

Washington State Title IV-E Waiver Evaluation

Evaluation Semi-Annual Report
January 2016

Evaluation Status

The evaluation continues to proceed as planned. Site visits and key informant interviews for Rounds IV and V have been completed, as well as follow-up visits and interviews with offices that implemented in Round I. The Phase 4 summary report and Phase 4 office-level reports have been drafted, and reports for Round V and the follow-up visits are in progress.

Propensity score match methodology and variables have been used to analyze removal and new CPS intake data for Cohort 1 (Jan 2014 to Jun 2014) and Cohort 2 (Jul 2014 to Dec 2014). Analysis of Cohort 3 (Jan 2015 to Jun 2015) is in progress.

The family survey protocol has been updated to offer incentives for completion, in the form of a Wal-Mart gift card, and to allow for families to provide feedback through their choice of a live phone interview, a shorter automated phone survey, or an online survey.

Fidelity ratings have been drafted and are currently being finalized, with these ratings incorporating data from FAMLINK, key informant interviews, family surveys, and case reviews.

Numbers of Children and Families Assigned to the Demonstration

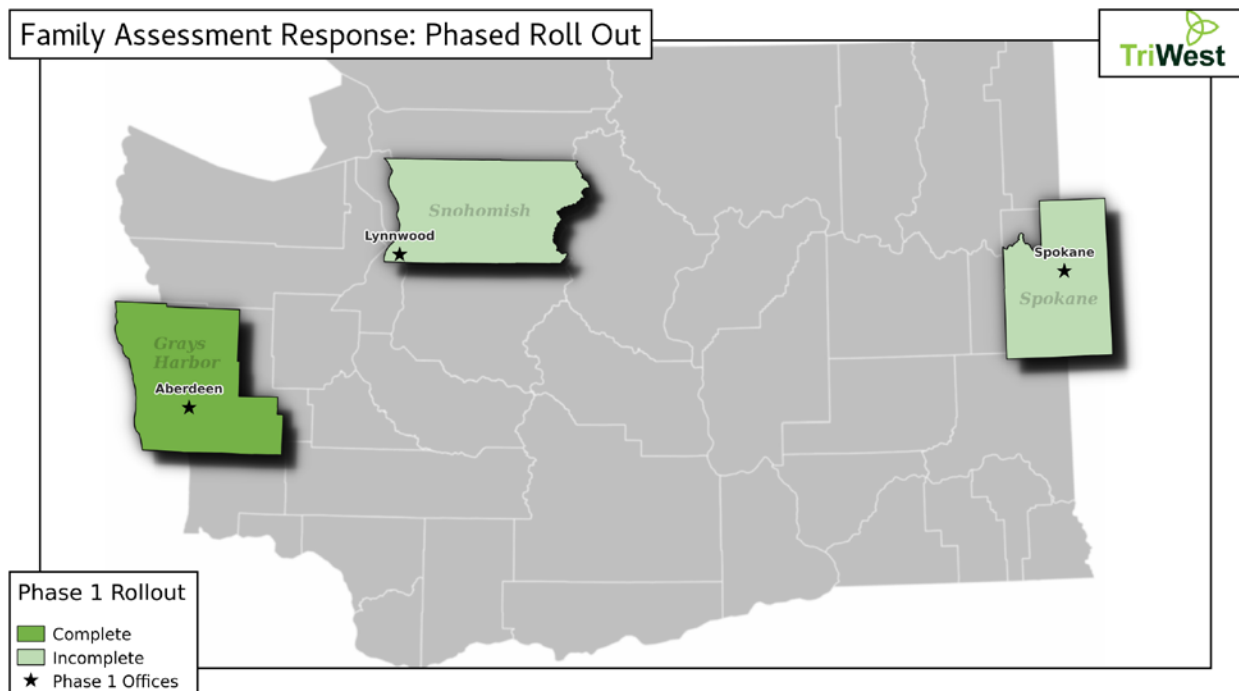
The table below shows the number of families with a FAR intake, by evaluation cohort, across all offices implementing FAR through October 2015, based on extracts from FAMLINK. Each intake represents a family assessed as being eligible for FAR and assigned to a caseworker. These counts are unduplicated,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

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 due to safety concerns, and families who decline to participate in FAR – these numbers are included in hand counts. Additionally, our data cleaning process excludes any cases labeled as FAR but that are served in non-FAR offices.

