



# Assessment of Warren County's CARE Project

## Interim Findings and Recommendations

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*July 2020*

**Ohio is in the midst of an opioid epidemic that is devastating families and communities. According to the National Institutes of Health, Ohio had the fourth-highest rate of opioid-related deaths (more than 3,000) in the US in 2018 (NIDA 2020). The hardest-hit communities are in the state's southwest region, where the unintentional-drug-overdose mortality rate was as high as 61 per 100,000 people from 2013 to 2018 (ODH 2019). Children with parents suffering from opioid use disorder are among those most affected by this epidemic.**

Warren County is one such community in southwest Ohio experiencing an alarming increase in drug overdose deaths. In 2017, 81 residents died from overdoses (out of a population of 227,000), 40 percent more than the previous year (ODH 2017). Recent statistics indicate that from September 2017 to November 2019, 343 overdoses were reported there and naloxone (a medication designed to quickly reverse opioid overdose) was administered 503 times.<sup>1</sup> Moreover, the county's opioid crisis has led to increases in first-responder costs, emergency room and hospital visits, incarceration costs, and the number of children under Warren County Children Services (Children Services) care (Warren County Opioid Reduction Task Force 2016).

In response, the Warren County Board of Commissioners—in partnership with the Addiction Policy Forum, Children Services, the Urban Institute, and the Warren County Sheriff's Office—developed the Child Assessment and Response Evaluation (CARE) project, a 24/7 rapid response intervention for children at the scene of an overdose of a parent or loved one. CARE is a cross-agency collaboration between law enforcement, fire and emergency medical services (EMS), emergency dispatch, and

Children Services intended to ensure that children at overdose scenes are quickly identified and referred to appropriate services. Moreover, the project's goal is to identify children who need assistance coping with trauma, assess their vulnerability to abuse and neglect, and develop a comprehensive family-centered plan to address their needs, build resiliency, and decrease the likelihood of substance abuse being transferred from one generation to the next.

In partnership with the Warren County Board of Commissioners, Urban is documenting and assessing the implementation of CARE. Drawing on information collected from October 1, 2018, through December 31, 2019, we present preliminary implementation findings and output measures as of approximately six months after CARE launched.

## The CARE Project

In 2018, before developing CARE, Warren County partnered with the Addiction Policy Forum—a nonprofit dedicated to eliminating addiction as a major health problem—to develop a blueprint describing its opioid problem and providing a roadmap for tackling it (Addiction Policy Forum 2018). In it, the Addiction Policy Forum detailed several recommendations and identified three key areas of focus: (1) implementing criminal justice diversion programs, (2) protecting children impacted by parental substance use disorders, and (3) increasing capacity for medication-assisted treatment of opioid use disorder (Addiction Policy Forum 2018).

