

WASHINGTON STATE
TITLE IV-E DEMONSTRATION
PROJECT

*SEMI-ANNUAL PROGRESS REPORT:
JULY-DECEMBER 2014*

*Submission
Date:
January, 2015*

WASHINGTON
DEPARTMENT OF
SOCIAL AND
HEALTH SERVICES

CHILDREN'S
ADMINISTRATION

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I. Overview

On January 1, 2014, Washington State Children's Administration (CA) began using Family Assessment Response (FAR) in three offices: Aberdeen, Lynnwood, and two zip codes in Spokane. These offices represent each of Washington's three Regions in rural, suburban, and urban settings. Our experiences in these offices have helped us to improve our training, quality assurance, and staff support strategies. There have not been any significant changes to our demonstration project.

Since our initial implementation in January 2014, CA has implemented FAR in 12 additional offices:

- Ellensburg – in rural central Washington
- Mount Vernon – in northwest Washington
- Martin Luther King, Jr – an office in Seattle
- Pierce East – an office in Tacoma
- Stevenson- an office in rural southwest Washington
- Moses Lake – in eastern Washington
- Richland- in south central Washington
- Oak Harbor- in northwest Washington
- Forks, Port Townsend, and Port Angeles – 3 offices in rural southwest Washington
- Vancouver- an urban office in southwest Washington.

FAR staff have been encouraged to seek new ways to meet the needs identified by families, which has increased family engagement and trust in the department.

CA has engaged in many activities in the last 6 months to implement FAR in these fifteen offices and to prepare the rest of the state for implementation.

To date, the project is on time and on budget. FAR staff have received numerous emails and letters thanking them for the impact they have had on the lives of the families they serve. One parent told us that she was thankful that she made the mistakes that lead to the CPS referral because she would never have made the life changes (participating in alcohol treatment, first stable job in 15 years, setting better boundaries and making better parenting decisions) if the FAR worker had not come to her home.

II. Demonstration Status, Activities, and Accomplishments

Numbers and types of services provided to date

As of December 31, 2014¹, FAR has served nearly 3,650 families from a wide variety of backgrounds. FAR caseworkers have worked with Indian Tribes, Canadian Bands, and families whose first languages include Somalian, Marshallese, Korean, Bosnian, Spanish, Amharic, Romanian, Swahili, Samoan, Punjabi, Hmong, Chinese, Vietnamese, and Nepali. The FAR brochure has been translated into 21 languages.

FAR Families have engaged in the following services:

- Family Support Services
- Crisis Family Intervention (CFI)
- Positive Parenting Program (Triple P)
- Chemical dependency services
- Mental health services
- Project Safe Care

FAR caseworkers have helped families address the following needs:

- Childcare
- Housing
- Transportation
- Medical Insurance
- Medical services
- Clothing
- Safety equipment (e.g. baby gates, safety door knobs, car seats)
- Dumpsters to reduce garbage in the house and yard
- Utility bills
- Carpet cleaning
- New bedding

¹ Data Source = hand counts 7/07/14

FAR Monthly Hand count Data

CA is working with our Data unit to access this information for the FAR offices from FamLink. In the meantime, the FAR team has done hand counts in the FAR offices to assess the work. CA anticipates that this information will be available electronically before the end of the next reporting period.

| Statewide ² | | | | | | |
|------------------------|-------------------------|--|---|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
| January | 126 | 4 | 6 | 7.94% | 1 | 0.79% |
| February | 126 | 3 | 5 | 6.35% | 0 | 0.00% |
| March | 130 | 6 | 1 | 5.38% | 4 | 3.08% |
| April | 138 | 8 | 2 | 7.25% | 4 | 2.90% |
| May | 106 | 4 | 1 | 4.72% | 3 | 2.83% |
| June | 101 | 2 | 2 | 3.96% | 0 | 0.00% |
| July | 247 | 7 | 7 | 5.67% | 4 | 1.62% |
| August | 291 | 3 | 6 | 3.09% | 7 | 2.41% |
| September | 338 | 6 | 13 | 5.62% | 11 | 3.25% |
| October | 816 | 18 | 18 | 4.41% | 11 | 1.35% |
| November | 644 | 14 | 13 | 4.19% | 9 | 1.40% |
| December | 662 | 21 | 8 | 4.38% | 19 | 2.87% |
| Total | 3725 | 96 | 82 | 4.78% | 73 | 1.96% |

Prior to implementation, CA looked at research from other states to find how many cases were likely to transfer from FAR to Investigations to prepare appropriate staffing in both pathways. We found that less than 6% of cases transferred in other states. Current CA data shows we are consistent with the trends in other states.

CA did not find consistent data about dependency filings in other states. Some states do not allow dependencies to be filed from the FAR pathway, requiring a pathway switch before a dependency could be filed. CA determined that filing a dependency is a safety measure that any social worker should be prepared to do, if necessary. In addition, the department felt that the social worker with the most information about the family is in the best position to inform the court about safety threats. The hand count dependency data does not reflect cases that transferred from FAR to Investigations. It is unrealistic to expect supervisors to track that data. We anticipate that TriWest will be able to provide much more accurate dependency data when they complete their propensity scoring matches.

² Data Source = hand counts January 2015

Region 1:

- Spokane (progressive implementation throughout 2014 – full office implementation anticipated by the end of January, 2015)
- Ellensburg- implemented July 13, 2014
- Moses Lake – implemented October 1, 2014
- Richland – Implemented October 1, 2014

| Region 1 ³ | | | | | | |
|-----------------------|-------------------------|--|--|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR -- transferred to Investigations | Percent Transferred to Investigations total | Dependencies filed | Percent Dependencies filed |
| January | 46 | 1 | 0 | 2.17% | 0 | 0.00% |
| February | 45 | 0 | 0 | 0.00% | 0 | 0.00% |
| March | 46 | 1 | 0 | 2.17% | 4 | 8.70% |
| April | 55 | 2 | 0 | 3.64% | 2 | 3.64% |
| May | 34 | 1 | 0 | 2.94% | 3 | 8.82% |
| June | 38 | 1 | 0 | 2.63% | 0 | 0.00% |
| July | 72 | 2 | 0 | 2.78% | 1 | 1.39% |
| August | 71 | 1 | 3 | 5.63% | 4 | 5.63% |
| September | 63 | 0 | 0 | 0.00% | 4 | 6.35% |
| October | 255 | 7 | 5 | 4.71% | 3 | 1.18% |
| November | 193 | 3 | 4 | 3.63% | 2 | 1.04% |
| December | 206 | 4 | 3 | 3.40% | 7 | 3.40% |
| Total | 1124 | 23 | 15 | 3.38% | 30 | 2.67% |