Families Assigned to FAR Study and Control Groups

Month	Number of Families with a FAR Intake	Number of Control Group Families
Cohort 1 (Jan – Jun 2014)	664	664
Cohort 2 (Jul – Dec 2014)	2,634	2,634
Cohort 3 (Jan – Jun 2015)	5,596	-- ¹
Total to Date	8,894	-- ¹

Cohorts 1 & 2: Families Served January 2014 through December 2014

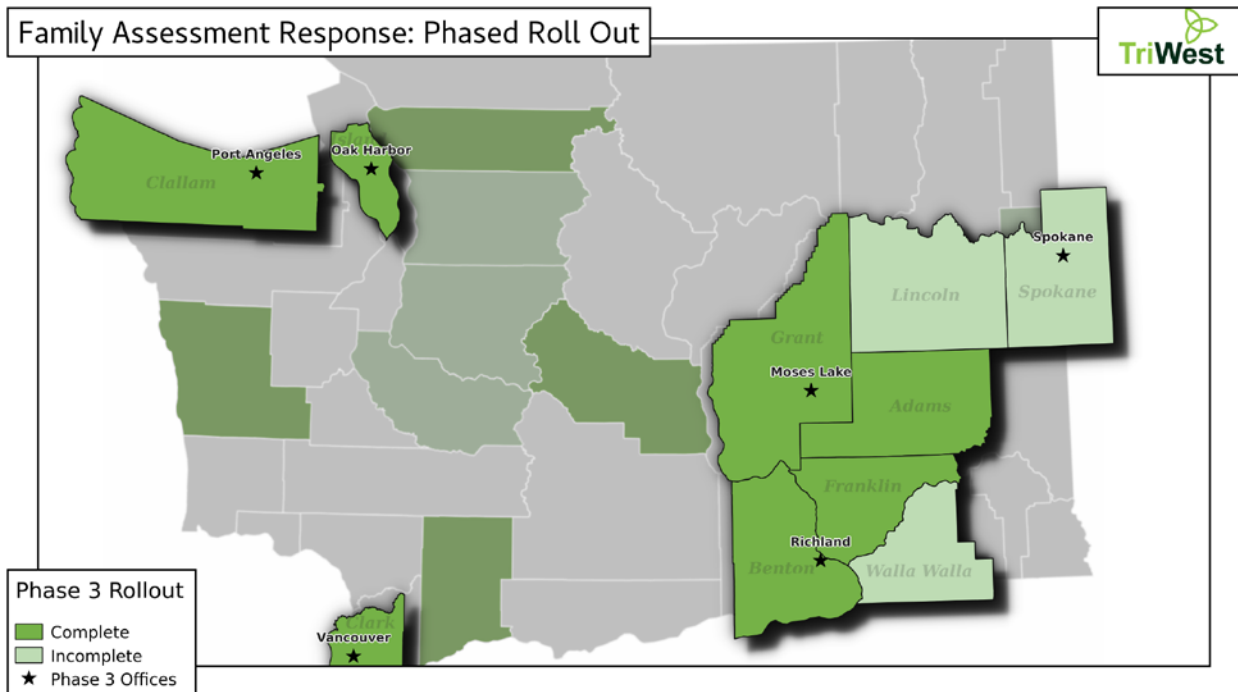
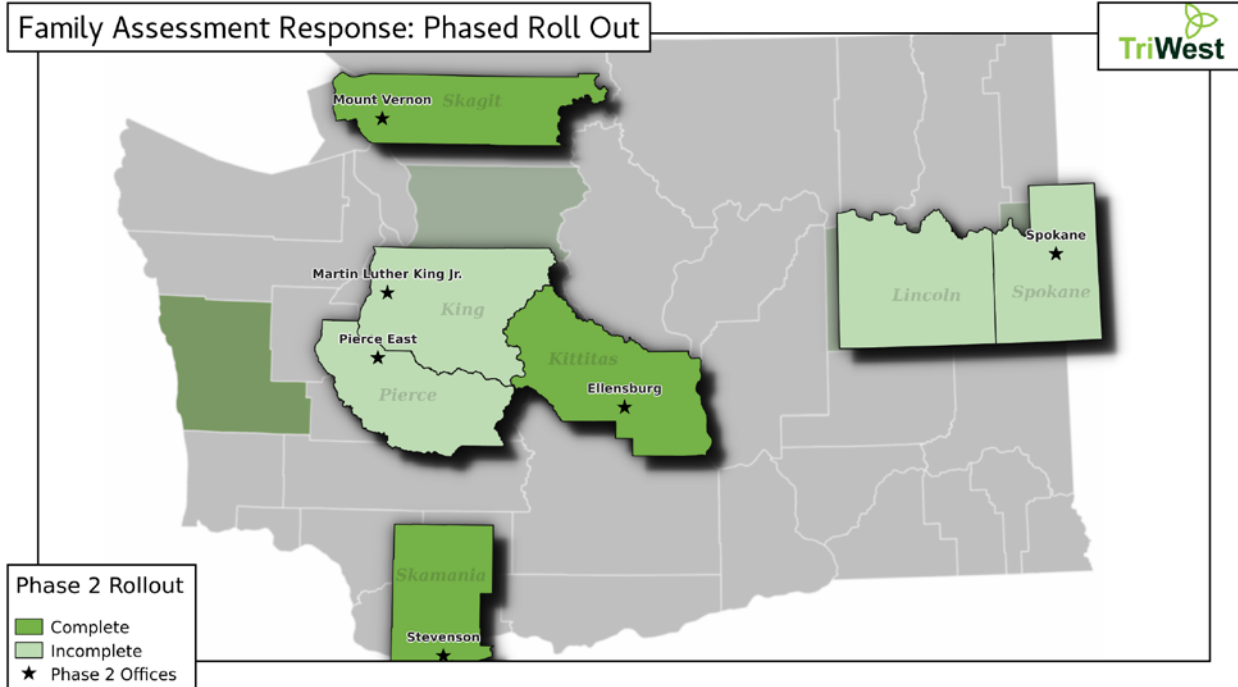