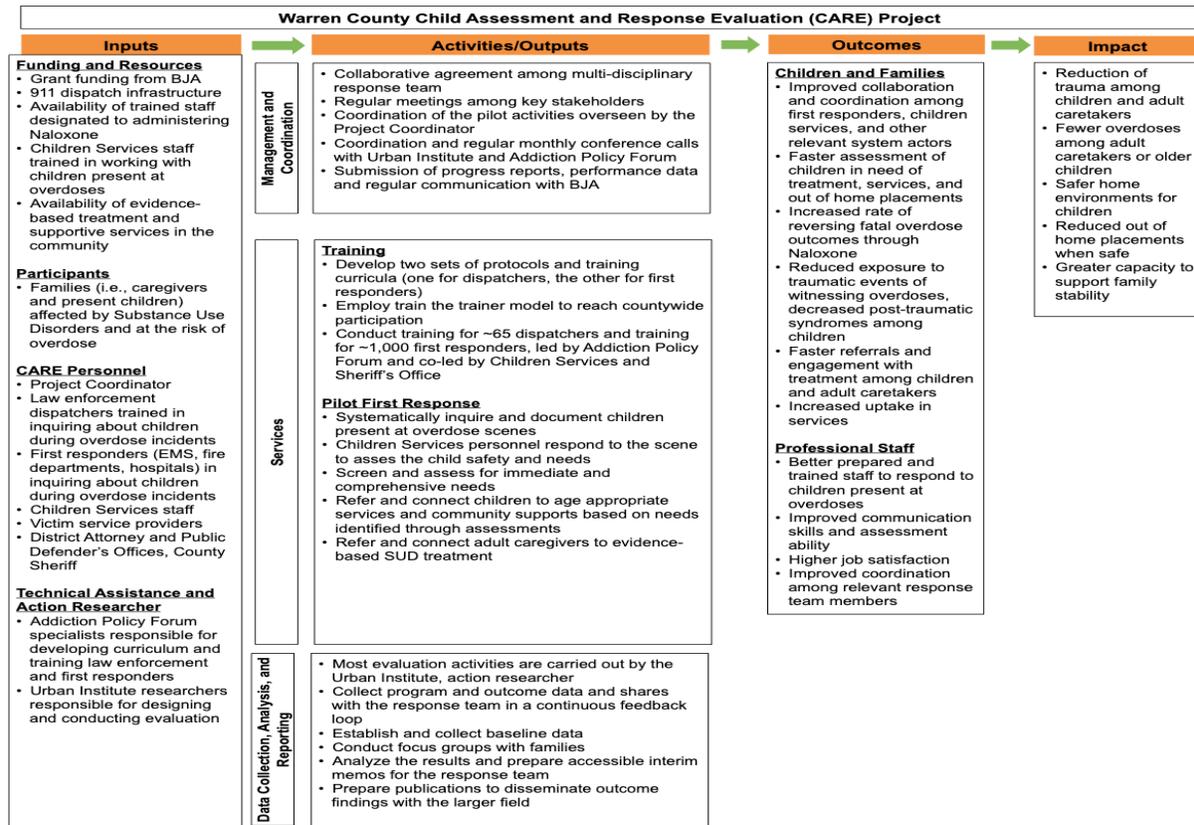
After the blueprint was released, the Addiction Policy Forum and county leaders presented the findings to residents at a town hall. Attendees were asked to identify one of the blueprint's three focus areas that they prioritized most. The majority prioritized the need to protect children impacted by parental substance use disorder, leading one commissioner, Shannon Jones, to seek resources for developing and providing services to children and families impacted by substance use disorder. Under her leadership, Warren County applied for and received a Comprehensive Opioid Abuse Program grant from the Bureau of Justice Assistance in 2018.

With this funding, Warren County stakeholders began developing CARE in February 2019 with three goals: (1) improve collaboration and coordination between dispatchers, first responders, law enforcement, child services, and other relevant system actors to prevent and address overdoses; (2) quickly assess children impacted by parental substance use disorder and identify their need for treatment, services, and out-of-home placements; and (3) improve outcomes for children and families (e.g., reduce overdoses, reduce child trauma, and make children's homes safer). (The CARE logic model in figure 1 presents more outcomes.)

CARE requires first responders (i.e., law enforcement and fire/EMS personnel) who find a child younger than 18 at the scene of an overdose to call Children Services and request that they respond immediately. Emergency dispatch can also call Children Services during 911 calls and ask them to respond to overdose scenes. When an overdose occurs between normal business hours (8:00 a.m. to 4:30 p.m.), Children Services' on-call CARE case worker responds to the scene within an hour of receiving the call. When an overdose occurs outside these hours, the first responders request that

emergency dispatch contact Children Services, and the on-call case worker will respond within an hour of being notified.

**FIGURE 1**  
**CARE Logic Model**



**Source:** This logic model was developed by Urban, in partnership with Warren County stakeholders.

Once on the scene, the case worker locates and removes the child(ren) from the immediate scene (e.g., the room the overdose occurred in) and conducts a 15-question safety assessment checking for the child's exposure to serious injury, abuse, and trauma. In addition to the questions the state mandates, the assessment includes questions about the family's previous involvement with Children Services and the parents' criminal histories. If the assessment finds the home is unsafe for the child, the case worker finds alternative placement for them (e.g., local kin or temporary foster care). If the case worker notes significant abuse or harm of the child, they can refer them to the Child Advocacy Center of Warren County for a more thorough forensic interview. The case worker also refers the family to Mobile Response and Stabilization Services (MRSS) within 24 to 48 hours. The MRSS team assesses the family for trauma and determines what services could be appropriate.