³ Data Source = hand counts January 2015

Spokane & Lincoln Counties⁴

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent Dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| January | 46 | 1 | 0 | 2.17% | 0 | 0.00% |
| February | 45 | 0 | 0 | 0.00% | 0 | 0.00% |
| March | 46 | 1 | 0 | 2.17% | 4 | 8.70% |
| April | 55 | 2 | 0 | 3.64% | 2 | 3.64% |
| May | 34 | 1 | 0 | 2.94% | 3 | 8.82% |
| June | 38 | 1 | 0 | 2.63% | 0 | 0.00% |
| July | 67 | 2 | 0 | 2.99% | 1 | 1.49% |
| August | 65 | 1 | 2 | 4.62% | 4 | 6.15% |
| September | 55 | 0 | 0 | 0.00% | 3 | 5.45% |
| October | 144 | 3 | 3 | 4.17% | 2 | 1.39% |
| November | 113 | 3 | 3 | 5.31% | 2 | 1.77% |
| December | 103 | 3 | 1 | 3.88% | 6 | 5.83% |
| Total | 811 | 18 | 9 | 3.33% | 27 | 3.33% |

Ellensburg

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| July 13-31 | 5 | 0 | 0 | 0.00% | 0 | 0.00% |
| August | 6 | 0 | 1 | 0.00% | 0 | 0.00% |
| September | 8 | 0 | 0 | 0.00% | 1 | 12.50% |
| October | 11 | 0 | 1 | 9.09% | 0 | 0.00% |
| November | 4 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 8 | 0 | 1 | 12.50% | 0 | 0.00% |
| Total | 42 | 0 | 3 | 7.14% | 1 | 2.38% |

⁴ Data Source = hand counts January 2015

Moses Lake⁵

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| October | 27 | 2 | 0 | 7.41% | 1 | 3.70% |
| November | 29 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 32 | 0 | 0 | 0.00% | 0 | 0.00% |
| Total | 88 | 2 | 0 | 2.27% | 1 | 1.14% |

Richland

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| October | 73 | 2 | 1 | 4.11% | 0 | 0.00% |
| November | 47 | 0 | 1 | 2.13% | 0 | 0.00% |
| December | 63 | 1 | 1 | 3.17% | 1 | 1.59% |
| Total | 183 | 3 | 3 | 3.28% | 1 | 0.55% |

⁵ Data Source = hand counts January 2015

Region 2:

- Lynnwood implemented January 2014
- Mount Vernon implemented July 13, 2014
- Martin Luther King Jr office implemented July 13, 2014
- Oak Harbor implemented October 2014

| Region 2 ⁶ | | | | | | |
|-----------------------|-------------------------|--|---|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
| January | 49 | 3 | 6 | 18.37% | 1 | 2.04% |
| February | 42 | 1 | 5 | 14.29% | 0 | 0.00% |
| March | 53 | 3 | 1 | 7.55% | 0 | 0.00% |
| April | 46 | 4 | 1 | 10.87% | 1 | 2.17% |
| May | 43 | 2 | 0 | 4.65% | 0 | 0.00% |
| June | 36 | 0 | 1 | 2.78% | 0 | 0.00% |
| July | 82 | 2 | 4 | 7.32% | 2 | 2.44% |
| August | 99 | 0 | 2 | 2.02% | 1 | 1.01% |
| September | 139 | 2 | 6 | 5.76% | 4 | 2.88% |
| October | 193 | 5 | 3 | 4.15% | 5 | 2.59% |
| November | 169 | 3 | 3 | 3.55% | 2 | 1.18% |
| December | 168 | 11 | 2 | 7.74% | 6 | 3.57% |
| Total | 1119 | 36 | 34 | 6.26% | 22 | 1.97% |

⁶ Data Source = hand counts January 2015

Lynnwood ⁷

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| January | 49 | 3 | 6 | 18.37% | 1 | 2.04% |
| February | 42 | 1 | 5 | 14.29% | 0 | 0.00% |
| March | 53 | 3 | 1 | 7.55% | 0 | 0.00% |
| April | 46 | 4 | 1 | 10.87% | 1 | 2.17% |
| May | 43 | 2 | 0 | 4.65% | 0 | 0.00% |
| June | 36 | 0 | 1 | 2.78% | 0 | 0.00% |
| July | 42 | 0 | 3 | 7.14% | 1 | 2.38% |
| August | 36 | 0 | 0 | 0.00% | 1 | 2.78% |
| September | 45 | 0 | 1 | 2.22% | 1 | 2.22% |
| October | 52 | 0 | 2 | 3.85% | 0 | 0.00% |
| November | 41 | 0 | 3 | 7.32% | 0 | 0.00% |
| December | 51 | 2 | 1 | 5.88% | 1 | 1.96% |
| Total | 536 | 15 | 24 | 7.28% | 6 | 1.12% |

Mount Vernon

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| July 13 - 31 | 13 | 0 | 0 | 0.00% | 0 | 0.00% |
| August | 24 | 0 | 1 | 4.17% | 0 | 0.00% |
| September | 34 | 0 | 4 | 11.76% | 1 | 2.94% |
| October | 41 | 1 | 0 | 2.44% | 0 | 0.00% |
| November | 27 | 1 | 0 | 3.70% | 2 | 7.41% |
| December | 24 | 0 | 0 | 0.00% | 0 | 0.00% |
| Total | 163 | 2 | 5 | 4.29% | 3 | 1.84% |

⁷ Data Source = hand counts January 2015

Martin Luther King Jr. Office ⁸

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| July 13-31 | 27 | 2 | 1 | 11.11% | 1 | 3.70% |
| August | 39 | 0 | 1 | 2.56% | 0 | 0.00% |
| September | 60 | 2 | 1 | 5.00% | 2 | 3.33% |
| October | 75 | 5 | 1 | 8.00% | 5 | 6.67% |
| November | 93 | 3 | 0 | 3.23% | 2 | 2.15% |
| December | 71 | 9 | 1 | 14.08% | 5 | 7.04% |
| Total | 365 | 21 | 5 | 7.12% | 15 | 4.11% |

Oak Harbor

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| October | 25 | 0 | 0 | 0.00% | 0 | 0.00% |
| November | 8 | 1 | 0 | 12.50% | 0 | 0.00% |
| December | 22 | 1 | 1 | 9.09% | 1 | 4.55% |
| Total | 55 | 2 | 1 | 5.45% | 1 | 1.82% |

⁸ Data Source = hand counts January 2015

Region 3:

