



REPORT # 2

Supplementary Analysis of Pathways to Safety Evaluation Data, 2011-2012

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Supplementary Analysis of Pathways to Safety (P2S) Evaluation Data 2011-2012

This report is part of an effort involving the Institute for Collaborative Community Studies (ICCS) at CSUMB and the Monterey County DSES to conduct a study that could supplement findings of the 2011-12 evaluation of the P2S program and explore future research questions regarding child welfare outcomes in general and the P2S program impacts in particular.

The data used in this report was received, organized and compiled by Institute in the fall of 2013 and analyzed in the spring of 2014. The data set contained programmatic information on 1,309 families that were referred to the P2S program in the 2011-12-program year. To ensure anonymity and confidentiality no personal identifiers were shared.

After an initial exploration of the dataset, three areas of analysis were identified as promising for further analysis that could both contribute to the evaluation of the P2S program and the development of future research questions on program effects. The following pages provide findings of data analysis geared towards exploring new ways to look at the evaluation data and potential research questions related to the findings. The first section presents alternative ways to understand and analyze the engagement rate on P2S services; the second section presents a different manner of analyzing results for families that participated on P2S services and received case management using the FAST system; the third section looks at re-referral rates and their variation across different engaged and non-engaged families. The final section concludes and offers recommendations

1. Exploring P2S Engagement Rates

Client engagement is undoubtedly a crucial consideration in provision of services, especially so in case management programs. Several authors make the case for client engagement's importance as a contributing factor of positive outcomes across a variety of interventions in the fields of health and social services (Littell & Tajima, 2000). Unfortunately, a single definition of client engagement has eluded the field of social work since it was first popularized in the 50s as a crucial aspect of case management. This lack of a single definition is often reflected on the wide variation of how the variable of "engagement" is operationalized in the academic and applied literature in social work (MacGowan, 1997; Littell et al., 2001; Yatchmenoff, 2005; Korfmacher et al., 2008; Fantuzzo et al. 2000).

Under this context we decided to study how engagement is measured in the P2S evaluations and explore alternative ways to look and understand engagement rates that could shed light of future research projects. With the increasing popularity of Differential Response in California and the nation research that can shed light on family engagement in voluntary settings has great potential to advance the field.

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1.1 Measuring engagement rate

A rate can be understood as a measure of a part with respect to a whole (a proportion). A review of the past P2S evaluation reports shows that, since 2008, the P2S engagement rate has been operationalized as the proportion of families in a particular year that are engaged as a proportion of the “total number of referrals to the P2S program” for that year(see Equation #1).

Equation #1: Engagement rate for year $y = \# \text{ of engaged families in year } y / \text{Total number of families referred to P2S in year } y$

where an “*engaged family*” is defined as a family that completed the case management or service offered by the P2S program¹; and “families referred to P2S” refers to the total number of families appearing in the Child Welfare system as being referred to the P2S program at the Hotline intake.

Table 1 presents the number of families that completed the case management program (Engaged Families) and those that did not complete the case management program (Non-engaged Families) divided by reason for not completing the case management program and P2S path as percentage of all families referred to the P2S program.

Table 1: Families by engagement level and P2S path as percent of total referrals to p2S program (year 2012-2013)

		Path I	Path II	Path III	All Paths
		%	%	%	%
Engaged		15.15	18.28	50.59	19.43
	No Form	7.58	7.99	12.94	8.19
	Unable to Locate	40.4	4.96	1.18	15.46
	Open Case	0	0.85	0	0.54
Not	Re-Referral	0	0.12	0	0.08
Engaged	Referred to CPS	0	5.57	0	3.52
	Family Stabilized	4.29	24.33	10.59	17.37
	Other	14.14	12.71	11.76	13.08
	Declined Services	11.36	18.04	4.71	15.15
	Lack of Cooperation/Follow through	7.07	7.14	8.24	7.19
Families Referred to P2S		396	826	85	1,307

¹ Program completion may vary by path, for example path 1 referrals do not generally receive case management but still receive services. (P2S report 2012-13).

1.2 Reasons for Non-engagement

As table 1 presents, in the 2012-2013 program year, 19.4% of families referred to the P2S program were engaged (completed the program). The lower panel of table 1 presents the reasons why about 81% of referrals did not complete the P2S program. Each of these reasons for non-engagement reveal important aspects of eligibility that should be considered when defining which families could be included when calculating the engagement rate.

