

CROSS SITE EVALUATION – QUALITY IMPROVEMENT CENTER FOR DIFFERENTIAL RESPONSE (QIC-DR)

NDACAN Dataset 194 USER'S GUIDE



National Data Archive on Child Abuse and Neglect

Bronfenbrenner Center for Translational Research

Cornell University

Ithaca, New York 14853-4401

607-255-7799

ndacan@cornell.edu

www.ndacan.cornell.edu

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Cross Site Evaluation – Quality Improvement Center for Differential Response (QIC-DR)

Data Collected by

Lisa Merkel-Holguin, MSW, The Kempe Center

Ying-Ying T. Yuan, PhD, Walter R. McDonald & Associates, Inc.

Keri Jowers, PhD, Walter R. McDonald & Associates, Inc.

Dana Hollinshead, PhD, The Kempe Center

John Fluke, PhD, The Kempe Center

Amy Hahn, MSW, The Kempe Center

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User's Guide Written by

Diane Wach, MA, MEd, LPC

National Data Archive on Child Abuse and Neglect

in collaboration with

Lisa Merkel-Holguin, MSW and John Fluke, PhD

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Cross Site Evaluation – Quality Improvement Center for Differential Response (QIC-DR)

PREFACE

Lisa Merkel-Holguin and John Fluke provided the *Cross Site Evaluation - Quality Improvement Center for Differential Response (QIC-DR)* data to the National Data Archive on Child Abuse and Neglect for preservation and distribution. The *QIC-DR* was funded by the Children’s Bureau, Administration for Children and Families (ACF), US Department of Health and Human Services (HHS). Award Number 90CA1794.

ACKNOWLEDGEMENT OF SOURCE

Per the *Terms of Use Agreement*, publications using Archive data will acknowledge both NDACAN and the original data collectors. Authors are urged to use or adapt the statement below.

Data from the *Cross Site Evaluation - Quality Improvement Center for Differential Response (QIC-DR)* were collected by Lisa Merkel-Holguin and John Fluke. Data were obtained from the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University, which is funded by the by the Children's Bureau, Administration for Children and Families (ACF), US Department of Health and Human Services (HHS). *QIC-DR* was funded by the Children’s Bureau, ACF, HHS (Award Number 90CA1794). The data collectors, NDACAN, Cornell University, the Children’s Bureau, the funders, and their agents are not responsible for the analyses or interpretations presented here.

The citation for this data collection is:

Merkel-Holguin, L., Yuan, Y. T., Jowers, K., Hollinshead, D., Fluke, J., & Hahn A. (2018). *Cross Site Evaluation - Quality Improvement Center for Differential Response (QIC-DR)* [Dataset]. Available from National Data Archive on Child Abuse and Neglect website: <http://www.ndacan.cornell.edu>

PUBLICATION SUBMISSION REQUIREMENT

Per the *Terms of Use Agreement*, send citations for published work using *QIC-DR* data to ndacan@cornell.edu. Citations will be included in the child abuse and Neglect Digital Library (canDL) with links to online articles. [canDL](#) is a database of references about NDACAN datasets and secondary research. Unpublished work should be sent with the citation so the manuscript can be archived, and the citation included in canDL.

ABSTRACT¹

Differential response (DR) is a variation of delivering child protective services (CPS), which includes at least two distinct pathways for responding to screened-in reports of child maltreatment: the investigative response (IR) and the alternative response (AR). DR is also sometimes used to refer to CPS systems that are comprised of only one pathway for responding to screened-in reports, namely IR, but includes a diversion component, which triages screened-out reports to community agencies. This dataset does not address this latter type of DR system.

Generally, AR, under the dual response pathway version of DR, is intended for low- and moderate-risk maltreatment allegations, while IR is reserved for allegations of child maltreatment that are considered to be of high risk or needing potential involvement of law enforcement. Given the interest and growth of DR throughout child welfare systems in the United States, the Children's Bureau, Administration for Children and Families, US Department of Health and Human Services funded the *National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR)*. The American Humane Association received this award, which was later transferred to The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. The QIC-DR operated between 2008 and 2014.

Three research and demonstration sites were selected to implement and evaluate DR. The sites selected were:

- The Colorado Consortium on Differential Response (CCDR), representing five counties (Arapahoe, Fremont, Garfield, Jefferson, and Larimer), with the local evaluation conducted by Colorado State University Social Work Research Center.
- The Illinois Department of Children and Family Services, consisting of a statewide implementation of DR, with the local evaluation conducted by the Children and Family Research Center at the University of Illinois Urbana-Champaign. Four regions are included in the dataset (Cook county area, and northern, central, and southern areas of the state).
- The SOAR Consortium, representing Six Ohio Counties Implementing Alternative Response (Champaign, Clark, Madison, Montgomery, Richland, and Summit), with the local evaluation conducted by the Human Services Research Institute.