- Aberdeen – January 2014
- East Pierce County – July 13, 2014
- Stevenson – July 13, 2014
- Forks, Port Angeles, and Port Townsend – (these 3 very small offices on the Puget Sound Peninsula were implanted together as one unit) October 2014
- Vancouver – October 2014

| Region 3 ⁹ | | | | | | |
|-----------------------|-------------------------|--|---|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
| January | 31 | 0 | 0 | 0.00% | 0 | 0.00% |
| February | 39 | 2 | 0 | 5.13% | 0 | 0.00% |
| March | 31 | 2 | 0 | 6.45% | 0 | 0.00% |
| April | 37 | 2 | 1 | 8.11% | 1 | 2.70% |
| May | 29 | 1 | 1 | 6.90% | 0 | 0.00% |
| June | 27 | 1 | 1 | 7.41% | 0 | 0.00% |
| July | 93 | 3 | 3 | 6.45% | 1 | 1.08% |
| August | 121 | 2 | 1 | 2.48% | 2 | 1.65% |
| September | 136 | 4 | 7 | 8.09% | 3 | 2.21% |
| October | 368 | 6 | 10 | 4.35% | 3 | 0.82% |
| November | 282 | 8 | 6 | 4.96% | 5 | 1.77% |
| December | 288 | 6 | 3 | 3.13% | 6 | 2.08% |
| Total | 1482 | 37 | 33 | 4.72% | 21 | 1.42% |

⁹ Data Source = hand counts January 2015

Aberdeen¹⁰

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| January | 31 | 0 | 0 | 0.00% | 0 | 0.00% |
| February | 39 | 2 | 0 | 5.13% | 0 | 0.00% |
| March | 31 | 2 | 0 | 6.45% | 0 | 0.00% |
| April | 37 | 2 | 1 | 8.11% | 1 | 2.70% |
| May | 29 | 1 | 1 | 6.90% | 0 | 0.00% |
| June | 27 | 1 | 1 | 7.41% | 0 | 0.00% |
| July | 28 | 1 | 1 | 7.14% | 0 | 0.00% |
| August | 29 | 0 | 0 | 0.00% | 0 | 0.00% |
| September | 33 | 0 | 3 | 9.09% | 0 | 0.00% |
| October | 28 | 0 | 4 | 14.29% | 0 | 0.00% |
| November | 27 | 0 | 2 | 7.41% | 4 | 14.81% |
| December | 23 | 0 | 1 | 4.35% | 0 | 0.00% |
| Total | 362 | 9 | 14 | 6.35% | 5 | 1.38% |

Pierce East

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| July 13- 31 | 61 | 2 | 2 | 6.56% | 1 | 1.64% |
| August | 89 | 2 | 1 | 3.37% | 2 | 2.25% |
| September | 101 | 4 | 4 | 7.92% | 3 | 2.97% |
| October | 112 | 3 | 1 | 3.57% | 3 | 2.68% |
| November | 81 | 5 | 0 | 6.17% | 0 | 0.00% |
| December | 92 | 6 | 0 | 6.52% | 5 | 5.43% |
| Total | 536 | 22 | 8 | 5.60% | 14 | 2.61% |

¹⁰ Data Source = hand counts January 2015

Stevenson¹¹

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| July 13- 31 | 4 | 0 | 0 | 0.00% | 0 | 0.00% |
| August | 3 | 0 | 0 | 0.00% | 0 | 0.00% |
| September | 2 | 0 | 0 | 0.00% | 0 | 0.00% |
| October | 11 | 0 | 0 | 0.00% | 0 | 0.00% |
| November | 2 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 10 | 0 | 0 | 0.00% | 0 | 0.00% |
| Total | 32 | 0 | 0 | 0.00% | 0 | 0.00% |

Port Angeles

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| October | 26 | 1 | 2 | 11.54% | 0 | 0.00% |
| November | 25 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 25 | 0 | 1 | 4.00% | 0 | 0.00% |
| Total | 76 | 1 | 3 | 5.26% | 0 | 0.00% |

Port Townsend

| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| October | 4 | 0 | 0 | 0.00% | 0 | 0.00% |
| November | 6 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 11 | 0 | 1 | 9.09% | 0 | 0.00% |
| Total | 21 | 0 | 1 | 4.76% | 0 | 0.00% |

¹¹ Data Source = hand counts January 2015

| Forks ¹² | | | | | | |
|---------------------|-------------------------|--|---|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
| October | 2 | 0 | 0 | 0.00% | 0 | 0.00% |
| November | 3 | 0 | 0 | 0.00% | 0 | 0.00% |
| December | 3 | 0 | 0 | 0.00% | 0 | 0.00% |
| Total | 8 | 0 | 0 | 0.00% | 0 | 0.00% |

| Vancouver | | | | | | |
|--------------|-------------------------|--|---|---|--------------------|----------------------------|
| Month | Intakes assigned to FAR | FAR cases transferred to Investigations due to safety or risk concerns | Families who declined to participate in FAR (transferred to Investigations) | Percent Transferred to Investigations total | Dependencies filed | Percent dependencies filed |
| October | 185 | 2 | 3 | 2.70% | 0 | 0.00% |
| November | 138 | 3 | 4 | 5.07% | 1 | 0.72% |
| December | 124 | 0 | 0 | 0.00% | 1 | 0.81% |
| Total | 447 | 5 | 7 | 2.68% | 2 | 0.45% |

