Washington State IV-E Waiver Demonstration Project

Family Assessment Response Interim Evaluation Report

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TriWest
Health + Human Service Evaluation + Consulting

4450 Arapahoe Avenue, Suite 100, Boulder, CO 80303

Introduction and Background

This report describes the first two years (January 2014 through December 2015) of Washington State's implementation of the Family Assessment Response (FAR) as a Title IV-E Waiver demonstration project. In addition, preliminary outcome and cost data are presented and discussed.

Washington State's Title IV-E Waiver Demonstration Project focuses on the implementation of Family Assessment Response (FAR), a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services (CPS) investigations. The original FAR framework outlined specific steps to be taken by the Department of Social and Health Services (DSHS) to focus child welfare resources on four areas to improve outcomes for safety, permanency, and well-being:

1. **Increased connections with extended family, natural supports, and community to enhance child safety** by engaging families *outside of the traditional investigative process*. By offering services and support without a formal "finding" regarding child abuse or neglect, the state hopes families will be more open to accepting services.
2. **Provision of concrete goods and services to support families**, safely prevent placement in out-of-home care, safely reunify children with their families, and improve child and family well-being.
3. **Expanded use of evidence-based practices** to provide targeted interventions that effectively address the needs of children and their families, improve child safety in the home, prevent out-of-home placement, and increase child and family well-being.
4. **Expansion of Washington State's practice models,** specifically, Solution Based Casework[1] and the Safety Framework.

Target Population: FAR focuses on children and their families who are reported (screened in) to CPS for neglect and low-to-moderate physical abuse with a non-emergent, 72-hour response time. The FAR implementation and evaluation has benefited from the development and implementation of two distinct Structured Decision Making (SDM) tools: an **Intake** Tool and a **Risk Assessment** Tool.

Intake & Risk Assessment Tool: The Washington State Children's Administration (CA) worked with the Children's Research Center (CRC) to develop an SDM Intake Tool to determine which families are eligible for FAR. This tool guides intake workers through a series of questions aimed to determine whether there is an allegation of child abuse or neglect as defined in state statute. Once a case screens in for a CPS response, the SDM Intake Tool helps intake staff determine

[1] Children's Administration made changes to practice models during the FAR implementation. This is discussed in the implementation section of this report.

whether an investigative or FAR response is appropriate for the family. An existing SDM Overall **Risk Assessment** Tool has also been utilized in the FAR and investigative pathways to help determine family risk factors and needs for services.

In October of 2013, the CA trained intake staff in the implementation of the FAR pathway. The SDM Intake Tool was fully implemented across the state at that time. This means that FAR eligibility was determined for all screened-in intakes regardless of whether an office had begun FAR implementation.[2] This statewide intake created the opportunity to carefully match comparison groups for the FAR evaluation.

The FAR pathway is optional. Families choose to participate, and, unlike many other states implementing an alternative response, participants must sign an agreement of participation (this agreement is also signed by the caseworker). The FAR agreement is part of the enabling legislation for the program's implementation. Families who decline to participate in FAR are typically transferred to the investigative pathway.[3]

Implementation of alternative response (AR) models in other states informed the development of the Washington FAR model. To provide context for evaluation findings regarding the implementation and preliminary outcomes of FAR, we at the TriWest Group (TriWest) reviewed evaluations of differential response efforts in six other states: Colorado, Illinois, Minnesota, Missouri, Nevada, and New York. These states were chosen for their respective programs' similarities to the Washington FAR model and for the availability of similar process and outcome measures. We used findings from these programs to inform our evaluation work and to discuss findings with Washington FAR stakeholders.

Our review relied directly on formal evaluations of alternative response (AR) demonstrations (sometimes also called "differential response"). While many states have implemented—or are in the process of implementing—AR demonstrations for child abuse and neglect cases, evaluation results were not available for all states, either because some states have not completed formal evaluations containing detailed outcome analysis or because we were unable to obtain published evaluation results. Thus, the review was not intended to be a complete inventory of outcome results from all AR demonstrations in the United States. Additionally, while other organizations (such as Casey Family Programs and the Quality Improvement Center

[2] The phased rollout of FAR in offices across the state is discussed later in this report.

[3] In some cases, families participate in the assessment process under the FAR pathway but fail to sign the FAR agreement. If the caseworker believes no further services or actions are necessary, the case may be closed without being transferred to the investigative pathway.

on Differential Response) offer abbreviated outcome summaries of selected AR programs, we chose to rely on the original evaluation documents for the purposes of this report.

Research focused on aspects of program structure (including scope, jurisdiction, intakes, program eligibility, and the structure of the intervention), the evaluation (including sampling methodology and evaluation design), and demonstration outcomes (including re-referral rates, removal rates, caseload and case length data, service provision, and costs of the demonstration.) This report mostly omits qualitative findings such as survey and interview results from family, caseworker, administrator, and community members, though the resources cited in the report often contain additional data concerning topics such as change in caseworker attitudes, family engagement, and family satisfaction with AR.

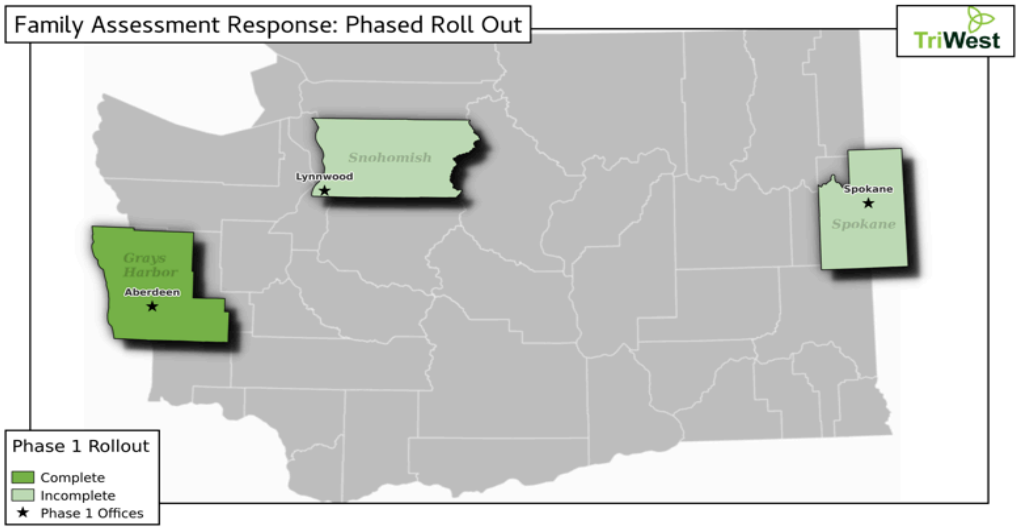
States with outcomes presented in this report include Colorado, Illinois, Minnesota, Missouri, Nevada, New York, North Carolina, and Ohio. Additional efforts were made to find primary sources for programs in Arizona, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Oklahoma, Tennessee, Texas, Vermont, and Wyoming. Evaluations or other less formal primary sources of program data for this latter group of states often did not contain enough detailed data on program outcomes (e.g., removal and re-referral rates) to warrant inclusion here. Additionally, evaluations for some of these states are currently still in progress.

Overall findings from these evaluations were consistent with the experiences of Washington State. Findings related to particular outcome questions are cited in each relevant section.

