

Differential Response Evaluation Plan Executive Summary

A logic model clearly articulates how specific activities or services are expected to produce or influence their associated outcomes. It illustrates the conceptual linkages between the program components; expected outputs; and short-term, intermediate, and distal outcomes. The goals of the Oregon Differential Response (DR) initiative are to reduce repeat maltreatment and foster care entries; strengthen families and increase their functioning; reduce disproportionate representation of children of color in foster care; and strengthen the relationship between child welfare, families and the community.

Inputs and activities. The Oregon Department of Human Services (DHS) will invest numerous resources and engage in a range of activities (i.e., *inputs*) to develop DR. Inputs include a supportive and inclusive leadership team; DR advisory workgroups and committees; child welfare staff; service providers; development of a DR practice model; development of screening and assessment tools to guide decision-making; development of rules, policies, and procedures; modification to existing IT systems; engagement with community partners; program evaluation; funding; staff training; and staff supervision and coaching.

Outputs. As a result of these inputs, the necessary components of the intervention will be implemented (*outputs*). Staff will be selected and adequately trained, supervised and coached so that they develop and maintain a high level of fidelity to the DR practice model that is specified in rules, policies, and procedures. Through the use of the track assignment tool, families will be assigned to the appropriate CPS response track (AR or TR). Initial meetings with the families will be timely, and families will be involved in the assessment and decision-making process. The Oregon Safety Model will be used to assess child safety and guide worker decision-making. If assessment reveals that families initially assigned to AR have ongoing safety threats, they will be reassigned to the TR track, a case will be opened by DHS, and appropriate services will be provided to the family. If no safety threats exist and the family is identified as having moderate to high needs, a service provider will engage them in a strengths and needs assessment to determine what services may be offered to improve family functioning. An array of services can be provided them to address these needs and build on existing strengths.

Outcomes. The outputs of the intervention are expected to produce short-term, intermediate, and long-term changes in families', workers', community partners', and the child welfare system's *outcomes*. Within the short term, parents will feel fewer negative emotional responses and more positive emotional responses during the intervention, will feel respected during their interactions with the workers, and will be engaged in the assessment and decision-making process. In addition, as a result of the assessment and services, formal and informal supports will be increased and family functioning will improve. These short-term changes will lead to intermediate changes: fewer families will be re-reported to DHS and fewer children will be removed from their homes and placed into foster care. In particular, the number of children removed from their homes who stay in foster care for short periods of time before being returned home may be reduced as more children are served safely in their own homes. The implementation of DR will also lead to distal outcomes, including a stronger relationship between child welfare and community partners, reduced disproportionate representation of children of color in foster care, fewer children who are taken into substitute care and decreased time to permanency for children taken into substitute care.

The Evaluation of Differential Response in Oregon

The Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign will be conducting the evaluation of Oregon Differential Response. The CFRC will provide interim progress reports throughout the project to provide continual feedback and highlight potential areas for improvement during the implementation process; the final report is scheduled to be delivered to DHS in June 2017.

The evaluation of DR will be comprised of three main components: an outcomes evaluation, a process evaluation, and a cost analysis.

The process evaluation will include several components, including: 1) an implementation evaluation of the DR program that will document and describe the program implementation process, 2) a fidelity assessments of the DR model, and 3) a fidelity assessment of the Oregon Safety Model within counties that have implemented DR. Strategies for collection of information include: site visits, staff and stakeholder surveys, and case reviews.

The **outcomes evaluation** will determine the extent to which DR was effective in achieving its goals, including short-term, intermediate, and distal outcomes.

Short-term outcomes include:

- Parent emotional responses
- Parent feeling of respect
- Parent engagement in assessment and decision making
- Parent satisfied with their caseworker and services
- Parent informal and formal supports
- Family functioning

Intermediate outcomes include:

- Subsequent screened in maltreatment reports
- Subsequent substantiated maltreatment reports
- Subsequent child removals

Distal outcomes include:

- Fewer children living in substitute care
- Reduced disproportionate representation of child of color in child welfare
- Strengthened relationships between community partners and child welfare
- Decreased time to permanency for children taken into foster care

Strategies for collection of information include: parent survey, parent interviews, and data analysis.

Lastly, Oregon DHS is interested in a **cost analysis** that includes an accounting of the resources necessary to implement and maintain DR, as well as an analysis showing the benefits provided. CFRC proposes a two-pronged approach to the cost analysis that includes:

- an analysis of the resources (types and amounts) necessary to implement and maintain DR in each of the three counties Round 1 counties and four Round 2 counties,
- a comparison of the average total cost-per-family of serving a family through AR and a similar family in a non-DR county, and
- a comparison of the average total cost per-family of serving a family through TR and a similar family in a non-DR county.