

**AN EVALUATION OF THE SAN DIEGO COUNTY PARENTING TIME OPPORTUNITIES
FOR CHILDREN (PTOC) PROJECT: *FINAL REPORT***

**UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES,
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An Evaluation of the San Diego County Parenting Time Opportunities for Children (PTOC) Project: *Final Report*

INTRODUCTION

In 2012, the San Diego County Department of Child Support Services (SDDCSS) applied for and received a grant from the US Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement (OCSE) to implement the Parenting Time Orders for Children (PTOC) Project. The overarching goal of the OCSE is to strengthen the emotional and financial well-being of children and families by ensuring that consistent child support payments were made and time spent between parents and their children was maximized. The OCSE sought to meet this goal by streamlining the PTOC project processes of establishing parenting time orders in conjunction with child support orders. The San Diego PTOC enhanced services were available to customers who resided in San Diego County and had an open Title IV-D¹ child support case with SDDCSS. Parents with existing orders for child support custody, or visitation were not included in this project.

In order to gauge the success of the PTOC program, SDDCSS participated in a multi-site evaluation to show other interested parties how the program was designed and implemented and whether it was successful in fostering more positive family relationships. The Criminal Justice Research Division of the San Diego Association of Governments (SANDAG) selected by the SDDCSS to complete the process and impact evaluation for the local San Diego County PTOC program to provide valid and reliable information on program implementation and to track outcomes. This is the final report describing results from the four-year PTOC project implemented in San Diego County.

Key Findings from the PTOC Evaluation

All PTOC Key Staff reported that the program was implemented as planned with no major modifications; and they agreed that the program's main accomplishment was providing a much needed service to customers, particularly those who were low income.

The unexpected high number of cases involving DV was viewed as the main barrier to implementation but was remedied through staff training, teamwork, and communication.

Research results found statistically significant differences between the PTOC and comparison group, with PTOC parents spending more hours on average with their children, reporting better relationships with their children and the other parent, and paying more child support.

¹ "Title IV-D" refers to the section of the Social Security Act which established the child support program and created the OCSE in 1975. Title IV-D cases are those that are receiving child support services from the state.

PROCESS AND RESOURCES AVAILABLE TO CUSTOMERS NOT ENROLLED IN PTOC: “BUSINESS AS USUAL”

To put the PTOC enhanced services into context, below are the steps for obtaining a parenting time order (PTO) for parents not receiving PTOC services, or “business as usual”:

- File a motion to request custody and visitation;
- Pay approximately \$400 in court filing fees (or have the fees waived, if approved by the court, based on financial hardship);
- Meet with a Family Court Counselor for mandatory counseling and to discuss parent fitness, schedules, etc.; and
- Attend the court hearing to discuss the recommendations with the parents. If one parent does not agree with the recommendation, they can argue in court before the judge makes a ruling.

Any unrepresented parent seeking a custody/support/parenting time order has the option of getting assistance from the Family Law Facilitator (FLF),² or they can use outside agencies that offer free legal assistance. Court staff gives them referrals to FLF, which is the most utilized service. However, since FLF is a free service, there is usually a wait for services.

PROJECT DESCRIPTION

The PTOC project was designed to create a more customer-friendly approach for parents interested in establishing child support, custody, and visitation (parenting time) orders, but who may have felt the legal process was too expensive or intimidating to navigate. The PTOC project allowed parents to file orders simultaneously, as long as both parents could reach an agreement (“stipulate”). As a further incentive, the San Diego County Superior Court agreed to not charge any filing fees for PTOC customers who reached a stipulated agreement.³

The theory behind the PTOC design was that by combining the child support and parenting time processes, parents would be more inclined to enter a legal custody/support/visitation agreement, thus increasing the time non-custodial parents spent with their children, as well as the amount of child support paid. Professionals in the field generally agree that these results lead to healthier relationships and bonds between parents and their offspring. In early 2013, SDDCSS and their partners embarked on the planning phase to ensure implementation would proceed as designed. Table 1 identifies these various partners and their roles in planning and implementation.

“PTOC was specifically designed to provide an easy, low to no cost, process for unrepresented parents to obtain a parenting order. The cost when entering into a stipulation was \$0, very cost effective for them. As this was done at the same time as their visit for child support, it was very effective in terms of their time.”

~ Key Staff Survey Respondent

List of Acronyms Used in This Report

CP	Custodial Parent
DV	Domestic Violence
FLF	Family Law Facilitator
FVC	Family Violence Coordinator
NCP	Non-Custodial Parent
OCSE	Office of Child Support Enforcement
PTO	Parenting Time Order
PTOC	Parenting Time Opportunities for Children
SDDCSS	San Diego Department of Child Support Services

² The FLF Office is operated by the Superior Court of California, County of San Diego and provides free legal assistance to unrepresented parties with family law issues

³ Parents who do not reach a stipulated agreement may file a motion to have their case heard in court before a judge. In these cases, the filing fees are incurred.

Table 1
PTOC PARTNERS AND THEIR ROLES

SDDCSS

•**Role:** County child support agency and applicant for OCSE funding; designed and implemented PTOC; conducted outreach and education about PTOC; administered DV screening tool at intake; facilitated case resolution meetings; prepared stipulation agreements for cases referred to FLF.

YWCA

•**Role:** Partner responsible for guiding the DV component, including developing and implementing evidence-based screening and danger assessment tools used by SDDCSS staff in identifying potential DV; provided referrals for DV services.

Family Law Facilitator Office (FLF)

•**Role:** Assisted customers with obtaining custody and visitation orders by preparing stipulations and motions to file with the court.

SANDAG

•**Role:** Conducted an independent process and impact evaluation for the local PTOC program and participated in the cross-site evaluation.

The PTOC planning phase in Year 1 involved developing timelines to complete key tasks; identifying staff and resources needed for full operation; collaborating with the DV partner (YWCA) to identify evidence-based assessment tools; and meeting with the research partner to finalize the evaluation methodology, data collection systems, and selection of the comparison group.

The local PTOC leadership designed the program to fit into existing structures but with certain modifications to accommodate the new process. A flowchart illustrating how PTOC was incorporated into existing procedures is attached as Appendix 1.

