

WASHINGTON STATE
TITLE IV-E DEMONSTRATION
PROJECT

*SEMI-ANNUAL PROGRESS REPORT:
JANUARY – JUNE 2015*

August 2015

WASHINGTON
DEPARTMENT OF
SOCIAL AND
HEALTH SERVICES

CHILDREN'S
ADMINISTRATION

Table of Contents

I.	Overview.....	2
II.	Demonstration Status, Activities, and Accomplishments	3
	Numbers and types of services provided to date.....	3
	FAR Data - Monthly Hand counts.....	3
	Statewide CPS Intake Trends January 2014 – June 2015.....	20
	Other Demonstration Activities Begun, Completed, or are Ongoing	22
III.	Evaluation Status	27
V.	Recommendations & Activities Planned for Next Reporting Period.....	40

I. Overview

In July 2013, Washington State passed legislation requiring differential response in the state’s public child welfare administration. On January 1, 2014, Children’s Administration (CA) began providing Family Assessment Response (FAR), the child protective services (CPS) alternative pathway, in three locations: Aberdeen, Lynnwood, and two zip codes in Spokane. These locations represent each of Washington’s three regions in rural, suburban, and urban settings. Experiences in these offices have helped to improve training, quality assurance, and caseworkers support strategies.

Since the initial implementation in January 2014, CA has implemented FAR in 29 offices:

<p>Rural Central Washington</p> <ol style="list-style-type: none"> 1. Ellensburg 2. Sunnyside 3. Moses Lake <p>Northwest Washington</p> <ol style="list-style-type: none"> 4. Mount Vernon 5. Oak Harbor <p>Tacoma</p> <ol style="list-style-type: none"> 6. Pierce East 7. Pierce West 8. Pierce South <p>Rural Eastern Washington</p> <ol style="list-style-type: none"> 9. Colville 10. Newport 11. Republic 	<p>Western Washington</p> <ol style="list-style-type: none"> 12. Sky Valley 13. Smokey Point 14. King East 15. Bremerton 16. Vancouver 17. Stevenson 18. Aberdeen <p>Washington Coast</p> <ol style="list-style-type: none"> 19. Long Beach 20. South Bend 21. Forks 22. Port Townsend 23. Port Angeles <p>Seattle</p> <ol style="list-style-type: none"> 24. Martin Luther King Jr, 25. Offices of Indian Child Welfare – Martin Luther King Jr, and King East <p>Eastern Washington</p> <ol style="list-style-type: none"> 26. Spokane 27. Lincoln County 28. Walla Walla 29. Richland
--	--

Sixteen offices remain that have not yet implemented FAR. CA did not receive funding in the 2015 – 2017 budget approved by the legislature. As a result, implementation was paused. In order to retain momentum, CA is currently considering implementation in offices that will not require additional full time employees (FTE). CA remains committed to FAR and will pursue options available to continue implementation

II. Demonstration Status, Activities, and Accomplishments

Numbers and types of services provided to date

From January – June 2015, FAR served 6,359 families representing broad diversity. FAR caseworkers have worked with Tribes, Canadian Band and First Nation families, 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 31 languages.

FAR caseworkers have provided the following services to families:

- 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

FAR Data - Monthly Hand counts

FAR project caseworkers have begun working closely with the CA Data Management and Reporting Unit to access detailed FAR data from FamLink, the CA SACWIS system, in order to assess the pathway. Until this partnership, FAR project caseworkers pulled data from FamLink and completed hand counts. The Data Management Unit is also currently assessing these hand counts to determine how this data can be pulled from FamLink in a more efficient way.

Statewide						
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)	Percentage of FAR cases Transferred to Investigations total	Dependencies filed	Percent dependencies filed
January	889	16	14	3.37%	11	1.24%
February	945	21	16	3.92%	19	2.01%
March	980	21	49	7.14%	26	2.65%
April	1097	19	18	3.37%	25	2.28%
May	1218	16	26	3.45%	15	1.23%
June	1230	19	33	4.23%	27	2.20%
Total	6359	112	156	4.21%	123	1.93%

Region 1

Office	Date of Full Implementation
Spokane	January 2015
Ellensburg	July 2014
Moses Lake	October 2014
Richland	October 2014
Colville	January 2015
Newport	January 2015
Walla Walla	April 2015
Sunnyside	April 2015

Region 2

Office	Date of Full Implementation
Lynnwood	July 2014
Office of Indian Child Welfare - Martin Luther King Jr.,	July 2014
Mount Vernon	July 2014
Oak Harbor	October 2014
Sky Valley	January 2015
Smokey Point	January 2015

Office of Indian Child Welfare – King East	April 2015
--	------------

Region 3

Office	Date of Full Implementation
Aberdeen	January 2014
Tacoma - Pierce East	July 2014
Stevenson	July 2014
Forks	October 2014
Port Angeles	October 2014
Port Townsend	October 2014
Vancouver	October 2014
Long Beach	January 2015
South Bend	January 2015
Tacoma – Piece West	January 2015
Bremerton	April 2015
Tacoma – Pierce South	April 2015

Region 1						
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	286	7	1	2.80%	3	1.05%
February	278	3	1	1.44%	9	3.24%
March	276	5	2	2.54%	4	1.45%
April	276	2	5	2.54%	5	1.81%
May	310	3	4	1.61%	4	1.29%
June	286	5	5	3.50%	6	2.10%
Total	1712	25	18	2.51%	31	1.81%

Spokane/Lincoln County						
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	149	5	1	4.03%	2	1.34%
February	148	2	1	2.03%	8	5.41%
March	144	5	1	4.17%	2	1.39%
April	126	0	2	1.59%	4	3.17%
May	143	1	0	0.69%	3	2.09%
June	149	3	1	2.68%	4	2.68%
Total	859	16	6	2.56%	23	2.68%
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
January	5	0	0	0.00%	0	0.00%
February	9	0	0	0.00%	0	0.00%
March	9	0	0	0.00%	1	11.11%
April	8	0	0	0.00%	0	0.00%
May	7	1	1	2.85%	0	0.00%
June	9	0	2	22.22%	0	0.00%

Total	47	1	3	8.51%	1	2.13%
--------------	----	---	---	-------	---	-------

Moses Lake						
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	40	1	0	2.50%	1	2.50%
February	30	1	0	3.33%	0	0.00%
March	35	0	0	0.00%	1	2.86%
April	26	0	0	0.00%	0	0.00%
May	35	1	0	2.85%	0	0.00%
June	28	0	0	0.00%	0	0.00%
Total	194	3	0	1.55%	2	1.03%

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

January	74	1	0	1.35%	0	0.00%
February	67	0	0	0.00%	1	1.49%
March	57	0	0	0.00%	0	0.00%
April	66	1	0	1.52%	1	1.52%
May	70	0	0	0.00%	0	0.00%
June	52	0	2	3.80%	0	0.00%
Total	386	2	2	1.04%	2	0.52%

