

Differential Response in Child Protective Services in New York State

Implementation, Initial Outcomes and Impacts of Pilot Project

Report to the Governor and Legislature

January 2011



**OFFICE OF CHILDREN
AND FAMILY SERVICES**

Gladys Carrión, Esq.
Commissioner



NEW YORK STATE

Andrew M. Cuomo
Governor

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Joanne Ruppel, MA

Yufan Huang, PhD

Bureau of Evaluation and Research

Gail Haulenbeek, MSW

Division of Child Welfare and Community Services

New York State Office of Children and Family Services

Table of Contents

Executive Summary	iii
Chapter 1: Introduction	1
Chapter 2: Differential Response History	5
Chapter 3: State Level Planning and Implementation.....	13
Chapter 4: Pilot County Program Descriptions.....	21
Chapter 5: Evaluation Design and Methodology.....	31
Chapter 6: Characteristics of Families Served on FAR Track	41
Chapter 7: Family Engagement and Satisfaction.....	47
Chapter 8: Services	63
Chapter 9: Impact on Child Welfare System Outcomes	75
Chapter 10: Caseworker Characteristics and Perspectives	89
Chapter 11: Recommendations.....	103
Appendices	105

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Executive Summary

Intending to provide a more flexible and effective response to families reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR), the New York State Legislature enacted Chapter 452 of the Laws of 2007, which temporarily authorized the establishment of differential response (DR) programs in local departments of social services (LDSS) outside of New York City. Under this law, a LDSS can apply to the Office of Children and Family Services (OCFS) for approval to use a family assessment and services track to respond to certain types of child neglect reports, rather than a traditional Child Protective Services (CPS) investigation. Shortly after passage of the law, OCFS began planning for the implementation of DR, which it refers to as the Family Assessment Response (FAR), and subsequently issued guidelines to LDSSs for submitting an application to establish a FAR program. Since 2008, OCFS has approved applications from 19 LDSSs and has provided training and technical assistance to enable these districts to implement the FAR approach successfully. The law requires OCFS to conduct an evaluation of the DR initiative and to submit to the Governor and the Legislature a final report presenting findings and recommendations. This report describes the results of an independent evaluation conducted by OCFS' Bureau of Evaluation and Research, examining the effects of FAR on improving family engagement and satisfaction, broadening community involvement in meeting family service needs, and reducing further penetration into the child welfare system.

Description of the Family Assessment Response Model

The law prescribes only the broad parameters of the family assessment and services option, allowing a LDSS that is authorized to establish a FAR program considerable flexibility to develop an approach that best matches its county service resources, its staffing capacity, and the needs of its families. The law excludes reports containing allegations of sexual abuse, serious physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for the family assessment and services track. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using the FAR approach. Local districts can opt to impose more restrictive eligibility criteria for assignment to the FAR track than required by the law.

The law requires that the following basic activities and services be included in the FAR approach:

- Notice to the family of the intent to use the FAR approach rather than a traditional CPS investigation;
- An examination, with the family, of the family's strengths, concerns and needs;
- Planning and provision of services, including case management where appropriate, that are responsive to the needs of the family and supportive of family stabilization; and
- A joint evaluation and assessment of the family's progress including ongoing, periodic assessments of risk to the child.

While the nature and intensity of services offered, staffing and supervisory structure, and collaboration with community partners can vary across participating LDSS's, all FAR programs incorporate the same

basic principles and key practices. Families are treated as partners in the FAR process and are approached in a non-adversarial way, including calling parents to arrange a time to meet with the family in lieu of making an unannounced home visit or seeing the children at school without parental knowledge. The FAR caseworker aims to gain a holistic understanding of the family's functioning through a comprehensive assessment of safety, risk, strengths, and needs. There is no formal determination of whether child maltreatment occurred. Families lead the process of identifying needs and appropriate resources and services, both formal and informal, that they feel will best meet their needs. There is no "one size fits all" approach to families who come into contact with CPS. Instead, the type and intensity of the CPS response is based on the presence of imminent danger to the child, the level of future risk of child maltreatment, and the family's strengths and needs, thus offering a continuum of response appropriate to each family's unique situation. FAR caseworkers are trained in "solution-focused" practice techniques to engage family members in crafting and implementing solutions to any child safety or well-being concerns.

FAR Implementation

Upon passage of the DR law, OCFS immediately began to plan internally and to reach out to local social services districts to assess interest in being a pilot site. OCFS also reached out to other states and experts with experience in developing and implementing DR programs. OCFS developed strong partnerships with local districts, the American Humane Association (AHA), the Schuyler Center for Analysis and Advocacy, and the Casey Family Foundations to support New York's model development and implementation in three rounds of participating districts. Round 1 consisted of six counties that began accepting families to the FAR track in late 2008 and early 2009. Subsequently, eight Round 2 counties and five Round 3 counties joined the demonstration project and started serving families using FAR between September 2009 and July 2010. To date, 19 LDSSs have implemented FAR programs and approximately 9,000 reports have been handled using FAR instead of the CPS investigative response. Applications from two more districts have already been approved and eight additional districts have expressed interest in starting FAR programs after permanent legislation is enacted.

Together with local district and external partners, OCFS engaged in a three-year process of planning, implementation, learning, and adjusting to improve the quality and consistency of the FAR program. OCFS supported the practice shift to FAR by arranging for training, coaching, and flexible funds that caseworkers could quickly access to address pressing family needs. In addition, OCFS and its partners conducted quality assurance case reviews and used the results to refine the model and improve support activities and program operations. OCFS maintained multiple communication channels, including bi-weekly conference calls, accessible public folders of FAR materials, quarterly FAR newsletters, and presentations at conferences, such as the New York Public Welfare Association (NYPWA) conference.

Evaluation Design

The evaluation consists of both a process study and an impact study. The process study describes the FAR program structure, eligibility requirements, and family characteristics in the six Round 1 counties

that first volunteered to pilot the FAR program (Chautauqua, Erie, Onondaga, Orange, Tompkins, and Westchester). A total of 2,036 families who received the FAR intervention in these six counties during the seven-month sampling period (August 2009 through February 2010) were included in the process study. The process study also compares the attitudes and experiences of FAR caseworkers and investigative caseworkers from the Round 1 counties and six Round 2 counties (Chemung, Columbia, Essex, Livingston, Monroe, and Washington), based on an online survey of 79 FAR and 121 investigative caseworkers. A family satisfaction survey administered to 493 FAR families and 123 investigated families from the Round 1 counties provides information on whether families felt their caseworkers treated them well, considered their needs and preferences, and helped them to address issues affecting child safety or well-being.

The impact study examines whether the FAR approach: 1) increased the satisfaction of families with the local district's response to reports; 2) increased the percentage of families provided or referred to services that address their needs; 3) reduced the prevalence of subsequent reports of child abuse and neglect; 4) reduced the number of children for whom petitions are filed in the family court; and 5) reduced the use of formal child welfare services while increasing use of natural and community resources to meet family needs.

The impact study compares the outcomes for FAR families to the outcomes for control groups consisting of similar families who met the FAR eligibility criteria but who received the traditional CPS investigative response. The impact study is limited to two Round 1 counties—Onondaga and Tompkins—where it was possible to establish control groups. In Onondaga County, a randomized control trial was used to assign FAR-eligible families to receive the FAR intervention or to a control group to receive the traditional CPS investigation. In Tompkins County, a control group was constructed by using a multi-stage process to identify FAR-eligible families reported to CPS in 2007 and then applying propensity score pairing to select control group families who matched the demographic and child welfare characteristics of families who entered the FAR track during the evaluation sampling period. The impact study samples include 946 FAR families and 546 control families from Onondaga County, and 299 FAR families and 299 control group families from Tompkins County.

Key Findings

- ✓ **Family Engagement and Satisfaction.** Strong evidence was found that families were more positive about the FAR approach than they were about the investigative response. Compared to the investigated parents in the control group, parents assigned to the FAR track in Onondaga County were significantly more likely to report that their caseworkers fully listened to them (87% vs. 75%) and respected them (91% vs. 81%), to feel very or somewhat positive about their overall experience with CPS (86% vs. 72%), and among those who had a prior encounter with CPS, to report that their most recent experience with CPS was better than their previous one (65% vs. 35%). FAR caregivers were significantly less likely than investigated caregivers to report feeling annoyed, stressed, irritated, angry, and worried by the end of the first home visit.

FAR workers rated three-quarters of primary caregivers as very engaged in the assessment and solutions process, but reported less success engaging secondary caregivers and children. While not necessary in all cases, in almost half of FAR cases, caseworkers tried to engage the family's natural or community supports. The majority of FAR workers reported that attempts to engage families' support networks have been fairly useful or very useful in identifying and implementing solutions.

- ✓ **Access to Services.** The FAR approach increased, expanded, and expedited families' access to appropriate services, especially services to meet basic family needs, such as food, housing, and utilities. In Onondaga County, FAR families were much more likely to report receiving help from their workers than similar FAR-eligible families who received an investigation (70% vs. 56%). FAR families were more likely than investigated families to report receiving help from caseworkers to get basic things needed for children, such as diapers, formula, food, or clothes (17.9% vs. 6.5%), help with a difficult relationship with a partner or ex-partner (11.0% vs. 4.9%), and help obtaining public assistance services, such as TANF, food stamps, or Medicaid (9.6% vs. 3.3%).
- ✓ **Broader Community Involvement.** FAR caseworkers broadened the involvement of the community in meeting family service needs. FAR caseworkers were more likely than investigation caseworkers to refer families to non-traditional service providers such as neighborhood organizations (18% vs. 7%), community action groups (18% vs. 6%), and self-help groups (24% vs. 11%). More FAR workers than investigation workers reported that they had referred families to providers of food (58% vs. 42%), housing (66% vs. 45%), and utilities assistance (52% vs. 20%) in a recent three-month period.
- ✓ **Caseworker Perspectives.** FAR workers were more likely than investigative workers to believe that a majority of families on their caseload view the CPS agency as a source of support and assistance (53% vs. 21%), and that a majority of families would feel they were better off because of their involvement with CPS (24% vs. 11%). FAR workers were more likely than investigative workers to believe that that they have intervened effectively (70% vs. 52%) and helped more than 50% of the families on their caseload obtain the services or assistance they need (72% vs. 58%).
- ✓ **Impact on Child Welfare System Outcomes.**

Petitions Filed in Family Court. The FAR approach led to a decrease in the need for family court involvement. The percentage of families on whom a petition was filed in family court within six months after the focal report intake date was significantly lower for FAR families than for investigated control group families in Onondaga County (1.9% vs. 4.4%) and trending lower in Tompkins County (2.6% vs. 4%).

Child Welfare Services Cases. FAR resulted in a reduction in the need for traditional public child welfare services (CWS). FAR families were significantly less likely to have a CWS case opened within six months of the focal report than were families who received a CPS investigation in Tompkins County (8.2% vs. 13.8%). Although FAR families in Onondaga were also less likely than control families to have a CWS case opened (9% vs. 11.6%), this difference was not statistically significant. As one of the essential goals of FAR is to broaden the usage of community resources

to serve families, a reduction in new CWS cases could be an indicator that families received sufficient services from community resources and assistance from their own natural support networks to resolve child safety and other problems without public monitoring.

Subsequent Child Abuse / Neglect Reports. No significant differences were found between the FAR and investigated control groups in the likelihood of having a subsequent report by six months after intake, or by six months after case closure. This finding is consistent with the research in other states with DR programs, where impacts on subsequent reports did not begin to emerge until 18 months after intake. If FAR follows the experiences of the DR programs in other states, it is anticipated that further follow-up will demonstrate a reduction in subsequent reports among FAR families over the long term.

Recommendations for the Future of FAR in New York State

- ✚ Make FAR a permanent alternative to investigations of child abuse and neglect reports by enacting new legislation in early 2011.

In 2007, the Legislature put in motion a process for the development of an alternative response to child protective investigations as a way to better protect children and assist families with their child rearing needs. Our evaluation shows that children are as safe with FAR as they are with traditional CPS investigations and indicates that FAR helps prevent further penetration into the child welfare system. There is strong evidence that FAR promotes wider use of family support networks and local community resources in addressing child safety and well-being concerns. Families find FAR to be more responsive to their needs and concerns, and view the overall experience with FAR more favorably than their experience with CPS investigations. There has also been a shift in the perceptions of staff about their abilities to engage families in assessing and meeting children's needs. The evaluation results are consistent with the belief of OCFS and many local districts in the potential of FAR to provide a more effective and less intrusive approach to child protection. What began as a pilot with six local districts has grown to encompass 19 local districts. In addition to the 19 existing programs, applications from two districts have been approved and eight more districts have expressed interest in implementing FAR.

In light of the positive evaluation results, the widespread use of FAR in local districts across the state already, and the strong interest in expansion, we recommend that new legislation be passed in early 2011 to permanently make FAR a legitimate alternative to investigations of child abuse and neglect reports. We recommend further that the legislation include the following provisions:

- Continue the exclusions for FAR eligibility for specific types of cases as per the 2007 legislation.
- Omit the limitation in the 2007 legislation that restricted differential response to jurisdictions with populations of less than two million. There should not be any legislative exclusion regarding the eligibility of any specific jurisdiction to apply to participate in FAR.
- FAR should continue to be a local district option, not a required component of all districts' child protective service systems.

- Continue the requirement that local districts must apply for and receive approval from OCFS before implementing an alternative response program. OCFS should have the authority to require modifications to the application and to deny an application should it deem that the plan is not suitable or LDSS readiness is not sufficient.
- District operation of a FAR program should be subject to the same OCFS oversight, monitoring, and corrective action as OCFS has over the districts' CPS investigation program.
- Continue to permit districts to have discretion to set eligibility criteria used to screen cases into their FAR response program, within the statutory parameters and guidelines set by OCFS.
- OCFS should be given the authority to determine what assessment and planning tools and protocols will be used by FAR programs and to modify those tools and protocols as needed.

A practice shift that embraces family engagement and solution-focused casework is a process, not an event. It requires vision, commitment, patience, and a concerted effort to learn new ways and unlearn old ways. It requires flexibility in organization and funding so that immediate family needs can be met while the family and their caseworker figure out how to make and sustain needed changes. It requires training and coaching on site for caseworkers to develop the necessary skills and to put positive intents into action. We offer the following recommendations to enhance the quality and efficacy of FAR:

- ✚ OCFS should review its current CPS caseworker and supervisor training programs and determine how core courses and specialty child welfare/CPS training can be modified to include FAR as an integral part of New York's Child Protective and Child Welfare service system.
- ✚ As FAR caseworkers and supervisors provide a child protective service, they should receive the training that is required by OCFS for CPS investigation staff, as well as training on specific FAR components and skill sets. OCFS will determine whether the training programs currently used by local districts to prepare FAR caseworkers and supervisors need to be amended or revised.
- ✚ OCFS should continue its relationship with AHA to provide training, coaching, and other technical assistance that have proven so vital to the state's early success in implementing FAR. In addition, OCFS should continue its efforts to use AHA's expertise to build "in-state" capacity to deliver training and support resources as part of a long-range sustainability plan.
- ✚ Flexible funds must be made available to FAR caseworkers to meet immediate family needs. Providing small but necessary items or services immediately can be critical to engagement and to a family's willingness and ability to focus on issues of parenting and child well-being. One suggestion has been to subsume these costs within the regular child welfare non-residential funding mechanism that is subject to local cost sharing, but it will be a challenge to make small sums easily and quickly accessible through this method.
- ✚ Modifications need to be made to the CONNECTIONS system so that FAR case processing can be fully supported and casework activities documented accurately.
- ✚ Evaluation research should be continued on the current study samples to ascertain the longer-term impact of the FAR program on child welfare system outcomes of subsequent reports, family court petitions, child welfare service cases, and foster care and other out-of-home placements. In that the program has made considerable improvements since the study families were served, consideration should be given to evaluating outcomes from a more current sample of FAR families.

Chapter 1: Introduction

This report is being submitted to the Governor and the Legislature in accordance with the requirements of Chapter 452 of the Laws of 2007. This legislation, which authorized the establishment of differential response (DR) programs for child protection assessments or investigations, also directed the New York State Office of Children and Family Services (OCFS) to complete a report evaluating the implementation of any such programs. The legislation required OCFS to assess the effectiveness of the programs in promoting broader community involvement in meeting family service needs, expanding and expediting access to appropriate services, improving the cooperation of families, reducing subsequent abuse and neglect reports, and promoting child safety. Furthermore, as the legislation provided for the automatic repeal of the authorization for differential response programs as of June 1, 2011, the legislation required the report to include a recommendation regarding the continuation of the provisions of this law.

Family Assessment Response

Differential, or alternative response, is a form of child protective services that allows local jurisdictions to respond to reports of child abuse and neglect with an assessment instead of an investigation. In New York State, the alternative response is called the Family Assessment Response (FAR). The reason for this alternative response is that serious child safety issues are not found in the majority of families reported for suspected neglect. The family situations are more likely to reflect needs for support or advocacy rather than needs for investigative fact-finding and court ordered formal government intervention. In recognition of this fact, as well as research on more effective practice with families with child neglect problems and the growing national experience with alternative child protective responses, the Legislature gave OCFS and local departments of social services (LDSS) the opportunity to design and pilot family assessment response programs to respond to most types of neglect reports.

Legislative Provisions

While most CPS reports are eligible for the family assessment option, the law specifically excluded reports containing certain types of allegations from being considered for the family assessment and services track. These include reports containing allegations of sexual abuse, serious physical abuse, severe or repeated abuse, abandonment, and failure to thrive. In addition, the law specified the key tasks OCFS needed to do before beginning implementation of the pilot project and the types of activities to be included in the FAR program. At a minimum, the LDSS must commit to:

- Provide parents with a written notice declaring the district's intent to meet the needs of the family without engaging in a traditional child protective services investigation;
- Inform parents that FAR workers are mandated reporters who are required by law to report new information that they receive during their work with the family if that information gives them reasonable cause to suspect that a child in the family is an abused or maltreated child;
- Conduct an examination, with the family, of the family's strengths, concerns and needs;

- Engage in the planning and provision of services that are responsive to the needs of the family and, where appropriate, offer assistance, including case management that is supportive of family stabilization; and
- Complete a joint evaluation and assessment of the family's progress including ongoing, periodic assessments of risk to the child.

Outside of these areas, the law is flexible, allowing each LDSS to develop an approach that best fits its service resources, staffing capacity, and family needs.

FAR Program Initiation and Expansion across NYS

As New York State has a state-supervised, county-administered system of child welfare, the law required any LDSS seeking to establish a DR program to apply to the state child welfare agency, OCFS, for approval to use a FAR track. The enacting legislation permitted any LDSS, except New York City, to apply. While the law dictates the basic parameters that each LDSS must follow if it wishes to establish a FAR program, it allows considerable flexibility with respect to the number and types of families to be served on the FAR track, the nature and intensity of services offered, staffing structure, supervisory approach, and collaboration with community partners.

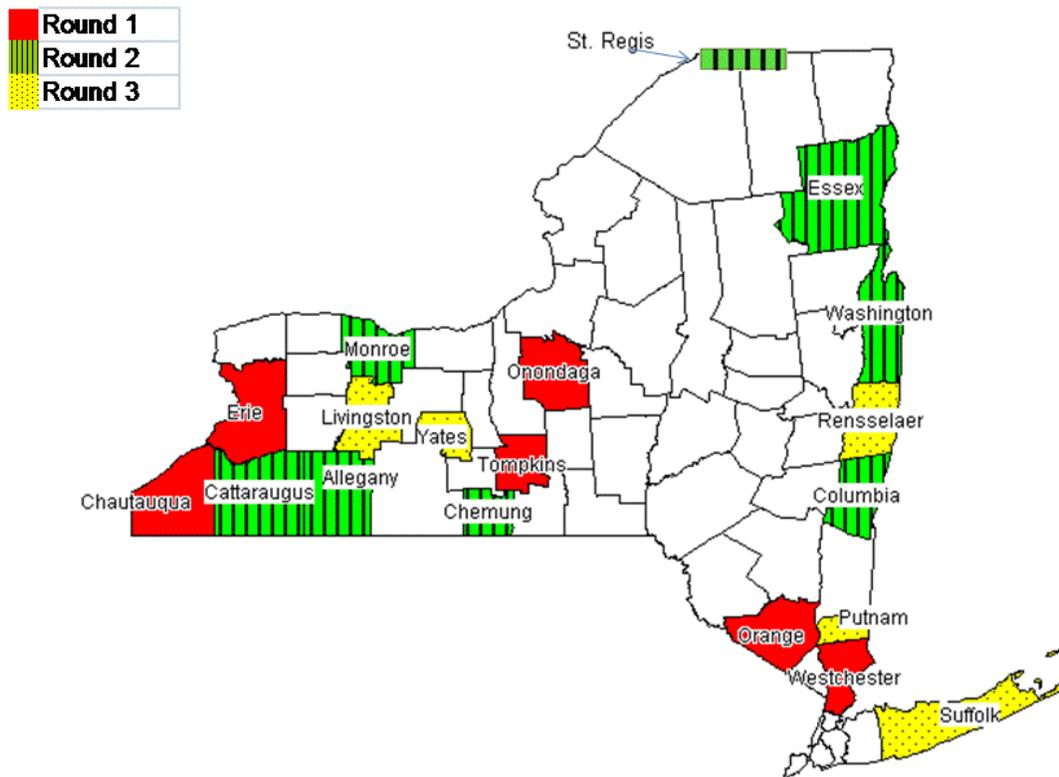
In response to the DR legislation, OCFS initiated its outreach to local districts by informing them of the opportunity to experiment with differential response and by providing educational opportunities to learn more about DR and the details of New York's legislation. In March 2008, OCFS issued a Local Commissioners Memorandum (08-OCFS-LCM-02) that asked counties interested in beginning a FAR program to submit their applications by May 15, 2008. Applications from Westchester, Orange, Onondaga, Tompkins, Erie, and Chautauqua counties (Round 1) were submitted to OCFS. The proposals were reviewed and approved by a team of child welfare staff. These districts initiated their FAR programs between November 2008 and April 2009.

As the six Round 1 counties gained facility with the FAR protocol and received some positive feedback from families, the local districts and OCFS provided updates to the rest of the state's districts at various public forums and through the OCFS website. Soon, other LDSSs expressed interest in implementing FAR. In response to this interest, OCFS issued an open invitation to additional districts to apply for a FAR program, requiring applications to be received by April 15, 2009. Applications from eight counties (Round 2) were submitted and approved by OCFS in mid-2009. These districts began accepting families to FAR between September 2009 and March 2010.

Experience with the Round 1 and 2 counties led OCFS to add two requirements to the Round 3 application process: 1) districts would need to commit to screening in a broad range of neglect allegations, and 2) commit to tracking a meaningful percentage of neglect cases into FAR (e.g., 30-40%). As an alternative to the 30-40% requirement, medium and large districts could commit to serving one or more geographic communities with high poverty rates and/or a disproportionate rate of CPS reports and minority representation if the overall number of cases served by FAR meets or exceeds a reasonable percentage of all CPS reports (e.g., 15-20%). Interest in FAR continued to grow and applications from an

additional five LDSSs were accepted and approved for the implementation of FAR in early 2010. The Round 3 districts started serving families using FAR between April 2010 and July 2010.

Currently, the project includes nineteen LDSSs with FAR programs of various sizes and scopes. Since the first FAR program began in late 2008, about 9,000 reports have been handled using the family assessment response instead of the traditional CPS investigative response. The New York State Counties map below shows the six counties in FAR Round 1, eight districts in Round 2, and five counties in Round 3 that implemented FAR programs.



Since the legislation passed in late 2007, OCFS has continuously engaged with the local districts to develop the FAR model and to improve operations. OCFS provided technical assistance to three rounds of successful district applicants and continues to support their programs by arranging for training of FAR staff, quality assurance assistance, and other resources as needed. The extensive use of FAR with a wide variety of families in small, medium, and large districts has provided OCFS with a range and depth of experience that has enabled us to reach conclusions regarding the viability of FAR in NY and to make recommendations about its future.

Report Contents

Chapter 2 provides an overview of differential response, including a brief history of its development and major research findings from other states, as well as an explanation of the key differences between the investigative and family assessment responses.

Chapter 3 describes the planning, communication, training, quality assurance, and other support activities and resources that OCFS provided during the last three years to make this significant practice change happen.

Chapter 4 provides a description of the FAR programs in the six counties in Round 1 (R1).

Chapter 5 explains the research design used to evaluate the R1 programs.

Chapter 6 describes the characteristics of families who participated in the R1 FAR programs

Chapter 7 uses information from a survey of families and case records to look at the use of family engagement practices and family reactions.

Chapter 8 provides information about the help that families received and the use of community resources by caseworkers to assist families.

Chapter 9 explains the impact of the FAR program on the child welfare system outcomes of subsequent reports, family court petitions, and child welfare services cases.

Chapter 10 provides the perspective of caseworkers from the pilot districts in R 1 and Round 2 (R2) about the project. Comparisons between FAR and investigative workers and between R1 and R2 are shown as relevant.

Chapter 11 provides recommendations for further legislation and program development.

Appendices with supporting material about the implementation chronology, local FAR program protocols, research methods, and intervention and control group characteristics are at the end of the report.

Chapter 2: Differential Response History

Child welfare administrators, advocates, and researchers have long recognized five major concerns with the traditional child protective system: (1) Over-inclusion—families who are reported for suspected child abuse or neglect who shouldn't be; (2) Capacity—the number of families reported exceeds the capacity to respond effectively; (3) Under-inclusion—some families who should be referred are not; (4) Service orientation—an authoritative approach is not appropriate for many families; and (5) Service delivery—many families do not receive the services they need (English et al., 2000; Waldfogel, 1998).

DR programs, or alternative pathways for families reported for alleged child abuse or neglect, have emerged as a reform to address these major concerns by explicitly recognizing variations in the nature of accepted reports and allowing official CPS system responses to be commensurate with the level of risk (Merkel-Holguin, 2005).

DR protocols share these basic premises:

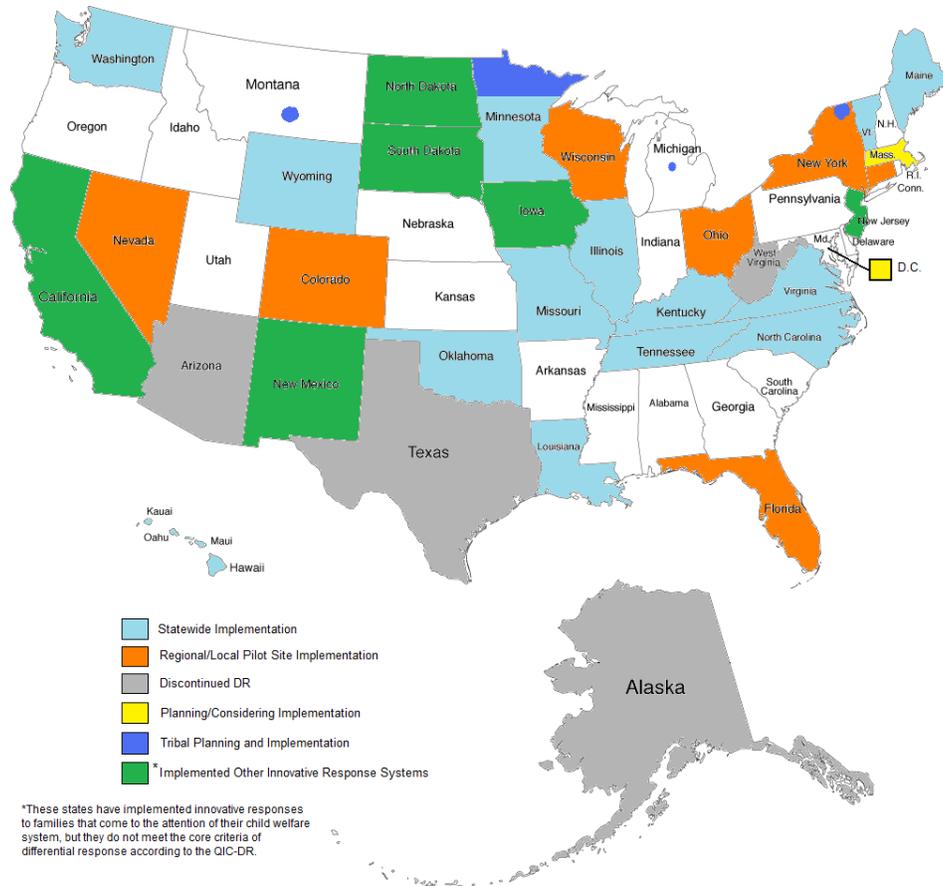
- CPS should utilize its investigative efforts more strategically as not every family needs an intrusive and adversarial process
- CPS should collaborate with community partners to provide more supportive services to families
- Services provided should be more customized to families (Waldfogel, 1998)

Customizing the CPS response to the unique situations of each family necessarily involves an assessment of each family's strengths and needs. The first documented family assessment alternative response program was a community-based alternative response system (CBARS) operated by a private non-profit social service agency in one community in Washington State. The child protective agency developed a contract with a community agency to provide assessment, case management, referral, and ancillary services to families initially reported to CPS and classified at intake as low or moderately low risk. This program served over 4,300 families between 1988 and 1996 (English et al., 2000).

Another early alternative response assessment program was the Patch Project in Linn County, Iowa (in operation since 1991). It used a neighborhood-based interagency team to deliver child protective services and other child and family services to families at risk of abuse or neglect. The reform project operated in a poor, inner-city Cedar Rapids neighborhood of just under 10,000 residents, where nearly half the children lived in single-parent families and the rate of foster care placement was four times the statewide average of 4.6 children per 1,000 (Adams, Alter, & Krauth, 1995).

In 1993 and 1994, Florida and Missouri became the first two states to pass "dual-response" legislation to allow differential response in their CPS systems (National Quality Improvement Center, 2009; Loman, L. A., & Siegel, G. L., 2004b). The Family Assessment Response System (FARS) in Missouri established two different response pathways for child abuse and neglect reports: a mandatory investigation for high-risk cases (i.e., a crime was likely to have been committed or a perpetrator or child was likely to be removed from home) and a voluntary assessment for lower-risk cases. The demonstration project was piloted in

three areas of the state: 14 small and medium-sized counties, and parts of the City and County of St. Louis (Siegel et al., 1997). It became a model DR program for other states and similar legislation was passed in other states to establish pilot DR programs. DR programs were commonly implemented in several pilot counties within a state and then later expanded to statewide operations, as occurred in Minnesota, which began implementation in 2000 after legislation was passed in 1999. By late 2010, twenty-one states had implemented statewide, regional, or local alternative response programs in which the needs of children and families are assessed and addressed without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment.



(Map provided by the American Humane Association; data current as of Nov. 16, 2010)

Summary of Prior Research Findings on Differential Response

While some research had been conducted on early DR programs, more comprehensive evaluations of state sanctioned programs emerged later, many conducted by the Institute of Applied Research. These evaluations focused on the implementation process and outcomes of DR simultaneously, coupled with comparison groups and sufficiently long follow-up periods to examine long-term impacts.

The process evaluations of DR usually included information in five areas: screening, needs and services, engagement, family response, and worker response. Highlights of the process evaluations conducted on DR programs in Missouri [Siegel & Loman (2000); Loman & Siegel (2004b)], Minnesota [Johnson, Sutton,

& Thompson (2005); Loman & Siegal (2004a); Loman & Siegal (2005); Institute of Applied Research (2006)], Virginia [Virginia Department of Social Service (2004, 2005, 2008)], North Carolina [Center for Child and Family Policy (2006)], Nevada [Siegel et al. (2008)] and Ohio [Loman, Filonow, and Siegel (2010)] include:

- Cases were screened appropriately using the specified screening process: only cases with no or few safety issues entered the assessment track and investigation was reserved for cases with immediate safety problems
- The majority of services provided to families addressed some sort of basic need, such as clothing, food, utilities and rent payment, home repairs, etc. Other services included counseling (e.g., parenting, domestic violence, etc.), employment assistance, day care, and so on. Goods and services often came from multiple sources, such as CPS workers, community vendors, other community resources, and family resources.
- These evaluation studies revealed that families on the assessment track showed higher degrees of engagement than families assigned to the investigation track. Assessment caseworkers rated families as more cooperative and more involved in case planning and decision making processes.
- Assessment track families were generally positive and satisfied with their experience, and their satisfaction level tended to be higher than that of the families assigned to investigations.
- Caseworkers were generally positive and supportive about DR. They often showed high levels of satisfaction with the assessment process and considered the family assessment alternative track a more effective way to approach families and identify sources of support to solve families' problems and to meet their needs.

The outcome and impact evaluation components of the comprehensive studies focused on four areas: child safety, recurrence, family outcomes, and cost-effectiveness. Highlights of the findings are:

- Evidence consistently demonstrated that child safety was not compromised in families assigned to the alternative family assessment track.
- Recurrence was usually measured by the rate and number of re-reports, and child's removal or out-of-home placement as a result of a re-report. In general, impact evaluations of DR have found a reduction in the number of subsequent reports in assessed families, although the difference is often modest when the risk factors of prior reports, prior services, and continuing services are controlled for in the samples. In the 2010 evaluation report of Ohio's DR program, experienced DR program evaluators Loman et al. noted that their previous experience suggests that a minimum 18-month post-program follow-up period is needed to begin to show differences in outcomes between assessed families and families who received an investigation.
- Families frequently reported that they had fewer negative feelings, such as stress, worry, and anger, after the family assessment intervention. They felt more confident dealing with problems and often reported improvement in their parenting skills. Caregivers also felt that they had benefitted because of the alternative intervention. Some families reported that they knew how to get help in the future because of the assessment experience, showing that caseworkers effectively linked families to available resources for future services.

- Only the Minnesota DR evaluation included a cost study. Over the long run, the family assessment track was more cost effective. Findings reported in the first evaluation report showed that the average initial cost of a family assessment case (\$1,132) was higher than that of a regular investigation case (\$593). Initial costs included any services provided and staff time from the date the case was assigned to a track to the date a case was closed. When the costs incurred over the next three to five years are included, the mean costs were \$4,967 for control families versus \$3,688 for families on the family assessment track.

Family Assessment Practice Development

State and local CPS systems were originally established to address child abuse and serious cases of child neglect. While child protection systems are expected to provide services to remediate child maltreatment problems, they also emphasize evidentiary fact-finding and require the labeling of an adult, usually the parent, as the person responsible for the abuse or neglect.

Along with increased efforts to strengthen mandated reporting of suspected child abuse and neglect, came an increase in the number of reports concerned with child hygiene, excessive school absences, and lapses in child supervision. To be more effective in protecting children and addressing family needs, states across the country, including New York, developed safety and risk assessment protocols to guide assessments, decision-making, and development of service plans. However, regardless of the seriousness of the allegations, degree of danger to the children, or level of risk, the same investigative and determination process continued to be the required response to all reports. In general, the allegations in about two-thirds of CPS reports are not substantiated and most CPS investigations, even those with indicated determinations, are closed without any services being provided to the family. This seemingly unnecessary intrusion into many families' lives, with a focus on identifying evidence of abuse or neglect, inadvertently created suspicion among many families and communities about the intent and helpfulness of CPS. It is in this context that child welfare agencies began to look for a better way to respond to the needs of children, families, and communities for child safety, permanency, and well-being.

The emergence of family engagement strategies and solution-focused approaches to working with troubled individuals and families led the field to look for ways to incorporate these approaches into child protection work. Some states began to question the efficacy of an investigative response to reports with less serious allegations, and began experimenting with assessment-focused responses that were better able to engage the parents in identifying and addressing children's needs. Despite the intent of the CPS worker to help a family, the need to identify a perpetrator, to seek evidence concerning specific incidents and allegations, and to record culpability often places a barrier to honest information sharing between the family and the caseworker. Alternative child protective responses, designed without the allegation substantiation requirement and concomitant blame barrier, were expected to be more effective in engaging families in open discussions of safety, needs, and strengths, and in fashioning long-lasting solutions.

Over the past sixteen years, twenty-one states have developed alternative response programs that include a family assessment track. While the various state programs differ in the number of response tracks or alternatives offered and the types of family problems that each track seeks to address, all of the approaches have significant commonalities. The fundamental distinctions between the family assessment response and the traditional investigative response are highlighted in the table below.