Table 1 shows that 8.2% of all referrals were not processed in the P2S system by the time the evaluation cycle closed (They appear as having “No Form” in table 1). These families were referred to P2S, but their case management was not yet initiated by the time the window of data for the evaluation cycle was closed. Thus, it is unknown if these families actually engaged or not after the date when the data was downloaded and the evaluation prepared. If these families are excluded from the total number of referred families, the total engagement rate increases by about 2 percentage points.

Table 2 also shows that 15.5% of all P2S referrals were not located (appear in table 1 as “unable to locate”). For referrals under path 1, this percentage was considerably higher (40.4% of all referrals in path 1 were not located). These families were not formally “offered” services by P2S programs and therefore were not in full capacity to decide if they needed or wanted PS2 services. When these families are omitted from the number of referrals, the overall engagement rate increases by about 5 percentage points (the largest increase in engagement rate occurs in path 1 which increases by about 10 percentage points when families that were “not located” are omitted).

Another important category involves families that did not participate in P2S services because their condition improved or “stabilized” by the time they were contacted and offered P2S services. As table 1 shows, 17.4% of the families did not receive services from the P2S program because program officers assessed their condition as “stable”. Since these families did not meet the risk threshold as understood by P2S officers at the time of initial contact, they did not receive services. When these families are excluded from the number total referrals the engagement rate increases by 4 percentage points (with engagement rate for families in paths 2 and path 3 increasing by about 6% points).

Some families that were initially referred to the P2S did not participate in the program because they had a referral, an open case, or they were directly referred to CPS after their initial referral to P2S. These families received services directly from CPS and therefore did not qualify for P2S. As table 1 shows the total number of families that had a case opened with CPS or a referral before they started the P2S program constituted about 4.4% of all referrals. Excluding these families from the total number of eligible referrals increased the engagement rate slightly by about 1 percentage point.

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Finally table 1 presents the percentage of families that did not completed their participation on the program for reasons “other” than the ones offered in table 1. Because these “other” reasons do not include families declining services, not following through with services, not being able to be contacted or being assessed at a stable level, the reasons included in it may refer to eligibility factors or factors “outside of the family’s control” (although this maybe a big assumption). About 13% of all referrals did not complete the services for “other” reasons. When these families are excluded from the total number of eligible referrals the engagement rate increases by 3 Percentage points (about 6 percentage points for families in path 3).

1.3 Exploring different denominators for calculating the engagement rate

This section explores the effects of excluding families that did not complete services (did not engage) for reasons other than “declining services” when they were offered to them or “lack of cooperation” once they accepted the services. The other reasons, which were described in detail in the previous section, were excluded from the total number of referrals for this exercise because they reflect reasons for non- engagement that are outside of the family control and are more aligned to eligibility criteria, P2S not being able to formally offer services to them, or lack of data to assess their engagement in the case of families with no form).

The effects of changing the denominator to calculate the engagement rate are described in table 2. The first column in table 2 presents the denominator used to calculate the engagement rate. The first (top) row in table 2 presents the engagement rate as presented in equation (1) using the total number of referrals. On the other hand, the bottom row in table 2 presents the engagement rate when considering clients with forms that were contacted, were eligible and in need of P2S services only. As the table shows, when only these clients are considered, the engagement rate increases significantly; 46.5% of all clients referred to P2S with these characteristics completed the program. The differences are even more striking when looking at data by Path: Path 1 clients that with forms that were located and were eligible and in need of P2S services presented and engagement rate of 45.1%. In the same vein, the engagement rate for these clients in paths 2 and 3 were 42.1% and 79.6% respectively.

