Washington State IV-E Waiver Demonstration Project

Family Assessment Response Interim Evaluation Report

Report Revision & Update

July 1, 2018

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Introduction and Background

In December 2016, TriWest Group (TriWest) issued an Interim Evaluation Report describing the first two years (January 2014–December 2015) of Washington State's implementation of the Family Assessment Response (FAR) as a Title IV-E Waiver demonstration project. Our report included preliminary re-referral, removal, and cost outcome findings.

Since the issuance of that report, we uncovered numerous data system issues that primarily affected the outcome findings presented. In addition, a parallel evaluation effort was conducted by the Washington State Institute for Public Policy (WSIPP) at the direction of the Washington State Legislature. Discussions with WSIPP about their findings revealed that data extracts provided to us were significantly dissimilar to those being used by WSIPP. More importantly, the preliminary findings from the two evaluation efforts differed in several key areas.

As a result, we have undertaken a significant effort in cooperation with WSIPP and the Children's Administration's (CA) Research and Data Analysis (RDA) unit to identify as many data entry, coding, and extraction issues as possible. Over the course of the past year, this effort has resulted in new data extracts provided for all cohorts to date. In addition, we have updated our current findings to reflect data corrections and to include new and expanded findings that incorporate significant information beyond the first two years of the demonstration.

Because of substantive changes to findings and because significant time has passed, we have consulted with CA and determined that it is important to issue this revision of our initial report in order to (1) reflect changes to some of the preliminary outcomes reported in the previous report and (2) update key areas of the report with the most recent data available. This report also incorporates feedback to our initial Interim Report from the federal Children's Administration and James Bell Associates (JBA). Finally, this report offers explanations of the differences between our findings and those recently released by WSIPP.

Washington's Family Assessment Response Program

Washington State's Title IV-E Waiver Demonstration Project focuses on the implementation of Family Assessment Response (FAR), a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services (CPS) investigations. The original FAR framework outlined specific steps to be taken by the Department of Social and Health Services (DSHS) to focus child welfare resources on four areas in order to improve outcomes for safety, permanency, and well-being:

1. **Increased connections with extended family, natural supports, and community to enhance child safety** by engaging families *outside of the traditional investigative*

process. By offering services and support without a formal "finding" regarding child abuse or neglect, the state hopes families will be more open to accepting services.

2. **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.
3. **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.
4. **Expansion of Washington State's practice models,** specifically, Solution Based Casework[1] and the Safety Framework.

Target Population: FAR focuses on children and their families who are reported (and screened in) to CPS for neglect and low-to-moderate physical abuse with a non-emergent, 72-hour response time. The FAR implementation and evaluation have benefited from the development and implementation of two distinct Structured Decision-Making (SDM) tools: an intake tool and a risk assessment tool.

- **SDM Intake Tool:** The Washington State CA worked with the Children's Research Center (CRC) to develop an SDM Intake Tool designed to determine which families are eligible for FAR. This tool guides intake workers through a series of questions aimed to determine whether an allegation of child abuse or neglect aligns with definitions in state statute. If a case screens in for a CPS response, the SDM Intake Tool helps intake staff determine whether an investigative or a FAR response is appropriate for the family.
- **SDM Overall Risk Assessment Tool:** An existing SDM Overall Risk Assessment Tool has also been utilized in both FAR and investigative pathways to help determine family risk factors and needs for services.

In October 2013, the CA trained intake staff in the implementation of the FAR pathway. The SDM Intake Tool was fully implemented across the state at that time. This means that FAR eligibility was determined for all screened-in intakes regardless of whether an office had begun FAR implementation.[2] This statewide intake created the opportunity to identify a Comparison Group for the matching component of our FAR evaluation.

Once the intake tool identifies a family as qualifying for FAR, and assuming that family is assigned to an office that has implemented FAR, the family can select the FAR pathway. The

[1] Children's Administration made changes to practice models during the FAR implementation. This is discussed in the implementation section of this report.

[2] The phased rollout of FAR in offices across the state is discussed later in this report.

FAR pathway is optional. Families choose to participate, and, unlike many other states implementing an alternative response, participants in Washington's initial implementation were required to sign an agreement of participation (this agreement was also signed by the caseworker). The agreement was part of the enabling legislation for the program's implementation. Families who declined to participate in FAR, voluntarily or by refusing to sign the FAR agreement, were typically transferred to the investigative pathway.[3] However, because of concerns that the FAR agreement may have disproportionately dissuaded some families (and specifically Native American families) from enrolling in FAR, the Washington Legislature eliminated the requirement in October 2017.

Pathway Design Relative to Other Alternative Responses

Implementation of alternative response (AR) models in other states informed the development of the Washington FAR model. To provide context for evaluation findings regarding the implementation and preliminary outcomes of FAR, we at TriWest reviewed evaluations of AR efforts in six other states: Colorado, Illinois, Minnesota, Missouri, Nevada, and New York. We chose these states for their respective programs' similarities to the Washington FAR model and for the availability of similar process and outcome measures. We used findings from these programs to inform our evaluation work and to discuss findings with Washington FAR stakeholders.

Our review relied directly on formal evaluations of AR (sometimes called "differential response") demonstrations. While many states have implemented—or are in the process of implementing—AR demonstrations for child abuse and neglect cases, evaluation results were not available for all states, typically because some states have not completed formal evaluations containing detailed outcome analysis or because we were unable to obtain published evaluation results. Thus, the review was not intended to be a complete inventory of outcome results from all AR demonstrations in the United States. Additionally, while other organizations (such as Casey Family Programs and the Quality Improvement Center on Differential Response) offer abbreviated outcome summaries of selected AR programs, we chose to rely on the original evaluation documents for the purposes of this report.

Research focused on aspects of program structure (including scope, jurisdiction, intakes, program eligibility, and the structure of the intervention), the evaluation (including sampling methodology and evaluation design), and demonstration outcomes (including re-referral rates, removal rates, caseload and case length data, service provision, and costs of the

[3] In some cases, families participated in the assessment process under the FAR pathway but failed to sign the FAR agreement. If the caseworker believed no further services or actions were necessary, the case could be closed without being transferred to the investigative pathway.

demonstration). This report omits most qualitative findings such as survey and interview results from family, caseworker, administrator, and community members, as well as changes in caseworker attitudes, family engagement, and family satisfaction with AR. However, the resources cited in the report often contain additional data concerning such topics.

States with outcomes presented in this report include Colorado, Illinois, Minnesota, Missouri, Nevada, New York, North Carolina, and Ohio. Additional efforts were made to find primary sources for programs in Arizona, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Oklahoma, Tennessee, Texas, Vermont, and Wyoming. Evaluations or other less formal primary sources of program data for this latter group of states often did not contain enough detailed data on program outcomes (e.g., removal and re-referral rates) to warrant inclusion here. Additionally, evaluations for some of these states are still in progress.

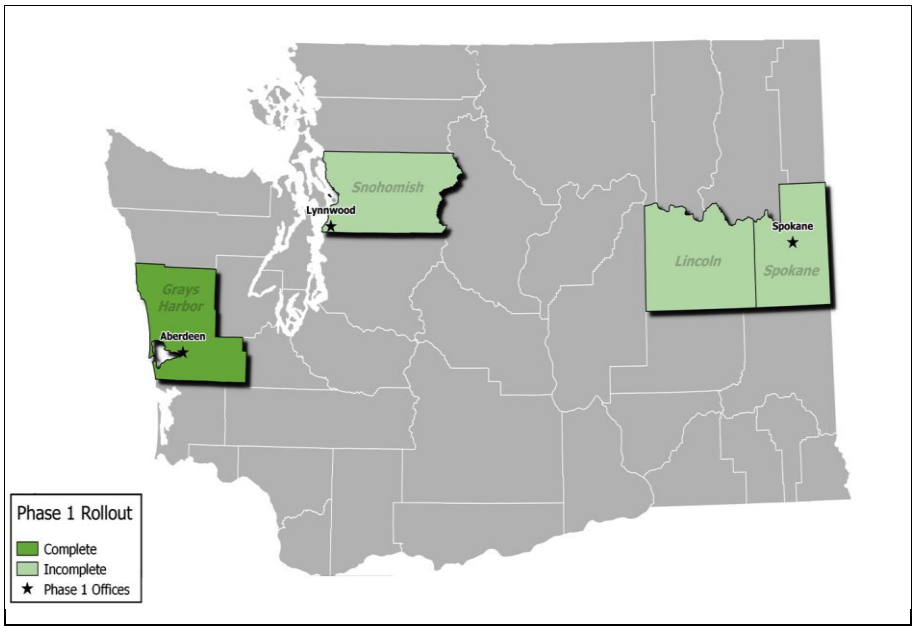
Overall findings from these evaluations were consistent with the experiences of Washington State. Findings related to particular outcome questions are cited in each relevant section.

Staged Rollout of FAR in Washington State

The implementation of FAR in Washington State was planned to occur in multiple phases. This "phased" approach became a central feature of the FAR evaluation. Because only select offices implemented FAR at specific times, families receiving CPS services in non-FAR offices served as a source for a comparison group. Additionally, the phased implementation allowed CA to assess implementation successes and challenges from early phases, make mid-course corrections, and ensure better implementation in later phases.