	Investigation	Family Assessment Response
Focus	Child safety, incident of abuse and neglect, future risk	Child safety, family functioning – strengths, needs and risk
Goal	Children determined to be safe, or are made safe; determine “findings” related to the allegations in the report; persons responsible identified; services put into place to reduce risk	Children determined to be safe; parents, extended family & community partners engaged in assessing strengths, needs & risk; families participate in developing solutions & choosing services; families receive supports that address family needs
Initiation	Talk with alleged victim first, unannounced visits	Talk with caregivers first, request permission to visit
Assessment	Caseworker gathers facts regarding allegation, safety & risk from child, family & collaterals; may or may not involve family in safety & risk assessment; children interviewed separately regarding presence of abuse or neglect; Case decision regarding allegations made with supervisor; Professionals as experts	Caseworker and the family jointly assess child safety, family strengths, needs & risks; family involved in identifying collateral contacts who can assist with assessment; children participate in interviews with their parents regarding family strengths & needs; families as experts
Disposition	Substantiation & indication/unfounding decision made	No substantiation or indication decision made; families identified as “in need of services & support”
Services	If case is opened, service plan written (by professionals, sometimes in consultation with the family) and services are provided; families can be ordered by court to participate in services	Voluntary services offered; after assessment, families can choose to not participate; or, if sufficient safety concerns exist, case can be reassigned to investigative track
Adapted from: Child Welfare Information Gateway. (2008, February). <i>Differential response to reports of child abuse and neglect</i> . Washington, D.C: U.S. Department of Health and Human Services.		

The differences between New York State’s FAR and investigation pathways are more extensive than whether allegations are substantiated or not. FAR requires a fundamental shift not only in what CPS does but also in how CPS does it. From initial family contact through case closure, core practice principles need to be incorporated into all interactions with families. The key principles of all family assessment response models, including NYS’s FAR program, are the same:

- **Child safety is achieved through family engagement and collaborative partnerships, supportive and encouraging approaches, interventions and services.** Families are treated as partners in the FAR process and are approached in a non-adversarial way, including calling the caregivers to

arrange a time to meet with the family in lieu of making an unannounced home visit or seeing the children at school without parental knowledge.

- **Comprehensive assessments of families.** The focus of the FAR caseworker is to gain a holistic understanding of the family's functioning, through a comprehensive assessment of safety, risk, strengths, and needs. There is no formal determination whether child maltreatment occurred.
- **Collaborative identification of strengths, needs and solutions.** Families lead the process of identifying needs and appropriate resources and services, both formal and informal, that they feel will best meet their needs.
- **Flexibility for the system and the family.** There is no "one size fits all" approach to families that come into contact with CPS. Instead, the type and intensity of the CPS response is based on the presence of imminent danger to the child, the level of future risk of child maltreatment, and the family's strengths and needs, thus offering a continuum of response appropriate to each family's unique situation.
- **Child Safety is the priority of all CPS response types.** Both investigative and family assessment responses seek to identify safety and risk factors and work with the family to increase safety and reduce risk. However, the explicit method used in FAR is the assessment with the family of what, if any, unmet needs negatively affect the children's safety and well-being. Should there be unmet needs, the family is supported in taking the lead in identifying the resources, supports, and services that would work best for them. The emphasis is on strengthening the family's informal support system through the engagement of family, other social network members, and services within their community so that not only are current needs met, but the family is also better prepared to meet future needs on their own.

The practical value of shifting from an allegation-specific focus to casework practice that emphasizes the mutual assessment of families' capacities to meet their children's needs resonated with a number of New York State's local departments of social services (LDSS). It must be noted that some districts had already begun to shift their practice to be more engaging of families, and more solution, rather than problem, focused. Consequently, the legislation allowing an alternative response generated considerable interest across the state. OCFS undertook an implementation planning process that drew heavily on the experience and expertise of child welfare professionals in states that had already implemented alternative response programs, particularly the programs in states that are state-supervised and locally administered, like New York State. Moving from the enabling legislation to pilot implementation, and from there to sustainable growth, has been a process of planning, training, learning, adjustments and most of all, partnership. This process is described in detail in Chapter 3: State Level Planning and Implementation.

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Chapter 3: State Level Planning and Implementation

As noted in Chapter 1, upon passage of the differential response legislation on August 1, 2007, OCFS immediately began to plan internally and to reach out to local districts to assess interest in being a pilot site. OCFS also reached out to other states and experts with experience in implementing differential response legislation. Together with local district and external partners, OCFS engaged in a three-year process of planning, implementation, learning, and adjusting to improve program quality and consistency. This chapter summarizes OCFS' involvement in eight areas: the steering committee, state-local district partnership, multiple communication channels, FAR model design and evolution, outside partners and support, staff development and training, quality assurance reviews, and the provision of flexible funds. Chronological details of the state's efforts to implement, continuously improve, and expand FAR are included in Appendix 7.

Steering Committee

OCFS established an internal steering committee to guide the development of New York State's model and implementation of pilot programs in local districts. The steering committee, initially comprised of policy staff from the Division of Strategic Planning and Policy Development (SPPD) and the home and regional office staff of the Division of Child Welfare and Community Services (CWCS) with support provided by the Division of Legal Affairs (LA) and the Division of Information Technology (IT), has grown to include the Division of Administration's Bureau of Training (BT) and the American Humane Association (AHA). AHA officially joined the Steering Committee in July 2009, but they have been an invaluable resource to the Committee since 2008. The committee has worked continuously since its inception to make design and policy decisions, guide the development of computer systems support needed for FAR, identify and shape training and technical assistance resources, and design assessment and quality assurance tools and protocols. In February 2009, evaluators from the Bureau of Evaluation and Research were invited to attend committee meetings and began designing the evaluation plan. The evaluators also provided information to the committee about FAR case processing and kept the committee informed of evaluation activities with the local districts. The Steering Committee continues to meet via bi-weekly conference calls to discuss progress, make plans, and resolve problems.

State-Local Partnership

It was clear from its inception that a strong partnership with local districts would be critical to the model's development and implementation. Changing both organizational culture and service delivery across separate and unique local child protective organizations required the expertise and commitment of local districts that were willing to experiment and to be practice leaders. Since its beginning, the FAR Steering Committee and the FAR counties have strived to make the FAR project a model of state and local partnership in development, implementation, and learning.

Shortly after the law authorizing FAR was enacted, OCFS initiated its outreach to local districts by inviting all potentially interested LDSSs to participate in a conference call during which the law's

provisions were summarized, questions solicited, and answers provided based on information known at the time. Interested LDSSs were invited to work with OCFS to develop the program without committing to implement the program. A representative from each of six interested counties (Albany, Chautauqua, Erie, Onondaga, Tompkins, and Westchester) joined a staff member from OCFS in attending the first National Differential Response conference sponsored by the American Humane Association in November 2007. Presenters from other states and countries, including New Zealand, England, Ireland, and Canada, instructed the New York delegation on elements of design and issues of implementation. The variety of approaches, tools, and techniques used by the states and countries underscored the importance of incorporating flexibility into our alternative response program so that an approach that would work best for New York could be allowed to develop over time. In addition, the partners learned that frequent, meaningful, and transparent communication between stakeholders was critical to successful DR programs.

Multiple Communication Channels

Communication between partners started early in the FAR development process and has become central to all New York State implementation efforts. Weekly conference calls were conducted between the Steering Committee and the first six local districts to plan implementation, make decisions, and review progress. Separate conference calls were added for other districts planning to implement FAR in later rounds, and joint Round 1 and 2 conference calls were held so Round 2 districts could ask questions of staff from Round 1 districts. Currently, there is one monthly call between the steering committee and all nineteen districts that have implemented FAR so far. The Steering Committee made up of OCFS home and regional office staff and AHA continues to meet bi-weekly via conference call.

To establish and support consistency of implementation of the core values, processes, and practices of FAR that protect children and strengthen families, AHA partnered with OCFS to conduct a two day FAR Symposium for all Round 1 and Round 2 FAR staff and managers and OCFS regional office staff in July 2009. Information-sharing, training on use of the family assessment tool, and learning from others' experiences added energy and value to the statewide implementation effort. Several potential Round 3 counties were able to attend the forum as a prelude to their possible future implementation efforts.

At the request of OCFS, AHA wrote and issued the first volume of the State's FAR newsletter in December 2009. The purpose of the quarterly newsletter is to maintain communication among participating districts, OCFS, and AHA, and to support and stimulate FAR practice.

Combined with the informal networking among FAR districts and their non-FAR district counterparts, OCFS' FAR communications strategy includes postings on the OCFS web site; establishment of a public folder where key FAR information developed by FAR counties; OCFS, AHA, and other states is readily available to all counties; presentations at New York Public Welfare Association (NYPWA) conferences; the FAR newsletter; and on-going discussions between districts and OCFS regional and home office staff. The quarterly FAR newsletters are available at www.ocfs.state.ny.us/main/cfsr/FARNewsletter.shtm.

Model Design and Evolution

Information from the national conference assisted the local districts and OCFS to make decisions regarding their individual and collective readiness to implement FAR and for OCFS and the districts to develop work plans to define and implement the NY FAR model. The basic principles and practices of alternative response models are fairly consistent across the states. However, the criteria used for determining which reports to include or exclude varies, as do assessment protocols, timeframes for service completion, and the degree of latitude local jurisdictions have in defining their DR program and FAR practices.

The Steering Committee worked with the six Round 1 counties to determine the design of FAR in line with specifications established in the legislation and in recognition of the need for each county to fit FAR into its unique operations and to reflect its community's needs and resources. Key decisions made before any applications were accepted are described below, along with any later changes to these decisions.

- 1) The counties identified an assessment tool, the Family Advocacy and Support Tool (FAST) that they believed would be useful for engaging families in assessing their strengths and needs, and which would complement the OCFS safety assessment tool. One county was allowed to use OCFS' Risk Assessment Profile instead of the FAST. After about six months of usage, problems using the FAST were noted and at the districts' request, the assessment tool was substantially modified by OCFS. OCFS later decided that all new FAR districts would use the same family assessment tool. The Family-Led Assessment Guide (FLAG) is currently the sanctioned family assessment instrument.
- 2) FAR could be provided entirely by local district staff or the local district could contract with a community provider to conduct the assessment of strengths and needs and provide any needed services. In the latter model, local district child protective staff would conduct the initial safety assessment and confirm FAR eligibility before passing the family to the provider. One district that chose this model later expanded their FAR program by adding LDSS CPS staff as full FAR workers.
- 3) The length of time needed for the FAR assessment and services period could be determined by each district, but it should be no longer than 90 days, with 60 days being the time period preferred by most of the counties.
- 4) CONNECTIONS was modified slightly to identify which families were served on the FAR track and to record safety assessments and case notes. OCFS' IT was limited in its ability to support FAR in the existing CONNECTIONS system so additional assessment instruments were completed off line using either hard copy or electronic templates.
- 5) While other states recommended that caseworkers serve either FAR cases or investigation cases exclusively, the Committee and the counties agreed to allow county discretion in how they organized their FAR case distribution among CPS staff. Both staffing patterns (mixed caseloads or exclusive FAR caseloads) are currently used in different districts, although this discretion is currently being reviewed by OCFS.

- 6) Within the specifications of the legislation regarding which cases must be excluded from FAR, counties could decide their own criteria for tracking cases into the FAR pathway. OCFS later decided that new FAR programs would need to include a broad range of neglect allegations and FAR could not be used for reports with educational neglect allegations exclusively, as had been the case in a few of the pilot programs.
- 7) Counties would decide the percentage of reports that would be tracked into FAR. OCFS later revisited that decision and instituted a minimum percentage requirement.

Experience with the Round 1 and Round 2 counties led the Steering Committee to modify the criteria for district participation in the FAR project in 2010. Beginning with the Round 3 counties, any new county FAR applications would need to commit to tracking a significant portion of their neglect cases into FAR. The reason for this change was threefold. First, the level of resource commitment on the part of OCFS and AHA to support the startup and development of a new FAR program was not cost effective for very small FAR programs. Secondly and more importantly, the partners had learned that the necessary agency culture and practice shift was less likely to occur if only a few staff were invested in FAR. Third, staff and supervisors had understandable difficulty switching back and forth from FAR to the traditional investigation approach, which would happen if only a small percentage of reports were tracked as FAR, and/or there were only one or two FAR workers. Therefore, the invitation for Round 3 (R3) applications included the requirement that districts must commit to assign a significant percentage (30-40%) of their overall eligible reports to the FAR track to get OCFS approval and support.

Throughout the planning and implementation processes, OCFS strove to provide maximum flexibility to districts while encouraging faithfulness to core FAR principles and child safety. Assessment tools, training, implementation guidance, FAR eligibility criteria, and quality assurance processes and findings were continually examined. As a result, incremental changes occurred in the individual participating districts and in the structure and definition of New York's FAR model statewide. In general, assessment and quality assurance tools became more customized to the core FAR practice model and the eligibility criteria for FAR families grew broader. New quality assurance tools provided insights into actual FAR practice and new documentation guidelines helped to capture that practice. Expanded training opportunities and targeted coaching programs helped casework and supervisory practice to improve considerably over the last two years.

Outside Partners and Support

Partnership is a fundamental FAR principle. Usually this principle refers to the partnership relationship between FAR caseworkers, families, and community resources. However, it has taken a number of other organizational partnerships, in addition to the state-local partnership, to implement FAR with quality across the state. These partnerships include:

- 1) Each LDSS reached out to local stakeholders to educate them about the FAR approach and to prepare them to work with the LDSS and families using the FAR model. OCFS disseminated educational materials, some of which were developed by the local districts, to support these

outreach efforts initially and AHA has since provided customizable presentation materials and presenter's notes.

- 2) OCFS partnered with AHA, the national leader in supporting implementation of alternative response across the country, to develop the local districts' practice knowledge and skills. AHA's ongoing presence and advice have been of tremendous significance.
- 3) The Marguerite Casey Foundation provided a grant to make flexible wraparound funds available to Round 1 districts to use for families who needed immediate assistance. The grant funds were managed through a partnership with the Schuyler Center for Analysis and Advocacy.
- 4) Casey Family Programs generously supported a quality assurance review, and later provided the funds needed for AHA to provide start-up training and coaching assistance to more counties than OCFS could support through its own funds. Casey continues to be a valued partner in FAR implementation and quality assurance efforts.

Supporting the Practice Shift with Training and Coaching

Initially, OCFS contracted with AHA to create and deliver a two-day course on the process and practice of FAR in each of the six pilot counties. Included in each county's training packet was a case flow chart customized with each county's specific FAR eligibility criteria and screening process (see Appendix 1 for an example). AHA also provided on-site coaching of FAR workers after Round 1 started.

However, as FAR entails a fundamental shift in the way organizations and individual supervisors and caseworkers approach their work with families and protect children, one two-day course and a day of coaching was not enough to produce the desired shift. As the differences between current CPS practices and FAR practices became clearer to OCFS and to participating districts, the need to upgrade FAR workers skills with additional training and coaching became apparent. Becoming proficient in FAR practice is a developmental process, not an event that occurs at one or two points in time. Effective FAR practice, not unlike any other child welfare practice, is greatly influenced by the values, knowledge, and skills of the caseworkers and their supervisors. Each district had to continually assess the demands of FAR practice against the values, knowledge, and skill sets of their own staff and work in collaboration with OCFS and AHA to address any gaps between them.

The basic course was later supplemented with additional coaching opportunities, two new courses for FAR workers, a class just for FAR supervisors, and a series of webinars on specialized topics.

The AHA FAR course series provided to every FAR district now includes:

- *The Process and Practice of FAR*
- *Solution-Focused Practice*
- *Assessing Safety and Risk in FAR*
- *Supervising a Practice Shift to FAR*

CPS-FAR supervisors and staff struggled with adapting their practice from a focus on investigative processes to a problem-solving focus led by families. AHA's coaching program responded to the wide range of district needs for practice improvement by modeling the desired interaction with families at

home visits to teaching FAR supervisors how to use group supervision for effective case consultation and decision-making. In April 2010, AHA also began a series of monthly webinars just for New York State's FAR workers, supervisors, and administrators.

- *Supervisors: Embracing FAR Practice and Coaching Your Workers*
- *Supervisors: Leading from One Step Behind (Peer Consultation)*
- *Workers: First Impressions Matter-Early Family Engagement Strategies*
- *Workers: How do you Create Lasting First Impressions with Families? (Peer Consultation)*
- *Administrators: Transforming Child Protection through Agency Culture Shifts and FAR*
- *Supervisors and Workers: Culture and Practice Shifts and Your Work with Families (Peer Consultation)*

Initially, the Steering Committee had assumed that FAR workers who conducted the safety assessment would all be experienced CPS investigative workers. As programs expanded, it became apparent that some FAR workers came from other parts of the agency or were new hires. While a preventive services family-centered orientation and skill set were valuable assets in delivering FAR services, a firm foundation in recognizing indicators of abuse and neglect and understanding of the CPS system is also needed by all FAR workers. As FAR is a CPS service, the partners agreed that all local district workers who conduct FAR safety assessments and initial discussions with families need to be trained in the foundations of child protective service practice. OCFS trainers went on-site to provide the foundational CPS training in districts where FAR staff lacked the foundational training. OCFS and its partners continue to refine the required training program for FAR staff and to configure resources so that staff development needs are met as they evolve.

Quality Assurance Reviews

The Steering Committee and local partners identified a need for a more formal assessment of the quality of the FAR intervention than just individual staff and supervisor verbal reports. With the financial support of Casey Family Programs, AHA collaborated with OCFS and the Round 1 counties to conduct a quality assurance case review in December 2009. The case reviews assessed FAR cases for evidence of appropriate FAR practices including: initial and on-going safety assessments, family engagement in the identification of needs and solutions, the provision of appropriate services and referrals, and a shift away from the traditional focus on allegations and investigative activities.

- The Round 1 case review found that basic child safety was assessed and supported, cases were appropriately tracked to FAR, core principles such as calling for initial appointments were generally observed, some FAR staff were creative in using flexible funds to meet family needs, staff often struggled to engage families in full assessments of functioning and level of risk, and case documentation used more traditional CPS investigation language than expected and did not routinely reflect FAR practice and language.
- Actions taken in early 2010 to rectify the shortcomings identified in the review included the development of a new course, *Assessing Safety and Risk in FAR*, a Round 1 county-led effort to produce documentation guidelines for FAR practice (see Appendix 3) and distribution of those

guidelines to all FAR programs; Round 1 district self-assessments of internal processes to strengthen practice; and the development of plans for targeted coaching with AHA.

Later in 2010, also through the support of Casey Family Programs, a review of Round 2 county cases was conducted. As with the Round 1 case review, a partnership approach was used by having teams of staff from the Round 2 counties, AHA, and OCFS Regional Offices work together to review cases. OCFS revised the review protocol to better capture indicators of FAR practice. Reviewers examined 122 cases and identified areas of strength and areas in need of improvement. While the report is currently under development, several themes have emerged from the preliminary data:

- Solution-focused practice with families is more evident;
- Decisions regarding the assignment to FAR and the safety assessment were appropriate;
- Staff continue to be challenged by the practice shift away from the specifics of an incident or an allegation toward a focus with the family on family functioning and their children's needs;
- Staff experience challenges in integrating engagement and family led assessments with the need to have honest and direct conversations about issues of LDSS concern and can benefit from continued coaching in these skill areas; and
- The documentation of FAR practice is significantly more evident than was seen in the case review conducted last year with Round 1 cases. It is believed that this shows that the documentation guidelines have proved helpful to staff.

Flexible Funds

A goal of FAR is to address any unmet needs identified by families and caseworkers in the course of the family assessment. FAR caseworkers need to quickly access funds, goods, and services to meet those needs. It was anticipated that there would be many family needs that could not be addressed easily or quickly through traditional temporary assistance funding or local charitable resources. OCFS found ways to allow every county implementing FAR to receive a modest allocation of FAR Flex Funds. Local district programs developed their own criteria for approving use of the funds by FAR caseworkers.

OCFS contracted with the Schuyler Center for Analysis and Advocacy to use money from a Marguerite Casey Foundation grant to provide flexible funds to assist families in Round 1. For Rounds 2 and 3, OCFS used state Quality Enhancement funds to support this necessary feature of FAR. The funds have been instrumental in providing goods and services that families need to provide for their children's well-being and to address the issues that prompted the child neglect reports. Some common uses of the funds are for purchases of clothing, mattresses, bedding, furniture, cleaning supplies, trash removal, appliance and car repairs, bus passes and gas and phone cards, although more creative uses of the funds have been approved when warranted.

Summary of State Level Planning and Implementation Efforts

OCFS staff in the regional and home offices, the local districts, and the American Humane Association staff and trainers developed a strong partnership to implement differential response programs in

nineteen local districts in less than three years. The Steering Committee and the participating districts created a learning environment where problems could be discussed freely and solutions fashioned in a timely manner. Current and potential resources, such as funding sources and training expertise, were identified and adapted to address needs identified by local districts as necessary to implement differential response in their counties. While allowing for local district variation in program operations, New York is on its way to developing a coherent, consistent, and effective New York State model of family assessment response.

The following table provides program implementation data about the counties that participated in the three FAR implementation rounds, including the percentage of each district's reports that have been handled with FAR since their program start date.

Familial Reports Assigned to FAR since FAR Start Month thru Sep 2010		FAR Start Month	# of Familial Reports	# of FAR Reports	% of Familial Reports assigned to FAR
Round 1	Onondaga*	Nov 2008	9,325	2,627	28.2%
	Tompkins	Jan 2009	1,573	1,031	65.5%
	Orange	Jan 2009	5,344	2,024	37.9%
	Westchester	Feb 2009	10,265	494	4.8%
	Chautauqua	Mar 2009	3,449	239	6.9%
	Erie	Apr 2009	13,740	544	4.0%
Round 2	Essex	Sep 2009	545	113	20.7%
	St. Regis	Sep 2009	105	12	11.4%
	Chemung	Nov 2009	1,319	318	24.1%
	Columbia	Dec 2009	840	163	19.4%
	Monroe	Jan 2010	4,723	441	9.3%
	Washington	Jan 2010	799	300	37.5%
	Cattaraugus	Feb 2010	1,007	10	1.0%
	Allegany	Mar 2010	419	44	10.5%
Round 3	Livingston	Apr 2010	356	120	33.7%
	Suffolk	Jun 2010	2,996	54	1.8%
	Putnam	Jul 2010	105	9	8.6%
	Rensselaer	Jul 2010	495	82	16.6%
	Yates	Jul 2010	115	9	7.8%
Total Reports Assigned to FAR Track from Jan 1, 2009 thru September 30, 2010 = 8,634					
* Although Onondaga accepted first FAR case in Nov 2008, data in table starts on Jan 1, 2009.					

Chapter 4: Pilot County Program Descriptions

As previously mentioned, the initial pilot counties were afforded great latitude in designing their DR programs as there was no specific “NY FAR Model” at the time and were permitted to implement FAR with varying client populations, use different types of staffing structures, and serve varying percentages of their CPS caseload. The idea was that since the counties in New York State are very diverse in population, culture, CPS organization, and service provision, they needed flexibility to design and implement whatever they thought would work for them, within the parameters of the legislation and a few OCFS guidelines. The districts would be free to modify their programs as lessons were learned about what worked and what did not work so well.

As we shall see in this chapter, the six pilot counties and their FAR programs were very diverse. First, we examine selected population characteristics of the six pilot sites, using data retrieved from the Census Bureau website. Since Westchester’s FAR program served families in the City of Yonkers only, we include just the population of Yonkers rather than all of Westchester County. In contrast, while Chautauqua County’s program was only for the southern portion of the county, as there is no census data available for their program’s configuration, all of Chautauqua County’s population is included.

As indicated in the table below, Chautauqua and Tompkins counties are quite rural with relatively small populations. Erie, Onondaga, and Westchester counties have large urban populations with a major city (i.e., cities of Buffalo, Syracuse, and Yonkers, respectively). Orange County is considered a suburban metropolitan county close to New York City and New Jersey with a relatively large population.

In every demographic category displayed in the table, at least one county diverges widely from the others. The percentage of the population under 18 years old is lower for Tompkins County and higher for Orange County than in the other sites. More of Chautauqua and Tompkins counties’ residents live in poverty than in the other jurisdictions, but Chautauqua and Yonkers have the highest percentages of children living in poverty. A much larger percentage of the households in Orange County have children under 18 while Tompkins has the lowest percentage of households with children under 18. Yonkers has a very high percentage of households headed by single women, while Tompkins County is very low on the same measure compared to the others. The median income in Orange County is very high and Chautauqua’s is very low compared to the other sites. Many of the residents of Yonkers are racial or ethnic minorities, while Chautauqua’s residents are almost all white.

	Chautauqua	Erie	Onondaga	Orange	Tompkins	City of Yonkers
Population (2008)¹	133,789	909,845	452,633	379,647	101,136	194,051
Percentage of population under 18 years old (2008)¹	21.1	21.5	22.8	26.4	15.4	22.9
Percent of the population in poverty (2008)²	17.7	13.5	11.7	9.7	17.3	13.1
Percent of the population under age 18 in poverty (2008)²	25.4	18.4	14.7	14.5	14.8	20.2
Total number of households³	54,445	378,672	182,420	123,119	37,749	73,055
Percentage of households with children under 18³	31.5	29.5	31.5	40.3	23.1	31.4
Percent of households headed by single women³	11.5	13.1	12.6	11.0	6.5	17.2
Median household income (2008)²	\$39,824	\$48,427	\$50,586	\$70,345	\$48,537	\$54,432
Race (percentage)³						
White	94.7	81.3	83.7	78.4	82.8	57.3
Black or African American	2.3	13.3	9.9	9.2	4.0	20.4
American Indian/ Alaska Native	0.3	0.6	0.7	0.3	0.2	0.1
Asian	0.5	2.0	2.5	2.4	10.0	5.7
Native Hawaiian/Pacific Islander	0.0	0.0	0.1	0.0	0.1	0.0
Other	0.5	1.4	0.6	7.3	0.8	15.1
Two or more races	1.5	1.4	2.5	2.5	2.0	1.4
Hispanic or Latino (of any race)³	5.0	3.8	3.0	15.9	3.8	29.8

¹Source: U.S. Census Bureau State and County QuickFacts.

²Source: U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE) 2008.

³Source: U.S. Census Bureau 2006-2008 American Community Survey 3-Year Estimates.

Program Operations

All program sites had essentially the same screening process, even if they used different eligibility criteria. Hotline reports that were not excluded by the legislation (physical abuse, sexual abuse, abandonment, and failure to thrive allegations) were screened using the county's own locally developed eligibility criteria. An eligible report was assigned to a FAR worker, who conducted the initial seven-day safety assessment. If safety factors were found that placed a child in immediate or impending danger, the report was transferred to the investigation track. A report could also be transferred to the investigation track if the family wanted an investigation, was uncooperative with the assessment, or a new allegation was made that disqualified the family from FAR. For most families that continued on the

FAR track, FAR workers assessed family strengths and needs, identified resources and services, and provided services if needed and desired. Families needing additional support beyond the 60 to 90 day FAR program, which could not be met entirely through voluntary services in the community, could have their FAR case transferred to a regular child welfare services preventive caseworker for longer-term assistance.

We begin with descriptions of the FAR programs in three of the pilot counties – Tompkins, Onondaga, and Orange – that did not significantly limit FAR eligibility beyond the criteria specified in the legislation. We then briefly discuss the FAR programs in the other three pilot counties – Westchester, Erie, and Chautauqua – that were more limited in scope and differed from the other sites and from each other in significant ways.

Tompkins County FAR Program

Tompkins County began holding informational sessions about the possibility of starting a differential response program with their child welfare staff in early 2007, well before the legislation was signed into law on August 1, 2007. Planning efforts increased once the legislation was passed, with an internal workgroup formed to help formulate the local design of their FAR proposal to OCFS and to keep county staff informed of developments at the state level. This workgroup, which was comprised of child welfare line staff, supervisory staff, and administrators, met biweekly from February 2008 until January 2009 when the first family was accepted onto the FAR track. The biweekly meetings were open to all child welfare staff, and staff assumed responsibility for developing the vision, core practice principles, and materials to be used with FAR families.

To prepare the community for the new response option and solicit stakeholder feedback on the proposed program design, local community leaders were engaged during the summer and fall of 2008 and a community advisory board was formed. FAR staff met individually with community leaders and then in groups with agencies and schools. The district also engaged family advocates to gather family input and held a meeting with families to solicit feedback on program design, materials, and approach in the fall of 2008. The advisory board continues to take an active interest and currently meets quarterly.

For almost two years, the program has been stable and fully staffed with nine senior caseworkers and two supervisors dedicated to FAR. The one remaining investigative unit has five senior caseworkers and one supervisor dedicated to investigations.

A prominent and unique feature of the Tompkins's program is the daily group supervision meetings of the FAR team. FAR supervisors and caseworkers meet every morning to learn and discuss FAR practice and policy, present cases, and make group decisions on difficult issues. This daily meeting allows for efficient learning, knowledge transfer, consistent support for staff, and shared accountability.

The district developed two very detailed documents that explain the screening process and associated criteria (the "*Screening Tool for Pathway Assignment*" and the "*Guidelines for Use of Screening Tool and Process for Pathway Assignment*" documents are included in the Appendix). Most of the criteria for screening out a CPS report listed on the tool reflect those set by state statute and are intended to

identify situations with serious threats or harm to a child (e.g., sex abuse, incest, assault). Reports necessitating that a child be taken into immediate protective custody are also excluded from FAR.

Once initial path assignment has been made and approved, FAR workers contact the family to make an appointment. A safety assessment must be initiated within 24 hours and completed within seven days in accordance with state standards. If this assessment concludes that a child is unsafe, the family is diverted back to the traditional CPS investigation track. If the child is deemed safe, the case continues along the FAR track. Key service activities occurring on the FAR track include:

- FAR workers and families use the Family-Led Assessment Guide (FLAG) — a 23-question assessment of family strengths and needs, which was developed by OCFS
- Daily group supervision meetings of the FAR team using a Safety and Risk Framework
- Use of a written Alternative Response Service Plan, if needed
- Use of family meetings and engagement with community supports
- Use of wrap-around funding to provide for the immediate needs of families
- Connection of families with community services

The County had initially expected about 50% of their total CPS reports would be assigned to FAR, but they quickly found FAR suitable for the majority of families. Since January 2009, 65.5% of familial hotline reports have been assigned to FAR workers.

Onondaga County FAR Program

Prior to implementing FAR, the county held focus groups with families to solicit their input on community needs and how FAR could be structured to have a more positive impact on the lives of children and families than the traditional CPS investigation process. The district also had discussions with service providers and school districts about the planned FAR program.

Onondaga was the first district to assign families to the FAR track, beginning in November 2008. Onondaga's FAR application listed 17 exclusion criteria. In addition to the legislatively mandated exclusions, court-ordered investigations and reports with allegations or narratives that included substance abuse or domestic violence would not be eligible for FAR. Any family with an indicated report involving substance abuse, domestic violence, or sexual abuse within the last year or with a child currently in an Article 10 out-of-home placement would also be excluded. Their proposal noted that they anticipated including substance abuse and domestic violence reports at the discretion of the supervisor, after they had experience implementing FAR.

Since the beginning of implementation, the county's hotline unit conducted the screening and made the track assignments. Since there were more FAR-eligible reports than FAR workers available, the hotline unit used the last digit of the intake id to randomly assign FAR-eligible reports to FAR or the investigation track to help manage the FAR workload. The county had initially estimated that the average length of service in FAR would be 45 days and their goal was to have FAR cases completed, closed, and when applicable, transitioned to services within a maximum of 60 days. Experience has shown that 45 days was too ambitious for most families, and 60 days is currently considered more

realistic to make enough progress before closing the case (with an extension to 75 days with supervisory approval).

The county initially had seven FAR workers who volunteered for the program, and expanded as new workers became available. Within 10 months of starting FAR, staffing had expanded to 24 FAR workers, grew to as many as 27, and is currently at 18. The new FAR workers' experiences varied; some of them were previously CPS investigators, but about ten caseworkers were newly hired and did not have any prior CPS experience. Onondaga has its own training unit to prepare CPS workers, but as these new workers had missed the initial FAR training provided by AHA, it took a while to arrange for everyone to attend training on FAR process and practices for engagement and assessment.

For approximately the first year and one-half, the county used dedicated FAR workers, who could also conduct the investigation if a FAR family needed to be transferred to the CPS investigation track. During the summer of 2010, the FAR workers became "mixed" workers, meaning they were assigned both FAR and investigation reports at intake. After this short experiment, Onondaga changed back to using dedicated FAR workers who are not assigned initial investigations. However, FAR caseworkers will conduct investigations of FAR-ineligible reports received on families on their FAR caseload, and they may be assigned investigations at intake in times when the agency is receiving a very high volume of reports.

In the fall of 2010, the district transitioned a new Administrative Supervisor into the program area who worked together with an in-house FAR Coach to strengthen the FAR program by providing caseworkers with individual FAR coaching and practice development skill groups. Three experienced FAR workers now act as mentors to new workers in the training unit. In addition to the three mentors with FAR caseloads, there are also three dedicated FAR units, each consisting of five FAR workers and a supervisor. The district expects to add several more FAR workers soon. Recently the district set a temporary cap on FAR caseloads so FAR workers would have more time with families, and more attention could be paid to improving caseworkers' solution-focused skills to help improve outcomes for families.

Onondaga has modified the FAR eligibility criteria several times during the past two years. Some eligibility criteria were relaxed; for example, substance abuse is no longer an automatic exclusion from FAR. The eligibility status of domestic violence cases has changed several times and these cases are excluded from FAR at the present time.

Based on a month long test of their screening criteria before the pilot began, the county expected that 31% of reports would be eligible for FAR. Since January 2009, 28.2% of familial hotline reports have been assigned to FAR workers.

Orange County FAR Program

Orange County had fifteen years experience operating non-CPS Generic Intake services that provided residents the opportunity to receive assessment, information, referral to community services, and short-term case management services without CPS involvement. In a sense, the district intended to extend

the Generic Intake model to families who came in through the CPS hotline door by using FAR. Orange County was unique among the Round 1 counties in that they did not have the advantage of participating in the National Conference on Differential Response in November 2007, nor were they able to participate in the many months of conference calls held between OCFS and the districts to plan their programs prior to the Round 1 application submission deadline.

Orange County proposed to use FAR with families with educational neglect, supervision, hygiene, and/or custody disputes issues, as well as when the caregiver had developmental disabilities. They also intended to include families with recent unfounded reports, and reports made by non-CPS intake workers. As the legislation required, physical and sexual abuse reports would be excluded, as well as court-ordered investigations and cases initially assessed as at significant risk.

The district initially proposed that six of their seven CPS units would participate, with a percentage of CPS workers in each unit being designated as FAR workers. A case supervisor would review each report and assign it to either the investigative or the FAR track. After the initial safety assessment conducted by the FAR caseworker confirmed eligibility, the same FAR caseworker would conduct the formal needs assessment and provide or refer the family for needed services. In the event that a family was already actively working with the non-CPS Generic Intake unit, the intake worker would complete the full assessment with the family after the FAR worker conducted the initial safety assessment and confirmed FAR eligibility.

The short preparation time to plan their program operations in detail caused some organizational and worker hardship that the county has worked hard to resolve. The initial decision to make caseworkers responsible for the screening and eligibility confirmation processes proved challenging for caseworkers. Since each unit supervisor was responsible for supervising two or three FAR workers and four investigative workers, this left little time to learn how to promote and supervise the practice shift to FAR, particularly at times when crises, foster care removals, and family court work for investigated cases demanded the supervisors' urgent attention.

The county is rich in community resources and the district already had contracts with a multitude of agencies and programs that FAR families could use, including dispute resolution, Big Brothers/Big Sisters, numerous counseling and therapeutic services, emergency housing, and domestic violence services. They also had existing relationships and linkages with numerous other community providers, such as Healthy Families, school-based preventive services, early intervention programs, and mental health and substance abuse programs.

While Orange County FAR staff became a leader in developing documentation standards used by the rest of the FAR districts, it continued to struggle to find the best structure for their program that includes two district offices in different parts of the county. After detailed consultation and planning with AHA and OCFS, Orange County is planning a reorganization of their FAR program in 2011. Recently they began piloting the use of a dedicated FAR unit in the Goshen office as a prelude to streamlining their screening process. In the Goshen office, one unit of six FAR workers is supervised by the FAR program supervisor and an experienced FAR senior caseworker and another 1.5 FTE FAR workers are

supervised by a different CPS supervisor. In the Newburgh office, six FAR caseworkers are still organized within three blended investigative/FAR units.

