

Washington State Title IV-E Waiver Evaluation

Evaluation Semi-Annual Report: July 1 – December 31, 2017

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Evaluation Status

TriWest Group's (TriWest) evaluation of Washington State's implementation of the Title IV-E Waiver Family Assessment Response (FAR) project continues to proceed as planned. Work in the most recent six-month period (July–December 2017) was largely focused on receiving and updating data analysis following the October 2017 data extracts. These extracts provided significant adjustments to previous data extracts, allowing us to expand our analysis from four cohorts to six—with preliminary data on cohort seven. In addition, we completed final site visits and have further expanded key informant interviews with FAR families.

A series of identified data errors in files provided to us have required that we perform multiple new sets of analyses during the last reporting period. As of May 2017, all issues were believed to have been resolved. In October 2017, a new data file was received that allows us to report updated findings as well as issue corrections to our previous Interim Evaluation Report. These new data serve as the basis for several of this report's evaluation findings. The Interim Evaluation Report update is in progress. We anticipate issuing a new report during the first half of 2018.

In addition to the new data extract, we conducted six site visits with offices that rolled FAR out in January, April, and June 2017. These visits included completing 72 key informant interviews with FAR caseworks, investigative caseworkers, supervisors, administrators, and service providers.

The family surveys continue following standard protocol: incentives offered for completion, in the form of a Wal-Mart gift card, and various methods for families to complete a survey. In this period, 494 surveys were conducted through live phone interview, a shorter automated phone survey, or an online survey.

Numbers of Children and Families Assigned to the Demonstration

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

Currently, data for seven cohorts have been extracted, though cohort seven data are selectively reported here. After adjusting for recent changes in mental health system data, and some delays related to those changes that affected receiving key variables used for propensity score matching of the comparison group, the Research and Data Analysis unit (RDA) provided its October 2017 extract.

Please note that the research design criteria for including families in the study group are not identical to the hand count methodology used in FAR offices. As a result, the numbers of study group families do not match the hand counts of FAR families reported by Children’s Administration. Our primary design is “intent to treat,” which means that study group numbers include (1) families that were assigned at intake to FAR but were later transferred to investigations because of safety concerns and (2) families that declined to participate in FAR. These numbers are not included in hand counts. Additionally, our data cleaning process excludes any cases that were labeled as FAR but were served in non-FAR offices.

FAR (treatment) families are grouped into six-month study cohorts based on the date of their first FAR-eligible intake during the period.¹ Each cohort includes families served in all offices implementing FAR during the period. For example, the first cohort includes all families served in the first six months of the project (January 1, 2014–June 30, 2014), which only includes the first three pilot sites. However, the next evaluation cohort includes the first three pilot sites as well as the next two phases of offices (rolled out July 2014–December 2014).

Families Assigned to FAR Study and Comparison Groups

Study Cohort	Number of Families with a FAR Intake	Number of Sampled ¹ FAR Group Families	Number of Matched Comparison Group Families
Cohort 1 (Jan–June 2014) Phase 1 Offices (pilot)	664	664	664
Cohort 2 (July–Dec 2014) Phase 1–3 Offices	2,629	2,629	2,629
Cohort 3 (Jan–June 2015) Phase 1–5 Offices	5,589	2,000	2,000
Cohort 4 (July–Dec 2015) Phase 1–5 Offices	5,429	1,000	1,000
Cohort 5 (Jan–June 2016) Phase 1–6 Offices	5,934	1,000	1,000
Cohort 6 (July–Dec 2016) Phase 1–8 Offices	5,473	500	500
Cohort 7 (Jan–June 2017) Phase 1–10 Offices	7,172	250	250

¹ Beginning with Cohort 3, a random sample of FAR families was used for comparative analysis. As more offices implemented FAR, the comparison pool of families in non-FAR offices became too small to draw a comparison group that was the same size as the full FAR group, culminating in a Cohort 7 comparison group of 250.