After the planning phase, the local PTOC project enrolled its first participant in October 2013 using the eligibility criteria outlined in Table 2. The project’s goal of establishing 300 parenting time orders (as counted by number of children) was realized by October 2015 when 307 orders were finalized. The basic sequence of events for the PTOC project is described in the project flowchart but is also summarized below:

- Both the CP and NCP were screened at the Pre-Order stage for eligibility into PTOC, as well as for DV. Parents who answered “yes” to any of the DV screening questions were referred to a Family Violence Coordinator (FVC) to conduct the more in-depth danger assessment.
- After screening, parents were invited into the office for a Case Resolution meeting during which they watched a video on the child support process. Those who were eligible for PTOC remained to watch a second five-minute video that explained the benefits of the PTOC program.
- If both parents were present and agreed to participate in PTOC, they attended a Case Resolution meeting, facilitated by a SDDCSS case worker, to agree on a suitable child support/parenting time arrangement (i.e., stipulation).
- If one parent was absent, the case worker would call him/her to discuss the orders or set up a future meeting. Both parents did not need to be present to stipulate.
- Parents were referred to the FLF office to complete the stipulation or, if no stipulated agreement was reached, for assistance in filing a motion for a court hearing resulting in an approximate \$400 filing fee (or parents could apply for a waiver if low-income).

Table 2
PTOC ELIGIBILITY CRITERIA

Current case involves both parents
Children are not in foster care or living with a non-parent
Both parents live in San Diego County
Children have lived in California for the past 6 months or since birth
No previous child support and/or parenting time (custody/visitation) order has been established
No pending parenting time actions filed with the court
Children in the case are not involved in a juvenile court action
Not assessed as "high risk" for DV

SOURCE: SDDCSS, 2013

DOMESTIC VIOLENCE COMPONENT

A key goal of PTOC was to identify any risk of DV among participants and to refer parents who disclosed DV to timely and appropriate services to address the family violence and provide alternative avenues for obtaining parenting time orders.

As required by the grant, SDDCSS partnered with a local DV service agency, the YWCA, a long-established community-based organization with expertise in providing services to victims of DV and their families. The YWCA staff was instrumental in identifying and conducting an evidence-based danger assessment (Appendix 2), conducting the 8-hour DV training for SDDCSS staff, and instructing staff on completing the danger assessment and making appropriate referrals to community-based organizations. To ensure that enough SDDCSS staff were trained and able to conduct danger assessments, the YWCA trained three SDDCSS staff on this task, who in turn trained five additional staff.

A ten-question screening tool (Appendix 3) used to detect if DV was present in the family was completed prior to the Case Resolution meeting and conducted by Intake Workers and Case Managers, all of

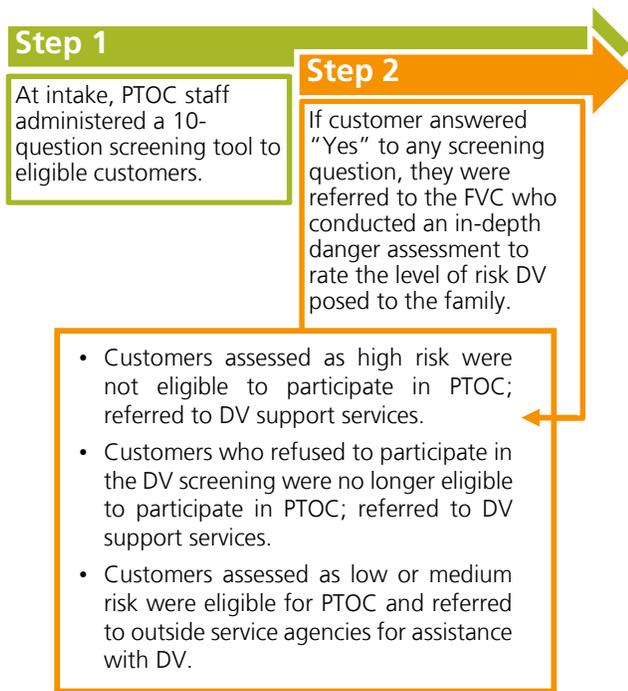
"As you work with these families, you will find [DV] is much more prevalent than anticipated. Be sure to have resources and community partners available to assist."

~Stakeholder Survey Respondent

whom received the eight hours of DV training. If a customer answered "yes" to any of the DV screening questions, s/he was referred to trained staff who conducted the in-depth danger assessment to determine the level of risk (low/medium/high). Customers assessed as high risk were no longer eligible for the PTOC program and were referred to community service providers to help with addressing the family violence.⁴ Those who were assessed at low or medium risk were still eligible to enroll in PTOC (Table 3). Results from DV screenings conducted throughout the PTOC project and number of trainings, are discussed later in this report.

⁴ Because of the greater potential danger posed to children, any customers who were assessed as "high risk" on the DV assessment were excluded from PTOC.

Table 3
PTOC'S DV SCREENING AND ASSESSMENT
PROCESS



YWCA's Role in PTOC

The local PTOC proposal stated that the YWCA would provide a Family Violence Coordinator (FVC) on site for a minimum of two days (16 hours) per month. However, the first FVC assigned to the PTOC project was on site for a total of 16 hours per week, or double the time outlined in the grant proposal. The YWCA's FVC was instrumental during the planning phase by identifying an evidence-based danger assessment tool, training SDDCSS staff about DV dynamics, and conducting danger assessments for customers who disclosed DV during the initial screening.

The first YWCA FVC resigned in October 2014 (one year after implementation); and in November 2014, the YWCA informed SDDCSS that they would no longer conduct danger assessments, but would provide one staff member for four hours per week (16 hours per month) to serve as advisors regarding the danger assessments. At this time, the SDDCSS staff who were trained on conducting danger assessments assumed the role of FVCs for the PTOC program by guiding staff

⁵ Individuals in the comparison group did not receive PTOs, only Child Support Orders.

as needed and conducting danger assessments and providing appropriate referrals.

RESEARCH DESIGN

To minimize resources directed toward the evaluation, program staff were responsible for collecting all data from customers, both in the treatment and comparison groups. With the resources designated for the evaluation, SANDAG provided a range of evaluation services, including meeting with project staff to review existing databases and ensure that all required data to support the evaluation were being captured; creating customer, staff and stakeholder surveys; conducting surveys and an interview with staff; and cleaning and analyzing data for report preparation.

