

Washington State IV-E Waiver Demonstration Project

Family Assessment Response Final Evaluation Report

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WA IV-E Final Evaluation

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1 Executive Summary

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1.1 Report Description

This report provides TriWest Group's (TriWest) final evaluation of Washington State's Title IV-E Waiver Demonstration Project, Family Assessment Response (FAR). FAR is a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services (CPS) investigations conducted through the Department of Children, Youth, and Families (DCYF). Our evaluation began in January 2014, and it concludes on July 1, 2019, with the submission of this report.

In this Executive Summary, we present brief descriptions of the FAR program, our evaluation, key findings, and select recommendations. The remaining chapters, as listed below with chapter numbers in parentheses, provide detailed expansions of these items:

- **Introduction and Overview (2).** Background and context on FAR and its participants
- **Evaluation Framework (3).** Theory of change, logic model, and overview of data sources and methodological approaches
- **Process Study (4).** Description of FAR's services, major activities, and policies, including findings on nine research questions and fidelity
- **Outcome Study (5).** Outcomes derived from quantitative data on determining how the FAR implementation affected child well-being, removal rates, and re-referral rates
- **Cost Study (6).** Description of the fiscal impact of FAR on DCYF services, offices, and other aspects based on office-level and family-level analysis
- **Summary (7).** Summary of the evaluation report, including key research questions, the overarching research methodology, and major findings.
- **Supporting Documents Appendix (8).** Supplemental materials referenced elsewhere in the report.
- **Technical Appendix (9).** Expanded methodologies, analysis, and results.

1.2 Evaluation Overview

The original framework of Washington State’s Title IV-E Waiver Demonstration Project, Family Assessment Response (FAR), outlined steps DCYF would take to focus child welfare resources on the following four areas in order to improve outcomes for safety, permanency, and well-being:

- **Increased connections** with extended family, natural supports, and community to enhance child safety by engaging families outside the traditional investigative process.
- **Provision of concrete goods and services** to support families, safely prevent placement in out-of-home care, safely reunify children with their families, and improve child and family well-being.
- **Expanded use of evidence-based practices** to provide targeted interventions that effectively address the needs of children and their families, improve child safety in the home, prevent out-of-home placement, and increase child and family well-being.
- **Expansion of Washington State’s practice models**, specifically, Solution Based Casework¹ and the Safety Framework.

Our evaluation comprises three main components: a process evaluation, an outcome evaluation, and a cost study. Each component allows the evaluation to answer different questions about the implementation and how FAR did, or did not, improve outcomes for safety, permanency, and well-being. In doing this, we also address the four focus areas listed above.

The **process evaluation** (“Process Study”) includes efforts to describe program implementation, including policy and procedure impacts at the state and individual-office levels. Among other data sources, we relied on key informant interviews, FAR family surveys, and administrative casework data. Additionally, the process evaluation provides a by-office rating of fidelity for each DCYF office in the state. The **outcome evaluation** (“Outcome Study”) uses a comparison group design, comparing families who received FAR to a propensity-score-matched comparison group of families who were eligible for FAR but did not receive it. These analyses focused on questions about FAR outcomes, such as the program’s impact on removal and re-referral rates, service provision, and family-level costs of DCYF purchased goods and services. Finally, the **cost/fiscal study** (“Cost Study”) considers the effect of FAR on the costs of operating field offices, including all costs of serving families. This portion used a panel data structure, with 13 six-month time periods for each of 46 field offices. This approach allowed us to observe the change in cost of servicing families as each office transitions from pre to post FAR while controlling for numerous variables and characteristics. The study provides analysis for both office-level and family-level outcomes.

¹ DCYF made changes to practice models during the FAR implementation. These changes are discussed in the Implementation section of this report.

1.3 Major Evaluation Findings

Complete findings are presented throughout the major portions of this evaluation. Below, we present abbreviated findings from each of the three major analytical portions of the study (i.e., Process Study, Outcome Study, Cost Study). These findings are direct responses to the research questions guiding each of the evaluation's three major portions.

1.3.1 Process Evaluation Findings

Our process evaluation responds to nine process research questions (PRQs), presented below.