The case worker uses these initial assessments to establish children's immediate safety. They also check on children once a week if they have an in-home safety plan, biweekly in person if they have an

out-of-home safety plan (with a phone call on the off week), and at least twice a month if they are placed out of home. During follow-up visits, the case worker assesses children's safety and can refer them to additional support services, such as the Therapeutic Interagency Preschool for children impacted by trauma. Children Services can also refer parents and family members to substance use treatment and services, such as Talbert House (a nonprofit service provider for people experiencing addiction and mental health issues), the Sobriety, Treatment, and Reducing Trauma programs in Butler or Warren Counties (an evidence-based program for families with parental substance misuse and cases of child neglect or abuse), Solutions Community Counseling and Recovery Centers (a mental health and alcohol/drug use service provider), or Recovery Defined (a local treatment facility).

While on the scene, the responding law enforcement officer is also encouraged to fill out an overdose form developed by the sheriff's office to track county overdoses. The officer completing this form answers questions about whether children were at the scene or whether evidence suggests children live there. Importantly, Ohio Revised Code Section 2151.421, which took effect as CARE launched, mandates that law enforcement officers report child abuse and neglect.

After developing CARE, the Addiction Policy Forum, Children Services, and Urban trained representatives from Warren County's law enforcement agencies, fire and EMS services, emergency dispatch, and Children Services on the model. Each law enforcement and fire/EMS agency also informed its staff about CARE and provided them the training materials. After the training, local stakeholders launched CARE in June 2019.

In December 2019, the Warren County Board of Commissioners began funding an expansion of services available to CARE families and to other children and families in the county impacted by substance abuse. The board began partnering with Helping Overdose through Prevention and Education (HOPE), Mental Health Recovery Services, Warren County Community Services, the Warren County Drug Court, and the Warren County Juvenile Court to cover the cost of substance use treatment for uninsured people and provide support services, such as reinstating driver's licenses, transportation, and drug screening. Particularly through Warren County Community Services, the county is supporting a portion of a Therapeutic Interagency Preschool teacher's salary.<sup>2</sup>

## CARE Assessment

In October 2018, Warren County partnered with Urban to document the implementation, operations, and performance of CARE. Urban will also examine CARE's preliminary outcomes. Urban's assessment is guided by the following research questions:

- What are the key features of CARE, including referral mechanisms, partnerships, and family services?
- To what extent does CARE lead to greater coordination, cohesion, and partnership among the various public and private agencies serving Warren County families?

- To what extent does CARE lead to greater coordination among first responders, law enforcement, and Children Services during responses to overdose scenes where children are present?
- To what extent does CARE lead to improved outcomes for children and families (e.g., faster assessment of children’s needs, reduced exposure to traumatic events, faster referral to treatment and services)?

To answer these questions, Urban collected data from October 1, 2018, through December 31, 2019. The research team **co-led and observed** project kickoff meetings and law enforcement and first responder training. It also held routine teleconferences with the core implementation team and focus groups with first responders and dispatch operators. Observing CARE from its inception has enabled Urban to see the project “in action” and document its successes and challenges. Furthermore, in September 2019, the research team conducted nine **semistructured interviews** with CARE stakeholders to learn about the project’s implementation and their recommendations for strengthening it. Interviewees were from the Warren County Board of Commissioners office, emergency dispatch, the Franklin Fire Department, Warren County Children Services, and the Warren County Sheriff’s Office.

Urban also developed **pre- and posttraining surveys** administered to all stakeholders before and after the CARE trainings. The surveys were designed to capture respondents’ perceptions of addiction, their knowledge of CARE, their understanding of their roles and responsibilities on the CARE project, and their satisfaction with the training.