The final research design implemented by SANDAG used a comparison group to determine what differences, if any, existed among those customers who received enhanced services through PTOC and those who did not. Between May and September 2013, program staff selected the comparison group, consisting of 213 cases,⁵ from all customers who would have been eligible for PTOC but were being served prior to implementation.⁶ The treatment group was selected after customers were screened for eligibility (Table 2) and agreed to participate in the pilot.

Both the process and impact evaluation sought to determine the effectiveness of the program's implementation process and ability to meet its goals. Research questions for the process and impact evaluation, along with the methodologies describing the data sources and analyses used, are detailed in Table 4 and Table 5.

Adjustments Made to Existing Structure to Accommodate PTOC

One substantive procedural change resulting from PTOC was a more extensive screening/assessment to identify and rate DV risk. In "business as usual", all customers were administered a three-question Family Violence Indicator (Appendix 4) to determine any risk of DV in the family. If any question was answered affirmatively, the case would be flagged in SDDCSS's

⁶ The comparison group was not screened for DV, and this may contribute to some of the differences found between the two groups.

database. Customers enrolled in PTOC were administered a lengthier Safe Families Screening Tool (Appendix 3), and if DV was indicated, were asked a series of questions from a more in-depth danger assessment to rate the level of risk (Appendix 2).

Another adjustment as a result of PTOC was to give PTOC customers priority to have their cases served by the FLF, which provides free assistance with establishing parenting time orders. Referrals to FLF were made by SDDCSS staff, and because there was no cost for FLF's service, there could be a lengthy waiting period to be served. To alleviate this bottleneck, FLF had the option of referring non-PTOC customers to other free/low-cost legal resources.⁷

PROCESS EVALUATION

A key goal of the process evaluation was to document how the PTOC project was implemented and describe any modifications, challenges, and successes that could be shared with other jurisdictions interested in replicating a similar program.

To answer these questions, SANDAG collected data from the SDDCSS electronic database designed specifically to collect PTOC data; took minutes at regular meetings with program staff; observed PTOC processes; administered surveys to Key Staff and Stakeholders who were instrumental at some level for planning, implementing, and managing the PTOC program; and interviewed a lead attorney to shed light on the existing legal process prior to implementation. In addition, at the request of the grantor, a short survey was administered in Year 4 to two staff attorneys from the FLF office to explore whether the PTOC project affected their workload, and if so, how.

Both quantitative and qualitative analyses of these data were conducted, with quantitative analyses consisting of the examination of frequency distributions and descriptive statistics, and qualitative analyses conducted through content analyses of open-ended responses from the questionnaires, surveys, and interview. Additional details about these data sources are illustrated in Table 4.

⁷ To avoid any perception of favoritism, SDDCSS does not refer customers to specific private attorneys or legal services, but rather restricts referrals to the FLF.

Table 4
PROCESS EVALUATION RESEARCH QUESTIONS, DATA SOURCE, AND COLLECTION TIMING

Research Question	Data Source	When Collected
1. What parenting time services were available prior to the PTOC program implementation?	<i>Interview with Lead Staff Attorney</i>	<i>Year 4</i>
2. Were PTOC services integrated into existing programs and/or procedures? How?	<i>Interview with Lead Staff Attorney</i>	<i>Year 4</i>
3. Was the project implemented as planned? What changes were made, if any, and why?	<i>Key Staff Survey; Court observations; Meeting attendance and meeting minutes</i>	<i>Year 2 and Year 4</i>
4. Were the courts and judiciary involved in the program design and start-up? How?	<i>Stakeholder Survey</i>	<i>Year 4</i>
5. What barriers to establishing parenting time orders were identified (i.e., legal and procedural)? How were these barriers addressed?	<i>Key Staff Survey; Meeting attendance and meeting minutes</i>	<i>Year 2 and Year 4</i>
6. How many trainings were conducted for PTOC staff, for what purpose, how many staff attended these trainings, what were their roles, and how useful did staff perceive these trainings to be?	<i>Program Training Tracking File</i>	<i>Year 2 and Year 3</i>
7a) How many parents were served?	a) <i>Treatment Group Database</i>	a) <i>Monthly after October 2013</i>
7b) How many parents refused or did not qualify for PTOC?	b) <i>Program Refusal Tracking File</i>	b) <i>Year 2 and Year 3</i>
7c) What were the characteristics of the parents?	c) <i>Treatment and Comparison Group Databases; Pre-Customer Satisfaction Questionnaire</i>	c) <i>Monthly after October 2013; Intake</i>
8. How many PTOs and child support orders were established (counted by child)?	<i>Treatment and Comparison Group Databases</i>	<i>Monthly after October 2013</i>
9. In how many cases was family violence identified? How many referrals to family violence service providers were made?	<i>Treatment Group Database</i>	<i>Monthly after October 2013</i>
10. Did the PTOC project affect the FLF staff's workload, and if so how?	<i>FLF Survey</i>	<i>Year 4</i>

NOTES: SDDCSS staff tracked customer data in their existing database and made these data available to SANDAG via a secure Web portal. The research team reviewed, cleaned, and analyzed these data on a monthly basis. The information from this database for PTOC customers was compared to the comparison group of individuals not receiving PTOC services but who would otherwise be eligible.

IMPACT EVALUATION

A mix-method quasi-experimental design using nonequivalent groups was employed to measure change over time both within the treatment group and between the treatment and comparison groups. Non-matched pre- and post-CSQs were completed by CPs and NCPs in the treatment group, but with both parents in the comparison group completing only a post-CSQ. Dependent variables of interest were time spent by parents with their child(ren); the quality of the relationships between the parent and child(ren) and between both parents; and changes in child support payments. These measures were collected from the SDDCSS database and the pre-/post-CSQ. Pre-CSQs were conducted in person by SDDCSS staff with both parents at intake, and post-CSQs were originally mailed out to parents; but due to a low response rate, SDDCSS staff opted to conduct them by phone (Table 5).