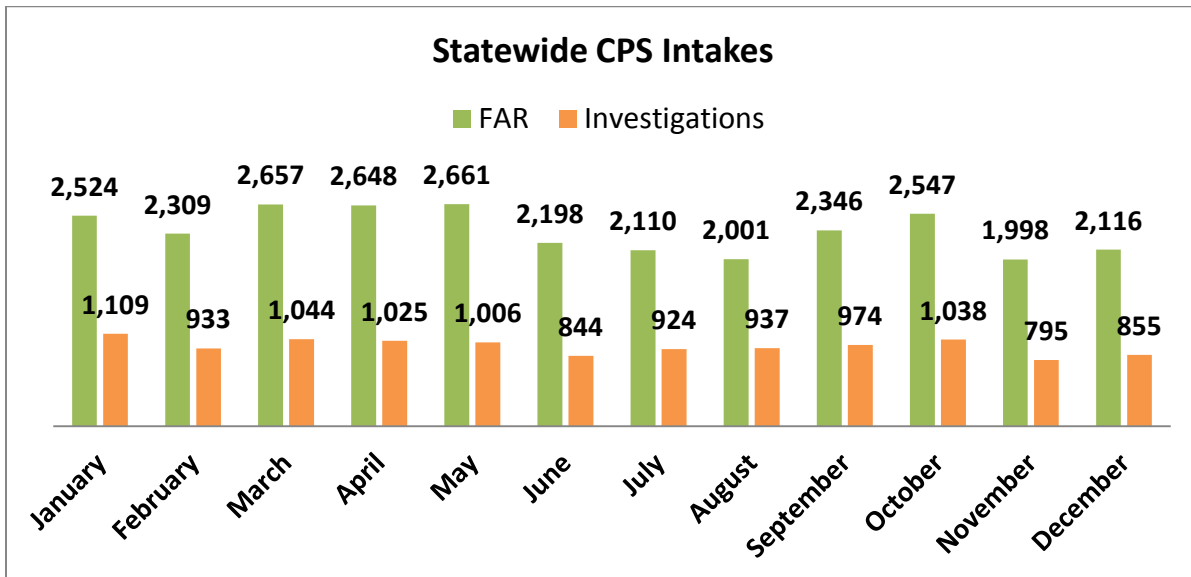
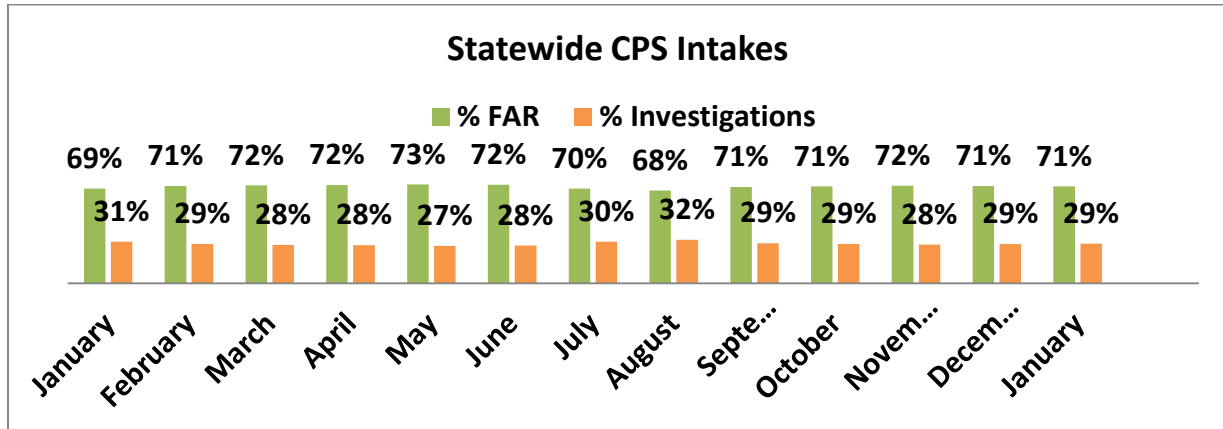
Statewide CPS Intake Trends January – December 2014¹³

Children's Administration has been tracking intake trends in CPS intakes since January 2014, to assess the number of CPS cases that would be assigned to FAR and those that would be assigned to investigations if FAR were available in every office. This is tracked at the Intake worker level, with the understanding that the intake supervisor changes 5-10% of intakes. Supervisors change intake response times and CPS pathways for a number of reasons, including: family history of child abuse and neglect, additional information from collateral contacts, and advanced assessment skills.

¹² Data Source = hand counts January 2015

¹³ Due to the complications involved with estimating intake changes by supervisors in non-FAR offices, this data reflects decisions made by the intake worker

Statewide CPS Intake Data¹⁴



| Statewide CPS Intakes January - December 2014 | | | | | |
|---|--------|-------|---------------|-----------------|--------|
| Region | FAR | % FAR | Investigation | % Investigation | Total |
| Region 1 | 6,862 | 66% | 3,551 | 34% | 10,413 |
| Region 2 | 9,250 | 70% | 3,969 | 30% | 13,219 |
| Region 3 | 10,146 | 73% | 3,726 | 27% | 13,872 |

¹⁴ Investigations = investigation + risk only intakes. Risk only intakes are intakes without specific allegations of child abuse or neglect that indicate there may be an immediate risk of harm to a child. Some examples of risk only intakes include: infants born with positive toxicology screens, reports of registered sex offenders with a history of assaulting children living in the home with children, and reports of infants born to parents with open dependency cases or recent loss of parental rights.

Data source = FamLink 01/13/15 Worker Decision

Other Demonstration Activities Begun, Completed, or that Remain Ongoing Communication

Communication with staff in FAR offices has been a high priority for the FAR implementation team. CA management has monthly voluntary consensus building phone calls with all FAR staff across the state. These calls provide staff the opportunity to ask practice questions and staff cases with a broader group. These efforts have helped us to create consistent practice across the offices.

The FAR Regional Leads and Headquarters team continue to meet weekly to talk about implementation successes and challenges, and to prepare more offices to implement FAR. The FAR team has monthly in-person meetings with the office and regional leads to share ideas and lessons learned. The FAR Regional and Headquarters team meet frequently with offices that have implemented FAR to get feedback from staff about how to improve the program.

The FAR Regional and Headquarters leads attend monthly statewide CPS and Intake program manager meetings to collaborate with that group about FAR progress, lessons learned, and impacts to the local offices. The FAR team also participates in monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls help CA build consistency at the intake level. These calls have been held monthly for several years.

In December, CA worked with Casey to begin consulting with Patti Jo Burtnett to enhance our FAR communications plan for external stakeholders. Ms. Burtnett has over 20 years communications experience with Ohio child welfare. She is developing a stakeholder mapping exercise to help CA create targeted communication strategies. CA's work with Ms. Burtnett should lead to enhanced communication with internal and external stakeholders.

The FAR headquarters team has monthly meetings with the FAR Steering Committee, comprised of the CA Assistant Secretary, Directors, the Alliance for Child Welfare, and Casey Family Programs staff to provide updates, receive guidance, and problem solve issues as they arise.

The IV-E Waiver Advisory Committee met on January 5th to receive updates about CA's progress implementing FAR and to provide input about communication strategies for key stakeholders.

Training/Coaching

CA and the Alliance team provide four days of training to FAR line staff before they are assigned their first FAR case. Two days of training is provided to all the FAR staff scheduled to implement FAR. This provides them the opportunity to meet and network with other staff from similar sized offices across the state. The final two days are provided at the regional level to allow for more small group work that includes role play opportunities. In addition, the Alliance provides FamLink training to FAR staff in their offices. Because FAR staff come to the program with a variety of experiences and program expertise, the training covers the basics of interviewing children (including tips for interviewing children in front of their parents), making collateral contacts, using solution based casework in CPS cases, and the expectations for FAR workers from Intake to case closure.

