs and transportation, money to pay rent or help in obtaining appliances and furniture. Experimental families under alternative response also reported receiving more referrals to traditional counseling and mental health services. No difference was found in the number of services or the provision of direct services between Caucasian and African-American families under alternative response.
When asked about specific families they had worked with, workers reported providing more services, support, and assistance under alternative response as well as more information about where services could be found. Workers indicated that basic poverty-related services were provided significantly more often to experimental families, such as rent payments, housing services, help with basic household needs, emergency food, and transportation. Other areas of increase included welfare, medical/dental services, daycare and family counseling. Under alternative response, 46.7% of alternative response workers said they were responsible for directly providing or connecting families to resources and services, while only 26.3% of traditional response workers reported this. Correspondingly, alternative response workers indicated they provided only information and referral for 41.2% of the services compared to 59.2% for traditional response workers.

Alternative response workers directly assisted with 83.3% of services in the category *help with rent or house payments* compared to 30.0% for traditional response workers. Similar differences were found for other related categories, such as basic household needs and emergency food. Significantly more alternative response experimental families said their worker provided them with direct assistance, such as transportation, clothing, financial help, or similar services.

Alternative response personnel often stated during interviews that increased family engagement, the extended timeframe for alternative response assessments, and access to flexible funds were three of the main factors that contributed to increased service provision among alternative response families.

**Responses of Families to Assistance Provided.** Alternative response families were more likely to report they were *very satisfied* with the help received or offered than traditional response control families. Control families reported nearly twice as often that no services had been offered to them. Experimental families were also somewhat more likely than control families to indicate that the services received were enough to really help. According to workers, alternative response families were also more likely to participate in services than control families.

Comments provided by families on the survey instrument and during interviews suggest that being treated with respect and being listened to were critical to the quality of their experience. Providing good information to families and then following through to fully connect them to resources was one of the most important things workers could do to create a positive and productive experience for families, even if the interaction was very short term.

**Perspectives of Workers and Supervisors.** Attitudes toward and perceptions of alternative response varied dramatically between county staff persons who worked directly with the Alternative Response Pilot Project and those who did not. Workers and supervisors who performed work related to alternative response reported observable adjustments in their
approach and practice, indicating that alternative response was implemented as intended and produced positive changes within the agency.

Workers reported feeling more able to intervene effectively with alternative response families than with other families. Knowledge of service resources in the community was ranked higher for workers involved with alternative response. Reactions of alternative response families to assistance were seen as more positive by workers than the reactions of other families.

Workers believed that alternative response families were more likely to view the agency as a source of support and assistance and were more likely to feel better off because of their involvement with the agency than traditional response families. The majority of staff involved with alternative response stated that the pilot had affected their approach to families a great deal or in a few important ways. In addition to recognizing that alternative response does not require substantiation or formal finding, alternative response-involved staff saw alternative response as leading to a more friendly approach to families, more family participation in decisions and case planning, and more cooperation from families in the assessment process.

Although almost all staff involved with the pilot felt their understanding of alternative response was at least adequate, the majority also indicated that they could benefit from more training in specific areas. A strong minority (38.9%) of county staff involved with the pilot reported that alternative response had increased the likelihood that they will remain in the field of child welfare.

**Community Response.** Community education about the Alternative Response Pilot Project took place in each county, and each agency made attempts to inform critical stakeholders about alternative response. About one-third of community stakeholders who completed a survey for this evaluation reported attending a meeting about alternative response where their involvement or assistance was requested.

Familiarity with alternative response among stakeholders had increased by the end of the pilot, from 45.3% in 2008 to 68.3% in 2009. Attitudes toward alternative response were highly positive among those who were familiar, although a little less than half of all survey respondents were unsure of their opinion.

Nine out of 10 judges or magistrates in the pilot counties reported being at least somewhat familiar with the Pilot Project, and those nine also perceived that alternative response had the potential to lower the number of cases coming to court to some degree.

**Outcomes and Impacts.** The previous changes in family engagement and attitudes, services, and participation by families, workers and supervisors and the community refer to immediate impacts of alternative response. Other types of impacts were considered, including long-term impacts on families and children.
Short-term child safety from the time of the original report until final contact with families was examined. Child safety problems were identified in a minority of families: 33.2% of control cases and 25.4% of experimental cases.

- When a child safety problem was identified, no statistically significant difference was found between experimental and control families in the extent of improvement or decline in safety. There was no evidence that replacement of traditional investigations by alternative response family assessments reduced the safety of the children.

Subsequent accepted reports of child maltreatment were also tracked for each experimental and control family. New reports were treated as indicators of risk of child abuse and neglect, whether or not they were confirmed.

- Among families entering the study during the first 360 days, 13.3% of control families had a new report compared to 11.2% of experimental families. This difference was statistically significant. A proportional hazards analysis that controlled for levels of past reporting on families also confirmed that experimental families that were served through the alternative response family assessment pathway had fewer new reports than control families that were approached through a traditional response investigative assessment.

- Racial differences in later accepted reports were also examined. Although study families as a whole were largely in poverty, African-American families were substantially more impoverished than Caucasian families. Race was taken as a proxy measure for poverty. Analyses demonstrated that the major positive effects of alternative response on new reporting of child maltreatment at this point in tracking families appears to have occurred among African-American families. This was interpreted to mean that alternative response has its greatest effects among the poorest families in the population.

Differences in out-of-home placement were also examined in the evaluation. Within the control group 3.7% of children had been removed while 1.8% had been removed in the experimental group, a significant difference. This difference also remained significant in the stronger proportional hazards analysis. Alternative response appeared to reduce the number of child removals and out-of-home placements.

**Cost Analysis.** The direct costs of services paid for by CPS, including placement, and the indirect or administrative costs for experimental and control families were examined. The question was whether alternative response might have led to a different pattern of costs in these categories. Short-term costs referred to costs during the initial case. Long-term costs were costs arising from later reports and child removals.

- Indirect costs were calculated using cost allocation data and average time that workers spent with experimental and control families. Alternative response family assessments
averaged $940 per family compared to $732 per family for traditional response investigations. Reflecting increased worker time with families, alternative response was more expensive in the immediate term. For subsequent work, experimental families averaged $145 per family compared to $266 for control families. Total costs for control families averaged about $999 per family compared to $1,084 for experimental families. At this point in the follow-up, experimental families were slightly more expensive ($85 per family) overall in indirect costs than control families.

Because control group data were missing or not comparable from two large pilot counties, the analysis of direct service costs were calculated based on cost data from the eight remaining pilot counties. Costs were determined from data provided by local bookkeepers on services provided to experimental and control families. The final analysis showed that direct services cost less for control families ($99 per family) than experimental families ($194 per family) in the short-term but were more expensive in the long-term. The total direct cost, both short-term and long-term, for control families was $235 per family compared to $242 for experimental families. Combining direct and indirect costs for the entire period from initial report through the follow-up on each family, mean costs of $1,325 were found for experimental cases under AR compared to $1,233 for control families in traditional investigative assessments.