Major Evaluation Activities and Events

Evaluation activities for this semi-annual reporting period (July–December 2017) have focused on continued data analysis, presentations of findings, refinement of data policies and approaches, and new FAR office site visits and key informant interviews.

The following bullet points present some of these highlights.

- Monthly meetings with Washington State FAR team
- Drafting, refinement, and submissions of Semi-Annual Progress Report
- Presentations of current FAR Evaluation findings at multiple meetings
- FAR site visits and key informant interviews

The following tables records major evaluation plan activities and events, including events involving multiple FAR-related groups.

Major Evaluation Activities: July–December 2017

Date	Activity	Audience/Participants
July 7, 2017	Semi-Annual Progress Report Draft	TriWest
July 11, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
July 17, 2017	Semi-Annual Progress Report Submitted to ACYF	TriWest
July 24, 2017	Presentation to CYF Leadership Meeting (Olympia)	TriWest
July 25, 2017	FAR Office Site Visit and Key Informant Interviews (Everett)	TriWest/CA
July 26–27, 2017	FAR Office Site Visit and Key Informant Interviews (Bellingham)	TriWest/CA
August 8, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
August 8, 2017	Analyzed 12-Month Removal Outcomes by Ethnicity	TriWest
August 9, 2017	IPAC Presentation (Olympia)	TriWest
August 10–11, 2017	FAR Office Site Visit and Key Informant Interviews (Wenatchee)	TriWest/CA
August 24, 2017	FAR Office Site Visit and Key Informant Interviews (Omak)	TriWest/CA
September 12, 2017	Monthly Evaluation Team Meeting (Olympia)	TriWest/CA/WSIPP

September 12–13, 2017	FAR Office Site Visit and Key Informant Interviews (Kent)	TriWest/CA
September 22, 2017	Updating and Improvement of Fidelity Tool and Fidelity Measurement Process	TriWest
August–September, 2017	Ongoing Work to Summarize Data and Findings from Key Informant Interviews.	TriWest
Oct. 10, 2017	Completion of 14 FAR Family Interviews	TriWest
Oct. 17, 2017	Receipt of Updated FAR Cohorts and Outcomes Data	TriWest
Oct. 18–19, 2017	FAR Office Site Visit and Key Informant Interviews (Yakima)	TriWest/CA
Oct. 26, 2017	Completion of 47 FAR Family Interviews	TriWest
Nov. 8, 2017	Completion of 12 FAR Family Interviews	TriWest
Nov. 10, 2017	Script Revision for October Closures (Parent Ally Calling/Interviews)	TriWest
Nov. 14, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
Nov. 28, 2017	Upgrade of Basecamp IV-E Project Site	TriWest
Nov.–Dec., 2017	Updating Code, Running Scripts, and Summarizing Results to Accommodate Updated Data for Cohorts 1–4 and New Data for Cohorts 5–7	TriWest
Dec. 11, 2017	Completion of 42 FAR Family Interviews	TriWest
Dec. 12, 2017	Monthly Evaluation Team Meeting (Olympia)	TriWest/CA/WSIPP
Dec. 2017	Finalizing Work to Summarize Data and Findings from Key Informant Interviews. Office-Level Reports Drafted.	TriWest

Challenges to the Evaluation and How They Have Been Addressed

Over the past 18 months, errors in data files we received resulted in delays to the evaluation. Specifically, in four instances (April 2016, July 2016, October 2016, April/May 2017), errors were discovered in the completed analyses of the first four cohorts of data. The fourth data transfer was completed after the submission of the Interim Evaluation Report. A new data set was generated and provided to us in April 2017. This data set was used to determine whether previously identified errors had been addressed and concluded that all issues had been resolved, either through database fixes, changes to the extract procedures, or controlled for by removing known data errors from the analysis. A new data set was received in October 2017. We have begun to complete all prior analyses conducted for the Interim Report. We have included highlights from those analyses here and plan to submit a revision of the Interim Evaluation Report in early 2018.