Initially, FAR was implemented in three "pilot" sites (see map at right) in January 2014. These three sites (Aberdeen, Lynnwood, and a portion of Spokane) were selected based on their geographical locations and their readiness to implement the new pathway. The map shows the location of offices in which FAR was implemented

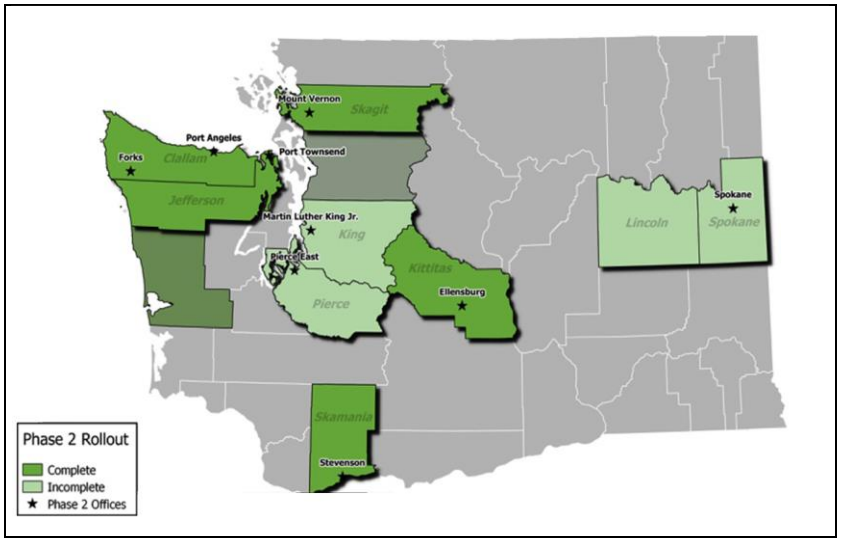
FAR: Phase 1 Rollout (January 2014)



(marked with a star) and indicates the degree to which FAR was available in the county. Counties with full FAR availability are indicated in dark green, while counties with some FAR implementation (but where the entire county was not covered) are shown in light green. Gray shading indicates that FAR was not available at the time of that specific rollout phase.

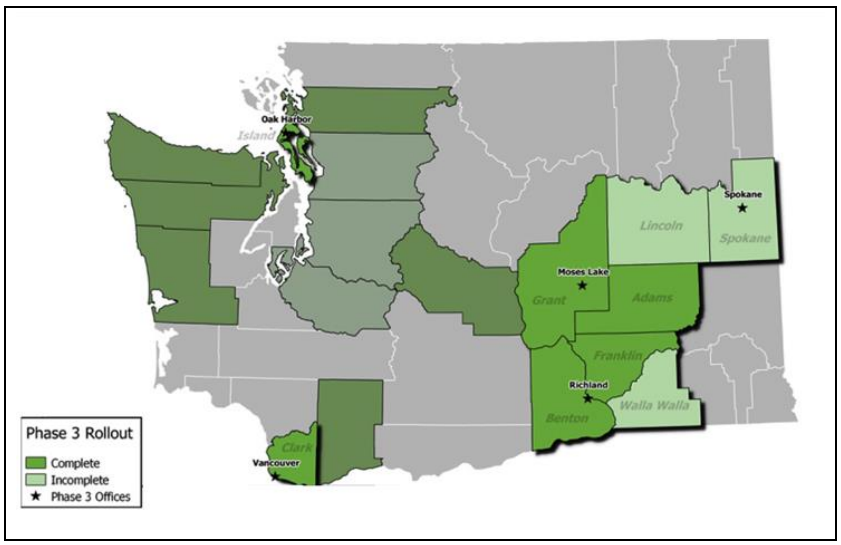
Following the six-month pilot site implementation, CA added FAR into new offices each quarter. The offices identified in the map (right) began implementing the FAR pathway in July 2014 (Phase 2).

FAR: Phase 2 Rollout (July 2014)



In October 2014, an additional five offices were added across the state in Phase 3 of the rollout.

FAR: Phase 3 Rollout (October 2014)

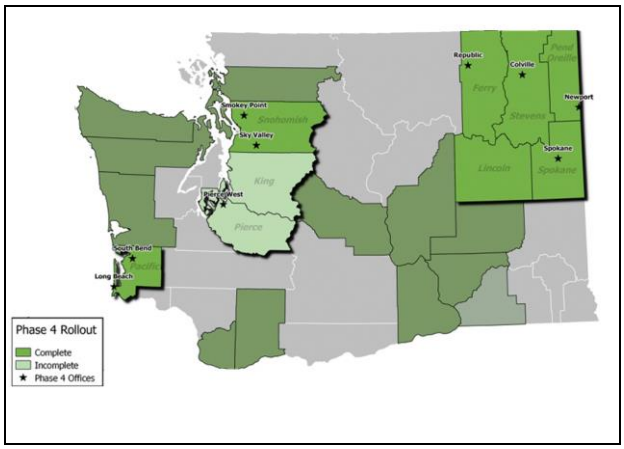


After the pilot implementation, and during the implementation of Phases 2 and 3, CA made two important changes. First, they adjusted training in response to feedback received from the pilot sites. These adjustments included providing more examples of FAR cases and situations that might be encountered with the new approach; they also included hearing from caseworkers with experience in implementing the program in the pilot sites.

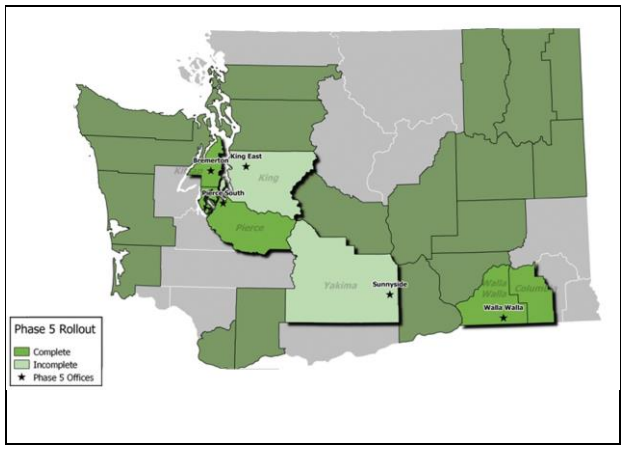
Second, CA began to work towards greater consistency of language in FAR, both internally (including in training) and externally (with community stakeholders). This language change focused on emphasizing that FAR is still a CPS response and that child safety remains the most important consideration of the approach.

The following maps show the remaining phases of FAR implementation as rollouts across Washington State offices, culminating in Phase 10, the final office rollouts, which occurred between April and June 2017.

FAR: Phase 4 Rollout (January 2015)

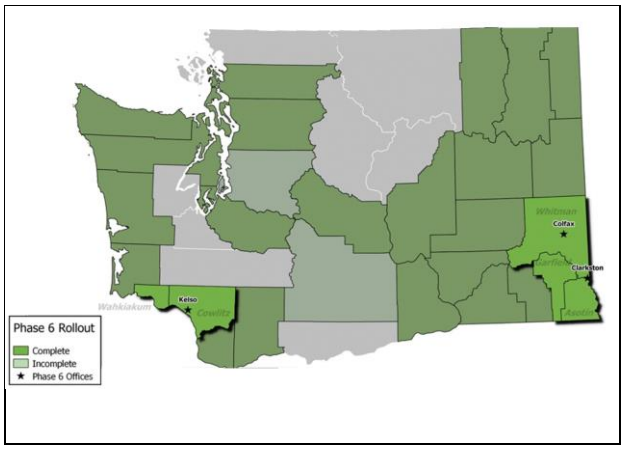


FAR: Phase 5 Rollout (April 2015)

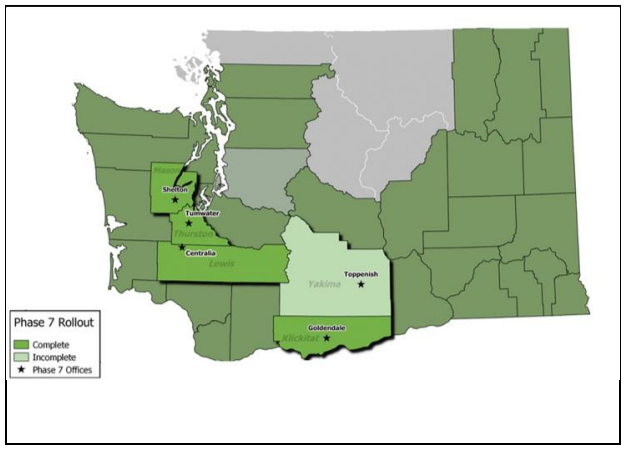


During the Phase 4 and 5 rollouts, CA continued listening to feedback from the field, conducting case reviews, and revising trainings accordingly. In addition, after the Phase 4 rollout, FAR made an intake change. Physical abuse reports involving a child between 0 and 3 years old were no longer eligible for FAR.