Newport						
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 Investigation total	Dependencies filed	Percent dependencies filed
January	4	0	0	0.00%	0	0.00%
February	4	0	0	0.00%	0	0.00%
March	4	0	0	0.00%	0	0.00%
April	3	0	0	0.00%	0	0.00%
May	7	0	0	0.00%	0	0.00%
June	1	0	0	0.00%	0	0.00%
Total	23	0	0	0.00%	0	0.00%

Colville

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	7	0	0	0.00%	0	0.00%
February	9	0	0	0.00%	0	0.00%
March	13	0	1	7.69%	0	0.00%
April	15	0	1	6.67%	0	0.00%
May	10	1	0	10.00%	0	0.00%
June	15	0	0	0.00%	0	0.00%
Total	69	1	2	4.35%	0	0.00%

Sunnyside						
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
April	12	0	1	8.33%	0	0.00%
May	3	0	0	0.00%	0	0.00%
June	4	0	0	0.00%	0	0.00%
Total	19	0	1	5.26%	0	0.00%

Walla Walla						
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
April	11	0	1	9.09%	0	0.00%
May	18	0	0	0.00%	0	0.00%
June	18	2	0	11.11%	0	0.00%
Total	47	2	1	6.38%	0	0.00%

Region 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	214	6	3	4.21%	4	1.87%
February	281	9	5	4.98%	2	0.71%
March	264	6	12	6.82%	7	2.65%
April	363	7	3	2.75%	14	467.58%
May	382	8	13	5.50%	3	0.79%
June	372	10	20	8.06%	11	2.96%
Total	1876	46	56	5.44%	41	2.19%

Lynnwood						
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	41	1	1	4.88%	2	4.88%
February	58	1	2	5.17%	1	1.72%
March	57	1	2	5.26%	2	3.51%
April	43	0	1	2.33%	0	0.00%
May	50	1	0	2.00%	0	0.00%
June	55	1	1	3.64%	0	0.00%
Total	304	5	7	3.95%	5	1.64%

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
January	31	1	0	3.23%	0	0.00%
February	34	3	0	8.82%	0	0.00%
March	33	3	0	9.09%	0	0.00%
April	31	2	0	6.45%	0	0.00%
May	30	1	0	3.33%	0	0.00%

June	34	1	1	5.88%	0	0.00%
Total	193	11	1	6.22%	0	0.00%

Martin Luther King, Jr Office

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	72	2	0	2.78%	2	2.78%
February	91	1	1	2.20%	0	0.00%
March	81	2	1	3.70%	0	0.00%
April	74	2	1	4.05%	7	9.46%
May	72	2	1	4.17%	1	1.39%
June	77	6	3	11.69%	7	9.09%
Total	467	15	7	4.71%	17	3.64%

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
January	25	0	0	0.00%	0	0.00%
February	22	0	0	0.00%	0	0.00%
March	8	0	0	0.00%	0	0.00%
April	20	0	0	0.00%	0	0.00%
May	22	0	0	0.00%	0	0.00%

June	18	0	0	0.00%	0	0.00%
Total	115	0	0	0.00%	0	0.00%

Sky Valley						
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	21	2	1	14.29%	0	0.00%
February	27	2	0	7.41%	0	0.00%
March	36	0	1	2.78%	0	0.00%
April	40	1	0	2.50%	0	0.00%
May	40	1	2	7.50%	0	0.00%
June	41	2	1	7.32%	1	2.44%
Total	205	8	5	6.34%	1	0.49%

Smokey Point						
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	20	0	0	0.00%	0	0.00%
February	49	2	2	8.16%	1	2.04%

March	49	0	8	16.33%	5	10.20%
April	60	2	1	5.00%	7	11.67%
May	55	2	5	12.73%	2	3.64%
June	39	0	6	15.38%	3	7.69%
Total	272	6	22	10.29%	18	6.62%

King 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
April	95	0	0	0.00%	0	0.00%
May	105	1	4	4.76%	0	0.00%
June	105	0	8	7.62%	0	0.00%
Total	305	1	12	4.26%	0	0.00%

Region 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	389	3	10	3.34%	4	1.03%
February	386	9	10	4.92%	8	2.07%

March	436	10	4	3.21%	7	1.61%
April	458	10	10	4.37%	6	1.31%
May	365	3	7	2.74%	7	1.92%
June	417	4	2	1.44%	9	2.16%
Total	2346	31	43	3.15%	41	1.75%

Aberdeen						
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	36	0	1	2.78%	1	2.78%
February	28	0	3	10.71%	0	0.00%
March	28	1	1	7.14%	0	0.00%
April	31	0	4	12.90%	0	0.00%
May	24	0	0	0.00%	0	0.00%
June	33	0	0	0.00%	1	3.03%
Total	180	1	9	5.56%	2	1.11%
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

January	110	2	0	1.82%	1	0.91%
February	81	3	1	4.94%	1	1.23%
March	107	2	0	1.87%	3	2.80%
April	6	0	0	0.00%	0	0.00%
May	87	0	0	0	3	0.034483
June	91	2	0	2.20%	6	6.59%
Total	482	9	1	2.07%	14	2.90%

Stevenson						
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	6	0	0	0.00%	1	16.67%
February	6	0	0	0.00%	3	50.00%
March	2	0	0	0.00%	1	50.00%
April	6	0	0	0.00%	0	0.00%
May	5	0	0	0.00%	0	0.00%
June	4	0	0	0.00%	0	0.00%
Total	29	0	0	0.00%	5	17.24%

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
January	20	0	4	20.00%	0	0.00%
February	23	0	0	0.00%	2	8.70%
March	15	0	2	13.33%	1	6.67%
April	27	0	2	7.41%	1	3.70%
May	19	1	0	0.052632	1	0.052632
June	23	0	0	0.00%	0	0.00%
Total	127	1	8	7.09%	5	3.94%

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
January	4	0	1	25.00%	0	0.00%
February	6	0	1	16.67%	0	0.00%
March	7	1	0	14.29%	0	0.00%
April	3	0	0	0.00%	1	33.33%
May	5	0	1	0.2	0	0

June	10	0	0	0.00%	0	0.00%
Total	35	1	3	11.43%	1	2.86%

Forks						
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	2	0	0	0.00%	0	0.00%
February	2	0	1	50.00%	0	0.00%
March	4	0	0	0.00%	0	0.00%
April	2	0	0	0.00%	0	0.00%
May	3	0	0	0	0	0
June	5	0	0	0.00%	0	0.00%
Total	18	0	1	5.56%	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
January	159	1	2	1.89%	1	0.63%
February	130	1	1	1.54%	2	1.54%
March	155	0	0	0.00%	1	0.65%

April	149	2	1	2.01%	1	0.67%
May	127	1	2	0.023622	3	0.023622
June	137	0	0	0.00%	1	0.73%
Total	857	5	6	1.28%	9	1.05%

South Bend

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	2	0	0	0.00%	0	0.00%
February	5	0	0	0.00%	0	0.00%
March	2	0	0	0.00%	0	0.00%
April	3	0	0	0.00%	0	0.00%
May	5	0	1	20.00%	0	0.00%
June	2	1		50.00%	0	0.00%
Total	19	1	1	10.53%	0	0.00%