The district had anticipated that about 50% of their familial reports would be handled through FAR in the first year. Since January 2009, 37.9% of familial reports have been assigned to FAR workers.

Westchester County FAR Program

Westchester, a populous county near New York City, chose to limit its FAR pilot program to educational neglect reports from the Yonkers City school district. Building on a previous collaboration with the Yonkers School District on educational neglect, Westchester proposed to use FAR to deal creatively and more effectively with the educational neglect issues frequently seen in families who had recently emigrated from countries that did not have compulsory education laws.

Westchester provided a very detailed screening tool with their application that was also used by the Erie County program (see Appendix 2). Instead of using a centralized screening process, educational neglect/truancy reports were assigned to the FAR unit and those workers decided whether the family was eligible for FAR and conducted a FAR or investigation as appropriate.

The district initially proposed that one FAR unit would serve approximately 350 reports per year, or approximately 5% of the total number of reports received in Westchester in a 12-month period. They planned to add a second FAR unit later, which would increase the service capacity to 675 reports per year or 10% of total reports. The workers in all FAR units would be assigned both FAR cases and investigations.

The initial FAR unit would consist of one supervisor, four CPS caseworkers, and two Preventive Services Senior Caseworkers who volunteered for the pilot. Cases immediately identified as eligible for FAR would be assigned to preventive staff for an assessment and development of a service plan. Preventive staff would determine whether the family was in need of continuing services requiring the opening of a traditional preventive services case or whether on-going service needs could be met through a community provider. Another unit with the same CPS-Preventive Services composition would be added in the second year.

In March 2010, the county added another FAR unit in Yonkers and expanded its program to White Plains with one FAR unit. Yonkers now has three full units, each containing five FAR/CPS workers and one supervisor for a total of 15 FAR/CPS workers, three supervisors, and one manager. White Plains has one unit of two FAR/CPS workers, one supervisor, and one manager. In addition to educational neglect reports, the two expansion units also accept reports with the allegations of Inadequate Guardianship, Lack of Supervision, and Lack of Medical Care (for children ages 6+).

Since February 2009, 4.8% of all familial reports in Westchester have been assigned to FAR.

Erie County FAR Program

The Erie County FAR program initially proposed to accept only reports containing allegations of educational neglect that involve children in grades 1 through 9. They used the screening tool developed by Westchester. In the first year, the program consisted of one dedicated FAR unit with six caseworkers and one supervisor. The county had proposed to assign 1% of the total reports in the first 12 months to the FAR track, increasing the number of assignments depending on successful experiences and available resources. It expected to have 90 FAR cases open at a time.

The Erie County program is unique because it was the only Round 1 pilot site to propose contracting with a community agency to conduct all of the family assessment and services work with families assigned to the FAR track. Their program operations specified that CPS workers designated as FAR workers would complete the initial safety assessments, decide which cases were eligible for FAR, link the families with New Directions (the contract agency), and then monitor the cases until closure. The FAR workers use a “warm handoff” to introduce the family to the New Directions worker who is called the “Agency Case Planner” and the FAR worker is called the “DSS Case Manager”. The Agency Case Planner addresses service needs with the family and the DSS Case Manager monitors the case through case notes and conversations with the agency case planner. They decide together whether the goals have been met and when cases are ready to close. FAR cases may be open for a maximum of 90 days, but administrative approval can be sought if a family needs more time. If a family has more service needs than can be provided in that time, a traditional preventive services case will be opened.

After about a year of implementation, Erie County increased the number of FAR workers and modified its FAR program so that additional Erie County FAR workers would conduct the full range of FAR work, including conducting family assessments and arranging for services. In March 2010, the program was expanded from just educational neglect to include reports with allegations of substance abuse, inadequate guardianship, lack of supervision, domestic violence, physical neglect, and medical neglect if the families also met the eligibility criteria set forth on the “Westchester Screening Tool” that Erie had adopted. Currently, Erie’s FAR program consists of two teams dedicated to FAR, with two supervisors and 13 workers who do their own assessments and provide services as needed. The DSS FAR workers each carry between 12 and 15 cases, with three of these cases being monitoring cases with New Directions.

Between April 2009 and September 2010, 4% of Erie County’s familial reports have been tracked as FAR reports.

Chautauqua County FAR Program

Chautauqua County is a geographically large county in the southwestern corner of upstate New York. Its child protective staff is located in two offices, referred to as South County and North County. Only the South County office participated in the FAR pilot.

According to their application proposal, an intake supervisor would screen reports for FAR eligibility. FAR would be used mainly for reports with allegations of inadequate guardianship, educational neglect,

and lack of supervision with domestic violence situations considered on a case-by-case basis. Families with open child welfare services cases would be excluded from participating in the FAR program. Only reports that could be engaged by FAR within 24 hours would be considered, thus excluding some night and weekend reports. While they proposed to include only families with no prior reports, they were open to considering these cases if there was reason to believe FAR might produce a better outcome. In actuality, most families accepted for FAR had a prior CPS report history.

The FAR program is centered in the HOME team, which consists of three CPS workers and foster care, preventive, and community service workers for a total of seven staff headed by one supervisor. The HOME team was chosen because of the supervisor's enthusiasm for the FAR concept. Two of the three CPS workers were designated as dedicated FAR workers who would not conduct investigations. The district had already made a commitment to using solution-focused techniques with families, so the FAR workers would continue the district's preferred practice methods. The community service workers provide hands-on instructional services to families in parenting, budgeting, housekeeping, and nutrition, with referrals made to community agencies as needed. They anticipated that FAR cases would be open for 60 to 90 days. Family team conferencing may be used to identify family support systems and make referrals to community resources. Families needing additional services past the 90 days may have a preventive services case opened with the same HOME team community services worker or the case may be closed with services provided by a community agency.

This program had several staffing challenges that reduced the FAR program to one FAR worker and no supervisor for a significant period of time. The program is now back up to two FAR workers and the supervisor of the HOME unit is back. Despite staffing challenges, the program has served as many families as initially anticipated. In their FAR application, Chautauqua expected to use FAR with about 6% of all its reports during the first year. Since March 2009, the program has served 6.9 % of all familial reports using FAR.

Pilot Program Challenges

Several challenges to smooth program implementation occurred during the first year or so. These challenges did not occur in all sites, nor did all sites have all of these challenges. Yet the sometimes difficult experiences of the pilot counties were put to good use as these issues informed the planning efforts of OCFS, and the Round 2 and 3 counties were able to avoid some organizational problems that could result from insufficient pre-implementation preparations, rapid expansion without time to sufficiently train staff, and the assignment of workers to FAR who do not have CPS training or experience. OCFS and its AHA partners also discovered from Round 1 that allowing FAR programs to be limited to just families with educational neglect made the programs so small that there was little impact on the overall CPS culture. OCFS ultimately decided that to fully embrace family engagement and solution-focused practice as legitimate and effective practices for child protective services, future FAR programs would have to serve a significant portion of families with a variety of neglect allegations.

Comparison of the Six FAR Pilot Programs

	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester
Began Planning for FAR	Fall 2007	Fall 2007	Fall 2007	Spring 2008	Early 2007	Fall 2007
Community Advisory Board					Formed Summer 2008	
Outreach to Service Providers and Mandated Reporters	On-going	On-going	On-going	On-going	On-going	On-going
Accepted 1st FAR case	Mar 2009	Apr 2009	Nov 2008	Jan 2009	Jan 2009	Feb 2009
Geographic limitation	South County					Yonkers initially, later expanded to White Plains office
FAR limited to certain allegations		Ed Negl only in 1st year. SubAb, Inad. Guard, Lack of Supv., DV, phys neglect, med neglect added later				Ed. Neglect, later expanded to Inad. Guard, Lack of Superv., and Med. Care for children 6 +
Family Assessment done by private agency, not LDSS FAR workers		Private Agency only for 1 st year, expanded to county FAR workers				
Dedicated FAR worker or worker assigned both FAR and investigations at intake	Dedicated FAR workers	Dedicated FAR workers	Dedicated FAR for initial reports; will conduct investig. on subseq. rpts & at times of high report volume	Dedicated FAR workers	Dedicated FAR workers	Workers do both FAR and INV
Dedicated FAR or Blended FAR/INV units	Blended unit	FAR unit	FAR units	Blended units in 1 office; recent pilot of a dedicated FAR unit in other office	FAR unit	FAR unit
Dedicated FAR supervisors	No	Yes	Yes	No	Yes	No
FAR staffing level	2 initially, reduced to 1, now at 2	Increased from 6 FAR workers and a supervisor to 13 FAR workers and 2 supervisors	Initially 7 FAR workers, expanded to 27, currently at 18	6 FAR CW in 3 blended units in Newburgh; in Goshen, 1 unit of 6 co-supervised by 1 FAR Sr. CW & 1 Sup.; 1.5 FAR CW with other Sup.	Stable at 9 FAR workers and 2 FAR supervisors	6 initially, now 15 FAR-INV mixed workers in Yonkers and 2 in White Plains

Chapter 5: Evaluation Design and Methodology

This chapter describes the research design and methodology used to evaluate the FAR pilot project in New York State. The evaluation consists of two major studies: a process study and an impact study. The process study includes all six Round 1 counties while the impact study is limited to Onondaga and Tompkins counties for reasons that are explained below.

The process study provides information on the characteristics of FAR eligible reports and the families assigned to the FAR track (Chapter 6), family engagement and satisfaction (Chapter 7), initial or short-term outcomes of service utilization (Chapter 8), subsequent reports, child welfare service case openings, and family court petitions in all six counties (Chapter 9) and the views of FAR workers about their experiences with the FAR program (Chapter 10).

The impact study compares the outcomes for FAR families to the outcomes for control groups consisting of other families who met the FAR eligibility criteria, but who were served by the traditional Child Protective Service (CPS) investigation process (Chapter 9). The use of control groups allows us to assess the degree of impact the FAR intervention had on the outcomes under study.

Process Study

Questions

The process study aims to answer the following questions:

- What organizational, staffing and practice changes were made in order to implement FAR?
- How were cases identified and screened for assignment to the FAR track?
- What were the characteristics and child welfare histories of families assigned to the FAR track?
- How did caseworkers engage families and others in the assessment and solutions process?
- What types of services did caseworkers provide and/or arrange for families on the FAR track?
- To what extent did families follow through with referrals and actively engage in services?
- How did families assigned to the FAR track perceive the way they were treated by caseworkers and how satisfied were they with the help they received?
- What were caseworkers' attitudes toward and satisfaction with FAR?

Sample Selection

While the Round 1 counties began accepting FAR cases in November 2008 or early 2009, sample selection for the evaluation was not initiated until August 2009 to enable the FAR workers to gain some experience with the model and for the pilot counties to modify and stabilize their program operations.

In the six pilot counties, all families served on the FAR track with an initial report intake date between August 1, 2009 and February 28, 2010 were included in the intervention sample for the evaluation. The CONNECTIONS data system was used in five of the six counties to identify families that stayed on the FAR track after the initial seven-day safety assessment confirmed FAR eligibility. In these five counties,

we do not know to what extent initial FAR assignments were changed to the investigation track, as the CONNECTIONS system does not record track switches. In one county, Onondaga, a more comprehensive method was used to identify all reports initially eligible and assigned to FAR through a centralized screening and recording process instead. This method allowed us to learn how often reports initially screened and assigned to FAR later reverted to the investigation track.

As families can be assigned a different case number after a case is closed, the evaluators looked up cases with similar case names to identify and remove duplicate families from the study samples. The first FAR report per family during the sampling period was selected as the focal report for the study. Since FAR had been operating for many months before the sampling period began, it was possible for a family with a pre-existing open FAR case to have another FAR report made during the sampling period. About twenty families in this situation were removed from the final study sample.

Size of Pilot Programs during Evaluation Sampling Period

The percentage of familial reports assigned to the FAR track varied substantially across the six pilot counties during the period studied, from 1.5% in Erie to 69% in Tompkins. These differences reflect the wide variation in the planning, structure, organization, and eligibility criteria across FAR pilot sites as described in Chapter 4.

Tompkins, Onondaga, and Orange used broad inclusion criteria, which allowed relatively large percentages (over a third) of their familial hotline reports to be assigned to FAR. In contrast, Erie, Chautauqua, and Westchester limited FAR by allegation type, geography, school district, or other factors which resulted in only 10% or less of their familial reports being served on the FAR track.

Reports assigned to FAR during evaluation sampling period (8/1/09 to 2/28/10)	Chautauqua (South County)	Erie	Onondaga	Orange	Tompkins	Westchester (Yonkers)	Total
Total # of familial reports received	691	5,068	2,893	1,706	496	1,021	11,875
Total FAR reports	49	75	1,122	622	342	103	2,313
Percent of reports assigned to FAR	7.1%	1.5%	38.8%	36.5%	69.0%	10.1%	19.5%

Impact Study

Questions

In general, the impact study examines whether the FAR approach:

- Increased the satisfaction of families with the local district’s response to SCR hotline reports
- Increased the percentage of families provided or referred to services that address their needs
- Reduced the prevalence of subsequent reports of child abuse and neglect
- Reduced the number of children for whom petitions are filed in the family court
- Reduced the use of formal child welfare services while increasing use of natural and community resources to meet family needs

Sample Selection of Intervention and Control Groups

The impact study was limited to Onondaga and Tompkins counties. These two counties were chosen for several reasons. First, as their FAR program models did not limit eligibility by allegation type or geography and they could serve a large proportion of their neglect reports with FAR, the evaluators determined that their results would be a better test of the utility and effectiveness of FAR with a wide variety of families with various neglect allegations. Second, both counties were willing and able to provide the additional resources necessary to help the evaluators construct robust control groups. Chautauqua, Erie, and Westchester had restricted eligibility and the number of families to be served with FAR in those counties did not make them good candidates to establish control groups. While Orange County had a sufficiently large and diverse program model, they did not have the additional staff resources necessary to assist in constructing a valid control group.

By necessity, two different approaches were used to construct control groups in Onondaga and Tompkins counties for the impact evaluation.

Onondaga County: Randomized Assignment to Intervention and Control Groups

In Onondaga County, a randomized-control trial (RCT) design was used, whereby familial reports that met the FAR eligibility criteria were randomly assigned to an intervention group that was referred to FAR or to a control group that continued on the regular investigation track. This type of evaluation design was feasible in Onondaga because many more familial reports met the FAR eligibility criteria than could be handled by the limited number of FAR workers assigned.

As Onondaga has its own hotline to receive child abuse and neglect calls, the screening and randomization process was centered in this unit. After a neglect report was accepted by the county hotline, the local hotline staff applied Onondaga County's own eligibility criteria to identify FAR-eligible reports. As the CONNECTIONS information system automatically generates a case number, the last digit of the case number was used to determine whether a FAR-eligible family would be assigned to FAR or to the regular investigation track. To manage the FAR workload, a 60-40 split was used, with families having a case number that ended in 1,2,3 or 4 assigned to the control group and families with case numbers ending in 5,6,7,8,9, and 0 were assigned to FAR. The evaluators created a flow chart to help the county staff implement the randomization process systematically (see Appendix 4). Onondaga used the random assignment process to control workflow for about nine months before the study's sampling period began, so the staff was quite familiar with it by August 2009 when the study began.

During the study period, Onondaga designated a data quality staff member to review each case assignment for proper randomization and track assignment, and to document the track assignment of every FAR-eligible report in a spreadsheet. At the OCFS home office, a member of the evaluation team frequently reviewed the spreadsheet and provided support to the county's data quality staff person to check on the proper implementation of the random assignment process, especially as subsequent reports on the same study families were received. This step was particularly important to prevent contamination of the control group, that is, to make sure that families assigned to the control group who were re-reported during the study enrollment period continued to receive only investigations.

The random assignment resulted in a control group that was equivalent to the FAR intervention group in all respects except CPS history. The FAR group was slightly more likely (77.6%) to have a CPS report prior to the focal report than the control group (71.4%). This difference is controlled for in the program impact analyses.

Tompkins County: Historical Control Group using Eligibility Criteria and Propensity Scoring

As Tompkins County proposed to use FAR with every FAR-eligible family, there was no possibility of conducting a RCT there. Instead, a historical control group from 2007 was constructed using a multi-stage process to identify families who likely would have met the Tompkins County FAR eligibility criteria if the program had been in existence at the time, and then matching these families to the FAR intervention sample on relevant demographic and child welfare variables.

First, the evaluators identified all reports of child abuse and neglect received in Tompkins County in 2007, excluding reports in which any child had been alleged to be abused as the legislation required for FAR eligibility. The remaining neglect reports were sorted by family and in chronological order if a family had more than one report during 2007. This list was sent to the county, where an intern from Cornell University and two administrators very familiar with the screening process reviewed the reports to determine which, if any, of each family's 2007 reports met the current Tompkins County FAR eligibility criteria. Their decisions were recorded in a spreadsheet. The evaluator selected the first FAR-eligible report received for each family during 2007 to be included in this stage of the sample selection. There were 483 families selected at this preliminary stage.

Finally, to make sure that the historical control group was actually comparable to the FAR intervention group in Tompkins County, one-to-one nearest neighbor propensity score matching (Rosenbaum & Rubin, 1985) was applied using characteristics present at the time of the target report, such as allegation, child age, and CPS history. This technique allowed us to adjust for any observed differences in the intervention and control groups before matching and to form the best available pairs until all 299 FAR families in the 2009-2010 study had a matched family from the 2007 investigated control group.

The major limitation of this technique is that only the observed differences are adjusted; there may be other differences that cannot be measured and therefore cannot be adjusted in the matching process. However, propensity score matching is growing in use as an acceptable method of establishing control groups when randomization is not possible, particularly in a case like ours, where we had a much larger pool of historical cases from which to choose than needed. The technical details of finalizing the historical control group using propensity score pairing are described in Appendix 5.

Data Sources

The data sources and collection methods used to address the research questions in the process and impact studies are described below.

CONNECTIONS: CONNECTIONS is an automated, integrated information system developed by OCFS that is used by the Statewide Central Register of Child Abuse and Maltreatment (SCR) to record and transmit child abuse and neglect reports to the local districts. In turn, CONNECTIONS is used by the child protective caseworkers in the local districts to update family members' demographic information, maintain case notes, document safety and risk assessments, and either designate reports as FAR or record the outcome of investigations. CONNECTIONS is also used by local district and voluntary service agencies to record service plans and case notes for children and families who are receiving preventive or foster care services.

Child Care Review Service (CCRS): CCRS is a statewide administrative child tracking system to which all local social service districts contribute data. CCRS contains records for children who have family court involvement including the dates and types of family court hearings, decisions, and foster care placements and movements. CCRS was used to identify any petitions to the Family Court for intervention on children from families in our study samples.

FAR Closing Document and SharePoint Website: Although CONNECTIONS and CCRS are valuable data sources for the evaluation, there are key pieces of information that these systems do not provide, such as the services provided or referrals made by the FAR staff. In consultation with the FAR staff in several pilot sites, the evaluators developed a FAR Case Closing document for use in the evaluation. The FAR workers completed one form for each family in the study and used it to record basic case identification information (which we used to match the families to their CONNECTIONS records), the family assessment and engagement information, service-related activities, and contact information to be used for the family satisfaction survey.

To facilitate the timely sharing and review of these documents for completeness and accuracy, the evaluators created a SharePoint website. On the SharePoint website, each FAR worker had a folder with a case closing template that they accessed, completed, and saved for each family. The evaluation team reviewed the online records and contacted the FAR workers to obtain any missing information. At the conclusion of each FAR case, the evaluation team extracted the data from the saved template document and imported the data into SPSS for analysis. Five of the six pilot counties used the SharePoint data collection system; Chautauqua did not participate in this part of the evaluation. Overall, case closing documents were received for 1,718 (85.9%) of the 1,998 families in the FAR intervention sample from the other five pilot districts (Erie: 71, 94.7%; Onondaga: 806, 85.2%; Orange: 525, 89.9%; Tompkins: 282, 94.3%; Westchester: 34, 36.2%).

Family Satisfaction Survey: The family satisfaction survey sought to learn whether families felt their caseworkers treated them well, considered their needs and preferences, and helped them to address any issues affecting child safety or well-being. The family satisfaction survey was also administered to families assigned to the control group in Onondaga County, which allowed us to compare the parents'

experiences with FAR versus the regular investigation process. At the conclusion of each case, the worker explained the purpose of the family satisfaction survey to the primary caregiver in each family and asked permission to provide their name and contact information (phone, mailing address, and/or email address) to a subcontractor who was handling the survey administration. If they agreed, the OCFS evaluators provided the contact information to the Center for Human Services Research (CHSR) at the University at Albany, State University of New York. CHSR attempted to contact each person several times by mail and phone. The survey was also available online, but since few email addresses were provided, the survey link could not be emailed to most caregivers. A total of 493 caregivers (33.5% of the 1,471 families who provided contact information) in the FAR intervention group completed the survey, and 123 caregivers (32.9% of the 374 families who indicated a willingness to be contacted for the survey) in the Onondaga control group completed the survey. While all FAR families in the seven-month sample were supposed to be asked about participating in the survey, control group families in the first few months were not solicited because of a late start setting up a procedure to get the caregivers' permission and contact information from the investigative staff.

Caseworker Survey: The caseworker survey was designed to capture the attitudes and experiences of caseworkers in the FAR program sites. Among other topics, it contained questions about their knowledge of community resources and referral patterns. To have a large enough sample of FAR and investigative workers to make valid comparisons and to examine the implementation improvement in FAR since the start-up, workers from the six Round 1 counties as well as the six Round 2 counties of Chemung, Columbia, Essex, Livingston, Monroe, and Washington were invited to participate in the online questionnaire in late October 2010. Five of the six Round 2 counties had ten to twelve months of experience with FAR while one county had seven months of experience.

All 95 FAR caseworkers from the 12 counties and 161 CPS investigative caseworkers in the same district offices were emailed a letter that explained the survey purpose and included a link to the online survey. A very good response rate was attained during the two weeks that the survey was available with 83.2% (79) of FAR workers and 69.6% (112) of investigative workers completing the survey.

	Caseworkers for FAR or who do both FAR and CPS investigation	Caseworkers for CPS investigation only	Total
# caseworkers invited to participate in the survey	95	161	256
# caseworkers who completed the survey	79	112	191

The table below shows the data sources used in each component of the evaluation and which FAR pilot counties participated in each component.

Data Sources	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester
Census data	✓	✓	✓	✓	✓	✓
FAR eligibility criteria – county	✓	✓	✓	✓	✓	✓
FAR staffing-county	✓	✓	✓	✓	✓	✓
FAR cases: allegations, family composition and CW history - CONX and CCRS	✓	✓	✓	✓	✓	✓
FAR cases: safety assessment – CONX	✓	✓	✓	✓	✓	✓
FAR cases: assessment and services – SharePoint FAR closing document		✓	✓	✓	✓	✓
FAR cases: 6 month outcomes - CONX and CCRS	✓	✓	✓	✓	✓	✓
FAR cases: family satisfaction survey		✓	✓	✓	✓	✓
Control group: allegations, family composition and CW history – CONX and CCRS			✓		✓	
Control group: safety assessment – CONX			✓			
Control group: 6 month outcomes - CONX and CCRS			✓		✓	
Control group: family satisfaction survey			✓			
FAR worker survey*	✓	✓	✓	✓	✓	✓
Investigative worker survey*	✓	✓	✓	✓	✓	✓ **
* Six Round 2 counties also participated in the FAR and investigative worker surveys.						
** Only the single investigative worker who is part of a single FAR unit participated in the worker survey.						

Methodology

Descriptive statistics (i.e., crosstabulation, frequencies, averages) are used in the process study to describe the pilot counties, the study samples, and the case processing and practices in the FAR program. For the impact study, which utilizes control groups in Onondaga and Tompkins counties, the independent-sample *t*-test and chi square test were used to detect group differences.

A type of survival analysis, Cox proportional hazards regression, is used in the impact study to compare the outcomes of the FAR and control groups. The purpose of survival analysis is to examine whether FAR has an impact on the likelihood of subsequent child abuse and neglect reports being received, family court petitions being filed, or child welfare services cases being opened after the focal report.

The Cox regression is able to estimate whether FAR has an impact on these three outcomes after adjusting for covariates (i.e., characteristics on which the intervention and treatment groups differ at time of entry into the study). The advantages of using Cox regression include: 1) it considers the timing of the event and the rate at which it occurred simultaneously, and 2) it takes into account censoring (i.e., event did not occur by the end of the observed period and/or cases that were observed for less than the maximum follow-up period) (Allison, 1995).

The “Strata” option in Cox regression was used for the analysis, which allows for the estimation of hazard functions for each group separately (i.e., FAR and control groups) (Thernau & Grambsch, 2000). All data analyses were conducted using SPSS Statistics 17.0.

Finalized Sample Sizes

The third row in the table below shows the final number of FAR families included in the study by county, as well as the number of families with data from various data sources. The data displayed in the first row – the number of families assigned to the FAR intervention group – can be determined with certainty only for Onondaga County because the random assignment procedures in that county required the documentation of all FAR-eligible cases and their track assignment BEFORE the safety was completed and their track assignment confirmed. Less than 6% of cases in Onondaga were initially assigned to the FAR track but then reverted to an investigation. Only five of these cases reverted because the initial safety assessment found the children to be in immediate danger requiring removal from the home. The same number of families (5) was removed from the Onondaga initial control group sample for the same safety removal reason.

	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
Families initially assigned to FAR intervention group	38	75	1,002	591	300	94	--
Families who reverted to investigation track	--	--	56 (5.6%)	7 (1.2%)	1 (0.3%)	--	--
Finalized number of families in the FAR intervention group	38	75	946	584	299	94	2,036
# families with data from CONNECTIONS & CCRS	38	75	946	584	299	94	2,036
# families with data from closing document	0	71	806	525	282	34	1,718
# families contact attempted for family satisfaction survey	0	63	485	261	166	15	1,471
# families who completed family satisfaction survey	0	26	230	153	86	12	493
Finalized number of families in the control group	--	--	546	--	299	--	--
# families with data from CONNECTIONS & CCRS	--	--	546	--	299	--	--
# families contact attempted for family satisfaction survey	--	--	374	--	--	--	--
# families who completed family satisfaction survey	--	--	123	--	--	--	--

The other counties were not asked to keep a special list of reversion cases. While we know of seven families in Orange and one family in Tompkins that were initially handled as FAR but then moved to the investigation track instead, we don't know if there were more cases like this in these two counties or if any cases reverted to investigation in the other three counties.

Ultimately, 2,036 families who received the FAR intervention were included in the process study. The impact study consisted of the 946 FAR families and 546 control families from Onondaga and separately, the 299 FAR families and 299 control group families from Tompkins County. The tables in Appendix 6 compare the characteristics of families included in the four samples used in the impact analysis.

Reporting of Statistically Significant Results

In any study involving sampling, some differences in outcome variables between the intervention group and the control group samples can be expected to be found simply due to chance, rather than because of a real difference in group outcomes. Therefore, tests of statistical significance are used to determine whether a difference in outcomes is due to random "noise" or if the difference can be attributed to different interventions that the two groups received.

We used the widely accepted threshold of $p < .05$ to indicate if the differences between the FAR samples and the investigated control group samples reached statistical significance. This p-value means that the group difference is great enough that there is less than a 5% probability of finding a difference this large entirely due to chance, and not because of some other factor. As families were randomly assigned to the Onondaga FAR and investigated control groups, rendering them equivalent on all measurable factors, we can attribute any significant group differences to the FAR program. The screening and propensity score methods used to establish the control group in Tompkins County also made the two samples from that county equivalent on all measurable factors, so any significant differences between these two groups can also be attributed to the FAR program.

For some intermediate outcomes, we noted differences between the FAR and investigated control groups with p-values of less than .10, which we refer to as trends or differences approaching statistical significance. These findings are potentially important, but we have less confidence that these group differences are not due to chance only.

References:

- Allison, P.D. (1995). *Survival analysis using SAS: A practical guide*. Cary, NC: SAS Institute Inc.
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Chapter 6: Characteristics of Families Served on FAR Track

The pilot sites' differing eligibility criteria and population demographics resulted in considerable variation in the characteristics of FAR families across program sites. This chapter describes the characteristics of FAR reports and families served on the FAR pathway.

Allegations in Focal Report

The allegations in the focal report provide some insight into the problems that brought the FAR families to CPS, although the allegations tell us little or nothing about the families' needs identified during the family assessment. The allegations reflect both the eligibility criteria specified by the FAR legislation and the criteria set by the individual pilot sites. As a report may include several allegation types, the columns in the table below sum to more than 100%.

As the FAR legislation prohibited reports involving sexual abuse allegations from being assigned to the FAR track, none of the FAR families in the study sample had such allegations. A relatively small percentage (21%) of the FAR families had a physical abuse allegation because the legislation excluded serious abuse cases from FAR. Most of the allegations in this category were for lacerations, bruises, and welts or for excessive corporal punishment. The percentage of FAR families with physical abuse allegations ranged from 0% in Westchester to 24% in Onondaga. Westchester and Erie had much higher percentages of families with educational neglect allegations (83% and 36% respectively) than the other sites (less than 16%), consistent with their FAR programs' focus on this issue.

FAR Families Focal Report Allegation	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
Physical Abuse¹	21.1%	13.3%	24.3%	19.9%	19.7%	.0%	20.8%
Educational Neglect	15.8%	36.0%	10.1%	12.2%	3.3%	83.0%	14.1%
Inadequate Guardianship	76.3%	72.0%	89.6%	86.0%	85.6%	43.6%	85.0%
Physical Neglect²	50.0%	28.0%	33.7%	36.6%	29.8%	14.9%	33.2%
Child Drug / Alcohol Use	2.6%	1.3%	2.1%	2.9%	4.0%	.0%	2.5%
Parent Drug /Alcohol Misuse	28.9%	17.3%	23.9%	21.7%	23.1%	4.3%	22.1%

Notes:

¹Physical abuse includes these allegations: Burns, Scalding (0.7%); Choking / Twisting / Shaking (2.0%); Internal Injuries (0.9%); Lacerations, Bruises, Welts (13.8%); Swelling / Dislocation / Sprains (1.4%); Poisoning, Noxious Substance (0.1%); Fractures (0.1%); and Excessive Corporal Punishment (8.4%). The percentage of FAR families within each physical abuse category indicated that most of the physical abuse allegations consisted of lacerations, bruises, welts and excessive corporal punishment. Other more serious physical abuse allegations were quite rare among the study sample.

²Physical neglect includes these allegations: Malnutrition (0.04%); Lack of Supervision (15.8%); Inadequate Food, Clothing, Shelter (13.1%); and Lack of Medical Care (9.2%).

Inadequate guardianship was the most common allegation (85%) in the FAR cases, as it is in CPS cases in general. About one-third of the FAR families overall were alleged to have physically neglected the children, ranging from a low of 15% in Westchester to a high of 50% in Chautauqua. Failure to supervise children (16% of FAR families) and inadequate food, clothing, or shelter (13%) were the most common allegations in the physical neglect category. As is true for CPS cases in general, allegations of child drug

or alcohol use were rare (2.3%) in the FAR study sample. Almost a quarter (22%) of the FAR families had an allegation of parent drug or alcohol misuse. With its almost exclusive focus on educational neglect, only 4% of Westchester’s FAR cases involved parent drug or alcohol abuse.

Prior CPS and Foster Care Involvement

We examined whether the FAR families had unfounded or indicated CPS reports prior to the FAR focal report, a child in foster care at the time of the intake into FAR, and a child welfare services (CWS) case open at the time of the focal FAR report. The CPS hotline reports stored in the CONNECTIONS database were searched for each family member going back ten years prior to the intake date of the focal FAR report selected for this study. We looked to see if any adult family members were previously alleged or confirmed as perpetrators of child abuse or neglect, and whether any of the children had previously been alleged or confirmed as having been abused or neglected. We then aggregated the individual-level data to family-level data to avoid counting prior reports more than once.

As shown in the table below, about 27% of the FAR families in the study sample did not have any prior CPS reports, 31% of families had prior unfounded or undetermined reports, and 41% of the families had at least one prior indicated report. Only 2% of families had prior FAR reports because FAR had been in operation for just a short period of time before this study started and all families with open FAR cases were excluded from the study.

FAR Families	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
CPS history							
No prior report	18.4%	42.7%	22.4%	35.1%	20.1%	31.9%	26.8%
Prior unfounded / undetermined rpt only	36.8%	40.0%	29.4%	32.4%	31.8%	18.1%	30.6%
Prior FAR report only	0.0%	0.0%	2.3%	1.9%	2.7%	2.1%	2.1%
Any prior indicated report	44.7%	17.3%	45.9%	30.7%	45.5%	47.9%	40.5%
3-4 prior indicated reports	15.8%	0.0%	9.3%	5.3%	7.4%	7.4%	7.6%
5 + prior indicated reports	10.5%	0.0%	6.0%	2.9%	7.7%	2.1%	5.1%
Families with a child in foster care at FAR intake							
	0.0%	0.0%	.1%	.2%	2.3%	3.2%	.6%
Family with open CWS at FAR intake							
	0.0%	0.0%	7.7%	6.5%	6.4%	5.3%	6.6%
Number of FAR Families	38	75	946	584	299	94	2,036

Wide variations in CPS history were found across the six pilot sites. The CPS histories for the families in the three counties that sharply limited the scope of their FAR programs were the most distinct. Erie had the highest percentage (43%) of families with no prior reports and lowest percentage (17%) with indicated reports. Westchester had the lowest percentage (18%) with prior unfounded reports and the highest percentage (48%) with prior indicated reports. Chautauqua stood out as having the lowest percentage (18%) of families with no prior reports and highest percentage (26%) with three or more indicated reports.

Only 0.6% of FAR families had children in foster care at time of intake into FAR and this percentage varied little across the six counties. Only a small portion (6.6%) of the FAR families had an open CWS case at FAR intake, which means they were receiving preventive or protective services from the LDSS. Erie and Chautauqua did not accept any families with open CWS case onto the FAR track.

Primary Caregiver Characteristics

As CONNECTIONS does not specifically identify the primary caregiver of the children in FAR cases, or indicate whether the household was headed by a single adult in any CPS case, we calculated these variables using multiple steps. First, the primary caregiver was identified by the information provided in the FAR closing document. Next, the primary caregiver’s address was compared to the address of any other adult listed in the case composition on CONNECTIONS. Third, if no other adult’s address was the same as the primary caregiver’s, the household was considered to be headed by just one adult. As we did not receive closing documents for about 250 families in the study, we used an alternate procedure to identify the primary caregiver for these cases. First, all the adults in the case composition were ordered by mother, father, grandparents, and then other adult relationships. The first adult was then chosen as the primary caregiver and addresses compared as explained above to determine if it was a single-headed household or not.

As seen in the table below, about 44% of the FAR families were headed by a single adult. The percentage of single-headed households was lower in Orange County (35.6%), than in the other program sites (around 50%).

FAR Families	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
Single-adult household	50.0%	49.3%	46.5%	35.6%	49.5%	52.1%	44.3%
Primary caregiver relationship							
Mother	81.6%	86.7%	85.2%	86.5%	84.9%	92.6%	85.9%
Father	10.5%	10.7%	9.7%	9.2%	9.4%	5.3%	9.4%
Grandparent	7.9%	.0%	2.4%	2.1%	2.3%	2.1%	2.3%
Others	.0%	2.7%	2.6%	2.2%	3.3%	.0%	2.5%
Race / ethnicity of primary caregiver							
White/non-Hispanic	89.5%	56.0%	59.9%	55.7%	79.9%	13.8%	59.9%
African American/non-Hispanic	2.6%	33.3%	25.3%	17.3%	10.0%	33.0%	21.0%
Hispanic	5.3%	9.3%	4.1%	18.2%	3.0%	46.8%	10.2%
Asian	.0%	.0%	.8%	1.0%	1.0%	2.1%	.9%
Native American	.0%	.0%	.6%	.2%	.0%	.0%	.3%
Other	.0%	.0%	3.2%	1.2%	2.3%	.0%	2.2%
Not Reported	2.6%	1.3%	6.0%	6.5%	3.7%	4.3%	5.5%
Age of primary caregiver							
(mean / median)	35.5 / 35.0	39.3 / 39.0	33.7 / 32.0	36.7 / 36.0	34.0 / 32.0	38.1 / 38.0	35.1 / 34.0

The mother of the children was the primary caregiver in the vast majority of FAR families (86%), while the father was the primary caregiver in only 9% of the families. This was true across all program sites.