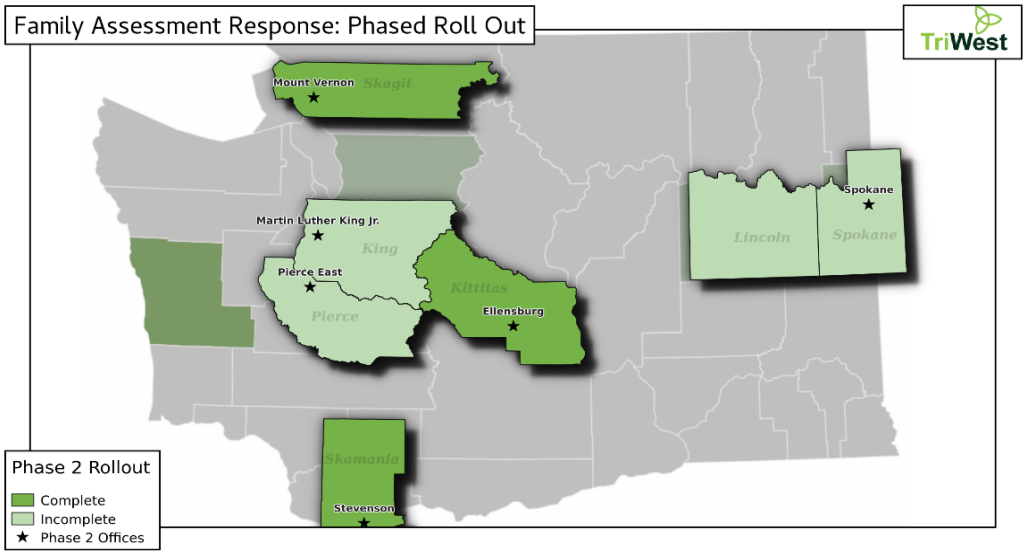
Staged Roll Out of FAR in Washington State

The implementation of FAR in Washington State was planned to occur in multiple phases. This "phased" approach became a central feature of the FAR evaluation. Because only some offices implemented FAR at specific times, families receiving CPS services in non-FAR offices served as a source for a comparison group. Additionally, the phased implementation allowed the CA to assess successes and challenges to implementation in offices from early phases and to make mid-course corrections to ensure better implementation in later phases.

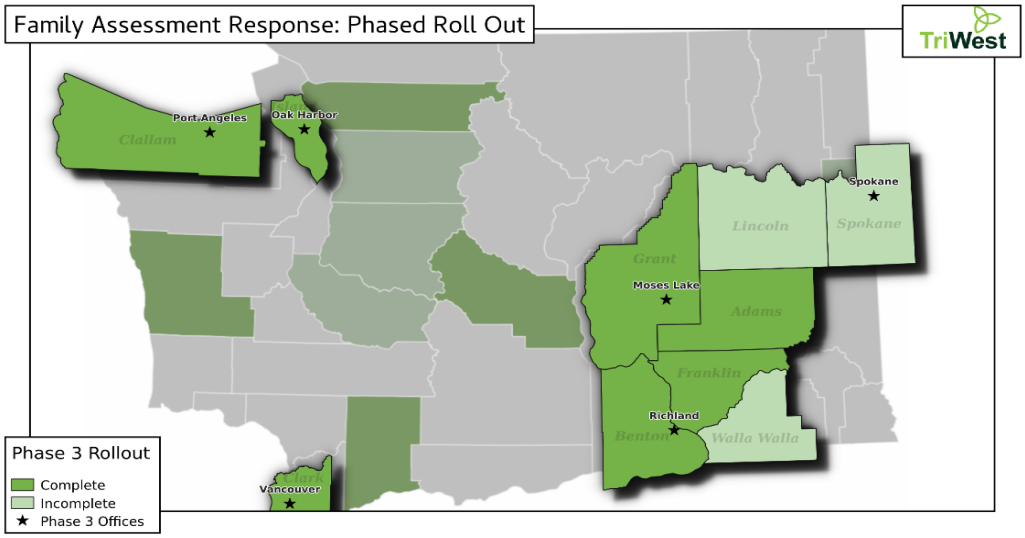
Initially, FAR was implemented in three "pilot" sites (please see map on the following page) in January of 2014. These three sites were selected based on their geographical locations and their readiness to implement the new pathway. The map on the following page shows the location of offices in which FAR was implemented (marked with a star) and indicates the degree to which FAR was available in the county. Counties with full FAR availability are indicated in dark green, while counties with some FAR implementation (but where the entire county was not covered) are shown in light green. Gray shading indicates that FAR was not available at the time of that specific roll out phase.



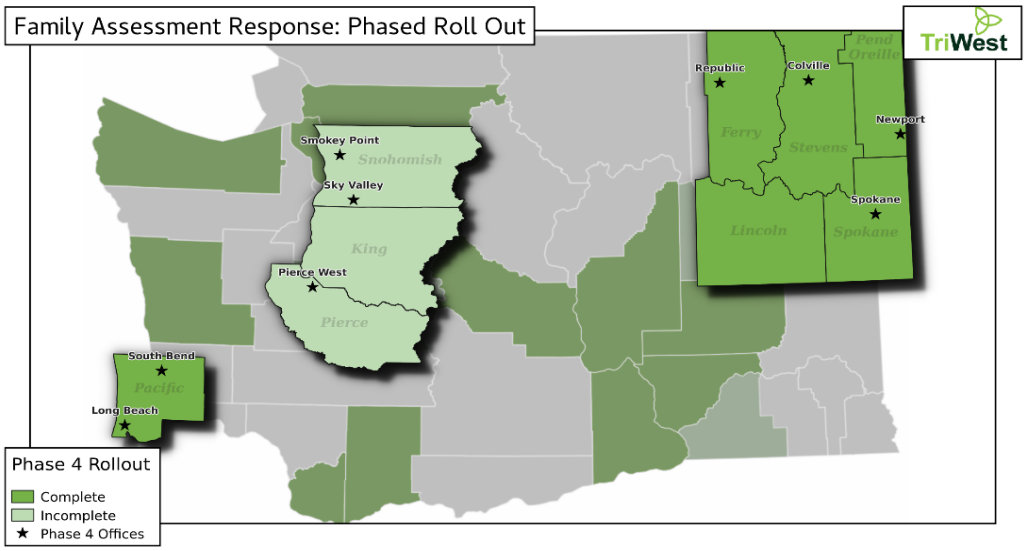
Following the six-month pilot site implementation, the CA began adding FAR into new offices each quarter. The offices identified in the map below began implementing the FAR pathway in July of 2014.



In October of 2014, an additional five offices were added across the state (please see map below).



The final map (below) shows the extent of statewide FAR implementation at the end of the second project year (2015). All remaining offices will be implementing FAR by mid-2017.



Evaluation Methods

The comprehensive evaluation of the Title IV-E Waiver Project includes an examination of project processes, outcomes, and costs in the implementation of the FAR model. The model is being implemented on a rolling basis, allowing for matching between local offices implementing the waiver to non-FAR offices scheduled to roll out in later quarters. In addition to matches at

the local office level, we also matched individuals participating in FAR to those who were served via traditional services in non-FAR offices.

Specific research questions addressed by the process and outcome evaluation, as well the cost analysis, are detailed in the appropriate sections below. The evaluation is designed to answer the following questions:

- How was the FAR model implemented (descriptive)?
- Was the state able to use the waiver to implement FAR with fidelity?
- What were the biggest challenges to implementation?
- How did implementation change child welfare practice in the state of Washington?
- Did the FAR implementation result in greater or lesser disproportionality in services offered to families?
- Did the FAR implementation reduce child maltreatment in participating families?
- Did the FAR implementation reduce out-of-home placement?
- Did the FAR implementation result in improved child and family functioning?
- Was the implementation of FAR under the waiver cost-neutral?

The table below outlines the data sources utilized for this evaluation.

Data Collection Tool	Population	Program Purpose
FAMLINK	Washington's SACWIS system.	All administrative data, including intakes into FAR or Investigations.
SDM Intake Tool (administered by intake)	All referrals to the Children's Administration	Determine eligibility for FAR pathway.
SDM Risk Assessment Tool (after intake and FAR eligibility determination) (administered by all CPS caseworkers)	FAR pathway families Investigative pathway families	Assess family risk factors and need for services.
Family Survey (administered by Parent Allies)	FAR pathway families	Assess family perspective around key process and outcome variables.
Site visits and key informant interviews	Caseworkers (FAR and investigative), supervisors and administrators in all FAR implementing offices	Collect data regarding program implementation and fidelity.

