Washington State
Title IV-E Waiver Evaluation

Evaluation—Semi-Annual Report

July 2017

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Evaluation Status

TriWest Group's (TriWest) evaluation of Washington State's implementation of the Title IV-E Waiver Family Assessment Response (FAR) project continues to proceed as planned. Work in the most recent six-month period was largely focused on updating data analysis following the discovery of errors in previous extracts, presenting interim evaluation findings to key stakeholder groups, conducting site visits and key informant interviews with newly implementing offices, and participating in two convenings: one for IV-E Waiver evaluators and another for all IV-E Waiver Demonstration project staff.

A series of identified data errors in files provided to us have required multiple new sets of analyses. As of May 2017, all issues are believed to be resolved and new analyses has been completed. This report contains an update of evaluation findings based on the new data received.

We also presented interim findings, in conjunction with the Children's Administration, to FAR stakeholders in two events celebrating the completion of statewide implementation.

We conducted seven (7) site visits with offices that are rolling out in the second half of 2017 as well as 41 key informant interviews with both FAR and investigative caseworkers, supervisors, and administrators.

The family surveys continue to implement the new protocol (updated to offer incentives for completion, in the form of a Wal-Mart gift card, and to allow families to provide feedback through either a live phone interview, a shorter automated phone survey, or an online survey). Seventy three (73) surveys were conducted during the period.

Numbers of Children and Families Assigned to the Demonstration

The following table shows the number of families with a FAR intake, by evaluation cohort, across all offices implementing FAR through December 2015, based on April 2017 extracts from FAMLINK. Each intake represents a family assessed as being eligible for FAR and assigned to a caseworker. These counts are unduplicated, meaning that each family in the cohort is only counted once, even if they have multiple intakes in the period.

Currently, data for only the first four cohorts have been extracted. Recent changes in mental health system data has led to a delay in receiving key variables used for propensity score matching of the comparison group. The Research and Data Analysis unit (RDA) is working to pull the needed data elements from the new data system and currently has a goal of including the needed data elements when it delivers the data extract scheduled for October 2017.

Please note that the research design criteria for including families in the study group are not identical to the hand count methodology used in FAR offices. As a result, the numbers of study group families do not exactly match the hand counts. Our primary design is "intent to treat," which means that study group numbers include families who are assigned at intake to FAR but are later transferred to Investigations as a result of safety concerns and families declining to participate in FAR; these numbers are included in hand counts. Additionally, our data cleaning process excludes any cases that are labeled as FAR but are served in non-FAR offices.

FAR (treatment) families are grouped into six-month study cohorts based on the date of their first FAR-eligible intake during the period.[1] 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).

Families Assigned to FAR Study and Control Groups

Study Cohort	Number of Families with a FAR Intake	Number of Sampled[1] 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	5,432	1,000	1,000

We are scheduled to receive a new data extract in October 2017. We will update treatment and comparison group numbers for Cohort 4 (January – June 2016) and preliminary counts for Cohort 5 (July – December 2016).

Major Evaluation Activities and Events

Evaluation activities for this semi-annual reporting period (January through June 2017) have

[1] 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 that was the same size as the full FAR group.

focused on continued data analysis, multiple presentations of findings, extensive revisions of the Interim Report, and new FAR office site visits and key informant interviews.

The following bullet points present some of these highlights. Following these are tables representing major evaluation plan activities and events.

- Monthly meetings with Washington State FAR team,
- Investigation and analysis of data outcome discrepancies,
- Multiple FAR site visits and interviews,
- Continuation of family surveys,
- Participation in two IV-E Waiver Convenings

Major Evaluation Activities: July – September 2016

Date	Activity	Audience/Participants
Jan 10, 2017	Monthly Evaluation Team Meeting, Olympia	TriWest/Children's Administration (CA)
Jan 10, 2017	Revised Outcomes Evaluation Methodology and Updated Technical Appendix for Interim Evaluation Report	TriWest
Jan 12, 2017	Data and Outcomes Discrepancies Call	TriWest/Washington State Institute for Public Policy (WSIPP)
Jan 20, 2017	Data and Outcomes Discrepancies Call	TriWest/WSIPP
Jan 27, 2017	Submission of Semi-Annual Progress Report	TriWest
Jan 27, 2017	Generated Data Frequency Distributions for WSIPP Data Comparison	TriWest/WSIPP
Feb 1, 2017	Submitted IRB Amendment Draft	TriWest/CA
Feb 7, 2017	Cost Outcomes Discussion Call	TriWest/CA
Feb 13, 2017	FAR Office Site Visits and Key Informant Interviews (Tumwater)	TriWest/CA
Feb 14, 2017	Monthly Evaluation Team Meeting, Olympia	TriWest/CA/WSIPP
Feb 14, 2017	FAR Office Site Visits and Key Informant Interviews (Shelton)	TriWest/CA
Feb 15, 2017	FAR Office Site Visits and Key Informant Interviews (Centralia)	TriWest/CA
Feb 21, 2017	Submitted Presentation Proposal for IV-E National Conference	TriWest
Feb 21, 2017	Data Call with IRB Regarding Updated Data Requests	TriWest/WSIPP/IRB