The FAR supervisors and Area Administrators receive two days of preview training prior to the four day staff training, so that they can be better prepared to support their staff in training. In the December preview session (for the January roll-out), we invited Investigations supervisors to participate. Adding the Investigations supervisors gave them the opportunity to better understand how FAR and Investigations are similar and how they are different. It also better prepares CPS supervisors to cover for each other when one of them is out of the office.

In our conversations with other states prior to implementation, CA learned that introducing a differential response has influenced positive culture changes for child welfare agencies. To encourage a similar culture change in Washington, CA has provided additional training for upper and mid management. Casey Family Programs has been supportive of our efforts to create a more family-friendly administration. They worked with us to bring Erwin “Mac” McEwen (former director of Illinois Department of Children and Family Services) and Eric Fenner (former Executive director of Franklin County, Ohio Children’s Services) to provide a full day of leadership training to CA Directors, Regional Administrators, and Deputy Administrators in December 2013. The training was well received and Mr. McEwen and Mr. Fenner returned to Washington in February 2014 to provide training to Area Administrators. They returned in September 2014 to replicate the training for all CA supervisors.

CA contracted with the Kempe Center to provide two days of supervisor coaching training for all supervisors in FAR offices. One of the trainers was a supervisor in Franklin County, OH when they implemented differential response. This training helps create a broader understanding of the culture shift CA is trying to influence across the leadership in each office. CA has worked with the Kempe center to provide this training to all supervisors (in every program) in FAR offices about a month after implementation. CA anticipates continuing this training for supervisors as FAR rolls out. The majority of the supervisors who have attended this training have found it very helpful. Some have reflected that this is the best leadership training they have experienced. Offering this training to all supervisors has helped to encourage a broader culture of family engagement and understanding of Family Assessment Response for office leadership.

Case Review

CA has planned targeted case reviews for FAR twice a year. In addition, the CA Case Review Team has included in its review tool FAR cases in offices where FAR is available. To date, the Case Review team reviewed FAR cases in Lynnwood and Martin Luther King Jr. offices. These reviews have helped us identify needs for additional training for the existing FAR staff, and how to reframe training for future implementation. Office specific data and feedback was shared with the offices so that they can address practice issues at the local office level.

FAR staff are doing well:

- Assessing child safety
- Making initial contacts with parents before talking with children.
- Evaluating the presence of domestic violence
- Responding to families from a variety of cultural backgrounds
- Collaborating with the families to identify service and concrete needs
- Identifying when the case should transfer to investigations or when to file a dependency petition.

Areas to strengthen include:

- Increased engagement of non-custodial parents
- Improved Indian heritage documentation
- How to make collateral contacts without negating family engagement work
- How to safely complete initial face to face contacts with children when their parents are present
- Increased assessment of everyone living in the home
- Identifying services for domestic violence victims and perpetrators
- Closing cases within required time frames.

Involving the Community

CA continues to have communications with local and statewide community members. The community has been very interested in helping children and families be safe and successful. Six months before new offices implement FAR, the Area Administrator selects an office lead to prepare the office and community. Prior to implementation our Communications Department provides an Op-ed to local newspapers introducing FAR.

FAR caseworkers have provided families with community connections to:

- Obtain health insurance and medical resources for families
- Obtain child safety equipment, beds, and strollers
- Reconnect families with their local communities including schools, churches, and other community organizations

In several offices, the office leads have worked with community partners to develop a web-based application (Wiggio) that helps multiple community agencies to request assistance for families. For example, a family needed a stroller-- the FAR worker entered the need on Wiggio and within a few hours a stroller was donated to the family. CA is hoping to expand the availability of Wiggio to all offices. However, Wiggio is most successful when it is operated by community partners and provides resources to all families in the community, not only those involved with CA. CA office leads are working with local partners to try to create Wiggios in each county. The office lead in Ellensburg reported that the Wiggio has "been an answer to the prayers of our community." Families who need help do not have to be involved with child welfare to get it. Families have received the following items from community members involved on Wiggio:

- A window AC unit for a heart patient (on transplant list)
- A double stroller for single mother w/two kids under 2 yrs.
- Toddler bed (s)
- Cribs
- Baby gates
- Dressers for siblings in foster care
- A couple of bed sets (Twin and Full)
- Miscellaneous Furniture & Appliances for families

The Wiggio has helped families access the following resources:

- Volunteers to help with various tasks – clearing property & hauling things away, mentoring (youth mentor program), transportation, building fences, house repairs, vehicle repairs, help move individuals/families from home to home, etc...

- Housing
- Identifying specific local resources willing to provide services at reduced cost or free based on recipient's situation (vehicle & appliance repairs, legal guidance, etc.)

CA provides quarterly updates to interested stakeholders using the FAR newsletter. Office, Regional, and Headquarters FAR leads have presented to numerous groups and conferences.

Because of the increase in communication at the local level, CA has received more donations and assistance for all of our programs including:

- Resources for youth in foster care
- Volunteers to make visiting rooms more family friendly
- Significant increase in the number of gas stations that will accept gas vouchers from families served by CA.

CA engaged in two presentations at the Kempe Center International Differential Response Conference in November. One presentation focused on building safer communities for children and families using public/private partnerships. This panel presentation included a member of the FAR implementation team, a FAR supervisor, a parent who found success in the FAR pathway, a representative from Casey Family Programs, and a healthcare worker who partners with FAR staff in the Spokane office to help families navigate the health care system. The second presentation addressed preliminary data gathered by TriWest. It included a member of the FAR implementation team and TriWest. Both presentations were very well received.

Challenges to implementation and the steps taken to address them

Intake concerns:

As intake workers and supervisors become more familiar with the screening tool and FAR, CA found an increase in the percentage of screened-in CPS allegations that screen to the Family Assessment Response. Early on in every new implementation phase, some intake supervisors were overriding the Structured Decision Making intake tool because they felt that the intakes were too high risk to be served in the FAR pathway. For example, a few supervisors have expressed concern about families with long histories of CPS involvement being assigned to the FAR pathway. They felt that those families are too high risk for FAR. A little more assessment of those cases showed that many of them were not offered services or did not participate in services that were offered. These cases are a good opportunity to talk about how a different approach may help us address the concerns that the agency has about the family. If we have had 20 referrals over a 7 year period and have not been able to impact change, what is the harm in trying something different? Overall, these conversations have been well-received.

A lot of the distrust of FAR at the intake level is a misunderstanding about what FAR is. There is a need for ongoing education within CA about the similarities between investigations and FAR in assessing child safety. Child safety concerns continue to be the biggest barrier to internal acceptance of the FAR program, especially for physical abuse cases. The FAR team continues to have ongoing conversations with the intake staff about using the Structured Decision Making intake tool and providing clear examples of physical abuse cases where the FAR worker kept children safe at home, or

filed a dependency when they assessed that the safety threats could not be managed at home.