The impact evaluation analyses included tests of association (Chi-Square and independent t-test) between the CP and NCP over time and analysis difference between treatment and comparison groups. Kruskal-Wallis omnibus tests were conducted to detect any statistical differences between the two groups, followed by Mann-Whitney U test when differences were identified. Statistical significance was reported at the .05 *p* level. In other words, if the relationships were found to be at or below the .05 *p* level, at least a 95 percent chance exists that the differences between the two would be true to generalize to a similar population situated within similar circumstances. Analyses of data from all surveys, questionnaires, and interviews consisted of the examination of frequency distributions and descriptive statistics, as well as qualitative analyses of open-ended responses.

Table 5
IMPACT EVALUATION RESEARCH QUESTIONS, DATA SOURCE, AND COLLECTION TIMING

Research Question	Data Source	When Collected
1. Was there a change in the amount of parenting time spent with the child(ren) after the establishment of the parenting time order?	<i>Pre-/Post-Customer Satisfaction Questionnaires</i>	<i>Years 1, 2, and 3</i>
2. Did the parent/child relationship change after the parenting time order was established? How?	<i>Pre-/Post-Customer Satisfaction Questionnaires</i>	<i>Years 1, 2, and 3</i>
3. Did the relationship between both parents change after the parenting time order was established? How?	<i>Pre-/Post-Customer Satisfaction Questionnaires</i>	<i>Years 1, 2, and 3</i>
4. Was there an increase in the rate of child support payments?	<i>Treatment and Comparison Group Databases</i>	<i>Years 1, 2, and 3</i>
5. What was the level of satisfaction with the program among customers?	<i>Post-Customer Satisfaction Questionnaires</i>	<i>Years 1, 2, and 3</i>

NOTES: SDDCSS staff tracked customer data in their existing database and made this data available to SANDAG via a secure Web portal. The research team reviewed and analyzed these data on a monthly basis. The information for PTOC customers was compared to the comparison group of individuals not receiving services from the program but who would otherwise be eligible.

PROCESS EVALUATION FINDINGS

As mentioned earlier, the purpose of the process evaluation was to document program implementation; whether it was executed as originally planned; any system changes; and customer characteristics and needs. Data were collected and analyzed to answer the process evaluation research questions, the results of which are described in this section.

The main data sources for exploring these research questions were the Key Staff Surveys, Stakeholder Survey, and interview with SDDCSS's lead staff attorney. Key Staff were identified as individuals who played a significant role in managing, implementing, and helping to achieve the goals of the local PTOC program. Stakeholders were identified as higher level decision makers who were involved in the design and start-up phases of the local PTOC program.

The first Key Staff Survey (n=12) was administered in Year 2 to allow time for implementation, and the second and final Key Staff Survey (n=7) was administered at the beginning of Year 4. All respondents to the second Key Staff Survey had taken the first survey. The Stakeholder Survey (n=6) and interview with the lead attorney were conducted in the first two months of Year 4. Half or more of respondents of both the first and second Key Staff Surveys had been involved in the PTOC program from the planning phase (50% and 57%, respectively); and all but one respondent to the Stakeholder Survey had been involved since the planning phase.

PTOC Implementation

Overall, the analysis shows that the PTOC program was implemented as planned with no substantive modifications to the original design. This finding from the process evaluation was based on research staff attending program meetings, reviewing meeting minutes, as well as giving key staff an opportunity to respond to this research question in surveys administered in Years 2 and 3. All key staff survey respondents, at both points in time, reported that the program was implemented as planned and that no modifications had been made. This result is not meant to imply that project staff did not confront challenges to implementation, which are discussed later. But rather, the original plan and model were adhered to throughout the two years of implementation.

Involvement by the Courts and Judiciary

Due to the differences among sites in how their PTOC projects were designed and implemented, the grantor expressed interest in the extent of involvement by local court staff and judiciary in the planning/design of the local PTOC project. As such, questions were included in the Stakeholder Survey to assess the level of involvement by these individuals. Using a four-point scale (1=Very Involved, 4=Not Involved At All), three of the six Stakeholder Survey respondents said that the **court staff** was "not very involved", and one each felt they were either "very" or "somewhat involved", and that their contribution was to assist in developing the referral process.

Regarding members of the **judiciary**, which were defined in the survey as "court judges", two respondents said the judiciary was "somewhat involved" by providing input to program development, staff support, and other court resources (agreeing to make changes to court calendar, etc.). Three respondents said the judiciary was "not very involved" and indicated it was because their participation was not necessary at start-up. This conflicting information may be a result of stakeholders' various levels of involvement in the actual planning and design of the program, as well as variation in how "court staff" and "judiciary" were interpreted by the respondent.

Barriers During Implementation and How They Were Addressed

The Key Staff Surveys administered in Year 2 and Year 4 allowed respondents to describe any barriers they confronted with implementation. Despite adhering to

Local PTOC leadership had anticipated 6% of cases would involve DV; but in the first year of implementation, this proportion was more than five times higher (32%).

the original design, the project staff reported facing some obstacles during implementation. Prominent among these obstacles were various aspects of the DV component, which are listed below along

with the number of respondents providing this feedback:

- Delays in getting final approval of the DV plan (3);
- Overcoming staff’s discomfort with the topic of DV (3);
- Staff time required to conduct DV assessments (2);
- Resistance from FLF staff in preparing orders for cases involving DV (2);
- Perception that the program was required to place too much emphasis and resources on the DV component (1); and
- Higher than expected number of cases involving DV (1).

Based on the local PTOC program’s grant proposal, leadership had anticipated six percent of cases would involve DV based on their informal study of non-PTOC cases. However, in the first year of implementation, this proportion was 32 percent. As expected, this unanticipated volume had an adverse effect on staff, not only by increasing their workload, but adding a degree of discomfort for those who were not accustomed to discussing the issue of DV with customers.

Other barriers noted by key staff and the remedies implemented to address them are illustrated in Table 6.