Washington's State Automated Child Welfare Information System (SCWIS) is FAMLINK. The FAMLINK data system extracts provide information on all referrals to CPS in the state. The

system was used to identify unduplicated[4] families with an intake during the study period (n = 91,433). Intake data in FAMLINK are then used to separate families into study cohorts (treatment, control, excluded) based on whether 1) the intake is screened-in and not a "risk-only" case,[5] and 2) whether the intake is FAR-eligible. The diagram on page 10 of this report shows the flow of those intakes into specific treatment and control groups.

In addition to administrative data from FAMLINK, TriWest collected FAR implementation data through **site visits** and **Key Informant Interviews**, with all caseworkers (both FAR and Investigative workers), supervisors, and administrators. The visits and interviews were conducted 3–4 months following the implementation of FAR in the respective office. During the first two years of implementation, TriWest conducted 29 site visits and 399 Key Informant Interviews.

Data are also collected from parents/guardians who participate in FAR through a **Family Survey**. At case closure, parents/guardians are sent a case closure letter that reminds them that an evaluation team member may contact them to complete a telephone survey. The letter also provides information for completing a web-based or automated telephone survey if that method is preferred.

Each month, CA compiles a list of all closures and sends TriWest recent phone numbers of FAR participants who indicated, in the FAR agreement, that they were willing to be contacted regarding the survey. Parent allies call these parents/guardians to conduct the full telephone surveys. FAR parents or guardians who participate in the full live telephone survey are offered a $10 Walmart gift card as a token of appreciation. Those completing the shorter web-based or telephone surveys are offered a $5 gift card. A total of 240 surveys were completed during the first two years of FAR implementation. A full description of survey response rates can be found in the **December 2016 Family Survey Summary** report.

Further information regarding evaluation data collection is provided in the FAR Evaluation Plan and in the technical appendix to this document (Appendix A).

The evaluation utilizes **an intent to treat (eligibility) design**, which means that, in offices that have implemented FAR, all families that are assigned to the FAR pathway by the SDM Intake

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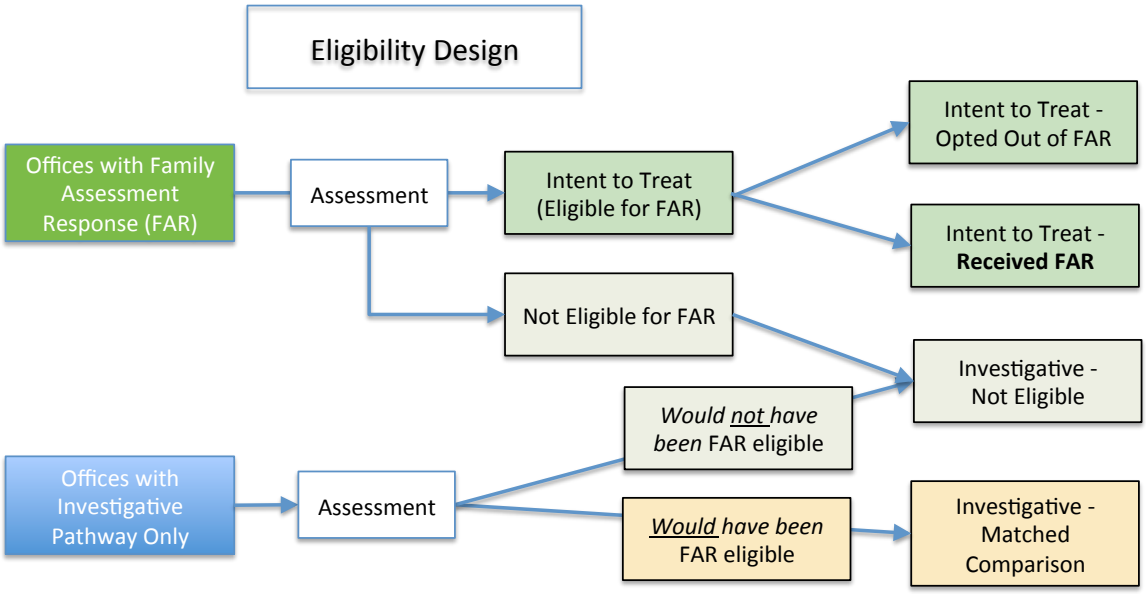
[4] The study identified families by first intake within a specific study period (cohort). While the count of intakes is unduplicated for each cohort, one family may be counted again in a subsequent cohort.

[5] Risk-only cases are those cases in which a child is at imminent risk of harm but there is not Child Abuse or Neglect (CA/N) to be investigated. These cases would not be assigned to a CPS Investigation and, therefore, are not eligible for the alternative FAR response. See https://www.dshs.wa.gov/ca/2000-child-protective-services/2200-intake-process-and-response for a full list of definitions.

Tool, excluding supervisor overrides, are included in the FAR treatment group. If families decline to participate or are later transferred to the investigative pathway due to safety concerns, they are still included in the treatment group.

Because of the phased implementation and the statewide use of the intake tool, a pool of FAR-eligible families being served in offices that are not yet implementing FAR are available for inclusion in a matched comparison group. Utilizing propensity score matching, TriWest created a comparison group of families matched to FAR families on 26 demographic, CPS, and risk assessment variables.

The diagram below shows the evaluation design.



FAR (treatment) families are grouped into six-month study cohorts based on the date of their first FAR-eligible intake during the period.[6] Each cohort includes families served in all of the offices implementing FAR during the period. For example, the first cohort includes all families served in the first six months of the project (January 1, 2014 through June 30, 2014), which only includes the first three pilot sites. However, the next evaluation cohort includes the first three pilot sites, as well as the next two phases of offices (rolled out July 2014 through December 2014).

Study Cohort	Number of Families with a FAR Intake	Number of Sampled[7] FAR Group Families	Number of Matched Comparison Group Families
Cohort 1 (Jan – Jun 2014) Phase 1 Offices (pilot)	664	664	664
Cohort 2 (Jul – Dec 2014) Phase 1-3 Offices	2,630	2,630	2,630
Cohort 3 (Jan – Jun 2015) Phase 1-5 Offices	5,593	2,000	2,000
Cohort 4 (Jul – Dec 2015) Phase 1-5 Offices[8]	5,432	1,000	1,000

The diagram on the following page shows the flow from intake to inclusion into each of the study groups.

[6] Families were only included/counted once per cohort, through a specific family could be included in multiple cohorts due to new intakes.

[7] Beginning with Cohort 3, a random sample of FAR families was used for comparative analysis. As more offices implemented FAR, the comparison pool of families in non-FAR offices became too small to draw a comparison group the same size as the full FAR group.

[8] Due to a delay in FAR implementation, no additional offices began FAR implementation during the Cohort 5 study period.

Cohort Sample Periods

Cohort 1: Jan–Jun, 2014 **Cohort 3: Jan–Jun, 2015**
Cohort 2: Jul–Dec, 2014 **Cohort 4: Jul–Dec, 2015**

Total Intakes	
	91,433
Cohort 1:	26,587
Cohort 2:	22,016
Cohort 3:	22,924
Cohort 4:	19,906

Cases Screened Out	
	42,103
(Intake type=0)	
Cohort 1:	12,470
Cohort 2:	10,572
Cohort 3:	10,413
Cohort 4:	8,648

Missing Values	
	712
(Intake type=NA)	
Cohort 1:	6
Cohort 2:	83
Cohort 3:	295
Cohort 4:	328

FAR Cases	
	14,319
(Intake type=1)	
Cohort 1:	664
Cohort 2:	2,630
Cohort 3:	5,593
Cohort 4:	5,432

Risk-Only Cases	
	4,197
(Intake type=3)	
Cohort 1:	1,111
Cohort 2:	1,031
Cohort 3:	950
Cohort 4:	1,105

Investigative Cases	
	30,102
(Intake type=2)	
Cohort 1:	12,336
Cohort 2:	7,700
Cohort 3:	5,673
Cohort 4:	4,393