Staffing issues:

In rural areas, it is sometimes very difficult to find qualified social work staff, offices are encouraged to begin the hiring process early. The FAR team meets with Area Administrators and Human Resources staff six months before implementation to make sure that everyone understands the hiring process for FAR positions.

In the initial phase, CA learned that the staff that transferred from Adoptions and CFWS units who did not have recent CPS experience struggled more at the beginning. The FAR team has worked with offices that have implemented FAR in subsequent phases to provide staff without recent CPS experience the opportunity to partner with investigators before they take cases, so that they can be better prepared for front-end work.

CA continues to work with the union to develop hiring guidelines for filling FAR positions consistent with the Collective Bargaining Agreement.

Some offices have had significant CPS case back-logs prior to implementing FAR. The FAR office readiness assessment asks each office to identify how they will address back-logs prior to implementation. In the October roll-out, there were two offices with more than 200 CPS investigations that needed to be closed. CA management identified the need to close these cases in early summer. One office was able to close out their entire back log before they implemented FAR in October. This office has found significant relief for all the front-line staff and implementation was a success. The other office was unable to close out their back-log before implementing FAR. This office has had more struggles than offices that were able to meet the goals to close out old cases before implementation. Although CA management discussed postponing implementation in the office that was not ready, the decision was made to go forward. Looking back on this experience, the FAR team is paying more attention to case load considerations in every office that prepares for implementation.

Another office that was scheduled to implement FAR in October was postponed until January. The Area Administrator in that office left for a new position and there was significant turn-over at the line and supervisory level. Given CA's previous experiences with some offices with high turn-over in the first phase of FAR, management decided that the office would be more successful if they waited 3 months to implement. The office is scheduled to implement in January.

Statutory Requirements:

CA continues to assess the time frames for FAR, including initial face-to-face requirements and the statutory requirement that FAR cases close within 90 days.

Staff have expressed concerns that our 72-hour time frame requirement for initial face-to-face contact with the children identified in the intake makes it difficult to follow the FAR model requirements that they make phone contact with the family before visiting their home. CA is tracking compliance with the 72-hour time frame. FAR staff are

meeting this requirement to see children (or attempt to see children) in over 98% of cases. Prior to 2005, CA policy required to see children involved in non-emergent referrals within 10 days of receiving the referral. After changing the policy to require initial face to face contact with child victims within 72 hours, CA saw a significant decrease in repeat maltreatment allegations. Because staff are meeting the requirements and the focus on child safety, CA is not considering extending the time frame for FAR cases.

Staff have also expressed concern that completing cases in 90 days does not always provide adequate time for them to provide services to significantly reduce the risk of future maltreatment. The FAR team is reviewing those cases to assess whether to request an amendment to the state statute. If an amendment to the statute is achieved, CA would be able to expand the use of evidence based programs for FAR families. At the time that request legislation was due, CA did not have enough data to support requesting additional time for a FAR intervention. Other states have found that the average length of time for a differential response is 65 days.

State law requires FAR families to sign a participation agreement. In discussions with FAR staff about the agreement, the FAR team learned that many of the families who chose not to participate in FAR are scared to sign an agreement because they feel like it is asking them to admit to having abused or neglected their child. The agreement does not say that, but that is how many parents interpret the agreement. CA has requested a change in the legislation to eliminate the written participation agreement. To our knowledge, no other state requires a written agreement to participate in FAR. The Governor's office has approved CA's request to change the legislation. The Washington State Legislature will be in session from January 12 – April 26, 2015. CA will include an update about legislative changes to FAR in the July Semi-Annual report. Offices that struggle with the participation agreement the most appear to be in areas that are most resistant to government intervention and those that consult more frequently with attorneys than others.

Training:

FAR staff and supervisors provided extensive feedback about how to improve training. The FAR team uses that feedback to improve the training curriculum for future rollouts.

CA will begin offering FAR to families in seven additional offices starting January 20, 2014. CA collaborated with the Alliance to provide training for Supervisors and Area Administrators in those offices December 16-17. FAR staff training for the January cohort will begin January 6th. CA and the Alliance made some adjustments to the training schedule to provide additional focused coaching opportunities within the training. The CA FAR team is providing 2 days of training to all new FAR workers January 6th and 7th. This will provide FAR staff the opportunity to meet and develop connections with other staff from across the state and be introduced to the basics of FAR – including legal and policy requirements, practice expectations, presentations from veteran parents (parents who have a history of involvement with the Washington child welfare system), fatherhood engagement, and the CANS F screening tool. The Alliance will provide FAR workers and supervisors with two additional days of training in their region to work

through FAR case scenarios using solution based casework. CA hopes that this change will allow for more effective small group work.

The FAR implementation team plans to provide training/practice conversations in February for the first three phases of offices (January, July, and October cohorts) to share lessons learned and address any concerns the staff have from the first year of implementation. These discussions will be informed by case review data and questions we have received from the field.

CANS F Screener:

John Lyons from the Praed Foundation trained the FAR staff to use the CANS F screener in April 2014. The training has been incorporated into the FAR training for all offices implementing FAR. Some staff find the CANS F is a challenge to complete and are not using it as intended--to help families identify areas where they may need services. Instead, they are completing them when they close the case. Other staff find it very helpful to use the screener with families. They indicate that it helps them to build consensus about service needs. The FAR implementation team will address these issues in the February practice conversations with FAR staff. CA plans to work with the Praed foundation, FAR staff, and program staff to ensure we are asking the CANS questions that are most relevant to assessing families in the FAR pathway.

III. Evaluation Status

Information provided in this section provided by the TriWest Group

This reporting period marks the first year of FAR pathway implementation in Washington and the fifth quarter since the start of the evaluation. The evaluation is currently on target with all timelines established in the approved Evaluation Plan. There were previous minor delays in developing a final fidelity monitoring protocol due to the need to gather information about fidelity and program implementation activities being conducted by DSHS management staff as well other organizations. A draft protocol was developed in July 2014 and is currently being piloted.

Evaluation activities during this reporting period centered on completing a data sharing agreement with the Children's Administration and other state partner agencies, conducting site visits and key informant interviews as new offices have begun FAR implementation, and piloting a survey for families who have completed FAR. The TriWest Group (TriWest) evaluation team completed the following major evaluation tasks: Completed site visits in four of the five Round 2 implementation offices¹⁵ and conducted key informant interviews with staff responsible for implementation (including FAR and investigative caseworkers, supervisors and contracted service providers);

- Created and piloted a Family Survey to collect information about family experiences, fidelity to the FAR model, and perceptions of family outcomes resulting from FAR participation;
- Completed and executed a Data Sharing Agreement with Children's Administration and other state agencies and received a preliminary data set;

¹⁵ The fifth Round 2 implementation site was an additional set of zip codes in Spokane, which was visited during Round 1. We will revisit the Spokane office after it completes implementation office-wide.

