UNIVERSITY of DENVER

COLORADO EVALUATION AND ACTION LAB

To: Colorado Department of Human Services (CDHS)

From: Elysia Clemens, Deputy Director/COO, Colorado Evaluation and Action Lab

Date: August 27, 2020

Subject: Colorado FFPSA Technical Review Submission for Differential Response

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Independent reviewers Stephanie Rogers and Susan Young assigned a rating of "well-supported" for the Differential Response (DR) program.

- "Well-supported" means that there are at least two research studies, aligned to Title IV-E Prevention Services Clearinghouse standards, that reported one or more sustained positive effects on a Family First-relevant outcome.
- The 12-month sustained effect was anchored based on screening and assessment dates.

The well supported rating does not speak to how much a service is expected to drive progress for children, youth, and families.

- The size or magnitude of the positive effects is the best indicator of how much a given program or service is expected to drive outcomes for children, youth, and families.
- The research indicated that the positive effects produced by DR on child safety were small and there was no evidence of harm.
- Other outcomes, such as family well-being and functioning, were excluded from this review because the analyses were conducted on a subgroup of the sample and therefore not eligible for consideration under the Clearinghouse standards.

It is beyond the scope of this technical review of the research to determine if DR is a "prevention service" or policy/approach.

- A request for transitional payments for DR is likely to require a rationale that DR is a "prevention service."
- It is recommended that CDHS engages with experts in the delivery of DR to determine if and how DR might fit into the Family First array of services.

An overview of the technical review process and key findings are bulleted below:

- After conducting a comprehensive literature review, reviewers identified seven eligible studies. Of the seven studies deemed eligible for full review, five met handbook design and

execution standards.[1,2,3,4,5] The reason two of the studies did not meet standards, and were excluded, is because they examined outcomes from select subsamples of the full implementation sample.[6,7]

- Of the five studies that met design and execution standards, three were randomized controlled trials (RCTs), one was a quasi-experimental design (QED), and one was an experimental design. Two publications were based on one research project (i.e., identical authors, sample, RCT processes, and data collection and analysis procedures) and were ultimately determined to be the same study.[8]

- These five studies met attrition standards. The RCTs examined for this review used only closed cases for analysis, resulting in zero attrition. The remaining QED and experimental studies also relied primarily on state administrative databases and data from closed cases. Reviewers calculated baseline equivalence and effect sizes for all eligible studies using handbook standards and guidelines.

- Of the eight contrasts examined, six contrasts were determined to have significant findings with low overall effect sizes. Favorable effects were associated with the target outcome of child safety. Although effect sizes were relatively small, Child Protective Services staff and families have described positive experiences with the DR approach. It is worth noting that although one study determined there were not significant findings for two contrasts, the hypothesis was constructed to measure whether children were less safe if they received the intervention. The lack of significant findings on the safety outcomes led to the determination that the intervention was successful, meaning that children were not any less safe if treated with DR. All studies measured contrasts with effects lasting over 12 months.

- Because DR is a differential screening process paired with supportive programming, the end of traditional treatment is not clear. Many of the typical outcomes that were examined looked at rates of re-referral or re-assessment, and those outcomes are often anchored on the previous referral or assessment date. While the programmatic differences continued throughout the life of the case, the initial referral and screening process was considered to

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[1] Winokur, M., Ellis, R., Drury, I., & Rogers, J. (2015). Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial. *Child Abuse & Neglect,* 39, 98-108.

[2] Winokur, M., Ellis, R., Orsi, R., Rogers, J., Gabel, G., Brenwald, S., Holmquist-Johnson, H., & Evans, M. (2014). Program evaluation of the Colorado Consortium on Differential Response: Final report. Fort Collins, CO: Social Work Research Center, School of Social Work, Colorado State University.

[3] Lawrence, N.C., Rosanbalm, K.D., & Dodge, K.A. (2011). Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System. *Children and Youth Services Review*, 3(11), 2355-2365.