Far Case Disposition (of 8,897)	**Cohort 1**	**Cohort 2**	**Cohort 3**	**Cohort 4**	**Total**
0=Missing	0	0	8	80	88
1=Remained FAR	597	2,350	4,974	4,786	12,707
2=Declined FAR (no investigation)	39 (5.9%)	171 (6.5%)	317 (5.7%)	288 (5.3%)	815
3=Transferred (including investigation)	27 (4.1%)	81 (3.1%)	126 (2.3%)	125 (2.3%)	359
Disposition 15 (excluded from analysis)	1	28	168	153	350

Cases that Would Have Been Eligible for FAR	
	18,655
(Potential Control Observations)	
Cohort 1:	8,515
Cohort 2:	4,953
Cohort 3:	3,192
Cohort 4:	1,995

Cases Not Eligible for FAR Even If Available	
	9,065
Cohort 1:	2,663
Cohort 2:	2,002
Cohort 3:	2,163
Cohort 4:	2,237

Other Investigative Cases	
	2,382
Cohort 1:	1,158
Cohort 2:	745
Cohort 3:	318
Cohort 4:	161

Evaluation of Family Assessment Response (FAR)

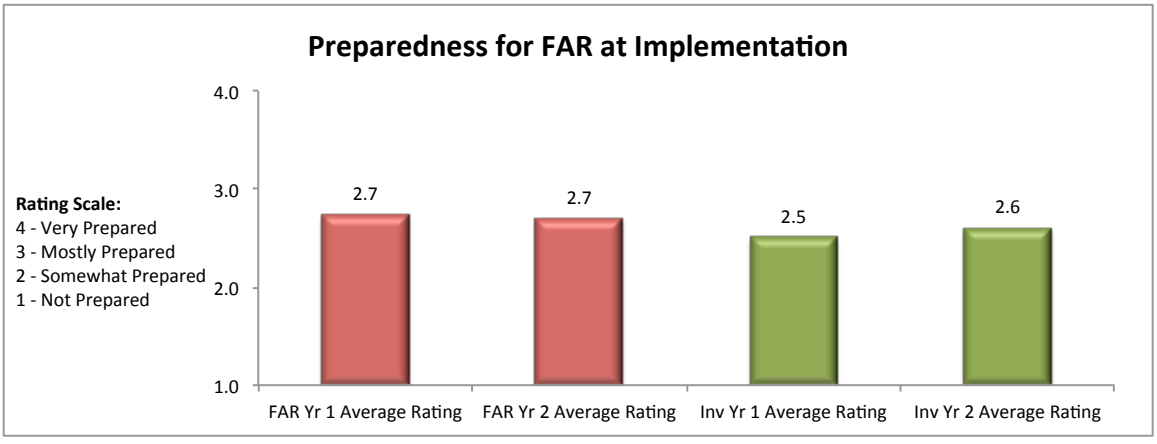
Implementation in Washington State

As mentioned previously, this report addresses FAR implementation and preliminary outcomes for the first two program years (January 2014 through December 2015). During those two years, TriWest visited each office several months after FAR implementation to discuss successes, challenges, and staff perceptions of changes caused by the addition of the new CPS pathway. Key informant interviews (KIIs) were conducted with caseworkers from both FAR and investigative pathways,[9] supervisors, administrators, and community service providers.

Based on findings from these site visits, as well as case consultations and more informal discussions with caseworkers in the field, the Children's Administration (CA) made several important program changes to the FAR implementation. These changes are discussed at the end of this section.

Caseworker Reports of Preparedness for FAR Implementation (KII)

One recurring theme in interviews with both FAR and investigative caseworkers is that FAR seems to be a better fit for some caseworkers than others. The CA allowed voluntary transfers from investigative case work to FAR case work, thus, most caseworkers providing services to families in the FAR pathway had chosen to be included in that program. This voluntary assignment likely benefitted implementation as caseworker "buy-in" to the FAR model was an important feature of success. Overall ratings of preparedness for implementation were fairly high, falling between "somewhat prepared" and "mostly prepared" (or 2.7 on a four-point scale). These scores were the same for Year One and Year Two and were virtually identical for FAR caseworkers and investigative workers.



[9] Interviews with investigative caseworkers were added after site visits to each of the three pilot sites.

Implementation Successes and Challenges

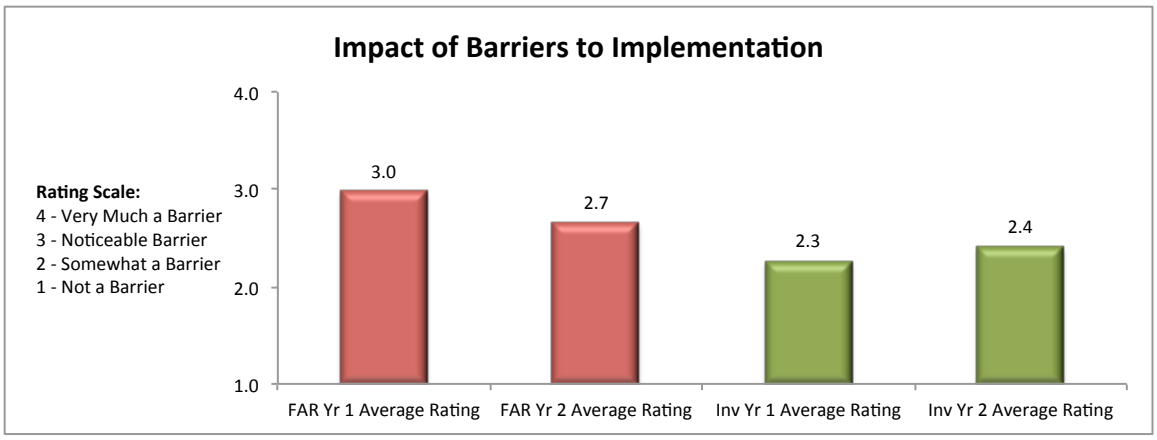
Office staffing patterns at the time of the FAR rollout seemed to most strongly influence implementation, with fully staffed offices reporting smoother implementation. Staff vacancies (due to vacations, leave, and ordinary turnover) that occurred at the time of implementation created a challenge for staff.

Additionally, training was originally rated somewhat poorly by caseworkers. However, significant changes to the training curriculum and language used to describe FAR were made over the course of the first project year. Caseworkers' perspectives of FAR training improved in Year Two of implementation.

Two features of the FAR-enabling legislation were cited as barriers to implementing FAR successfully: the requirement that families sign the FAR agreement and the 45-day time limit for most FAR cases. Caseworkers observed that some families seemed particularly reluctant to sign the FAR agreement, either because they did not trust "the state" and were worried that were admitting to wrong doing, because of advice of counsel, or because of an active child custody case in which a formal finding was desired.

While it is possible under FAR to extend the time period up to 90 days, most caseworkers tried to work within the initial 45-day time limit. Some seemed unaware of the possibility of extending the case to 90 days. Caseworkers consistently reported that the 45-day time period was too short for most services needed by families and, in particular, that it limited their ability to use evidence-based practices (EBPs) because by the time a family was referred and began services, there was not enough time to complete the service. As a result, caseworkers reported using few EBPs with families. Some specific providers did attempt to modify programs to accommodate a shortened timeframe, but this did not significantly resolve the issue.