Date	Activity	Audience/Participants
Feb 22, 2017	Completed Internal Summary Describing Overlap between WA-IVE Data Files	TriWest
Feb 22, 2017	FAR Office Site Visits and Key Informant Interviews (Toppenish)	TriWest/CA
Feb 22, 2017	FAR Office Site Visits and Key Informant Interviews (Goldendale)	TriWest/CA
Mar 13, 2017	Monthly Evaluation Team Meeting, Olympia	TriWest/CA/WSIPP
Mar 17, 2017	Call on Data Discrepancies	TriWest/WSIPP
Mar 17, 2017	FAR Parent Ally Family Survey Training	TriWest
Mar 23, 2017	FAR Parent Ally Family Survey Training	TriWest

Major Evaluation Activities: April – June 2017

Date	Activity	Audience/Participants
Apr 7, 2017	Removals Data Review Conference Call	TriWest/CA/WSIPP
Apr 17, 2017	Parent Ally Interview Training	TriWest
Apr 19, 2017	Parent Ally Interview Training	TriWest
Apr 19, 2017	Data Extract Preliminary Review	TriWest
Apr 24 – 26, 2017	IV-E Waiver Evaluators Convening, Seattle	TriWest
Apr 25, 2017	Completed New Set of Data Analysis with Corrected Extract	TriWest
Apr 26, 2017	Maps, Data, and Narrative Revision for May Presentations	TriWest
Apr 28, 2017	Completed Summary of Phase VII Key Informant Interviews	TriWest
May 3, 2017	IV-E Rollout Celebration Featuring TriWest Presentation, Tukwila	TriWest/CA
May 4, 2017	FAR Office Site Visit and Key Informant Interviews (King West)	TriWest/CA
May 9, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
May 16, 2017	Phase VII Key Informant Interview Individual Site Reviews Completed	TriWest
May 18, 2017	Semi-Annual Report Review Conference Call with James Bell Associates	TriWest/CA

Date	Activity	Audience/Participants
May 22, 2017	FAR Implementation Celebration Featuring TriWest Presentation, Tukwila	TriWest/CA
May 23, 2017	FAR Office Site Visit and Key Informant Interviews (White Center)	TriWest/CA
May 31, 2017	IV-E Waiver Evaluators Post-Convening Webinar	TriWest
Jun 13, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
Jun 28 – 30, 2017	National IV-E Waiver Convening, Washington, DC	TriWest/CA

Challenges to the Evaluation and How They Have Been Addressed

Over the past 18 months, errors in data files we received resulted in delays to the evaluation. Specifically, in four instances (April 2016, July 2016, October 2016, April/May 2017) errors were discovered in the completed analyses of the first four cohorts of data. The fourth data transfer was completed after the submission of the Interim Evaluation Report. A new data set was generated and provided to us in April 2017. We then repeated all analyses conducted for the report. We have included highlights from those analyses here and plan to submit a revision of the Interim Evaluation Report in the Fall of 2017.

We have also been working with the Washington State Institute for Public Policy (WSIPP) in their efforts to conduct a separate, state-mandated evaluation of the FAR program. During this period, we worked with representatives from CA, DSHS/RDA, and WSIPP to reconcile disagreements between data sets delivered to us by the Research and Data Analysis unit (RDA) and those delivered to WSIPP. Each set was generated using differing methodology and included different variables and observations. We have worked closely with WSIPP to ensure any differences in reported outcome results are minimal and not driven by the data generation process.

Significant Evaluation Findings to Date

The following summary presents the results of updated outcome analyses and additional key informant interviews. As previously mentioned, we are currently revising our Interim Evaluation Report to address comments by James Bell Associates and to update data that changed following modifications made to FAMLINK. As noted above, a complete revision of this report will be submitted in the Fall of 2017.

The following graphic summarizes the count and distribution of intakes, by cohort and intake type, for each of the four cohorts for which we currently have data.