[4] Loman, A., & Siegel, G. (2015). Effects of approach and services under differential response on long term child safety and welfare. *Child Abuse & Neglect*, 39, 86-97.

[5] Loman, L.A., & Siegel, G.L. (2012). Effects of anti-poverty services under the differential response approach to child welfare. *Children and Youth Services Review*, 34(9), 1659-1666.

[6] Merkel-Holguin, L., Hollinshead, D.M., Hahn, A.E., Casillas, K. L., & Fluke, J.D. (2015). The influence of differential response and other factors on parent perceptions of child protection involvement. *Child Abuse & Neglect*, 39, 18-31.

[7] Conley, A., & Duerr Berrick, J. (2010). Community-based child abuse prevention: outcomes associated with a differential response program in California. *Child Maltreatment*, 15(4), 282-292.

[8] Publications cited above by Winokur et al. (on the Colorado DR RCT) were determined to be the same study.

be the “treatment” that was delivered, and outcomes were determined based on that initial treatment anchor date.

- Based on the literature and consultation with evaluation authors, the reviewers are compelled to note that the contrast of child and family outcomes with vs without the DR pathway could be considered a unique case in which a low (significant) effect, trend, or even non-significant finding could be considered a success. DR is programmatic implementation rather than a clinical practice, and the literature consistently demonstrates that families, case workers, and support staff report a positive experience with the DR pathway.

The complete set of technical review documents are linked here.

Section I: Summary of Programs and Services Reviewed and their Designations for HHS Consideration

Section I. Summary of Programs and Services Reviewed

Table 1. Summary of Programs and Services Reviewed

To be considered for transitional payments, list programs and services reviewed and provide designations for HHS consideration.

Program or Service Name (if there are multiple versions specify the specific version reviewed)	*Proposed Designations for HHS Considerations (Promising, Supported, or Well-Supported)*
Differential Response	Well-Supported

Section II: Standards and Procedures for an Independent Systematic Review

Section II. Standards and Procedures for a Systematic Review

(Complete Table 2 and Table 3 to provide the requested information on the independent systematic review. The same standards and procedures should be used to review all programs and services.)

Table 2. Systematic Review

Sections 471(e)(4)(C)(iii)(I), (iv)(I)(aa) and (v)(I)(aa) of the Act require that systematic standards and procedures must be used for all phases of the review process. In the table below, verify that systematic (i.e., explicit and reproducible) standards and procedures were used and submit documentation of reviewer qualifications. If the systematic review used the Prevention Services Clearinghouse Handbook of Standards and Procedures, indicate the relevant sections in the "Handbook Section" column. If other systematic standards and procedures were used, submit documentation of the standards and procedures.

	☑ *To Verify*	*Handbook Section*
Were the same systematic standards and procedures used to review all programs and services?	✓	---
Were qualified reviewers trained on systematic standards and procedures used to review all programs and services?	✓	---
Were standards and procedures in accordance with section 471(e) of the Social Security Act?	✓	---
Were standards and procedures in accordance with the Initial Practice Criteria published in Attachment C of ACYF-CB-PI-18-09?	✓	---
Program or Service Eligibility: Were systematic standards and procedures used to determine if programs or services were eligible for review? At a minimum, this includes standards and procedures to:	✓	2
• *Determine if a program or service is a mental health, substance abuse, in-home parent-skill based, or kinship navigator program; and*	✓	2.1.1
• *Determine if there was a book/manual or writing available that specifies the components of the practice protocol and describes how to administer the practice.*	✓	2.1.2
Literature Review: Were systematic standards and procedures		3