PRQ1. How was FAR Implemented across the state? Describe the implementation process and family enrollment into FAR. FAR was implemented through a 10-phase rollout process beginning in January 2014 and concluding in June 2017. During each phase of the rollout, DCYF trained and supported select offices for FAR implementation. TriWest used the phased rollout to create treatment and comparison groups.

PRQ2. How did FAR and investigative office staff (administrators, supervisors, case workers) view their office preparedness for FAR implementation? Key informant interviews suggest strong agreement that offices, on average, were prepared for implementation. Administrators tended to be prepared at slightly higher rates than FAR caseworkers were. Investigative caseworkers were least likely to agree that they were prepared for implementation. Caseworkers generally were able to find information and administrative support for their questions related to FAR implementation.

PRQ3. How did FAR and investigative office staff (administrators, supervisors, case workers) describe how implementation affected CPS casework? On average, office staff reported only minor detrimental effects on CPS casework. Staff tended to agree with the FAR approach, with strongest support coming from administrators, second highest from FAR caseworkers, and investigative caseworkers showing lowest support. Families stated that their experiences with DCYF was improved or unchanged after FAR, relative to earlier experiences.

PRQ4. How did FAR implementation affect family engagement? From the DCYF perspective, FAR increased the degree and quality of partnering with families. Families, likewise, report high levels of engagement and inclusion, noting that caseworkers tend to include family perspectives in casework.

PRQ5. Were families satisfied with their experiences with FAR? Families indicated high levels of satisfaction with caseworkers. They expressed that they received helpful guidance, were respected, and found caseworker help to be both beneficial and satisfying.

PRQ6. How did FAR implementation affect service delivery? Availability of services? DCYF personnel noted increases in DCYF-funded services, concrete goods, and community services. DCYF services were least affected; concrete goods were most affected. Based on averages across all offices, fewer than 10% of high-risk FAR families received an EBP whereas nearly 39% of these same families received some form of in-home service.

PRQ7. Did families view services received through FAR as helpful? Caseworkers provided help in multiple forms, including services (community and DCYF-funded). Families who received some level of help indicated that help was overwhelmingly beneficial and sufficient.

PRQ8. What was the level of fidelity of implementation of FAR in each FAR office? Offices exhibited widely varying levels of fidelity to the FAR model, though all offices tended to have lower levels of fidelity after the initial scoring year (2015). The annual fidelity score for the aggregate of all offices was highest (51%) in the first year of scoring (2015). This level declined sharply the following year (39% in 2016) and plateaued in the third year (41% in 2017).

PRQ9. What contextual factors have had or may have a bearing on the replicability of the intervention or the effectiveness of the demonstration? Phased rollout permitted DCYF to address needs within the FAR model, including changes in training, delivery, and services. Greatest concerns are in the need to improve how services, especially EBPs, are provided to families. The extension of FAR case length may both improve service delivery and improve fidelity.

1.3.2 Outcome Evaluation Findings

Our outcome evaluation responds to four outcome research questions (ORQs), presented below.

ORQ1. Does the FAR pathway reduce the number and proportion of any child entering out-of-home care during participation and at 12, 24, and 36 months following case closure?

According to our matched comparison analysis, FAR does reduce the probability of removal. For measures at 3, 6, 12, and 24 months after intake, this reduction is statistically significant. The estimated reduction in the probability of removal is approximately 17% at 12 months. For the 36-month period following case closures, the same process reveals reduced likelihood of removals because of FAR. However, findings for the 36-month period are not statistically significant, meaning we have low confidence in the reliability of those specific estimates.

ORQ2. Does the FAR pathway reduce the number and proportion of repeat maltreatment allegations (re-referrals) during participation and at 12, 24, and 36 months following case

closure? Based on the comparison of FAR to FAR-eligible investigative families, FAR appears to increase accepted re-referrals, which runs contrary to our expected outcomes. However, these re-referrals are disproportionately FAR eligible, reflecting lower levels of risk and indicating that FAR appears to limit the escalation of maltreatment.