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	
Cohort 1:	25,566
Cohort 2:	21,277
Cohort 3:	22,206
Cohort 4:	19,245
Totals	**88,294**

Cases Screened Out (Intake type=0)	
Cohort 1:	12,035
Cohort 2:	10,197
Cohort 3:	9,984
Cohort 4:	8,251
Totals	**40,467**

Missing Values (Intake type=NA)	
Cohort 1:	3
Cohort 2:	75
Cohort 3:	299
Cohort 4:	328
Totals	**705**

FAR Cases (Intake type=1)	
Cohort 1:	664
Cohort 2:	2,629
Cohort 3:	5,589
Cohort 4:	5,429
Totals	**14,311**

Risk-Only Cases (Intake type=3)	
Cohort 1:	1,077
Cohort 2:	996
Cohort 3:	901
Cohort 4:	1,045
Totals	**4,019**

Investigative Cases (Intake type=2)	
Cohort 1:	11,787
Cohort 2:	7,380
Cohort 3:	5,433
Cohort 4:	4,192
Totals	**28,792**

FAR Case Disposition (of 8,897)	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Total
0=Missing	0	0	0	3	3
1=Remained FAR	597	2,328	4,905	4,823	12,653
2=Declined FAR (no investigation)	39	170	315	292	816
3=Transferred (including investigation)	27	80	124	125	356
Disposition 15 (excluded from analysis)	1	28	168	153	350

Case That Would've Been Eligible for FAR If Available (Potential Control Observations)	
Cohort 1:	9,152
Cohort 2:	5,378
Cohort 3:	3,277
Cohort 4:	2,014
Totals	**19,821**

Cases Not Eligible for FAR Even If Available	
Cohort 1:	2,551
Cohort 2:	1,920
Cohort 3:	2,075
Cohort 4:	2,127
Totals	**8,673**

Investigative Cases Marked Eligible and Emergent	
Cohort 1:	84
Cohort 2:	82
Cohort 3:	81
Cohort 4:	51
Totals	**298**

The outcome analysis includes three outcome measures: new child protective services (CPS) intakes following the initial intake (re-referrals), removals, and service costs. The analysis for each outcome measure includes results at three, six, 12, and 24 months after the initial intake. The results at three, six, and 12 months include cohorts one through four. The results at 24 months includes only cohorts one and two, as data from cohorts three and four is currently too recent for the 24-month analysis.

New CPS Intakes Following Initial Intake

The following tables summarize outcome results from our analysis of new CPS intakes following a family's initial intake, also known as re-referrals. This analysis presents the proportion of FAR and matched-control group families with accepted re-referrals of any kind, in addition to re-referrals broken out by type: FAR eligible, non-FAR eligible, and risk-only.

Results suggest that FAR increases the probability of re-referrals (an outcome inconsistent with program goals). However, an examination of FAR eligible versus non-FAR eligible investigative re-referrals provides some nuance. While FAR increases the probability of FAR (or FAR eligible) re-referrals, FAR reduces the probability of non-FAR eligible investigative re-referrals. Since the seriousness of the allegation is a major driver of FAR eligibility, these results suggest that FAR reduces the seriousness of subsequent intakes.

This pattern—a higher probability of FAR eligible re-referrals but lower probability of non-FAR eligible investigative re-referrals—is consistent and statistically significant across the three, six, and 12-month time periods. While the 24-month results also follow this trend, the difference in non-FAR eligible re-referrals is no longer statistically significant. However, as mentioned above, results at 24 months do not yet include data from all four cohorts. These values will change as longer-term data for additional cohorts becomes available.

Families with New CPS Intakes Three Months After Initial Intake, Cohorts 1 – 4	FAR	Matched Control Group
Percent of families with *any* new accepted CPS intake	12.8%	11.4%*
Percent of families with a new FAR eligible intake	9.7%	7.0%*
Percent of families with a new non-FAR eligible intake	3.9%	5.4%*
Percent of families with a new "risk-only" intake	0.7%	0.7%

Families with New CPS Intakes Six Months After Initial Intake, Cohorts 1 – 4	FAR	Matched Control Group
Percent of families with *any* new accepted CPS intake	19.9%	16.7%*
Percent of families with a new FAR eligible intake	15.0%	10.2%*
Percent of families with a new non-FAR eligible intake	7.1%	8.5%*
Percent of families with a new "risk-only" intake	1.3%	1.4%