used to conduct a comprehensive literature review for studies of programs and services under review? At a minimum, this includes standards and procedures to:		
● *Search bibliographic databases; and Search other sources of publicly available*	✓	3
● *Studies (e.g., websites of federal, state, and local governments, foundations, or other organizations).*	✓	3
Study Eligibility: Were systematic standards and procedures used to determine if studies found through the comprehensive literature review were eligible for review? At a minimum, this includes standards and procedures to:		4
● *Determine if each study examined the program or service under review (as described in the book/manual or writing) or if it examined an adaptation;*	✓	4.1.6
● *Determine if each study was published or prepared in or after 1990;*	✓	4.1.1
● *Determine if each study was publicly available in English;*	✓	4.1.3
● *Determine if each study had an eligible design (i.e., randomized control trial or quasi- experimental design);*	✓	4.1.4
● *Determine if each study had an intervention and appropriate comparison condition;*	✓	4.1.4
● *Determine if each study examined impacts of program or service on at least one 'target' outcome that falls broadly under the domains of child safety, child permanency, child well-being, or adult (parent or kin-caregiver) well-being. Target outcomes for kinship navigator programs can instead or also include access to, referral to, and satisfaction with services; and*	✓	4.1.5
● *Identify studies that meet the above criteria and are eligible for review.*	✓	4.1
Study Design and Execution: Were systematic standards and procedures used to determine if eligible studies were well-designed and well-executed? At a minimum, this includes standards and procedures to:		5
● *Assess overall and differential sample attrition;*	✓	5.6

• *Assess the equivalence of intervention and comparison groups at baseline and whether the study statistically controlled for baseline differences;*	✓	5.7
• *Assess whether the study has design confounds;*	✓	5.9.3
• *Assess, if applicable, whether the study accounted for clustering (e.g., assessed risk of joiner bias[1]);*	✓	5.5
• *Assess whether the study accounted for missing data; and*	✓	5.9.4
• *Determine if studies meet the above criteria and can be designated as well-designed and well-executed.*	✓	5.2
Defining Studies: Sometimes study results are reported in more than one document, or a single document reports results from multiple studies. Were systematic standards and procedures used to determine if eligible, well-designed and well-executed studies of a program and service have non-overlapping samples?	✓	4.1
Study Effects: Were systematic standards and procedures used to examine favorable and unfavorable effects in eligible, well-designed and well-executed studies? At a minimum, this includes standards and procedures to:		5.10
• *Determine if eligible, well-designed and well-executed studies found a favorable effect (using conventional standards of statistical significance) on each target outcome; and*	✓	5.10
• *Determine if eligible, well-designed and well-executed studies found an unfavorable effect (using conventional standards of statistical significance) on each target or non- target outcome.*	✓	5.10
Beyond the End of Treatment: Were systematic standards and procedures used to determine the length of sustained favorable effects beyond the end of treatment in eligible, well-defined and well-executed studies? At a minimum, this includes standards and procedures to:		6.2.3
• *Identify (and if needed, define) the end of treatment; and*	✓	6.2.3

[1]If a cluster randomized study permits individuals to join clusters after randomization, the estimate of the effect of the intervention on individual outcomes may be biased if individuals who join the intervention clusters are systematically different from those who join the comparison clusters.

• *Calculate the length of a favorable effect beyond the end of treatment.*	✓	6.2.3
Usual Care or Practice Setting: Were systematic standards and procedures used to determine if a study was conducted in a usual care or practice setting?	✓	6.2.2
Risk of Harm: Were systematic standards and procedures used to determine if there is evidence of risk of harm?	✓	6.2.1
Designation: Were systematic standards and procedures used to designate programs and services for HHS consideration (as promising, supported, well-supported, or does not currently meet the criteria)? At a minimum, this includes standards and procedures to:		6.1
• *Determine if a program or service has one eligible, well-designed and well-executed study that demonstrates a favorable effect on a target outcome and should be considered for a designation of promising;*	✓	6.1
• *Determine if a program or service has at least one eligible, well-designed and well- executed study carried out in a usual care or practice setting that demonstrates a favorable effect on a target outcome at least 6 months beyond the end of treatment and should be considered for a designation of supported; and*	✓	6.1
• *Determine if a program or service has at least two eligible, well-designed and well- executed studies with non-overlapping samples carried out in usual care or practice settings that demonstrate favorable effects on a target outcome; at least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on a target outcome; and should be considered for a designation of well-supported.*	✓	6.1
Reconciliation of Discrepancies: Were systematic standards and procedures used to reconcile discrepancies across reviewers? (applicable if more than one reviewer per study)	✓	7.3.1
Author or Developer Queries: Were systematic standards and procedures used to query study authors or program or service developers? (applicable if author or developer queries made)	✓	7.3.2