The cross-site evaluation of the three sites was formulated to research multiple aspects of DR implementation. Using a framework of studying families who met the eligibility criteria for AR and comparing families from this group who were randomly assigned to AR or IR, the following core research questions were examined:

¹ Adapted with permission from National QIC-DR in CPS, 2014b, p. 5.

- Are children in AR families as safe as or safer than children in IR families?
- How is the AR pathway different from the IR pathway in terms of family engagement, caseworker practice, and services provided?
- What are the costs for child protection agencies that implement DR?

The *QIC-DR* dataset contains data from the three sites. Counties and regions are de-identified in the dataset.

STUDY OVERVIEW

Study Identification

Cross Site Evaluation - Quality Improvement Center for Differential Response (QIC-DR)

Key Words

child protective services, child maltreatment, child protection intake, differential response, outcomes, family engagement

Abbreviations and Acronyms

<=	less than or equal to (in codebook)
>=	greater than or equal to (in codebook)
ACF	Administration for Children and Families
AR	alternative response
CAC	Colorado Assessment Continuum
CAPMIS	Comprehensive Assessment and Planning Model – Interim System
CCDR	Colorado Consortium on Differential Response
CERAP	Child Endangerment Risk Assessment Protocol
CPS	Child Protective Services
DD	developmental disability (codebook)
DOB	date of birth
DR	differential response
ds	dataset

FAR	family assessment response
FIPS	Federal Information Processing Standard (census codes)
HHS	US Department of Health and Human Services
ID	identification
IR	investigation response
MR	mental retardation (codebook)
NDACAN	National Data Archive on Child Abuse and Neglect
p.	page
PI	principal investigator
pp.	pages
SACWIS	Statewide Automated Child Welfare Information Systems
SOAR	Six Ohio counties implementing Alternative Response
SSF	Strengthening and Supporting Families
QIC	Quality Improvement Center

Investigators

Lisa Merkel-Holguin, MSW, The Kempe Center

Ying-Ying T. Yuan, PhD, Walter R. McDonald & Associates, Inc.

Keri Jowers, PhD, Walter R. McDonald & Associates, Inc.

Dana Hollinshead, PhD, The Kempe Center

John Fluke, PhD, The Kempe Center

Amy Hahn, MSW, The Kempe Center

Funding Agency²

QIC-DR was funded by the Children's Bureau, Administration for Children and Families (ACF), US Department of Health and Human Services (HHS). The American Humane Association received this award, which was later transferred to The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Award dates were 10/1/2008 to 9/30/2014.

Award Number

90CA1794

Purpose³

The purposes of the *QIC-DR* were to:

- Design and conduct evaluation on the implementation, outcomes, and cost impact of DR in research and demonstration sites
- Determine whether DR is an effective approach in CPS
- Build cutting-edge, innovative, and replicable knowledge about DR, including guidance on best practices in DR.

Definitions⁴

Differential Response (DR) - DR is a type of CPS system that includes at least two distinct pathways for responding to screened-in reports, the investigative response (IR) and the alternative response (AR). There is great variation in definitions of DR, and more definitions emerge as additional states implement their versions of DR.

Alternative Response (AR) - AR, sometimes also called the family assessment response (FAR), incorporated the following considerations:

- Establishment of AR pathway is formalized in statute, policy, or protocols;
- New information that alters risk level of safety concerns can cause the initial AR pathway assignment to change to IR;

² Adapted with permission from National *QIC-DR* in CPS, 2014b, p. 5.

³ Adapted with permission from National *QIC-DR* in CPS, 2014b, p. 10.

⁴ Adapted with permission from National *QIC-DR* in CPS, 2014b, pp. 12-13.

- Families assigned to AR can choose to receive IR;
- AR families can accept or refuse the offered services if there are no safety concerns;
- AR families are assessed with no formal determination of child maltreatment; and
- Since no determination of maltreatment is made, no one is named as a perpetrator, and no names are entered into the central registry for those individuals who are served through the AR pathway.