ORQ3. Does the FAR pathway impact child and family well-being in the domains of behavioral and emotional functioning, social functioning, cognitive and academic functioning, and physical health and development? Because the original evaluation tool designed for measuring well-being was discontinued at the beginning of the evaluation, we developed an alternative method using proxy data. This method showed little difference in well-being measures between the FAR and comparison families. These results suggest that FAR had little impact on well-being. However, they also suggest that FAR places no greater safety risk for families than non-FAR approaches.

ORQ4. What is the impact of implementation of the FAR pathway on disproportionality within the child welfare system? We examined disproportionality with a very focused scope. Although several system decision points can cause or exacerbate disproportionality, our analysis was limited to considering disproportionality in (1) families assigned into FAR rather than the investigative pathway at intake and (2) families agreeing to participate in the FAR intervention. This focus allowed us to isolate two key points where FAR could potentially exacerbate system disproportionality issues. For most of our evaluation, families designated as “Native American” or Washington State Tribe” disproportionately declined FAR participation. However, in the first cohort of 2018, following the Washington Legislature’s removal of the FAR Agreement, rates of these families declining FAR aligned closely with average decline rates. However, throughout the initiative, Native American families were assigned to FAR at lower rates largely as a result of FAR ineligibility caused by many of these families having higher numbers of previous intakes.

1.3.3 Cost Evaluation Findings

Our cost study responds to two cost research questions (CRQs), presented below.

CRQ1. Has implementing the FAR pathway cost the state of Washington more or less than continuing with the investigative pathway? Increase or decrease of costs vary by specific expenditure category. Analysis of DCYF-purchased goods and services for FAR and matched comparison families demonstrates a statistically significant decline in expenditures for FAR families. This analysis excludes all costs that are not direct purchases (e.g., social worker labor costs). Office-level analysis of all costs related to serving families also shows a decrease in costs after implementing FAR, but these results are not statistically significant.

CRQ2. How has the timing and types of costs shifted as the result of FAR? Analysis of matched FAR and comparison families shows an increase in expenditures on FAR families during the first six months after intake. But by 12 months, FAR families have lower total expenditures, and the estimated savings from FAR continues to increase at 24 and 36 months after intake. These results are statistically significant. FAR therefore seems to increase expenditures on families initially but reduces expenditures over time.

Analysis of expenditure at the office level do not show any statistically significant change resulting from adoption of FAR, in either total costs, or any of the subcategories of cost we analyzed. Point estimates of total costs show a decline after FAR implementation. Specific subcategories such as caseworker or removal-related costs have either increases or decreases after FAR implementation. However, the small magnitude of the average change and underlying variability in office-level data do not allow us to conclude FAR resulted in cost increases or savings in any category.

1.4 Implications and Recommendations

Over the course of the implementation and evaluation, several findings emerged. Among these is that FAR largely succeeded in some significant areas, had modest changes in others, and has room for growth in still others.

Perhaps the most notable successes are those findings derived from key informant interviews and family surveys on the way that FAR has allowed caseworkers and families to work more closely as partners. As noted in the Process Study, caseworkers largely embraced some key principles of FAR, including the opportunity to provide non-adversarial case work and services to help families improve and avoid escalation and removals. These lead to the following recommendations:

- Caseload levels vary by office, but most offices exceed the recommended level: that caseworkers have 15 cases at any one time. Reduction in caseload levels should be prioritized since improved caseload levels (1) improve fidelity to the FAR model, (2) allow greater opportunity for family engagement, and (3) may decrease caseworker turnover.
- Families who received services tended to note that services were both sufficient to meet their immediate needs and helpful in providing new perspectives and skills. As such, additional training and information-gathering for caseworkers on available services may be beneficial. That office-level support should then carry into family engagement as workers are more equipped to guide and align families to services.
- The loss of the FAR leads following implementation was often cited by caseworkers as detrimental to maintaining strong communication between offices and local services and providers. Administrators may need to consider approaches to both maintain and

develop liaisons between offices and community. Furthermore, this work may improve understanding among mandatory reporters (e.g., schools).

- With the extension of FAR case length, we expect the use of all services, including EBPs, to increase. Continued emphasis on these expanded opportunities should be presented to families.
- The delivery of concrete goods was often a point of significant excitement, both for caseworkers—who remarked that they felt empowered—and for families—who commented that they appreciated receiving practical help. Offices and administrators may consider ways to share creative and successful approaches to delivering concrete goods. They may also consider sharing approaches for handling situations in which some families may expect or rely on concrete goods when services or community connections may be more beneficial in the long run.