- Cohort 1: N = 664
- Includes only Phase 1 Rollout Offices
- Cohort 1 has been combined with Cohort 2 for analysis because the first Cohort represents such a small number of offices (two complete offices and one partial office).

Cohort 1 Offices:

- ✓ **Aberdeen**
- ✓ **Lynnwood**
- ✓ **Spokane**
(select zip codes)

¹ The creation of a propensity score matched control group for Cohort 3 is underway as of the writing of this report. For the first time, FAR has been implemented extensively enough statewide that the study group is larger than our control group pool. We will discuss the matched control group in our next semi-annual report.

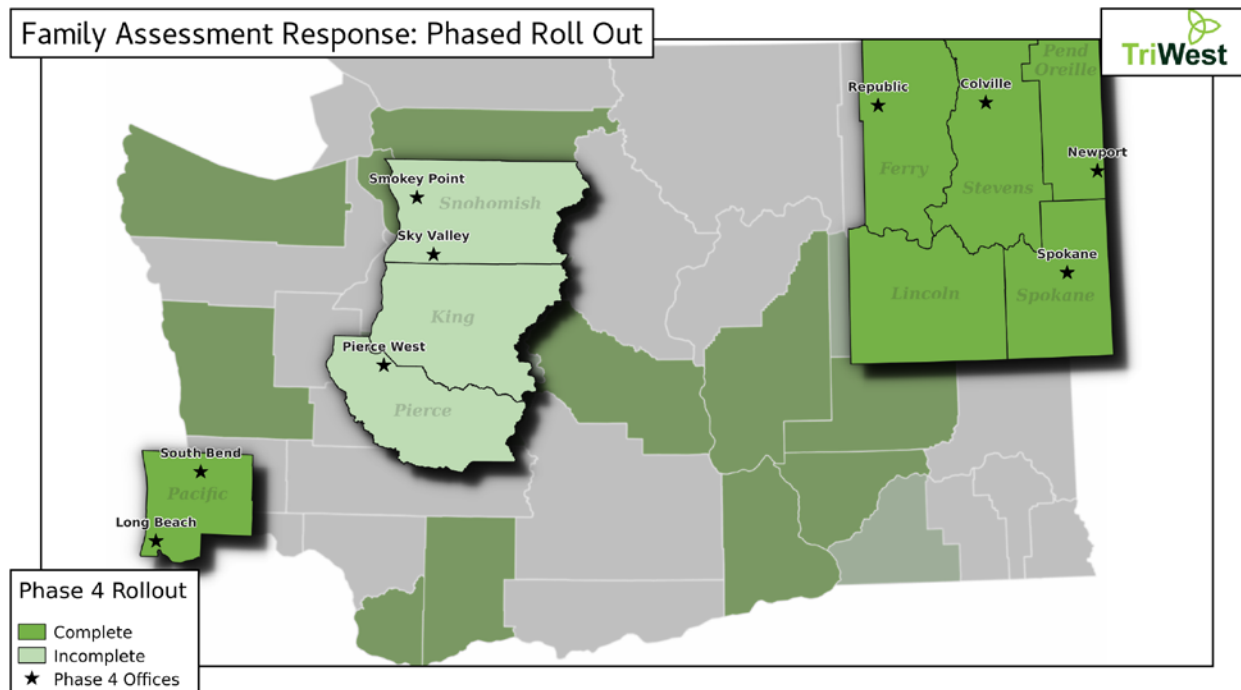


- Cohort 2: N = 2,634
- Adds families served in Phase 2 & 3 Rollout offices
- Combined Cohorts 1 & 2: N = 3,298

Cohort 2 Offices:

- ✓ Aberdeen
- ✓ **Ellensburg**
- ✓ **Forks**
- ✓ **Lincoln County**
- ✓ Lynnwood
- ✓ **Mt. Vernon**
- ✓ **Martin Luther King, Jr.**
- ✓ **Moses Lake**
- ✓ **Richland**
- ✓ **Oak Harbor**
- ✓ **Pierce East**
- ✓ **Port Angeles**
- ✓ **Port Townsend**
- ✓ **Spokane**
(additional zip codes)
- ✓ **Stevenson**
- ✓ **Vancouver**