**Table 6
BARRIERS AND REMEDIES**

Barrier	Remedy
High Filing Fees	Program partners were successful in getting the court’s agreement to not charge the filing fee for stipulated cases; however, these fees were still incurred by customers who were filing motions.
Overcoming staff resistance to procedural changes and additional time required of PTOC	Alleviated through additional staff training on the benefits of parenting time orders; revised procedures to evenly divide workload; and enhanced communication/meetings with leadership and staff.
Lack of follow-through by parents	SDDCSS staff were able to reduce the number of customers who didn’t show up to the FLF offices by walking customers down and giving them a “warm hand-off”. This procedure also allowed staff to monitor the number of customers being served and following through with obtaining parenting time orders.

SOURCE: PTOC Key Staff Surveys, 2015 and 2016

Accomplishments

While the evaluation did not include a specific research question regarding accomplishments, Key Staff were given the opportunity to report on the program's successes through open-ended responses in the first and second Key Staff Surveys. These responses from staff, at both periods of time, indicated they were in agreement regarding the main accomplishment, which was the overall benefit to parents by providing a much needed service (9 and 6 respondents, respectively) especially for low-income parents.

KEY ACCOMPLISHMENT

PTOC staff agreed that the program's main accomplishment was providing a much needed service to customers, particularly those who were low-income.

Other accomplishments most frequently noted are listed below along with the number of respondents providing this feedback:

First Key Staff Survey:

- ✓ High number of PTOs established for parents (6);
- ✓ Effective teamwork and partnership among PTOC staff and management (6); and
- ✓ Providing DV screenings and increasing staff knowledge of DV and its impact on customers and children (6).

Second Key Staff Survey:

- ✓ Increased support payments (3);
- ✓ Meeting goal of 300 PTOs (2); and
- ✓ Staff trained and knowledgeable about DV (2).

Staff Training

To ensure implementation went according to plan, it was essential for program partners to provide adequate training to all staff working on the project about the new PTOC processes they would be responsible for administering. In addition, all child support professionals working PTOC cases received eight hours of DV training before they began conducting the screenings.

DV TRAINING

All of the 148 SDDCSS PTOC staff received 8 hours of training to learn about the cycle of violence and other DV dynamics.

According to the program's tracking data, three trainings were conducted in September 2013 by PTOC supervisors for SDDCSS staff to orient them on the overall goals of the PTOC program, changes to existing processes, and what changes, if any, would be made to their workload.⁸ These initial trainings were held one month prior to enrolling the first customer into PTOC in October 2013, allowing the information to be fresh in staff's minds. Three subsequent PTOC-related trainings were held in early 2014 that covered procedures pre- and post- establishment of orders.

All of the 148 SDDCSS staff working on the PTOC project were trained on the dynamics of DV throughout 21 eight-hour sessions (consisting of two sessions of four hours each) beginning in August 2013. Staff were given the opportunity to evaluate the quality and usefulness of the DV training; and all, or almost all, of the responses mentioned the need for more clarity regarding the day-to-day expectations of their role in the DV process and how it related to their job. Based on this feedback from staff, PTOC management made adjustments to the DV training to clearly describe the expectations of the staff's day-to-day role in implementing the project. This feedback from line staff also is echoed in the Key Staff Survey responses by project leadership who recommended having a team of staff dedicated to the day-to-day implementation of the PTOC process.

⁸ Staff who joined the PTOC team after the initial training in 2013 received "on-the-job" training for PTOC, rather than the classroom style session.

Number of Parents Served, Number of PTOCs Established, and Parent Characteristics

According to SDDCSS’s grant proposal, at least 4,500 customers would be served, defined as giving customers information about PTOC and offering them the chance to enroll if deemed eligible. The program exceeded that goal by serving approximately 7,000 customers.⁹ The program further committed to establishing 300 parenting time orders (based on number of children), a goal that was reached as of October 2015, with a total of 233 cases resulting in 307 parenting time/child support orders (counted by number of child). In all but one case, the CP was female and the NCP was male (not shown).

BY THE NUMBERS -		
	GOAL	RESULT
<i>Offered PTOC</i>	4,500	7,000*
<i>Accepted PTOC</i>	--	233
<i>PTOs Established</i>	300	307
	POSSIBLE	RESULT
<i>Completed pre CSQ</i>	466	338
<i>Completed post CSQ</i>	338	148

The treatment group participants had an average of 1.32 children (range 1 to 4), whose average age was 6.58 years (range 1 to 17). The treatment group represents a population that is primarily Hispanic, in their 30s, with men earning nearly twice the income as women (Table 7).

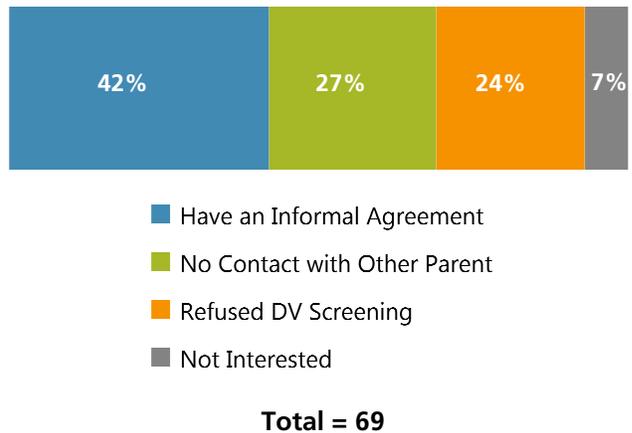
Number of Customers Who Refused or Did Not Qualify for PTOC

While program staff did not track all customers deemed ineligible for PTOC, they did gather anecdotal data on reasons for not qualifying.¹⁰ These reasons included failing to show up at the Case Resolution meeting, contested paternity, and not able to come to a stipulated agreement on support or parenting time.

⁹ Due to limited staffing and resources, PTOC staff were not able to manually track all customers served. This estimate of 7,000 is based on a query from their database on cases containing notes that signified staff had contact with customers.

To determine why eligible customers refused to participate in PTOC, program staff contacted 69 parents who had refused. The most common reason reported was having an existing informal parenting time agreement (42%), followed by not wanting/not having contact with the other parent (27%), refusing to participate in the DV screening (24%)¹¹, or having no interest in the service (7%) (Figure 1).