Investigation Response (IR) - The IR pathway requires a formal investigation that includes the assessment of the allegation of child maltreatment and culminates in a finding, such as substantiated, indicated, or not substantiated. An integral part of IR is the identification of perpetrators of maltreatment. The names of these people are generally included in a central state registry.

Study Design⁵

The QIC-DR included three components aimed at increasing the knowledge base of DR: (1) local evaluations conducted in child welfare systems; (2) a cross-site evaluation; and (3) a dissertation research component for PhD candidates. The local evaluations can be found at www.differentialresponseqic.org. The local evaluations and dissertation research component, including qualitative and focus group data, are not included in the NDACAN archived QIC-DR dataset.

Data from the cross-site evaluation are included in NDACAN dataset 194. The cross-site evaluation included Colorado, Illinois, and Ohio sites. Administrative data were retrieved from the state SACWIS and other administrative data systems. Survey data were collected from a case report, a family survey, and a staff survey at each of the three research and demonstration sites.

The Colorado Consortium on Differential Response (CCDR) represents five counties. Colorado is a county administered, state-supervised child welfare system where practices vary across counties. DR had not been implemented in the state prior to the study. The process for selecting AR caseworkers varied among counties and some carried mixed AR/IR caseloads. Safety and risk were assessed using the Colorado Assessment Continuum (CAC). AR cases were open for a maximum of 60 assessment days, and IR cases for 30 days (with unlimited extensions).

The Illinois Department of Children and Family Services is a statewide implementation of DR with six administrative regions. DR had not been implemented in the state prior to the study. There were more eligibility restrictions for AR path assignment than in the other two sites. AR cases were assigned a team comprised of a public AR caseworker and private Strengthening and Supporting Families (SSF) worker. Caseworkers did not carry mixed AR/IR caseloads. Safety

⁵ Adapted with permission from National QIC-DR in CPS, 2014b, p. 5, pp.10-11, and pp. 25-33.

and risk were assessed using the Child Endangerment Risk Assessment Protocol (CERAP). AR cases were open for a maximum of 90 assessment days (with up to 90 days in extensions), and IR cases for 60 (with extensions allowed).

The SOAR Consortium, represents Six Ohio Counties Implementing Alternative Response. Ohio is a county administered, state-supervised child welfare system where practices vary across counties. DR had been implemented in ten counties in the state prior to the study, with one of those counties included in this study sample. Eligibility for AR path assignment was determined by state and county regulations. The process for selecting AR caseworkers varied among counties and some carried mixed AR/IR caseloads. Safety and risk were assessed using Comprehensive Assessment and Planning Model – Interim System (CAPMIS) Safety and Family Assessments. AR cases were open for an unlimited time frame and IR cases for 30 to 45 days (or transferred for services).

Data Collection Dates⁶

Data from each site were collected over the dates listed:

- Colorado: 12/01/2010 to 02/28/2012
- Illinois: 11/01/2010 to 05/22/2012
- Ohio: 12/01/2010 to 02/28/2012

The cross-site evaluation team restricted its follow-up longitudinal analyses to a 365-day window, or study period, with a start and end date specific to each study family. The first day of the study period for each case was defined as the date of pathway assignment (date of randomization). The last day of the study period was 364 days later.

Geographic Area

The data were collected from three sites. These were counties and regions in Colorado, Illinois, and Ohio.

Unit of Observation

The unit of observation in the analytic data file is the family. The unit of observation in the staff data file is the caseworker or supervisor.

⁶ Adapted with permission from National QIC-DR in CPS, 2014b, p. 49.

Sample⁷

To make the datasets consistent in their construction across sites, the samples used for the cross-site analysis are a subset of those used for the individual site analyses. Analytic samples consisted of those families for whom:

- Both administrative data and case report data were available
- Data collection spanned at least 365 days (date of pathway assignment + 364 days)

The final sample sizes for the cross-site analysis data file (N = 7047) are:

- Colorado: 1667 cases. AR (n=870). IR (n=797)
- Illinois: 4534 cases. AR (n=1706). IR (n=2828)
- Ohio: 846 cases. AR (n=543). IR (n=303)

Each case is a family with a unique value for *IDcase*.

The final sample sizes for the cross-site staff data file ((N = 594) are:

- Colorado: 119 records (**warning:** There are two records for IDcaseworker # CO2531)
- Illinois: 248 records
- Ohio: 131 records

Each record represents a completed staff survey.