Long Beach

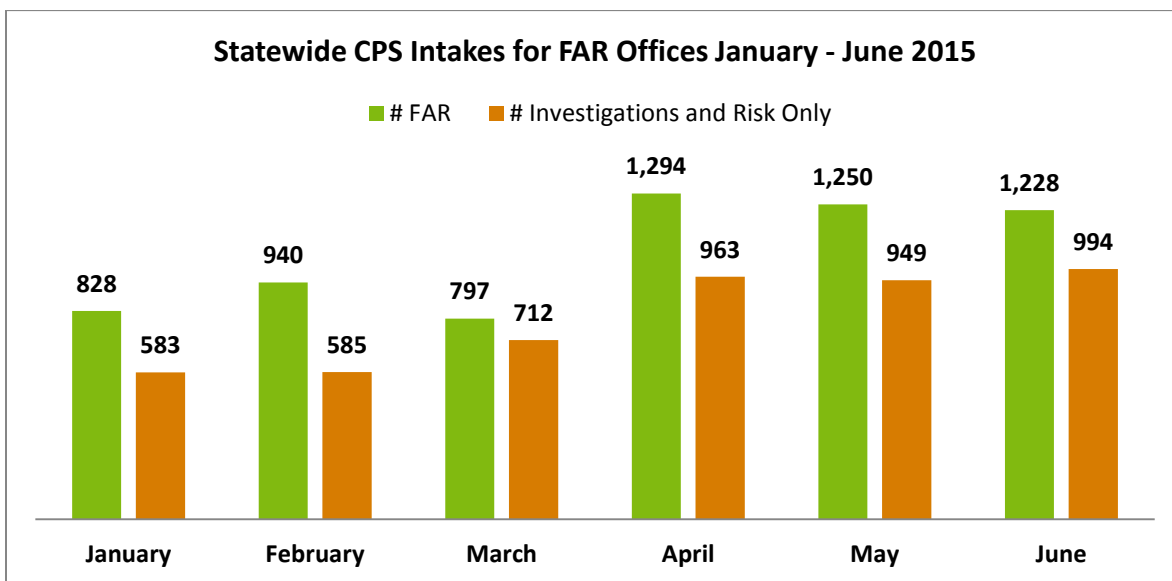
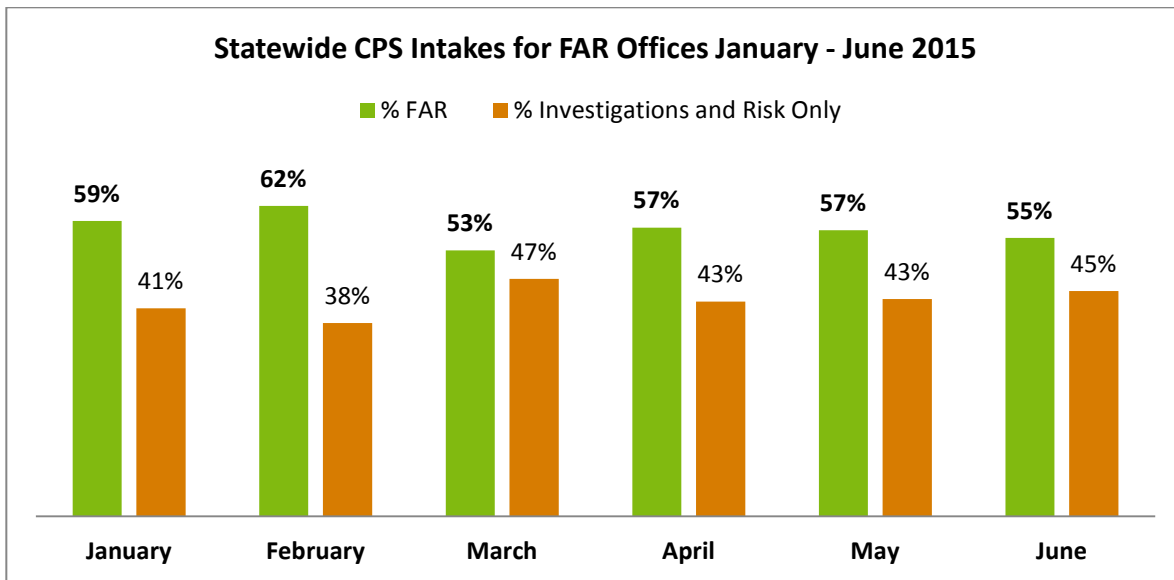
Month	Intakes assigned to FAR	FAR cases transferred to Investigations due to safety or risk concerns	Families who declined to participate in FAR (transferred to Investigations)	Percent Transferred to Investigations total	Dependencies filed	Percent dependencies filed
January	2	0	0	0.00%	0	0.00%
February	2	0	0	0.00%	0	0.00%

March	6	0	0	0.00%	0	0.00%
April	6	0	0	0.00%	0	0.00%
May	3	0	0	0.00%	0	0.00%
June	6	1	0	16.67%	0	0.00%
Total	25	1	0	4.00%	0	0.00%

Bremerton						
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
April	62	2	2	6.45%	0	0.00%
May	62	2	2	6.45%	0	0.00%
June	70	0	6	8.57%	1	1.43%
Total	194	4	10	7.22%	1	0.52%

Statewide CPS Intake Trends January 2014 – June 2015¹

CA has been tracking CPS intake trends since January 2011. Because the intake screening tool was updated and implemented in October 2013, this has allowed for review of intakes that would be screened in to FAR if the pathway were available in every office. This data is collected at the point the screening decision is made by the intake worker. Intake supervisors change between 5 and-10 percent of intake worker screening decisions. Supervisors change intake screening decisions for a number of reasons, including: family history of child abuse and neglect, additional information from collateral contacts, and disagreement with the intake worker's screening decision.



Source: DSHS Children’s Administration Data Management and Reporting Unit; June 2015 data from FamLink Report July 13, 2015

Statewide CPS Intakes January - June 2015							
Region	FAR	FAR%	Investigation	Investigation %	Risk Only	Risk Only %	Total
Region 1	1,702	48.2%	1,429	40.5%	397	11.3%	3,528
Region 2	1,893	58.5%	1,051	32.5%	290	9.0%	3,234
Region 3	2,742	62.9%	1,252	28.7%	367	8.4%	4,361
Statewide	6,337	57.0%	3,732	33.6%	1,054	9.5%	11,123

Other Demonstration Activities Begun, Completed, or are Ongoing

Communication

Communication with FAR caseworkers is a high priority for the FAR Team. There are two monthly case consultations conducted via video conference so that caseworkers statewide can participate. These have been well-attended by FAR caseworkers and supervisors and they consistently report the consultations are useful. Case consultation opportunities rotate, office-to-office, with caseworkers presenting cases using the case consultation model. The monthly case consultations also include time for questions and clarification on FAR practice.