FAR: Phase 6 Rollout (October 2015)

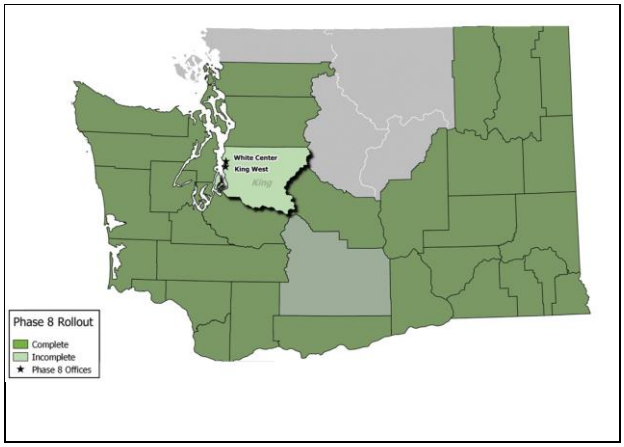


FAR: Phase 7 Rollout (July 2016)

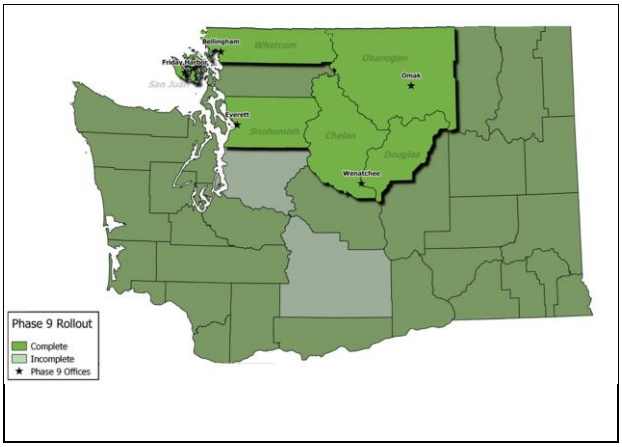


During the 2015 session, the Washington State Legislature did not allocate funding for the FAR program, resulting in a nine-month "pause" in the implementation of the program. No new offices implemented the program, and no FAR trainings were held between October 2015 and July 2016. This pause may have affected the implementation of the program and also may have potentially influenced some family outcomes. The extent of this impact will be detailed in later sections.

FAR: Phase 8 Rollout (October 2016)



FAR: Phase 9 Rollout (January 2017)

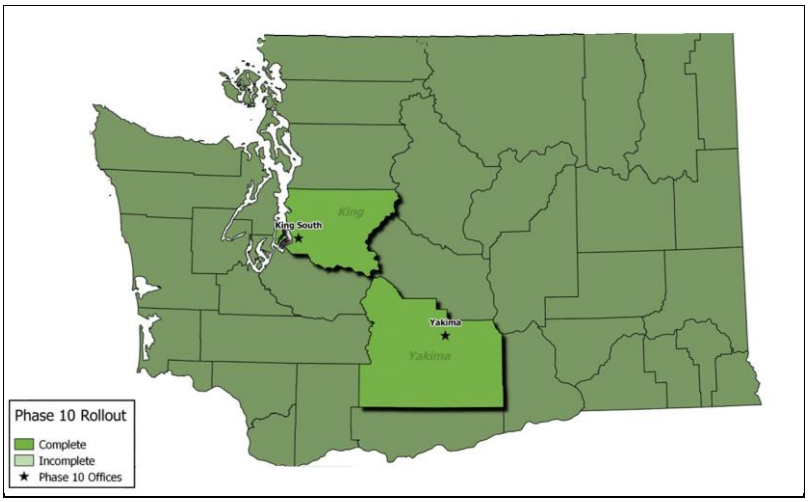


Prior to resuming rollouts with Phase 7 offices in July 2016, CA worked with intake workers to clarify two points of FAR ineligibility: (1) cases with more than three intakes (not just assessments[4]) are ineligible for FAR and (2) cases involving inappropriate child sexual behavior of one child toward another child are ineligible for FAR.

In addition, CA conducted a review of cases of physical abuse allegations involving 4- and 5-year-olds in both pathways. They determined that decisions regarding eligibility for FAR (as opposed to the investigative pathway) were being made appropriately and that child safety was being protected. The review recommended no changes to eligibility criteria.

Implementation was complete in June 2017 when the final two offices, Yakima and King South, implemented FAR. All site visits were completed by October 2017. The Children's Administration closed out the rollout phase of program implementation and transitioned to a focus on sustainability.

FAR: Phase 10 Rollout (April–June 2017)



[4] Previously, CA identified some cases in which multiple intakes were receiving a single assessment, meaning that some families with more than three prior intakes were be labelled as "FAR-eligible."

Legislative Responses

During the 2017 Washington State legislative session, two FAR program changes involving state statutes were introduced, both developed from recommendations of our 2016 Interim Evaluation Report.

The first was the recommendation that the written FAR Agreement be eliminated. This recommendation came from both quantitative and qualitative findings indicating that the requirement to sign an official government form may discourage families, particularly Native American families, who could otherwise benefit from the program. This concern is discussed later in this report. The Interim Report also recommended that the legislature consider extending the 45-day limit,[5] requiring that all contacts and services be concluded for a FAR case, for cases in which service needs warranted additional time.

The legislature did opt to eliminate the legislative requirement for a signed FAR Agreement, allowing families to consent verbally with their caseworker. This change was implemented in October 2017. Its effects are not yet known. The legislature chose at that time not to extend the 45-day timeframe. However, during the most recent legislative session, a bill was passed that extends the timeframe to up to 120 days in cases where additional time is required to complete services being delivered to the family.

Evaluation Methods

The comprehensive evaluation of the Title IV-E Waiver Project includes an examination of project processes, outcomes, and costs in the implementation of the FAR model. The model was implemented on a rolling basis, allowing for matching between local offices implementing the waiver and non-FAR offices scheduled to rollout in later phases. In addition to matches at the local office level, we matched individuals participating in FAR to those who were served via traditional services in non-FAR offices.

Specific research questions addressed by the process and outcome evaluation, as well as the cost analysis, are detailed in the appropriate sections below. The evaluation is designed to answer the following questions:

- How was the FAR model implemented (descriptive)?
- Was the state able to use the waiver to implement FAR with fidelity?
- What were the biggest challenges to implementation?

[5] In some situations, and with appropriate recommendations and administrative exception, cases were allowed to remain open up to 90 days, often to complete services that were not otherwise available.

- How did implementation change child welfare practice in the State of Washington?
- Did the FAR implementation result in greater or lesser disproportionality in services offered to families?
- Did the FAR implementation reduce child maltreatment in participating families?
- Did the FAR implementation reduce out-of-home placement?
- Did the FAR implementation result in improved child and family functioning?
- Was the implementation of FAR under the waiver cost-neutral?[6]

The table below outlines the data sources utilized for this evaluation.

FAR Data Sources

Data Collection Tool	Population	Program Purpose
FamLink	Washington's SACWIS system	All administrative data, including intakes into FAR or Investigations
SDM Intake Tool (administered by intake)	All referrals to the Children's Administration	Determine eligibility for FAR pathway
SDM Risk Assessment Tool (administered by all CPS caseworkers after intake and FAR eligibility determination)	FAR pathway families, Investigative pathway families	Assess family risk factors and need for services
Family Survey (administered by Parent Allies)	FAR pathway families	Assess family perspective around key process and outcome variables
Site Visits and **Key Informant Interviews**	Caseworkers (FAR and investigative), supervisors, and administrators in all FAR-implementing offices	Collect data regarding program implementation and fidelity

FamLink

Washington's State Automated Child Welfare Information System (SCWIS) is FamLink. Extracts from the FamLink data system provide information on all referrals to CPS in the state. TriWest

[6] Cost neutrality is of particular importance in Waiver Demonstration projects and is, therefore, a central evaluation question. Washington's CA is conducting analyses specific to cost-neutrality, but we have included an analysis of comparative costs as a component of this evaluation as well.

used the system to identify unduplicated[7] families with an intake during the study period (n=146,634). Intake data in FamLink were then used to separate families into study cohorts (e.g., treatment, comparison, excluded) based on whether (1) the intake was screened-in and not a "risk only" case[8] and (2) whether the intake was FAR-eligible. The diagram on page 12 of this report shows the flow of those intakes into specific treatment and control groups.

Site Visits and Key Informant Interviews

In addition to administrative data from FamLink, TriWest collected FAR implementation data through site visits and Key Informant Interviews (KIIs) with caseworkers (both FAR and investigative workers), supervisors, and administrators. The visits and semi-structured interviews were conducted within three to four months after the implementation of FAR in the respective office. Each interview contained Likert scale questions, asking respondents to rank their perspectives about various implementation components (e.g., training, other preparedness, caseloads, working with families, perceived program strengths and weaknesses). In addition, open-ended questions were used to explain ratings and/or to provide more narrative perspectives regarding the respondents' views of implementation challenges and successes. Frequency distributions and means for Likert scale responses were computed. Basic content analysis for open-ended questions was used to group responses based on either pre-identified or emerging themes. During the first two years of implementation, we conducted 400 KIIs in 29 offices. By the end of this process, we had visited all 45 offices and conducted 531 interviews.

Family Survey

Data were also collected from parents/guardians who participated in FAR through a Family Survey. At case closure, parents/guardians receive a case closure letter reminding them that an evaluation team member may contact them to complete a telephone survey. The letter also provides information for completing a web-based or automated telephone survey if they prefer one of those methods.

Call lists, the basis for these contacts, have been provided monthly by the CA based on a compilation of closures. Until late fall 2017, the CA sent TriWest recent phone numbers of FAR participants who indicated in the FAR agreement that they were willing to be contacted

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[7] The study identified families by first intake within a specific study period (cohort). While the count of intakes is unduplicated for each cohort, a family may be counted again in a subsequent cohort.

[8] Risk-only cases are those cases in which a child is at imminent risk of harm but there is not child abuse or neglect (CA/N) to be investigated. These cases would not be assigned to a CPS Investigation and, therefore, are not eligible for the alternative FAR response. For a full list of definitions, see https://www.dshs.wa.gov/ca/practices-and-procedures-guide/2200-intake-process-and-response

regarding the survey. Following the removal of the FAR agreement in October 2017, this compilation has been provided by RDA and includes all parents/guardians with case closures. From this compilation, a targeted sample[9] of parents/guardians is contacted to complete a telephone survey.