Data Collection Procedures⁸

The three sites used varying definitions of eligibility and conceptually similar but unique operational methods of randomization to select participants. Participation was elicited at the case, or family, level. Broadly speaking, if a case was screened in and determined to be eligible, the case was randomly assigned to either alternative response (AR) or investigative response (IR). Data were collected from administrative systems, and survey data were collected from the family

⁷ Adapted with permission from National QIC-DR in CPS, 2014b, pp. 47-49.

⁸ Adapted with permission from National QIC-DR in CPS, 2014a, pp. A-1 to A-4, and National QIC-DR in CPS, 2014b, pp. 47-49.

and caseworkers/supervisors.

Response Rates⁹

As a result of the requirement that cases have at least some data for both the administrative and case report instruments in order to be included in the cross-site sample, de facto response rates were 100% for all three sites.

The family survey response rates are:

- Colorado: 24% (n = 398)
- Illinois: 25% (n = 1132)
- Ohio: 38% (n = 319)

The family survey had low response rates for several reasons. First, two sites (Colorado and Ohio) administered the survey to a sample of families, rather than to the complete study population (Illinois). Second, even though the sites implemented incentives, reminders, and other strategies to boost family survey response rates, only a small proportion of those families who were selected for the family survey actually completed it.

The staff survey response rates are:

- Colorado: 65% (n = 119)
- Illinois: 27% (n = 248)
- Ohio: 60% (n = 227)

All caseworkers and supervisors were eligible to complete the staff survey, but each site returned different rates of completion.

Sources of Information

The data were collected from administrative records and from survey instruments completed by family, caseworkers and supervisors.

Type of Data Collected

Administrative and survey data were collected.

⁹ Adapted with permission from National QIC-DR in CPS, 2014b, p. 6 and p. 49.

Measures¹⁰

Administrative data collection systems were already in place at each site. Survey instruments were developed by the QIC-DR cross-site team.

QIC-DR Administrative Data Record Extract (Administrative Data)

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). Administrative Data Record Extract (Administrative Data) [Instrument]. In *Appendix: QIC-DR cross-site evaluation* (Appendix C: Data Submission Materials, pp. C-7 – C-17). Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>

These data consist of records extracted from state SACWIS and other administrative data systems, and were designed to capture information about both the time before study pathway assignment and the 365-day period starting at pathway assignment. The administrative data file included the following topics: IDs and submission dates, study pathway assignment and the report associated with study entry, caregiver characteristics, child characteristics, and re-referrals.

QIC-DR Confidential Case Specific Questionnaire (Case Report)

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). Confidential Case Specific Questionnaire (Case Report) [Instrument]. In *Appendix: QIC-DR cross-site evaluation* (Appendix B: Final Cross-Site Instruments, pp. B-2 – B-7 and Appendix C: Data Submission Materials, pp. C-18 – C-33). Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>

Caseworkers completed this questionnaire at the close of the case. The case report gathered information on contacts with the family, family functioning in multiple domains, threats to safety at first contact and case close, service receipt across multiple areas of need, service effectiveness and match to needs, and caseworker perceptions of family and caregiver engagement and cooperation.

¹⁰ Adapted with permission from National QIC-DR in CPS, 2014b, pp. 49-51.

QIC-DR Confidential Family Survey (Family Survey)

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). Confidential Family Survey (Family Survey) [Instrument]. In *Appendix: QIC-DR cross-site evaluation* (Appendix B: Final Cross-Site Instruments, pp. B-8 – B-13 and Appendix C: Data Submission Materials, pp. C-34 – C-40). Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>

Caregivers completed this voluntary and confidential survey after the initial case was closed. In Colorado and Ohio, a random sample of participating families were invited to complete the survey, while in Illinois, all participating families were invited to complete the survey. The survey covered the following topics: client satisfaction; qualities of the relationship with the caseworker; services received and the adequacy of services to meet family needs; effects of the experience on child safety, parenting, and material well-being; and selected demographic information. The survey was available in both English and Spanish. Caseworkers delivered the surveys to families, either in person or by mail. In Colorado, the survey was mailed to families by the local evaluation team. Also in Colorado, a small percentage of surveys for Spanish-reading families were conducted by telephone. Families then completed the survey and returned it to the local evaluation team by mail. In a small percentage of cases, families responded over the telephone.