The FAR Team meets weekly to talk about implementation successes, challenges, review policy and practice. The FAR Team has monthly in-person meetings with the office and regional leads to share ideas and lessons learned.

The FAR Team also visits to observe FAR operations at the local level, assess unmet training needs, and provide consultation on FAR cases, with the goal of supporting caseworkers and striving for fidelity to the FAR model.

The FAR Team attends monthly statewide CPS and Intake program manager meetings to talk about FAR progress, lessons learned, and monitor impacts to the local offices. The FAR Team also participates in the monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls assist in developing statewide consistency in screening CPS intakes for investigation and the FAR pathway.

The FAR Team has monthly meetings with the FAR Steering Committee, comprised of the CA Assistant Secretary, division directors including Program and Policy, Finance and Performance Evaluation, the Alliance for Child Welfare Excellence, 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 5, 2015 to receive updates about CA's progress implementing FAR and to provide input about communication strategies for key stakeholders.

CA provides quarterly updates on the progress of the implementation, training, and other issues via the FAR newsletter. The FAR Team has presented to numerous groups and conferences.

Training/Coaching

CA continues to support and encourage a culture shift in leadership that focuses on coaching and mentoring of caseworkers with the goal that caseworkers will use these coaching skills in working with the families they serve.

The Kempe Center continues to provide two days of supervisor leadership training for all supervisors in FAR offices. The trainers bring a wealth of knowledge and experience to the training; one of the trainers supervised in Franklin County, OH when the county implemented differential response. 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 supervisors who have attended this training have found it very helpful with some of the participants stating that this is the best leadership training they have experienced.

Case Review

In consultation with the CA Case Review Team, the FAR Team developed a set of FAR case review questions. (See Appendix A). CA has planned targeted case reviews for FAR twice a year. In addition, the CA Case Review Team has included the FAR questions in their case review which is used in offices where FAR is available.

The first targeted case review was held in July 2014. The results of the first review prompted the following changes:

- Strengthened training for caseworkers on child safety.
- A policy change eliminating the option of FAR assignment for intakes alleging physical abuse of children, ages zero – three. These intakes are now assigned to investigation with a 24 hour response for face-to-face contact with the child.
- Policy revision clarifying that FAR caseworkers do not need to obtain permission from parents to complete a safety assessment and interview with children.

The second targeted review of 234 cases was held in January 2015. To date, the Case Review Team reviewed FAR cases in Lynnwood, Port Angeles, Forks, Aberdeen, Oak Harbor and Martin Luther King Jr. offices. These reviews continue to help identify needs for additional training for the existing FAR staff and how to revise future training. Office specific data and feedback was shared with the offices so that they can address practice issues at the local level.

Areas of Strength:

- 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 Improve:

- Increased engagement of non-custodial parents.
- Improved Indian heritage documentation.
- Making necessary collateral contacts without negating family engagement work.
- How to complete initial face-to-face safety assessments of children when their parents are present.
- Increased assessment of other children and adults living in the home.
- Identifying services for domestic violence victims and perpetrators.
- Closing cases within required timeframes.

Involving the Community

Communities have shown great interest in helping children and families are safe and successful. Six months before new offices implement FAR, the area administrator selects an

office lead to engage the community. This includes reaching out to businesses and agencies who may not be traditional partners but who have an investment in the safety of children in their community. Prior to implementation DSHS Communications 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, strollers
- Obtain eyeglasses for children
- Home and car repairs

FAR caseworkers are also helping families reconnect 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 request assistance for families. For example, in one community a family needed a stroller. The FAR caseworkers posted 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 although Wiggio is most successful when 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. Both Spokane and Ellensburg have a Wiggio in their communities and FAR caseworkers have been successful in accessing help for the families on their caseload.

. The following is a list of items families have received through Wiggio:

- An air-conditioning unit for a patient awaiting a heart transplant
- A double stroller for single mother of two children under two years old
- Beds for toddlers
- Cribs
- Baby gates
- Dressers for siblings in foster care
- Twin and full-size bed sets
- Miscellaneous furniture and appliances

Families have also received help accessing the following resources:

- Volunteers to help with various tasks – clearing property and hauling things away, mentoring (youth mentor program), transportation, building fences, house repairs, vehicle repairs, help with moving
- Housing
- Services at reduced cost or free, based on the families ability to pay. This includes vehicle and appliance repairs, legal assistance, etc.

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 such as clothing and school supplies
- Volunteers to make visiting rooms at offices more family friendly

- Significant increase in the number of gas stations that will accept gas vouchers from families served by CA.

Challenges to implementation and the steps taken to address them

Intake

The FAR Team began seeing concerning intake screening decisions on children, zero – three years old, with alleged injuries from physical abuse. Because of the serious nature of these allegations and the research on injuries to very young children, the FAR Team recommended a change in policy to leadership. In June 2015, policy changes and all intakes alleging physical abuse of children zero – three years old are assigned to investigation with a 24 hour response time for face-to-face safety assessment of the child. This policy change was discussed and reviewed at the Intake and CPS Program leads meeting and communicated to all staff in June 2015.

There are ongoing efforts to achieve consistency in screening and consensus in decision making. These efforts include monthly intake consensus building phone calls and monthly intake and CPS program leads meetings. Both of these allow for discussion about the screening tool, screening decisions, policy and practice. A refresher training provided to intake on the screening tool and decision making was completed in July 2015. This training was provided by the Intake and Safety Program Manager at headquarters and delivered to intake units statewide, including Central Intake which provides daytime and after hour's service.

Staffing

FAR offices are most successful when they have been able to reduce investigative caseloads prior to implementation. The offices that implemented FAR in the first half of 2015 were better prepared overall.

Staff vacancies in the CPS program challenge both investigations and FAR. Vacancies result in higher caseloads creating stress on caseworkers as their workload increases

Statutory Requirements

Current statute requires that FAR cases close within 90 days.

While most FAR cases are able to be closed within 90 days, there are some cases where engagement of the family in services makes the 90 day requirement difficult to manage. Evidence based practice (EBP) are offered in FAR and usually last beyond the 90 day period. This presents a challenge for the department and the family. Because the department is paying for the service, cutting the service off at 90 days means the family may not complete the service. EBP's are only effective when the entire service is completed.

CA submitted request legislation to extend the timeframe when families are participating in services and want to complete the service. In most cases, this might extend the case another 30 to 60 days. The request legislation was denied. CA is considering requesting legislation again to extend the timeframe. If an amendment to the statute is achieved, CA would be able to expand the use of evidence based services for FAR families.

State law requires FAR families to sign a participation agreement. In discussions with FAR caseworkers about the agreement, the FAR Team learned that many of the families who chose not to participate in FAR did not want to sign the agreement; some families indicated that signing the agreement meant they felt they were admitting to abusing or neglecting their child. While the agreement only asks parents to sign in order to acknowledge agreement with participation in FAR, the parent's perception appears to be a barrier to signing. CA requested a change to the legislation to eliminate the written participation agreement; however the request was not successful. CA will likely request this change again for next year's legislative session. After some research, it appears that no other state requires a parent to sign a written agreement.