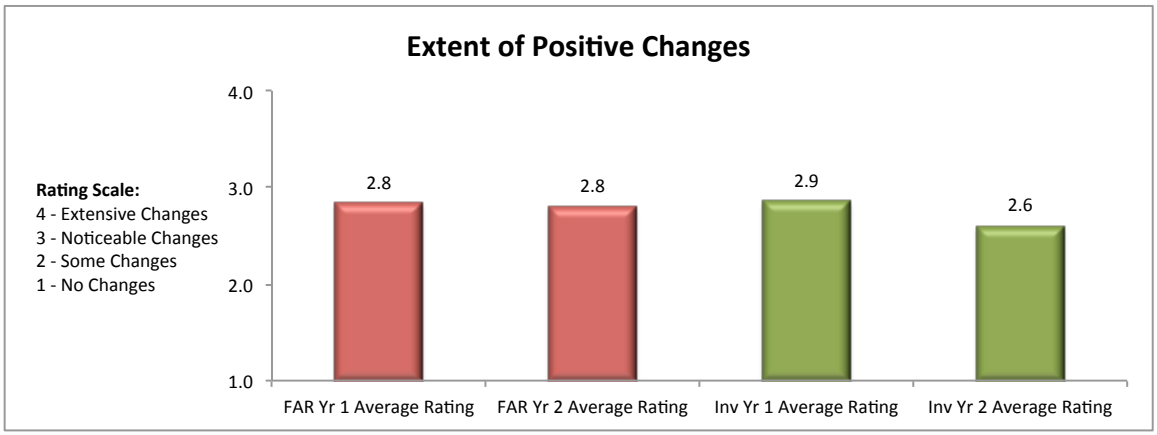
Overall, caseworkers in Year One reported that the barriers described above caused a "noticeable barrier" to FAR implementation. However, as training for and communication about FAR improved, those ratings improved somewhat for FAR workers. Investigative workers tended to rate barriers as lower ("somewhat" compared to "noticeable"). Their perspectives did not change across the two years.



Despite implementation challenges during the first two program years, most respondents across offices felt that FAR had led to a relatively high degree of positive change. These changes were typically related to the experiences of FAR families and FAR case workers' ability to provide community services to meet families' needs. FAR families were much more engaged with social workers once they understood that these workers were not seeking a finding. Families also appreciated the increased transparency and honesty inherent in the FAR model. Families who had previous experiences with CPS liked the FAR pathway more and felt they had better experiences through FAR.

Respondents also reported more community support and commented that communities are beginning to see CPS more positively. Caseworkers, on average, are more familiar with community services and are better able to work with families to help them meet their needs after FAR implementation.

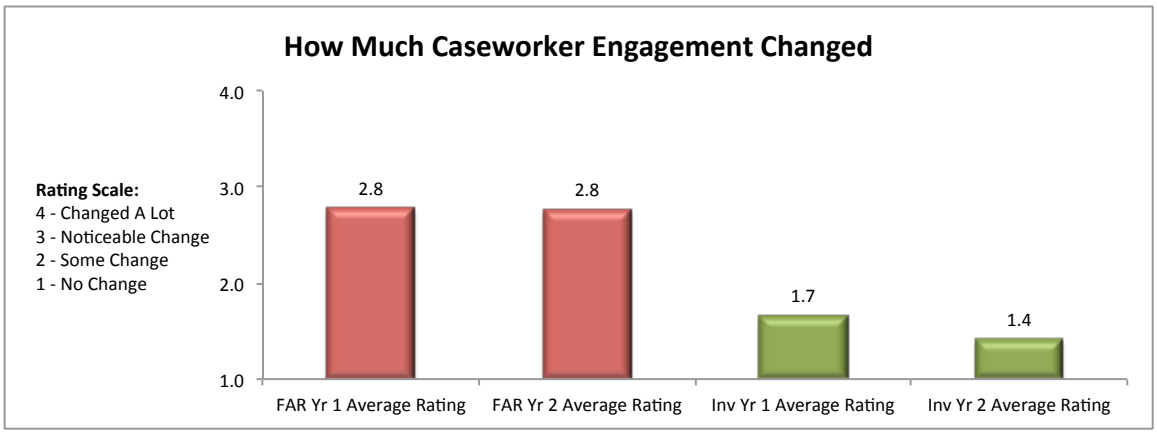
As shown in the figure below, both FAR and investigative workers reported, on average, "noticeable" positive changes in the office as a result of FAR implementation. These positive ratings were a little lower for investigative workers in Year Two.



One particular reason for the lower ratings of positive change in Year Two is that some investigators expressed frustration with not being included as much as they could have been in the FAR office rollout.

FAR implementation had a divisive effect within some offices. This happened for several reasons but was more pronounced when investigators felt that FAR was being approached as the newest "great" thing and that their investigative work was less valued. Additionally, shifting caseloads and staff vacancies often created initial high caseloads that often led to conflict between the two groups within some offices. Overall, the response to FAR from investigative teams tended to be mixed. Some teams felt that support and communication to investigators was not a priority during FAR implementation.

As can be seen in the chart below, FAR caseworkers in both implementation years reported that caseworker engagement had "noticeable" change, while investigative workers reported, on average, less than "some" change.



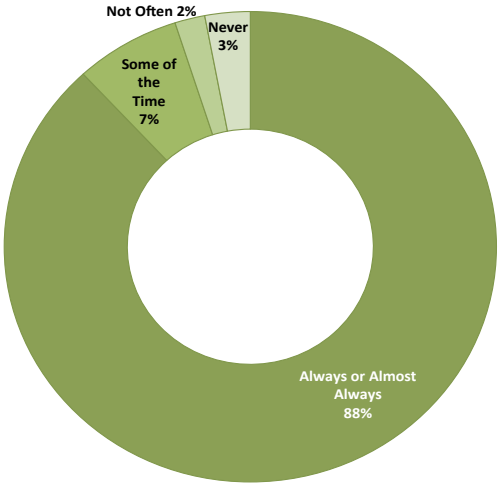
Most respondents reported that FAR Office Leads were able to make significant progress within the community in terms of finding resources and educating various stakeholder groups about CPS and the FAR model. In some offices, the FAR Office Lead departed after the first several months of implementation. Caseworkers reported these early departures as having a detrimental impact on their work and the office relationship with the community. However, other offices reported that strategies put in place by supervisors and workers helped them continue to build relationships within the community and to identify resources. Overall, the first two years of implementation demonstrated that FAR offices need to plan for taking over community outreach responsibilities once the FAR Office Lead position expires.

Family Perspectives of FAR Implementation

In addition to conducting key informant interviews in FAR offices to examine implementation challenges and successes, TriWest also worked with parent allies (parents with previous CPS involvement who now work as family advocates) to survey FAR families regarding their views of FAR processes and outcomes. This section of the report discusses key features of the FAR model and families' perceptions of how well those were implemented. It is important to note that key limitations (e.g., the optional inclusion in the survey, problems with disconnected phone numbers, etc.) exist in surveying families.[10]

One important facet of FAR is to use a less formal approach (and the absence of a formal "finding") to increase trust and overall engagement in the case process. As can be seen in the graph below, most respondents (88%) reported being actively engaged in the case process "always, or almost always."

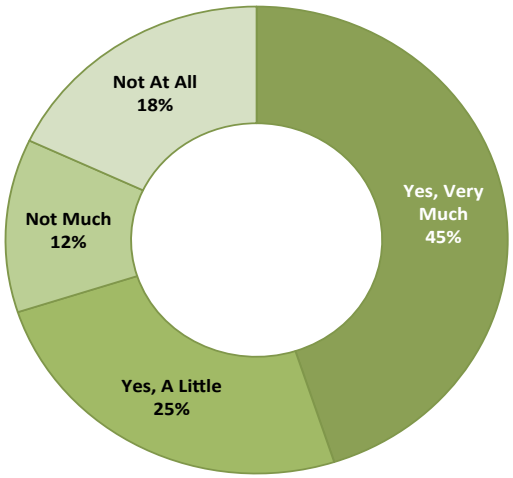
"I was actively engaged with the case process." (N=231)



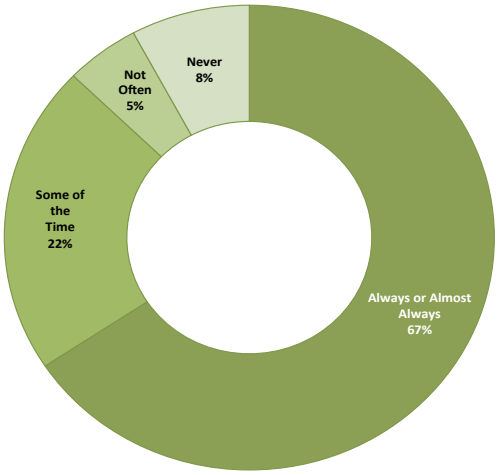
Two other important ratings around family engagement addressed the extent to which the family felt that their opinions were being considered when developing a case plan or linking the family to services. As can be shown in the two charts on the following page, more than half of the respondents felt that their caseworker had helped them to identify things their family needed. More than two thirds reported that their caseworker "always or almost always" listened to their opinions about whether the family needed services.