Cohort 3: Families Served January 2015 through July 2015



- Cohort 3: N = 5,596
- Adds families served in Phase 4 Rollout offices

Cohort 3 Offices:

- | | |
|---------------------------|-----------------------|
| ✓ Aberdeen | ✓ Stevenson |
| ✓ Bremerton | ✓ Moses Lake |
| ✓ Colville | ✓ Richland |
| ✓ Long Beach | ✓ Oak Harbor |
| ✓ Lynnwood | ✓ Forks |
| ✓ Ellensburg | ✓ Port Townsend |
| ✓ King East | ✓ Port Angeles |
| ✓ Lincoln County | ✓ Republic |
| ✓ Mt. Vernon | ✓ Sky Valley |
| ✓ Martin Luther King, Jr. | ✓ Smokey Point |
| ✓ Newport | ✓ South Bend |
| ✓ Pierce East | ✓ Sunnyside |
| ✓ Pierce South | ✓ Vancouver |
| ✓ Pierce West | ✓ Spokane |
| | ✓ Walla Walla |

Major Evaluation Activities and Events

Evaluation activities for this semi-annual reporting period (July through December 2015) have centered on Round IV and V Office site visits, continued data analysis and presentation (including the creation of a new study cohort), revisions to the Family Survey protocol, and participation in the annual Federal IV-E Waiver Meeting in Washington, DC. The following table lists specific major activities around evaluation plan work:

- Monthly meetings with Washington State FAR team
- Drafted and finalized reports on Round III Offices and Round III Overall
- Round IV Office site visits and reports
- Data analysis (new Cohort 3, additional Cohort 1 & 2 data; inclusion of six month outcomes)
- Drafted and finalized reports for Round IV and Round V Offices
- Finished Round V site visits

- IRB study amendments² for new family survey incentives and additional data collection
- Presentation of FAR Evaluation findings to the International Conference on Family Engagement (Minneapolis, MN)

Major Evaluation Activities: July – December 2015

Date	Activity	Audience/Participants
July 1, 2015	Drafted Round III Overall Summary Report	TriWest/Children’s Administration
July 14, 2015	Drafted Outline for Semi-Annual Report	Children’s Administration/Federal
July 14, 2015	Data file corrections/New files requested	TriWest/Children’s Administration
July 14, 2015	Monthly Evaluation Team Meeting	TriWest/Children’s Administration
July 15, 2015	Finalized Round III Overall Summary Report	TriWest/Children’s Administration
July 20, 2015	Compiled Phase IV KII Data	TriWest
July 30, 2015	Received updated data files; updated R code	TriWest
August 6, 2015	Sky Valley Office Summary Report	TriWest/Children’s Administration
August 12, 2015	Updated data with urban/rural codes	TriWest
August 12, 2015	South Bend/Long Beach Office Summary Report	TriWest/Children’s Administration
August 14, 2015	Pierce West Office Summary Report	TriWest/Children’s Administration
August 16, 2015	Compiled Round III Family Survey Data	TriWest
August 24, 2015	Finalized Colville Office Summary Report	TriWest/Children’s Administration
August 26, 2015	Updated Family Survey Round 3 Response Data	TriWest
Sept. 1, 2015	Preliminary Cohort 1 & 2 outcome analysis	TriWest
Sept. 1-3, 2015	Federal IV-E Conference in Washington, D.C.	TriWest/Children’s Administration
Sept. 7, 2016	Preliminary outcomes report	TriWest/Children’s Administration
Sept. 8, 2015	Monthly Evaluation Team Meeting	TriWest/Children’s Administration
Sept. 23, 2015	Preliminary minority disproportionality analysis	TriWest
Sept. 30, 2015	Completed Revisions to Key Informant Interviews	TriWest
October 1, 2015	Lynnwood office site visit	TriWest/Children’s Administration
October 6-7, 2015	Pierce South office site visit	TriWest/Children’s Administration
October 7, 2015	Data meeting with Children’s Administration	TriWest/Children’s Administration
October 8, 2015	Aberdeen office site visit	TriWest/Children’s Administration
October 8, 2015	Smokey Point office site visit	TriWest/Children’s Administration
October 9, 2015	Parent Ally training webinar (3 in Sept/Oct)	TriWest
October 13, 2015	Spokane office site visit	TriWest/Children’s Administration
October 13, 2015	Monthly Evaluation Team Meeting	TriWest/Children’s Administration
October 14-15, 2015	King East office site visit	TriWest/Children’s Administration
October 14, 2015	Sunnyside office site visit	TriWest/Children’s Administration
October 15, 2015	Walla Walla office site visit	TriWest/Children’s Administration
October 22, 2015	Revised Parent Ally Introductory Script, Crisis Response Protocol, and Instructions	TriWest

² These two study amendment requests were both approved in January 2016.