Significant Evaluation Findings to Date

The following summary presents the results of updated outcome analyses and additional key informant interviews. As previously mentioned, we are currently revising our Interim Evaluation Report to address comments by James Bell Associates and to update data that changed after modifications made to FAMLINK. As noted above, a complete revision of this report will be submitted in early 2018.

The following page features a “pathway diagram,” which summarizes the count and distribution of intakes, by cohort and intake type, for each of the seven current evaluation cohorts.

Cohort Sample Periods			
Cohort 1: Jan–Jun, 2014	Cohort 3: Jan–Jun, 2015	Cohort 5: Jan–Jun, 2016	Cohort 7: Jan–Jun, 2017
Cohort 2: Jul–Dec, 2014	Cohort 4: Jul–Dec, 2015	Cohort 6: Jul–Dec, 2016	

Cases Screened Out	Total Intakes	Missing Values
(Intake type=0)	Cohort 1: 25,566	(Intake type=NA)
Cohort 1: 12,035	Cohort 2: 21,277	Cohort 1: 3
Cohort 2: 10,197	Cohort 3: 22,206	Cohort 2: 75
Cohort 3: 9,984	Cohort 4: 19,245	Cohort 3: 299
Cohort 4: 8,251	Cohort 5: 20,496	Cohort 4: 328
Cohort 5: 9,129	Cohort 6: 17,725	Cohort 5: 313
Cohort 6: 7,945	Cohort 7: 20,119	Cohort 6: 327
Cohort 7: 8,832	Totals 146,634	Cohort 7: 256
Totals 66,373		Totals 1,601

Risk-Only Cases	FAR Cases	Investigative Cases
(Intake type=3)	(Intake type=1)	(Intake type=2)
Cohort 1: 1,077	Cohort 1: 664	Cohort 1: 11,787
Cohort 2: 996	Cohort 2: 2,629	Cohort 2: 7,380
Cohort 3: 901	Cohort 3: 5,589	Cohort 3: 5,433
Cohort 4: 1,045	Cohort 4: 5,429	Cohort 4: 4,192
Cohort 5: 986	Cohort 5: 5,934	Cohort 5: 4,134
Cohort 6: 1,061	Cohort 6: 5,473	Cohort 6: 2,919
Cohort 7: 1,178	Cohort 7: 7,172	Cohort 7: 2,681
Totals 7,244	Totals 32,890	Totals 38,526

FAR Case Disposition (of 8,897)	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Total
0=Missing	0	0	0	3	0	3	146	152
1=Remained FAR	597	2,328	4,905	4,823	5,262	4,889	6,222	29,026
2=Declined FAR	39	170	315	292	298	286	322	1,722
3=Transferred (including investigation)	27	80	124	125	140	130	230	856
Disposition 15 (excluded from analysis)	1	28	168	153	221	146	241	958

Case That Would've Been Eligible for FAR If Available	Cases Not Eligible for FAR Even If Available	Investigative Cases Marked Eligible and Emergent
(Potential Comparison Observations)		
Cohort 1: 9,152	Cohort 1: 2,551	Cohort 1: 84
Cohort 2: 5,378	Cohort 2: 1,920	Cohort 2: 82
Cohort 3: 3,277	Cohort 3: 2,075	Cohort 3: 81
Cohort 4: 2,014	Cohort 4: 2,127	Cohort 4: 51
Cohort 5: 1,936	Cohort 5: 2,142	Cohort 5: 56
Cohort 6: 1,104	Cohort 6: 1,775	Cohort 6: 40
Cohort 7: 556	Cohort 7: 2,092	Cohort 7: 23
Totals 23,427	Totals 14,682	Totals 417

The outcome analysis includes three outcome measures: new child protective services (CPS)

accepted intakes following the initial intake (re-referrals), removals, and service costs. The analysis for each outcome measure includes results at 3, 6, 12, and 24 months after the initial intake. Results are reported for each cohort for which there is sufficient time after initial intake to measure the outcome.