The mean and median age of the primary caregiver in the entire study sample was 35.1 and 34. The primary caregivers of FAR families in Erie, Orange, and Westchester tended to be somewhat older than those in Chautauqua, Onondaga, and Tompkins.

The majority of the primary caregivers in the study sample were white/non-Hispanic (60%), but the programs varied widely from 14% white in Westchester-Yonkers to 90% white in Chautauqua. The percentages of caregivers in the three largest programs who were white were 56% in Orange, 60% in Onondaga and 80% in Tompkins. Twenty-one percent and 10% of the primary caregivers in the study sample were identified as African American and Hispanic, respectively. The other race/ethnicity categories of Asian, Native American, and Other accounted for about 3.5% of the total FAR sample.

Minority Representation

The FAR programs in two rural counties (Chautauqua and Tompkins) served higher percentages of white families, while the FAR programs in Erie, Onondaga, and Orange counties with large urban or suburban populations served larger proportions of African American families compared to the two rural counties. The variation is consistent with the variation in the overall racial/ethnic makeup of the geographic areas. Consistent with its design, the FAR program in Westchester, with its emphasis on immigrant families with educational neglect allegations, served the largest percentage of Hispanic families (47%) among the pilot programs.

2008: All CPS familial reports Race of Primary Caregiver in	Chautauqua (South office)	Erie	Onondaga	Orange	Tompkins	Westchester (Yonkers)	Total
Race / ethnicity of primary caregiver							
White/non-Hispanic	77.5%	52.6%	57.3%	48.9%	78.8%	9.9%	51.2%
African American/non-Hispanic	2.3%	31.2%	25.1%	19.5%	8.3%	38.5%	26.7%
Hispanic	9.5%	7.6%	5.3%	19.6%	3.0%	40.4%	11.7%
Asian	.0%	.6%	.5%	.7%	.7%	.5%	.6%
Native American	.3%	.7%	.8%	.1%	.0%	.1%	.5%
Pacific Islander	.0%	.0%	.0%	.0%	.1%	.0%	.0%
Other	1.8%	2.0%	2.6%	.9%	3.0%	.5%	1.9%
Not Reported	8.6%	5.3%	8.4%	10.4%	5.9%	10.2%	7.4%

Among the three counties with sufficient sample size, the distribution of the FAR primary caregiver's race/ethnicity was almost identical to the race/ethnicity of primary caregivers in all CPS familial reports received in 2008 in both Onondaga and Tompkins counties. The only noticeable difference was that the FAR program in Orange County seemed to serve a higher percentage of white families than were served in all CPS reports in 2008. The percentages in the table below were calculated after excluding cases with missing race/ethnicity data, so the comparisons are easier to see.

All CPS familial reports in 2008 compared to FAR sample	Onondaga CPS 2008	Onondaga FAR	Orange CPS 2008	Orange FAR	Tompkins CPS 2008	Tompkins FAR
Race / ethnicity of primary caregiver						
White/non-Hispanic	62.5%	63.8%	54.5%	59.5%	83.8%	83.0%
African American/non-Hispanic	27.5%	26.9%	21.7%	18.5%	8.9%	10.4%
Hispanic	5.7%	4.4%	21.9%	19.4%	3.2%	3.1%
Other	4.3%	4.9%	1.9%	2.6%	4.1%	3.5%

Child Characteristics

About 84% of the FAR families had three or fewer children and 16% of the FAR families had four or more children. Variations in the number of children in each family across the pilot sites suggests that the FAR programs in Chautauqua and Erie counties served families with relatively few children as almost half of the families had just one child and less than 10% had four or more children.

FAR Families	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
# children in each family							
One	44.7%	48.0%	31.3%	33.0%	31.4%	36.2%	32.9%
Two	18.4%	32.0%	29.6%	30.5%	31.8%	33.0%	30.2%
Three	28.9%	10.7%	20.6%	21.6%	21.1%	17.0%	20.6%
Four or above	7.9%	9.3%	18.5%	14.9%	15.7%	13.8%	16.3%
mean / median	2.0 / 2.0	1.9 / 2.0	2.4 / 2.0	2.3 / 2.0	2.3 / 2.0	2.2 / 2.0	2.3 / 2.0
Age of youngest child (mean / median)							
	6.9 / 6.5	10.0 / 9.0	5.2 / 4.0	6.9 / 6.0	5.6 / 5.0	7.7 / 7.0	6.1 / 5.0
Age of oldest child (mean / median)							
	9.3 / 10.0	12.8 / 14.0	9.8 / 10.0	11.0 / 12.0	9.6 / 10.0	12.6 / 14.0	10.3 / 11.0

Across the total sample, the mean age of the youngest child in each family was six and the mean age of the oldest child was ten. The FAR program in Erie seemed to serve families with older children, as the average age of the youngest child was ten years old, which is consistent with its program model that was limited to families with children in grades 1 through 9.

Safety Assessment

It is a requirement that a safety assessment be completed for every CPS report within a week of the report being received regardless of the initial pathway screening decision. In FAR, much of the safety assessment takes place during the first home visit. Only cases where the children are found not to be in immediate or impending danger of serious harm are permitted to stay on the FAR track. However, families with safety factors that do not rise to the level of immediate or impending danger may remain on the FAR track. In these cases, the safety factors must be addressed with the parents during the FAR process.

On average, 19% of the FAR reports in the six Round-1 counties had safety factors checked on the 7-Day Safety Assessment, but there was wide variability among districts. On the low end, Chautauqua had zero FAR families with safety factors, Westchester-Yonkers had 4.3%, and Erie had 6.7% of FAR families with safety factors.

The three program sites that accepted proportionately more families onto the FAR track had much higher rates of FAR families with safety factors. Orange had the highest percentage FAR families with safety factors at 24.7%, Tompkins had 21.4%, and Onondaga had 18.2% of families with safety factors.

The fact that specific child safety factors were found right away in a fifth of FAR families disproves the idea that only families with no problems or with false reports are assigned to the FAR track. The

legislation and OCFS provided broad latitude to local districts to craft their eligibility criteria and the three districts from Round 1 that embraced FAR for a significant portion of its cases have definitely accepted families with child safety concerns.

Risk Profile of the FAR Programs

Although the FAR programs did not use the actuarial risk assessment tool that is used for all other familial child abuse and neglect investigations in the State, many of the variables looked at in this chapter are used as child abuse and neglect risk factors in population studies. For example, a family history of CPS involvement (e.g., prior reports, prior indicated reports, having received child welfare services, child in foster care) is known to increase the likelihood of subsequent child abuse and neglect reports. Younger, more inexperienced parents have been found to be at a higher risk of child maltreatment. More children in a family raise the risk of subsequent reports and the youngest children are at the highest risk of serious child maltreatment. Parental alcohol and substance abuse is a well-known risk factor for child abuse and neglect. The presence of safety factors and physical abuse allegations indicate potentially more dangerous situations.

A greater proportion of families in the Onondaga and Tompkins FAR programs had these risk factors than did the three smallest FAR programs in Chautauqua, Erie, and Westchester counties. Orange County's FAR sample is similar to Onondaga and/or Tompkins' samples in some ways, but often falls somewhere between the counties with the highest and the lowest percentages. In general, the small programs of Chautauqua, Erie, and Westchester served a much less risky population than the larger programs in Onondaga and Tompkins counties, which are the two counties used in the impact evaluation. As the FAR workers in Onondaga and Tompkins had a lot of families on their caseloads with risk factors known to be associated with subsequent child abuse or neglect, and the populations served by different FAR programs varied widely on these risk factors, the reader is advised to be cautious in generalizing from the impact analysis discussed later in this report to FAR programs with very different case characteristics.

Chapter 7: Family Engagement and Satisfaction

While the FAR approach is a new way to respond to CPS reports, FAR is not completely different from the traditional investigative response, as both CPS investigative and FAR workers need to accomplish many of the same things. Both CPS Investigative and CPS-FAR workers must clearly communicate their agency's legitimate interest in the children's safety and reason for contacting the family, assess for child safety and family strengths, look for indicators associated with the risk of future abuse or neglect, and arrange for services or other interventions to support safety and reduce risk.

Investigative caseworkers have additional responsibilities to gather evidence to prove or disprove specific allegations of abuse or neglect, to prepare for family court intervention when needed, and to remove children in dangerous situations to foster care. During the period of this evaluation, FAR workers were not responsible for family court and removal actions; if court attention was needed for a FAR family, a new report was made and the family transferred to an investigative worker for court action.

Not all investigated reports are serious however. In fact, more than two-thirds are unfounded, and most indicated reports are closed without formal interventions. A full assessment of family strengths and needs is conducted as part of the service planning process for investigated cases only when a continuing services case is opened. In contrast, a full assessment is conducted and potential services explored with every family on the FAR track.

Effective FAR work entails the investment of time by the caseworker and family to develop an honest working relationship where meaningful information is shared. FAR caseworkers can generally plan to spend more time with families than they would have on a typical investigation because FAR workers are expected to conduct a thorough assessment with each family of the family's strengths and needs and to take the time to engage the family's natural supports and community resources to meet outstanding needs. Conducting such a thorough assessment with families, particularly those who did not call the SCR for help themselves, can be quite difficult and time-consuming. Some counties initially thought that FAR cases with no apparent safety concerns might be closed quickly without an assessment and some of these cases are in this evaluation. FAR casework practice was also impacted by fluctuating caseload size and composition as FAR was implemented at a time when both hotline reports and family needs were increasing due to a severe economic recession. Round 1 districts did not put an upper limit on FAR caseload size, although later, some of the Round 2 districts did put an upper limit on FAR caseload size to allow FAR caseworkers more time with families while mastering the new engagement skills.

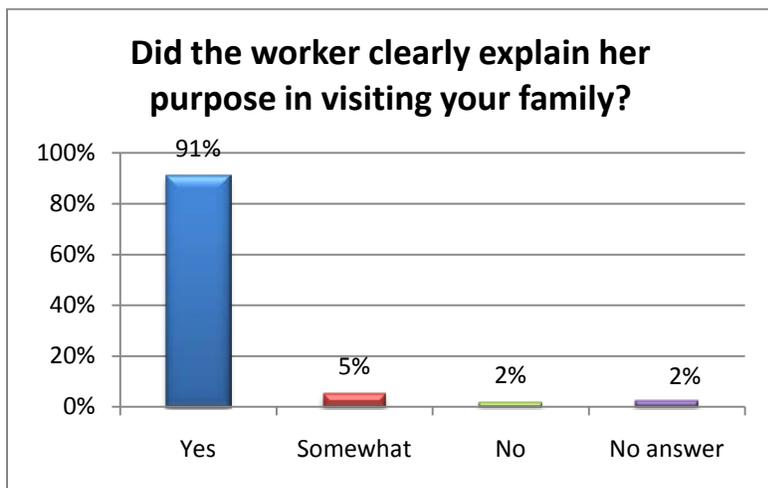
We have several sources of information and data points to illustrate the receptivity and reactions of families to the FAR or the CPS investigation process. In each section below, we first look at what the families reported about their FAR or CPS investigation experience via the family satisfaction survey. These charts show the frequency of response categories from 493 FAR families from five counties who completed the satisfaction survey, usually within a few months of their FAR case closing. Then the survey responses of 218 FAR families in Onondaga County are compared with 123 FAR-eligible, but CPS-

investigated families from the control group in the same county. Any statistically significant differences between groups are noted at the .05 or better significance levels. FAR workers' perceptions of family members' engagement levels are also shown.

First FAR or Investigative Contact and Home Visit with Parent

For families screened as eligible for FAR, the caseworker typically calls the parent, briefly explains that a SCR report was made and makes an appointment to meet at the family home for a more detailed explanation of the FAR program and further discussion of the district's concerns. In contrast, investigative workers usually call the source first, often interview the child at school without parental notification or permission, and appear unannounced at the family home, usually within 24 hours of receiving the report.

Since families eligible for FAR must be given a choice of whether to continue with FAR or to switch to the traditional investigative CPS response, it is important to know whether families understand the FAR workers' purpose. On the family satisfaction survey, there were two questions related to the first home visit. The primary caregiver, usually a parent, was asked if the worker clearly explained his or her purpose in visiting the family. Almost all (91%) said "yes" and another 5% said "somewhat". Less than 2% thought that the FAR worker did not clearly explain his or her purpose and 2% did not answer this question.

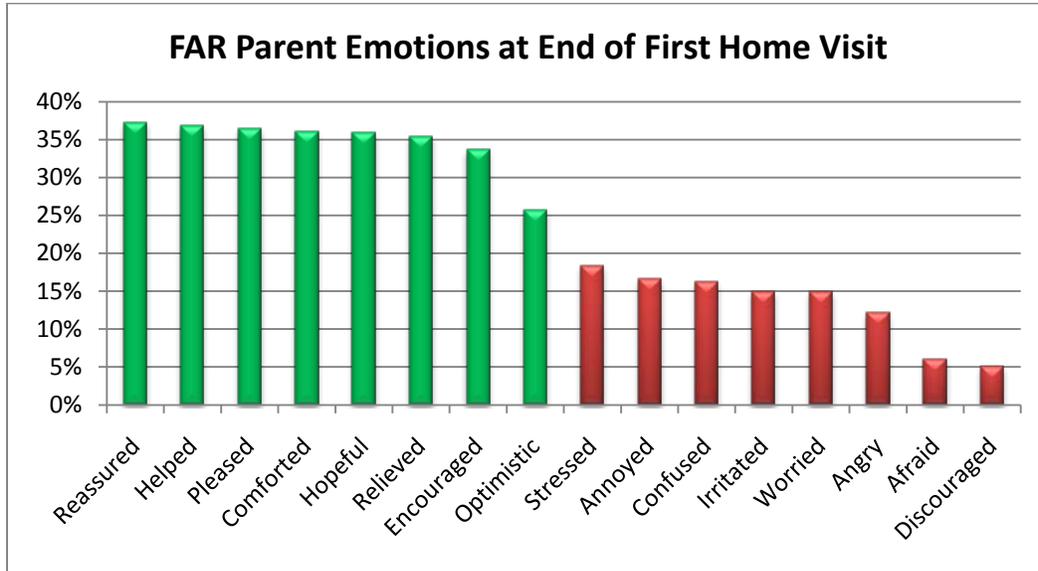


Emotional Response after First Home Visit

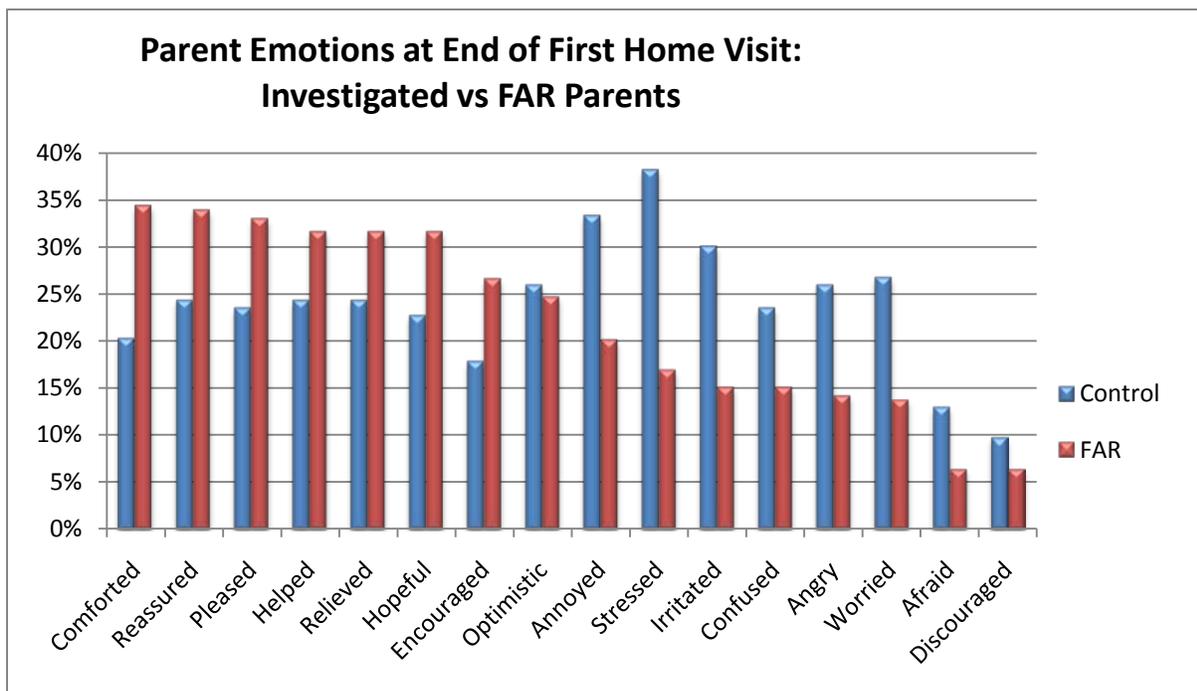
The unexpected experience of feeling one must allow a government agent into the family home because someone alleged that you harmed your child is understandably upsetting to most parents. CPS workers need excellent interpersonal skills to explain their purpose in being at the home, defuse defensiveness and anger, answer questions, and enlist family members' cooperation in assessing immediate child safety, all at one time.

To see if the FAR approach was effective in decreasing negative emotional responses to CPS intervention, the primary caregivers were asked how they felt at the end of the first home visit. They

were provided with a list of eight positive feelings and eight negative feelings. The chart below shows the percentage of parents who checked each emotion in descending order of frequency. The 493 FAR parents from the five counties who completed the family satisfaction survey overwhelmingly felt more positive than negative after the FAR worker’s first home visit.



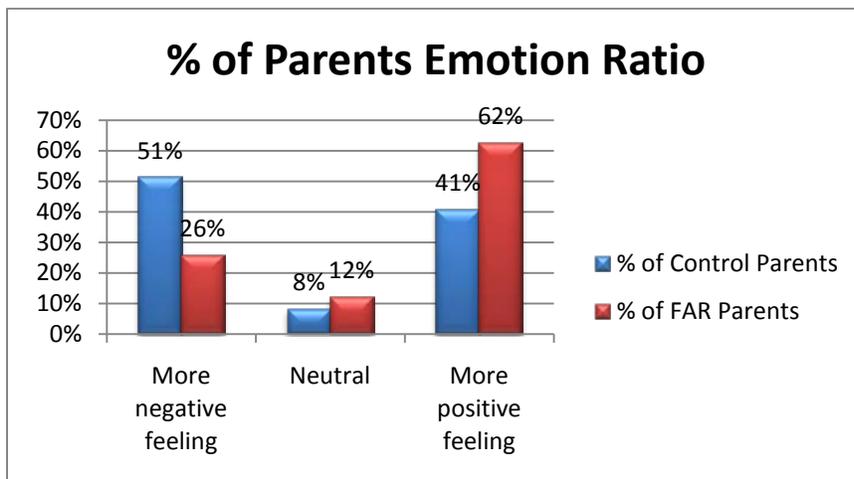
To determine if the FAR parents were more likely to express positive feelings than investigated parents were, we compared the feeling reactions reported by the Onondaga FAR parents and the FAR-eligible, but investigated parents in the control group.



Significantly fewer caregivers in the FAR group reported that they experienced the negative emotional responses of feeling annoyed ($p=.01$), stressed ($p<.001$), irritated ($p=.001$), angry ($p=.01$), and worried ($p=.005$) than parents in the investigated control group. Although not reaching statistical significance at the .05 level, investigated parents were more likely to report feeling confused ($p=.08$) and afraid ($p=.06$) after the first home visit.

Likewise, significantly more caregivers in the FAR intervention group reported that they experienced the positive emotion of feeling comforted ($p=.004$) than parents in the investigated control group. Although not quite reaching statistical significance at the .05 level, the trends show that FAR parents are more likely to report feeling reassured ($p=.06$), pleased ($p=.06$), hopeful ($p=.08$), and encouraged ($p=.06$) than parents in the investigated control group.

We constructed an emotion ratio by comparing the number of positive emotions to the number of negative emotions expressed. The percentage of caregivers who reported more positive than negative feelings after the worker's first visit is significantly higher in the FAR intervention group (62%) than in the investigated control group (41%, $p<.001$). Likewise, the percentage of caregivers who reported more negative than positive feelings after the worker's first visit is significantly higher in the investigated control group than that in the FAR group (51% vs. 26%, $p<.001$).



The evidence from the family satisfaction survey demonstrates that FAR gets a much better reception from parents right from the beginning of the intervention. Even without having taken all the AHA FAR training classes at the time of this study, the FAR workers had clearly approached families in a different way that parents not only found less stressful and annoying than the investigated parents, but many FAR parents actually found the FAR approach to be comforting and reassuring.

Solution-Focused Casework Practice

After the initial safety assessment and confirmation that the family is eligible and has agreed to participate in FAR, the FAR worker facilitates a discussion with the family members to mutually examine how the family is functioning. They identify areas of family strengths, potential risk factors, and other issues that the family or individual members are experiencing. Instead of focusing on the specific

incident or allegations in the report, FAR workers use interviewing techniques that help the family “tell their story” and use “solution-focused” practice techniques designed to elicit family strengths and problem-solving abilities.

In its simplest formulation, solution-focused practice includes two predominant features:

- Supporting families to explore their preferred futures.
- Exploring when, where, with whom, and how parts of their preferred future are already happening.

Solution-focused practice focuses the family’s attention on the present and the future, rather than the past. The family might be asked to picture how their life would be different if a problem was no longer present. The FAR worker encourages the family to talk about areas of life that are going well, and then how the strengths and resources the family identified in the positive areas can be used to address other areas where the family wants to make changes to achieve their preferred future. Resources can be internal, such as the skills, talents, attitudes, and beliefs the individual already has, or external, in the sense of partners, family, friends, religious community, and support groups.

Solution-focused casework is an adaptation of solution-focused brief therapy (SFBT) that was originally developed in Milwaukee at the Brief Family Therapy Center. In SFBT, the focus is on what the client wants to achieve through therapy versus the problem that made them seek help. It is somewhat challenging to use in the CPS environment, as most families did not call CPS for help; rather someone else reported them to the SCR, alleging that they had engaged in neglectful or abusive parenting practices. Such an allegation probably makes most parents defensive, so CPS workers have the additional task of defusing parents’ defensiveness and anger first.

The AHA trainers taught FAR workers various solution-focused practice questioning techniques, such as the Miracle question and Exception-seeking questions. In addition to delivering a training course called *Solution-Focused Practice* near the end of the first year of Round 1 implementation, AHA developed a new course for New York’s FAR workers called *Assessing Safety and Risk in FAR*, which integrates solution-focused techniques with the State’s safety and risk assessment protocols to make sure that all aspects of child safety and risk are assessed and addressed. AHA also provided the supervisors of FAR workers a training course called *Supervising a Practice Shift to FAR* to improve their ability to support the FAR workers in using their new solution-focused skills.

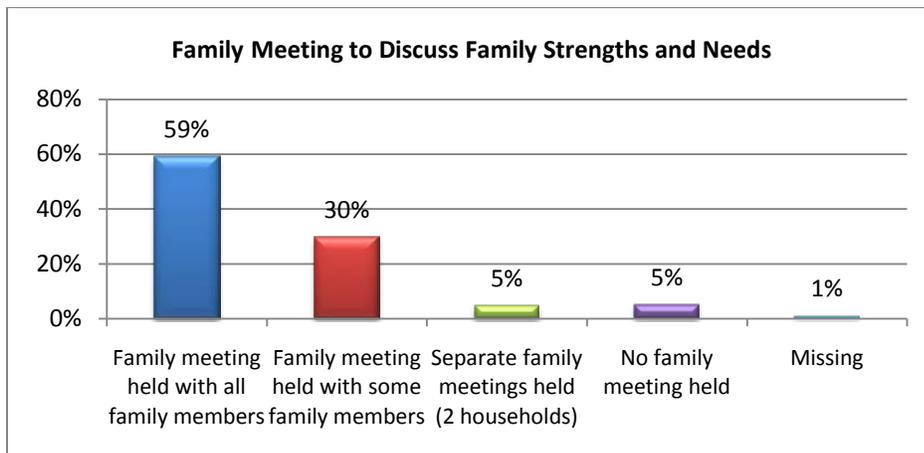
Unfortunately, these specialized training courses did not exist prior to the evaluation sampling period that began in August 2009 and ended in February 2010. Consequently, many of the families in this study did not have the benefit of FAR workers having these advanced skills. The solution-focused practice and supervision courses were provided to Tompkins and Onondaga at the end of October 2009, Orange and Westchester in mid-November 2009, and Chautauqua and Erie in December 2009. Fortunately, many FAR workers had learned some solution-focused concepts in the Introductory FAR Process and Practice course that was held in each district prior to their county beginning FAR and some had taken other classes on solution-focused practice. As the FAR safety and risk course was not developed and delivered

until late March 2010, no families in the evaluation sample had the benefit of working with caseworkers who had taken this course.

Family Meetings

Ideally, the FAR worker and family members make an appointment to meet in the family home to jointly assess family strengths and needs. This meeting would include parents and children, and could also include anyone else the parent wanted, such a grandmother or close friend. Sometimes scheduling is difficult and the worker has to conduct the assessment with just part of the family, or hold separate meetings. In some cases, the parents maintain separate households and the worker decides it is best to hold separate meetings, perhaps including the same children in two separate parent appointments. In complex situations, the family assessment could take place over several weeks and could involve several meetings and phone calls between family members and the worker.

The 1,718 FAR case closing documents show that some configuration of a family meeting was held in 94% of FAR cases, and in the majority of cases, the worker indicated that all family members attended the assessment meeting.



Early Family Engagement Indicators

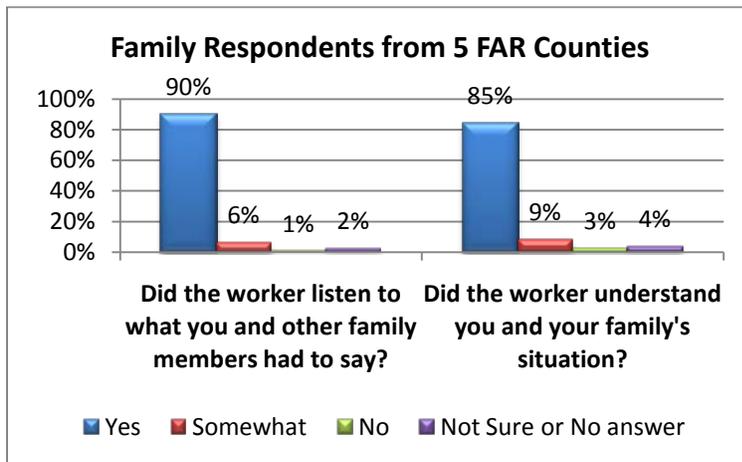
The process of engaging the attention and interest of the family in exploring family functioning, particularly as it relates to child safety, is of paramount importance in child protective work. The FAR protocols and solution-focused practice techniques are designed to increase the likelihood of meaningful family member engagement in assessment, planning, decision-making, and service utilization. The hypothesis is that when families and their natural supports craft their own solutions, the family and its support network will have more of a commitment to making sure that needed change occurs, and ultimately that the children are safe and their well-being enhanced.

In addition to the FAR protocols designed to make family engagement more likely (such as calling to make the first appointment versus an unannounced home visit), the FAR workers were taught to use special engagement and facilitation techniques they could adapt to each family's circumstances. While all CPS workers learn about family engagement and must have some level of skill to be effective, extra

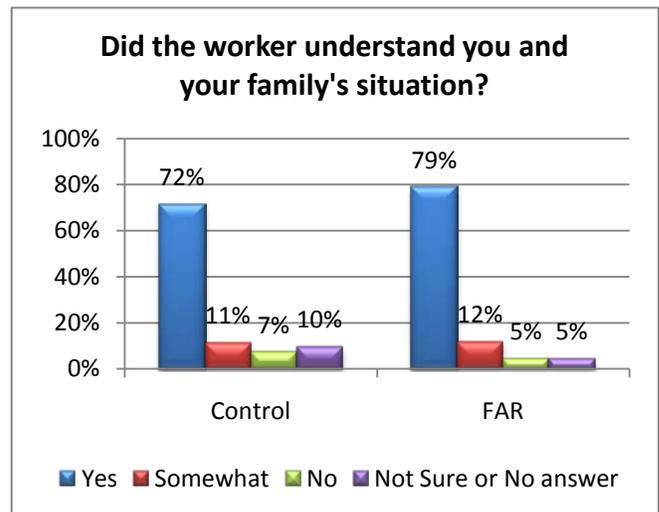
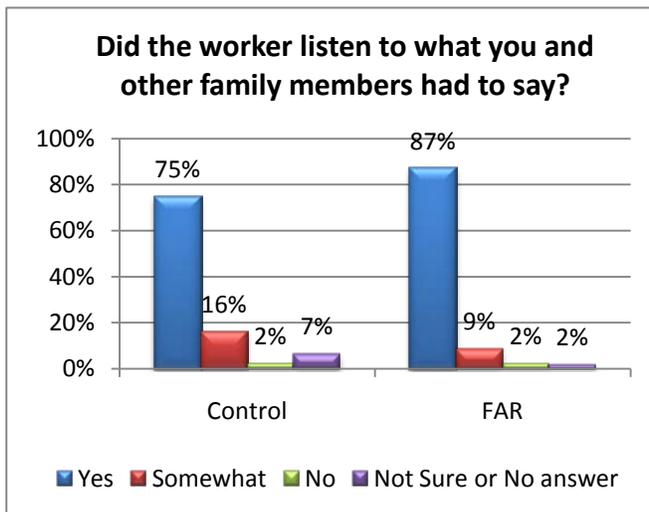
emphasis was placed on the importance of the engagement process with all members of the family during the training and coaching provided by the AHA to the FAR pilot counties. It is important to note that most of the AHA training occurred after most FAR families were already enrolled in this study. Even so, strong associations were found between precursors or early indicators of family engagement and satisfaction, and being on the FAR track.

Feeling Listened To and Understood

To engage in a common purpose with the caseworker, the parent needs to feel that the worker really heard and understood them. Of the 493 FAR parents who responded to the family satisfaction survey, 90% felt listened to and 85% felt the FAR worker understood them and their family's situation.

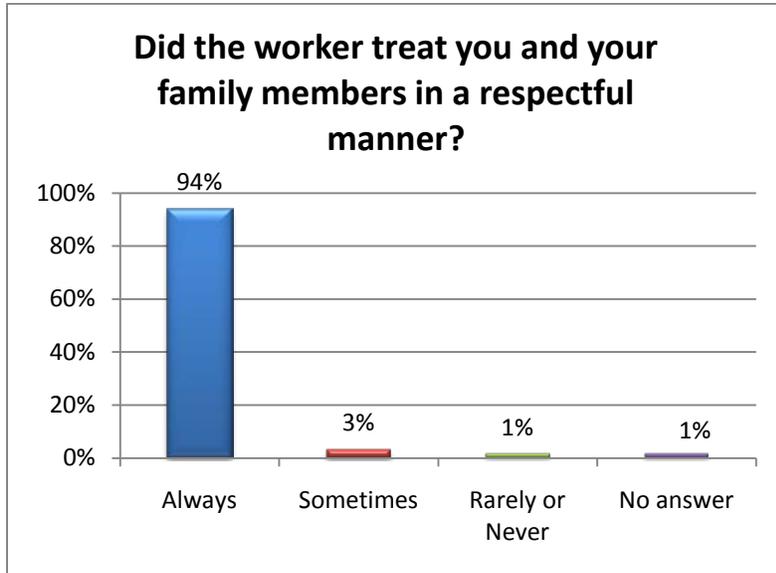


In the Onondaga County samples, while most parents on both tracks felt listened to, significantly more parents on the FAR track (87%) felt that their caseworker fully listened to them than parents in the investigated control group (75%) ($p < .05$). Since about three-quarters of parents on both tracks felt that the worker understood the family's situation, the hypothesis that more parents on the FAR track would feel fully understood is only significant when using a less rigorous significance test ($p < .1$, 1-sided).



Feeling Respected

Almost all FAR parents (94%) from the five FAR counties felt the family members were treated in a respectful manner at all times by the FAR worker.



In Onondaga County, although relatively few parents felt disrespected on either track, significantly more parents on the FAR track felt respected by the worker than control group parents who received an investigation (91% vs. 81%, $p < .05$).

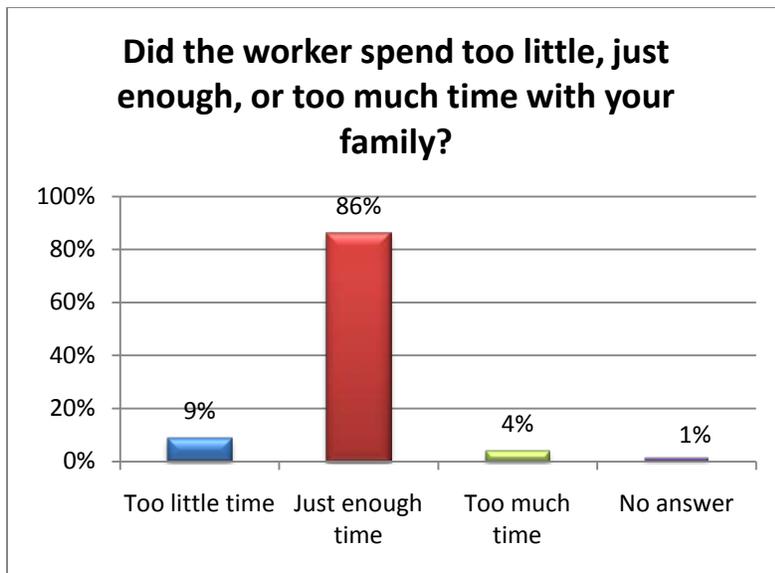


Amount of Time Caseworker Spent with Family

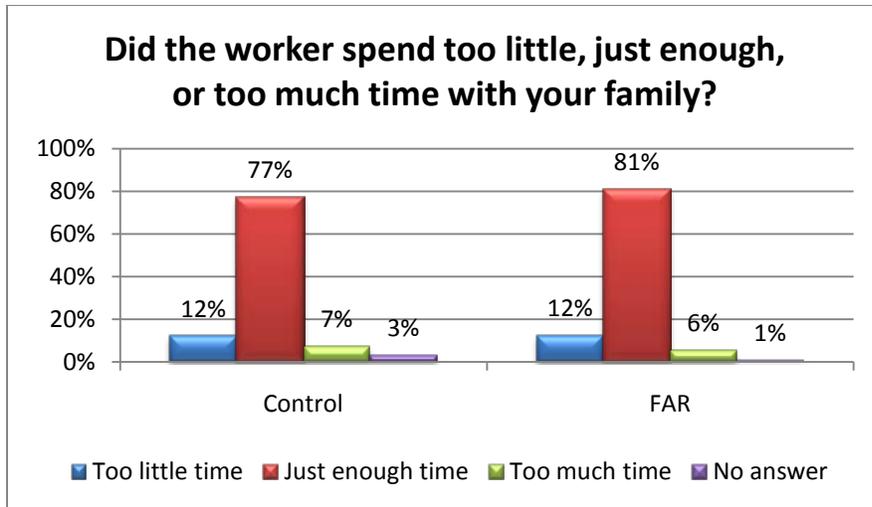
FAR caseworkers reported on the case closing document the approximate amount of time they spent communicating with family members and others in person and on the phone for 1,718 FAR families. We do not have comparable data for the investigated control group. The time reported does not include all caseworker time, as it does not include driving time, supervision time, or time documenting case records. On average, FAR workers spent seven hours talking with family members and others, such as potential service providers to help families. An average of four hours was devoted to in-person contacts with family members.

FAR CW Hours Spent Communicating:	Mean	n
In person with family members	4.0	1,679
On phone with family members	1.8	1,595
With others to help family	1.4	1,540
Total hours communicating with family and other supports	7.0	1,683

Parents were asked if the amount of time their FAR worker spent with family members was too little, just enough, or too much for them. Most of the FAR families (86%) thought the FAR worker spent the right amount of time with them, 9% wished the worker had spent more time with the family, and only 4% would have preferred to spend less time with the FAR worker.