[10] Survey methodology, response rates as well as more recently survey data are reported in the December 2016 Family Survey Summary Report. This report will be included with the Washington State IV-E Waiver January 2017 Semi-Annual Progress Report.

My caseworker helped identify things that caused my family problems. (N=228)



My caseworker listened to whether or not my family needed services. (N=225)



Changes to FAR During Years One and Two

As mentioned previously, several changes to FAR occurred during Years One and Two including a significant set of changes targeting FAR training and communication as based on information provided to the CA from our evaluation work, case consultations with offices, and more informal communications with the field. There was clarification over the "place" of FAR in child welfare, with a recommendation for stronger messaging that this is still a CPS response and that child safety needed to continue to be the singular guiding priority in all cases. Additionally, training was improved to include more information on the continued focus of child safety, clarification around the voluntary nature of FAR, and improved processes for explaining the intake process and decision making around the assignment of intakes to either the FAR or the Investigative pathway.

Additionally, the language in the FAR agreement was changed (and the agreement itself shortened) to address concerns that it was leading families to decline participation in FAR.

Early indications show that these changes have improved implementation in offices, and we anticipate seeing continued improvements in the assessment of FAR implementation into the future. We continue to work closely with CA to develop a rating system to assess fidelity of FAR implementation within offices and to determine the degree to which implementation affects outcomes. This will be detailed in future semi-annual progress reports and will be reported in the Final Evaluation Report.

Also, CA originally planned to use the Child and Adolescent Needs and Strengths (CANS) tool to help determine family service needs. However, few caseworkers reported using the tool the way it was intended and further reported that the tool added to an already lengthy data collection process with families. Therefore, CA has recently made the decision to discontinue use of the CANS.

One change to the FAR model that does affect the numbers of families served (which will be reported in the next section of this report) was the decision to move families (regardless of risk) out of FAR eligibility if the intake involved a physical abuse allegation of a child aged three years or younger. This adjustment decreased the number of FAR-eligible families and thus lowered the actual numbers served.

Analysis of Minority Disproportionality within FAR

The issue of minority disproportionality within the child welfare system, generally, is important to CA. Thus, this evaluation examined the degree to which decision-making regarding FAR differed across racial and ethnic groups.

Once an intake "screens-in" to CPS (which is to say, the intake worker determines there is sufficient information for a CPS response), the SDM Intake Tool helps the intake worker to determine whether the case meets the eligibility criteria to be referred to the FAR pathway or, not eligible, to the investigative pathway. The table below shows the percentage of all screened-in allegations that are assigned to the FAR pathway by race/ethnicity. Note that these percentages are assignments to FAR across the state even though FAR was not implemented in all offices. After full implementation, all percentages are expected to increase.

Race/Ethnicity	Percent of Intakes Assigned to FAR Pathway
Total Intakes	**30%**
Native American	22%
Asian American	28%
Black	29%
White	31%
Hispanic	27%
Multi-racial (Native)	30%
Multi-racial (Black)	33%
Multi-racial (White)	29%

The percentage of intakes that are assigned to FAR (as opposed to being screened to investigation or assigned as "risk-only") is consistent across the racial/ethnic categories, except for Native Americans, who have a lower proportion of cases screening to FAR. While the data do not provide an explanation for this difference, there is a possibility that these cases may be transferred over to tribal entities that do not have a FAR option or might be more likely to occur in offices where FAR has not rolled out. This speculation is supported by the percentage of families assigned to the FAR pathway when children are members of a Washington State tribal entity, which is even lower than the overall Native American rate of FAR assignment (which includes Washington State tribal members). The CA continues to monitor this difference as implementation continues.

Disproportionality in Remaining in the FAR Pathway

Once a case is assigned to the FAR pathway, the vast majority of families (91%) agree to participate and complete their case under FAR. However, in some cases, a family may either refuse to participate or may have a case transferred to investigations by a worker who believes FAR is not an appropriate pathway due to a concern for child safety.

The following table shows differences, by race/ethnicity, in families' pathway disposition after their initial pathway assignment to FAR.

Disproportionality of FAR Disposition – Cohorts 1-4 (Years 1 & 2)			
Race/Ethnicity	**Remain FAR**	**Declined FAR**	**Transfer for Safety**
Total	**91%**	**6%**	**3%**
Native American	86%	10%	4%
Asian American	93%	6%	2%
Black	92%	5%	3%
White	91%	6%	2%
Hispanic	91%	5%	4%
Multi-racial (Native)	90%	6%	4%
Multi-racial (Black)	93%	4%	4%
Multi-racial (White)	92%	5%	2%

As shown in the table above, the proportion of cases transferred to investigations are virtually the same for all families. However, Native American families are significantly more likely to decline to participate in FAR. In discussing this phenomenon with FAR caseworkers, TriWest learned that the FAR agreement, in particular, seemed to be a significant barrier for Native

American families. CA is working to amend the legislative requirement for the FAR agreement to try to alleviate some of the disparity in Native American families declining to participate in FAR.

Preliminary Program Outcomes

To assess the impact of FAR on the goals of improving safety, permanency, and well-being outcomes, TriWest has analyzed data on new intakes into CPS following their initial intakes, child removals from the home, and family reports of successful outcomes. Data are reported for the first four evaluation cohorts (see the table on page 9 for cohort descriptions). Due to the timing of intakes, Cohort 4 has only six months of follow-up data at this time.

New Accepted Intakes

The table below shows the proportion of FAR and Comparison group families with a new accepted CPS intake within three months following their initial FAR (or investigative) case. The Comparison group had a small (but statistically significant) lower proportion of new intakes when considering all new accepted intakes. FAR families had more re-referrals in general, but many continued to be FAR-eligible referrals, indicating that risk levels had been staying the same for these families. Comparison group families were eligible for FAR in their first intake but generally had fewer subsequent FAR-eligible referrals and, in some cases, had significantly more non-eligible referrals, an indicator that these families were facing greater challenges when they returned (as indicated by risk at intake).

FAR Outcomes: Families with New CPS Intakes Within 3 Months After Initial Intake, Cohorts 1 - 4	FAR	Matched Comparison Group
Percent of families with *any* new accepted CPS intake	12.9%	11.1%*
Percent of families with a new FAR-eligible intake	9.8%	6.9%*
Percent of families with a new non-FAR-eligible intake	4.2%	5.1%*
Percent of families with a new “risk-only” intake	0.7%	0.7%

**Differences are significant at the p<.05 level.*

These same patterns hold for new intakes at 6 months and 12 months, as shown in the following tables. Again, the Comparison group had a lower proportion of families with any new intakes, but this difference was being driven entirely by having fewer FAR-eligible intakes. Comparison group families continued to have slightly lower rates of new non-FAR-eligible intakes.

FAR Outcomes: Families with New CPS Intakes Within 6 Months After Initial Intake, Cohorts 1 – 4	FAR	Matched Comparison Group
Percent of families with *any* new accepted CPS intake	19.8%	16.6%*
Percent of families with a new FAR-eligible intake	14.7%	10.3%*
Percent of families with a new non-FAR-eligible intake	7.3%	8.2%
Percent of families with a new "risk-only" intake	1.4%	1.4%

**Differences are significant at the p<.05 level.*

FAR Outcomes: Families with New CPS Intakes 12 Months After Initial Intake, Cohorts 1 – 3	FAR	Matched Comparison Group
Percent of families with *any* new accepted CPS intake	28.4%	22.9%*
Percent of families with a new FAR-eligible intake	21.5%	14.4%*
Percent of families with a new non-FAR-eligible intake	11.3%	12.1%
Percent of families with a new "risk-only" intake	2.4%	2.6%

**Differences are significant at the p<.05 level.*

When analyzing the separate effects of FAR on each cohort, we found that each cohort had a higher average number of accepted intakes for FAR families. This increase was statistically significant for only some of the time periods (e.g., 3, 6, and 12 months) and cohorts, and it did not present an obvious trend. See the technical appendix for a detailed analysis of the effect of FAR by cohort.