New CPS Intakes Following Initial Intake

The following tables summarize outcome results from our analysis of new CPS intakes following a family’s initial intake (i.e., “re-referrals”). This analysis presents the proportion of FAR and matched-comparison group families with accepted re-referrals of any kind in addition to re-referrals broken out by type: FAR eligible, non-FAR eligible, and risk-only.

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

One reoccurring concern is the repeated caseworker indication that the current length of time that a family can be involved with FAR is too short to make meaningful change. These workers have observed that sometimes families keep coming back “with the same problems.” This finding does seem to indicate that while FAR families are likely to have a new intake with the same (or lesser) level of risk, comparison group families are more likely to have a more serious and/or higher risk new intake.

This pattern—a higher probability of FAR eligible re-referrals but lower probability of non-FAR-eligible investigative re-referrals—is consistent and statistically significant across the 3, 6, and 12-month time periods. While the 24-month results also follow this trend, the difference in non-FAR eligible re-referrals is no longer statistically significant. However, as mentioned above, results at 24 months do not yet include data from all cohorts. These values will change as longer-term data for additional cohorts becomes available.

Families with New CPS Intakes Three Months After Initial Intake, Cohorts 1–7	FAR	Matched Comparison Group
Percent of families with any new accepted CPS intake	12.6%	11.3%*
Percent of families with a new FAR eligible intake	9.5%	6.6%*
Percent of families with a new non-FAR eligible intake	3.9%	5.6%*

Families with New CPS Intakes Three Months After Initial Intake, Cohorts 1–7	FAR	Matched Comparison Group
Percent of families with a new “risk-only” intake	0.7%	0.7%

Families with New CPS Intakes Six Months After Initial Intake, Cohorts 1–6	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	19.4%	16.6%*
Percent of families with a new FAR eligible intake	14.5%	9.9%*
Percent of families with a new non-FAR eligible intake	6.9%	8.6%*
Percent of families with a new “risk-only” intake	1.2%	1.5%

Families with New CPS Intakes 12 Months After Initial Intake, Cohorts 1–6	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	34.5%	31.1%*
Percent of families with a new FAR eligible intake	20.9%	13.6%*
Percent of families with a new non-FAR eligible intake	11.0%	12.6%*
Percent of families with a new “risk-only” intake	2.4%	2.7%

Families with New CPS Intakes 24 Months After Initial Intake, Cohorts 1–3	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	45.0%	39.6%*
Percent of families with a new FAR eligible intake	28.8%	17.1%*
Percent of families with a new non-FAR eligible intake	16.5%	17.2%
Percent of families with a new “risk-only” intake	4.7%	4.7%

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

Removals Following Initial Intake

The following table summarizes outcome results from our analysis of removals following families’ initial intake. This analysis considered removals at 3, 6, 12, and 24 months following the initial intake. The table below presents the proportion of FAR and matched-comparison

group families with at least one removal.

We found that FAR families have lower removal rates than matched-comparison group families, and this difference is statistically significant at 3, 6, and 12 months following the initial intake. As with re-referrals, the difference at 24 months is not statistically significant.

Removals at 3, 6, 12, and 24 Months After Intake (Cohorts 1–7)	FAR	Matched Comparison Group
Percent of families with a removal within three months of intake, Cohorts 1–7	2.9%	4.1%*
Percent of families with a removal within six months of intake, Cohorts 1–6	4.3%	5.5%*
Percent of families with a removal within 12 months of intake, Cohorts 1–5	6.0%	7.3%*
Percent of families with a removal within 24 months of intake, Cohorts 1–3	8.7%	9.3%

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

Cost Analysis

The following table summarizes outcome results from our analysis of service costs following a family’s initial intake. Service costs include the cost of goods and services provided through the Children’s Administration. These costs do not include the costs of Children’s Administration staff time and are not divided into costs used to assist families (e.g., the purchase of concrete goods or family therapy versus the cost of providing foster care). This analysis considered service costs at 3, 6, 12, and 24 months following the initial intake. The table below presents the expected value for FAR family versus matched-comparison group family service costs.