The research team also collected monthly **administrative data from the sheriff’s office** on all overdoses occurring in the county. The overdose form includes information on the time an overdose occurred, the city and zip code where it occurred, the suspected drug, the price and purchase location, whether the overdose was fatal, and whether naloxone was administered. As part of CARE, the sheriff’s office modified the form to include questions about children present at overdose scenes. The form’s new data fields capture (1) whether children were on the scene of the overdose; (2) whether, if children were not present, any evidence (e.g., toys, children’s furniture, car seats, children’s books) suggests children reside at the scene; and (3) any notes relevant to the scene and/or children present.

In addition to the data from the sheriff’s office, Urban received periodic **data from Children Services** on the families referred to CARE. Children Services developed a spreadsheet to capture and track critical data on every case referred to CARE and the referrals to follow-up assessments and services. Specifically, Children Services tracked data related to (1) the overdose scene (e.g., time and date of the overdose call, number of children at the scene, children’s ages, responding law enforcement agency); (2) household composition (e.g., number of children living in the home); (3) drug screening (i.e., whether the caregiver was screened for drug use and the screening results); and (4) referrals to services for the children and caregivers (e.g., the Child Advocacy Center, MRSS, or other local agencies or service providers).

# Interim Findings

Drawing on information collected from October 1, 2018, through December 31, 2019, Urban identified the following interim findings related to the implementation and initial performance of CARE.

## Training Surveys

Urban administered pre- and posttraining surveys to capture training attendees' perceptions of addiction, trauma, and substance use disorders; their knowledge and understanding of CARE; and their satisfaction with the training content and delivery. Stakeholders were asked to indicate their level of agreement with statements on a scale ranging from 1 ("strongly disagree") to 4 ("strongly agree"). For analysis purposes, responses of "agree" and "strongly agree" (responses of 3 and 4, respectively) were combined to indicate agreement, and responses of "disagree" and "strongly disagree" (responses of 2 and 1, respectively) were combined to indicate disagreement. Tables 1 and 2 present respondents' overall agreement or disagreement with the statements on the pre- and posttraining surveys. The analysis did not test for change in respondents' perceptions; rather, it was intended to demonstrate levels of agreement with survey questions to present general findings from both surveys.

Overall, respondents' agreement with most statements related to addiction and trauma was similarly high on the pre- and posttraining surveys. Generally, respondents showed greater agreement on the posttraining survey that how severely trauma impacts a person depends on how long they are exposed. Agreement with the idea that they are not affected by difficult overdose scenes decreased.

Examining for significant changes in survey responses, we found a somewhat significant increase ( $p < 0.10$ ) in agreement with the statement, "Many people who suffer from addiction as adults experienced trauma as children" on the posttraining survey.

Moreover, respondents agreed at high levels with statements about their knowledge of CARE and the importance of their roles in the project. On the posttraining survey, respondents agreed at higher levels that they understood the origins of the project and disagreed at higher levels that they did not understand what was expected of them for the success of the project.

TABLE 1

Training Attendees' Perceptions on Addiction and Trauma

	Pretraining Survey			Posttraining Survey			P-value
	Agree (%)	Disagree (%)	Missing (%)	Agree (%)	Disagree (%)	Missing (%)	
Witnessing an overdose can be highly traumatic for a child.	98.4	1.6	0.0	98.5	1.5	0.0	0.97
First responders can lessen the impact of trauma by making those exposed feel safe.	93.7	3.2	3.2	97.0	1.5	1.5	0.49
Addiction is a choice, not a disease.	44.4	50.8	4.8	50.8	46.3	3.0	0.51
I am aware of adverse childhood experiences and how they impact children.	93.7	6.4	0.0	98.5	1.5	0.0	0.15
I am not affected by a difficult overdose scene.	54.0	44.4	1.6	44.8	52.2	3.0	0.43
People who begin using substances at a young age are especially vulnerable to addiction later in life.	98.4	1.6	0.0	100.0	0.0	0.0	0.30
How severely trauma will impact a person depends on how long one is exposed.	57.1	41.3	1.6	73.1	25.4	1.5	0.49
Many people who suffer from addiction as adults experienced trauma as children.	79.4	19.1	1.6	97.0	3.0	0.0	0.06*
Children growing up in homes with substance misuse are not at risk for substance misuse themselves.	15.9	84.1	0.0	16.4	83.6	0.0	0.93

Notes: N=130, presurvey n=63, postsurvey n=67; \* significant at the p<0.10 level using independent samples t-test.