FAR parents in Onondaga County did not differ significantly from their counterparts in the control group with respect to the amount of time the workers spent with families on the investigation and FAR tracks. Most parents on both tracks thought the worker spent just enough time with them.

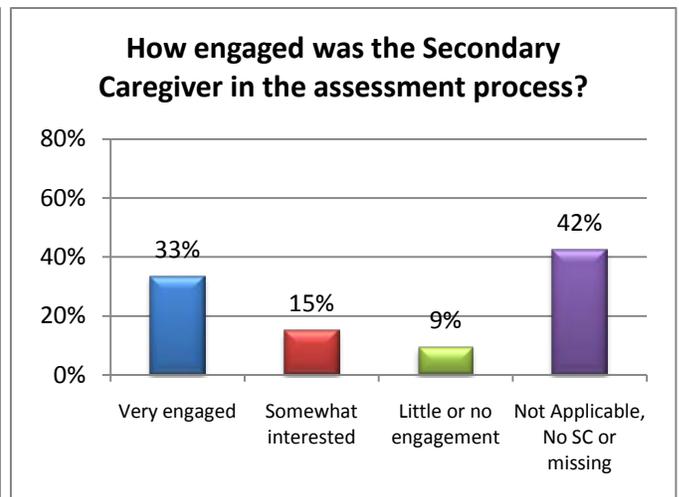
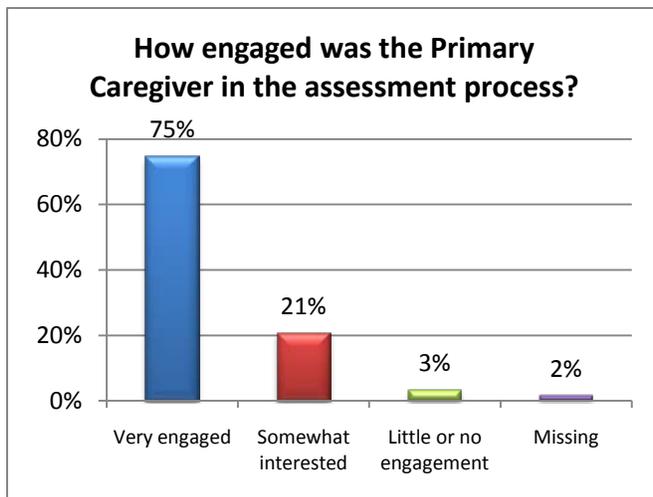


Family Members and Others Engagement in FAR

The FAR workers answered a series of questions about family engagement on the FAR case closing document. The FAR worker was asked how engaged the parent, other caregivers, and children were in the assessment process, as the program’s thesis is that a high level of engagement is necessary to effect change. They were also asked if any of the family’s natural or community supports were engaged in the FAR process. In addition, FAR workers reported on how receptive the primary caregiver was to any information, recommendations, or services suggested by the FAR worker.

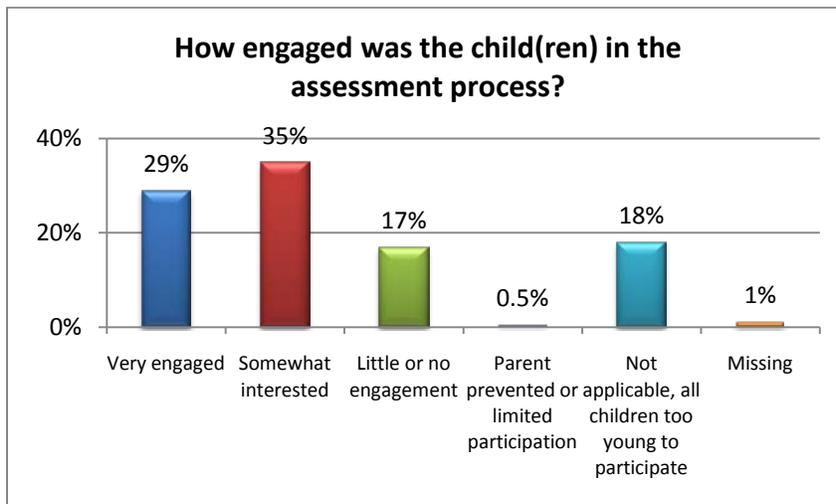
Caregiver Engagement

The FAR workers reported that three-quarters of the primary caregivers were very engaged in the assessment of family strengths and needs, about a fifth appeared somewhat interested, but did not engage fully, and just 3% showed little or no engagement. Secondary caregivers were rated as having a lower level of engagement than primary caregivers. Considering just the families who had a secondary caregiver, 58% of secondary caregivers were rated as very engaged, 26% as somewhat engaged, and 16% were rated as showing little or no engagement in the assessment.



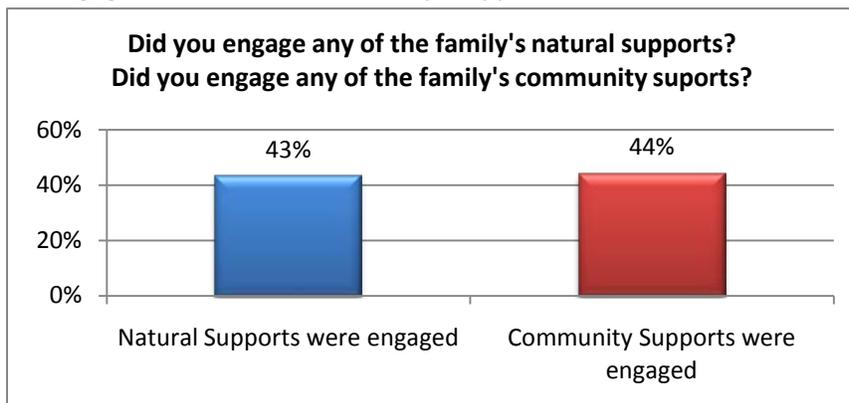
Child Engagement

Although talking with children about difficult topics is a skill needed by all CPS workers, FAR workers face the additional challenge of engaging children of all ages and abilities appropriately in the family assessment discussion, as some issues may not be relevant for every child in the family, and some children might get bored or disruptive. Excluding about 20% of families where no children were available to participate in the assessment discussions, in the remainder of families, 36% had children who were very engaged, 43% were somewhat engaged, and 21% showed little or no interest in the assessment process.

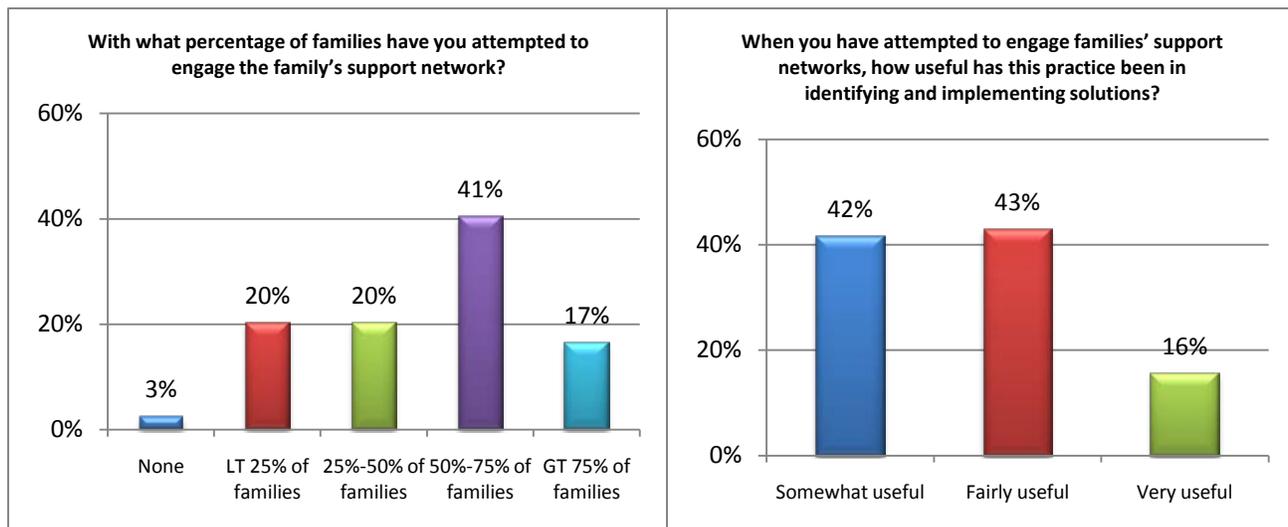


Natural and Community Supports

An important intermediate goal of the FAR program is to broaden the involvement of others in the protection of children. In particular, the identification and engagement of the family's natural and existing community supports are thought to be critical in protecting children and promoting child and family well-being. Natural supports include extended family members, fictive kin, friends, and the family's faith community, if relevant. Community supports were defined as pre-existing formal helping relationships, such as a teen parent program worker, counselor, teacher, etc. The worker must ask the family and receive permission to involve others in the FAR process. As shown below, workers were able to engage natural or community supports for almost half of the FAR families in the study.

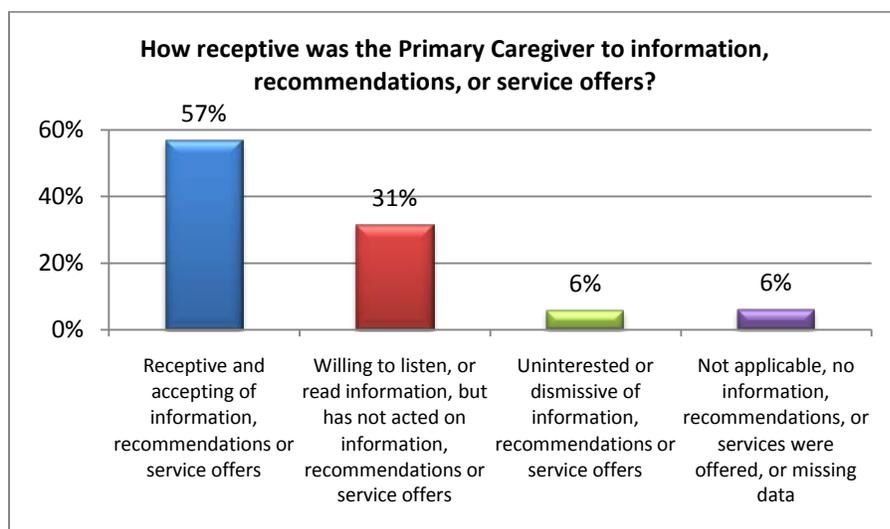


In addition to the case data on natural and community supports reported above, FAR workers were asked (on the caseworker survey) how often they involved the support networks of families in their work, and how useful this practice is in identifying and implementing solutions. Almost all FAR workers (98%) tried to engage families' support networks in at least some cases and 59% found this practice to be fairly or very useful. Just over half (51%) of 79 FAR workers reported that they have attempted to engage support networks with more than 50% of the families on their caseload.

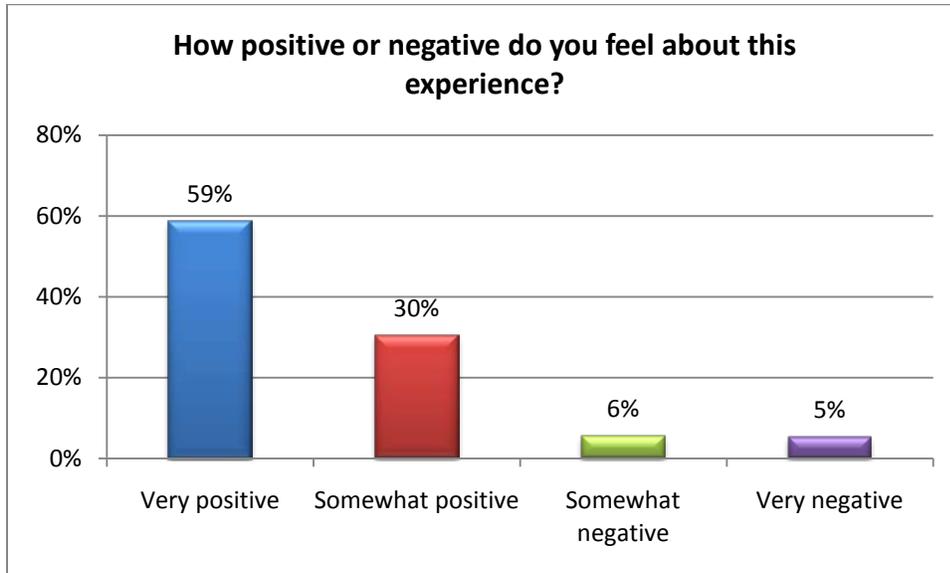


Receptivity to FAR Workers Recommendations

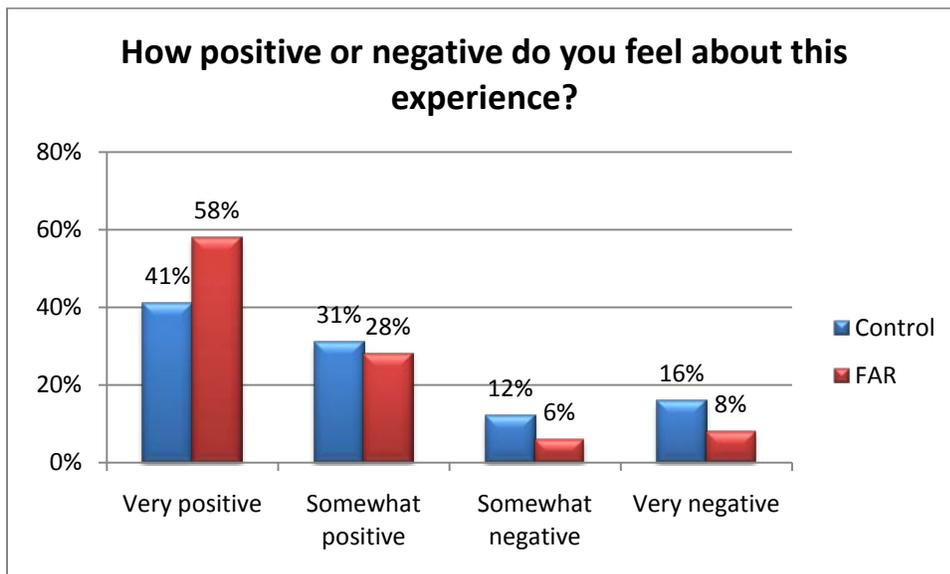
On the FAR case closing document, FAR workers rated the receptivity of the primary caregiver to the information, recommendations, or offers of service options suggested by the caseworker. Workers rated the majority of caregivers (57%) as receptive and accepting of these offers. About a third seemed willing to listen to the worker or read the information provided, but they did not act on the worker's recommendations. Only about 6% were rated by the caseworker as completely uninterested, and in 6% of cases, no information, recommendations, or services were offered, presumably because no problems were identified.



Near the end of the family satisfaction survey, caregivers were asked: How positive or negative do you feel about this experience? Almost 90% of FAR caregivers in the five counties thought it was a very or somewhat positive experience.

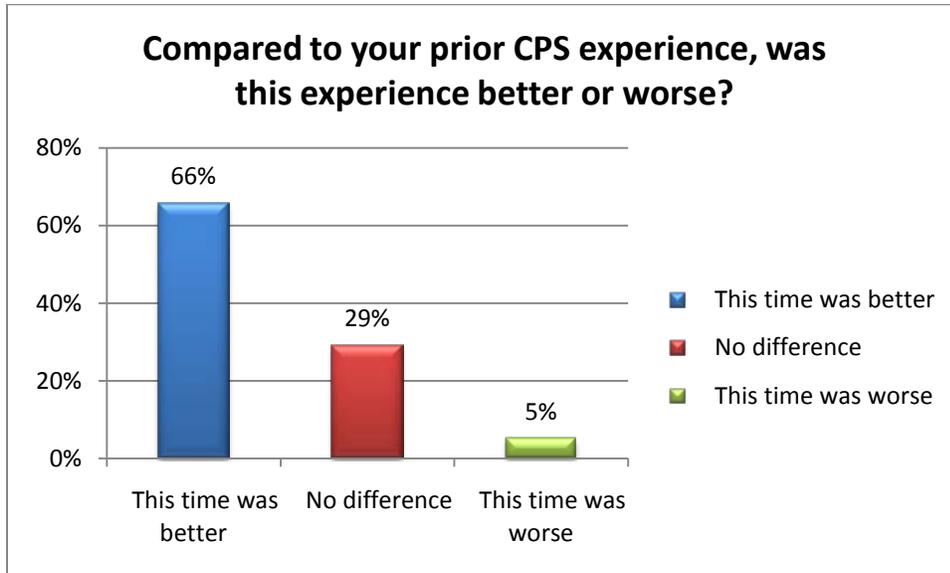


In Onondaga County, the percentage of caregivers who felt positive (either very positive or somewhat positive) about their experience was significantly higher in the FAR group than in the investigated control group (86% vs. 72%, $p = .001$). FAR caregivers were half as likely as caregivers in the control group to have somewhat or very negative reactions.

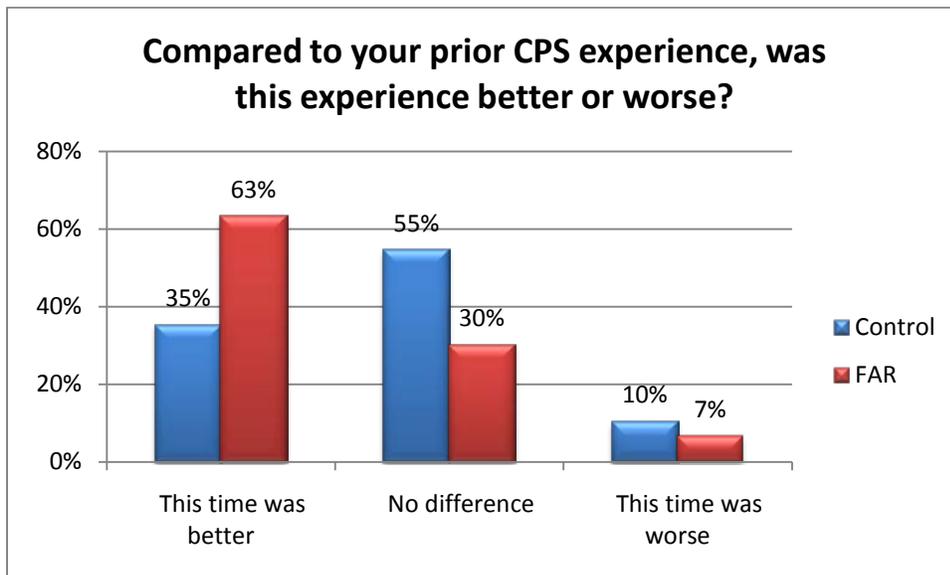


More than half (56%) of the FAR caregivers responding to the family satisfaction survey in the five counties indicated that they had a prior CPS experience. (The last time would have been an investigative experience for almost all respondents.)

When asked to compare their recent FAR experience with their previous CPS experience, two-thirds (66%) said that this time was better. Only 5% of FAR caregivers thought their recent FAR experience was worse, and 29% said it was neither better nor worse than the last time.



The percentage of caregivers in Onondaga County who felt their most recent experience with CPS was better than the last time was significantly higher ($p < .001$) in the FAR intervention group (63%) than in the investigated control group (35%).



Summary of Family Satisfaction and Engagement

Strong evidence was found that families were more positive about the FAR approach than they were about the investigative response. Compared to the investigated caregivers in the control group, caregivers assigned to the FAR track in Onondaga County were significantly more likely to report that

their caseworkers fully listened to them and respected them. FAR caregivers felt more positive about their overall experience and felt their most recent experience with CPS was better than their previous one (among those who had a prior encounter with CPS). FAR caregivers were significantly less likely than investigated caregivers to report feeling annoyed, stressed, irritated, angry, and worried by the end of the first home visit.

In addition to engaging parents, FAR workers tried to engage children and others in the family's support network in the assessment and solutions process. FAR workers rated three-quarter of primary caregivers as very engaged in the assessment process, but reported more difficulty engaging secondary caregivers and children.

While not necessary in all cases, in almost half of FAR cases, caseworkers tried to engage the family's natural or community supports. The majority of FAR workers reported that attempts to engage families' support networks have been fairly useful or very useful in identifying and implementing solutions.

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Chapter 8: Services

Two of the goals stated in the enacting legislation were to promote broader community involvement in meeting the service needs of families and to expand and expedite access to appropriate services. The FAR worker can provide services directly, link the family with community resources while the FAR case is open, and/or refer the family for additional services to be received after the FAR case closes. Three types of services information were gathered for the evaluation:

1. A survey questionnaire was completed by 191 CPS caseworkers in twelve FAR counties from Rounds 1 and 2; 83% of 95 FAR workers and 70% of 161 investigation workers completed the questionnaire.
2. The primary caregiver in 493 FAR families from five Round 1 counties and 123 FAR-eligible but investigated control group families from Onondaga County completed telephone or mail surveys after their experience with CPS. The survey included questions about the help they received.
3. FAR workers in five Round 1 counties completed a case closing document for each family in the evaluation. Services provided or referred were reported for 1,718 FAR families.

Most of the pilot programs expected that immediate services and referrals would be completed within 60 to 90 days. We will begin by examining the duration of the FAR cases.

FAR Case Duration

On average, a FAR case was open for 84 days, with half open for less than 70 days. The duration of the FAR cases varied significantly across the pilot programs, ranging from an average of 54 days in Chautauqua to 138 days in Westchester. The variation among the pilot counties may have a number of possible causes.

First, some counties might not have monitored or placed as much emphasis on the duration of FAR cases as others. Second, lack of clear guidance or consistent expectations about when to close FAR cases may be responsible for the variation. Some FAR workers preferred to keep a case open for a longer period to ascertain whether the family plan was working out and/or the family had connected with community-based service providers, while others closed cases right after providing referrals to community service providers. Third, there were substantial delays in documenting the FAR process in CONNECTIONS in some counties. In some of the cases we reviewed, it appeared that the FAR worker had finished working with the families, but was delayed in entering case notes and/or closing reasons into the computer system.

FAR Families	Chautauqua	Erie	Onondaga	Orange	Tompkins	Westchester	Total
Number of days until case closed (mean / median)	53.7 / 43	89.5 / 98	94.1 / 71	73.0 / 53	62.7 / 54	138.4 / 127	84.3 / 70

1. Services Reported on the FAR and Investigative Caseworker Survey

Investigative and FAR caseworkers were asked three questions about 31 types of services or service providers (see table on next page).

A) Are you aware of any providers (resources) of these services in your service area?

If Yes,

B) Do you know the name of a contact person at the provider agency or have you met with anyone from the agency or resource?

And

C) Have you referred a child or family to the provider or resource within the last 90 days?

There was a high level of awareness of a broad range of service providers by both FAR and investigation workers. For all service types except one, more than two-thirds of both types of caseworkers were aware of providers of these services in their service area. The one exception was household management / homemaker services, where only about 50% of workers knew of a resource that provides this service. While awareness of providers was about equal between the two types of workers for most services, investigative caseworkers were more likely to report awareness of childcare providers (97% vs. 86%, $p=.003$) and transportation services (74% vs. 62%, $p=.075$) than FAR workers. On the other hand, more FAR workers (86%) reported awareness of developmental disability services than investigation workers (76%, $p=.083$). In all cases, the overall awareness was very high for both groups, but the only statistically significant ($p<.05$) difference was the difference in awareness of childcare providers.

The list of resources included a few generalist community-based organizations rather than specific service types. While three-quarters or more of caseworkers knew of churches/religious organizations, youth organizations (e.g., Scouts) and recreational facilities (e.g., YMCA) that provide services, only about half of the workers were aware of a Family Resource Center, neighborhood organization, or community action agency in their service area. Less awareness may indicate that these types of organizations do not exist in the more rural service areas. However, as shown below, FAR workers are more likely to refer families to these community-based organizations, helping to further the FAR goal of broadening community involvement in meeting families' service needs.

Recent referrals for substance abuse treatment were high in both groups of caseworkers although significantly more investigation workers (71%) reported referring for substance abuse treatment in the last 90 days than FAR workers (54%, $p=.016$). This difference is most likely due to the child safety concerns that accompany serious parental substance abuse which cause more of these families to be screened onto the investigation track. It may also reflect the fact that substance abuse treatment services available from the family drug treatment court may be accessed only through the traditional CPS investigation process, not FAR.

Significantly more FAR workers than investigation workers reported that they referred families to providers of food (58% vs. 42%, $p=.027$), housing (66% vs. 45%, $p=.004$), and utilities assistance (52% vs. 20%, $p=.000$) in the last 90 days. In addition to attending to basic needs more often, FAR workers were significantly more likely to refer families to support groups such as Parents Anonymous (24% vs. 11%, p

=.014). Approaching, but not quite reaching a .05 significant difference, 20% of FAR workers referred for developmental disability services compared to 11% of investigation workers (p=.066). It is notable that although more investigative workers were aware of transportation services, more FAR workers than investigative workers reported actually referring families for transportation services (39% vs. 30%).

Service Provider Knowledge and Utilization by FAR and INV Caseworkers	Aware of Resource Provider		Know Name or Met Contact Person		Referred Family in Last 90 Days	
	FAR Worker	INV Worker	FAR Worker	INV Worker	FAR Worker	INV Worker
Source: Caseworker Survey (Oct-Nov 2010)						
Mental health services	98.7%	99.1%	75.9%	66.1%	69.6%	69.6%
Domestic violence services/shelter	97.5%	97.3%	74.7%	72.3%	65.8%	72.3%
Parenting classes	97.5%	98.2%	62.0%	65.2%	51.9%	59.8%
Substance abuse treatment	96.2%	98.2%	62.0%	61.6%	54.4%*	71.4%*
Food services/food pantry	96.2%	98.2%	44.3%	42.9%	58.2%*	42.0%*
Housing assistance	93.7%	91.1%	54.4%	48.2%	65.8%*	44.6%*
Early childhood services	92.4%	97.3%	49.4%	58.0%	39.2%	46.4%
Medical services	92.4%	90.2%	45.6%	48.2%	26.6%	35.7%
Substance abuse support groups	88.6%	86.6%	26.6%	25.9%	29.1%	27.7%
Utilities -other household assistance	87.3%	83.9%	35.4%	36.6%	51.9%*	19.6%*
Child care (day care)	86.1%*	97.3%*	50.6%	59.8%	26.6%	33.0%
Developmental disability services	86.1%	75.9%	39.2%	35.7%	20.3%	10.7%
After-school program	84.8%	92.0%	25.3%	36.6%	20.3%	12.5%
Youth organizations (e.g., Scouts)	83.5%	80.4%	27.8%	21.4%	13.9%	7.1%
Public health nurse	81.0%	81.3%	54.4%	44.6%	25.3%	31.3%
Recreational facilities (e.g., YMCA)	81.0%	81.3%	26.6%	25.0%	13.9%	11.6%
Legal services	79.7%	82.1%	26.6%	34.8%	22.8%	25.0%
Job employment services	78.5%	78.6%	24.1%	28.6%	24.1%	16.1%
Adult educational services	75.9%	67.0%	15.2%	17.9%	13.9%	7.1%
Churches/religious organizations	75.9%	76.8%	20.3%	25.0%	15.2%	8.9%
Dental services that accept Medicaid	74.7%	76.8%	29.1%	31.3%	20.3%	12.5%
Healthy Families/home visiting	73.4%	75.0%	43.0%	38.4%	21.5%	27.7%
Job training services	73.4%	68.8%	21.5%	25.9%	16.5%	12.5%
Support groups (parents anonymous)	73.4%	66.1%	16.5%	17.9%	24.1%*	10.7%*
Respite care/crisis nursery	70.9%	65.2%	26.6%	34.8%	7.6%	15.2%
Adult vocational training	67.1%	62.5%	12.7%	13.4%	6.3%	6.3%
Transportation services	62.0%	74.1%	32.9%	34.8%	39.2%	30.4%
Neighborhood organizations	58.2%	53.6%	15.2%	17.0%	17.7%*	7.1%*
Household management/homemaker	55.7%	49.1%	15.2%	20.5%	10.1%	13.4%
Community action agency	53.2%	50.9%	22.8%	18.8%	17.7%*	6.3%*
Family Resource Center	50.6%	53.6%	13.9%	17.0%	11.4%	8.0%

* Significant difference at .05 level

FAR workers were also significantly more likely than investigation workers to refer families to less formal community-based organizations, such as neighborhood organizations (18% vs. 7%, $p=.024$) and community action groups (18% vs. 6%, $p=.013$). While not reaching statistical significance, twice as many FAR workers reported referring families to youth organizations in the last 90 days (14%) as investigation workers (7%).

2. Services Reported on the Family Satisfaction Survey

FAR Family Caregiver Respondents from Five FAR Counties

Respondents to the family satisfaction survey were provided a list of 24 types of assistance and asked if the worker helped their family with each one, either directly or by referral to another service provider. The table below shows the percentage of 493 respondents who answered yes to each type of assistance, in descending order. The most frequently reported assistance received by FAR parents was help to communicate better with their child (28%). About twenty percent received help with stress management, parenting skills, and communicating better with the child’s school.

Did the worker help your family with any of the following, either directly or by referral to another service provider?	% of FAR Families (n=493)
Help so you and your child could communicate better	28.4%
Help with ways to manage stress and the importance of taking care of yourself	20.9%
Learn about child development or new parenting skills	20.5%
Help to communicate better with your child’s school	19.9%
Help get services for your child’s special needs (developmental assessment, Spec.Ed.)	15.6%
Help you or a family member with concerns such as mood swings, depression, or anxiety	13.6%
Get basic things you need for your child, like diapers, formula, food, or clothes	12.6%
Get your child involved in extra-curricular activities (camp, music lessons, scouts)	12.0%
Help you deal with a difficult relationship with your partner or ex-partner	9.9%
Help get public assistance services, such as TANF, food stamps, Medicaid	9.5%
Help with transportation to appointments or getting gas or repairs for the car	8.1%
Get furniture, appliances, or other household goods	7.9%
Help you make your home more safe, secure, clean, or comfortable	7.9%
Get health insurance and/or medical or dental care	7.5%
Help with custody or visitation problems	7.5%
Help with a difficult relationship with someone else (not a partner or ex-partner)	5.9%
Get phone, heat, or electric service to your home	5.5%
Help you or a family member deal with an alcohol or drug problem	5.1%
Get school supplies for your child	4.5%
Help you find an apartment or other place to live	4.1%
Help you or other caregiver with employment concerns	4.1%
Help with money management, making and living on a budget	3.7%
Help you find or arrange for child care	3.0%
Arrange for respite services so you can get a rest from parenting	2.6%

Parents were also asked if they received any additional help not included on the list above. Two percent of respondents wrote that they received emotional support; were provided written or verbal

information on a specific topic; or received some financial help to pay a bill (e.g., rent, legal, storage, phone card). Other types of help reported by one percent or less of FAR respondents included a listing of service providers, referrals to general counseling, or receiving a special item, such as Christmas presents or a gift card. In total, 74% of respondents reported receiving some type of help. Only 26% did not report receiving any help from the worker.

Control Group vs. FAR Families in Onondaga County

When the control group is compared with the families who received FAR in Onondaga County, parents in the FAR group were significantly more likely ($p < .05$) to report receiving help in three areas:

- Getting basic things needed for child, like diapers, formula, food, or clothes (17.9% vs. 6.5%)
- Help dealing with a difficult relationship with partner or ex-partner (11% vs. 4.9%)
- Help getting public assistance services, such as TANF, food stamps or Medicaid (9.6% vs. 3.3%)

Did the worker help your family with any of the following, either directly or by referral to another service provider?	Onondaga Control (n=123)	Only FAR (n=218)
Help so you and your child could communicate better	20.3%	22.5%
Learn about child development or new parenting skills	14.6%	21.6%
Help with ways to manage stress and the importance of taking care of yourself	15.4%	20.2%
Help to communicate better with your child's school	15.4%	17.9%
Get basic things you need for your child, like diapers, formula, food, or clothes	6.5%*	17.9%*
Help get services for your child's special needs (developmental assessment, Spec. Ed.)	13.0%	17.4%
Help you or a family member with concerns such as mood swings, depression, or anxiety	12.2%	16.5%
Help you deal with a difficult relationship with your partner or ex-partner	4.9%*	11.0%*
Get health insurance and/or medical or dental care	4.9%	10.1%
Get your child involved in extra-curricular activities (camp, music lessons, scouts)	9.8%	9.6%
Get furniture, appliances, or other household goods	4.9%	9.2%
Help you make your home more safe, secure, clean, or comfortable	8.9%	9.2%
Help with transportation to appointments or getting gas or repairs for the car	8.1%	9.2%
Help with custody or visitation problems	4.1%	8.3%
Help you or a family member deal with an alcohol or drug problem	4.9%	6.9%
Get school supplies for your child	1.6%	5.5%
Help with a difficult relationship with someone else (not a partner or ex-partner)	4.1%	5.5%
Help you find or arrange for child care	5.7%	5.0%
Help with money management, making and living on a budget	1.6%	5.0%
Help you find an apartment or other place to live	4.1%	4.6%
Get phone, heat, or electric service to your home	2.4%	4.1%
Help you or other caregiver with employment concerns	1.6%	4.1%
Arrange for respite services so you can get a rest from parenting	.8%	4.1%
Help get public assistance services, such as TANF, food stamps, Medicaid	3.3%*	9.6%*

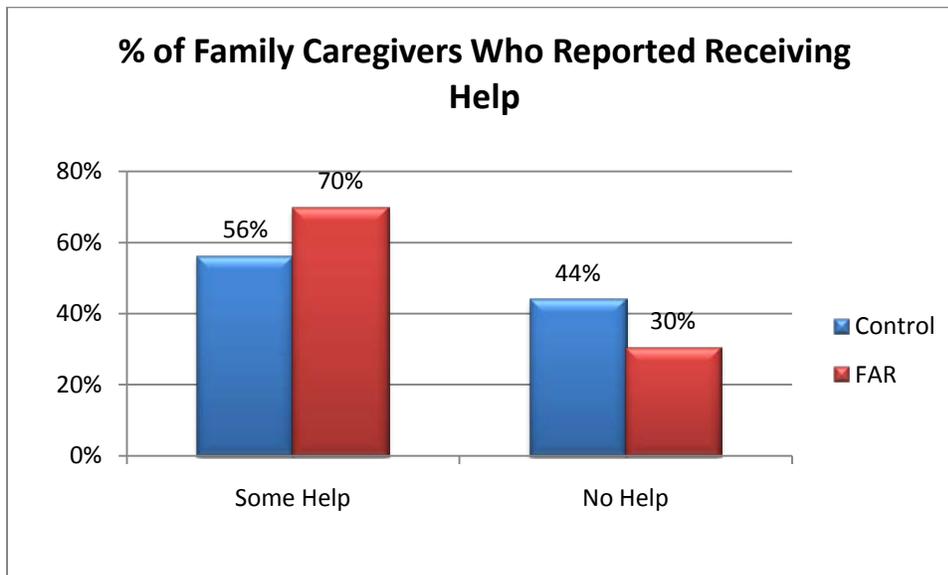
* Significant difference at .05 level

In addition, FAR families were more likely to report ($p < .1$) that they received help in these areas:

- Learning about child development or new parenting skills
- Getting school supplies for child
- Getting health insurance and/or medical or dental care
- Help with custody or visitation problems
- Help with money management, making and living on a budget
- Arranging respite services

While not reaching statistical significance, almost twice as many FAR families (9%) reported receiving help getting furniture, appliances, or other household goods than investigated families (4.9%).

There was a very strong relationship ($p=.013$) between being on the FAR track and receiving help in at least one area. More than two-thirds of FAR families (70%) reported receiving some type of help, compared to just over half of the control group families (56%).