Table 3. Independent Review

The systematic review must be independent (i.e., objective and unbiased). In the table below, verify that an independent review was conducted using systematic standards and procedures by providing the names of each state agency and external partner that reviewed the program or service. States must answer all applicable questions in the affirmative. Submit MOUs, Conflict of Interest Policies, and other relevant documentation.

List all state agencies and external partners that reviewed programs and services.	
Colorado Evaluation and Action Lab: • Stephanie Rogers, MSW • Susan Young, Ph.D.	
	☑ ***To Verify***
Was the review independent (conducted by reviewers without conflicts of interest including those that authored studies, evaluated, or developed the program or service under review)?	✓
Was a Conflict of Interest Statement signed by reviewers attesting to their independence? If so, attach the statement.	✓
Was a Memorandum of Understanding (MOU) signed by external partners (if applicable)? If so, attach MOU(s).	✓

Sections III-V: Describe and Document Findings from Each Program and Service Reviewed and Submitted

Section III. Review of Programs and Services

(*Complete Tables 4-5 for each program or service reviewed.)*

Table 4. Determination of Program or Service Eligibility

Fill in the table below for each program or service reviewed.

	☑ *To Verify*
Does the program or service have a book, manual, or other available documentation specifying the components of the practice protocol and describing how to administer the practice?	✓
Provide information about how the book/manual/other documentation can be accessed OR provide other information supporting availability of book/manual/other documentation. **Weblinks to practice guides:** 1. *https://www.casey.org/media/DifferentialResponseReport.pdf* 2. *https://medschool.cuanschutz.edu/pediatrics/sections/child-abuse-and-neglect-(kempe-center)/our-work/differential-response* 3. *https://www.childwelfare.gov/pubPDFs/differential_response.pdf*	
Is the program or service a mental health, substance abuse, in-home parent-skill based, or kinship navigator program or service?	✓
Identify the program or service area(s). **In-home parent skill-based practice**	

Table 5. Determination of Study Eligibility

Fill in the table below for each study of the program or service reviewed. Provide a response in every column; N/A or unknown are not acceptable responses. The response in columns iii, v, vi, vii, and ix must be "yes" or "no." The response in column ix is "yes" only when the responses in columns iii, v, vi, and vii are "yes."

i. Study Title/Authors	*ii. Publicly Available Location*	*iii. Is the study in English? (Yes/No)*	*iv. Design (RCT, QED, or other). If other, specify design.*	*v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)*	*vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)*	*vii. Did the study examine at least one target outcome? (Yes/No)*	*viii. Year Published*	*ix. Eligible for Review? (Yes/No)*
Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial / Winokur, M., Ellis, R., Drury, I., & Rogers, J.	*https://doi.org/10.1016/j.chiabu.2014.06.005*	*Yes*	*RCT*	*Yes*	*Yes*	*Yes*	*2015*	*Yes*
Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System / Lawrence, N.C., Rosanbalm, K.D., and Dodge, K.A.	*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864820/*	*Yes*	*QED*	*Yes*	*Yes*	*Yes*	*2011*	*Yes*
Effects of approach and services under differential response on long term child safety and welfare / Loman,	*https://www.sciencedirect.com/science/article/pii/S01452134*	*Yes*	*Experimental*	*Yes*	*Yes*	*Yes*	*2014*	*Yes*