Furthermore, we found a somewhat significant increase on the posttraining survey (p<0.10) in respondents' agreement with the statement, "Each agency plays a crucial role in the success of the project." We also found significant increases (p<0.05) in agreement with the statements, "I understand the mission and goals of the CARE project" and "I think this project will be burdensome for my agency."

TABLE 2

## Training Attendees' Knowledge of CARE

	Pretraining Survey			Posttraining Survey			P-value
	Agree (%)	Disagree (%)	Missing (%)	Agree (%)	Disagree (%)	Missing (%)	
I understand the mission and goals of the CARE project.	76.2	22.2	1.6	97.0	3.0	0.0	0.04**
Each agency plays a crucial role in the success of this project.	90.5	6.4	3.2	98.5	1.5	0.0	0.10*
I think collaboration among agencies is important.	95.2	3.2	1.6	98.5	1.5	0.0	0.26
The project will still succeed, even if I don't play my part.	33.3	65.1	1.6	28.4	71.6	0.0	0.54
I understand the origins of this project.	68.3	30.2	1.6	92.5	6.0	1.5	0.30
I do not understand what is expected of me for the success of this project.	33.3	63.5	0.0	10.5	89.6	3.2	0.71
I play an important role in the success of this project.	84.1	14.3	1.6	91.0	9.0	0.0	0.20
I think this project will be burdensome for my agency.	11.1	82.5	6.4	14.9	85.1	0.0	0.03**
I do not understand the objectives of this project.	25.4	69.9	4.8	14.9	85.1	0.0	0.36

Notes: N=130, presurvey n=63, postsurvey n=67; \* significant at the p<0.10 level using independent samples t-test; \*\* significant at the p<0.05 level using independent samples t-test.

On the posttraining survey, respondents were asked about their opinions of the CARE training content and delivery. Generally, respondents rated the training as excellent, and agreed that it taught them new skills that will help them perform their jobs. Respondents also generally agreed that the instructors used relevant examples, responded to questions, knew the training content, and used easily understandable language.

### Preliminary Output Measures

Data collected by the Warren County Sheriff's Office show that law enforcement officers responded to 88 overdose calls in the county from June 1 through December 31, 2019. Table 3 presents the characteristics of these calls. Overdose calls most commonly occurred in the city of Lebanon (27 percent), on Saturdays (22 percent), and between the hours of 4:00 p.m. and midnight (45 percent). A large majority of calls were for heroin/opioid use (89 percent), and few resulted in a fatal overdose (8 percent). Most overdose victims were white (98 percent) and most were male (64 percent), and 38 percent were between the ages of 25 and 34. Of the calls documented via the overdose form, children were at the scene of eight calls (9 percent). In 65 percent of overdose calls, officers noted no evidence of children in the home.

TABLE 3

## Overdose Calls Reported to the Warren County Sheriff's Office

	N	%
<b>Characteristic</b>		
<i>City</i>		
Lebanon	24	27
Mason	17	19
Franklin	14	16
South Lebanon	14	16
Other (Carlisle, Clarksville, Goshen, Loveland, Middletown, Morrow, Maineville, Oregonia)	19	22
<i>Day of week</i>		
Sunday	14	16
Monday	12	14
Tuesday	16	18
Wednesday	11	13
Thursday	5	6
Friday	11	13
Saturday	19	22
<i>Time of day</i>		
Midnight-8 a.m.	27	31
8 a.m.-4 p.m.	21	24
4 p.m.-midnight	40	45
<i>Drug type</i>		
Heroin/opioid	78	89
Other prescription	8	9
Meth	1	1
Unknown	1	1
<i>Victim age</i>		
18-24	14	16
25-34	33	38
35-44	22	25
45-54	15	17
55-64	4	5
<i>Male</i>	56	64
<i>Race/ethnicity</i>		
White	86	98
Unknown	2	2
Fatal overdose	7	8
Victim transported to hospital	64	73
Charged	47	53
Any naloxone administered	66	75
Any naloxone administered: law enforcement	41	47
Any naloxone administered: EMS	37	42
Child present	8	9
<i>Child evident</i>		
Yes	7	8
No	57	65
Missing	24	27
<b>Total</b>	<b>88</b>	<b>100</b>

Notes: N=88.