QIC-DR General Caseworker/Supervisor Survey (Staff Survey)

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). General Caseworker/Supervisor Survey (Staff Survey) [Instrument]. In *Appendix: QIC-DR cross-site evaluation* (Appendix B: Final Cross-Site Instruments, pp. B-20 – B-26 and Appendix C: Data Submission Materials, pp. C-41 – C-57). Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>

This survey of child welfare caseworkers and supervisors in participating counties across the three sites was fielded during the first year of DR implementation. Ohio conducted a follow-up survey near the end of the evaluation period. Topics covered included tenure and duties, professional skills and approach, job satisfaction, knowledge of AR, attitudes toward AR, AR training, assessment of the availability of services in the community, and demographic characteristics of the caseworker and/or supervisor. The PI cross-site report study does not present any data from this survey. In some study documentation, the staff survey is referred to as the “caseworker survey”.

An index of measures used in datasets distributed by the NDACAN is available on the website: <http://www.ndacan.acf.hhs.gov/measures-index/measures-index.cfm>

Related Publications and Reports

Two reports essential to understanding the QIC-DR study are:

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). *Final report: QIC-DR cross-site evaluation*. Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/QIC-DR/Documents/Final%20Cross%20Site%20Evaluation%20Report.pdf>

National Quality Improvement Center on Differential Response in Child Protective Services. (2014). *Appendix: QIC-DR cross-site evaluation*. Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>

The [collection of QIC-DR works](#) is available from the child abuse and neglect Digital Library (canDL), in the publications section of the NDACAN website: <http://www.ndacan.acf.hhs.gov/>

The NDACAN Differential Response Collection is available from NDACAN: https://www.zotero.org/groups/special_collections/items/tag/Differential%20Response%20*. The collection is a review of literature on differential response. It contains works unrelated to NDACAN alongside those about NDACAN datasets.

[canDL](#) is an online Zotero database of references related to NDACAN datasets and to secondary research. A list of QIC-DR publications in canDL at the time of release is included in this dataset: *ds194ReferenceList*. References are added to canDL when published. If you use assistive technology that cannot access Zotero.org, please contact us at NDACANSupport@cornell.edu to request canDL output in another format.

Analytic Considerations

The NDACAN *ds194Codebook* contains all variables for data files *ds194analytic* and *ds194staff*. The Codebook provides these variable attributes: name, position, label, type, format, data file, source, derivation, original variable, skip logic, note, value labels, and missing values.

These variables are found in both the analytic and staff data files: *IDcaseworker*, *IDsupervisor*, *IDsite*, *IDstate*, *IDcounty*, *IDregion*, and *SubDate*.

The original codebook for the analytic dataset used by the PIs for the cross-site evaluation can be found in Appendix E of the *ds194Appendix* file included with your dataset (National QIC-DR in CPS, 2014a). Variables from the NDACAN data files can be mapped to the original PI Codebook via the variable Name or the Original Variable attribute in the *ds194Codebook*. There are variables in the original codebook not in the *ds194Codebook* and variables in the *ds194Codebook* not in the Appendix E codebook.

There was no PI contributed codebook contributed for the staff dataset. However, the Staff Survey Instrument and Mapping form can be found in Appendix B (National QIC-DR in CPS, 2014a, pp. B-20 to B-26 and C-41 to C-57).

Bias and Generalizability¹¹

The cross-site evaluators were concerned about the potential for bias. Specifically, the cross-site evaluators were concerned about five types of bias: blinding, selection bias, response/non-response bias, performance bias, and social desirability bias. Additional bias was introduced in restricting the analytic cross-site file sample to families with complete administrative and case report data, and with at least one year of data collection. Given these potential sources of bias that occurred during the study, although randomization was used, a more accurate description of this study may be that it is a multi-site comparison study. It was not the goal of the cross-site analyses to enable comparisons of the findings from the three sites, as each site's DR implementation occurred in unique contexts.

Identification Variables

IDcase is a unique identifier in the analytic data file. There are many duplicate IDcaseworker and IDsupervisor values in *ds194analytic*. *IDcaseworker* and *IDsupervisor* values are each unique to one individual.

A new variable, *IDrecord*, was created in the *ds194staff* data file. This variable is a unique ID for all records that did not have a staff or supervisor ID (all missing). 168 cases have valid *IDrecord* values. These are all in Ohio. The *IDrecord* value is unique, however the *IDrecord* value does not define a unique staff respondent.

Cross tabulation of staff ID type (*IDcaseworker*, *IDsupervisor*, or *IDrecord*) by self-declared position (*PrimResponse* job-role variable) demonstrates accord among the ID variables and the staff self-declared position. The staff sample (N = 594) consists of 448 caseworkers, 125 supervisors (all supervisors identify as supervisors), and 21 staff who identify as "other". Among those who declare their role as other, seven have caseworker IDs and 14 have record IDs.