Table 2: Engagement rates for 2012-13 P2S program year under different denominators

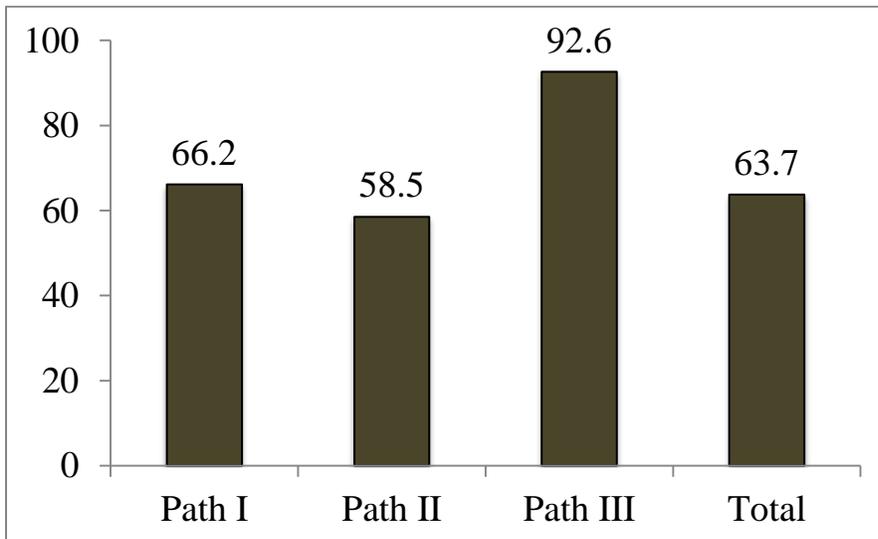
Families that completed P2S services as percent of	Path I	Path II	Path III	Total
All families referred	15.2	18.3	50.6	19.4
Referred families with forms (a)	16.4	19.9	58.1	21.2
Referred families with forms that were contacted (b)	29.1	21.0	58.9	25.5
Referred families with forms that were contacted and eligible (c.)	29.1	22.7	58.9	26.9
Referred families with forms that were contacted, are eligible, and in need (d)	31.7	32.5	67.2	35.4
Referred families with forms that were contacted, are eligible, and in need (e)	45.1	42.1	79.6	46.5

- (a) Excludes families with no forms
- (b) Excludes families with no forms; not contacted
- (c.) Excludes families with no forms; not contacted; referred to CPS/open case
- (d) Excludes families with no forms; not contacted; referred to CPS/open case; stabilized
- (e) Excludes families with no forms; not contacted; referred to CPS/open case; stabilized; other

1.4 Initial engagement, and dropout rate

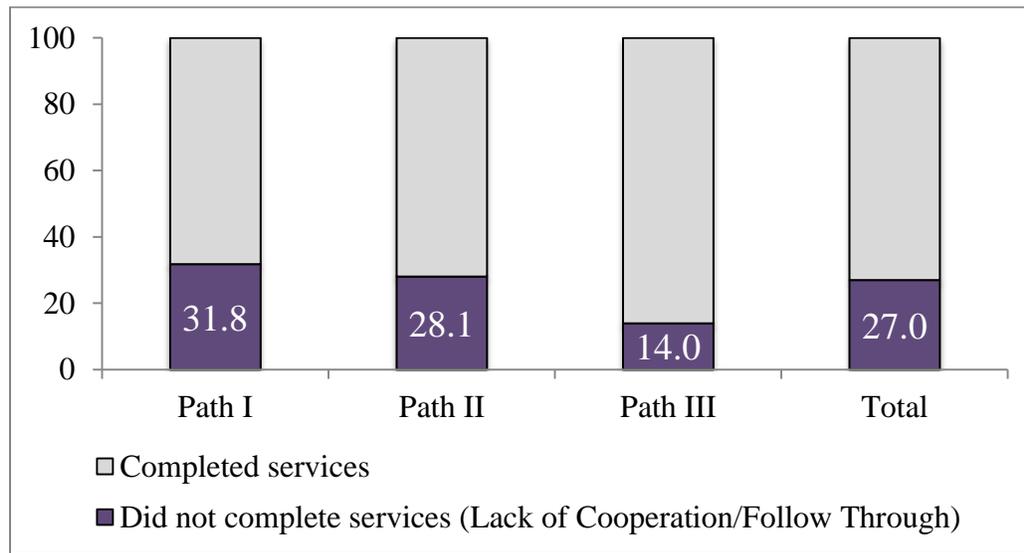
This section focuses on families that declined services when they were offered and those that did not complete services even they initially accepted them (dropped out). As table 1 shows, about 15% of all referrals to P2S declined services (198 families). However, when considering only families with forms that were located, and were eligible to and in need of P2S services, the percent of families declining services was 36.3. This implies that 63.7% of families with forms that were located and were eligible to participate in the P2S program did so. Figure 1 presents the percentage of these families by path. As the figure shows, the percentage of families with forms, were located, and were eligible and in need of P2S services that accepted services for paths 1, 2 and 3 were 66.2, 58.5 and 92.6 respectively.