October 27-30, 2015	Innovations in Family Engagement Conference	TriWest
November 1, 2015	Received Cohort 3 data files	TriWest/Children's Administration
November 9, 2015	Phase IV Key Informant Office Level Report and Overall Summary sent to Children's Administration	TriWest
November 9, 2015	Bremerton office site visit	TriWest/Children's Administration
November 10, 2015	Monthly Evaluation Team Meeting	TriWest/Children's Administration
November 19, 2015	Reviewed and finalized analysis methodology	TriWest
December 1, 2015	Submitted IRB study amendment for review	TriWest
December 10, 2015	Parent Ally training webinar	TriWest
December 14, 2015	Parent Ally training practice surveys	TriWest
December 15, 2015	Data call with Children's Administration	TriWest/Children's Administration
December 21, 2015	Received IRB approval for amendment	TriWest
December 30, 2015	Drafted slides for legislative presentation	TriWest
December 31, 2015	Finished data analysis for semi-annual report	TriWest

Challenges to the Evaluation and How They Have Been Addressed

There have been no significant delays to the implementation of the Evaluation Plan. Washington DSHS has collaborated closely with the evaluation team and provided access to the staff necessary to conduct critical activities. All evaluation activities are underway as planned.

Family Survey Changes

As mentioned in the last semi-annual report, our pilot test of the Family Survey led to several changes. We continue to work to increase response rates for family surveys. At the end of this reporting period, we requested a study amendment from the IRB to add in a \$5/\$10 gift card incentive. This request was granted prior to submission of this semi-annual report. We are beginning to see some improvements in rates of contact and in response rates. We will report more fully on improved family response rates following analysis of 2015 survey data.

1. **Contact families to invite participation immediately upon case closure.** Surveys will be conducted as soon after case closure as possible to increase the likelihood of families responding. As time increases between case closure and the phone interview, families become more difficult to reach (disconnected phone numbers, moved, etc.).
2. **Multiple ways in which families can participate in the survey.** In the case closure letter, families are encouraged to participate in the survey and are provided multiple options:
 - **Toll-free telephone number:** Families will be provided a phone number to call so they may either complete a brief automated telephone survey or leave a message to be contacted by an interviewer to complete the full survey.
 - **Hard copy by mail:** Families can leave a message with a mailing address so that a hard copy and pre-addressed and stamped envelope can be mailed to them.
 - **Online:** Families can log into a website to complete the survey online.
 - **Reminder:** The case closure letter will remind families that an interviewer may reach out to them to complete the survey. We will continue to make calls to families who agreed to be contacted when signing the FAR agreement.
3. **Caseworker involvement:** Training now includes information on the family surveys and asks FAR social workers to encourage their families to participate.

Progress on Fidelity Measures

Work with FAMLINK data and changes to Family Survey protocol have delayed finalizing our process for creating a fidelity rating process. As we have continued to become familiar with each FAMLINK data element and as the subsequent rounds of Family Surveys are completed, we have drafted fidelity rankings, currently under internal review, based on:

1. Key Informant Interviews regarding barriers to implementation, initial family contact/engagement and child interviews.
2. Family Survey respondent reports of social worker initial contact and child interviews.
3. Results of case reviews conducted by Children's Administration management.
4. FAMLINK data regarding caseloads, length of cases, and service delivery.

Significant Evaluation Findings to Date

Removal Rates

An analysis of removal rates for Cohorts 1 & 2 has been completed. The following table summarizes the overall number and rate of removals for Cohorts 1 & 2 at three months and six months after initial intake. **Overall, FAR families have slightly lower removal rates than control families, though this difference is not statistically significant.**

Removals – Three Months and Six Months After Intake (Cohorts 1 & 2) Families served January 1 – December 31, 2014

	FAR	Matched Control Group	Overall CPS (FAR + Investigative)
Total number of intakes	3,295	3,295	24,678
Families with a Removal within 3 months of intake	129	148	1,398
Percent of Removals within 3 months of intake	3.9%	4.5%	5.7%
Families with a Removal within 6 months of intake	188	200	1,798
Percent of Removals within 6 months of intake	5.7%	6.1%	7.2%

The removal analysis above has also been broken down by case disposition (families who remain in FAR, refuse FAR, transfer to Investigations, etc.), as summarized in the table below.

This further analysis yielded the following findings:

- Families who remain in FAR have lower removal rates than families who refuse FAR.
- Half of families transferred to the investigative pathway have at least one child removed within six months.
- Cases closed with an indication that no services are needed have low removal rates, but these rates are still higher than the removal rates for families who fully participate in FAR.