Pathway Assignment Changes¹²

Some cases were transferred from AR to IR before receiving services. These were excluded from the study. Some cases were transferred from AR to IR after receiving some AR services. These cases were retained in the AR group based on intent-to-treat analytic approach practices. The frequency of this occurrence is:

- Colorado: 2% (n = 16)
- Illinois: 12% (n = 198)
- Ohio: 6% (n = 35)

¹¹ Adapted with permission from National QIC-DR in CPS 2014b, pp. 47-49 and 57-58.

¹² Adapted with permission from National QIC-DR in CPS, 2014b, pp. 53-54 and 65-67.

No cases were transferred from IR to AR.

Weighting¹³

All data is unweighted in the NDACAN 194 dataset. The Colorado data was weighted for PI site-specific analyses. Data was unweighted in the PI cross-site analyses.

Missing Data¹⁴

Missing data is system missing or declared missing and labeled.

Confidentiality Protection

To protect participant confidentiality and reduce disclosure risk, all DOB variables were recoded to the 15th day of the month. Geography variables for region (IL) and FIPS county codes (CO and OH) were recoded to random integers. NCANDS encrypted IDs were removed.

Extent of Collection

The NDACAN dataset 194 QIC-DR is comprised of:

- User's Guide *ds194UserGuide*
- Codebook *ds194Codebook*
- Two data files *ds194analytic* and *ds194staff* provided in SPSS, SAS (with formats files), and Stata native versions, and in ASCII .dat format
- PI final report *ds194FinalReport* and appendices *ds194Appendix*
- Reference list *ds194ReferenceList*

Extent of Processing

NDACAN produced the User's Guide and Codebook. Instruments were included in the [Measures Index](#) and citations in the [child abuse and Neglect Digital Library](#). Analyses were compared to QIC-DR cross-site PI findings. Variables were renamed, recoded, formatted, reordered, removed, and created. Variables and values were labeled. Site data files were merged. Disclosure risk was assessed and confidentiality was preserved. All cases were retained. Meta data was added to the

¹³ Adapted with permission from National QIC-DR in CPS, 2014b, p. 48.

¹⁴ Adapted with permission from National QIC-DR in CPS, 2014b, p. 49.

data file and variables.

DATA FILE INFORMATION

File Specifications

The analytic data file *ds194analytic* has 7047 cases and 385 variables.

The staff data file *ds194staff* has 594 cases and 132 variables.

Data File Notes

Merging Analytic and Staff data files¹⁵

The staff survey data reflected caseworkers' perspectives, but were not related to any particular case. As such, there was no case ID, so the staff survey data could not be appended to the analytic dataset, nor were the data related to any case's pathway assignment. It was decided that these data did not pertain to any of the core research questions, and therefore were not analyzed by the PIs. However, the *IDcaseworker* and *IDsupervisor* values do correspond between the *ds194staff* and the *ds194analytic* data files.

Variable Information

Attend to value labels. Illinois uses region instead of county which are used in Colorado and Ohio.

Attend to scales. Some ordinal scales are coded low to high 1-5, others are the reverse.

For variable *Admin15b* (Illinois only), note that new concerns identified by IR caseworkers at the initial safety assessment were simply added to the list of concerns under investigation. For AR cases, however, these additional concerns resulted in a new report. The assessment period ended when that new report was entered into the system, and that date was recorded in variable *Admin15*. Using that date for the end of the assessment period would have presented an artificially short assessment period for those AR cases with additionally identified concerns. Illinois submitted a revised date for the end of the assessment period – the end of the first investigation – for those cases in order to provide a more accurate reflection of the length of the assessment period. The earliest occurring end date (*Admin15* or *Admin15b*) was used in calculating the duration of the assessment period and the duration of ongoing services, in order to avoid situations in which ongoing services started prior to the revised end of assessment date.

¹⁵ Adapted with permission from National QIC-DR in CPS, 2014b, p. 48.

References

- National Quality Improvement Center on Differential Response in Child Protective Services. (2014a). *Appendix: QIC-DR cross-site evaluation*. Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Appendices%20Cross%20Site%20Evaluation.pdf>
- National Quality Improvement Center on Differential Response in Child Protective Services. (2014b). *Final report: QIC-DR cross-site evaluation*. Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/QIC-DR/Documents/Final%20Cross%20Site%20Evaluation%20Report.pdf>

See Codebook for variable information.

Technical support for this dataset is provided by NDACAN.

Please send your inquiries to NDACANSUPPORT@cornell.edu