Families with New CPS Intakes 12 Months After Initial Intake, Cohorts 1 – 4	FAR	Matched Control Group
Percent of families with *any* new accepted CPS intake	27.9%	22.9%*
Percent of families with a new FAR eligible intake	21.3%	13.9%*
Percent of families with a new non-FAR eligible intake	11.0%	13.0%*
Percent of families with a new "risk-only" intake	2.5%	2.7%

Families with New CPS Intakes 24 Months After Initial Intake, Cohorts 1 & 2	FAR	Matched Control Group
Percent of families with *any* new accepted CPS intake	38.6%	28.6%*
Percent of families with a new FAR eligible intake	29.8%	18.1%*
Percent of families with a new non-FAR eligible intake	16.9%	17.2%
Percent of families with a new "risk-only" intake	4.6%	5.2%

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

Removals Following Initial Intake

The following table summarizes outcome results from our analysis of removals following families' initial intake. This analysis considered removals at three, six, 12, and 24 months following the initial intake. The table below presents the proportion of FAR and matched-control group families with at least one removal.

We found that FAR families have lower removal rates than matched-control group families, and this difference is statistically significant at three, six, and 12 months following the initial intake. As with re-referrals, the difference at 24 months is not statistically significant.

Removals at Three, Six, 12, and 24 Months After Intake	FAR	Matched Control Group
Percent of families with a removal within three months of intake, Cohorts 1 – 4	3.0%	4.4%*
Percent of families with a removal within six months of intake, Cohorts 1 – 4	4.4%	5.9%*
Percent of families with a removal within 12 months of intake, Cohorts 1 – 4	6.2%	7.8%*
Percent of families with a removal within 24 months of intake, Cohorts 1 & 2	9.4%	10.3%

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

Cost Analysis

The following table summarizes outcome results from our analysis of service costs following a family's initial intake. Service costs include the cost of goods and services provided through the Children's Administration. These costs do not include the costs of Children's Administration staff time and are not divided into costs used to assist families (e.g., the purchase of concrete goods or family therapy versus the cost of providing foster care.) This analysis considered service costs at three, six, 12, and 24 months following the initial intake. The table below presents the expected value for FAR family versus matched-control group family service costs.

The service cost analysis found that over the short term (three months), the expected value for FAR family service costs are higher than those for the matched control group. The difference in the distribution of families with service costs between the FAR and matched-control group helps explain this result. FAR families are more likely than matched control families to receive *any* CA-paid services, even though the cost of these services tends to be lower. This pattern is consistent with a focus of the FAR model: to provide services and supports to families in order to address underlying problems instead of waiting until a more expensive intervention is required. Beyond three months, the cost of services for the matched control group catches up to and then surpasses those for the FAR group. Given the high cost of removals, it's likely that the difference in removals between the FAR and matched control groups (discussed above) drives this result.

Service Cost Analysis at Three, Six, 12, and 24 Months After Intake	FAR	Matched Control Group
Service costs three months after intake, Cohorts 1 – 4	$319	$248*
Service Costs six months after intake, Cohorts 1 – 4	$595	$685*

Service Cost Analysis at Three, Six, 12, and 24 Months After Intake	FAR	Matched Control Group
Service costs 12 months after intake, Cohorts 1 – 4	$1,150	$1,654*
Service costs 24 months after intake, Cohorts 1 & 2	$3,147	$4,476*

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

Key Findings from Phase Seven and Eight Offices Implementing FAR

(Offices Rolled Out July and October 2016)

We conducted key informant interviews at each of the following Child Welfare offices implementing FAR during phases seven and eight of the statewide roll out: Centralia, Goldendale, Shelton, Toppenish, Tumwater, King West, and White Center. Interviews took place in spring 2017 and consisted of a structured set of questions covering content areas from the process evaluation section of the WA Title IV-E Evaluation Plan. We employed three instruments: one for administrators, FAR supervisors, and FAR caseworkers; one for investigative staff (supervisors and caseworkers); and one for service providers. Investigative staff interviews consisted of a smaller subset of relevant questions asked of administrators, FAR supervisors, and FAR caseworkers. Service providers received a separate subset of questions limited to service provision and family involvement.

The table below shows the dates of the interviews and the number of interviewees at each office. The Administrator grouping includes FAR supervisors.