To better communicate with FAR families, we employed "Parent Allies"—individuals who have been involved in the Washington CPS system and can better identify with the families they are surveying. Parent Allies call recent FAR family parents/guardians to conduct the full telephone surveys. FAR parents or guardians who participate in the full live telephone survey are offered a $10 Walmart gift card as a token of appreciation. Those completing the shorter web-based or telephone surveys are offered a $5 gift card.

A total of 240 surveys were completed during the first two years of FAR implementation. Since the previous version of this report, an additional 658 surveys were completed through January 31, 2018. A description of 2015–2016 survey response rates can be found in the December 2016 Family Survey Summary report. An updated discussion of response rates will appear in future reports to CA and in the final evaluation report. For the surveys presented in this document, overall response rates for the survey were low (only about 6% of the total population and 12% of phone numbers attempted). However, these low rates were primarily because of either outdated phone numbers (wrong or disconnected numbers) or because phone contact could not be established through multiple attempts. When analyzed on a monthly basis, we found that, on average, between 81% and 87% of the parents/guardians who were reached by phone did complete an interview.

Intake Tools

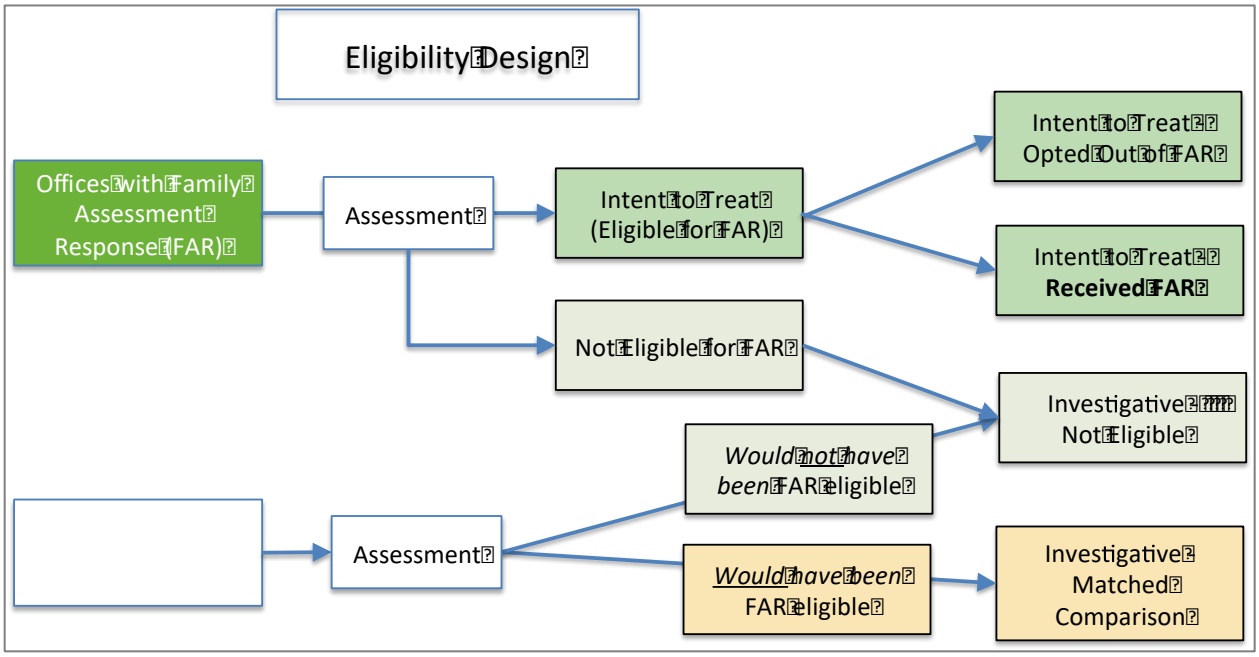
The evaluation utilizes an intent-to-treat (eligibility) design, meaning that in offices that implemented FAR, all families assigned to the FAR pathway by the SDM Intake Tool, excluding supervisor overrides, were included in the FAR treatment group. If families declined to participate or were later transferred to the investigative pathway because of safety concerns, they were still included in the treatment group.

Because of the phased implementation and the statewide use of the intake tool, a pool of FAR-eligible families being served in offices that had not yet implemented FAR was available for

[9] Beginning with October 2017, the first month without FAR Agreement indication, the compilation included significantly more families than in previous months. We limited our sample to 120 families per month, weighing selection by office. This weighted sampling will allow a greater emphasis on gathering responses from families who were served from more recently implemented FAR offices (as opposed to Phase 1 offices that have multiple years of data).

inclusion in a matched Comparison Group. The size of the group diminished throughout the rollout until all offices in the state had implemented FAR in June 2017. Utilizing propensity score matching, we created a Comparison Group of families matched to FAR families on 26 demographic, CPS, and risk assessment variables.

FAR Eligibility and Evaluation Design



FAR (treatment) families were grouped into six-month study cohorts based on the date of their first FAR-eligible intake during the period.[10] Each cohort includes families served in all of the offices implementing FAR during the respective 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 was limited to the first three pilot sites. However, the next evaluation cohort includes the first three pilot sites *and* the next two phases of offices (rolled out July 2014–December 2014).

The following table presents the FAR and Comparison Groups that formed the basis for each cohort and evaluation period. Note that because of the small number of available FAR intakes in the first two cohorts, the number of matched Comparison Group families was limited for comparison purposes. Conversely, in later stages of the rollout, when FAR implementation moved toward completion, the availability of FAR-eligible families diminished, resulting in the need to reduce the number of selected FAR families for comparison.

[10] Families were only included/counted once per cohort, though a specific family could be included in multiple cohorts because of new intakes.

Families Assigned to FAR Study and Comparison Groups

Study Cohort	Number of Families with a FAR Intake	Number of Sampled[11] 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

The diagram on the following page shows the flow from intake to inclusion into each of the study groups.

Further information regarding evaluation data collection is provided in the FAR Evaluation Plan and in the "Description of the Outcome Analysis" document, a technical appendix to this report.

[11] 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.

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	
(Intake type=0)	
Cohort 1:	12,035
Cohort 2:	10,197
Cohort 3:	9,984
Cohort 4:	8,251
Cohort 5:	9,129
Cohort 6:	7,945
Cohort 7:	8,832
Totals	**66,373**

Total Intakes	
Cohort 1:	25,566
Cohort 2:	21,277
Cohort 3:	22,206
Cohort 4:	19,245
Cohort 5:	20,496
Cohort 6:	17,725
Cohort 7:	20,119
Totals	**146,634**

Missing Values	
(Intake type=NA)	
Cohort 1:	3
Cohort 2:	75
Cohort 3:	299
Cohort 4:	328
Cohort 5:	313
Cohort 6:	327
Cohort 7:	256
Totals	**1,601**

Risk-Only Cases	
(Intake type=3)	
Cohort 1:	1,077
Cohort 2:	996
Cohort 3:	901
Cohort 4:	1,045
Cohort 5:	986
Cohort 6:	1,061
Cohort 7:	1,178
Totals	**7,244**

FAR Cases	
(Intake type=1)	
Cohort 1:	664
Cohort 2:	2,629
Cohort 3:	5,589
Cohort 4:	5,429
Cohort 5:	5,934
Cohort 6:	5,473
Cohort 7:	7,172
Totals	**32,890**

Investigative Cases	
(Intake type=2)	
Cohort 1:	11,787
Cohort 2:	7,380
Cohort 3:	5,433
Cohort 4:	4,192
Cohort 5:	4,134
Cohort 6:	2,919
Cohort 7:	2,681
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

Case That Would Have Been Eligible for FAR If Available	
(Potential Comparison Observations)	
Cohort 1:	9,152
Cohort 2:	5,378
Cohort 3:	3,277
Cohort 4:	2,014
Cohort 5:	1,936
Cohort 6:	1,104
Cohort 7:	556
Totals	**23,427**

Cases Not Eligible for FAR Even If Available	
Cohort 1:	2,551
Cohort 2:	1,920
Cohort 3:	2,075
Cohort 4:	2,127
Cohort 5:	2,142
Cohort 6:	1,775
Cohort 7:	2,092
Totals	**14,682**

Investigative Cases Marked Eligible and Emergent	
Cohort 1:	84
Cohort 2:	82
Cohort 3:	81
Cohort 4:	51
Cohort 5:	56
Cohort 6:	40
Cohort 7:	23
Totals	**417**

Evaluation of Family Assessment Response (FAR)