Figure 1: Percent of eligible families that accepted services (by DR path)



Not all families that accepted services initially completed the services. A percentage of them dropped out of the program before completion and were cataloged in the system as exhibiting “lack of cooperation/ follow through.” Figure 2, shows these clients as percentage of families that accepted services.

Figure 2: Dropout rate for clients that accepted services by DR path



As figure 2 presents, when eligible families in need agree to participate in P2S services, they have a fairly strong program completion rate. Overall 73% of clients that start the program complete it. Path 3 families present the highest completion rates at 86%, and path 1 and path 2 families present fairly similar completion rates at 68.2% and 71.9% respectively. Interestingly the program participation rate for valid referrals is fairly stable over time. As Table 3 presents (in the first row), the program participation rate for families with forms, were located, and were eligible and in need of P2S services ranged between 65.6 (the highest) in the 2011-12 program year to 63.7 (the lowest) in the 2012-13 program year (a difference of less than 2 percentage points). Program completion rates for families that agreed to participate are also fairly stable over time with the exception of program year 2010-11 which had a dropout rate of 39% (higher about 14 percentage points higher than the average dropout rate for the other 3 years).

Table 3: Family participation in P2S services by program year

	2007-08	2010-11	2011-12	2012-13
% Of valid referrals who agreed to participate in P2S Program	65.3	64.3	65.6	63.7
Completed program	74.1	61.0	75.7	73.0
Dropped out / Lack of Follow Through	25.9	39.0	24.3	27.0

1.5 Conclusions and recommendations

This section explored different aspects of the engagement rate by expanding its definition beyond the number of families completing the program in a given year compared to the total number of referrals for that year. Our findings suggest that when family contact and eligibility

criteria are taken into consideration the resulting engagement rates can uncover interesting patterns. One important example of those patterns is the 66.2 % participation rate for path 1 referrals being relatively higher than the participation rate for path 2 families (58.5%), and the fact that dropout rates are fairly similar for path1 and 2 even when path 1 families do not participate in case management.

1.6 Implications and Future research questions

These findings have implications for practice and future research questions in practice, and for the relatively new differential response field in child welfare. At the practice level, the findings highlight the need for a deeper understanding of the categories describing non-engagement. Specifically, The P2S program would gain deeper understanding of its engagement practices by understanding the formal and informal ways in which P2S workers place families in the “other” and “unable to locate,” and “family Stabilized” categories of non-engagement.

Special consideration should also be given to understand the “lack of cooperation/follow-through” category. Even though clients in this category comprise only about 7% of total referrals to the P2S program, they account for about 27% of all clients who agree to participate in services (figure 2). Learning about these families could shed light on P2S practices of engagement once the families are under case management.

Beyond the local practice implications, our findings suggest that Monterey County has a lot to offer to the field of Differential Response. Participation in (voluntary) services is a fertile field for research in child welfare policy and practice and Monterey County’s established data collection tools could be used to further explore this important question for the field. Another important question with many policy implications is that of the connections between the Differential Response and the child welfare system on the long term. The data analyzed in this project comprised one year of data, but tracking clients over a longer time period and could offer important insights on families’ trajectories as they navigate through the child welfare system and the DR system over the long term. This question has not been explored in depth in the relatively new field of Differential Response, and Monterey County’s integrated data system (DR with CW) could provide a perfect opportunity to do so.

2. Exploring P2S Case Management

When P2S was established, its evaluation committee chose the North Carolina Family Assessment Scale (the general tool) as the main tool for evaluating family progress. This tool, (commonly referred to as FAST), measures family functioning using multiple indicators across 8 domains: Child Well-Being, Environment, Family Health, Family Interactions, Family Safety, Parental Capabilities, Self-Sufficiency, and Social/Community Life. Under the P2S protocol, the (P2S) caseworker (family Resource Specialist) completes a family assessment once a family

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engages in services (intake assessment) and another one 90 days after the family’s initial engagement (exit assessment).