The data Urban received from Children Services show that the agency received 18 referrals to CARE from June 1 through December 31, 2019. However, the number of CARE cases referred to Children Services does not match the number of overdose calls where law enforcement reported children were present. This discrepancy is likely explained by one (or both) of the following reasons: first, all Warren County law enforcement agencies are not required to use the overdose form; second, Children Services is receiving referrals to CARE through other means, such as the HOPE program in Franklin, Ohio, which follows up with families after overdoses to connect them to the appropriate drug treatment and support services.

Table 4 presents the characteristics of the CARE cases referred to Children Services. CARE cases were most commonly referred from the sheriff’s office (39 percent), followed by law enforcement in Franklin (22 percent), the HOPE program (22 percent), and law enforcement in Lebanon (11 percent) and Springboro (6 percent). The number of children present at overdose scenes ranged from zero to two, and the number of children law enforcement believed to live in homes where overdoses had occurred ranged from zero to three. In some cases, children were not reported as being present because Children Services received referrals at a later time (e.g., through the HOPE program) or because the overdose occurred at a home where children might have been impacted but where children did not live or were not present when law enforcement responded. The ages of children ranged from 2 months to 15 years. After being referred to Children Services, eight families were referred to MRSS, and four caregivers were referred to additional services, such as the Butler County Sobriety, Treatment, and Reducing Trauma program, Solutions Community Counseling and Recovery Center, and Talbert House. Five cases were ultimately transferred to an ongoing investigative caseload at Children Services.

**TABLE 4**  
**Characteristics of CARE Cases Referred to Warren County Children Services**

Characteristic	N	%
<i>Referring agency or source</i>		
Sheriff’s office	7	39
Franklin Police Department	4	22
HOPE program	4	22
Lebanon Police Department	2	11
Springboro Police Department	1	6
<i>Overdose</i>		
Confirmed overdose	15	83
Suspected overdose	1	6
Attempted overdose	1	6
Past overdose	1	6
<i>Program/agency referred to</i>		
MRSS	8	44
Solutions Community Counseling and Recovery Centers	2	11
Talbert House	1	6
Butler County Sobriety, Treatment, and Reducing Trauma	1	6
Transferred	5	3

Notes: N=18.

TABLE 5

Children Present or Living in Homes in Cases Referred to Warren County Children Services

	Minimum	Maximum
Number of children present at scene	0	2
Number of children in the home	0	3
Age of children in the home	2 months	15 years

## Implementation Successes and Challenges

Drawing on data collected through interviews and observations of implementation-related activities, we identified the following key takeaways.

**Interagency collaboration has been strong.** Many stakeholders noted that agencies in and outside Warren County have a history of implementing programs and establishing committees and task forces to address critical issues in the county. Stakeholders reported that collaboration has increased the past several years because of new leadership at Children Services, emergency services, the Warren County Board of Commissioners, and the sheriff’s office. According to stakeholders, CARE has strengthened existing cross-agency collaboration and united stakeholders around the common mission of serving children impacted by substance abuse. However, though collaboration has been strong, stakeholders desire stronger leadership and oversight from the county. Interviewees suggested that the board take greater ownership of CARE to ensure all agencies involved understand, agree to, and follow its processes and procedures. This will help ensure CARE is implemented in accordance with the intended model.

**CARE has champions in Warren County.** In addition to a history of interagency collaboration, Warren County appears to have local champions for CARE and similar projects, such as the HOPE and Therapeutic Interagency Preschool programs. Champions include leaders at Children Services, Mental Health Recovery Services, and several law enforcement and fire/EMS agencies.