Implementation in Washington State

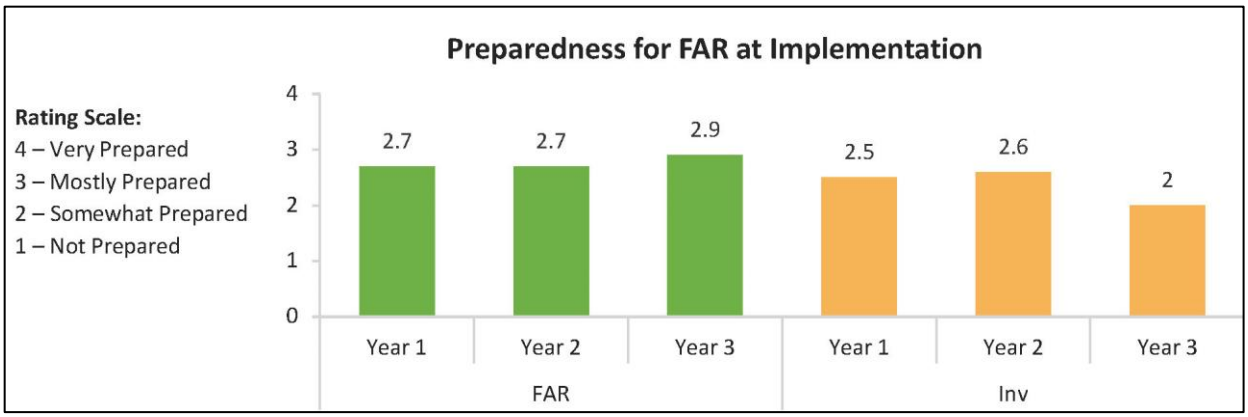
As mentioned previously, the original version of this report addressed FAR implementation and preliminary outcomes for the first two program years (January 2014–December 2015). During those two years, TriWest visited each office after FAR implementation to discuss successes, challenges, and staff perceptions of changes caused by the addition of the new CPS pathway. Key Informant Interviews (KIIs) were conducted with caseworkers from both FAR and investigative pathways,[12] supervisors, administrators, and community service providers. In this revised version, we have included program information and activities through the complete implementation, culminating in June 2017, with new and updated data.

Based on findings from these site visits, and from case consultations and more informal discussions with caseworkers in the field, the Children's Administration (CA) made several important program changes to the FAR implementation. These changes are discussed at the end of this section.

Caseworker Reports of Preparedness for FAR Implementation

One recurring theme in interviews with both FAR and investigative caseworkers is that FAR seems to be a better fit for some caseworkers than others. Because CA allowed voluntary transfers from investigative case work to FAR case work, most caseworkers providing services to families in the FAR pathway had chosen to do so. This voluntary assignment likely benefitted implementation as caseworker "buy-in" to the FAR model was an important feature of success. Overall ratings of preparedness for implementation were fairly high, falling between "somewhat prepared" and "mostly prepared" (or 2.7 on a 4-point scale). These scores were the same for Year 1 and Year 2 and were virtually identical for FAR caseworkers and investigative workers. However, in Year 3, overall FAR caseworkers were more likely to report they were "mostly prepared," whereas scores on this item decreased somewhat for investigative workers.

[12] Interviews with investigative caseworkers were added after site visits to each of the three pilot sites.



Implementation Successes and Challenges

Office staffing patterns at the time of the FAR rollout seemed to most strongly influence implementation, with fully staffed offices reporting smoother implementation. Staff vacancies (related to vacations, leave, and ordinary turnover) that occurred at the time of implementation created a challenge for staff.

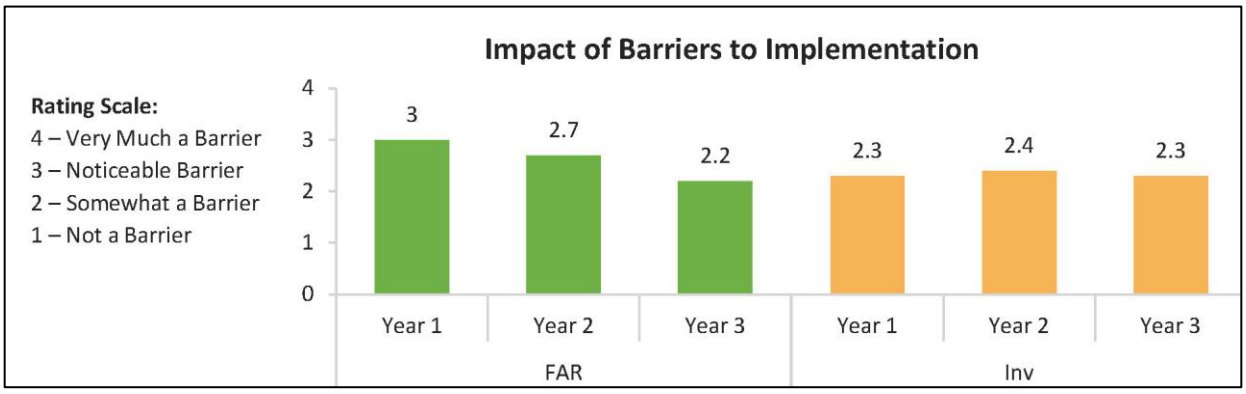
Initially, caseworkers rated training somewhat poorly. However, after significant changes were made to the training curriculum and the language used to describe FAR during the first project year, caseworkers' perspectives of FAR training improved in Years 2 and 3 of implementation.

Caseworkers cited two features of the FAR-enabling legislation as barriers to implementing FAR successfully: the requirement that families sign the FAR Agreement and the 45-day time limit for most FAR cases. Caseworkers observed that some families seemed particularly reluctant to sign the FAR Agreement, either because they did not trust "the state" and were worried that they were admitting to wrongdoing, because of advice of counsel, or because of an active child custody case in which they desired a formal finding.

While it is possible under FAR to extend the time period up to 90 days, most caseworkers tried to work within the initial 45-day time limit. Some seemed unaware of the possibility of extending the case to 90 days. Caseworkers consistently reported that the 45-day time period was too short for most services needed by families and, in particular, that it limited their ability to use evidence-based practices (EBPs) because by the time a family was referred and began services, there was not enough time to complete the service. As a result, caseworkers reported using few EBPs with FAR families. Some providers did attempt to modify programs to accommodate a shortened timeframe, but this did not significantly resolve the issue.

Overall, caseworkers in Year 1 reported that the barriers described above caused a "noticeable barrier" to FAR implementation. However, as training for and communication about FAR improved, those ratings improved somewhat for FAR workers. Investigative workers tended to

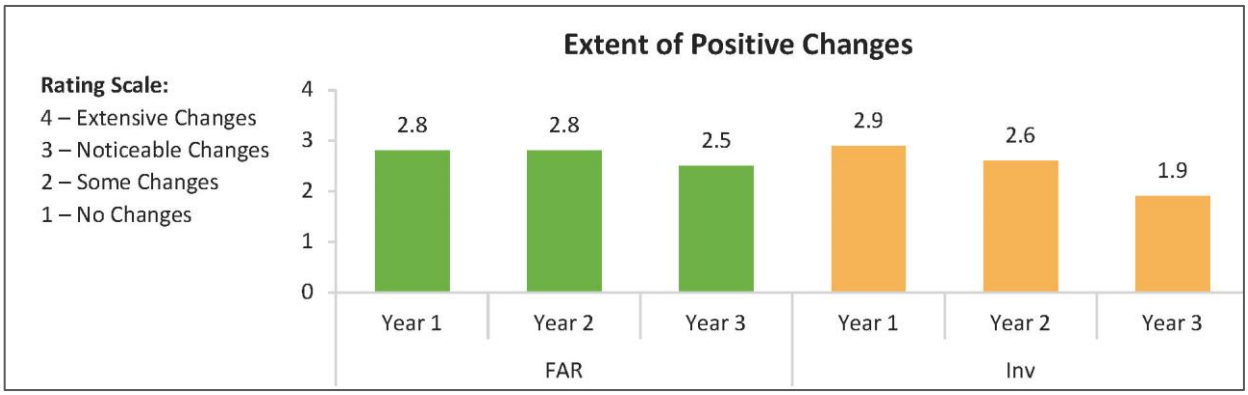
rate barriers as lower ("somewhat" compared to "noticeable"). Their perspectives did not change across the first three years.



Despite implementation challenges during the first three program years, most respondents across offices felt that FAR had led to a relatively high degree of positive change. These changes were typically related to the experiences of FAR families and to FAR caseworkers' ability to provide community services to meet families' needs. FAR families were much more engaged with social workers once they understood that workers were not seeking a finding. Families also appreciated the increased transparency and honesty inherent in the FAR model. Families who had previous experiences with CPS preferred the FAR pathway.

Respondents also reported more community support and commented that communities 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 after FAR implementation.

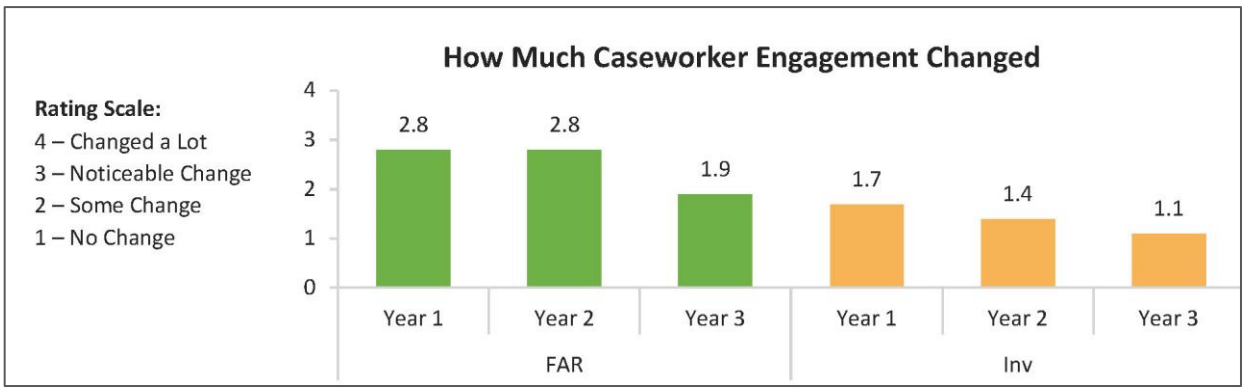
As shown in the figure below, both FAR and investigative workers reported, on average, "noticeable" positive changes in the office as a result of FAR implementation. These positive ratings were lower for investigative workers in Years 2 and 3.