**FAR Removals, by Case Disposition (Three and Six Month Removal Rates)
(Cohorts 1 & 2) Families served January 1 – December 31, 2014**

FAR Families Only	3 Months	6 Months	Control Group 3 / 6 months
Overall Removal Rate	3.90%	5.70%	4.5% / 6.1%
Removal rate for families who remain in FAR	1.00%	2.40%	
Removal rate for families who refuse to participate in FAR	4.30%	7.10%	
Removal rate for families who are transferred to Investigations for safety concerns	43.40%	50.00%	
Removal rate for FAR families whose cases are closed, with no service needs	1.50%	2.90%	

The high rate of removals for families who are transferred to the Investigative Pathway following initial assignment to FAR indicates that caseworkers and supervisors are choosing to override the initial assignment in serious cases. In key informant interviews, many caseworkers have indicated that they learn additional information after being assigned a case that leads to the need to transfer families to an Investigation due to safety concerns. It is important to keep in mind, however, that while the removal rate is high, a very small number of families are being transferred for safety concerns. The analysis also looked at how the existence and severity of prior intakes influenced differences between FAR and control families in rates of removal at six months following the initial intake. The following table summarizes the results. Differences in removal rates between FAR and the control group were small, and none were statistically significant. **As expected, the removal rate increases as cases become more severe. However, within each type of prior intake, differences between FAR and control families are negligible.**

**One or More Removals Within Six Months of Intake by Prior Intake History
(Cohorts 1 & 2) Families served January 1 – December 31, 2014**

Family Prior History with CPS	Percent with Removal within 6 months of Intake	
	FAR	Matched Control Group
No Prior Intakes	2.2%	2.7%
One Prior Abuse or Two or Fewer Prior Neglect Intakes	6.4%	6.3%
Two or More Prior Abuse or Three or More Prior Neglect Intakes	12.3%	12.7%

New CPS Intakes (Re-Referrals)

An analysis of new CPS intake rates for Cohorts 1 & 2 has been completed. The following table summarizes the rate of new CPS intakes for Cohorts 1 & 2 at three months and six months after the initial intake. **On average, FAR families have more new CPS intakes than do control group families. (See table on following page.)**

**New CPS Intakes – Three and Six Months After Intake
(Cohorts 1 & 2) Families served January 1 – December 31, 2014**

	FAR	Matched Control Group	Overall CPS (FAR + Investigative)
Total Number of Families	3,298	3,298	24,678
Average Number of New Accepted Intakes* 3 months after initial intake	0.17	0.15	0.15
Average Number of New Accepted Intakes* 6 months after initial intake	.29**	.26**	0.24

* Only accepted intakes are counted. Excludes new intakes that screen out.

** Differences are statistically significant at $p < .05$.

For every 100 FAR families served, after three months there were 17 new intakes, compared with 15 for control families. This difference is small and not statistically significant.

For every 100 FAR families served, after six months there were 29 new intakes, compared with 26 for control families. This difference is also small, but is statistically significant.

The analysis of new CPS intakes also considered whether the new accepted intake was screened to FAR (an indication of a similar or less serious subsequent allegation) or to

Investigation (an indication of a more serious subsequent allegation). The following two tables summarize the types of new intakes at three and six months, respectively. **These tables show that most FAR families who receive a new intake screen again to FAR, and not to Investigations. Control group families are less likely to be eligible for FAR upon a new CPS intake. (See table below).**

Breakdown of New CPS Intakes - Three Months After Initial Intake Cohorts 1 & 2

	FAR	Matched Control Group
Number of Total New Accepted CPS Intakes After Three Months	561	495
Percent of new intakes that were FAR Eligible	383* (68.3%)	294* (59.4%)
Percent of new intakes that were Non-FAR Eligible (screened to Investigative Pathway)	154 (27.4%)	185 (37.4%)
Percent of new intakes screened as Risk-Only	24 (4.3%)	24 (4.8%)

**Differences are statistically significant at $p < .05$.*

Breakdown of New CPS Intakes - Six Months After Initial Intake Cohorts 1 & 2

	FAR	Matched Control Group
Number of Total New Accepted CPS Intakes After Six Months	956	857
Percent of new intakes that were FAR Eligible	630* (65.9%)	458* (53.4%)
Percent of new intakes that were Non-FAR Eligible (screened to Investigative Pathway)	288 (30.1%)	336 (39.2%)
Percent of new intakes screened as Risk-Only	47 (4.9%)	49 (5.7%)