The FAST requires each caseworker to assess the family’s situation using a series of indicators under each of the domains using a 7-point scale (shown in table 4) and then to provide a general” assessment of the domain using the same scale used for the individual indicators. For this analysis we received the “domain level” scores that represent the case worker’s best assessment of the family’s situation in the entire domain.

Table 4: FAST Scoring Scale and Numerical Values Attached to Each Status Level

FAST Scoring Scale (status level)	Numerical score
Serious problem	-3
Moderate problem	-2
Mild Problem	-1
Baseline	0
Mild Strength	1
Clear Strength	2

The 2011-12 P2S evaluation report shows a clear improvement average domain scores from the intake assessment to the exit assessment and provides a chart the presents the parentage of clients that showed an improvement in each domain. These results are replicated with the data in table 5.

An interesting finding from table 1 is that the average scores at intake in all domains fall between the “baseline” and “mild strength” status (between 0 and 1) and therefore the overall percentage of families who increase their domain scores is limited. This is shown in the third column in table 1. As the table shows, the domain that had the greatest percentage of families increasing their scores was that of “Parental Capabilities” with only 31% of families increasing their scores. This relatively low percentage, however, does not necessarily mean that the P2S service was not helpful, as the average family arrived with “parental capabilities” at the “baseline” level (average score was .16)

Table 5: Average scores at intake/exit assessments and % of cases with positive change in FAST scores by domain²

<u>FAST domain</u>	<u>Average Score (n=197)</u>		<u>% Cases that improved</u>
	<u>Intake</u>	<u>Exit</u>	<u>(n=197)</u>
Child Well-Being	0.38	0.68	24.37
Environment	0.51	0.69	17.26
Family Health	0.54	0.72	15.23
Family Interactions	0.38	0.63	22.34
Family Safety	0.52	0.72	16.75
Parental Capabilities	0.16	0.53	30.96
Self-Sufficiency	0.28	0.48	18.27
Social/Community Life	0.35	0.51	13.20

In order to better understand the changes in families we propose a targeted analysis for families that scored at “below baseline” level (less than 0 in their FAST intake assessment). As table 6 presents, out of the 197 families that completed the case management, about 17% (33 families) scored at a “below baseline” level. Out of these families, 58% moved to a baseline or above level by the second assessment. Similarly, under the domain of child well-being, about 15 % of the families that completed the case management (29 cases) were assessed as below baseline at intake, but 59% of these families were assessed as baseline or above by the exit assessment.

Table 6 shows that the domains presenting the lowest percentage of families moving from a risk to a baseline or above level were those of “family health”, and “self-sufficiency” (with only 26% and 36% of families been able to move from risk to a baseline or better position respectively). This finding is consistent with those of other evaluations of DR programs in California showing that services outside of the agency realm (such as being able to get a family medical insurance, stable employment, and stable housing) present the most challenging cases.

Table 6: Percentage of families that started at “below baseline” moving to a baseline or above level by the exit FAST assessment.

<u>Indicator (domain)</u>	<u>Cases that scored at “below baseline” at intake</u>		
	<u>% (out 197)</u>	<u># of Cases</u>	<u>Moved to a score of baseline or above at exit assessment %</u>
Child Well-Being	14.72	29	58.62
Environment	7.11	14	57.14
Family Health	9.64	19	26.32
Family Interactions	9.64	19	68.42
Family Safety	6.09	12	66.67
Parental Capabilities	16.75	33	57.58
Self-Sufficiency	15.23	30	36.67
Social/Community Life	4.06	8	75.00

² Figures show a replication of charts 16 and 17 in the 2011-12 P2S report. There are slight variations that may be due to rounding or dataset differences.

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Another important aspect to consider is the combination of needs families bring to the P2S service. Having a positive change in one indicator does not necessarily mean that the family is doing well on other domains, thus it is important to explore the distribution of risks by domain. As table 7 shows, about 60.4% of the families score at “baseline or above” in all domains at intake. By the exit assessment, however, almost 78% of families score at baseline or above levels in *all* domains. Table 7 also shows that about 22% of families still present risks in at least one of the FAST domains at exit.

Table 7: Distribution of number of domains at “below-baseline” level by assessment (n=197).