One particular reason for investigative workers' lower ratings of positive change in Years 2 and 3 is that some investigators expressed frustration with not being included as much as they could have been in the FAR office rollout.

FAR implementation had a divisive effect within some offices. This happened for several reasons but was more pronounced when investigators felt that FAR was being approached as the newest "great" thing and that their investigative work was less valued. Additionally, shifting caseloads and staff vacancies often created initial high caseloads that led to conflict between the two groups within some offices. Overall, the response to FAR from investigative teams tended to be mixed. Some teams felt that support and communication to investigators was not a priority during FAR implementation.

As can be seen in the chart below, FAR caseworkers in both implementation years reported that caseworker engagement had "noticeable" change, while investigative workers reported, on average, less than "some" change. In Year 3, both FAR and investigative workers showed a significant decrease in perceived change, likely reflecting the effects of the "pause" that followed Year 2 and a growing sense of familiarity with the FAR approach.



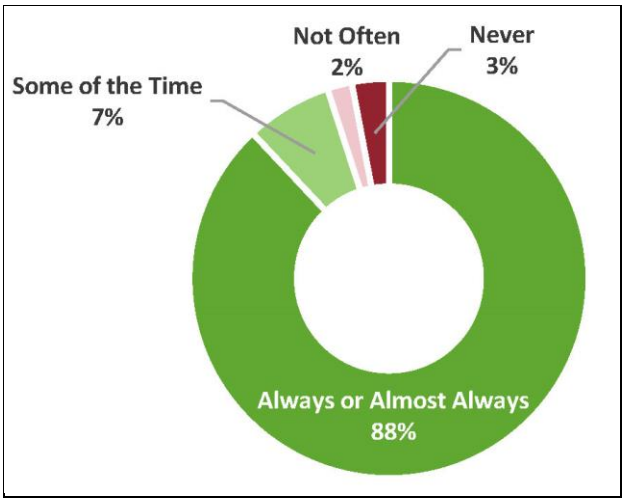
Most respondents reported that FAR Office Leads were able to make significant progress within the community in terms of finding resources and educating various stakeholder groups about CPS and the FAR model. In some offices, the FAR Office Lead departed after the first several months of implementation. Caseworkers reported that these early departures had a detrimental impact on their work and on the office's relationship with the community. However, other offices reported that strategies put in place by supervisors and workers helped them continue to build relationships within the community and to identify resources. While offices were still rolling out, we recommended that FAR offices place greater emphasis on forming plans for community outreach responsibilities once FAR Office Leads departed. However, following full implementation (and given the current status of offices without leads), it is evident that FAR offices risk losing community relationship gains and will continue to need intentional efforts to maintain or develop further outreach.

Family Perspectives of FAR Implementation

In addition to conducting KIIs in FAR offices to examine implementation challenges and successes, TriWest also worked with parent allies (parents with previous CPS involvement who now work as family advocates) to survey FAR families regarding their views of FAR processes and outcomes. This section of the report discusses key features of the FAR model and families' perceptions of how well those features were implemented. It is important to note that key limitations (e.g., the optional inclusion in the survey, problems with disconnected phone numbers, etc.) exist in surveying families.[13] In addition, unlike other sections of the report, this portion presents the same data submitted during the first two years of implementation. An updated Family Perspectives analysis is being developed for future reports.

One important facet of FAR is to use a less formal approach (and not make a formal "finding") in order to increase trust and overall engagement in the case process. As can be seen in the graph below, most respondents (88%) reported being actively engaged in the case process "always or almost always."

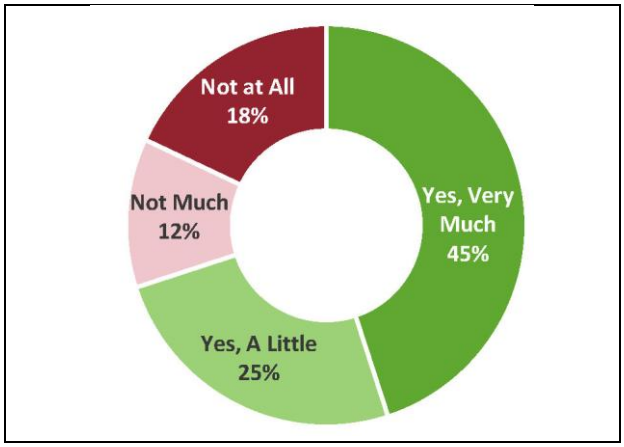
"I was actively engaged with the case process." (N=231)



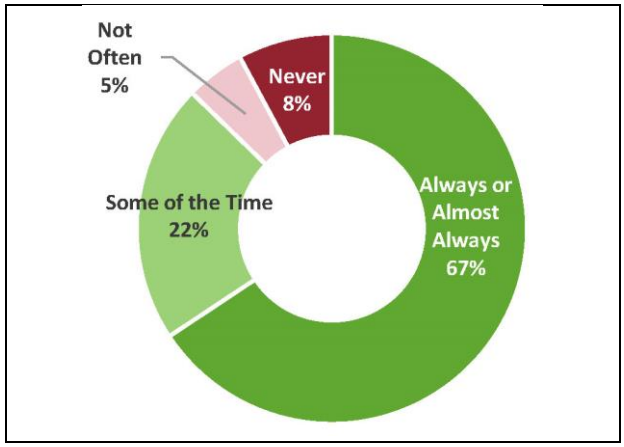
Two other important ratings concerning family engagement addressed the extent to which families felt their opinions were being considered when developing a case plan or linking the family to services. As can be shown in the two charts on the following page, more than half of the respondents expressed the view that their caseworker helped to identify things the family needed. More than two thirds reported that their caseworker "always or almost always" listened to their opinions about whether the family needed services.

[13] Survey methodology, response rates, and more recent survey data are reported in the December 2016 Family Survey Summary Report. This report will be included with the Washington State IV-E Waiver January 2017 Semi-Annual Progress Report.

"My caseworker helped identify things that cause my family problems." (N=228)



"My caseworker listened to whether or not my family needed services." (N=225)



Changes to FAR During Years 1, 2, and 3

As mentioned previously, several changes to FAR occurred during Years 1 and 2, including a significant set of changes targeting FAR training and communication as based on information provided to the CA from our evaluation work, case consultations with offices, and more informal communications with the field. There was clarification over the "place" of FAR in child welfare, with a recommendation for stronger messaging that FAR is still a CPS response and that child safety needed to continue to be the singular guiding priority in all cases. Additionally, training was improved to include more information on the continued focus of child safety, clarification around the voluntary nature of FAR, and improved processes for explaining the intake process and decision making around the assignment of intakes to either the FAR or the investigative pathway.

Additionally, the language in the FAR Agreement was changed (and the agreement itself shortened, before it was finally removed altogether) to address concerns that it was leading families to decline participation in FAR.

Early indications show that these changes have improved implementation in offices, and we anticipate seeing continued improvements in the assessment of FAR implementation into the future. We continue to work closely with CA to develop a rating system to assess fidelity of FAR implementation within offices and to determine the degree to which implementation affects outcomes. This will be detailed in future semi-annual progress reports and will be reported in the Final Evaluation Report.

Also, CA originally planned to use the Child and Adolescent Needs and Strengths (CANS) tool to help determine family service needs. However, few caseworkers reported using the tool the

way it was intended and further reported that the tool added to an already lengthy data collection process with families. Therefore, CA decided to discontinue use of the CANS.

One change to the FAR model that does affect the numbers of families served (which will be reported in the next section of this report) 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. This adjustment decreased the number of FAR-eligible families and thus lowered the actual numbers served.

One prominent event during the FAR rollout was a nine-month "pause" in implementation caused by a legislative failure to provide funding for the implementation. The pause meant that offices that were prepared to implement FAR in January 2016 had to wait until July 2016. Some offices reported that this delay made implementation more difficult, and preliminary outcome analysis from the time period after the rollout indicates that this may have been a considerably disruptive factor. This will be discussed later in the outcomes section of this report.

As mentioned previously, as revisions to this report were being completed, two major changes to the FAR program occurred: (1) the written FAR Agreement was eliminated, and)2) the maximum length that a family could be enrolled was increased to 120 days for those families who were actively receiving services. It is too early to see the effects of these changes at this time. However, future reports will contain a discussion of how these changes may have impacted the program.

Analysis of Minority Disproportionality within FAR

The issue of minority disproportionality within the child welfare system generally is important to CA. Thus, our evaluation examined the degree to which decision making regarding FAR differed across racial and ethnic groups. An earlier version of this report found that there may be some significant differences among racial groups in initial assignment to the FAR versus investigative pathway. However, in discussing the issue with the Research and Data Unit at CA, we felt that the structure of the data extracts we received was causing errors in the analysis. We have requested a separate data pull that can be used to specifically examine decision making at the intake report and will include that analysis in future reports.

Disproportionality in Remaining in the FAR Pathway

Once a case is assigned to the FAR pathway, the vast majority of families (91%) agree to participate and complete their case under FAR. However, in some cases, a family may either refuse to participate or may have a case transferred to investigation by a worker who believes FAR is not an appropriate pathway because of a concern for child safety.