A., Siegel, G.	*14002099?via%3Dihub*							
Program Evaluation of the Colorado Consortium on Differential Response: Final Report / Winokur, Orsi, Holmquist-Johnson; Ellis, Gabel, Rogers, Brenwald, Evans	*https://www.chhs.colostate.edu/ssw/wp-content/uploads/sites/7/2018/11/2014_05_02-program-evaluation-of-the-colorado-consortium-on-differential-response-final-report.pdf*	*Yes*	*RCT*	*Yes*	*Yes*	*Yes*	*2015*	*Yes*
Effects of anti-poverty services under the differential response approach to child welfare *Loman L.A., Siegel G.L.*	https://www.sciencedirect.com/science/article/pii/S0190740912001818	*Yes*	*RCT*	*Yes*	*Yes*	*Yes*	*2012*	*Yes*
The influence of differential response and other factors on parent perceptions of child protection involvement Merkel-Holguin, Hollinshead, Hahn, Casillas, Fluke	https://www.sciencedirect.com/science/article/abs/pii/S0145213414003834	*Yes*	*RCT*	*Yes*	*Yes*	*No*	*2015*	*No; Subset analysis of cases with family survey data*
Community-Based Child Abuse Prevention: Outcomes Associated with a Differential Response Program in	https://escholarship.org/uc/item/4db2r5v1	*Yes*	*QED*	*Yes*	*Yes*	*Yes*	*2010*	*No; Treatment sample was a*

California Conley, Duerr, Berrick								*voluntary subgroup of eligible families*

Section IV. Review of "Well-designed" and "Well-executed" Studies (Complete Tables 6-10 for each program or service reviewed.)

Table 6. Studies that are "Well-Designed" and "Well-Executed"[2]

Provide an electronic copy of each of the studies determined to be eligible for review and determined to be "well-designed" and "well-executed."

List all eligible studies that are "well-designed" and "well-executed' (Study Title/Author)
Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial. Winokur, M., Ellis, R., Drury, I., & Rogers, J.
Program Evaluation of the Colorado Consortium on Differential Response: Final Report / Winokur, Orsi, Holmquist-Johnson, Ellis, Gabel, Rogers, Brenwald, Evans.
Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System / Lawrence, N.C., Rosanbalm, K.D., and Dodge, K.A.
Effects of approach and services under differential response on long term child safety and welfare / Loman, A., Siegel, G.
Effects of anti-poverty services under the differential response approach to child welfare / Loman L.A., Siegel G.L.

[2] For reference, the Prevention Services Clearinghouse Handbook Chapter 5 defines "well-designed" and "well-executed" studies as those that meet design and execution standards for high or moderate support of causal evidence. Prevention Services Clearinghouse ratings apply to contrasts reported in a study. A single study may have multiple design and execution ratings corresponding to each of its reported contrasts.

Table 7. Study Design and Execution

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below. Provide a response in every column; N/A or unknown are not acceptable responses for columns i, ii, iii, v, vi, and vii. The response in column ii must be "yes."

i. Study Title/Authors	*ii. Verify the Absence of all Confounds? (Yes/No)*	*iii. List Measures that Achieved Baseline Equivalence*	*iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses*	*v. Overall Attrition3 (for RCTs only)*	*vi. Differential Attrition4 (for RCTs only)*	*vii. Does Study Meet Attrition Standards?*	*viii. Notes, as needed*
Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial. Winokur, M., Ellis, R., Drury, I., & Rogers, J.	*Yes*	*ReAssessment (pre-test = assessment within 24 previous months compared to reassessment up to 24 months post-intervention)*	*N/A*	*0.0 percent*	*0.0 percent*	*Yes*	*N/A*
Effects of approach and services under differential response on long term child safety and welfare / Loman, A., Siegel, G.	*Yes*	*Screened-in reports of child abuse and neglect within 45-60 months after close of the initial case*	*N/A*	*0.0 percent*	*0.0 percent*	*Yes*	*N/A*
Program Evaluation of the Colorado Consortium on Differential	*Yes*	*Assessment Within 365 Days of Initial Referral*	*N/A*	*0.0 percent*	*0.0 percent*	*Yes*	*N/A*