Number of indicators below baseline	Intake %	Exit %
0	60.41	77.66
1	18.27	11.68
2	8.63	6.6
3	6.6	2.03
4	4.06	0.51
5	0.51	1.02
6	1.52	0.51
Total	100	100

Table 8 further explores family progress on FAST scores from Intake to exit assessments. Table 8 rows show the numbers of domains at “below baseline” level on the exit assessment, divided by the number of the domains at the below baseline level at intake (in each column). As the table shows, out of all families that had no domains at the below baseline level (119 families), 100% had no domains at the below baseline level by the exit assessment. For families that had 1 domain at the below baseline level at intake (36 families), 52% had no domains at the below baseline level by the exit assessment. For families that had 2 dimensions at the below baseline level at intake (17 families), 29% reported no dimensions at the below baseline level by the exit assessment.

Table 8 presents a crucial finding regarding the positive impact of P2S as measured by the FAST domain scores: *that there was virtually no regression on the number of dimension at the below baseline level between intake and exit assessments*. With the exception of 1 family (out of 197) all families maintained or reduced the number of domains at the below baseline level from intake to exit.

Table 8: Number of domains at below-baseline level at exit assessment by number of domains at below baseline level at intake assessment.

Number of domains below baseline at Exit	Number of domains below baseline at intake %							Total
	0	1	2	3	4	5	6	
0	100	52.78	29.41	46.15	50	0	0	77.66
1	0	47.22	5.88	23.08	12.5	0	33.33	11.68
2	0	0	58.82	0	37.5	0	0	6.6
3	0	0	0	30.77	0	0	0	2.03
4	0	0	0	0	0	0	33.33	0.51
5	0	0	5.88	0	0	100	0	1.02
6	0	0	0	0	0	0	33.33	0.51
N	119	36	17	13	8	1	3	197

2.1 Conclusions and Recommendations

This section explored proposes alternative ways to analyze the data gathered by family service specialists for families that complete P2S services in paths 2 and 3 using the North Carolina Family Assessment Scale (the general tool) for evaluating family progress. Our results show that shifting the focus of the analysis to families that scored at below baseline levels as opposed to all families, shows a more complete picture of the benefits of participating in P2S services as measured by the FAST domain scores.

The average family completing the P2S program starts the program with scores above baseline level in all domains. In fact, 60.4% of all families that complete the program start with all domains at the baseline or higher level. Thus analyzes that look at changes in scores that include all families show very modest gains in scores (because they include families that started with high scores at intake) as evidenced in table 5. Families that are scored at below baseline level at intake experience considerable gains in most domains by the time they exit the service as demonstrated in table 6.

When looking at how many domains are scored at the “below baseline” level at intake, our findings show that out of the total number of families, only 21% (42 families) scored at the “below baseline” in more than one domain, suggesting again that most families come with many strengths into the service. Finally perhaps the most interesting finding was that all (but 1 family) that participated in the P2S program maintained or increased their strengths as measured by the number of FAST domains at scored at the baseline or higher level during the 90-day program.

In this section we proposed to analyze changes in FAST domain scores stratifying results by intake scores. Many other combinations of variables could be used to further explore family outcomes using FAST scores; this was only an example of how stratification could enhance

future evaluation analyses that look at FAST scores and family outcomes we strongly recommend such an exploration.

2.2 Implications and Future Research Questions

From an evaluation point of view, an important question to be answered regarding case management data has to do with the extent of the relationship between case management outcomes (exit scores in the FAST assessment) and long-term family outcomes. Understanding the predictive validity of FAST outcomes on the likelihood of future allegations could inform both practice and policy in Monterey County. For example, our analysis suggest that the domain of “self- sufficiency” had the lowest percentage of families moving to a “baseline or above level.” The domain of “Parental capabilities,” on the other hand, had a high percentage of families moving to a “baseline or above” level. Understanding how these scores predict long-term child welfare outcomes could offer very important insights to practice and policy. Unfortunately, the limited sample (1 year) did not allow us to pursue this analysis in the present report, yet we consider it a vital part of the long-term evaluation of P2S.