The following table shows differences by race/ethnicity in families' pathway disposition after their initial pathway assignment to FAR based on data for the first four cohorts.

Disproportionality of FAR Disposition – Cohorts 1–4 (Years 1, 2 ,3)			
Race/Ethnicity	**Remain FAR**	**Declined FAR**	**Transfer to Investigation**
Total	**89%**	**5%**	**3%**
Native American	83%	8%	4%
Asian American	91%	5%	2%
Black	89%	5%	3%
White	89%	5%	3%
Hispanic	89%	5%	4%
Multi-racial (Native)	89%	4%	4%
Multi-racial (Black)	89%	5%	4%
Multi-racial (White)	87%	5%	4%

As shown in the table above, the proportion of cases transferred to investigations is virtually the same for all families. However, Native American families were significantly more likely to decline to participate in FAR. In discussing this phenomenon with FAR caseworkers, we learned that the FAR Agreement, in particular, seemed to be a significant barrier for Native American families. As of this report revision, CA successfully amended the legislative requirement for the FAR agreement to try to alleviate some of the disparity in Native American families declining to participate in FAR.

Preliminary Program Outcomes

To assess the impact of FAR on the goals of improving safety, permanency, and well-being outcomes, TriWest analyzed data on new intakes into CPS following their initial intakes, child removals from the home, and family reports of successful outcomes. Data are reported for all seven cohorts, though not all cohorts have sufficient data to report for certain time periods (e.g., 12 months after intake).

New Accepted Intakes

The table below shows the proportion of FAR and Comparison Group families with a new accepted CPS intake within three months following their initial FAR (or investigative) case. The Comparison Group had a slightly (but statistically significant) lower proportion of new intakes when considering all new accepted intakes. FAR families had more re-referrals in general, but many continued to be FAR-eligible referrals, indicating that risk levels had been staying the

same for these families. Comparison Group families were eligible for FAR in their first intake but generally had fewer subsequent FAR-eligible referrals and, in some cases, had significantly more non-eligible referrals, an indicator that these families were facing greater challenges when they returned (as indicated by risk at intake).

FAR Outcomes: Families with New CPS Intakes Within 3 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%*
Percent of families with a new "risk-only" intake	0.7%	0.7%

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

These same patterns hold for new intakes at 6 months and 12 months, as shown in the following tables. Again, the Comparison Group had a lower proportion of families with any new intakes, but this difference was being driven entirely by having fewer FAR-eligible intakes. Comparison Group families continued to have slightly lower rates of new non-FAR-eligible intakes.

FAR Outcomes: Families with New CPS Intakes Within 6 Months After Initial Intake, Cohorts 1–6	FAR	Matched Comparison Group
Percent of families with *any* new accepted CPS intake	19.3%	16.5%*
Percent of families with a new FAR-eligible intake	14.5%	9.9%*
Percent of families with a new non-FAR-eligible intake	6.8%	8.6%
Percent of families with a new "risk-only" intake	1.2%	1.5%

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

FAR Outcomes: Families with New CPS Intakes 12 Months After Initial Intake, Cohorts 1–5	FAR	Matched Comparison Group
Percent of families with *any* new accepted CPS intake	27.5%	22.6%*
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%

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

When analyzing the separate effects of FAR on each cohort, we found that each successive cohort had a higher average number of accepted intakes for FAR families. This increase was statistically significant for only some of the time periods (3, 6, and 12 months) and cohorts, and it did not present an obvious trend. See the "Description of the Outcome Analysis" companion technical appendix for a detailed analysis of the effect of FAR by cohort.

These findings differ slightly from the WSIPP FAR Evaluation study completed in 2017. Most notably, the WSIPP study found no significant differences in intakes between FAR and Comparison Group families. However, it should be noted that the data files pulled for the WSIPP and TriWest evaluations differ in structure and were extracted at different points in time. Further, WSIPP's data include families served in 2014–2015, while this report includes families served during 2016 as well. While the finding of significant differences was the main point of disparity in the two studies, the overall percentage of FAR families with new intakes at three months and six months were similar across the two studies.

Literature Review: Outcomes in Other States

Findings regarding new intakes varied throughout the other states included in the literature review. Some states did find significant improvements in new intakes for FAR families, while others found no change or even increased new intake rates for Alternative Response (AR) families.

Several evaluations also concluded that the best predictor of re-referrals was whether a family had previous referrals with CPS. According to these evaluations, when predicting the likelihood of new intakes, prior experience with CPS dwarfed the effects of pathway. This distinction is consistent with our evaluation findings. When examining new intakes based on prior CPS involvement, there were no significant differences based on FAR or Comparison Group assignment for families who had no prior intakes. Families with prior CPS involvement had a significantly greater likelihood of having a new intake. See the "Description of the Outcome Analysis" companion document for data regarding new intakes based on prior involvement.

In discussing these preliminary findings with FAR field staff and leadership at CA, we found that there was a perception that FAR families may continue to receive new FAR-eligible intakes at a greater rate because of unmet service needs. These families tend to have complicated need patterns, which often cannot be addressed in the limited window of 45 days. It is worth noting that states that have found that AR has had an impact on reducing subsequent intakes do not have such strict limits on the length of time a case can be open. Their overall case length averages are not particularly high, but these other states do have the flexibility to keep cases open longer if necessary to provide services.

CA did an internal review of FAR cases and found that 10% would have benefitted from services that could have been provided if the case were left open for a longer period rather than closed because of the 90-day time limit. This finding suggests that creating a provision to allow an additional time extension to a FAR case would affect a relatively small number of cases, but in those cases could provide more needed services to families. Since these initial findings were presented, the legislature has amended the FAR authorization to allow cases to remain open longer. This change will take effect July 1, 2018.

Removal Rates

As shown in the table below, the Comparison Group had a slightly higher, but statistically significant, rate of removals at 3 months than did FAR families. This pattern of a significant difference persisted over longer outcome time frames (6 months and 12 months).

Removals at 3, 6, and 12 Months After Intake (Not all cohorts had enough time to be included in analysis of later outcome time frames.)	**FAR**	**Matched Comparison Group**
Percent of Families with a Removal **within 3 months of intake** (Cohorts 1-7)	2.9%	4.1%*
Percent of Families with a Removal **within 6 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%

During the first 3.5 study years, the estimated impact of FAR was **708 families avoiding a removal** within 12 months following participation.

When we analyzed the effect of FAR on removals separately by cohort, we did find that some cohorts were less likely to have a significant difference in removals between FAR and Comparison Group families. Discounting Cohorts 1 and 7, the pattern for removals over time appears to show better results on removals for FAR during the middle of the intervention (i.e., during Cohorts 3 and 4). The effect of FAR on removals appears to be driven by these middle cohorts, with smaller measured effects that are not statistically significant in earlier and later cohorts.

It is unsurprising that the earliest cohorts (1 and 2) would have less promising results, as the intervention was in the pilot phase and CA was still refining training and implementation protocols. However, it is surprising to see poorer results for cohorts 5 and 6. We discussed these findings with CA, and although there could be several explanations for this finding, we believe the primary cause was the disruption caused by the roll out “pause” that happened just

after Cohort 5 was implemented. During site visits and interviews with many of the caseworkers involved in implementation after the pause, respondents did report more difficulties in implementation than they believe would have occurred if they had implemented on the anticipated schedule. In addition, CA has reported that enthusiasm for the program was damaged somewhat when funding was not available, with many caseworkers believing the program was being cut because it was ineffective. This may have led some FAR workers to conduct their work with a lower degree of fidelity than workers in pre-pause offices. We will continue to explore this issue and discuss it more completely in the Final Evaluation Report.

In comparison to the WSIPP study (which only includes families served through Cohort 4), our findings, while not identical, are very similar. Their evaluation found that FAR families also had significantly lower removes at 3, 6, and 12 months.

Family Satisfaction with FAR and Self-Reported Outcomes

Finding a different pathway to engage families, to establish trust, and to encourage families to accept support and participate in services, the FAR model stresses working together with families and establishing a relationship that is less adversarial than traditional CPS investigations.

To assess the degree to which FAR is able to achieve this objective and to consider families' perspectives of their own improvement, we asked FAR families to report the degree to which they were satisfied with the services they received from FAR and their perceptions of changes in their family's well-being.

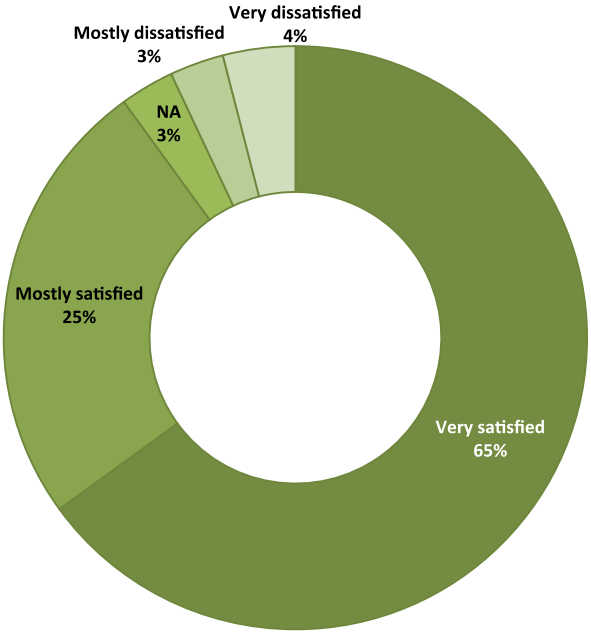
Telephone interviews were conducted with those families who agreed to be contacted by researchers when they signed the initial FAR Agreement. The largest challenge with conducting these interviews has been reaching parents/caregivers by phone. In many cases, phone numbers change between case closures and our attempts to conduct surveys. In other cases, we may dial a number multiple times without receiving a response.[14]

The majority of respondents reported both a positive experience with FAR and positive outcomes following their participation. As shown below, 90% of respondents were either very satisfied (65%) or "mostly satisfied" (25%) with the way that they and their family were treated by their FAR caseworker.