Training

FAR training is a partnership between CA and the Alliance for Child Welfare Excellence. FAR caseworkers and supervisors provide feedback about how to improve and strengthen training. As a result, FAR training is modified when incorporating feedback can improve or strengthen the curriculum. The curriculum addresses areas of practice that needed additional attention. For example, clarification was needed to address interviewing and safety assessment of children. It became apparent that FAR caseworkers believed they were required to seek a parent's permission before seeing and interviewing their children. While FAR caseworkers strive for consensus with parents, the safety of a child is the priority and caseworkers may need to see children without seeking the permission of the parent.

In January 2015, adjustments were made to FAR training schedule. These changes were made in order to provide additional focused coaching opportunities with the training. The CA FAR Team now provides two days of training to all new FAR caseworkers. This provides FAR caseworkers and supervisors the opportunity to meet and develop connections with other FAR staff across the state and be introduced to the basics of FAR, including legal and policy requirements, practice expectations, presentations from parents who have had prior experience as clients of the department, fatherhood engagement, and the CANS F screening tool. The Alliance provides FAR caseworkers and supervisors with two additional days of training in their region to work through FAR case scenarios using solution based casework. The smaller group trainings have been well received by caseworkers and have allowed for more opportunities to actually practice skills.

CANS F Screener:

CA has continued to have the Praed Foundation train FAR caseworkers on the use of the CANS F screener. The training is incorporated into the FAR training for all offices implementing FAR. Caseworkers and supervisor feedback on the CANS F screener is varied enough to seek additional information on its value and effectiveness. The FAR Team held focus groups to gather more feedback from staff. CA will use that feedback to help inform the decision as to whether we should continue use of the CANS F screening tool.

III. Evaluation Status

The evaluation is currently on target with all timelines established in the approved Evaluation Plan. The past six-month period has been the first that TriWest has had the opportunity to work with FamLink data. Previous IVE reports describe delays in finalizing the fidelity tracking protocol. This process continues. FamLink data elements are being isolated in order to augment other available data sources. The final fidelity tracking system will combine data collected from CA case reviews, FamLink (time frames, caseloads and service delivery), family surveys (a pilot of methodology changes is underway), and key informant interviews (KII) with FAR staff. The protocol should be finalized in early September and will be forwarded as an addendum to the Evaluation Plan to CA by September 30, 2015.

Substantial effort over the past six months has centered on work with FamLink data extracts. During that period, cohort one (January – June 2014) and cohort two (July – December 2014) data were corrected. A comprehensive data dictionary was then developed creating R (statistical software) scripts for reading, cleaning and summarizing the data, as well as finalized and completed the propensity score matching process for the first two cohorts.

A detailed summary of evaluation activities for this period is provided later in this report.

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

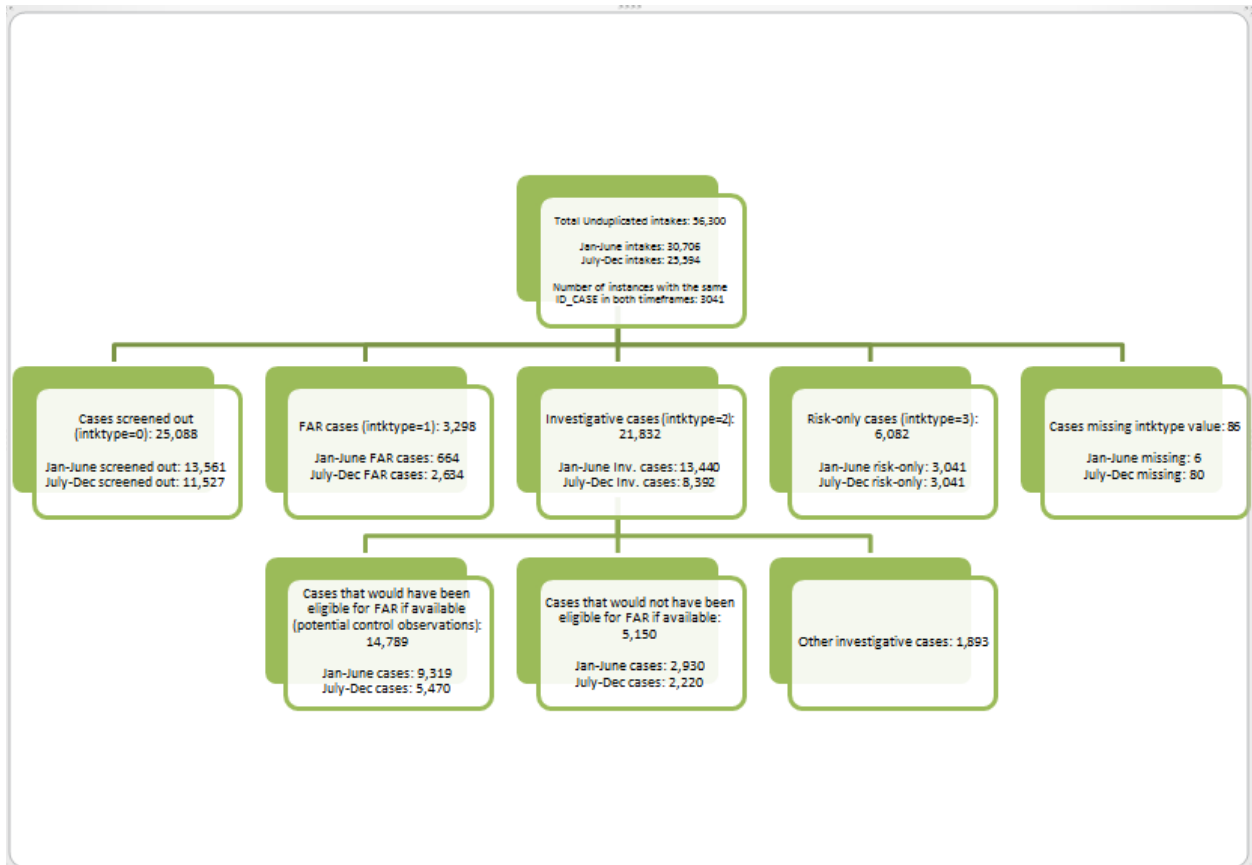
A. Numbers of children and families assigned to the demonstration (including to any comparison/control groups if appropriate); note if current sample sizes differ significantly from original sample size estimates.

The table below shows the number of families with a FAR intake, by month, across all offices implementing FAR in 2014. Each intake represents a family assessed as 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.

Note: 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 match the hand counts. The primary design is “intent to treat,” which means that study group numbers include families who screen in for FAR but are transferred to investigations due to safety concerns and families who decline to participate in FAR. Additionally, the data clean-up excludes cases screened in for FAR but the intake is assigned to an office that has not yet implemented FAR. The data clean-up also excludes multiple intakes for the same family.