Response: Final Report / Winokur, Orsi, Holmquist-Johnson; Ellis, Gabel, Rogers, Brenwald, Evans		*Referral within 365 day s of initial referral*					
Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System / Lawrence, N.C., Rosanbalm, K.D., and Dodge, K.A.	*Yes*	*Maltreatment Assessment Rate; Maltreatment Substantiation Rate; 12-Month Repeat Assessment Rate*	*N/A*	*0.0 percent*	*0.0 percent*	*Yes*	*N/A*
Effects of anti-poverty services under the differential response approach to child welfare Loman L.A., Siegel G.L.	*Yes*	*Mean # of children; Mean # of adults; Family race; Prior child welfare cases; Prior drug use; Prior child and adult mental health cases; Allegations of neglect; Allegations of physical abuse*	*Prior CPS reports; Alcohol abuse; medical neglect*	*0.0 Percent*	*0.0 Percent*	*Yes*	*N/A*

Table 8. Study Description

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below to describe the practice setting and study sample as well as affirm that the program or service evaluated was not substantially modified or adapted from the version under review. Provide a response in every column; N/A or unknown are not acceptable responses. The response in column v must be "yes."

i. Study Title/Authors	*ii. Was the study conducted in a usual care or practice setting? (Yes/No)*	*iii. What is the study sample size?*	*iv. Describe the sample demographics and characteristics of the intervention group*	*v. Describe the sample demographics and characteristics of the comparison group*	*vi. Verify that the program or service evaluated in the study was NOT substantially modified or adapted from the manual or version of the program or service selected for review (Yes/No)*
Program Evaluation of the Colorado Consortium on Differential Response: Final Report / Winokur, Orsi, Holmquist-Johnson; Ellis, Gabel, Rogers, Brenwald, Evans	*Yes*	*N= 4996* *FAR n = 3194* *HRA/IR n = 1802* *Survey sample size = 463*	*Children in the Home M1.8* *Youngest Child in the Home M5.9 years of age* *Number of Caregivers in the Home M1.6 caregivers* *45% Caucasian* *24% Hispanic* *10% African-American* *1% Other* *20% Unknown Race/Ethnicity*	*Children in the Home M2.0* *Youngest Child in the Home M5.4 years of age* *Number of Caregivers in the Home M1.7 caregivers* *44% Caucasian* *23% Hispanic* *12% African-American* *1% Other* *19% Unknown Race/Ethnicity*	*Yes*
Effects of approach and services under differential response on long term child safety and welfare / Loman, A.,	*Yes*	*N=4629* *Experimental n=2382* *Control n=2247*	*White 62.2%* *Black 24.9%* *Other /Unknown12.4%* *Mean number of children 2.01*	*White 63.5%* *Black 24.7%* *Other/Unknown 12.4%* *Mean number of children 2.04*	*Yes*

Siegel, G.					
Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System / Lawrence, N.C., Rosanbalm, K.D., and Dodge, K.A.	*Yes*	*Multiple Response System (MRS) N=9 Counties; Control N= 9 Counties*	*MRS Counties: Children and Youth ages 0-17; Mean pop =122,367; Median Income $35,821; Unemployment rate: 4.1%*	*Control Counties: Children and Youth ages 0-17; Mean pop= 94,501; Median income =$36,395; Unemployment rate: 4.7%*	*Yes*
Effects of anti-poverty services under the differential response approach to child welfare / Loman L.A., Siegel G.L.	*Yes*	*N = 2605 Experimental (DR); N = 1256 Control*	*DR/Experimental Group: Caucasian 69.8% African-American 16.2% American Indian 3.9%; Mean # children (2.5) and adults (2.2) in home*	*Control Group: Caucasian 71.4%; African-American 17.3%; American Indian 3.3%; Mean # children (2.5) and adults (2.3) in home*	*Yes*

Table 9. Favorable Effects

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below listing only target outcomes with favorable effects. Provide a response in every column; N/A or unknown are not acceptable responses.