Findings regarding new intakes varied throughout the other states included in the literature review. Some states did find significant improvements in new intakes for FAR families, while others found no change or even increased new intake rates for AR families.

Several evaluations also concluded that the best predictor of re-referrals was whether a family had previous referrals with CPS. According to these evaluations, when predicting the likelihood of new intakes, prior experience with CPS dwarfed the effects of pathway (AR vs. IR). This distinction is consistent with our evaluation findings. When examining new intakes based on prior CPS involvement, there were no significant differences based on FAR or Comparison group

assignment for families who had no prior intakes. Families with prior CPS involvement had a significantly greater likelihood of having a new intake. See the technical appendix of this document for data regarding new intakes based on prior involvement.

In discussing these preliminary findings with FAR field staff and leadership at CA, we found that there was a perception that FAR families may continue to receive new FAR-eligible intakes at a greater rate due to unmet services needs. These families tend to have complicated need patterns, which often cannot be addressed in the limited window of 45 days. It is worth noting that states that have found that AR has had an impact on reducing subsequent intakes do not have such strict limits on the length of time a case can be open. Their overall case length averages are not particularly high, but these other states do have the flexibility to keep cases open longer if necessary to provide services.

CA did an internal review of FAR cases and found that 10 percent would have benefitted from services that could have been provided if the case were left open for a longer period rather than closed due to the 90-day time limit. This finding suggests that creating a provision to allow an additional time extension to a FAR case would affect a relatively small number of cases but in those cases, could provide more needed services to families. FAR leadership is working on a request to amend the program legislation to allow for more flexibility to keep cases open longer if there is a need for a family to receive longer-term services.

Removal Rates

As shown in the table below, at 3 months, the Comparison group had a slightly higher, but statistically significant, rate of removals than did FAR families. However, this pattern of a significant difference did not persist over longer outcome time frames (6 months and 12 months). It should be noted, though, that only the first three cohorts had data available on removals for the full 12-month window after the FAR intake.

Removals at 3, 6, and 12 Months After Intake	FAR	Matched Comparison Group
Percent of Families with a Removal **within 3 months of intake**	3.5%	4.0%*
Percent of Families with a Removal **within 6 months of intake**	5.1%	5.5%
Percent of Families with a Removal **within 12 months of intake**	7.0%	7.4%
(Cohorts 1 - 2) Families served January 1 – December 31, 2014 ***(Cohort 3) Families served January 1 – June 30, 2015*** ***(Cohort 4) Families served July 1, 2015 – December 31, 2015 (3 & 6 month outcomes only)***		

When the effect of FAR on removals is analyzed separately by cohort, there are no statistically significant differences in removal rates between FAR and Comparison group families for any individual cohort during any of the three time periods.

While the intent to treat design necessitates that all families initially assigned to FAR are included in our analysis, we did examine differences in removal rates based on whether a family actually completed the FAR intervention. As expected, families who completed FAR had lower rates of removals that did families who either declined participation or who were transferred due to concerns regarding child safety.

FAR Removals, by Case Disposition (3- and 6-Month Removal Rates)	3 Months	6 Months	12 Months	Comparison Group 3 / 6 / 12 months
Overall Removal Rate	**3.4%**	**5.30%**	**7.3%**	**4.5% / 6.1% / 7.7%**
Removal rate for families who remain in FAR *(89% of all FAR intakes)*	2.6%	4.2%	6.5%	
Removal rate for families who declined or were transferred *(11% of all FAR intakes)*	4.3%	7.1%	14.2%	
(Cohorts 1 - 2) Families served January 1 – December 31, 2014				

Family Satisfaction with FAR and Self-Reported Outcomes

Finding a different pathway to engage families, to establish trust, and to encourage families to accept support and participate in services, the FAR model stresses working together with families and establishing a relationship that is less adversarial than traditional CPS investigations.

To assess the degree to which FAR is able to achieve this objective and to consider families' perspectives of their own improvement, we asked FAR families to report the degree to which they were satisfied with the services they received from FAR and the perceptions of changes in their family's well-being.

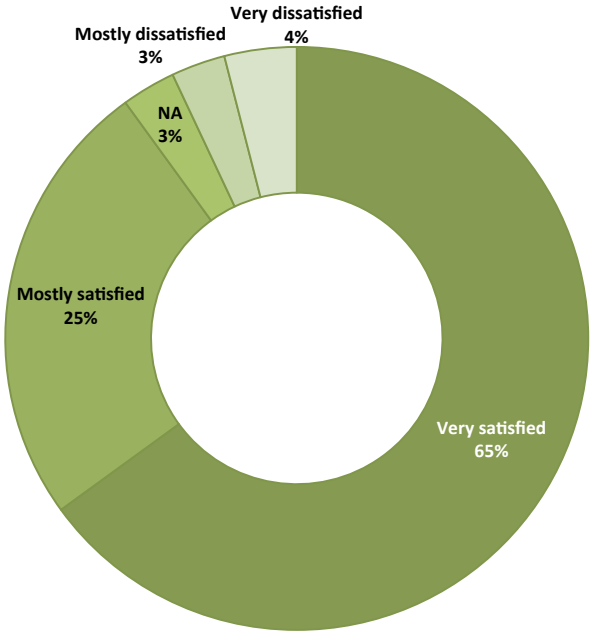
Telephone interviews were conducted with those families who agreed to be contacted by researchers when they assigned the initial FAR agreement. The largest challenge with conducting these interviews has been reaching parents/caregivers by phone. In many cases phone numbers change between case closures and our attempts to conduct surveys. In other cases, we may dial a number multiple times without receiving a response.[11]

[11] It is important when considering these results to note that the respondents do represent those families who we can reach and who are willing to talk to us. In other words, the respondents are not necessarily fully representative of the entire population.

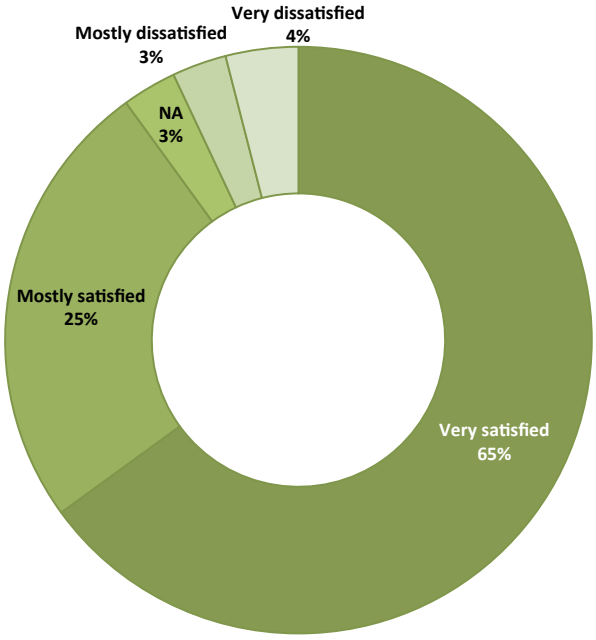
The majority of respondents reported both a positive experience with FAR and positive outcomes following their participation. As shown below, 90% of respondents were either very satisfied (65%) or "mostly satisfied" (25%) with they way that they and their family was treated by their FAR caseworker.

Additionally, more than half of respondents reported that their family was doing either "much better" (38%) or "somewhat better" (23%) because of their FAR participation.