Figure 1
MOST PARENTS WHO REFUSED PTOC HAD AN EXISTING INFORMAL AGREEMENT



SOURCE: SDDCSS, 2015

Number of Cases Where DV Was Identified and Number of Referrals Made to DV Provider

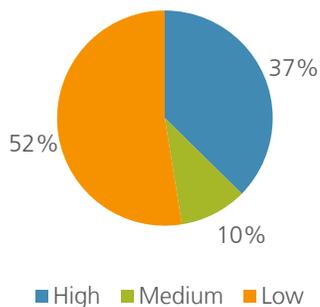
As mentioned earlier, identifying DV among customers interested in PTOC was a key component of the program. The ten-question screening tool done at intake determined whether DV was present, and if so, a more in-depth danger assessment was conducted to rate the risk as low, medium, or high. Of the 7,000 estimated customers served, DV was identified at screening in 2,215 cases and referrals to appropriate community-based service providers were made for all (100%) cases involving DV.

¹⁰ These anecdotal data are primarily from staff’s experiences working with customers at intake and learning first-hand why they did not qualify for PTOC.

¹¹ Refusing the DV screening is also grounds for ineligibility; but due to the high number of cases which refused to be screened, they are also mentioned here under reasons for refusal.

Of the 2,215 cases involving DV, 450 did not complete the lengthier danger assessment either because they were unable to be contacted (344) or were found ineligible/case was closed (106). Of the remaining 1,765 cases with a completed danger assessment, 37 percent were high risk, and therefore, ineligible for the program; 10 percent were medium risk; and 52 percent were low risk (Figure 2).

Figure 2
MOST PTOC CUSTOMERS WHO COMPLETED DANGER ASSESSMENT WERE LOW RISK



Total = 1,765

NOTES: Percentages do not equal 100 due to rounding.

SOURCE: PTOC Treatment Group Database

PTOC's Effect on FLF Staff

In Year 4 of the grant, the OCSE expressed interest in learning whether the local PTOC project had an impact on FLF's workload, and if so, how. To answer these questions, SANDAG prepared a brief survey and administered it to two key FLF staff members in April 2016 via email, both of whom returned completed surveys. These staff members were identified by the SDDCSS's lead attorney as being most appropriate for providing constructive feedback to these questions.

Both FLF respondents reported that the most common impact on FLF staff workload was having to adjust their workflow and schedules to accommodate PTOC customers who were given priority over other FLF clients. They both also mentioned that non-PTOC customers either had to wait longer to be seen, or had to reschedule for another day.

To alleviate any scheduling conflicts, SDDCSS staff made efforts to ensure the stipulation worksheets were completed prior to sending a PTOC customer over to the FLF office. When asked on the survey to rate how helpful these extra steps were (using a four-point scale with 1=Very Helpful and 4=Not Helpful at All), both FLF respondents felt they were "somewhat helpful" and that over time, SDDCSS staff became more efficient at preparing these worksheets.

IMPACT EVALUATION FINDINGS

To gauge how successful the PTOC project was in improving family relations through increased support payments and time spent with children, SANDAG analyzed data collected from the treatment and comparison groups. As noted earlier, the comparison group was selected between May and September 2013 (prior to implementation beginning October 2013) and consisted of customers who would have been eligible for PTOC but were receiving SDDCSS services before implementation. The characteristics of the comparison group show a slightly younger, more ethnically diverse population, earning significantly less than the treatment group counterparts (Table 7). On average, the comparison group parents had slightly fewer (1.28 vs. 1.32) children who were significantly younger (4.71 vs. 6.58) than those in the treatment group (Table 7).

Table 7
PTOC TREATMENT AND COMPARISON GROUP CHARACTERISTICS

	TREATMENT GROUP		COMPARISON GROUP	
	CP	NCP	CP	NCP
Avg. (mean) age	29.38	30.54	28.66	30.10
Race/Ethnicity	Hispanic 74% White 11% Black 10% Other 6%	Hispanic 71% White 13% Black 12% Other 4%	Hispanic 61% White 18% Black 9% Other 11%	Hispanic 60% White 16% Black 13% Other 11%
Primary Language	English 77% Spanish 23%	English 73% Spanish 27%	English 84% Spanish 16%	English 82% Spanish 18%
Avg. (mean) number of children	1.32 (range 1 – 4)		1.28 (range 1 – 4)	
Avg. (mean) Age of Children*	6.58 (range 1 – 17)		4.71 (range 0 – 17)	
Total	136 – 233	185 – 233	174 – 213	158 – 213

*Significant at $p < .05$.

NOTES: Percentages may not equal 100 due to rounding. Cases with missing information not included. Differences in average quarterly income may be the result of SDCDCSS staff having direct contact with both parents in the treatment group to obtain income information, but only one parent in the comparison group.

SOURCE: SDDCSS; PTOC Treatment and Comparison Group Databases; and Customer Satisfaction Questionnaires, 2014 and 2015.

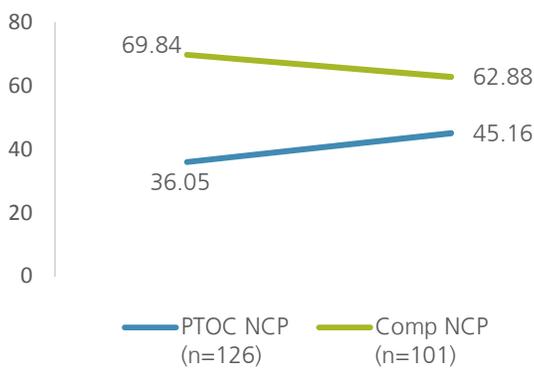
The key goal of PTOC was to strengthen the emotional well-being of children and families by increasing the amount of time NCPs spent with their child(ren) and enhancing those parent/child relationships with a focus on increased support payments. Both parents in the treatment group were administered a CSQ prior to the PTO being established and again six months after. The comparison group was mailed a post-CSQ six months after the PTO was established; and therefore, results from the comparison group CSQs are based on a sample of convenience. Analyses of the data focus on changes between NCPs in both the treatment and comparison groups to determine if any differences exist.

Time Spent With Children

The post-CSQ used for the comparison group included two questions that asked parents to estimate the average number of hours per week they spent with their child(ren) *prior to and six months after* the PTO was established. This allowed research staff to analyze what changes, if any, occurred in the amount of time spent with children among the NCPs in both the treatment and comparison groups. Research staff used a paired sample t-test to determine if there was any statistically significant difference in the average (mean) number of hours per week each parent spent with their child(ren).