Month	Unduplicated Number of Families with a FAR Intake (Cohort 1 & 2: Jan-Dec 2014)	Unduplicated Number of Control Group Families (Cohort 1 & 2: Jan-Dec 2014)
January 2014	119	Comparison group families are matched by overall cohort time period, not by individual month.
February 2014	113	
March 2014	127	
April 2014	123	
May 2014	101	
June 2014	81	
Total Cohort 1	664	664
July 2014	223	Comparison group families are matched by overall cohort time period, not by individual month.
August 2014	269	
September 2014	307	
October 2014	704	
November 2014	562	
December 2014	569	
Total Cohort 2	2,634	2,634
Total for the period	3,298	3,298

Source: FamLink



FAR Case Disposition (of 3,298)	Jan - June	July - Dec	Total
0 = Not FAR	0	3	3
1 = Remained FAR	295	1939	2234
2 = Declined FAR (no investigation)	39	168	207
3 = Transferred (including investigation)	49	147	196
4 = Screened out / dropped / closed	281	377	658

Implementation of FAR in Washington State is being done in stages, with groups of offices implementing every six months. The original implementation plan anticipated full implementation after three years, but the current pause in implementation due to lack of funding creates uncertainty of meeting the three year target. This gives the opportunity to compare FAR pathway families (the study group) to a matched comparison of FAR eligible investigative pathway families in offices that have not yet implemented FAR. In the first cohort (January to June 2014) only three offices and selected parts of two other offices (Spokane and Smokey Point) implemented FAR, leaving 42 offices with FAR eligible investigative families for the control group.

In the second cohort (July to December 2014), six additional offices implemented FAR, resulting in a much larger (2634 v. 664) treatment group. In order to maintain a consistent protocol for later cohorts, one to one matches were conducted between treatment and control families, with exact match on cohort. The declining number of non-FAR offices will eventually impose a limit on the number of matched treatment/control pairs; subsequent to the fourth cohort, the number of FAR eligible investigative families will limit the number of available FAR/Investigative pairs.

Propensity score matching variables:	
Youngest Child's Age*	Age of the youngest child in the family at the time of intake
Prior Economic Assistance	Sum of family's total economic assistance received, prior to FAR intake (any time prior)
Prior AOD Treatment	Total number of times family member(s) (any) were treated for Alcohol or Other Drug issues, prior to FAR intake (any time prior)
County Urbanization	Degree of county urbanization determined by US Department of Agriculture
Criminal Involvement	Number of family members with any criminal involvement prior to FAR intake (any time prior)

Propensity score matching variables:	
Criminal Severity	The severity of the most severe criminal offense of any family member prior to FAR intake (any time prior)
Developmental disability (DD) eligibility	Number of family members eligible for developmental disability services
Domestic Violence History	Number of family members with a domestic violence charge prior to FAR intake (any time prior)
Emergency Room Use	Total number of family members using emergency room care (number of visits) prior to FAR intake (any time period)
Race/Ethnicity (youngest child)	Race/ethnicity of youngest child in the family, as recorded in FAMLINK
Homelessness History	Total number of household members experiencing homelessness prior to FAR intake (any time period)
First CA Encounter	(Yes/No) is this the first CA encounter for any family member
Injury History	Total number of previous reported injuries to any family member, prior to FAR intake (any time period)
Intake Type	Type of Intake (Neglect/Abandonment, Physical Abuse, Sexual Abuse/Exploitation)
Juvenile Justice History	Total number of prior adjudications for all juvenile family members prior to FAR intake (any time prior)
Medical/Medicaid eligibility	Number of months eligible for medical assistance (maximum for family member) prior to FAR intake
Mental Health History	Total number of family members with mental health diagnosis prior to FAR intake (any time prior)
Mental Health History (Severity)	Most severe mental health diagnosis across family members prior to FAR intake (any time prior)
Tribal Affiliation	CA flag indicating an Indian Child Welfare case
Number of Children*	Count of the number of children living with the family at time of FAR intake
Risk Scores*	Abuse and neglect scores derived from SDM Risk Assessment.

* Indicates a variable with missing values; values were imputed during the matching process to avoid excluding large numbers of cases.

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

Date	Activity	Audience/Participants
January 8, 2015	Key Informant Interview data (Round II) compiled	TriWest
January 13, 2015	Ellensburg report drafted	TriWest/Children's Administration
January 14, 2015	Evaluation Team Meeting, Olympia	TriWest/Children's Administration
January 16, 2015	Testimony to Legislature	TriWest (Peter Selby) / Children's WA State Legislature
January 23, 2015	Received Updated Cohort #1 Data Files	TriWest
February 5, 2015	Ellensburg report reviewed and finalized	TriWest
February 6, 2015	MLK report drafted	TriWest
February 10, 2015	Family Survey meeting	TriWest/Children's Administration
February 10, 2015	Evaluation Team Meeting, Olympia	TriWest/Children's Administration
February 20, 2015	Mt. Vernon report drafted	TriWest
February 23, 2015	Mt. Vernon report reviewed and finalized	TriWest/Children's Administration
March 2, 2015	Pierce East report drafted	TriWest
March 3, 2015	Oak Harbor site visit	TriWest/Children's Administration
March 3, 2015	Pierce East report reviewed and finalized	TriWest
March 6, 2015	Sent draft Phase II Key Informant Interview reports to CA	TriWest/Children's Administration
March 6, 2015	Round II Overall Summary report drafted	TriWest
March 9, 2015	Peninsula site visits	TriWest/Children's Administration
March 10, 2015	Richland site visit	TriWest/Children's Administration
March 11, 2015	Moses Lake site visit	TriWest/Children's Administration
March 12, 2015	Lincoln site visit	TriWest/Children's Administration
March 19, 2015	Round III Key Informant Interview data compiled	TriWest
March 30, 2015	Moses Lake report drafted	TriWest/Children's Administration
April 2, 2015	Richland data compiled	TriWest
April 8, 2015	Completed revisions to KII forms	TriWest
April 14, 2015	Teleconference with Federal CA re: Semi-Annual report	TriWest/Children's Administration
April 15, 2015	Peninsula report drafted	TriWest/Children's Administration
April 21, 2015	Stevenson site visit	TriWest/Children's Administration
April 22-23, 2015	Vancouver site visit	TriWest/Children's Administration
April 27, 2015	Oak Harbor report drafted	TriWest/Children's Administration