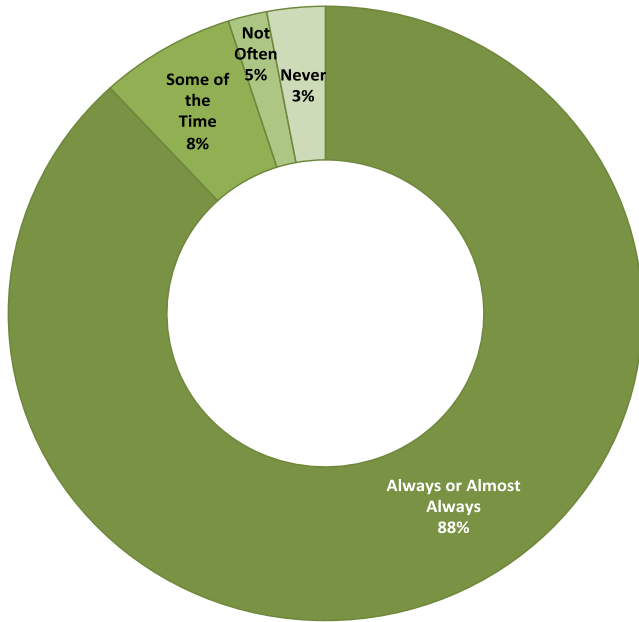
**Differences are statistically significant at $p < .05$.*

Family Survey Results

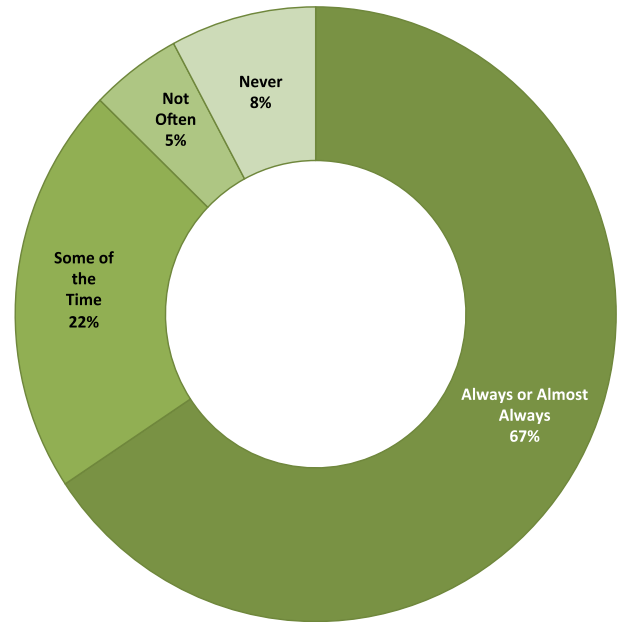
Preliminary results from our initial rounds of family surveys are included in the four charts on the following page. The number of respondents for each question ranges from 60 to 63.

Overall, FAR parents felt highly engaged in the case process, usually felt that social workers listened to their needs, felt that social workers helped identify things causing problems in the family 67% of the time, and felt that their families were doing better, thanks to FAR, 68% of the time (with only 2% of parents reporting that FAR had made their family worse off).

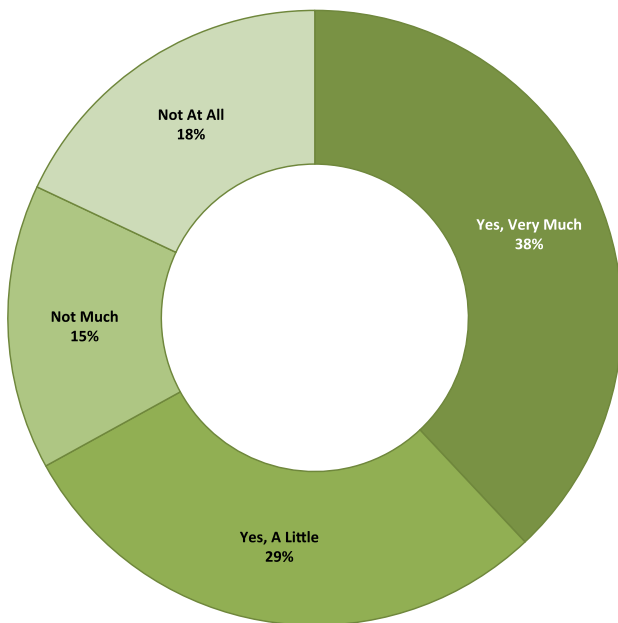
**Parents Reporting: "I was actively engaged in the case process."
(N = 175)**



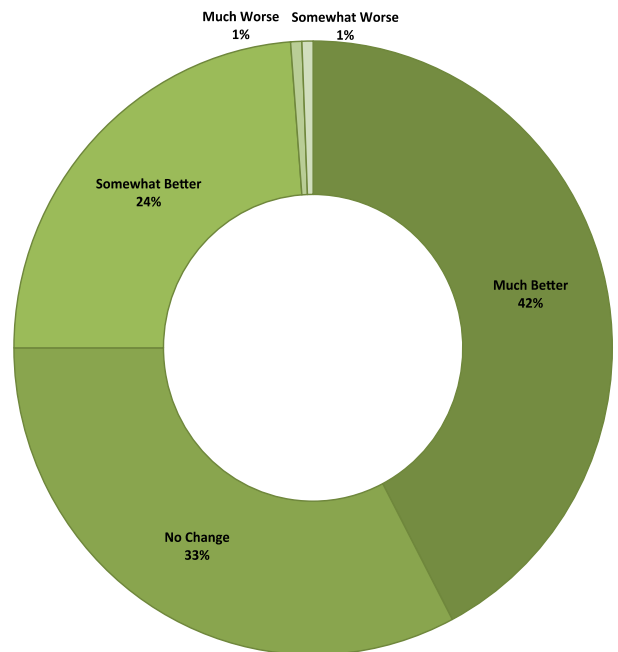
**Parents Reporting: "My social worker listened to whether my family needed services."
(N = 175)**