The results, which are based on customers' self-reported responses to the CSQ, revealed that there was a statistically significant difference in the average number of hours per week NCPs in the treatment group spent with their child(ren) six months after the PTO compared to NCPs in the comparison group. These findings may indicate that the treatment group benefitted from the enhanced PTOC services, which encouraged NCPs to increase their engagement with their child(ren) (Figure 3).

Figure 3
INCREASE IN HOURS PER WEEK WITH CHILDREN BY PTOC GROUP*



*Significant at $p < .05$.

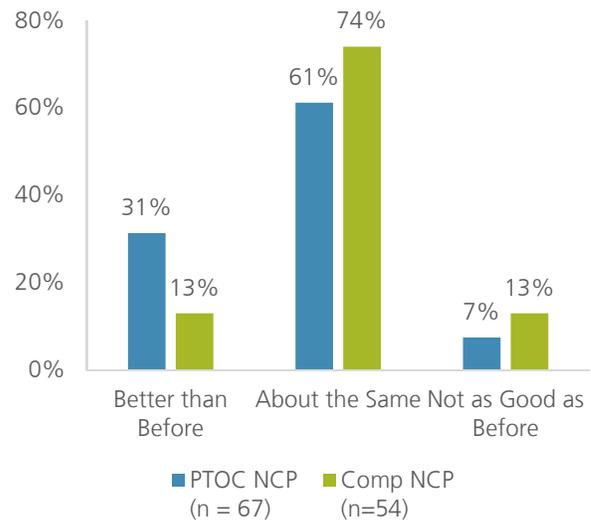
NOTES: Cases with missing information not included.

SOURCE: Customer Satisfaction Questionnaires, 2014 and 2015.

Relationships with Children

Parents in both the treatment and comparison groups were also asked at 6-months post to rate any change in their relationship with their child(ren), using a three-point scale (1=better than before, 2=about the same, and 3=not as good as before) to gauge whether there was any improvement after the PTO was established. Nearly one-third of treatment group NCPs felt the relationship with their child(ren) was "better than before" (31%) compared to just more than one in ten NCPs in the comparison group (13%), a difference that was statistically significant (Figure 4).

Figure 4
NEARLY ONE-THIRD OF PTOC NCPs REPORTED IMPROVED RELATIONSHIP(S) WITH CHILD(REN)*



*Significant at $p < .05$.

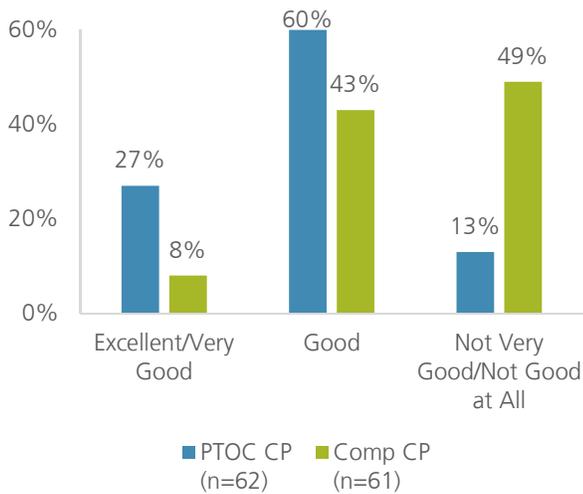
NOTES: Percentages may not equal 100 due to rounding. Cases with missing information not included.

SOURCE: Customer Satisfaction Questionnaire, 2014 and 2015.

Relationship Between Parents

The relationship parents have with their child(ren) may be influenced by their dynamics with the co-parent. The PTOC evaluation explored this dimension by asking parents, at pre and post, to rate the current relationship with the other parent based on a five-point scale (1=excellent to 5=not good at all). For ease of comparison, responses were collapsed into three categories, "Excellent/Very Good", "Good", and "Not Very Good/Not Good At All". As Figure 5 and Figure 6 show, a significantly greater proportion of treatment group CPs and NCPs (27% and 26%, respectively) than comparison group parents (8% and 15%, respectively) felt their relationship with each other was "excellent/very good" six months after the PTO was established (Figure 5).

Figure 5
PTOC CPs FELT MORE POSITIVE ABOUT OTHER PARENT AT POST THAN COMPARISON CPs*

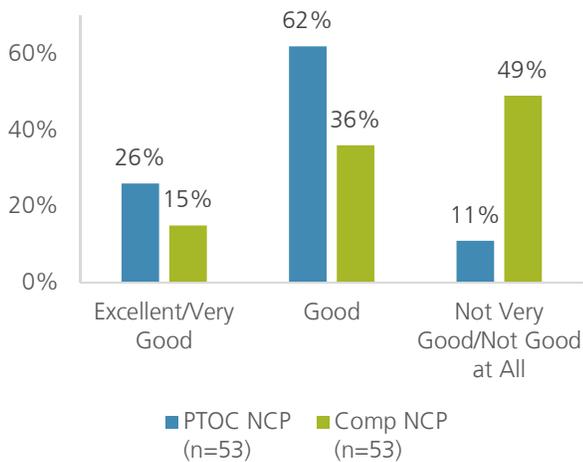


*Significant at $p < .05$.

NOTES: Percentages may not equal 100 due to rounding. Cases with missing information not included.

SOURCE: Customer Satisfaction Questionnaire, 2014 and 2015.

Figure 6
PTOC NCPs FELT MORE POSITIVE ABOUT OTHER PARENT AT POST THAN COMPARISON NCPs*



*Significant at $p < .05$.

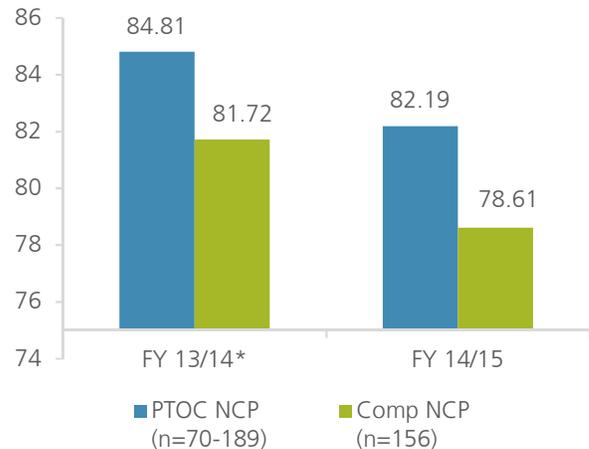
NOTES: Percentages may not equal 100 due to rounding. Cases with missing information not included.