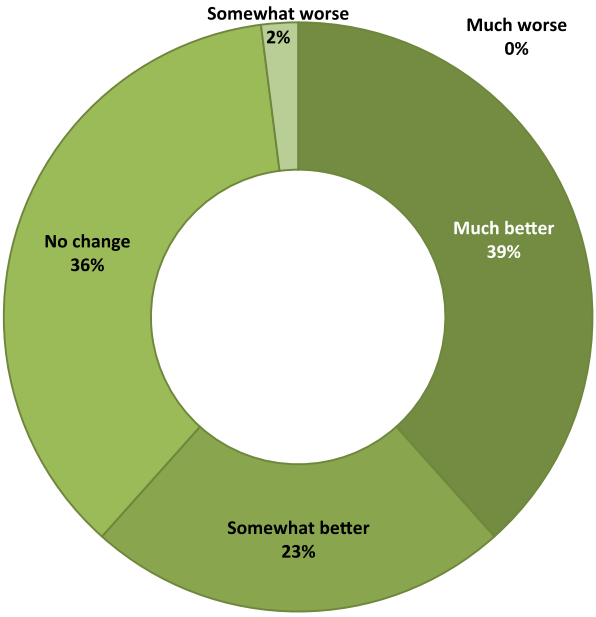
[14] It is important when considering these results to note that the respondents do represent those families we could reach and who were willing to talk to us. In other words, the respondents are not necessarily fully representative of the entire population.

Additionally, more than half of respondents reported that their family was doing either “much better” (38%) or “somewhat better” (23%) because of their FAR participation.

How satisfied are you with how you were treated? (N=228)

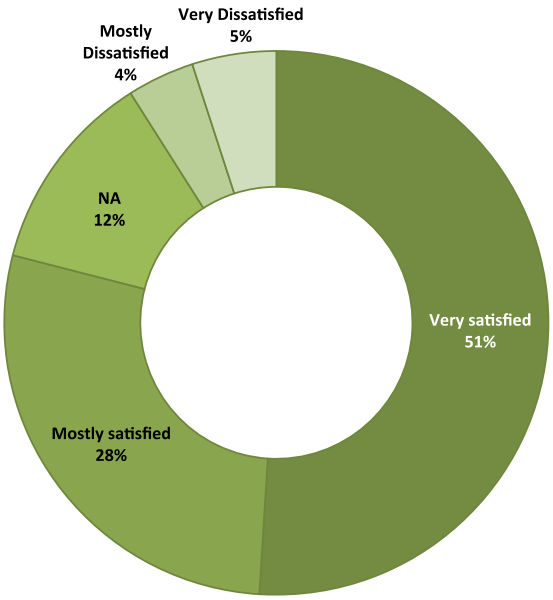


Overall, how is your family doing because of FAR? (N=228)



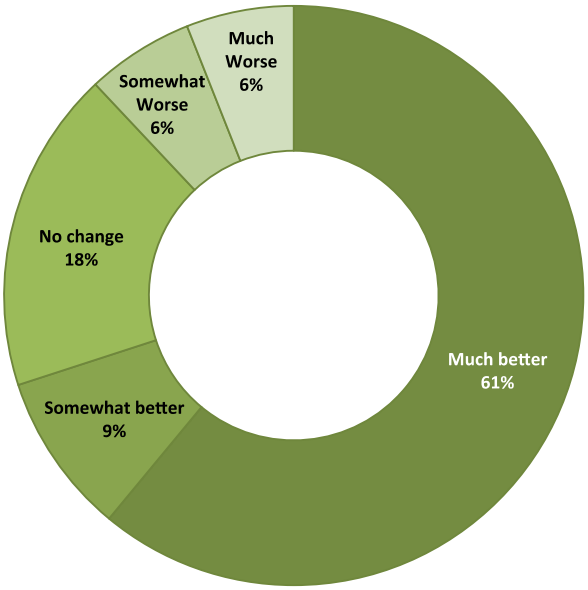
More than three quarters (79%) of respondents reported that they were either "very satisfied" (51%) or "mostly satisfied" (28%) with the services they received or were offered through their participation in FAR.

Overall, how satisfied are you with the services you received (or were offered)?



Moreover, 63% of respondents who had had a previous child welfare experience reported that this experience with CPS was "much better" than their previous child welfare experiences. This response indicates that FAR is improving family experiences with CPS over time.

Overall, how was this experience based on your previous child welfare experiences? (N=88)



Cost Analysis

FAR has two distinct and opposite effects on the cost of services. The first effect is that FAR increases, for all time intervals, the probability that families will use a service that requires CA funding. The second effect is that for those families (FAR and Comparison) who do use CA-funded services, FAR families have reduced average costs. In other words, FAR families are more likely to use CA services, but those services tend to cost less than costs for Comparison Group families who use CA services.

One complication with analyzing FAR cost data is that service costs vary by case. For most families (FAR and Comparison), the total service costs are zero; however, for some families, costs can be large. The distribution of these data is skewed such that the median cost of services provided by CA for all families is zero. However, the mean (average) cost is substantially above zero. The mean is therefore not "typical" or representative.

The variance between median and mean can be problematic for analysis. Many simple statistical tests, such as a T-test for the difference in means, are potentially invalid with data that are mostly zeroes and highly skewed. One common technique for analyzing data of this type is a "hurdle" model. Applying this model, we have established that the first hurdle predicts the probability that a family will require any costs. The second hurdle predicts the magnitude of the costs for any family with positive costs. The table below presents the overall two-step hurdle model results for FAR and Comparison Group families. Data for all of the cost analysis can be found in the companion "Description of Outcome Analysis" document.

	Sample Averages			Magnitude of Effect	
	FAR	**Comparison**	**Difference**	Does FAR affect whether families have any paid services?	For families with services, does FAR lower costs?
3 Months	$238	$202	$36*	Yes (more likely)	No
6 Months	$403	$505	-$102*	Yes (more likely)	Yes
12 Months	$831	$1,192	-$360*	Yes (more likely)	Yes
24 Months	$2,168	$2,919	-$750*	Yes (more likely)	Yes

*P-value=0.00

How to Read the Cost Data Table

The table above presents key results. The "Sample Averages" section is divided into the two groups, FAR and Comparison. The FAR column presents the expected costs if every eligible family was served under the FAR pathway. The Comparison column presents the expected costs if every family instead received the investigative approach. The difference between the two columns is the estimated effect of FAR.

Summary and Conclusions

At the four-year mark, the FAR program offers several notable findings. On one hand, both caseworkers and families served by the FAR program report overall high levels of satisfaction with the implementation of the FAR pathway. On the other, outcomes for families, as measured by reductions in new intakes and removals, have shown only minor benefits. However, these non-dynamic measures may not tell the full story. Changes to the program (e.g., removal of the FAR Agreement, extension of 45-day limits) and a shift from implementation to sustaining are likely to counter some hurdles caused by the mid-program "pause."

As much as we remain optimistic about the ways that greater familiarity, experience, and modification will benefit ongoing FAR implementation, we do offer recommendations for this benchmark. We include, as part of the interim evaluation, two recommendations that are likely to address some of the limits revealed in this report. These recommendations are listed as follows:

Focus on sustainability. After the final office rolled out, there was a temptation to look at FAR as completed rather than to recognize that only the initial implementation was completed. Turnover in leadership and a sense of completion can lead to indifference. Additionally, current institutional restructuring at the state level could lead to confusion or lost momentum. Shifting focus to maintaining and improving FAR is essential. Recently, CA has implemented training sessions that will likely be helpful. We encourage that these sessions, together with strong communication from leadership to local offices, continue to develop.

One other sustainability issue relates to a common concern revealed in key informant interviews. As part of FAR implementation, offices were granted a temporary FAR Lead position. This individual led implementation, training, and community outreach. When asked about a transition plan for offices when the FAR Lead position ended, most key informants recognized that their offices had either a vague transition plan or no plan at all. Nearly all offices indicated that their community outreach had diminished following the FAR Lead's departure. As such, providing leadership to assist offices in maintaining or developing community relationships is needed.

Continued evaluation of effectiveness. The FAR program was designed to be dynamic, with incremental adjustments based on evaluation and feedback. Evaluation has led to significant changes, including the extension of the 45-day service plan and the removal of the FAR Agreement. As such, further improvements depend on careful and sustained evaluation of the program, including its effectiveness.

Also, as part of our formal evaluation, TriWest will dedicate the remaining IV-E Waiver evaluation period to further analysis of FAR's effectiveness with special focus on office-level fidelity and child well-being outcomes.

Finally, in addition to the above, we recommend that CA continue its ongoing efforts to monitor training quality and provide follow-up resources in the form of case consultations. These CA efforts, together with implementation of the above-listed policy recommendations, will likely aid CA in its efforts and assist the FAR program in its effectiveness and service to the families of Washington State.