Findings in the Outcome Study also pointed to areas of both success and continued need. Perhaps the largest success is the reduction of removals that result from FAR. However, the expectations that re-referrals would reduce did not occur. Initial findings show that FAR had little effect (negatively or positively) on safety and well-being, even with lower removals, which indicates that the removals avoided through FAR did not negatively impact child safety. Disparity concerns around access to FAR from previous reports appear to be improving, after substantive programmatic changes were made (i.e., the elimination of the FAR Agreement). However, some concerns remain regarding the lower rates (relative to the average rate for all FAR families) of Native American families assigned to FAR versus the investigative pathway.

- Consider whether some of FAR's emphasis on non-adversarial engagement with families may provide training opportunities and approaches that could also lead to reduced removals in investigative situations.
- More examination is needed on the nature and cause of increased re-referrals with FAR. Some caseworkers and administrators suggest that these increases may result from increased exposure of families to services (where, prior, they may not have been as noticed by mandatory reporters). In this case, re-referrals may indicate positive signs that families are getting more help, especially because FAR re-referrals tend to not escalate into more severe situations. In other cases, they may point to the need for greater communication with reporters on the nature of FAR (i.e., that is still a CPS response, not a voluntary service option).
- Rates of Native American families declining FAR show signs of significant reduction in disproportionality in access to FAR following the removal of the FAR Agreement relative to decline rates observed early in the program. Initially, Native American families declined participation at much higher rates than other families. After elimination of the FAR Agreement, the proportion of Native Americans refusing to participation dropped significantly. The decline rate is now similar to rates of decline for families of other races/ethnicities. However, some concerns remain over lower rates of assignment to

FAR for Native American families as an alternative to the investigative pathway. The disproportionate rate of assignments appears to be driven by these families' higher number of prior CPS intakes at the time of the decision to assign a new intake to FAR (FAR establishes a threshold for prior CPS intakes that, if reached, removes family eligibility for FAR).

- Some offices reported having low levels of community services for families whose primary language is not English. Continued observation and sensitivity to the diverse cultural needs of families should remain a high priority.

The Cost Study points to similar concerns about the delivery of EBPs and caseworker caseload levels.

- In addition to the aspects mentioned above, we recommend consideration of how services are recommended. A shift from a risk-based tool for decision-making toward a needs-based tool may improve both the quantity of EBPs, and other services, delivered and the applicability of those services.

Finally, although this evaluation answers several questions about the characteristics of FAR and its impact on local communities, it also introduces questions for ongoing monitoring or future evaluation.

- Initial indicators show that FAR, despite its lower level of removals, does not increase safety risks. Ongoing monitoring should consider how to better track safety. Likewise, future evaluations may consider designing and prioritizing assessment systems for measuring safety risks and concerns.

1.5 Changes to the Demonstration

One change affected both the demonstration and our overall evaluation design: an adjustment to our initial methodology for measuring child and family well-being. The original design for FAR implementation included the use of the Child and Adolescent Needs Scale (CANS) to help in case and service planning. Not only was the CANS intended as a basis for caseworker planning, we designed the evaluation to use this tool to measure changes in needs as a proxy measure for well-being. However, caseworkers expressed high levels of dissatisfaction with the tool, and it was never fully implemented. As a result, the evaluation utilized a different measure of well-being and caseworkers relied on different methods and tools for case and service planning.

In addition, Washington State temporarily withheld FAR funding during the 2015 legislative session. This pause had potential effects on the program and evaluation, some of which are addressed briefly in the Outcome Study.

During the first two years of FAR implementation, DCYF considered adjustments to which cases should remain FAR eligible. One such adjustment to the FAR model was the decision to move families (regardless of risk) out of FAR eligibility if the intake involved a physical abuse allegation of a child aged three years or younger.

Finally, the Washington State Legislature made two important changes based on early evaluation findings. First, legislation passed in October 2017 eliminated the requirement that families sign a “FAR Agreement” in order to participate. Second, in 2018, the legislature extended case duration for cases in which services were being provided to 120 days.