3. Services Reported in the FAR Case Closing Documents

The case closing document had a grid listing 35 types of goods and services that we thought might be used by FAR workers to help meet the needs of families on their caseload. An “other” category was also provided so workers could describe any additional good or service not included in the defined list. The goods and services were grouped into three broad categories:

1) Living Expenses or Financial Related Services (12 items, such as baby supplies, housing improvement, transportation, and public assistance)

2) Child Development Related Services (10 items, such as truancy services, education, counseling, recreation, mentoring, and health)

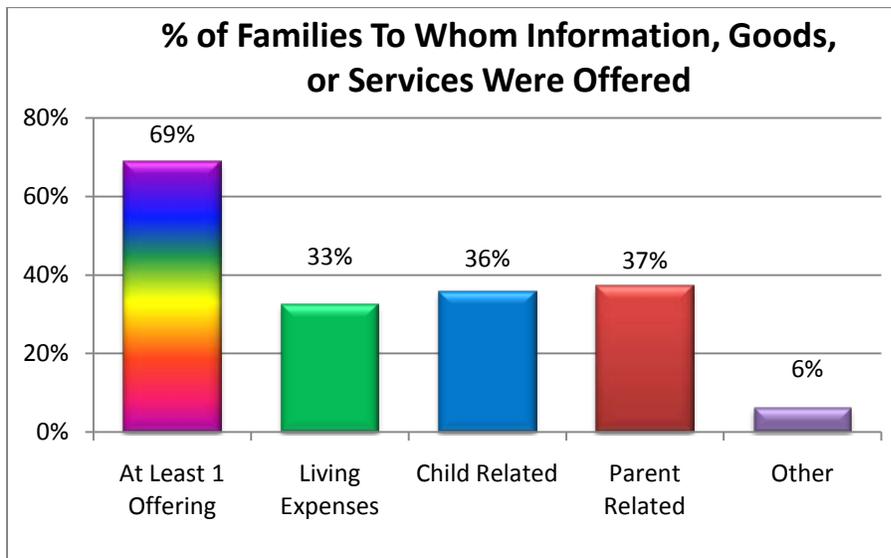
3) Parent Related Services (13 items, such as parent education, counseling, mediation, education, job skills, and legal)

The FAR worker indicated whether he or she had offered, provided information about or arranged for a good or service to be provided to the family. If so, the worker then reported whether the family received the goods or services; services were pending or wait listed; the family was ineligible for services; the family refused services; or the worker did not know the status. For each good or service type provided, the worker indicated who provided the goods or services (FAR worker, other LDSS unit, contract provider, community agency, or other).

The services data recorded on this grid offer considerable insight into FAR program operations, revealing what types of goods and services were most likely to be offered to families, which types were accepted, and how frequently community resources were used to provide goods and services (as compared to direct service provision by the FAR worker or other LDSS service units).

Information, Goods, or Services Offered by FAR Workers to Families

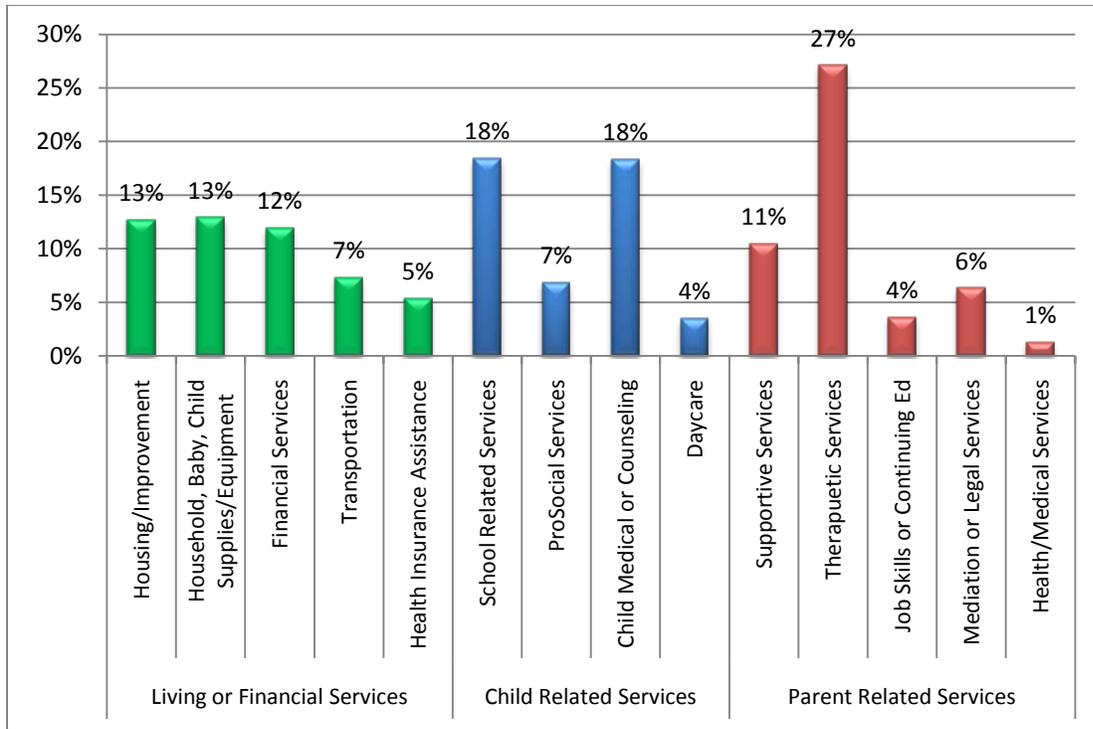
The chart below shows that FAR workers offered information, goods, or services to more than two-thirds (69%) of families, with almost equal percentages of families being offered help with living expenses, child development, and parent-related services.



The chart below shows the percentage of families offered each service type within each of the three broad categories.

The most frequent offer was for some type of therapeutic service for parents, which was offered to 27% of families. For purposes of this study, **Parent therapeutic services** include:

- Substance abuse (offered to 8% of families)
- Domestic violence (5%)
- Mental health (6%)
- General counseling for parent or family (14%)



The next most frequent service offers were for school related services and child medical or counseling services, both of which were offered to 18% of families.

School related services include:

- School attendance/truancy-related services (9%)
- Advocacy with school, tutoring, special education, GED, post HS education planning (12%)
- Developmental assessment of child (3%)

Child medical and counseling services include:

- Counseling for child, other than education-related (17%) and
- Health or medical services (3%).

The third most frequently offered service types were in the living or financial services category, with 13% of families being offered housing assistance, 13% being offered household, baby, or child supplies/equipment and 12% being offered financial assistance.

The **housing services** category includes:

- Housing improvement assistance, such as cleaning, repairs, trash removal, weatherization (3%)
- Housing assistance to forestall eviction or foreclosure, such as advocacy with landlord, emergency rent payment, and help to renegotiate payment with bank (4%)
- Help finding, arranging, moving, or paying for family to move to a shelter or permanent residence (4%)
- Help getting/maintaining utilities, such as advocacy with utility or phone company, emergency utility or phone bill payment, phone card (4%)

Household, baby, child supplies/equipment category includes:

- Baby supplies or equipment, such as diapers, formula, crib, car seat (7%) and
- Free or low-cost household goods, such as food, clothing, furniture, appliances, excluding baby items (8%)

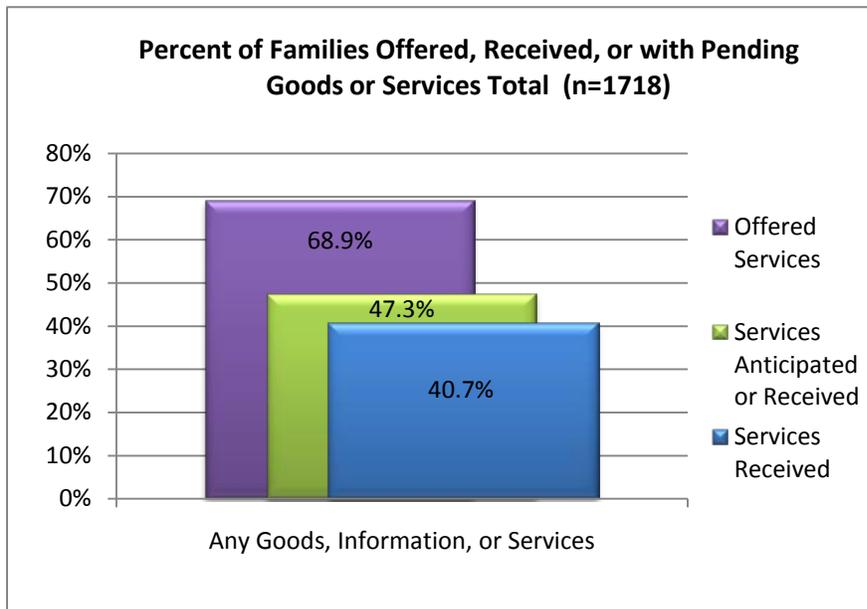
Financial assistance includes:

- Application for low-income public assistance programs, such as food stamps, child care subsidy, TANF, and HEAP-home energy assistance program (10%)
- Help in getting child support from child’s other parent (2.1%)
- Earned Income Tax Credit or other tax-related assistance (0.2%)
- Help with making a household budget (12.0%)

When reviewing the data on information, goods, and services presented above, keep in mind that some families were offered more than one type of service within and across service type categories. On average, families were offered 1.75 types of services.

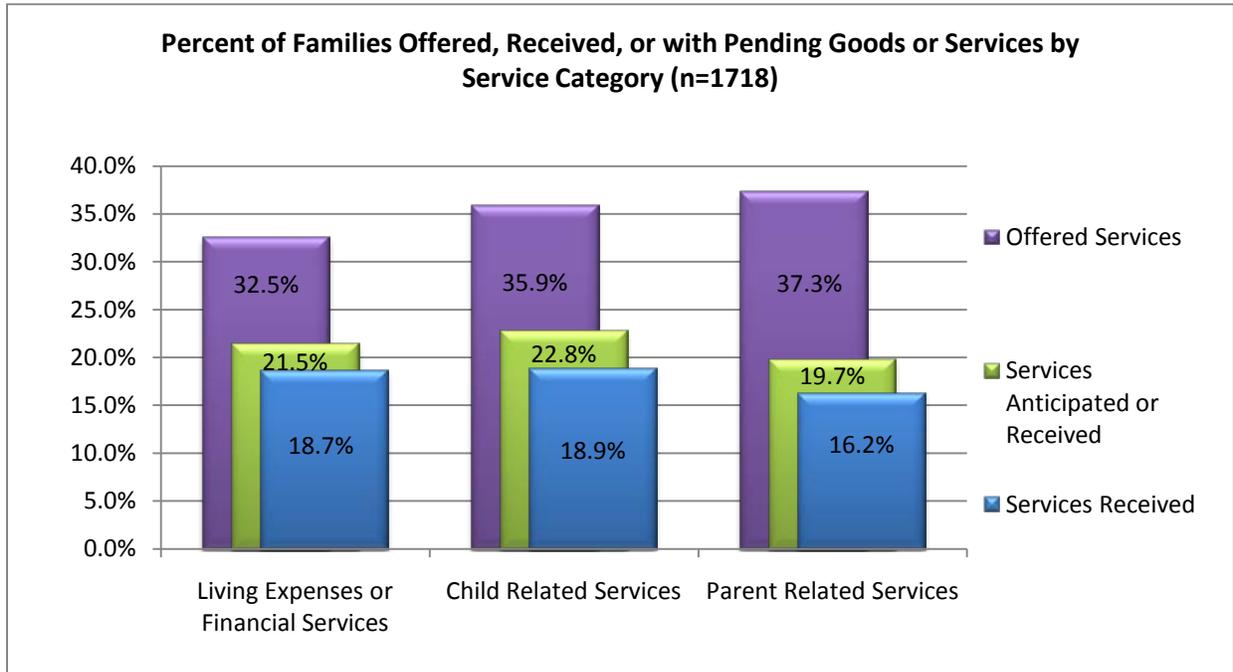
Goods or Services Received or Pending by Close of FAR Case

While 68.9% of FAR families were offered services, 47.3% of FAR families were anticipated to or actually received at least one good or service through the efforts of FAR workers. Excluding 6.6% of families whose services were still pending at the end of the FAR case, 40.7% of families received at least one good or service.



The most common reason for why a family who had been offered services did not receive them was that the family refused the offer, although in a small percentage of cases, the family was found to be not eligible for a particular service, the worker did not know if the family followed through on the offer, or the worker did not indicate what the families response was to the offer.

The chart below shows the same information as above, but separated by service categories. While 32.5% of families were offered at least one type of good or service in the living expenses category, 21.5% of all families were anticipated to or had already received at least one of the goods or services in this category by the close of the FAR case. Similar percentages for anticipated or actually received services were found in the child-related services category (22.8%) and the parent-related services category (19.7%).

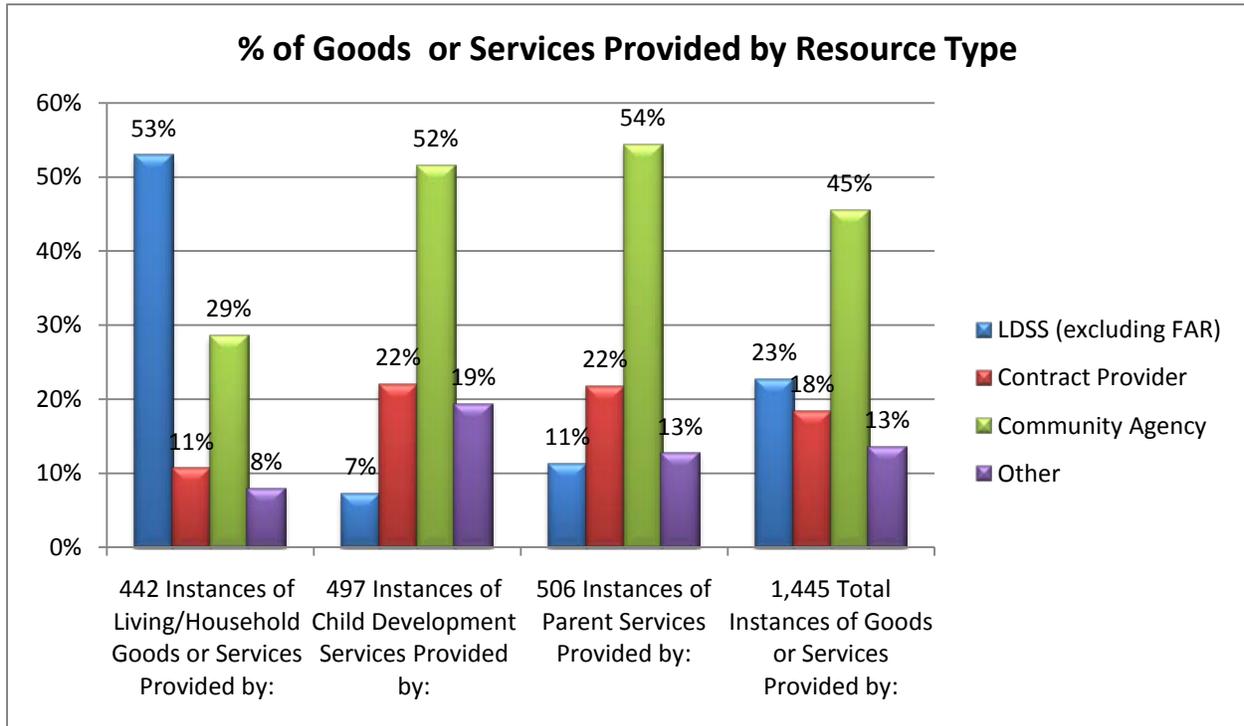


Providers of Goods and Services

While the FAR workers provided many of the household goods and supplies themselves, often using FAR flex funds, they frequently used other community resources to provide immediate or longer-term assistance. For example, FAR workers themselves provided 448 instances of goods or services in the living expenses/household good category alone. This category includes the use of FAR flex funds to purchase baby supplies, mattresses, clothing, food, gas cards, phone cards, cleaning supplies, trash removal, lice removal products, alarm clocks, shelves for child’s room, rent and security deposits, and so forth, but it also includes advocacy with landlords to provide necessary items and repairs.

The chart below shows how often other resources were used to provide goods or services to meet the financial, child development or parent-related needs of families on the FAR track. While FAR workers provide information about services available from other organizations and facilitate their use, FAR workers are excluded from this chart because FAR workers rarely provide the longer-term services themselves. The percentages are of total instances of help, not of families, because one family could receive more than one type of help and/or help from more than one type of resource. Depending on context, the “other” category could include relatives, local businesses, schools, or associations such as the Scouts or YMCA, but some caseworkers may have categorized the same resource, such as a school

or YMCA, as a community agency without noting the resource name. The chart below provides a picture of FAR families getting help from a variety of sources. The public agencies (LDSS) were most often involved when financial assistance programs, such as food stamps, TANF, and Medicaid were needed for low-income families. The majority of child development and parent related services were provided by community agencies. In 22% of both child development and parent related services, a resource that the CPS agency had contracted with provided the needed service.



Summary of Services

The caseworker survey showed that there is very high awareness of a broad range of resources and service providers by both FAR and investigative caseworkers. Both FAR and investigative workers frequently access services that address problems often associated with child abuse or neglect, as more than 50% of both types of workers recently referred families to mental health, domestic violence, and substance abuse treatment services, as well as parenting classes. However, the workers reported use of referrals indicates that FAR has increased families’ access to appropriate services, especially for the basic family needs of food, housing, and utilities.

FAR has broadened the involvement of the community in meeting family service needs by more often referring to non-traditional service providers and self-help groups. While the percentages are low compared to referrals to more formal service providers (mental health, DV, etc.), more FAR workers reported referring families to parent support groups, neighborhood organizations, and community action groups. There is also some evidence that FAR workers are more likely to refer to MR/DD service providers and churches/religious organizations.

While the family satisfaction survey showed that a majority of families reported that their worker provided them with assistance in at least one area regardless of which track they are on, the families on the FAR track were much more likely to report receiving help from their caseworker. Moreover, FAR families are more likely to report receiving help to meet basic needs, including access to public assistance programs. It is also notable that the primary caregiver in FAR families was more likely to receive help dealing with a difficult partner or ex-partner relationship. As domestic violence is frequently associated with child abuse and neglect, if the FAR program can assist in preventing difficult partner relationships from escalating into violence, that assistance alone could do a lot to reduce or prevent future incidences of child maltreatment related to domestic violence. Likewise, if FAR facilitates greater trust between parents and caseworkers, domestic violence victims may be more likely to reveal the existence and extent of violence and accept referrals to domestic violence service providers in the community.

Despite some between-worker variation in categorizing who provided the services, the FAR case closing data indicates that FAR workers are successfully involving others in the community to meet children and family needs. The findings from the caseworker survey, the family satisfaction survey, and the FAR case-level services grid provide consistent support that goal of the FAR program to expand and expedite access to appropriate services and to link families to community service organizations is being realized.

Chapter 9: Impact on Child Welfare System Outcomes

This chapter compares the child welfare system outcomes of the FAR families with the two control groups in Onondaga and Tompkins counties to see whether the FAR program had an impact on the rate of subsequent child welfare involvement. The specific questions addressed are:

- What percent of families in the FAR intervention group were re-reported with allegations of child abuse or neglect? Is the subsequent report rate higher, lower, or about the same as families in the investigated control group?
- What percent of FAR families had public child welfare services cases open? Is the continuing services rate higher, lower, or about the same as families in the control group?
- What percent of FAR families had petitions filed in family court? Is the petition rate higher, lower, or about the same as families in the control group?

As previously explained, control groups were established for two of the pilot sites:

- In Onondaga County, FAR-eligible families were randomly assigned to receive either the FAR intervention or the regular CPS investigation response.
- In Tompkins County, a control group was selected using propensity score matching to identify families reported to CPS in 2007 who had characteristics similar to those of families served by FAR.

As the characteristics of the families in control groups are equivalent to those of the FAR intervention groups in the two counties, we can attribute any significant differences found in the child welfare outcomes for the intervention and control groups solely to FAR. The absence of control groups in the other four pilot counties makes it impossible to measure the impact of FAR in these counties. However, for informational purposes only, the child welfare outcomes of the FAR families for the other four counties are reported at the end of the chapter.

Subsequent Reports

Similar to the method previously described to discover families' CPS history, each family member's appearance as an alleged subject or alleged abused or neglected child in any CPS report received after the focal report intake date was extracted from CONNECTIONS. The individual members' reports were then aggregated to the family-level to avoid duplication. Subsequent reports with the same case number or exact same case name were included in the subsequent report file. Subsequent reports with a different case name than the focal report were examined individually by the evaluation team and a decision was made regarding whether the subsequent report was on the same family or a different family. (The latter situation could occur if a person who was not really part of the family unit was listed in the focal report, e.g., an absent father listed in the focal report could have a later report on him with his current family. Since he was not part of the family unit who received the focal report intervention, this later report would not be counted as a subsequent report).

Follow-up Period for Subsequent Reports

There is a debate over whether subsequent reports should be counted starting with the date the intervention began (focal intake date) or when the intervention ended (case closed date). Although the federal and state measures of re-substantiation and/or re-reporting begin after the focal intake date, it may not be realistic to expect program effects before families have had a chance to receive the entire intervention. Since the enacting legislation required that this study be completed during 2010, there was only enough time to track all families in the study for six months after their focal report intake date. We do show results for both types of follow-up periods and we will continue to track outcomes in the future. It is important to note that prior evaluations of DR in other states found that program impacts only began to emerge eighteen months after completing the intervention.

There are also two operational issues that argue against starting the follow-up period at focal report intake rather than after the FAR or investigation closed: report consolidation and track switching. Essentially, report consolidation allows the allegations in similar reports that are received within a short period after the focal report intake date to be consolidated into the focal report, thus eliminating duplicate notification and documentation requirements for reports on the same family. The consolidated report is not counted when calculating subsequent report rates. FAR reports and investigated reports in this study were subjected to different rules on report consolidation. For more than a year (including the entire study sampling period), OCFS had a policy that did not allow consolidation of multiple reports in FAR cases once the report was confirmed as a FAR case, but did allow (but not require) consolidation of reports on families on the investigation track. Local districts vary in their use of report consolidation, which is another reason not to compare one district's short-term subsequent report rate with another district's rate.

Track switching from FAR to investigations is the other operational factor that may artificially increase the number of subsequent reports for FAR families when the follow-up period begins right after the focal report intake date. Consistent with the statute, OCFS policy requires that, if a FAR worker discovers child abuse, maltreatment, or other serious safety concerns that would make the family ineligible for FAR, the FAR worker must call in a new CPS report in order to transfer the family to the investigation track. There is no comparable track switching for investigated families, as reports that started out on the investigation track are not permitted to switch to FAR. While investigative workers can make a new report on a family if they discover new incidents of child abuse or neglect during the initial investigation, in practice, they would most likely just add another allegation to the focal report.

For this report, we calculated the rate of subsequent reports in two ways: reports that were received within six months of the focal report intake date, and reports that were received after the FAR case closed (or the investigation determined). While the consolidation and track switching issues do not affect this measure, there was not time for a full six-month follow-up period for families whose cases closed after March 9, 2010 because the data used to calculate the subsequent report rates was extracted from CONNECTIONS on September 10, 2010. Because of apparent delays in closing FAR cases in Onondaga, only 64.4% of the FAR cases have a full six-month follow-up period after the case closed compared to 84.6 % of the investigated control group in Onondaga County. In Tompkins County, we

have two years of subsequent report data for everyone in the control group, but have a full six months of follow-up for only 73.2% of the FAR intervention group. Use of a statistical technique called survival analysis allows us to estimate the probability of re-reporting for samples containing families with unequal follow-up periods.

Tompkins County Subsequent Report Rates

The table below compares the subsequent report rates of families in the FAR intervention and control groups in Tompkins County. The table shows both outcomes measures: subsequent reports six months after intake and subsequent reports six months after case closure.

The percentage of families with subsequent reports within six months of intake was somewhat higher in FAR than in the control group (34.8% vs. 28.8%), but this difference is not statistically significant. FAR families were more likely to be re-reported before the focal report closed than families in the control group (14% vs. 5.7%), and this difference is statistically significant. FAR families had an average of 88 days between the focal report intake date and the first re-report, while the families in the control group had an average of 98 days. The inability to consolidate reports for families on the FAR track most likely explains the higher rates of re-reporting for FAR cases, especially during the first month of the FAR case.

Tompkins County	Subsequent report within 6 months after intake date		Subsequent report w/i 6 months after focal report closed (unequal follow-up period for FAR cases)	
	Control	FAR	Control	FAR*
No subsequent report	71.2%	65.2%	65.9%	70.2%
With subsequent report	28.8%	34.8%	34.1%	29.8%
Any indicated subsequent report	5.0%	4.3%	7.7%	4.0%
Families with a subsequent report before focal report closed	5.7%**	14.0%**	N/A	N/A
# of days until first subsequent report (mean/median)	97.8 / 97.0	87.9 / 82.0	79.8 / 70.0	73.4 / 70.0

* Only 73% of FAR group had a complete six-month follow-up period

** Significant difference at .01 level

Subsequent reports after the focal report closed showed a different picture than the previous measure. The subsequent report rate for FAR families was lower than that in the control group (29.8% vs. 34.1%). This difference is not statistically significant, and the lower rate may reflect the fact that some families in the FAR group had less than six months for follow-up after their FAR case closed. The average number of days between the focal report close date and the first re-report was somewhat higher for the control group than for the FAR group (79.8 days vs. 73.4 days).

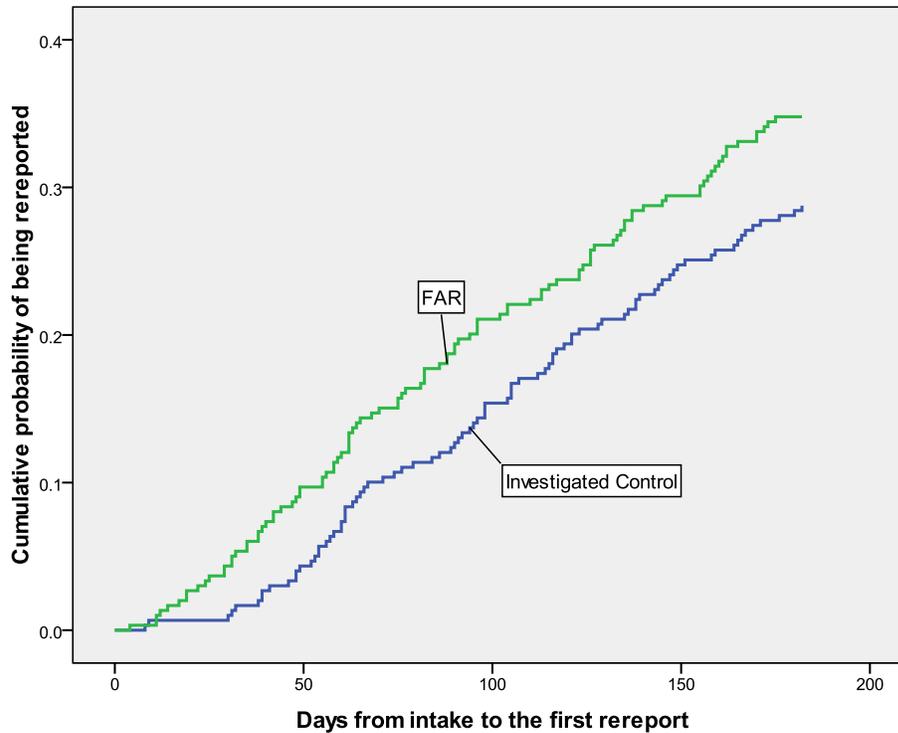
Tompkins County: Survival Analysis of Re-reporting Six Months After Intake

The graph below compares the cumulative probability of families being re-reported within six months after intake for the FAR and control groups in Tompkins County. As was seen in the tabular analysis, no

significant differences between the FAR and control groups were found in the probability of being re-reported within six months after intake.

Most of the difference in the probability of being re-reported occurred within the first 30 days of the follow-up period; the rate of increase in the probability of being re-reported was very similar after that point for the two groups. As mentioned earlier, OCFS' policy not to allow consolidation of reports in FAR cases explains the higher rate of re-reporting for the FAR group.

Cumulative probability of being re-reported within 6 months after intake in Tompkins County

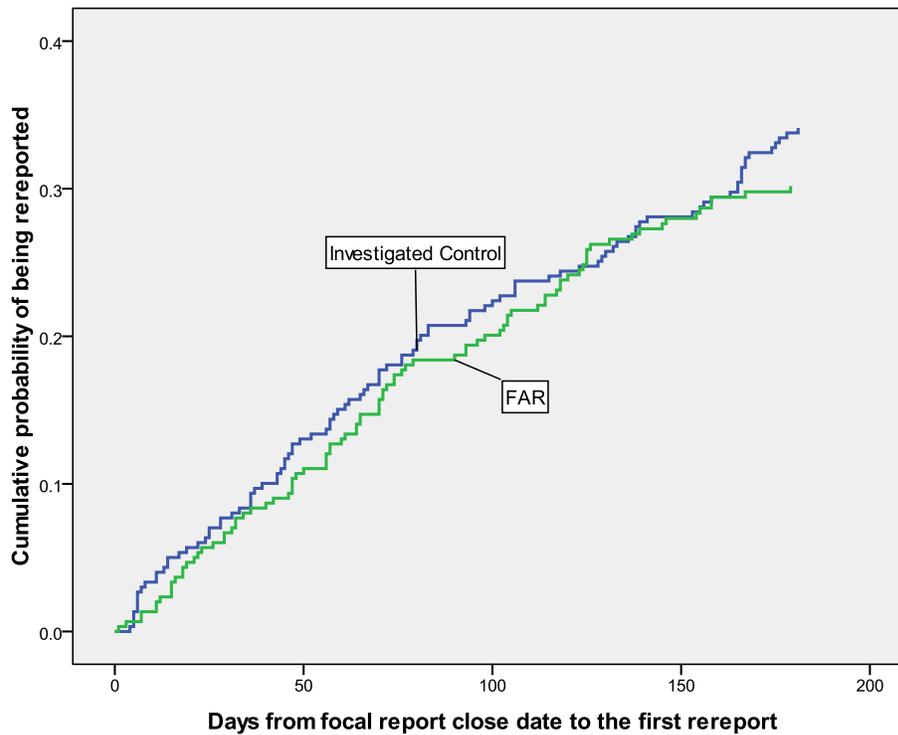


Tompkins County: Survival Analysis of Re-reporting Six Months After Report/Case Closure

The chart below compares the cumulative probability of families being re-reported within six months after the focal report closed in Tompkins County for the FAR and control groups. The survival analysis avoids the problem of unequal follow-up periods for the FAR and control groups.

There were no significant differences between the two groups in the cumulative probability of being re-reported within six months after the focal report closed. The rate of increase in this probability was largely similar between the two groups throughout most of the follow-up period, but the two groups started to diverge at the end of the follow-up period, suggesting that families in the FAR intervention group might have a lower likelihood of being re-reported if they were followed for a longer period of time.

Cumulative probability of being re-reported within 6 months after focal report closed in Tompkins County



Onondaga County Subsequent Report Rates

The table below compares the subsequent report rates of families in the FAR intervention and control groups in Onondaga County, six months after intake and six months after report closure. The percentage of families with a subsequent report within six months of intake was slightly higher in FAR than that in the control group (25.5% vs. 24.0%), but this small difference was not statistically significant. FAR families were significantly less likely than control families (4% vs. 8.1%) to have a subsequent indicated report within six months of intake. However, this difference may have been affected by the design of the randomized control trial. To avoid contamination of the control group with

Onondaga County	Subsequent report within 6 months after intake		Subsequent report w/i 6 months after focal report closed (unequal follow-up period)	
	Control	FAR	Control	FAR
No subsequent report	76.0%	74.5%	72.78%	73.6%
With subsequent report	24.0%	25.5%	27.3%	26.4%
Any indicated subsequent report	8.1%**	4.0%**	7.5%**	4.1%**
Families with subsequent report before focal report closed	4.2%**	12.4%**	N/A	N/A
# of days until first subsequent report (mean/median)	93.18 / 84.0	98.5 / 103.0	86.3* / 84.0	74.3* / 64.5
* Significant difference at .05 level ** Significant difference at .01 level				

exposure to FAR on a subsequent report, families assigned to the control group would automatically receive a CPS investigation if re-reported during the sampling period, thus increasing the control group's likelihood of subsequent indications.

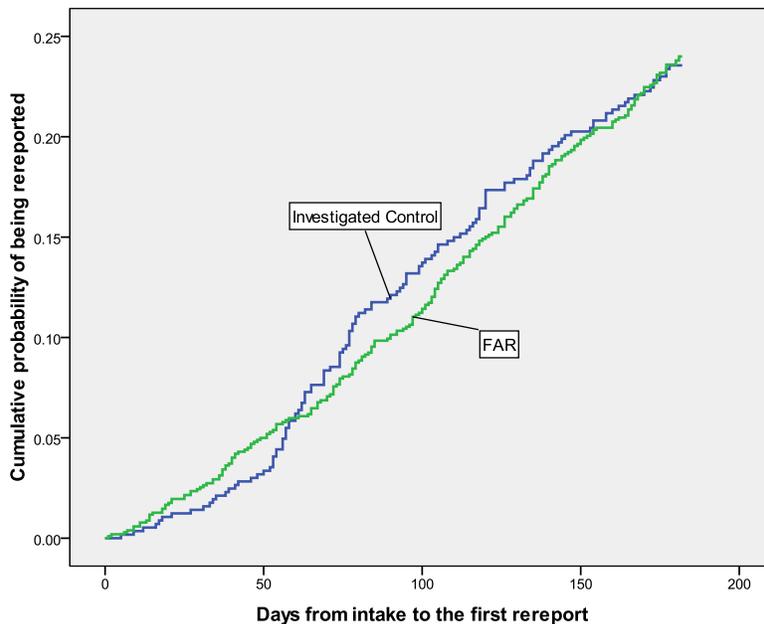
FAR families were significantly more likely to be re-reported before the focal report closed than families in the control group (12.4% vs. 4.2%). This difference was not reflected in the number of days until the family was first re-reported, and is most likely due to the misleading long FAR case durations because of delays in closing FAR cases on CONNECTIONS in this county. FAR families had an average of 98.5 days from intake to the first subsequent report, while the families in the control group had an average of 93 days.

Subsequent reports within six months after the focal report closed revealed a similar pattern. The subsequent report rate six months after the focal report closed among the FAR families was almost the same as for families in the control group (26.4% vs. 27.3%). Families who received an investigation were significantly more likely to have an indicated subsequent report (7.5%) than families in the FAR group (4.1%). The average number of days between the focal report's close date and the first subsequent report was significantly longer in the control group (86.3 days) than in the FAR group (74.3 days).

Onondaga County: Survival Analysis of Subsequent Reports Six Months After Intake

The graph below shows the cumulative probability of the two samples being re-reported within six months after intake for Onondaga County. This analysis controls for the presence of prior CPS reports because there was a significant difference between the samples on this variable (77.6% of the FAR group had a prior report but only 71.4% of the investigated control group had a prior report). The survival analysis shows no significant difference between the two groups in the cumulative probability of being re-reported within six months after intake.

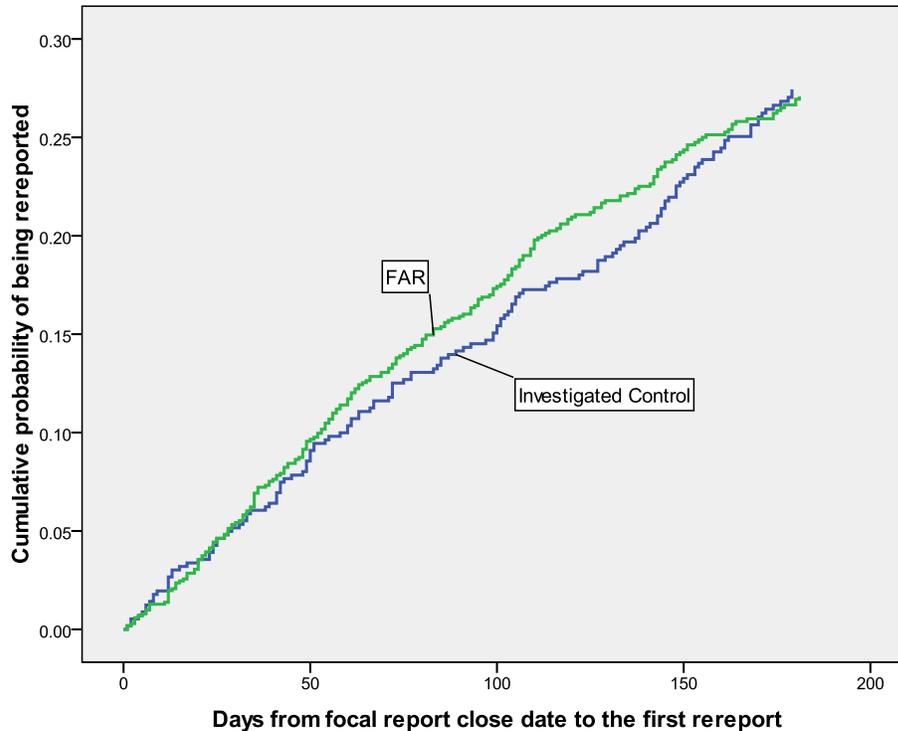
Cumulative probability of being re-reported within 6 months after intake in Onondaga County controlling for any prior report



Onondaga County: Survival Analysis of Subsequent Reports Six Months After Report/Case Closure

The chart below shows the cumulative probability of families being re-reported within six months after the focal report closed in Onondaga County by group assignment, while controlling for the significant difference in prior CPS reports. The survival analysis shows no significant difference between the two groups in the cumulative probability of being re-reported within six months after the focal report closed.