How satisfied are you with how you were treated? (N=228)

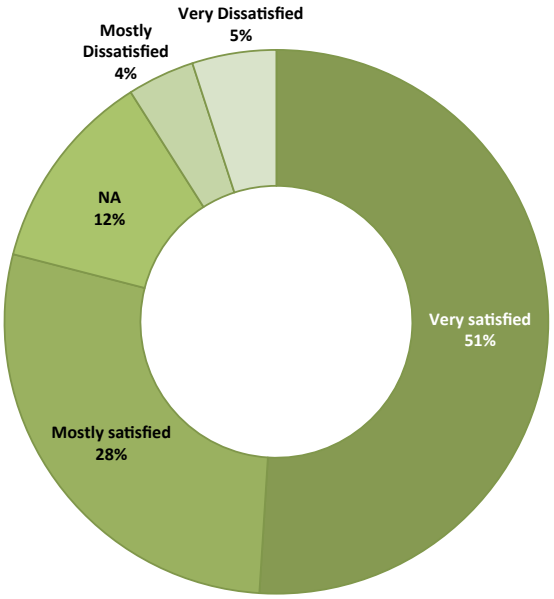


Overall, how is your family doing because of FAR? (N=228)



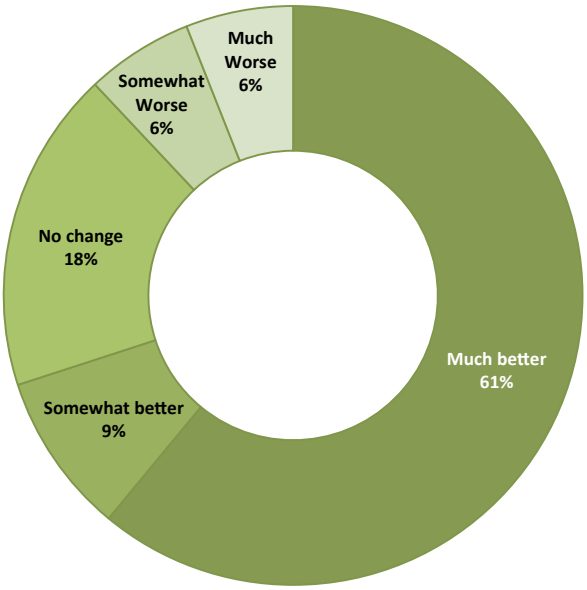
More three-quarters (79%) of respondents reported that they were either “very satisfied” (51%) or “mostly satisfied” (28%) with the services they received or were offered through their participation in FAR.

Overall, how satisfied are you with the services you received (or were offered)?



Moreover, 63% of respondents who had had a previous child welfare experience reported that this experience with CPS was “much better” than their previous child welfare experiences. This response indicates that FAR is improving family experiences with CPS over time.

Overall, how was this experience based on your previous child welfare experiences? (N=88)



Cost Analysis

FAR has two distinct and opposite effects on the cost of services. The first effect is that FAR increases, for all time intervals, the probability that families will use a service that requires CA funding. The second effect is that for those families (FAR and Comparison) who do use CA-funded services, FAR families have reduced average costs. In other words, FAR families are more likely to use CA services, but those services tend to cost less than costs for Comparison group families who use CA services.

One complication with analyzing FAR cost data is that service costs vary by case. For most families (FAR and Comparison), the total service costs are zero; however, for some families, costs can be large. The distribution of these data is skewed such that the median cost of services provided by CA for all families is zero. However, the mean (average) cost is substantially above zero. The mean is therefore not "typical" or representative.

The variance between median and mean can be problematic for analysis. Many simple statistical tests, such as a T-test for the difference in means, are potentially invalid with data that are mostly zeros and highly skewed. One common technique for analysis of data of this type is a "hurdle" model. Applying this model, we have established that the first hurdle predicts the probability that a family will require any costs. The second hurdle predicts the magnitude of the costs for any family with positive costs. The table below presents the overall two-step hurdle model results for FAR and Comparison group families. Data for all of the cost analysis can be found in the technical appendix (Appendix A) in this document.

Service Costs Analysis (Without Separate Cohort Treatment)					
Time Interval	**Hurdle Expected Value**		**Magnitude of Effect**		
	FAR	**Comparison**	**Hurdle 1: Does FAR affect whether families have any paid services?**	**Hurdle 2: Does FAR affect higher costs?**	**Combined**
3 Months	$345	$228	Yes (more likely)	Yes	$117*
6 Months	$645	$655	Yes (more likely)	No	-$10*
12 Months	$1,258	$1,724	Yes (more likely)	No	-$465*

*P-value=0.00

How to read the cost data table: The table above presents key results. The "Hurdle Expected Value" section is divided into the two groups, FAR and Comparison. The FAR column presents

the expected costs if every eligible family was served under the FAR pathway. The Comparison column presents the expected costs if every family instead received the Investigative approach. The difference between the two columns is the estimated effect of FAR. The "Magnitude of Effect" section of the table presents, in the right-most column ("Combined"), this difference.

The other two columns in "Magnitude of Effect" respond to key cost questions. Hurdle 1 designates whether FAR had a positive or negative effect on the probability that a family will have any paid services. For each time interval, FAR families are more likely than Comparison families to use services paid for by CA.[12] This effect is statistically significant ($p<.00$).

Hurdle 2 considers the average costs of CA paid services for the respective groups, FAR and Comparison. A negative effect indicates lower costs for FAR families who have costs than for Comparison group families who have costs. This finding is also statistically significant ($p<.00$).

The "Combined" column presents the actual average variance in costs per time interval given the combined effect of both hurdles. According to these findings, FAR families are more likely to have a paid service of any kind. And FAR services cost, on average, $117 more per family over a 3-month period. However, over 6 months and 12 months, services for FAR families cost, on average, $10 and $465 less than Comparison family costs per family served. These results are consistent with the FAR model: services are provided to families to resolve problems and prevent future investigations and removals.

Summary and Conclusions

At the two-year mark, the FAR program offers several notable findings. On one hand, both case workers and families served by the FAR program report overall high levels of satisfaction with the implementation of the FAR pathway. On the other, outcomes for families, as measured by reductions in new intakes and removals, have not shown significant benefits for FAR families. However, these non-dynamic measures may not tell the full story. For example, the relatively stagnant measure of benefits includes measures from partial implementation and early implementation. As such, implementation adjustments based on early findings and increased familiarity with the FAR model for caseworkers, supervisors, administrators, and others may lead to more positive outcomes at future intervals.

[12] This includes only those costs paid for by CA (not community services not paid by CA), but does include all costs, including those relating to placement.

As much as we remain optimistic about the ways that greater familiarity, experience, and modification will benefit ongoing FAR implementation, we do offer recommendations for this benchmark. Some of the specific requirements put forth in FAR enabling legislations may have unintentionally limited the effectiveness of the program. Based on our findings in interviews, field research, literature review, and other data, we include, as part of the interim evaluation, two recommendations that are likely to address some of the limits revealed in this report. These recommendations are listed as follows:

> **Eliminate the FAR Agreement.** Caseworkers report that the FAR Agreement can be a significant barrier for some families. One particular concern is that Native American families, compared with other groups, are disproportionately declining to participate in FAR. While the administrative data do not allow us to conclusively determine that the agreement is the reason for this disproportionality, interviews with caseworkers indicate that Native American families are often reluctant to sign an official government document in order to participate.
>
> While we cannot guarantee that the elimination of the FAR Agreement will eliminate the observed disproportionality for Native American families altogether, evidence suggests that this adjustment will lead to a reduction in disproportionality.
>
> **Allow for an additional case extension for cases in which the additional time is needed to provide a specific service.** The current time limit significantly restricts what services can be provided to families, particularly Evidence-Based Practices that have service durations longer than 90 days. Even for those services that have a 60–90-day time frame, the time needed to complete a comprehensive family assessment, select a service, and make a referral to a provider can significantly truncate the available time.

Finally, in addition to the above, we recommend that CA continue its ongoing efforts to monitor training quality and provide follow-up resources in the forms of case consultations. These CA efforts, together with implementation of the above-listed policy recommendations, will likely aid CA in its efforts and assist the FAR program in its effectiveness and service to the families of Washington State.