May 4, 2015	Added urbanization data	TriWest
May 8, 2015	Analyzed cohort 2 data using Tobit model	TriWest
May 10, 2015	Lincoln report drafted	TriWest/Children's Administration
May 12, 2015	Monthly Evaluation Team Meeting, Olympia	TriWest/Children's Administration
May 13, 2015	Stevenson report drafted	TriWest/Children's Administration
May 15, 2015	Sorted expenditure data by families with and without removals	TriWest
May 19, 2015	Round II Key Informant Interview summary report updated with Stevenson data	TriWest/Children's Administration
May 22, 2015	Imported corrected data (based on previously identified file errors)	TriWest
May 27, 2015	Spokane site visit	TriWest/Children's Administration
May 28, 2015	Newport site visit	TriWest/Children's Administration
May 28, 2015	Colville site visit	TriWest/Children's Administration
June 1, 2015	Ongoing analysis for data cleaning	TriWest
June 6, 2015	Vancouver report drafted	TriWest/Children's Administration
June 9, 2015	Long Beach & South Bend site visit	TriWest/Children's Administration
June 9, 2015	Monthly Evaluation Team meeting	TriWest/Children's Administration
June 10, 2015	Richland report drafted	TriWest
June 16, 2015	Phase III Office level KII summary reports sent to CA	TriWest/Children's Administration
June 17-18, 2015	Pierce West site visit	TriWest/Children's Administration
June 17, 2015	Smokey Point site visit	TriWest/Children's Administration
June 18, 2015	Sky Valley site visit	TriWest/Children's Administration
June 22-23, 2015	TriWest attended new FAR Caseworkers training	TriWest/Children's Administration

Challenges to evaluation of implementation

There have been no significant delays to the implementation of the Evaluation Plan. While the fidelity rating protocol is not yet completed, fidelity data is being collected from a variety of sources. When the protocol is finished, ratings to implementation will be applied from the start of the project.

CA has collaborated closely with the evaluation team and provided access to the caseworkers in order to conduct critical activities. All evaluation activities are underway as planned.

The pause in the rollout will facilitate a larger pool of matched FAR and investigative families that are concurrent in time. Much of the outcome analysis uses comparison of FAR families to matched FAR eligible investigative families. For the initial data period, January through June 2014, because FAR had only rolled out in three offices, there were few FAR families and many FAR eligible investigative families. With one to one matching, most of the investigative families

were excluded from the analysis. During the last phases of the rollout, there will be many FAR families, but few FAR eligible investigative families, potentially forcing us to exclude many FAR families from the analysis.

By allowing matching of families “near in time” instead of exactly concurrent, the number of excluded FAR and FAR eligible investigative families will be reduced. Because important unmeasured factors may change over time, matches to families will be as near in real time as possible. Delaying the rollout of additional offices now, when the number of families in FAR and non-FAR offices is approximately equal, adds the maximum number of concurrent matched pairs of families to our data set. This reduces the possibility that changes over time in unmeasured factors will bias our estimates of the effect of FAR on outcomes such as removal rates, costs, and repeated intakes.

No new site visits or KII will be conducted during the period of the delay. This provides the opportunity to return to sites that implemented FAR in the earlier phases and, conduct follow-up interviews to better understand the developmental trajectory of FAR offices, and explore how offices addressed early implementation challenges. Issues and barriers identified in the initial site visits for each office will be a focus for the follow-up, but we will also ask about FAR model components for which progress at that time was undetermined. Examples of focus areas will include:

- a. Implementation design areas, such as training provided to caseworkers that impacted their readiness to implement FAR, and the ability to continue development of community services after the cessation of FAR lead involvement.
- b. Issues that were barriers to FAR implementation, such as high caseloads, friction between FAR and investigative teams, caseworker turnover and position vacancies, and case screening at intake.
- c. Aspects of the FAR model that may have been too soon to rate adequately early in the implementation, such as family involvement in services or family stability as a result of FAR.

Family Survey Changes

As mentioned in the last semi-annual report, the pilot testing of the family survey led to several changes.

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 provided multiple options to respond:
 - **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.** FAR training now includes information on the family surveys and asks FAR caseworkers to encourage families to participate.

Changes were implemented on July 1, 2015 and are reflected in the new FAR Case Closure letter being sent to families. Further information on the new Family Survey methodology will be available in the next semi-annual report.

Progress on Fidelity Measures

Work with FamLink data and changes to the family survey protocol have had to be completed before finalizing the fidelity rating protocol. As the understanding of FamLink data elements becomes clearer and as the second round of family surveys is completed, the design of a final methodology for creating fidelity rankings will be based on:

1. KII 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 FAR case reviews.
4. FamLink data regarding caseloads, length of cases, and service delivery.

IV. Significant Evaluation Findings to Date

Now that the propensity score matching process has been finalized, a preliminary outcome analysis has begun and a preliminary report is anticipated within the next reporting period.

To date, KII and site visits have been completed through the first four rounds of offices implementing FAR, and data has compiled data for the first three rounds. Please find a summary of the main findings of the first three rounds of implementation of FAR in the next section.

Overview

TriWest Group conducted structured interviews during FAR implementation at the following phase I, II, and III offices: Lynwood, Aberdeen, Spokane (partial), Ellensburg, Mt. Vernon, Martin Luther King, Pierce East, Stevenson, Vancouver, Richland, Lincoln, Port Angeles, Oak Harbor, and Moses Lake. Interviews captured perspectives on various aspects of the FAR implementation, including caseworkers' preparation, lessons-learned, barriers, and positive changes, changes in parent and social worker engagement, changes to service provision and the availability of community resources, and the experiences of ethnic or minority families.

The following table summarizes the number of interviews conducted with caseworkers in various roles during each of the first three phases.

Phases I, II, and III Key Informant Interviews			
Office	Date	Type of Interview	Numbers
Total	March, 2014 through April, 2015	FAR Caseworkers	78
		Investigative Staff	35
		Administrators	56
		Service Providers	30
Phase I	March – May, 2014	FAR Caseworkers	18
		Investigative Staff	-
		Administrators	13
		Service Providers	5
Phase II	December, 2014	FAR Caseworkers	21
		Investigative Staff	11
		Administrators	18
		Service Providers	13
Phase III	March – April, 2015	FAR Caseworkers	39
		Investigative Staff	24
		Administrators	25
		Service Providers	12

Summary of Findings by Interviews

FAR caseworkers, FAR supervisors, managers, investigative staff, and providers reported similar experiences with FAR implementation across offices and throughout the first three phases. Short timeframes to work with families and high caseloads under FAR remain the most significant barriers discussed. Improved relationships with families, increased access to and improved relationships with community partners, and a greater ability to help families who previously fell through the cracks continue to be the most frequently cited benefits of FAR. Long-term impacts on family stability and re-referrals to CPS are still uncertain. Ongoing sharing of lessons learned between offices and adjustments in training content and FAR procedures have proven beneficial to improving the success of each subsequent FAR implementation.

Several factors have emerged that influence the success of implementation at each office. Each of these factors appears to interact with others to affect outcomes under FAR. These factors are: aspects of the FAR design, e.g.) timeframes for case closure time frame), office context and culture, e.g.) caseload, training and experience of caseworkers, policy, FTE, regional leadership and support, and training.