Phases Seven and Eight Key Informant Interviews			
Office	**Date**	**Type of Interview**	**Numbers**
Total		FAR Caseworkers	17
		Investigative Staff	8
		Administrators	11
		Service Providers	5
Centralia	**February 2017**	FAR Caseworkers	2
		Investigative Staff	3
		Administrators	1
		Service Providers	2
Goldendale	**February 2017**	FAR Caseworkers	2

Phases Seven and Eight Key Informant Interviews			
Office	**Date**	**Type of Interview**	**Numbers**
		Investigative Staff	–
		Administrators	–
		Service Providers	–
Shelton	**February 2017**	FAR Caseworkers	3
		Investigative Staff	–
		Administrators	2
		Service Providers	1
Toppenish	**February 2017**	FAR Caseworkers	3
		Investigative Staff	1
		Administrators	2
		Service Providers	–
Tumwater	**February 2017**	FAR Caseworkers	4
		Investigative Staff	4
		Administrators	2
		Service Providers	2
White Center	**May 2017**	FAR Caseworkers	1
		Investigative Staff	–
		Administrators	3
		Service Providers	–
King West	**June 2017**	FAR Caseworkers	2
		Investigative Staff	–
		Administrators	1
		Service Providers	–

Overall, findings from phases seven and eight of the FAR implementation are similar to findings from prior phases. While high caseloads, a lack of investigator buy-in, and short timeframes under FAR remain significant barriers**, offices in phases seven and eight found staff turnover**

and vacancies to be the most disruptive. While there are exceptions, FAR is rarely directly responsible for the high rate of staff turnover. However, poor staff retention significantly exacerbates most of the challenges that respondents experience during program implementation.

Offices that remain fully staffed tend to report more positive effects and fewer negative experiences through the FAR implementation. It is important to note that this has been a consistent finding since phase one. **Caseworkers in offices with high turnover often find themselves continually in crisis mode, with no time to focus on family engagement or service provision**. For short-staffed offices, respondents are often especially sensitive to anything that adds to workloads, like perceived inaccurate screening at intake or FAR's focus on family engagement and family participation, which can require more time spent with parents and children.

In phases seven and eight, respondents cited that the most noticeable benefits of FAR include the ability to buy concrete goods for families and the lack of a finding of abuse and/or neglect for families. Difficulties stemming from staffing vacancies likely overshadowed other benefits respondents shared during previous phases. In spite of the challenges, many respondents (including some investigators) expressed general support for FAR's family-focused, strengths-based approach to casework. These respondents shared the feeling that the FAR approach was best for most cases in either pathway.

Community understanding and support of FAR was lower than in previous phases. Respondents also reported a smaller increase in the availability of community-based services. This was likely due to the pause/delay in FAR implementation that most of the offices observed in these two rollout phases. As a result, many FAR Leads (the position responsible for community outreach and engagement) were not active during the actual implementation period. Further, there was often a significant time lapse—in some cases nearly a year—between the time the office prepared for FAR (including when the Office Lead established relationships and conducted community outreach) and when the office actually implemented FAR. By the time implementation occurred, many offices had lost the community relationships established during the planning phase.

Respondents often cite the efforts of FAR Leads as instrumental in building community partnerships, but no offices planned to take over the responsibilities of the FAR Lead once the position expired. Several offices in phases seven and eight noted that their FAR Lead was only available for a few months (or less), leaving too little time to develop community relationships or identify additional services. **Respondents echoed a consistent finding from prior phases: offices would benefit greatly from adding a permanent community liaison position, as caseworkers and supervisors do not have time to focus on community engagement.**

In the past, FAR's impact on investigative teams varied. During phases seven and eight, investigative teams often felt overwhelmed and under-supported. Staffing shortages significantly increased investigative workloads. Many investigators reported they lacked an understanding of FAR, and many felt they should have received the full FAR training, or at least a formal orientation. Investigators are also experiencing crisis fatigue as a result of the condensed pool of higher-risk cases, now that lower-risk cases are assigned to FAR. This experience has driven some investigators to seek other positions.

Investigative support for FAR is mixed, as investigators often see pieces of the FAR engagement model conflicting with their training. This is another finding that we have consistently observed throughout the implementation. Many workers feel that the FAR approach to family engagement puts children at greater risk.

There is a clear need for ongoing trainings post implementation. This need is two-fold: First, workers often encounter situations under FAR for which they feel unprepared; second, many workers struggle with FAR's approach to family engagement. Workers acknowledged the availability of supports—like case staffings—that already serve as ongoing training, but often feel they do not have time to attend. In addition, respondents increasingly report that they do not feel comfortable notifying parents prior to interviewing children or interviewing children in front of their parents. Some respondents shared that they actively avoid following these procedures. Supervisors were generally aware that they needed to help caseworkers adhere to FAR engagement policies, but the priority of these efforts decreases when there is understaffing.