

Why focus on targeting?

Increasing use of the intent-to-treat approach to program evaluation

Improve our understanding of how interventions work

Optimize investment of scarce resources

Issue 1: Dosage

“Dosage” in a social service context: what do we mean?

Two considerations:

Is everyone getting the treatment?

If not, who is – and how are they different from those not receiving the treatment?

Dosage: Allegheny

Allegheny County, PA: 2,000 children/yr reported for maltreatment, 1,000/year admitted to foster care

SOCI program: 60 kids/yr. pre-placement

If ALL 60 placements were prevented, this would translate to a 6% decrease in admissions.

FGDM program: 222 kids/yr. pre-placement

That's only 14% of maltreated kids.

Dosage: SF Child Care

Childcare service seeks to provide respite care to birth parents to prevent placements.

Less than a quarter of the 4,339 children in cases opened between 2002 and 2012 enrolled in child care (901, or 21%)

Family team conferences (NYC)

FTC model as a way to improve outcomes for children
(preventive services and foster care)

Calendar and event-driven conferences

Evaluation focused on event-driven conferences

Fidelity: were conferences happening as expected (how many, when)

Impact: did conferences have their intended effects on safety and permanency

Dosage: Goal change conferences (NYC)

	2009	
Total admissions	7,654	100%
Discharged prior to 15 months	4,677	100%
Had GCC	38	1%
No GCC	4,639	99%
Discharged between 15-24 months	810	100%
Had GCC	59	7%
No GCC	751	93%
Discharged after 24 months	369	100%
Had GCC	94	25%
No GCC	275	75%
Still in care	1,798	100%
Had GCC	570	32%
No GCC	1,228	68%

Timing: Overview

When do you insert the intervention, given the outcomes you are looking to achieve?

Timing: A Taxonomy

Sample Trajectories

TWO EVENTS

A: REPORT NO SECOND

B: REPORT REPORT

C: REPORT OPEN

D: REPORT INTERVENTION

THREE EVENTS

E: REPORT OPEN NO THIRD

F: REPORT OPEN REPORT

G: REPORT OPEN PLACE

H: REPORT OPEN INTERVENTION

Timing: SF Child Care

Timing of Child Care Relative to Case Open, Maltreatment Referrals, and Placements

Intervention Group	Expected Effects	Count	%
Total enrolled in child care		901	100%
Enrolled before a first placement episode	Prevention	425	47%
Enrolled during a placement episode	Stability	343	38%
Enrolled after a placement episode	Reentry prevention	133	15%

Timing: Family team conferences

Timing: Placement preservation/change conferences

	2011	
Total Admission	2,716	100%
No first move	2,014	100%
No PCC	1,954	97%
Had PCC	60	3%
Had first move	702	100%
No PCC	490	70%
Had PCC	212	30%
Before first move	90	42%
After first move	122	58%
Had second move	303	100%
No PCC ever	195	64%
Had PCC	108	36%
Before first move	32	30%
After first move and before second	30	28%
First PCC occurred at some point after the second move	46	43%

Timing: Elevated Risk Conferences

	2011	
Total PPRS cases	6,199	100%
No first maltreatment report	5,296	100%
No ERC	5,173	98%
Had ERC	123	2%
Had first maltreatment report	903	100%
No ERC	836	93%
Had ERC	67	7%
Before first report	27	40%
After first report	40	60%
No Second Report	723	100%
No ERC ever	669	93%
Had ERC	54	7%
Before first report	25	46%
After first report	29	54%
Had second report	180	100%
No ERC ever	167	93%
Had ERC	13	7%
Before first report	2	15%
After first report and before second	8	62%
First ERC some point after second report	3	23%

Targeting and Triage

“...evidence that the target population includes only families who are **most in need** of and who would **derive the most tangible benefit** from receiving assistance...”

Triage:

“the assigning of priority order to projects on the basis of where funds and other resources can be best used, are most needed, or are most likely to achieve success”

Triage: Allegheny

Position of Inua Ubuntu Referral in Event Sequence

Timing of Referral	Number	Percent
Total children	282	100%
1st Event	0	0%
2nd Event	104	37%
3rd Event	34	12%
4th Event	29	10%
5th Event	25	9%
6th Event	24	9%
>6th Event	66	23%

Triage: Community Partnerships Program

Community-based intervention designed to improve safety and permanency outcomes

Intended to target (seemingly) homogenous group of poor-performing communities

Looking at performance as it relates to the communities' assets (social, economic, demographic), communities much more diverse than originally thought

Program effects very difficult to pick-up in this context

Neglect	Physical Ab.	Investigations	Placements	Summary	Social Index
-1	-1	-1	0	-3	0
-1	-1	-1	0	-3	0
-1	0	-1	-1	-3	0
0	0	0	-1	-1	0
0	0	0	0	0	0
-1	-1	-1	-1	-4	1
-1	0	-1	-1	-3	1
0	0	0	0	0	1
0	0	0	1	1	1
0	0	0	0	0	1
0	0	0	0	0	1
0	0	0	0	0	1
0	0	0	1	1	1
1	0	1	1	3	1
1	1	1	1	4	1
0	0	0	0	0	2
1	1	1	0	3	2
1	1	1	1	4	2
-1	-1	-1	-1	-4	6
-1	-1	-1	-1	-4	6
-1	-1	-1	-1	-4	6
-1	0	-1	0	-2	6
0	0	0	-1	-1	6
1	0	1	0	2	6
1	1	1	0	3	6
-1	-1	-1	-1	-4	8
-1	-1	-1	-1	-4	8
-1	-1	-1	0	-3	8
-1	0	-1	-1	-3	8
-1	0	-1	0	-2	8
0	0	0	0	0	8
0	0	0	-1	-1	8
0	0	0	0	0	8
0	0	0	0	0	8
0	0	0	0	0	8
1	0	1	0	2	8
1	1	1	1	4	8
1	1	1	1	4	8

Penultimate thoughts on targeting

Dosage:

- Provide enough.
- If you're not treating everyone, who are you treating? How does that change things?

Timing:

- Align the timing of the intervention with expected outcomes.
- Theory of change is critical.

Triage:

- Populations are much more diverse than typically thought.