Cumulative probability of being re-reported within 6 months after focal report closed in Onondaga County controlling for any prior report



Family Court Petitions

Any legal events recorded on CCRS regarding a petition filed, a court hearing for an Article 10-Abuse/Neglect, Article 7-PINS, and Article 3-JD, or a Removal in a Preliminary Order after Petition – 1027 that were dated within six months after the focal report intake date were counted as a Family Court petition.

Family Court Petitions Filed in Tompkins County

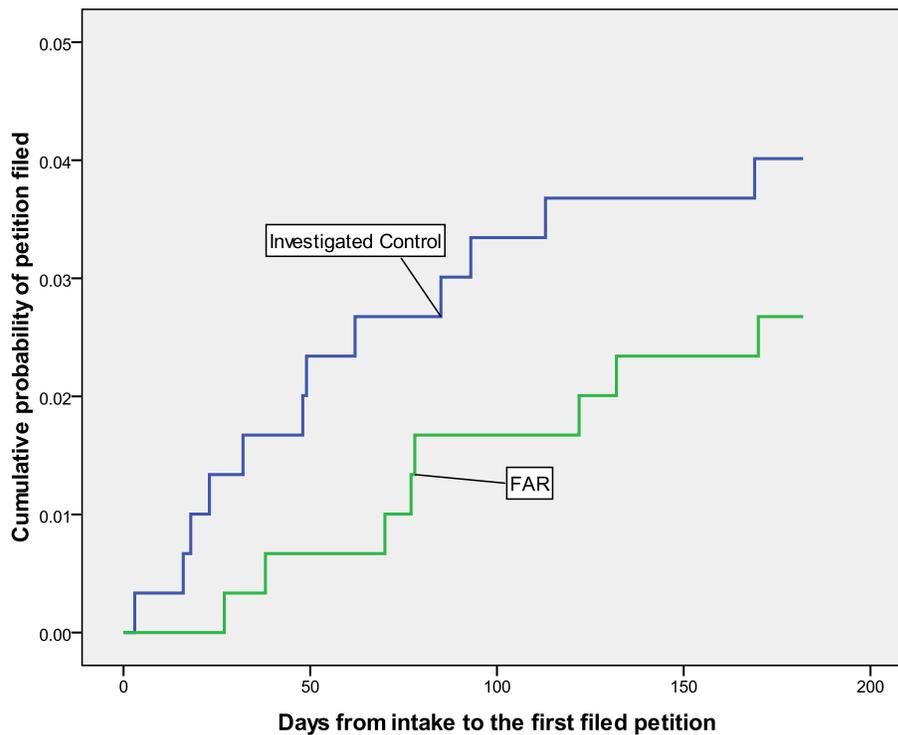
Overall, in Tompkins County, the filing of petitions within six months after the focal report intake date was a relatively rare event as only 2.6% of families in the FAR group and 4% of families in the investigated control group had a petition filed on a child during the six-month follow-up period. This small difference is not statistically significant. A more noticeable difference is that the average number of days until the petition filing in the FAR group is much longer than in the investigated control group (89.3 days vs. 59.3 days). However promising, this extremely rare event with only 20 petitions found

among 598 families, prevents us from drawing a conclusion at this time that FAR has an impact on reducing the need for Family Court petitions and ultimately decreasing the use of out-of-home placement.

Tompkins County		Control	FAR
Percentage of families with a Family Court petition after intake date		4.0%	2.6%
# days until the first petition was filed after intake date (mean/ median)		59.3 / 48.5	89.3 / 77.5

The graph below shows the cumulative probability of a Family Court petition being filed within six months after intake in Tompkins County for the FAR intervention and investigated control groups. The survival analysis indicates that families in the investigated control group were more likely to have a petition filed on a child than families in the FAR group, but the difference is statistically insignificant. The trends suggest that FAR might have an impact on decreasing the likelihood of petitions filed over a longer follow-up period.

Cumulative probability of petition filed within 6 months after intake in Tompkins County



Family Court Petitions Filed in Onondaga County

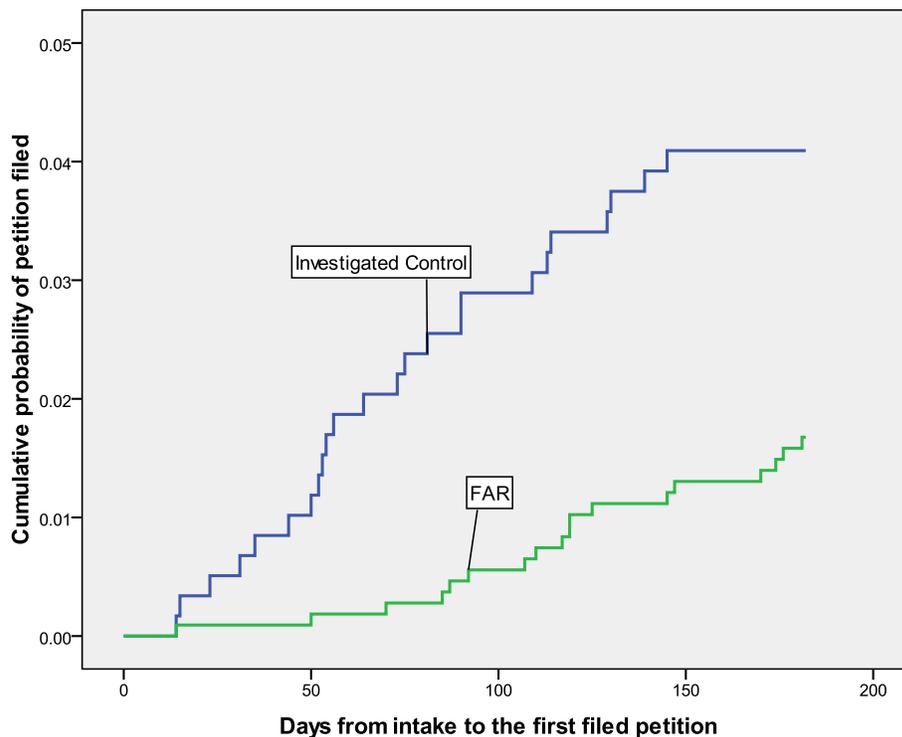
Families in the Onondaga FAR group were significantly less likely than families in the investigated control group to have at least one petition filed within six months of intake (1.9% vs. 4.4%). The average number of days to petition was also significantly longer in the FAR group than that in the investigated control group (116.0 days vs. 74.1 days), suggesting that situations needing family court intervention occurred much sooner in the investigated families. We hypothesize that this lower rate of petitions among FAR families will also result in fewer foster care placements in the future.

Onondaga County	Control	FAR
Percentage of families with a Family Court petition after intake date	4.4%**	1.9%**
# days until the first petition was filed after intake date (mean/ median)	74.1 /68.5**	116.0 / 118.0**

** Significant difference at .01 level

The next graph shows the cumulative probability of a Family Court petition being filed within six months after the focal report intake date in Onondaga County by FAR and control group assignment. The presence or absence of any prior CPS report is controlled for in the survival analysis. Like the previous tabular analysis, this survival analysis shows that families in the investigated control group were significantly more likely to have a petition filed than families in the FAR group.

Cumulative probability of petition filed within 6 months after intake in Onondaga County controlling for any prior report



Child Welfare Services Case Openings

An open child welfare services (CWS) case after the FAR intake can be considered a negative outcome because if the FAR approach helped families solve the concerns that might cause a future CPS report, no CWS case would be needed. A reduction in new CWS cases may be an indicator that FAR families received sufficient services from community resources and assistance from their own natural support networks to resolve child safety and other problems.

The data about CWS case openings within a six-month period after intake was retrieved from CONNECTIONS and used to calculate the rate of new CWS cases in both FAR and control groups. Families who had open CWS cases at the time of intake were removed from all analyses in this section.

Child Welfare Services Case Openings in Tompkins County

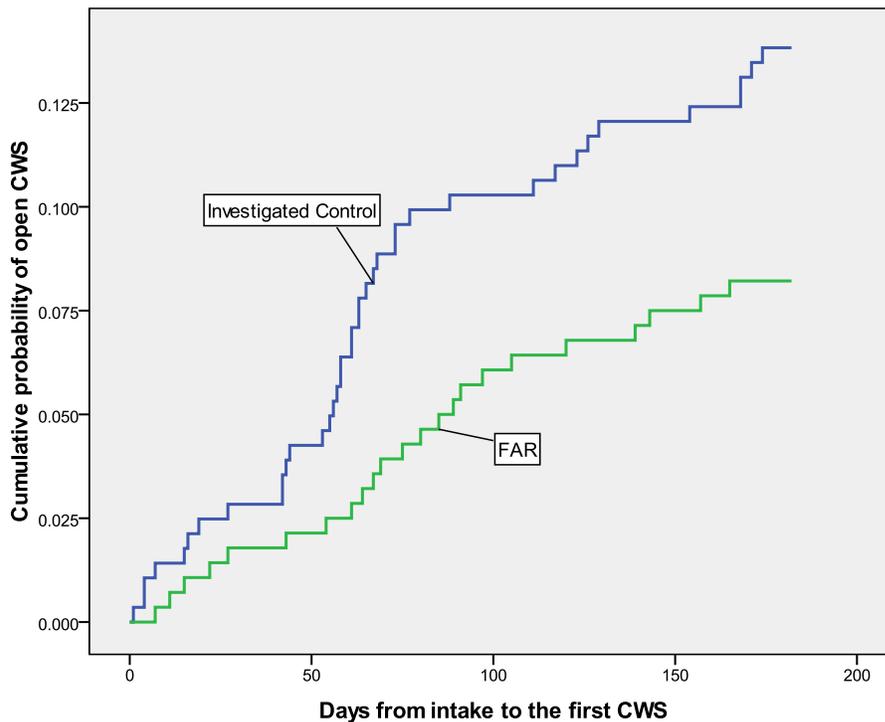
Significantly fewer families in the FAR group had a services case opened within six months after intake than families in the investigated control group (8.2% vs. 13.8%). On average, it took longer to open a services case for FAR families than it did for families in the control group (77.7 days vs. 72 days), but this difference is not significant.

Tompkins County	Control	FAR
Percentage of families with open CWS after intake	13.8%*	8.2%*
# days between intake and the open CWS (mean / median)	72.0 / 60.0	77.7 / 75.0

* Significant difference at .05 level

The graph below shows the cumulative probability of an open CWS within six months after intake by FAR and control groups in Tompkins County. The survival analysis indicates that families in the control group were significantly more likely to have an open services case than those in the FAR group.

Cumulative probability of open CWS within 6 months after intake in Tompkins County



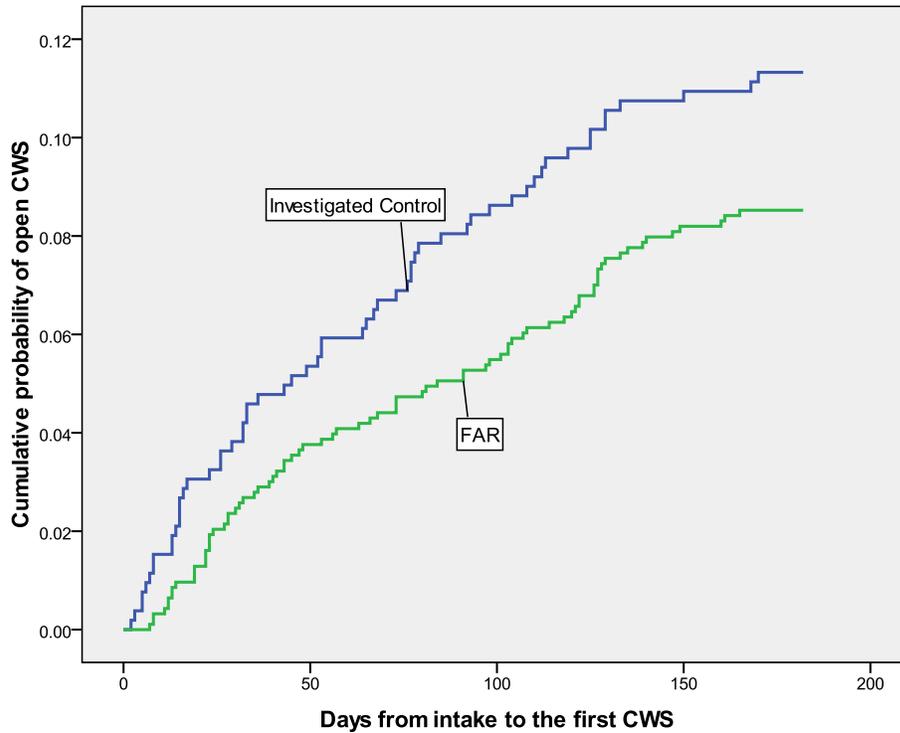
Child Welfare Services Case Openings in Onondaga County

As hypothesized, fewer families in the FAR group (9.0%) had an open services case within six months after intake than families in the investigated control group (11.6%), but this difference is not statistically significant. On average, the number of days from intake to the first open CWS in the FAR group was longer than in the control group (71.8 vs. 61.3 days), but this difference was not statistically significant.

Onondaga County	Control	FAR
Percentage of families with open CWS after intake	11.6%	9.0%
# days between intake and the open CWS (mean / median)	61.3 / 53.0	71.8 / 66.0

The survival graph below shows the cumulative probability of an open CWS case within six months after intake, controlling for the presence or absence of a prior CPS report. Although the probability of a CWS case being opened is lower for the FAR group than for the control group, the difference is not statistically significant ($p=0.75$). A longer follow-up period might be necessary to detect the effect of FAR on this outcome in Onondaga County.

Cumulative probability of open CWS within 6 months after intake in Onondaga County controlling for any prior report



Summary of Impact on Child Welfare System Outcomes

The impact of FAR on subsequent reports, family court petitions, and child welfare service case openings was explored in Onondaga and Tompkins counties, the two counties for which control groups were constructed. For subsequent reports, no significant differences were found between FAR and control groups in both program sites, suggesting that families assigned to FAR or traditional CPS investigation were equally likely to have a subsequent child abuse and/or neglect report. The relatively short follow-up period might contribute to the lack of significant findings. Differences in report consolidation may also have affected the counting of very short-term subsequent reports, especially in Tompkins County.

The Alternative Response (AR) evaluation in Minnesota identified the positive impact of AR on reducing subsequent child abuse and/or neglect reports using a 2-year follow-up period. Its survival analysis indicated that significant divergence in the cumulative probability of being re-reported between the AR and control groups occurred around two years after intake. This suggests that the FAR program in Onondaga and Tompkins might eventually reduce subsequent reports, but this effect was not identifiable in such a limited follow-up period. As the FAR program helps families become more

resourceful, and communities become more responsive to the needs of families with children, we hypothesize that more positive effects will be seen in the long term, as they were in Minnesota. It is recommended that the CPS reports for families in the study samples of these two pilot program sites continue to be tracked to detect any long-term effects of FAR on subsequent report rates.

Petition filing in family court was used as an alternative measure to foster care placements, which are even rarer events than family court involvement in the short-term. The findings indicate that FAR had no effect on the percentage and likelihood of family court petitions being filed within six months after intake in Tompkins County, probably because the number of families with petitions is so small in both groups. On the other hand, FAR families in Onondaga County were significantly less likely to have a petition filed than families who received a CPS investigation, suggesting that FAR had an effect on reducing family court petitions within this short follow-up period. It is recommended that families in the study sample be followed for a longer period, to examine whether the effect of FAR on reducing petitions continues, and to see whether the effect will extend to reductions in out-of-home placements.

One of the program's goals is to increase the use of appropriate and effective community-based services, thus lessening the need for traditional public child welfare services cases. Thus, a reduction in the number of open CWS cases after intake was considered as a proxy measure of whether FAR broadened families' access to community-based services without the need for public monitoring. The percentage of families having a CWS case opened within six months after the focal report intake date was significantly lower for FAR families than for families who received a CPS investigation in Tompkins County, suggesting that FAR had an impact in reducing open CWS cases within the follow-up period. Although FAR families in Onondaga were also less likely than control families to have a CWS case opened, the difference was not statistically significant.

Subsequent Reports, Family Court Petitions, and Child Welfare Service Case Openings in Other FAR Pilot Counties

Information about subsequent reports, family court petitions, and child welfare service cases openings among FAR families in Chautauqua, Erie, Orange, and Westchester is provided in the tables below. The data are provided for informational purposes only because three of the four sites had very small study samples and no comparison groups could be created in these program sites. Thus, one should not use this information to draw conclusions about the effectiveness of FAR on child welfare outcomes in these four program sites.

The percentage of families with subsequent reports and indicated subsequent reports within six months after intake is shown in the table below. The table also displays the percentage of families with a subsequent report before the focal report closed and the average number of days until the first subsequent report. Subsequent report rates for Orange and Westchester were similar to the rate found for the FAR group in Onondaga.

Subsequent Reports within 6 months of FAR Intake Date	Chautauqua	Erie	Orange	Westchester
No subsequent report	44.7%	80.0%	74.7%	72.3%
With subsequent report	55.3%	20.0%	25.3%	27.7%
Indicated subsequent report	10.5%	5.3%	6.7%	7.4%
Families with subsequent report before focal report closed	26.3%	14.7%	12.5%	22.3%
# of days until first subsequent report from FAR intake date (mean/median)	60.7 / 55.0	61.1 / 51.0	83.4 / 81.0	84.6 / 85.5

Subsequent report rates within six months after the focal report closed are shown in the next table. It should be noted that some families did not have a full six-month follow-up period, which could artificially deflate the re-report rate after closure.

Subsequent Reports within 6 months After FAR Case Closed	Chautauqua	Erie	Orange	Westchester
No subsequent report	47.4%	82.7%	77.6%	81.9%
With subsequent report	52.6%	17.3%	22.4%	18.1%
Indicated subsequent report	7.9%	.0%	4.1%	4.3%
# of days until first subsequent report after FAR case closed (mean/median)	71.6 / 63.5	78.7 / 56.0	70.9 / 54.0	86.1 / 91.0

The percentage of families with a family court petition, and days from FAR intake date to the first petition are shown in the table below. The data show that filing a petition in family court within six months of intake was very rare for FAR families in these pilot programs. No family in Erie and Westchester had a petition filed, and only one family each in Chautauqua and Orange had any petitions filed on a child within six months of the focal report intake date.

Family Court Petitions within 6 months of FAR Intake Date	Chautauqua	Erie	Orange	Westchester
Percentage of families with petition	2.6%	0.0%	1.4%	0.0%
# of days until the first petition was filed since intake (mean / median)	30.0 / 30.0	N/A	112.6 / 120.0	N/A

The percentage of families in Orange County for whom a CWS case was opened was quite similar to Onondaga and Tompkins counties, where the study samples were also relatively large. In the other three program sites, where the study samples were small, opening a service case was rarer.

Child Welfare Service Case Opening within 6 months of FAR Intake Date	Chautauqua	Erie	Orange	Westchester
Percentage of families with open CWS after intake	2.6%	6.7%	8.8%	3.4%
# days between FAR intake date and opening of CWS case (mean / median)	97.0 / 97.0	19.8 / 4.0	80.1 / 70.5	101.7 / 108.0

Chapter 10: Caseworker Characteristics and Perspectives

As previously described, investigative and FAR caseworkers in six Round 1 (R1) and six Round 2 (R2) pilot counties were invited to participate in an online survey in the fall of 2010. Response rates were very good as 83% of FAR workers and 70% of investigative workers completed the survey. The information in this chapter comes from the survey responses of 79 FAR workers and 112 investigative (INV) workers. Managers and supervisors without caseloads were not part of this worker survey. Some analyses compare FAR workers to investigative workers, while others compare Round 1 to Round 2 workers.

Survey Respondents	FAR Workers	INV Workers	Total
Round 1	52 (41.3%)	74 (58.7%)	126 (65.9%)
Round 2	27 (41.5%)	38 (58.5%)	65 (34.1%)
Total Respondents	79 (41.4%)	112 (58.6%)	191 (100%)

Two-thirds of the caseworker survey sample came from R1 because several of the R1 programs were large programs with more caseworkers than the R2 programs. The completed survey distribution was the same in R1 and R2 with FAR workers making up 41% of both the R1 and R2 samples.

This chapter looks at the staffing structure of the respondent's CPS units and compares the characteristics and work experience of FAR and INV workers. This chapter also explores the caseworkers' participation in the staff development opportunities provided by AHA, views about implementation issues and resolutions, beliefs and attitudes about the effectiveness of CPS and FAR, and job satisfaction.

Staffing Structure of FAR Programs

There are differences between how the R1 and R2 counties integrated FAR workers into the CPS organizational structure. More than twice as many caseworkers in R2 counties (86.2%) work in units that are composed of both FAR and investigative workers as respondents from R1 counties (39.7%). Put another way, only 22.2% of the FAR workers in R2 counties work in specialized FAR units, compared to 50% of FAR workers in R1 who work in specialized FAR units. This may be because the R2 programs are relatively small and do not have enough FAR workers to form a separate unit.

Is your unit composed of all FAR workers, all investigation workers, or a mix of both?	Unit composed of all FAR workers	Unit composed of all INV workers	Unit has a mix of both FAR and INV workers
Round 1 caseworkers	20.6%	39.7%	39.7%
FAR workers	50.0%	-	50.0%
INV workers	-	67.6%	32.4%
Round 2 caseworkers	9.2%	4.6%	86.2%
FAR workers	22.2%	-	77.7%
INV workers	-	5.3%	94.7%
Total Respondents	16.8%	27.7%	55.5%

Consistent with more use of the mixed unit structure in R2, few FAR workers in R2 (11.1%) would conduct an investigation of a family on their FAR caseload if an investigation becomes necessary. More than half (51.9%) of R2 FAR workers reported that they would transfer the family to an investigative worker. In contrast, in R1, almost half of FAR workers (46.2%) said they would conduct the investigation themselves and only a third (34.6%) said they would transfer the report to an investigation worker.

If a family is initially assigned to you on the FAR track, but then an investigation is needed instead, do you conduct the investigation or is the report transferred to a different worker?	I conduct the investigation	Report is transferred to an investigation worker	Either of the above could happen
Round 1 FAR workers	46.2%	34.6%	19.2%
Round 2 FAR workers	11.1%	51.9%	37.0%
Total	34.2%	40.5%	25.3%

Caseworker Characteristics

Similar to child protective and other child welfare service professions, which are predominately staffed by females, FAR caseworkers are overwhelmingly female. This is most likely due to self-selection by more females as many of the FAR pilot programs started with caseworkers who volunteered.

Are you male or female?	FAR Workers	INV Workers	All Workers
Male	14.3%	24.5%	20.3%
Female	85.7%	75.5%	79.7%

A higher percentage of FAR workers had either a bachelor or masters degree in social work (22%) than INV workers (12%), although the groups had about equal percentages with degrees in the social sciences (FAR:52%; INV:51%).

What is your highest degree?	FAR Workers	INV Workers	All Workers
Bachelor degree in social work	10.4%	6.4%	8.0%
Masters degree in social work	11.7%	5.5%	8.0%
Bachelor degree in social sciences (psychology, counseling, sociology)	48.1%	45.5%	46.5%
Masters degree in social sciences (psychology, counseling, sociology)	3.9%	5.5%	4.8%
Bachelor degree in other area	19.5%	30.0%	25.7%
Masters degree in other area	6.5%	7.3%	7.0%

The majority of FAR workers have considerable experience in CPS investigations, with 54.4% having conducted investigations of more than a hundred families. However, ten percent of FAR workers have never conducted a CPS investigation and another fifth have very limited experience, having conducted investigations with 20 or fewer families during their career. In comparison, 86% of INV workers have conducted investigations of more than 100 families and have more months of CPS investigative experience than FAR workers (mean 67.1 months vs. 46.6 months, respectively).

With about how many families have you worked with on the investigation track throughout your career?	FAR Workers	INV Workers
0, have never worked in investigations	10.1%	.0%
1-5 families	10.1%	.0%
6-20	8.8%	.0%
21-50	12.6%	9.8%
51-100	3.8%	4.5%
101-200	13.9%	17.0%
201-500	20.3%	30.4%
More than 500 families	20.3%	38.4%
Months experience conducting CPS investigations		
Mean	46.6	67.1
Median	24	48

More than half the FAR worker survey respondents reported that they had worked with more than 50 families on the FAR track at the time of the survey and another 30% had a moderate amount of experience, having used FAR with 21 to 50 families.

With about how many families have you used the FAR approach?	FAR Workers Only
1-5 families	3.8%
6-20	9.0%
21-50	29.5%
51-100	23.1%
101-200	25.6%
201-500	7.7%
Months of Experience using FAR	
Mean	13.4
Median	12

FAR workers were more likely to have child welfare experience outside CPS (foster care, preventive, adoption, and/or other child and family units) than INV workers (54.5% vs. 42.7%). About equal percentages had other non-LDSS professional experience working with children and families (62.3% and 59.1%).

Prior CW Experience outside CPS	FAR Workers	INV Workers
Foster care services	29.9%	18.2%
Preventive services	28.6%	22.7%
Adoption services	5.2%	3.6%
Other child and family services	31.2%	18.2%
None of the Above	45.5%	57.3%
Other professional experience with children and families, such as counselor at a community agency or school	62.3%	59.1%

Participation in FAR Training

In addition to any training provided or arranged by the local districts, OCFS arranged for AHA to develop and deliver on-site training and coaching sessions at the local district sites. In 2010, AHA added monthly online webinars for continuing skills development and peer consultation.

As shown in the table below, there was a high level of attendance in training opportunities by FAR workers in both FAR rounds. All FAR workers had attended at least one of the three AHA courses for FAR caseworkers. AHA has repeated the training classes to accommodate new FAR staff on a regional basis, but there will always be new caseworkers who have not had a chance to attend all the training courses at any particular point in time.

FAR Staff Development Participation	R1 FAR Workers	R2 FAR Workers
FAR Process and Practice Course	90.2%	100%
Solution-Focused Practice Course	86.3%	96.2%
Assessing Safety and Risk in FAR Course	82.4%	73.1%
Attended at least 1 of the 3 courses listed above	100%	100%
Attended at least 1 on-site Coaching Session with AHA	94.1%	84.6%
Attended at least 1 FAR webinar	58.8%	96%

If space permitted, investigative staff could attend some AHA-FAR training classes. This became a more common practice with R2 counties because most were small counties with mixed FAR-INV units. In addition, some of the R1 investigative workers in this survey had been FAR workers earlier in the project and had switched back to investigations so they would have attended the specialized FAR training. As shown in the table below, more than two-thirds of investigative workers in Round 2 attended at least one of the three FAR courses compared to just 38.4% of R1 investigative caseworkers.

INV Staff Participation in FAR Staff Development	R1 INV Workers	R2 INV Workers
FAR Process and Practice Course	24.7%	55.3%
Solution-Focused Practice Course	16.4%	50.0%
Assessing Safety and Risk in FAR Course	13.7%	21.1%
Attended at least 1 of the 3 courses listed above	38.4%	68.4%
Attended at least 1 on-site Coaching Session with AHA	5.5%	13.2%
Attended at least 1 FAR webinar	0.0%	13.2%

Start-Up Issues and Resolution

Caseworkers were asked to indicate if any of a specified list of potential problems were a concern during start-up of FAR in their county, and if yes, whether the problems had been completely resolved, partially resolved, or were still a problem. We hypothesized that caseworkers in R1 counties would report more start-up problems than R2 because R2 counties had the benefit of learning from the R1 counties' experiences prior to planning and implementing their own programs. OCFS and AHA also made significant improvements in staff development opportunities, which the R2 counties participated in shortly after starting to accept families into FAR. Some of the start-up issues were concerns of both FAR and INV workers, while the perspective of just the FAR workers may be more meaningful for other factors. The results from the first set of questions are presented by both round and worker type, while a second set of questions show just responses from FAR workers by round.

Confusion over State Policies or Requirements?

Confusion over state policies or requirements was a concern during start-up for a higher percentage of FAR workers in R2 (81.5%) than FAR workers in R1 (63.5%). As there were fewer state policies and requirements when R1 districts began, this particular finding makes sense. Very few workers continue to see confusion over state requirements as a big problem, but apparently some state requirements are not completely clear to all, as almost half of R1 and two-thirds of R2 FAR workers think the issue has only been partially resolved. Unfortunately, the survey did not provide room to ask which state policy or requirement was not clear, so further follow-up with workers is needed to provide clarification.

Confusion over state policies or requirements		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	36.5%	9.6%	46.2%	7.7%
	Round 2	18.5%	11.1%	66.7%	3.7%
INV	Round 1	51.4%	5.4%	33.8%	9.5%
	Round 2	60.5%	5.3%	31.6%	2.6%

Confusion/disagreement over screening/eligibility criteria?

As expected, more FAR caseworkers (61.5%) in Round 1 thought there were problems around screening and eligibility criteria at start-up than in Round 2 (37%). We have already discussed this problem in a couple of the R1 counties that did not have a formal screening process at the beginning, and the survey confirms that this problem has been addressed and resolved completely or partially in R1 districts.

Confusion/disagreement over screening/eligibility criteria		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	38.5%	19.2%	32.7%	9.6%
	Round 2	63.0%	14.8%	22.2%	0.0%
INV	Round 1	35.1%	4.1%	37.8%	23.0%
	Round 2	42.1%	10.5%	26.3%	21.1%

On the other hand, almost a quarter of INV workers in both rounds do not think this problem has been resolved at all. From responses to other questions in the survey, INV workers tend to think more families should go on the FAR track, so this question may indicate a disagreement with the size of the FAR program to handle all of the potentially FAR-eligible families and/or concerns about comparative caseloads.

Too many families screened out of FAR eligibility?

More INV workers than FAR workers, particularly the INV workers in R2, thought that too many families were being screened as ineligible for FAR. In contrast, this was never a concern of most FAR workers.

Too many families screened out of FAR eligibility		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	84.6%	5.8%	5.8%	3.8%
	Round 2	88.9%	3.7%	7.4%	0.0%
INV	Round 1	74.3%	0.0%	8.1%	17.6%
	Round 2	52.6%	2.6%	21.1%	23.7%

Too many families screened into FAR track?

It is the rare caseworker who thinks too many families are being screened into FAR now, but it was more of a problem for R1 FAR workers (44.2%) at start-up than it was for R2 FAR workers (29.6%). It is notable that a third of FAR workers in R1 think this issue has only been partially resolved (28.8%) or not resolved at all (5.8%). It appears, then, that the R2 districts learned from the experiences of the R1 districts.

Too many families screened into FAR track		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	55.8%	9.6%	28.8%	5.8%
	Round 2	70.4%	7.4%	14.8%	7.4%
INV	Round 1	86.5%	4.1%	5.4%	4.1%
	Round 2	89.5%	5.3%	0.0%	5.3%

Insufficient training/support provided to FAR workers?

Only about one-third of FAR workers in R1 thought that the training and support they received was insufficient at start-up, and even fewer FAR workers in R2 (18.5%) thought this was a problem. OCFS and AHA did a great deal of work to increase and improve training for FAR workers and 80-90% of FAR workers appear satisfied with the current situation.

Insufficient training/support provided to FAR workers		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	67.3%	11.5%	19.2%	1.9%
	Round 2	81.5%	7.4%	11.1%	0.0%
INV	Round 1	79.7%	0.0%	17.6%	2.7%
	Round 2	92.1%	2.6%	5.3%	0.0%

Reluctance or negative attitudes of local district staff toward FAR initiative?

Negative attitudes about FAR by other local district staff were not perceived as a problem by about half the FAR workers in both R1 and R2 counties. However, more FAR workers in R1 counties felt this continues to be a problem (25%) than FAR workers in R2 counties (14.8%). Similarly, twice as many INV workers in R1 as in R2 (14.9% vs. 7.9%) thought negative attitudes were still a problem.

Reluctance or negative attitudes of local district staff toward FAR initiative		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	46.2%	3.8%	25.0%	25.0%
	Round 2	51.9%	3.7%	29.6%	14.8%
INV	Round 1	75.7%	0.0%	9.5%	14.9%
	Round 2	73.7%	0.0%	18.4%	7.9%

Too few service providers?

Almost two-thirds of FAR workers in both R1 and R2 did not think too few service providers was a problem at start-up, but for those that did, most think the problem continues unabated. This is not a problem the FAR programs can solve, but it is interesting that almost all INV workers did not think there were too few service providers. This difference between FAR and INV workers may be due to FAR workers seeking to meet different family needs than are usually addressed on the investigative track and finding needed services to be lacking in some communities.

Too few service providers		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	65.4%	0.0%	7.7%	26.9%
	Round 2	63.0%	0.0%	11.1%	25.9%
INV	Round 1	83.8%	0.0%	1.4%	14.9%
	Round 2	78.9%	0.0%	7.9%	13.2%

As the next set of questions is most relevant to FAR workers, only their responses are shown below.

Not enough time available to FAR workers per family?

Not enough time available to spend with families was a problem for more FAR workers in R1 than for R2 FAR workers (63.5% vs. 40.7%). This is most likely because R2 managers learned from R1’s experiences and set a hard limit to FAR caseload size. However, a sizeable percentage of both R1 and R2 FAR workers think that insufficient time to spend with families remains a problem (R1: 32.7%; R2: 22.2%). While caseload limits are good for the FAR workers and families, with increasing reports and no additional CPS staff, they have the unintended effect of increasing the caseloads of investigative workers (which is probably why some R2 INV workers believe more families should be assigned to FAR). Insufficient time to properly address cases is a perennial concern in most CPS offices.

Not enough time available to FAR workers per family		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	36.5%	1.9%	28.8%	32.7%
	Round 2	59.3%	0.0%	18.5%	22.2%

Supervisors did not have enough time available to supervise FAR workers

Most FAR workers felt that their supervisor had enough time for them since the beginning of FAR, although R1 FAR workers were less likely to feel this was never a problem (69.2%) than R2 FAR workers (92.6%). This problem continues to some extent for over a quarter of FAR workers in R1, but it is not a problem in R2.

Supervisors did not have enough time available to supervise FAR workers		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	69.2%	1.9%	15.4%	13.2%
	Round 2	92.6%	3.7%	3.7%	0.0%

Mandated reporters did not understand/appreciate FAR?

More than half the FAR workers in both rounds thought that mandated reporters' lack of understanding or appreciation of FAR at start-up was a concern. Mandated reporters' lack of acceptance or understanding of FAR continues to be a completely unresolved problem for 25% of FAR workers in R1 and 14.8% in R2. This finding lends support to the need for each site's administrators and managers to continue outreach and education about FAR with the mandated reporters in their communities.

Mandated reporters did not understand/appreciate FAR		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	38.5%	5.8%	30.8%	25.0%
	Round 2	44.4%	7.4%	33.3%	14.8%

Service providers did not understand/appreciate FAR?

About half the FAR workers in both rounds thought that service providers' not understanding or appreciating FAR at start-up was a concern. Concern about service providers' acceptance or understanding of FAR continues to be a completely unresolved problem for 17.3% of FAR workers in R1 and 7.4% in R2, although about one-third of FAR workers in each round think the problem still exists but has gotten better.

Service providers did not understand/appreciate FAR		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	51.9%	3.8%	26.9%	17.3%
	Round 2	51.9%	7.4%	33.3%	7.4%

Insufficient guidance on when to close a FAR case?