SOURCE: Customer Satisfaction Questionnaire, 2014 and 2015.

Child Support Payments

One overarching goal of the PTOC program was to ensure strong family ties by, not only increasing the amount of time NCPs spent with their children, but also motivating the NCP to provide adequate and consistent financial child support. SDDCSS hypothesized that individuals in the treatment group would pay their current monthly support at a higher rate than those in the comparison group. To test this hypothesis, SANDAG analyzed all cases for FY 13/14 and FY 14/15¹² for both the treatment and comparison group and found that NCPs in the treatment group did pay support at a higher rate than the comparison group (Figure 7).

Figure 7
PTOC NCPs PAID HIGHER RATE OF SUPPORT THAN COMPARISON GROUP



*Significant at $p < .05$.

NOTES: Cases with missing information not included.

SOURCE: PTOC Treatment Group and Comparison Group Databases

Customer Satisfaction with Program

Parents in the treatment group who responded to the post-CSQ were given the opportunity to rate how helpful the services were that SDDCSS and FLF staff provided. In addition, respondents were asked whether they would be willing to recommend the PTOC program to others. Around nine in ten CPs and NCPs felt the services they received were helpful, including from SDDCSS (92% and 84%, respectively) and from

¹² Fiscal Year 15/16 support payments were not available at the time this report was submitted.

the FLF (93% and 94%, respectively); and a similar proportion of CPs and NCPs were willing to recommend the program to other parents seeking parenting time orders (96% and 89%, respectively) (not shown).

Potential Long-Term Impact of PTOC and Lessons Learned from Implementation

Surveys were conducted in January 2016 with stakeholders (6) and key staff (7) after the project had been implemented for two years and had reached its goal of establishing 300 orders. These individuals were asked for their input on any long-term changes as a result of PTOC, and what lessons were learned that can translate into recommendations for other jurisdictions hoping to replicate a similar program.

“Get staff on board early. Fold the new process into existing process and always share success stories. Must have buy in from your judicial partners and work with them on reducing/eliminating fees...and find a way to make sure that these participants are a priority.”

~ Stakeholder Survey Respondent

Long-Term Impact

The intent of most grant-funded projects is to realize long-term effects and foster improvements in the existing program structure. Key staff and stakeholders were asked how PTOC would impact services in the long-term. The following themes emerged from the open-ended responses to this question:

- Staff have adopted a greater awareness of DV and an ability to more effectively assist family’s experiencing DV with preparing PTOs.
- A greater likelihood of a federal mandate and dedicated funding to assist all parents involved in the Title IV-D program with preparing PTOs.
- The potential of a sustained effort toward facilitating parenting time agreements with the involvement of both parents, and resulting in consistently paid child support.

Lessons Learned

The results from the PTOC evaluation provide valuable lessons learned to guide continued efforts related to enhancing services for customers seeking child support/parenting time orders. Based on the open-ended responses from key staff and stakeholders, there were several valuable take-aways learned from implementing the local PTOC program. Below are the most frequently mentioned lessons offered by those surveyed along with the number of respondents providing this feedback:

- Ensure that the court staff and judiciary are supportive of the project beforehand, in order to allow cases to be prioritized and no filing fees charged (5);
- Ensure staff buy-in on the PTOC model by sharing successes as they occur (3);
- When feasible, incorporate PTOC into existing structures (2); and
- Provide specialized training for teams designated to implement PTOC (2).

Other lessons mentioned that were specific to DV included:

- Designate trained staff to handle DV cases (3);

- Develop partnerships with outside DV provider prior to implementation (3); and
- Identify the scope of cases involving DV prior to implementation (2).

Recommendations

Recommendations for implementing a successful PTOC project were gleaned from PTOC staff responses to the surveys, the interview with the lead attorney, as well as from the evaluator’s observations of the program. Below are several main themes that emerged:

Recommendation 1

Increase the capacity to serve as many customers as possible by obtaining the court’s agreement to significantly reduce or not charge filing fees.

Recommendation 2

To encourage staff buy-in, identify and dedicate a team of staff to the day-to-day implementation of the PTOC process. Ensure that these staff members have the information and support they need through regular team meetings, clear communication, and resolving issues in a timely manner.

Recommendation 3

Be prepared to handle a higher volume of DV cases than anticipated by ensuring staff are appropriately trained in the dynamics of DV and partnering with an outside service provider prior to implementation of the program.

Recommendation 4

For parents who believe they are able to reach a stipulated agreement, employ mediators to serve parents on a monthly basis to help them reach a stipulated agreement.

sample, which may have skewed results between the treatment and comparison group. Specifically, customers who were placed in the comparison group did not receive a DV danger assessment rating and may include individuals assessed as high risk, which was an exclusionary criterion for PTOC.

- The comparison group was administered a post-CSQ only, unlike the treatment group which was administered both a pre- and post-CSQ. This limited the researcher’s ability to test for significance for all variables over time between the study groups.
- Due to a high number of cases with data unavailable for both parents, researchers were unable to analyze results based on matched cases.
- The response rate for post-CSQs was low, and therefore, not representative of the entire treatment group. Several factors contributed to a relatively low number of post-CSQs being available for the treatment group. Among the issues were a low response rate to post-CSQs mailed out to customers; loss of temporary staff who had been tasked with entering the post-CSQ data; and the majority of post-CSQs being conducted by phone well after the six-month mark. This variance in methodology and timing of administering post-CSQs resulting in missing data reduces the confidence in making any generalization about the findings.

RESEARCH LIMITATIONS

As in all research, there are challenges in the design that could impact reliability or validity. Some of the limitations that were confronted during the evaluation of the local PTOC project include:

- The selection of the comparison group was limited to an historical sample, rather than a random