3. Exploring Rates of Recurring Allegations for P2S Participants

An important evaluation measure of a prevention program like P2S is that of recurring allegation rates. Past evaluation reports have focused on this measure by reporting recurring allegation rates for families referred to the P2S program compared to those of families not referred to P2S in the same time period. Because our working dataset was limited to information on families that were referred to the P2S program on the 11-12 year, our analysis of recurring allegations is concentrated only on participating families.

Table 9 presents the number of families referred to the P2S program in the 2011-12 year by path along with the number of families that were re-referred to the P2s program within the time frame of greater than 90 days but less than 180 days from their initial referral for the program year. As the table presents, out of the 1,309 families referrer in all paths, 43 (representing 3.28%) were re-referred to the program within 90 and 180 days of their initial referral. As the table further shows, there were slight variations on the percentage of families re-referred to the program by path: 3.02% of families in path 1 received re-referrals, while 3.26% of path 2 families and 4.71% of path 3 families received were re-referred.

Table 9: Re-referral rates (90-180 days) by DR Path

Family had a Referral (90-180 days)	Path I	Path II	Path III	Total
No	385	800	81	1,266
Yes	12	27	4	43
(%)	(3.02)	(3.26)	(4.71)	(3.28)
Total	397	827	85	1,309

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It is important to mention that these are numbers of subsequent allegations, and not of *substantiated* allegations. In fact out of the investigated re-referrals (the P2S 2011-12 report) explains that none were substantiated for path 1 families, 5 were substantiated for path 2 and 1 was substantiated for path 3).

Not all families referred to the P2S program attended the program and, as argued in the first section, not all families were eligible to receive services or were not offered services. A comparison of re-referral rates for families that engaged in services to those that were referred, but did not engage for different reasons, reveals interesting insights. Table 10 presents the re-referral rates by reason for non-engagement and path³. As the table shows, Path 1 families had an overall re-referral rate of 3.03%. Within path I families, those that engaged in services had re-referral rate of 3.33%, while families that initially accepted services but did not engage had a re-referral rate of 10.7%. Families in path 2 that engaged in services had a re-referral rate of 3.3% while families that initially accepted services but did not engage had a referral rate of 3.4%. Families in path 3 that engaged in services had a re-referral rate of 9.3%, while families in path 3 that did not engage did not have any re-referrals. While this last result may seem counter intuitive, it reflects the possible self-selection of clients at work; mainly those that are at most risk are more likely to engage. Furthermore, the low number of observations in path 3 makes the re-referral rate extremely sensitive and subject to large variations with very few occurrences.

Another interesting findings for referrals in paths 1 and 2 involved families that did not engage for reasons cataloged as “Other”. These families had re-referral rates of 3.6 and 3.8 respectively. This finding highlights the importance to uncover the reasons for non-engagement covered by the “other” classification. On a similar note, families that were referred to P2S but were not located had a re-referral rate of 4.5% overall and 3.13% and 7.8% for paths 1 and 2 respectively.

Table 10: Re-referral rates by path and engagement status

Engagement	<u>Path I</u>		<u>Path II</u>		<u>Path III</u>		<u>All</u>	
	Cases (n)	Re-ref (%)	Cases (n)	Re-ref (%)	Cases (n)	Re-ref (%)	Cases (n)	Re-ref (%)
No Form	30	0.00	66	0.00	11	0.00	107	0.00
Engaged	60	(3.33)	151	(3.31)	43	(9.30)	254	(4.33)
Declined Service	45	0.00	149	(2.68)	4	0.00	198	(2.02)
Family Stabilized	17	0.00	201	(2.49)	9	0.00	227	(2.20)
Lack of Cooperation	28	(10.71)	59	(3.39)	7	0.00	94	(5.32)
Other	56	(3.58)	105	(3.81)	10	0.00	171	(3.51)
Unable to Locate	160	(3.13)	41	(9.76)	1	0.00	202	(4.46)
Total	396	(3.03)	772	(3.11)	85	(4.71)	1,253	(3.19)

³ Families that had an open case or had a re-referral during the program are excluded.

3.1 Conclusion and recommendations

This section looked at re-referral rates for families referred to the P2S program. The main focus of our analysis was to uncover differences in re-referral rates for families that engaged in services to those that did not engage in services for different reasons. While our results suggest that clients that engaged in services had lower re-referral rates than those that initially accepted services but did not fully engage in paths 1 and 2, *the relatively small sample size gives our results little statistical power and very high sensibility in categories that have very few occurrences*. The same can be said for the seemingly counterintuitive finding that engaged families in path 3 were more likely to have re-referrals than families that did not engage.