- Began preliminary data analysis to confirm that the data files contain all variables needed for the evaluation and to begin writing code for analysis;
- Finalized plans to pilot remaining elements of the fidelity protocol in the Family Survey.

Provide a detailed overview of the status of the evaluation in the following areas:

A. Numbers of children and families assigned to the demonstration (including to any comparison/control groups if appropriate); note if current sample sizes differ significantly from original sample size estimates.

The table below shows the number of FAR intakes by month, across all offices implementing FAR in 2014. Each intake represents a family assessed as being eligible for FAR and assigned to a caseworker.

| Month | Total Number of FAR Intakes (Cohort 1: Jan-Dec 2014) |
|-----------------------------|--|
| January 2014 | 119 |
| February 2014 | 121 |
| March 2014 | 131 |
| April 2014 | 134 |
| May 2014 | 113 |
| June 2014 | 107 |
| July 2014 | 231 |
| August 2014 | 298 |
| September 2014 | 330 |
| October 2014 | 766 |
| November 2014 | 640 |
| December 2014 | 653 |
| Total for the period | 3,643 |

Average monthly intakes per office are consistent with the predicted caseloads for each site and sample sizes are on target to meet expectations. Now that the evaluation team has begun to receive data files from CA, we have begun the process of analyzing these intakes in order to create the Cohort 1 treatment group. The intent-to-treat design will ultimately include all intakes (except overrides to the investigative pathway). In addition, the evaluation plans to conduct additional analyses of families that decline FAR. Over time, the treatment group will contain four subgroups:

- Families who are originally screened into FAR and stay in FAR
- Families who are screened into FAR but overridden to investigation (these cases will ultimately be excluded from the treatment group).
- Families who are screened into investigation but are overridden to FAR
- Families who are screened into FAR but decline to participate.

Identifying case overrides is important for treatment sub-group analyses and also to help to assess FAR fidelity to the model. A Structured Decision Making tool is used to make decisions about whether families should enter the FAR or Investigative pathway. Some caseworkers voiced concerns about whether or not appropriate cases were being referred to FAR. However, very few cases are being overridden, which may indicate that the issue may not be the SDM tool, but rather caseworker perceptions or a need for more education around the FAR model.

TriWest will be working with CA to add this question to the fidelity component of the evaluation plan. We will be looking at how often decisions made using the SDM tool are overridden, and whether or not there are unexpected (positive or negative) outcomes for families who are overridden. We will continue to interview caseworkers about the degree to which they feel they are receiving appropriate cases, as CA staff work to educate staff about the type of families and cases that can benefit from FAR.

As noted in the Evaluation Plan, predicted demonstration project sample sizes vary from the original IV-E Waiver application due to delays in office-level implementation of FAR. However, predicted demonstration project sample sizes are more than sufficient to conduct all proposed analyses.

Once a complete data extract for Cohort 1 is received from RDA, TriWest will conduct a detailed analysis to create and describe the FAR demonstration treatment group. This is the first step in developing a matched comparison group using the propensity score matching process described in the Evaluation Plan. Final counts of families and individuals served will be available in the next semi-annual report.

B. Major evaluation activities and events (e.g., primary and secondary data collection, data analysis, database development).

The table below details evaluation activities for this semi-annual reporting period.

July – December 2014

| Date | Activity | Audience/Participants |
|------------------|---|--|
| July 2, 2014 | Completed draft for Semi-Annual Quarterly Report | Children’s Administration, TriWest |
| July 8, 2014 | Meeting with WSIPP staff to discussion cost-benefits analysis | TriWest |
| July 8, 2014 | Meeting with RDA to finalize data elements for request | Children’s Administration (RDA), TriWest |
| July 28-30, 2014 | Title IV-E Waiver Conference, Washington, DC | Children’s Administration, TriWest |
| August 19, 2014 | Conference call, re: Blueprint | Children’s Administration, |

| | | |
|-----------------------------|---|--|
| | | TriWest |
| August 28, 2014 | Signed and returned confidentiality agreement | Children's Administration, TriWest, WSIRB |
| September 4, 2014 | Draft of Family Survey and protocol for veteran parent interviewers | TriWest |
| September 8, 2014 | TriWest staff fingerprinting; background check | Children's Administration, TriWest |
| September 8, 2014 | Monthly meeting between TriWest and WA FAR evaluation team | Children's Administration, TriWest |
| September 17, 2014 | Download preliminary FAR data from secure server | TriWest |
| September 19, 2014 | Outline for DR Conference presentation; conference registration | TriWest |
| September 25, 2014 | Submitted IRB Study Amendment to include Family Surveys in the evaluation | TriWest |
| September 30, 2014 | Preliminary data formatting and cleaning | TriWest |
| October 14, 2014 | Evaluation Team meeting | Children's Administration/TriWest |
| October 15, 2014 | Finished draft of Family Survey | TriWest Group |
| October 16, 2014 | FAR Family Survey training webinar | TriWest Group |
| October 28-30, 2014 | Annie E. Casey IV-E Meeting, Washington, D.C. | Children's Administration/TriWest Federal Oversight |
| November 4, 2014 | Sent completed data analysis for Differential Response conference presentation to RDA | TriWest Group |
| November 7, 2014 | Finalized slides for presentation at Differential Response Conference | Children's Administration/TriWest |
| November 12-14, 2014 | Differential Response Conference, Seattle, WA | Presentation of Findings |
| November 21, 2014 | Completed Family Survey pilot data collection | TriWest Group |
| November 25, 2014 | Sent revisions of Key Informant Interview protocols to CA | Children's Administration/TriWest |
| November 28, 2014 | Reviewed changes to Data Elements for Federal Semi-Annual Report | Children's Administration/TriWest Federal Oversight |
| December 1, 2014 | Preparation for multiple site visits | TriWest Group |
| December 2, 2014 | MLK Office site visit | TriWest Group |
| December 3, 2014 | Pierce East Office site visit | TriWest Group |
| December 8, 2014 | Ellensburg Office site visit | TriWest Group |
| December 9, 2014 | Evaluation Team Meeting | Children's Administration/TriWest |
| December 11, 2014 | Mt. Vernon Office site visit | TriWest Group |

| | | |
|--------------------------|---|---------------|
| December 17, 2014 | Sent 2 nd draft of Family Survey to CA | TriWest Group |
| December 29, 2014 | Sent Final Family Survey Report to CA | TriWest Group |

During the reporting period, we completed a data sharing agreement with CA and other state partner agencies, which allows the CA's Research and Data Unit to share data extracts with TriWest.