Discussion of Common Barriers to FAR Implementation and Lessons Learned

Interviews with key informants identified the following lessons learned and barriers to implementing FAR:

- **Key informants consistently report that the most significant barriers to FAR implementation are FAR's relatively short 45-day timeframe and high caseloads.** Additional barriers include: social worker turnover, caseload management specifically during the transition period, the wide range of low-to-high-risk cases in FAR, a lack of knowledge of (or availability of) community resources, the need to engage and put services in place very quickly, poor communication within the office, friction between FAR and investigative teams, perceived deficiencies with the FAR training, and numerous administrative requirements.
- **The barriers listed above interact with high caseloads and FAR's short timeframe, and have a snowball effect that inhibits implementation.** Offices with lower under control have more flexibility when dealing with barriers, and relaxing FAR's time limit would increase this flexibility even further.
- **Offices that serve urban versus rural areas tend to have different experiences under FAR.** Offices that serve rural areas tend to find the FAR timeframe an even greater barrier due to inherent challenges in less populated, more geographically diverse areas. Rural offices can face severely limited availability of community resources, face additional barriers to engagement (physical distance and greater suspicion of the government), and are more likely to employ caseworkers that manage cases in both the investigative and FAR pathways. Having caseworkers serve dual roles can be confusing both for families and for the caseworkers themselves.

- **Some caseworkers are more comfortable with the FAR model than others.** Individual caseworkers styles (like a caseworkers approach to engagement, or their assumptions about families) influence whether there is contention over signing the FAR agreement, whether interviews happen with parents present, whether family needs are identified accurately, and which types of services (contracted or community-based) a family receives.
- **FAR implementation can have a divisive effect within offices.** This can happen for several reasons, including but not limited to:
 - FAR is sometimes seen as yet another “new” program in a long string of initiatives.
 - Caseworkers with backgrounds in investigations tend to be skeptical, or even dismissive of FAR’s approach to engagement and worry that FAR will ignore child safety.
 - FAR can bring about an “us versus them” mentality between FAR and investigative units.
 - Caseworkers often perceive imbalances in caseload allocation and expectations after FAR.

Offices that have overcome these barriers tend to have high levels of collaboration and communication between units, with strong administrative buy-in, support, and cooperation between supervisors across teams.

- **The interviews captured a recurring split in perspective between administrators and caseworkers, with caseworkers tending to report barriers to FAR implementation as more substantial, and positive changes as less extensive.** These differences provided interesting perspectives and reflect the lengthier involvement of administrators in FAR planning, and for caseworkers, the challenges of working through the particulars of implementing FAR on the family level. This split seems to be greater in offices where caseworkers have higher caseloads.
- **Overall impressions of the FAR training have improved over time. Respondents often noted that the most useful parts of FAR training were the lessons learned from other FAR offices.** Caseworkers express that the FAR training needs to include information on how to carry out day-to-day and administrative tasks. Despite comments about the FAR training, many caseworkers also acknowledged that there is no substitute for direct experience in the field, and that it falls to supervisors and experienced caseworkers to provide guidance and clarification about specific issues.
- **There is a need for caseworkers and supervisors to receive training and guidance about why cases are assigned to one pathway or the other in CPS.** This is important so that caseworkers are prepared to explain the differences between the investigative and FAR pathways to families and community partners. Incorrect screening of intakes (as perceived by caseworkers and supervisors) create an additional administrative burden for supervisors, and investigating very low-risk cases presents an opportunity cost for caseworkers.

- **Most offices find that EBPs do not fit within FAR's timeframe, and most respondents say that use of EBPs has decreased under FAR.** However, there are several offices that have found providers who have been willing to adjust their services to work with FAR's timeline.
- **FAR offices need to plan for sustaining community outreach responsibilities once the FAR Lead position expires.** There have been many comments about the importance to families of ongoing community services, particularly because community services are more available to families after they complete FAR. There is concern that when the FAR Lead leaves, development of community services will be dropped.
- **For many FAR families, caseworkers suggest that the real problem is not abuse or neglect, but poverty.** For this reason, concrete supports from the community are especially helpful for FAR families, though caseworkers and service providers often voice concerns that FAR can't offer the longer-term help that some FAR families need. This is one factor that contributes to FAR's unknown effect on re-referrals. More will be known about the long-term effects as time passes with more FAR families available to track for re-referrals.
- **The response to FAR from investigative teams tends to be very mixed.** Some teams felt that support and communication to investigators was not a priority during the implementation. Many investigators noted feeling vilified by FAR office staff, families, and community members, and that this contributed to the "us vs. them" mentality present between FAR and investigative units in so many FAR offices. However, in some offices, investigators saw caseloads decrease, and were grateful that FAR allowed for more focus on the types of higher-risk cases that truly belonged in investigations.

Discussion of Positive Outcomes from the FAR Implementation

- **Most respondents across offices felt that FAR has brought positive change.** These changes typically had to do with the experiences of FAR families and the ability to provide community services to meet needs. Respondents note that relatively small tweaks in the approach to engagement make a big difference for families, including contacting parents before speaking with children, and asking families what they think they need instead of taking a more directive approach.
- **FAR families are much more engaged with caseworkers once they understand that caseworkers are not seeking a finding, and they appreciate the increased transparency and honesty.** Families who had previous experiences with CPS reported a better experience with. However, caseworkers also share that the families with longer histories in CPS tend to show the least progress with FAR. This may be partially due to the fact that families with a history with CPS tend to have longer-term or more chronic needs.
- **In offices that have better managed caseloads, caseworkers hold more positive attitudes, are less stressed, and appreciate the ability to help families.** Many caseworkers noted that FAR allows them to do "good social work." FAR has also altered the culture at many offices, such that caseworkers speak about families in a more positive

manner. Some offices have found that this culture extends to non-FAR caseworkers members as well. This effect is not consistent across offices, however. For some offices, particularly those with caseload and staffing issues, perception of FAR remained negative.

- **There is more community support, and community agencies and the general public are beginning to see CPS more positively.** Caseworkers on average are more familiar with community services and are better able to work with families to help them meet their needs. However, some offices felt that there was still work to be done with increasing social worker knowledge of and access to community services. Indeed, some offices saw community relationships stagnate with the loss of the FAR lead position.

- **Many respondents reported that it was too early to tell whether families were learning to meet their own needs using community supports.** Most respondents felt that there was movement in the right direction, but the extent to which FAR families are becoming self-sufficient depends both on the family and on social worker availability. For example, social worker support and guidance through the process of scheduling and attending a family's initial appointments with community service providers can have a major impact on that family's ability to become self-sufficient in the long run.

- **So far, respondents typically report that there has been no change with regard to the availability of community services for meeting the needs of ethnic/minority families.**

V. Recommendations & Activities Planned for Next Reporting Period

CA plans to:

- Assess offices which can implement FAR without additional caseworkers and consider launching those offices until funding for FAR is secured.
- Continue to train new FAR caseworkers hired into existing FAR offices.
- Conduct a statewide FAR case review in August 2015. 300 cases will be reviewed.
- Based on the results of the case review, follow up training, practice discussions and local office plans will be developed and provided.
- Continue building community resources and relationships.
- Engage philanthropic partners to create web-based community forums to access help for all families.
- Continue to gather feedback from our caseworkers 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 Tri-West to inform their evaluation.