Service Cost Analysis at 3, 6, 12, and 24 Months After Intake	FAR	Matched Comparison Group
Service costs 3 months after intake	\$238	\$202
Service costs 6 months after intake	\$403	\$505
Service costs 12 months after intake	\$831	\$1,192
Service costs 24 months after intake	\$2,168	\$2,919

The service cost analysis found that over the short term (three months), the expected amount of FAR family service costs is higher than the amounts for the matched comparison group. The difference in the distribution of families with service costs between the FAR and matched-comparison group helps explain this result. FAR families are more likely than matched

comparison families to receive *any* CA-paid services, even though the cost of these services tends to be lower. This pattern is consistent with a focus of the FAR model: to provide services and supports to families in order to address underlying problems instead of waiting until a more expensive intervention is required. Beyond three months, the cost of services for the matched-comparison group catches up to and then surpasses those for the FAR group. Given the high cost of removals (e.g., foster care), it is likely that the difference in removals between the FAR and matched comparison groups (discussed above) drives this result.

Key Informant Interviews

Key Findings from Phase 9 and 10 Offices Implementing FAR

(Offices Rolled out January, April, and June 2017)

We conducted key informant interviews at each of the following Child Welfare offices implementing FAR during phases 9 and 10 of the statewide roll out: Bellingham, Everett, Kent Omak, Wenatchee, and Yakima. Interviews took place throughout summer and fall, concluding in October, and consisted of a structured set of questions covering content areas from the process evaluation section of the WA Title IV-E Evaluation Plan. We employed three instruments: one for administrators, FAR supervisors, and FAR caseworkers; one for investigative staff (supervisors and caseworkers); and one for service providers. Investigative staff interviews received a smaller survey comprised of relevant questions asked of administrators, FAR supervisors, and FAR caseworkers. Service providers received a separate subset of questions limited to service provision and family involvement.

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

Phases 9 and 10 Key Informant Interviews

Office	Interview Date	Type of Interview	Numbers
Total		FAR Caseworkers	24
		Investigative Staff	22
		Administrators	22
		Service Providers	4
Everett	July 25, 2017	FAR Caseworkers	3
		Investigative Staff	1
		Administrators	4

Office	Interview Date	Type of Interview	Numbers
		Service Providers	-
Bellingham	July 26–27, 2017	FAR Caseworkers	4
		Investigative Staff	3
		Administrators	5
		Service Providers	-
Wenatchee	Aug. 10–11, 2017	FAR Caseworkers	3
		Investigative Staff	2
		Administrators	2
		Service Providers	2
Omak	Aug. 24, 2017	FAR Caseworkers	3
		Investigative Staff	-
		Administrators	1
		Service Providers	1
Kent	Sept. 12–13, 2017	FAR Caseworkers	6
		Investigative Staff	7
		Administrators	6
		Service Providers	-
Yakima	Oct. 18–19, 2017	FAR Caseworkers	5
		Investigative Staff	9
		Administrators	4
		Service Providers	1

Findings in Phases 9 and 10 are generally consistent with findings from previous phases. As with previous offices, respondents in the six sites agreed that community and program outreach tended to suffer after the loss of the FAR Lead. In general, offices did not have a clear transition in place, or those resources were not adequately shared, nor responsibilities assigned. One FAR worker noted that there was “no official plan” after the FAR Lead left. Several respondents offered some variation of one FAR worker’s comment, “There should be a FAR Lead permanently.” Just as frequent was the emphasis on staffing as a barrier to FAR implementation, a theme common in previous phases.