**Parents Reporting: "My caseworker helped to identify things causing problems for my family."
(N = 170)**



**Parents Reporting: "Overall, how is your family doing because of FAR?"
(N = 175)**



Key Informant Interviews

To date, Key Informant Interviews have been conducted, analyzed and summarized across the first four rounds of implementation offices. Findings from key informant interviews are highly consistent with each round, with few changes or additions. As the FAR implementation continues, however, **it is clear that staff believe that the FAR training has seen significant improvement. Other additional findings of note include that offices are struggling to replace the efforts of the FAR Lead when that position expires, new and inexperienced social workers find it extremely helpful to shadow supervisors and/or more experienced colleagues in the field, and that leaving the FAR Supervisor position unfilled is highly disruptive.**

Key findings are described in the following areas:

Perceived barriers to implementation:

- The 45 day (or even 90 day) time limit continues to create multiple challenges to full implementation of FAR, including timeframes for collecting/entering data and limits on EBP services.
- Social worker experiences with FAR vary greatly between urban and rural offices, particularly around resource availability. Short timeframes are especially problematic for rural offices, as commutes for social workers to meet families are often much longer.
- Social worker individual style greatly influences perceptions of the FAR model and their work within it. Cultural buy-in and appropriate engagement styles are very important for FAR social workers. Offices that lack this buy-in tend to struggle more with implementation.
- Many social workers continue to report that requiring families to sign the FAR agreement is a barrier to participation in the program.
- High turnover among CPS staff is disruptive. While this is true of positions at every level, from social worker to administrator, respondents across offices emphasized especially that a vacancy in the FAR Supervisor position is detrimental to FAR implementation. Effective FAR Supervisors are able to answer questions about FAR cases that fall in gray areas, provide guidance and support to new or inexperienced social workers, help coordinate caseload and work flow between FAR and Investigative units, and are often the only ones to assume the FAR Lead's responsibilities when that position expires.
- FAR Leads are seen as instrumental to the success of FAR, but CPS staff (caseworkers and supervisors) rarely have time to take over that position's responsibilities once it expires. Efforts to build and maintain community relationships seem to stagnate without a FAR Lead.
- Whether the intake units screen cases correctly is still debated among CPS staff in all offices in both the FAR and Investigative pathways. It is not clear to what extent this is a

result of intake workers not understanding or utilizing the intake tool, or CPS staff misunderstanding the criteria under which a family screens to FAR or Investigations. It may be helpful to ensure that all CPS office staff consistently know and understand the criteria by which an intake screens to FAR or Investigations.

Perspectives from Investigators:

- Investigative support of FAR is mixed; Investigators often see the FAR model in conflict with their training as investigators. At the same time, many Investigators are supportive of the program overall, even if they don't feel their personal style would be a good fit.
- Many investigators wish they had received a more formal orientation on FAR.
- Larger offices tend to see greater tension between FAR and Investigative units, likely due to the decreased communication between teams that tends to arise from several factors in larger offices.
- FAR results in a condensed pool of higher-risk cases for Investigative workers. This higher concentration of stressful cases can lead to social worker burnout.
- Some Investigators have expressed frustration with cases that transfer from FAR to Investigations. These transfers can also lead to difficulties with law enforcement.

Positive Outcomes:

- Most respondents reported a high degree of positive change as a result of FAR implementation. These changes primarily concern the experience of families, and the sense that social workers can get families the help they need under FAR.
- Over the three rounds of implementation, perceptions of the trainings improved. Social workers reported that hearing from FAR workers from offices that implemented earlier was the most valuable part of training.
- Shadowing Supervisors or other experienced social workers in the field has been the best way for new or inexperienced FAR workers to get up to speed on engaging and talking to families.
- FAR families are much more engaged with social workers once they understand that social workers are not seeking a finding, and they appreciate the increased transparency and honesty.
- In offices that have controlled caseloads, social workers hold more positive attitudes, are less stressed, and appreciate the ability to help families. Many social workers noted that FAR allows them to do "good social work."
- There is more community support, and communities are beginning to see CPS more positively. Social workers on average are more familiar with community services and are better able to work with families to help them meet their needs.

Most respondents felt it was too early in the implementation (at the time of the interview) to ascertain whether families were learning to meet their own needs using community supports, and whether the availability of community services was adequately reflective of the communities' unique cultural needs.