**Though anecdotal, Children Services has reported an increase in referrals of children at overdose scenes.** According to Children Services staff, referrals to Children Services have increased since CARE was implemented. However, they noted that new state legislation requiring law enforcement officers to report child abuse and neglect took effect as CARE launched, possibly impacting the number of referrals.

**Stakeholders have begun identifying and troubleshooting periods with few to zero CARE cases.** Though Children Services has anecdotally reported an increase in referrals, it has also reported periods where it received zero CARE referrals, raising questions about implementation fidelity. In response, the Warren County Board of Commissioners has begun convening representatives from Children Services, emergency dispatch, and the sheriff’s office to troubleshoot and identify solutions to challenges related to case referral, the handoff between agencies, and collection of appropriate data.

***Incorporating Children Services into CARE trainings at law enforcement and fire/EMS agencies has mitigated inconsistencies in trainings across agencies.*** Although local law enforcement and fire/EMS agencies received the same training materials, each adopted a different approach to training staff on the CARE project. To ensure trainings were delivered consistently, the CARE project coordinator and Children Services representatives facilitated trainings at these agencies during their shift roll calls. Stakeholders said this has reminded staff of CARE protocols and helped them better understand the project's importance. In addition, many stakeholders said the trainings were a great opportunity to meet Children Services staff working with the children and families referred through CARE.

## Recommendations

Based on our interim findings, we recommend the following ways of strengthening the implementation of CARE.

***Encourage law enforcement agencies to report data from the overdose form, especially around questions regarding children.*** Although the sheriff's office modified the overdose form to include questions about children present at overdose scenes, not all law enforcement agencies are completing the form because it is not required. To strengthen data collection efforts, Urban encourages all Warren County law enforcement agencies to use and complete the overdose form more routinely and to emphasize its importance to officers. If agencies use the form more regularly, stakeholders will be better able to document how many children in the county are impacted by overdoses.

***Document the expansion of grant-funded services and how they align with the CARE theory of change.*** It is important that local stakeholders document and understand the additional treatment and services funded by the Comprehensive Opioid Abuse Program grant starting in December 2019, as well as how those services are designed to help accomplish CARE's intended outcomes.

***Collaboratively troubleshoot implementation barriers quicker.*** In fall 2019, key stakeholders began meeting bimonthly to review data and identify and troubleshoot implementation challenges. Although these meetings have been beneficial, we suggest that local stakeholders address issues in near real time, which will help ensure implementation fidelity.

***Continue attending shift roll call trainings.*** According to stakeholders, incorporating Children Services into roll call trainings—and training first responders often—has helped remind them about CARE and the project's referral processes. We recommend continuing these trainings because they will support stakeholders' training efforts.

## Conclusion

In the first six months of CARE, Warren County stakeholders have collaboratively developed and launched a rapid response for children exposed to substance use overdoses. Though it has shown initial promise improving coordination and communication among stakeholders and connecting families to

community treatment and services, stakeholders can strengthen CARE by improving data collection at overdose scenes, facilitating ongoing trainings, and actively troubleshooting implementation challenges. Through its assessment, Urban will continue partnering with Warren County stakeholders to document the implementation of CARE throughout the next several months and disseminate findings that add to the knowledge base on strategies for supporting children and families impacted by the opioid epidemic.

## Notes

- <sup>1</sup> “Warren County Overdose Bulletin,” Warren County Sheriff’s Office, November 2019; not publicly available.
- <sup>2</sup> Although Warren County initiated conversations about expanding services in December 2019, it did not begin doing so until early 2020. This brief covers activities through December 31, 2019, and thus excludes an assessment of services expansion.

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## Acknowledgments

This brief was funded by the Warren County Board of Commissioners, through Grant No. 2018-MU-MU-K073 awarded by the Bureau of Justice Assistance. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at [urban.org/fundingprinciples](http://urban.org/fundingprinciples).

The authors wish to thank Nancy La Vigne, vice president of justice policy at the Urban Institute, for her expert review of this interim brief. The authors are also grateful for the assistance of Emily Tiry, research associate, and Paige Thompson, research analyst, for their analysis of the survey and quantitative data, as well as Mari McGilton and Rudy Perez, research analysts, for their assistance with coding the training survey data.



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