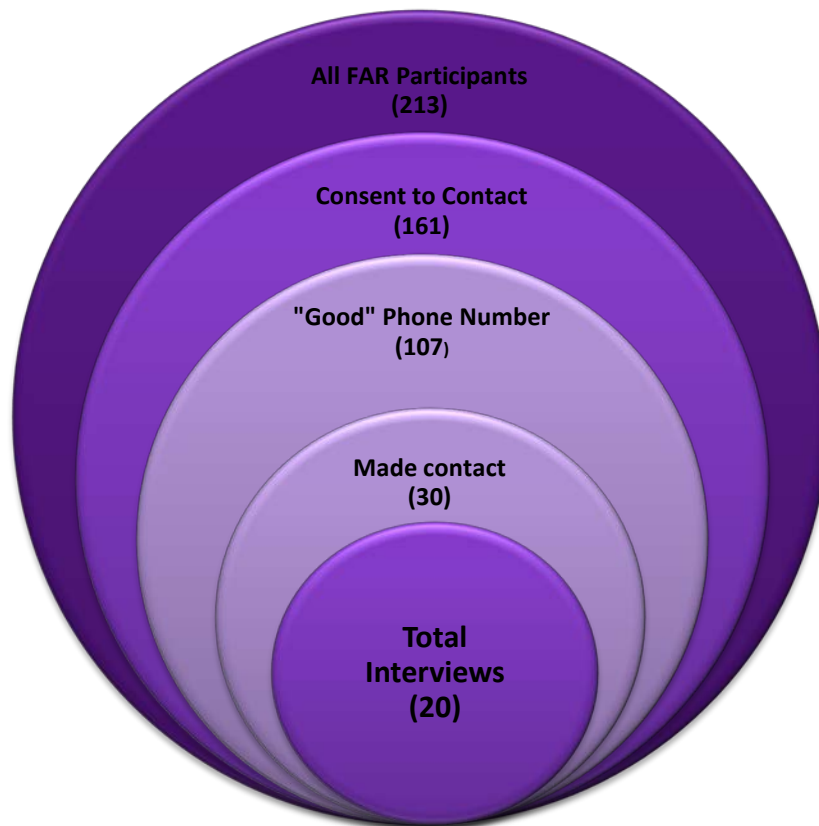
The evaluation team also continued to conduct site visits with offices implementing FAR during Round Two. Results from key informant interviews from those site visits will be available in the next semi-annual report.

We also developed and piloted an interview-based survey protocol for use to gather data from families regarding their FAR experiences. Results and challenges from the family survey pilot are discussed below in part C.

C. Challenges to the implementation of the evaluation and the steps taken to address them.

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.

The evaluation team did identify some challenges during the family survey pilot. Particularly, we found it difficult to locate working phone numbers and we were able to directly contact few families. As shown in the chart below, the overall pilot sample size was very small.



After reviewing findings from the pilot with CA staff, we will implement changes to the family survey protocol:

- 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. Provide multiple ways in which families can participate in the survey such as by phone, hard copy by mail, or online.** For the first three offices, surveys were done exclusively by phone interviews. Families may be more likely to participate if they have a choice in how they can complete the survey.
 - **Phone:** A trained veteran parent can arrange a phone interview to conduct the survey verbally.
 - **Hard copy by mail:** The survey can be sent via mail, possibly with the case closure letter, along with a self-addressed, stamped envelope.
 - **Online:** Families can log into a website to complete the survey online.
- 3. Provide an incentive.** One way to motivate families to participate is to offer a small incentive for completing the survey, such as a \$5.00 gift card.

- 4. Caseworker involvement.** Caseworkers are most likely to be able to connect with families, and can encourage families to participate in the surveys by stressing the importance of gathering feedback to improve FAR programming. Caseworkers will assist with the survey process when meeting with the family for case closure. Caseworkers will be asked to discuss the survey and explain the three administration methods, asking the parent if and how they might be willing to participate. For individuals who would like to complete and mail in a survey, the caseworker will either give out the survey with a self-addressed, stamped envelope (if an in person closure) or mail the survey and envelope (if not in person) along with the closure letter. If the parent would prefer to complete the survey online, the caseworker would provide them with instructions. TriWest staff and/or veteran parents would follow-up with a phone call to the family to see if they were able to complete the survey or had any questions about the process.

D. Significant Evaluation Findings to Date

TriWest obtained access to data extracts late in the semi-annual reporting period. We are currently analyzing this data along with the qualitative data gathered during Round 2 office site visits. (Findings from Round 1 site visit key informant Interviews were presented in the semi-annual report for the time period January to June 2014.)

Findings from the Pilot Family Survey Report are attached as Appendix A to this document. The following points have been extracted from this report to highlight some of the key findings.

- ✚ Almost all of the respondents (89%) reported a high level of engagement in the FAR process.
- ✚ Parents reported that the FAR caseworker listened to their input when planning for services, with more than half reporting that their caseworker listened to them “always, or almost always” when considering the need for services, the types of services that would help, and the type of concrete supports needed by the family.
- ✚ All but one parent reported being either “Very Satisfied” or “Mostly Satisfied” with the way their family was treated by the caseworker and with the help they received.
- ✚ Nearly two-thirds of all parents reported improvement in family dynamics, feelings about their role as a parent, and/or their ability to get support from their community after participating in FAR.

V. Recommendations & Activities Planned for Next Reporting Period

CA Plans to:

- Implement FAR in phase four offices (all zip codes in Spokane, Colville, Newport, Sky Valley, Smokey Point, South Bend, Long Beach, and Pierce West) on January 20 2015. CA will implement phase five offices (Walla Walla, Sunnyside Side, Bellevue, Pierce South, and Bremerton) in July.

- Conduct follow up training for phases 1-3 on issues related to child safety, initial face to face contacts, collateral contacts, and assessing all people living in the home.
- Continue building community resources and relationships- including working with Casey Family Programs to work on stakeholder mapping to identify the communication needs for distinct stakeholders.
- Engage philanthropic partners to create web-based community forums to access help for all families.
- Continue to gather feedback from our staff about the program's successes and challenges and how to improve training, policy, and support from the state and regional level.
- Continue to evaluate the intakes assigned to FAR and identify any trends for FAR intakes that transfer to investigations or result in a dependency.
- Continue to work with TriWest to inform their evaluation.

The CA project plan is attached as Appendix B.