i. Study Title/Authors	*ii. List the Target Outcome(s)*	*iii. List the Outcome Measures*	*iv. List the Reliability Coefficients for Each*	*v. Are Each of the Outcome Measures Valid?*	*vi. Are Each of the Outcome Measures Systematically Administered?*	*vii. List the P-Values for Each of the Outcome Measures*	*viii. List the Size of Effect for Each of the Outcome Measures*	*ix. Indicate the Length of Effect Beyond the End of Treatment (in months)*
Program Evaluation of the Colorado Consortium on Differential Response: Final Report / Winokur, Orsi, Holmquist-Johnson; Ellis, Gabel, Rogers, Brenwald, Evans	*Child Safety*	*Assessment Within 365 Days of Initial Referral*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p = 0.56 (non-sig)*	*d= -0.03*	*12 mos.*
	Child Safety	*Referral within 365 day s of initial referral*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*P = 0.411 (non-sig)*	*d= -0.04*	*12 mos.*
Effects of approach and services under differential response on long term child safety and welfare / Loman, A., Siegel, G.	*Child Safety*	*Screened-in reports of child abuse and neglect within 45-60 months after close of the initial case*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p=.02 (sig)*	*d=0.03*	*45-60 months*

Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System / Lawrence, N.C., Rosanbalm, K.D., and Dodge, K.A.	*Child Safety*	*Maltreatment Assessment Rate per 1000 children*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p<.09 (trend)*	*β=-0.1 (Slope [i.e., decrease over time] after MRS implement ation)*	*3.5 years*
	Child Safety	*Maltreatment Substantiation Rate per 1000 children*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p<.01 (sig.); p<.05 (sig.)*	*β=−0.08 (Change in slope [i.e., decrease over time] after MRS implement ation)*	*3.5 years*
	Child Safety	*12 Month Repeat Assessment Rate*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p<.10 (trend)*	*β=−0.4 (Change in slope [i.e., decrease over time] after MRS implement ation)*	*12 months*
Effects of anti-poverty services under the differential response approach to child welfare / Loman L.A., Siegel G.L.	*Child Safety*	*Time to subsequent accepted report*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p = .01 (sig.)*	*Wald 6.341**; Relative hazard for Exp(DR) Group .873*	*8+ years*

	Child Safety	*Time to child removal and placement*	*Assumed to be reliable due to use of administrative data.*	*Yes*	*Yes*	*p = .02 (sig.)*	*Wald 5.301**; Relative hazard for Exp(DR) Group .835*	*8+ years*

*** Reviewer Note**: Evaluation analysts used an interrupted time series (ITS) model to test (1) changes in means as well as (2) changes in slope (rate of change over time) across 14 times points (i.e., variables were measured every 3 months for 3.5 years). Significance of the *β* for individual components of the regression (e.g., Group [MRS vs. Control) x Slope change in substantiation rate after implementation) is presented in Table 9. A full model F test (with associated R^2) was the statistic used to determine impact over time and was significant at $p<.01$ for each of the 3 outcomes examined.

** **Reviewer Note**: Evaluation analysts used a multivariate Cox Proportional Hazards model to examine the main effect of Experimental (DR) vs. Control Group status, while controlling for two potentially confounding variables: Prior accepted CPS reports and Formal Case opened (a proxy for whether formal services were offered to the families).

Table 10. Unfavorable Effects

For each study eligible for review and determined to be "well-designed" and "well-executed," fill out the table below listing only target outcomes with unfavorable effects. Provide a response in every column; N/A or unknown are not acceptable responses.

i. Study Title/Authors	ii. List the Target or Non-Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Section V. Program or Service Designation for HHS Consideration

Table 11. Program or Service Designation for HHS Consideration

Fill out the table below for the program or service reviewed. Only select one designation. Answer questions relevant to the selected designation; relevant questions must be answered in the affirmative.

	☑ *To Verify*
*There is **NOT** sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service.*	✓
	☑ ***the Designation and Provide a Response to the Questions Relevant to that Designation***
Well-Supported	✓
● *Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples that were carried out in a usual care or practice setting?*	*Yes*
● *Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome?*	*Yes*
Supported	
● *Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome?*	
Promising	
● *Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one 'target outcome'?*	