We believe that important insights could be learned about families' self-selection into participation and engagement as well as the effects of engagement on re-referral rates with a larger sample (perhaps a pooled sample of previous years) and with a deeper understanding of how family resource specialists understand and use the categories provided in the system to describe reasons for non-engagement as suggested in section 2.6. A study of this nature not only would provide interesting insights on the effects of program participation but will also uncover programmatic and implementation characteristics of the P2S program.

3.2. Implications and Future research questions

As explained in the previous section, our findings in this section are limited by the sample size used in the analysis. For this reason the main implication of our findings is to conduct this analysis in the future with a pooled sample (across different years) for the results to have greater statistical power.

Additionally, the measure of “recurrence of allegations,” although commonly used in evaluations of prevention program in child welfare, is limited in providing a complete picture of the relationship between program participation and child welfare outcomes. Focusing on the severity of allegations in future research would offer greater insights on the predictive validity of case management outcomes and participation in the program. Finally, looking at a client's previous referrals and outcomes beyond the 90-180 day window could offer a greater understanding of the relationship between P2S and the Child Welfare system over the long term as suggested in section 3.2.

4. Conclusion and future research opportunities

The Institute for Community Collaborative Studies at CSUMB and the Monterey County Department of Social Services embarked in a partnership to conduct a study with the P2S evaluation data with the purpose of exploring research avenues regarding its child abuse prevention strategies. The analysis looked the areas of client engagement, case management outcomes, and recurrence of allegation rates. Our analysis was envisioned as a complement to the existing evaluation efforts and as an exploration of future research projects that the county

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could benefit from. We believe our findings are similar to those of the DSES internal evaluation in showing the great promise of the P2S program in Monterey County. Additionally, our analysis points to a wealth of potential research that could be conducted in each and all of these areas this report covered that would have the capacity to inform practice and policy in a significant and meaningful manner.

We believe the best way to address the recommendations outlined in each of the report areas is to pursue a study that looks at the flow of clients participating in the P2S program over a 3-year period. Such study would not only shed light on the longer term outcomes of engagement and the predictive validity of client's FAST scores, but would shed a light on the actual relationship between the P2S program and Child Welfare services in the county beyond the measure of recurrence of allegations over the short term. Such study would allow DSS to gain greater understanding of families' trajectories before and after they are served by P2S program over time. Furthermore, findings from such study would inform the field of Differential Response practice in general as a study of such kind has not been published in the literature yet. Monterey County's Department of Social Services currently maintains integrated databases with DR providers and that places the county in privileged position (compared to other California Counties) to pursue this type of analysis. Its findings could be extremely useful for practice at the State level and the field of child abuse prevention at a national level.

Moving forward, the Institute for Collaborative Community Studies is enthusiastic about the possibilities this emerging partnership has created. This collaboration between a public agency and a university working at the service of a vulnerable population in the county and informing the policy and academic worlds gives life to the vision on which CSUMB was created and makes the institute very hopeful about future work with the Department of Social Services.

References

Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family involvement questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology*, 92 (2), 367–376

Korfmacher A., Green J.A., Staerkel B.A., Peterson F.A., Cook C.A., Roggman G.A., Faldowski L.A & Schiffman R.A.(2008). Parent Involvement in Early Childhood Home Visiting, *Child & Youth Care Forum*, 37 (4), 171-196

Littell, J.H., and Tajima E. A. (2000). A Multilevel Model of Client Participation in Intensive Family Preservation Services. *Social Service Review*, 74 (3), 405-435

Littell J. H., Alexander L. B. & Reynolds W. W. (2001). Client Participation: Central and Under-investigated Elements of Intervention. *Social Service Review*, 75 (1), 1-28

MacGowan, M. J. (1997). A measure of engagement for social group work: The Group work Engagement Measure (GEM). *Journal of Social Service Research*, 23(2), 17-37

Yatchmenoff D. K., (2005) Measuring Client Engagement from the Client's Perspective in Nonvoluntary Child Protective Services, *Research on Social Work Practice*, 15(1), 84-96