Additionally, concerns about FAR's family engagement practices remain notable. In general, FAR workers are more likely to support conducting initial meetings with families, and investigative workers tend to be reserved. However, most workers agree that initial family engagement does change interview dynamics ("It impacts it..."). The difference seems to be in the interpretation of that change. FAR workers were more likely to see it as offering positive opportunities, while investigative workers tended to view the presence of parents as creating an artificial situation that prevented children from open discussing any potential abuse or neglect issues. Still, a significant number of FAR workers noted that the impact can negatively affect children, depending on age and relationship to their parents ("wouldn't talk in front of their stepdad"; "I just really feel like they can't be as open as I'd like them to be: both parent and the kid"). But as one FAR worker noted, the initial interview is not the only opportunity to meet with children and youth: "I always encourage [workers] to go back out. You can see the child more than once."

Another common theme from previous phases is that, especially following the departure of the FAR Lead, community perception of FAR was inconsistent. Most offices believed that law enforcement generally understood the FAR concept. Though relationship with law enforcement varied greatly between offices, with one office noting that it was in constant communication and partnership with law enforcement, including screening nearly all FAR cases, while another noted that one sheriff's office would not cooperate or communicate on FAR cases. Regarding other community partners, especially schools, workers and administrators often noted that they were not confident that schools properly understood the pathway. A FAR worker noted, "My fear is that I was out there promoting it a certain way [that wasn't understood]." A FAR supervisor also noted having difficulty with one area school superintendent "not buying in."

FAR workers, for the most part, seemed encouraged about the removal of the FAR Agreement. One respondent stated that the agreement "seems unnatural," while several workers and supervisors generally saw the agreement as a barrier to families. As one FAR worker noted, "Parents are still very resistant."

FAR workers, investigative workers, and administrators still commented on a perceived disparity of support for the FAR approach. One FAR worker stated that FAR workers "absolutely love it; investigators absolutely disagree with it." However, investigative workers, from that office and others, tended to be more measured. One noted, "It's a good approach to have families engage.... I don't see a difference between an investigative and a FAR." The largest conflict in this area was an assumption, often by Investigative workers, that FAR workers had easier workloads. However, the intensity of this view tended to vary by office. One Phase 10 investigative worker, for example, noted, "My job, in itself, has changed, but I've definitely seen less intakes to investigations. We see more time go by between intakes."

In general, perceptions of FAR seem shaped by expectations. Some workers, primarily on the investigative side, stated they were promised reductions in caseloads. And a few investigative workers were nervous about the level of FAR training they had. This nervousness was more prevalent in larger offices than in smaller offices, where workers were often more accepting and expecting of being cross trained and occasionally needing to assist other workers, regardless of being assigned FAR or investigations.

The variation between larger and small offices also showed in attitudes and solutions to services. Several smaller offices showed greater reliance on concrete goods, with one office limited by the near-absence of any EBP and reporting significant and creative use of concrete goods to meet needs and improve community relationships. A worker in a larger office expressed concern that concrete goods were perceived as “giveaways” and preferred to use them sparingly. And, as with previous phases, services were often described as limited by the FAR 45-day window. One supervisor stated, “My hope is that we can get extended.” Likewise, one service provider noted that the “45-day case was a challenge for us.” Another service provider stated that the 45-day-window impacted services, often leading to doubling up sessions to complete services in time.

Finally, several workers and administrators were generally pleased with training and the rollout. As one FAR Supervisor noted, “Because we were one of the last ones to go, a lot of the kinks had been worked out.”

Family Surveys

Over the last six months (July–December 2017), TriWest has successfully conducted 494 survey interviews with FAR families. Of these, 3% were callbacks to FAR families requesting a phone interview, 13% were submitted through an online survey option, and the remaining 84% were conducted by Parent Allies. Parent Allies are individuals who have experience with the Children’s Administration’s services and can better speak to current FAR families’ experiences.

Parent Allies during this time attempted 991 phone surveys. They successfully completed surveys with 417 families, or 42% of all families called. Currently, these surveys are still being processed and analyzed, though preliminary results show responses consistent with previous reports.