About a third of FAR workers in both rounds had difficulty knowing when to close a FAR case at the beginning of implementation, but just a few workers continue to find this a big concern. Twice as many FAR workers in R2 (22.2%) think that improved guidance on case closure has fully solved this problem as FAR workers in R1 (11.5%).

Insufficient guidance on when to close a FAR case		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	61.5%	11.5%	23.1%	3.8%
	Round 2	66.7%	22.2%	7.4%	3.7%

Flex funds to purchase services/goods were not accessible to FAR workers to use with families?

Relatively few FAR workers in R1 (7.7%) had a problem accessing flex funds, while 40.7% of FAR workers in R2 identified flex funds accessibility as a problem at start-up, and nearly 30% think it continues to be a problem or has only been partially resolved.

Flex funds to purchase services/goods were not accessible to FAR workers to use with families		Never a problem	Fully resolved	Partially resolved	Still a problem
FAR	Round 1	92.3%	1.9%	5.8%	0.0%
	Round 2	59.3%	11.1%	18.5%	11.1%

Some additional questions were asked of FAR workers about flex funds:

- 1) How often have you used flex funds for families on your caseload;
- 2) How easy or hard is it to access the flex funds; and
- 3) How important is it to your FAR practice to have flex funds available when needed?

Almost all FAR workers in R1 (92.2%) had used flex funds at least once and 76% had used them three or more times. In contrast, just 70% of FAR workers in R2 had ever used flex funds, with just over half (55%) having used flex funds to aid three or more families.

Three-quarters of FAR workers in R1 thought it was very easy or somewhat easy to access flex funds, compared to 59.3% of FAR workers in R2. While just 21% of FAR workers in R1 thought flex funds were very difficult or complicated to access, this was a problem for more than a third of the R2 FAR workers (37%). While just over half of R1 FAR workers thought flex funds were very important to their FAR practice (and another 17.6% thought it was fairly important), almost all of the R2 FAR workers thought it was very important (81.5%) or fairly important (3.7%).

The likely reason for the relative inaccessibility of FAR funds for some R2 workers is because the source and distribution of funds differed between R1 and R2. In R1 counties, a foundation grant allowed the R1 districts to keep the flex funds separate from other district accounts, while a state source of flex funds

(the Quality Enhancement Fund) for R2 counties required the district’s business office to submit claims for re-payment on the financial payment system. It is more difficult to obtain flex funds quickly when the county has to front the money and permission is needed from the business office rather than from one’s supervisor. As both the foundation funds and the Quality Enhancement Funds will not be available in the future, the current plan is that money needed for FAR families will come from regular child welfare services funding, which requires a 38% contribution by the local district. While it might be unavoidable right now, it also may diminish the discretion of FAR workers and supervisors to choose when and how to use flex funds to aid families.

Caseworker Attitudes and Beliefs

This next section compares the beliefs of FAR and INV caseworkers about their own work with families, beliefs about the comparative effectiveness of FAR and the traditional CPS response, and general attitudes toward the CPS system in their counties.

General Beliefs about Caseworker’s Own Work with Families

FAR workers were significantly more likely than investigative workers to believe that a majority of families on their caseload view the CPS agency as a source of support and assistance (53% vs. 21%), and that a majority of families feel they are better off because of their involvement with CPS (24% vs. 11%). In addition, FAR workers were significantly more likely than investigative workers to feel that that they were able to intervene effectively and help the majority of families on their caseload obtain the services or assistance they need (72% vs. 58%).

Caseworker views about families recently on caseload (last 3-6 months)	FAR Workers	INV Workers
Believe more than 50% of families view CPS agency as a resource or a source of support and assistance*	53%	21%
Believe more than 50% of families feel they are better off because of their involvement with CPS**	24%	11%
Able to intervene in an effective way with more than 50% of families on caseload**	70%	52%
Able to help more than 50% of families obtain the services / assistance the families need**	72%	58%

* Significant difference at .01 level

** Significant difference at .05 level

Caseworker Opinions on the Comparative Effectiveness of FAR and Traditional CPS

About 30 to 35 investigative caseworkers did not have an opinion on each question in this section, which is understandable if these workers have had little exposure or knowledge of FAR practices. Only one or two FAR workers had no opinion on any effectiveness questions, most likely because most FAR workers have had some experience conducting CPS investigations, even if only for a short time during training. All responses, including “don’t know/no opinion” are included in the base when calculating percentages

in the table below, so that the reader can see that more than a quarter of the investigative workers surveyed had no opinion on any one question.

In general, both types of caseworkers thought that FAR is at least equally effective as traditional CPS in most practice areas. There are differences in views between the two caseworker types, with FAR workers generally having a higher opinion of the effectiveness of FAR in most practice areas. While 72% of FAR workers thought traditional CPS and FAR are equally effective in assessing safety and another 15% thought FAR is more effective, 34.8% of investigative workers thought that FAR was less effective in assessing safety. This difference may stem from a difference in the initial safety protocols between FAR and investigations. FAR workers do not immediately go to the home to assess the children’s safety in person, but rather make appointments with parents and ask for parental permission before talking with the children. However, safety assessments are still initiated within 24 hours on the FAR track through other means, such as discussions with the source to ascertain whether the child is currently safe.

Compared to the traditional CPS investigative response, how would you rate the effectiveness of FAR at the following tasks?		FAR is less effective	Traditional CPS and FAR are equally effective	FAR is more effective	Don't Know / No Opinion
Assessing safety	FAR Workers	11.4%	72.2%	15.2%	1.3%
	INV Workers	34.8%	33.9%	4.5%	26.8%
Achieving safety	FAR Workers	6.3%	63.3%	29.1%	1.3%
	INV Workers	28.6%	39.3%	3.6%	28.6%
Assessing risk	FAR Workers	3.8%	55.7%	39.2%	1.3%
	INV Workers	23.2%	44.6%	5.4%	26.8%
Reducing risk	FAR Workers	6.3%	36.7%	55.7%	1.3%
	INV Workers	22.3%	38.4%	11.6%	27.7%
Assessing child and family well-being	FAR Workers	2.5%	35.4%	60.8%	1.3%
	INV Workers	15.2%	47.3%	10.7%	26.8%
Promoting child and family well-being	FAR Workers	2.5%	29.1%	65.8%	2.5%
	INV Workers	8.0%	39.3%	22.3%	30.4%
Engaging families in assessment	FAR Workers	2.5%	6.3%	89.9%	1.3%
	INV Workers	6.3%	29.5%	33.0%	31.3%
Engaging families in decision-making	FAR Workers	2.5%	7.6%	88.6%	1.3%
	INV Workers	3.6%	29.5%	34.8%	32.1%
Engaging families in actively making positive changes	FAR Workers	2.5%	10.1%	84.8%	2.5%
	INV Workers	8.0%	30.4%	31.3%	30.4%
Connecting families to services they will use and benefit from	FAR Workers	1.3%	25.3%	70.9%	2.5%
	INV Workers	4.5%	39.3%	26.8%	29.5%

This negative perception among investigative workers about FAR safety assessments did not diminish when districts had more experience with FAR, as 35% of R1 and 24% of R2 investigative workers expressed their concern about safety assessments on the FAR track. Furthermore, while 11.4% of FAR workers overall thought FAR safety assessments were less effective, it was only the FAR workers in R1

who had this concern, as 17% of FAR workers in R1 and none of the FAR workers in R2 thought FAR was less effective in assessing safety. A possible reason for more R1 workers (both FAR and INV) having this concern is that R2 FAR workers had the full set of FAR training classes close in time at the beginning of implementation, while the R1 FAR workers did not receive their safety and risk assessment course until more than a year after beginning implementation.

Similar differences between worker types in their opinions about the comparative effectiveness of FAR were found for the other traditional CPS practice goals of achieving safety, assessing risk, and reducing risk. Moving down the table into practice areas that are emphasized more on the new family assessment track, investigative workers were more generous in believing that FAR is at least equally as effective as the traditional investigative response in assessing and promoting family and child well-being, engaging families in assessment, making decisions and positive changes, and connecting families to services they will use and from which they will benefit. In turn, FAR workers’ opinions of the effectiveness of FAR increased with 60% to 90% of FAR workers thinking that FAR is more effective in these practice areas than the traditional CPS response.

Caseworker Attitudes towards CPS – FAR system

Caseworkers were asked to describe their attitudes toward the traditional investigative response, the family assessment response, and the overall CPS system in their county. Not surprisingly, FAR workers thought more highly of FAR and INV workers thought more highly of investigative practice. However, very few FAR workers had a negative attitude toward investigations and the overall CPS system, while 19.6% of INV workers had a negative attitude toward FAR.

How would you describe your attitude toward the following?	FAR Workers	INV Workers
Traditional CPS investigative response in your county		
Somewhat or very negative	8.9%	1.8%
Neutral	26.6%	22.3%
Somewhat or very positive	64.5%	75.9%
FAR protocol and practices in your county		
Somewhat or very negative	1.3%	19.6%
Neutral	10.1%	29.5%
Somewhat or very positive	88.6%	50.9%
Overall child protective system in your county		
Somewhat or very negative	6.3%	10.7%
Neutral	20.3%	19.6%
Somewhat or very positive	73.4%	69.6%

Job Satisfaction

In general, a very high level of job satisfaction was reported by both FAR and investigative caseworkers. Most FAR and investigative workers said they were somewhat or very satisfied with their job duties and expressed overall satisfaction with their child protection job. As CPS caseloads are often higher than recommended, it was not unexpected that there was some discontent among both FAR and INV workers regarding their workload: 37% of FAR workers and 45% of INV workers expressed dissatisfaction with their workload. Almost all FAR and INV workers were satisfied with the quality and frequency of supervision they received.

Caseworkers were also asked if they would like to stay in their current assignment as a FAR or investigative worker or switch to the other CPS response. The investigative caseworkers are very happy with their current assignment as 84.7% indicated they would choose to continue to do investigation cases only. The majority of FAR workers (58.5%) and mixed FAR-INV worker (53.8%) would choose to do FAR only. Interestingly, while less than a third of the mixed FAR-INV workers would choose to stay with a mixed assignment, a third of FAR workers would prefer the mixed assignment. It is possible that some of these workers meant they would prefer to continue to work with families that started on the FAR track if an investigation was later needed, as opposed to having full mixed caseloads at intake.

If you had a choice right now, would you continue working in your current assignment or switch?	Would choose to work on FAR cases only	Would choose to work on INV cases only	Would choose to work on both FAR and INV cases
FAR worker	58.5%	7.7%	33.8%
INV worker	2.7%	84.7%	12.6%
Assigned both FAR and INV at intake	53.8%	15.4%	30.8%

Caseworkers were also asked whether, if they had a choice, they would stay in CPS (FAR or INV), transfer to a different type of child welfare unit, or take a job outside of the county child welfare division. Responses were similar across FAR workers, INV workers, and FAR workers with mixed assignments. Almost three-quarters of workers would stay in the CPS division. Less than 10% would like to transfer to another child welfare unit, such as preventive or foster care and about 20% would choose to leave county child welfare work altogether if they had another job offer.

Summary of Caseworker Characteristics and Perspectives

Flexibility in local district program structure has been maintained, as there is a variety of unit and caseload configurations. Some caseworkers work in dedicated FAR units, while others are part of mixed FAR-INV units. Some caseworkers are assigned mixed caseloads at intake, while others are dedicated to just FAR or just investigations. If an investigation is needed of one of their FAR families, some FAR workers who are assigned only FAR cases at intake will conduct the investigation, while other FAR workers will transfer a family in this situation to an investigative worker.

In general, mixed units composed of both FAR and investigative workers are more popular in Round 2 counties, probably because these programs are relatively small in size and do not have enough FAR workers to make a dedicated FAR unit. INV workers had more investigative experience, but FAR workers were more likely to have education and other casework or counseling experience that could be helpful in working with families on the FAR track. All FAR workers attended at least one AHA FAR training course. In Round 2 counties, it was common practice for investigative staff to participate in the FAR training courses.

Potential problems at start-up were rated differently between caseworkers from Rounds 1 and 2. Fewer FAR workers from Round 2 counties considered the following as problems at start-up: confusion over screening/eligibility criteria, not enough time available to FAR workers per family, supervisors did not have enough time available to supervise FAR workers, and mandated reporters did not understand/appreciate FAR. These responses suggest that the continuous improvement implementation model adopted by the Steering Committee was effective in improving the planning, training, and other assistance provided by OCFS and its partners to the Round 2 counties.

To the contrary, however, more Round 2 FAR workers had concerns about the inaccessibility of flex funds, which was not a concern at all for Round 1 FAR workers. There were differences in the source and distribution of funds between Round 1 and 2 counties, so this finding suggests that the distribution method used in Round 2 was not an improvement over the methods used in Round 1.

A relatively large proportion of FAR workers in both Round 1 and 2 counties thought the reluctance or negative attitudes of local district staff toward the FAR initiative and too few service providers were start-up problems that still have not been completely resolved.

FAR caseworkers were significantly more likely than investigative workers to believe that they are intervening effectively with the majority of families, are helping the majority of families obtain the assistance they need, and believe that the majority of families on their caseload view the CPS agency as a resource or source of support and assistance.

Most FAR workers think that FAR is more effective than investigations in promoting child and family well-being, engaging families in decision-making, making positive changes, and connecting families to services they will use and from which they will benefit. Most investigative workers think that FAR is at least as effective as investigations in achieving these tasks.

The majority of workers appear to appreciate the benefits of having two response pathways, although a minority of investigative workers still had doubts about the FAR's ability to keep children safe. A very high level of satisfaction was reported by both FAR and investigative workers with their workload, job duties, quality and frequency of supervision they received, and overall job satisfaction.

Chapter 11: Recommendations

- ✚ Make FAR a permanent alternative to investigations of child abuse and neglect reports by enacting new legislation in early 2011.

In 2007, the Legislature put in motion a process for the development of an alternative response to child protective investigations as a way to better protect children and assist families with their child rearing needs. Our evaluation shows that children are as safe with FAR as they are with traditional CPS investigations and indicates that FAR helps prevent further penetration into the child welfare system. There is strong evidence that FAR promotes wider use of family support networks and local community resources in addressing child safety and well-being concerns. Families find FAR to be more responsive to their needs and concerns, and view the overall experience with FAR more favorably than CPS investigations. There has also been a shift in the perceptions of staff about their abilities to engage families in assessing and meeting children's needs. The evaluation results are consistent with the belief of OCFS and many local districts in the potential of FAR to provide a more effective and less intrusive approach to child protection. What began as a pilot with six local social services districts has grown to encompass 19 local districts. In addition to the 19 existing programs, two counties' applications have been approved and eight more counties have expressed interest in implementing FAR.

In light of the positive evaluation results, the widespread use of FAR in local districts across the state already, and the strong interest in expansion, we recommend that new legislation be passed in early 2011 to make FAR a legitimate and permanent alternative to investigations of child abuse and neglect reports. We recommend further that the legislation include the following provisions:

- Continue the exclusions for FAR eligibility for specific types of cases as per the 2007 legislation.
- Omit the limitation in the 2007 legislation that restricted differential response to jurisdictions with populations of less than two million. There should not be any legislative exclusion regarding the eligibility of any specific jurisdiction to apply to participate in FAR.
- FAR should continue to be a local district option, not a required component of all districts' child protective service systems.
- Continue the requirement that local districts must apply for and receive approval from OCFS before implementing an alternative response program. OCFS should have the authority to require modifications to the application and to deny an application should it deem that the plan is not suitable or LDSS readiness is not sufficient.
- District operation of a FAR program should be subject to the same OCFS oversight, monitoring, and corrective action as OCFS has over the districts' CPS investigation program.
- Continue to permit districts to have discretion to set eligibility criteria used to screen cases into their FAR response program, within the statutory parameters and guidelines set by OCFS.
- OCFS should be given the authority to determine what assessment and planning tools and protocols will be used by FAR programs and to modify those tools and protocols as needed.

The FAR practice shift that truly embraces family engagement and solution-focused casework is a process, not an event. It requires vision, commitment, patience, and a concerted effort to learn new ways and unlearn old ways. It requires flexibility in organization and funding so that immediate family needs can be met while the family and their caseworker figure out how to make and sustain needed changes. It requires training and coaching on site for caseworkers to develop the necessary skills and to put positive intents into action. We therefore offer the following recommendations to enhance the quality and efficacy of FAR:

- ✚ OCFS should review its current CPS caseworker and supervisor training programs and determine how core courses and specialty child welfare/CPS training can be modified to include FAR as an integral part of New York's Child Protective and Child Welfare service system.
- ✚ As FAR caseworkers and supervisors do provide a child protective service, they should receive the training that is required by OCFS for CPS investigation staff, as well as training on specific FAR components and skill sets. OCFS will determine whether the training programs and courses currently used by local districts to prepare FAR caseworkers and supervisors need to be amended or revised.
- ✚ OCFS should continue its relationship with AHA to provide training, coaching, and other technical assistance that have proven so vital to the state's early success in implementing FAR. In addition, OCFS should continue its efforts to use AHA's expertise to build "in-state" capacity to deliver training and support resources as part of a long-range sustainability plan.
- ✚ Flexible funds must be made available to FAR caseworkers to meet immediate family needs. Providing small but necessary items or services immediately can be critical to engagement and to a family's willingness and ability to focus on issues of parenting and child well-being. One suggestion has been to subsume these costs within the regular child welfare non-residential funding mechanism that is subject to local cost sharing, but it will be a challenge to make small sums easily and quickly accessible through this method.
- ✚ Modifications need to be made to the CONNECTIONS system so that FAR case processing can be fully supported and casework activities documented more accurately and precisely.
- ✚ Evaluation research should be continued on the current study samples to ascertain the longer-term impact of the FAR program on child welfare system outcomes of subsequent reports, family court petitions, child welfare service cases, and foster care and other out-of-home placements. Since the program has made considerable improvements since these study families were served, consideration should be given to evaluating outcomes from a more current sample of FAR families.

Appendices

Appendix 1: Tompkins FAR Screening Documents

A1.1: FAR Flow Chart

A1.2: Screening Tool for Pathway Assignment

A1.3: Guidelines for use of Screening Tool and Process for Pathway Assignment

Appendix 2: Westchester Screening Tool for Differential Response

Appendix 3: FAR Documentation Guidelines

Appendix 4: Flow Chart for FAR Randomized Control Trial in Onondaga County

Appendix 5: Propensity Score Matching in Constructing Tompkins Historical Comparison Group

Appendix 6: Comparison of FAR Intervention and Control Group Characteristics

Table A6.1: CPS History, Foster Care Involvement, and Open Services Case at Intake

Table A6.2: Single-Headed Household and Primary Caregiver

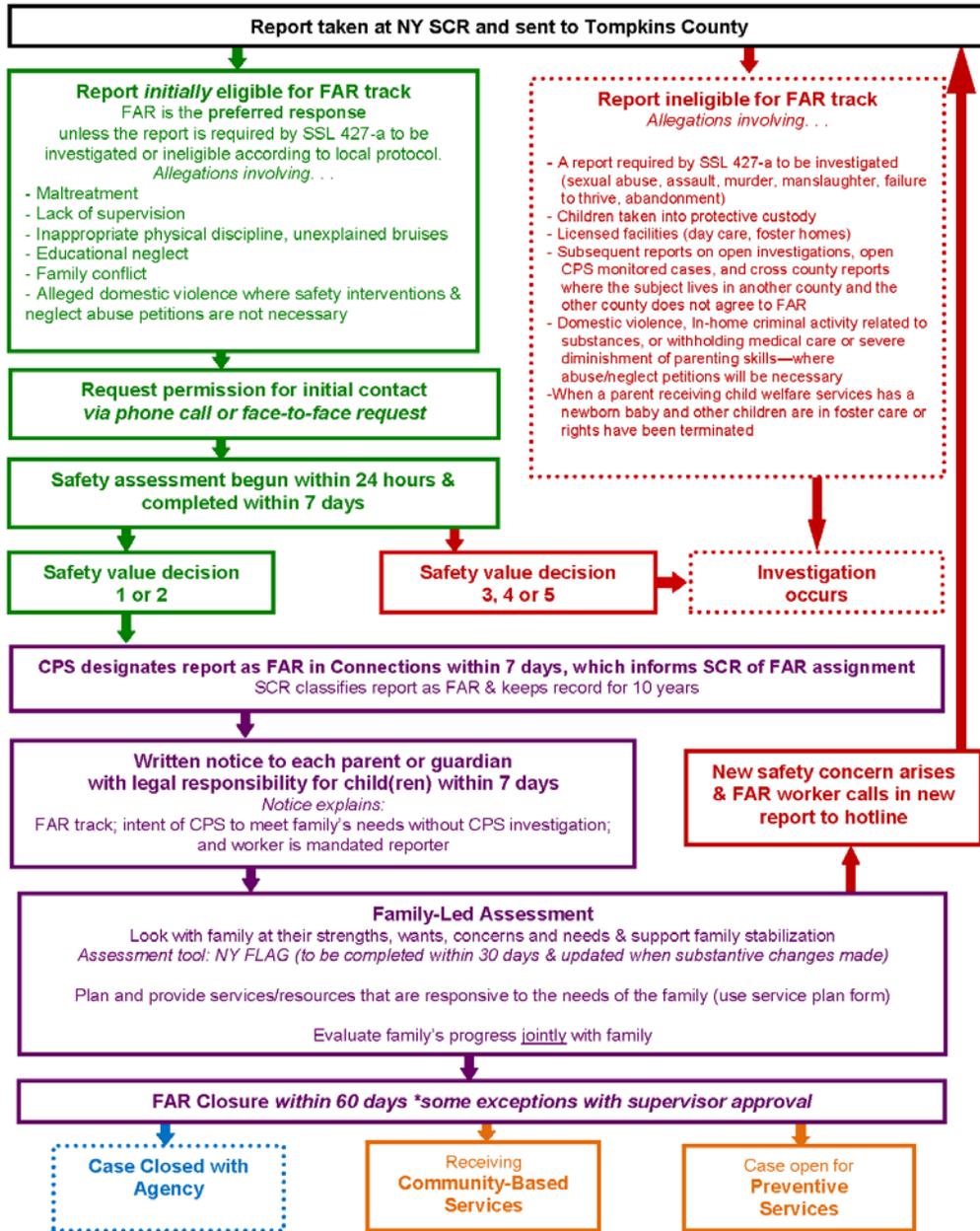
Table A6.3: Children

Table A6.4: Allegation, Duration of Cases, and Determination

Appendix 7: State-Level Planning and Implementation Chronology

Appendix 1: Tompkins FAR Screening Documents
A1.1: FAR Flow Chart

Family Assessment Response (FAR) – Tompkins County, NY



A1.2: TOMPKINS COUNTY SCREENING TOOL FOR PATHWAY ASSIGNMENT

To be completed upon receipt of CPS report

Case Name Case ID	Date of report
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THE FOLLOWING TYPE OF REPORTS REQUIRE AN INVESTIGATION

Reports alleging:

- Subject committed or allowed to be committed a sex offense against the child
- Subject allowed, permitted, or engaged child in prostitution
- Subject committed incest (Penal law 255.25, 255.26, 255.27)
- Subject allowed child to engage in a sexual performance (Penal law 263)
- Subject committed assault in the first, second, or third degree against a child
- Subject committed or attempted to commit murder or manslaughter in the 1st or 2nd degree
- Subject abandoned child pursuant to 384-b subdivision five
- Subject subjected child to severe or repeated abuse (paragraph (a) & (b) subdivision 8 or section 384-b
- Subject neglected a child so as to substantially endanger the child’s physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect
- Child fatality with or without other siblings/children in the home
- Report lists child’s role as AB
- Children taken into protective custody by law enforcement or by a medical hold by hospital personnel due to abuse/neglect
- Maltreatment alleged to have occurred in a licensed facility such as a day care center, family day care home, and foster family homes.
- Cross county reports, subsequent reports on open investigations, open CPS monitored cases*
- Criminal activity in the home related to substances, e.g., drug raid, selling drugs, meth lab
- Withholding medical, dental, or mental health care which may have the potential to be life threatening or result in serious harm to the child and Court intervention will be necessary
- Parenting skills are severely diminished by disabilities, special needs, mental illness or bizarre behavior, resulting in adverse impact on the child or serious interference with child’s physical/social/emotional development and Court intervention is likely to be necessary
- Domestic Violence reports where Article X Court intervention will be necessary

ALL OTHER REPORTS REQUIRE ADDITIONAL IMMEDIATE SCREENING

TO BE SUMMARIZED IN PROGRESS NOTES:

- Begin review of prior CPS/Children’s Services records for indicated history and note whether court intervention, or safety interventions were initiated by CPS to protect the child/ren: Yes No
If yes: dates and details: _____
- WMS screen (to be done by clerical)
- Contact with source
- Contact with other DSS staff
- Law enforcement (over)
- School
- Landlords
- Other (e.g., Other DSS, service providers, etc.) _____

Consideration should be given to placing a report in the investigations track if:

- Court intervention on behalf of the child may be necessary
- Article X placement (CPS removal) may be necessary
- Parents may flee with child or we may not be able to engage with the parents

PATHWAY ASSIGNMENT DECISION:

Investigation Family Assessment

Screening caseworker signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

Assigned to FAR: _____

(name of FAR caseworker)

Assigned to Traditional CPS: _____

(name of CPS caseworker)

Questions to ask Sources and collaterals when screening for both CPS and FAR:

Remember to ask their opinion, let them talk, listen. Don't jump into fear, listen, get facts, their opinion, and basis for it.

What are the concerns about the children (what happened, witnesses, where, how, why)

Is the child safe? Is anyone else concerned? About what?

What is your involvement? Others? Have you/someone tried to intervene with the family to address the concern? What are the family members' reactions?

What's going well for this family? What's worked?

Is the family working with someone else?

What are your reasons for making the report at this time? What do you hope to achieve?

What do you think should happen?

What are the strengths and supports the family has?

On a scale of 1 to 5 where 1 is the child is in imminent danger, to 5 where the child is not unsafe at all, where does this fit? How can we help the child be safe?

What are you comfortable with?

What would be the best way for me to approach this family?

Can you be a support to the family throughout this intervention?

Can you help somehow? Who else might? Other questions for me?

***To determine if a subsequent report is a CPS monitored case:**

From Connections: Enter name of case in the person search. If the name appears in the results window, highlight the name, then hit CASE LIST button. From the CASE LIST window, look for the open case, identified by OPN in the fourth column on this screen called "Status". Click on the OPN case then click SUMMARY. From the CASE SUMMARY window, look for the open case, identified by FSS in the third column on this screen called "Stage". Click on the FSS then click ASSIGN button. A message box will appear telling you Connections is unable to load all staff. Click OK. The next window that appears will show you who all the workers are assigned to the case. If a CPS WORKER/MONITOR role is assigned, this case is a CPS monitored case.

On call, you may also ask the SCR for the case history and what this report is a subsequent to. Ask the SCR if they can tell you who is assigned the open case and if a CPS monitoring role is assigned to the case.

A1.3: GUIDELINES FOR USE OF SCREENING TOOL AND PROCESS FOR PATHWAY ASSIGNMENT TOMPKINS COUNTY FAMILY ASSESSMENT RESPONSE

The goal of the screening process is to determine the most appropriate response when the report is assigned.

The Family Assessment Response is considered the preferred approach for reports received by Tompkins County DSS unless the report involves allegations considered ineligible (see screening tool for pathway assignment and flow chart).

Upon receipt, all CPS reports will be screened using the Screening Tool for Pathway Assignment and this process. A decision will be made, before contact with people named in the report, whether the family will be approached with the CPS response or the Family Assessment Response.

The decision will be recorded on the screening tool and approved by a supervisor. The supervisor's approval will be documented with the supervisor signature on the screening tool. The completed screening tool will be in the case file.

After the report is screened, the family will be approached with the selected response according to requirements, including mandated timeframes and procedures.

Screening should not delay responding to safety issues with children. Safety is our primary priority. Screening should also meet all requirements for safety assessments (24 hour safety assessment, 7 day assessment).

Who will screen reports:

- Supervisors
- CPS/FAR staff
- On call staff

For reports which are received during business hours:

If the report meets the criteria for a CPS investigation, the assigning supervisor of the day will immediately complete the screening tool for pathway assignment and assign the report for CPS investigation.

If the report needs further screening, a senior caseworker will immediately screen the report but no later than 24 hours from receipt of report. Screening should not delay responding to safety issues. A supervisor will approve the track assignment immediately or within 24 hours of receipt of report.

For reports which are received after business hours:

On call staff will screen reports and complete the screening tool for pathway assignment while they are on call. If assistance with screening reports is needed, on call staff should contact a supervisor, A supervisor, Director, or Family Assessment unit staff.

Screening reports should not delay responding to safety issues. Safety is our primary priority. 24 hours safety assessments are required.

How to use the Screening Tool for Pathway Assignment:

Complete case name, case ID, and Date of report

If the allegations are consistent with any of the allegations listed in section 1, check the box(es), sign the form, and the report will receive a CPS response.

If the allegations are not listed in section 1, or, after contacting the source you find out the allegations are not listed in section 1:

Gather additional information to determine which track would be appropriate.

Those reports requiring an investigation listed on the screening tool, those reports which are likely going to require Article X action (Family Court neglect and abuse petitions in order to protect the child, removal, etc.) and those reports where we are not likely to be able to engage with the family are most appropriate for the CPS track.

History

Completely reviewing history and documenting the review in progress notes is a requirement, in order to assess safety and risk, plan the intervention, and gather information to plan and complete the investigation. "Within 1 business day of the report, the CPS must review the SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report, or a child's sibling named in the unfounded report... Within 5 business days of the report, the CPS must review its own CPS records that apply to the prior reports, including legally sealed unfounded reports...and must request relevant portions of any other county's records within 1 business day of the report." (NYCRR 432.2 (3)) The purpose of reviewing the SCR history immediately for screening, is to determine which track may be most appropriate, and begin to gather information for either response.

When reviewing the Connections history immediately for track assignment, it may not be possible to review all the records before the pathway assignment decision is made. It is required for both CPS and FAR to complete the review in the timeframes above.

Those reports requiring an investigation by law, and those reports which are likely going to require Article 10 action (protection of the child by Family Court, removal, etc.), and those reports where we are not likely to be able to engage the parents, are most appropriate for the CPS track. When screening for track assignment, look for:

- Were there indicated cps reports? About what?
- Was there Article X intervention?
- What was the family's response? Will the family likely cooperate?
- If changes were necessary, did the family make changes?
- If services were needed, did the family participate?
- Did the family work with services providers, including CPS?
- Did the family refuse to work with services providers, including CPS?
- Are there indications there were strengths and supports which might be engaged in either response?
- If there are reports from other counties, document results of review of those as well. (It may take longer to document these)

Contact with source

Documenting contact with the source in progress notes is required. The purpose of the contact with the source is to gather information regarding child safety and risk, and information and evidence for the CPS intervention and investigation. The additional purpose is to gather information about which track may be most appropriate. Remember to ask their opinion, let them talk, listen. Don't jump into fear, listen, get facts, their opinion and basis for it.

Consider, with the source, and document

- What are the concerns about the children (what happened, witnesses, where, how, why)
- Is the child safe? Is anyone else concerned? About what?
- What is your involvement? Others? Have you/someone tried to intervene with the family to address the concern? What are the family members' reactions?
- What's going well for this family? What's worked?
- Is the family working with someone else?
- What are your reasons for making the report at this time? What do you hope to achieve?
- What do you think should happen?
- What are the strengths and supports the family has?

- On a scale of 1 to 5 where 1 is the child is in imminent danger, to 5 where the child is not unsafe at all, where does this fit? How can we help the child be safe?
- What are you comfortable with?
- What would be the best way for me to approach this family?
- Can you be a support to the family throughout this intervention?
- Can you help somehow? Who else might? Other questions for me?

Contact with others

Contact with others to plan the CPS intervention may be necessary. It may also help to determine which track may be most appropriate. DSS staff, law enforcement, school personnel, or others may have information, to determine not only whether the child(ren) has been abused or neglected and whether the child is safe, but how we can intervene to help the child and family. In addition, this information may be used to determine track assignment. Document the results of your contacts in the progress notes. Complete the rest of the screening tool and the recommended decision. Sign and date the form and receive supervisor approval and signature and date. Screening should be completed immediately but no later than 24 hours and must not delay responding to safety issues.

The screening tool for Pathway Assignment will be filed in the hard copy of the case record.

Team decision-making and conflict resolution

It may be necessary to make these decisions as a team, particularly in those situations where it is not clear which track the report should be assigned to or in situations where domestic violence or substance abuse is suspected. The goal is to try to put the report into the most appropriate track when it is assigned.

If there is question or disagreement about which track the report will be assigned to, this must be immediately taken up the chain of command for resolution.

How to determine if a subsequent report is a CPS monitored case (subsequent reports on open investigations or CPS monitored cases will receive a traditional CPS response, not a Family Assessment Response):

From Connections: Enter the name of the case in the person search. If the name appears in the results window, highlight the name, then hit CASE LIST button. From the CASE LIST window, look for the open case, identified by OPN in the fourth column on this screen called "Status". Click on the OPN case then click SUMMARY. From the CASE SUMMARY window, look for the open case, identified by FSS in the third column on this screen called "Stage". Click on the FSS then click ASSIGN button. A message box will appear telling you Connections is unable to load all staff. Simply click OK. The next window that appears will show you who all the workers are assigned to the case. If a CPS WORKER/MONITOR role is assigned, then this case is a CPS monitored case.

On call, you may also ask the SCR for the case history and what this report is a subsequent to. Ask the SCR if they can tell you who is assigned the open case and if a CPS monitoring role is assigned to the case.

Appendix 2: Westchester Screening Tool for Differential Response

Case ID and Name	Date
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STEP 1: (Check all that apply)

THE FOLLOWING TYPES OF REPORTS REQUIRE AN INVESTIGATION:

- Child fatality with or without other siblings/children in the home
- Children taken into protective custody by law enforcement or by a medical hold by hospital personnel due to abuse/neglect
- Caregiver currently incapacitated due to alcohol, drugs or mental illness
- Substance abuse by the mother of a newborn child and the newborn has a positive toxicology for drugs.
- Accepted reports of maltreatment occurring in a licensed facility such as a day care or day treatment program.
- Two or more substantiated investigations on a current household member within the previous 12 months.
- History of TPR and/or children currently in an Article X out of home placement.
- Subject of the report has been arrested or is going to be arrested
Charge: _____
- Neglect, as defined in NYS Family Court Act; Article X paragraph F, that substantially endangers the child's physical or mental health, including failure to thrive as diagnosed by a physician and is due to parental neglect.

STEP 2: (Check all that apply)

THE FOLLOWING TYPES OF REPORTS MUST BE ASSIGNED TO THE INVESTIGATIVE TRACK IF AT LEAST ONE BOX IS CHECKED UNDER THE INVESTIGATIVE CRITERIA UNLESS AN OVERRIDE IS REQUESTED AND EXPLAINED.

IF NO BOX IS CHECKED UNDER THE INVESTIGATIVE CRITERIA, THEN ANY BOX CHECKED UNDER THE ASSESSMENT CRITERIA WILL BE ASSIGNED TO THE ASSESSMENT TRACK.

PHYSICAL ABUSE

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> Any non-accidental mark or injury caused or allowed to be inflicted by the person responsible for child's care <input type="checkbox"/> Child has described an act considered cruel or unusual punishment despite no evidence of physical injury	<input type="checkbox"/> Implement used on the child with no evidence of physical history <input type="checkbox"/> Child is afraid to go home and/or there is a non-specific threat of harm by parent <input type="checkbox"/> Non-accidental marks, of little significance (i.e., on extremities with no risk of permanent impairment), to an 'older' child, and/or caused inadvertently while restraining child or while averting dangerous behavior.

SUBSTANCE ABUSE (Alcohol or other Drug Abuse)

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> Child directly exposed to parents substance abuse with observable impairment of child's functioning <input type="checkbox"/> Criminal activity in the home related to alcohol or other drug abuse, such as a drug raid or selling drugs.	<input type="checkbox"/> Non-specific allegations of alcohol abuse or other drug abuse with no observable impairment of child's functioning.

SEXUAL ABUSE

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> At this time all reports got to the MDT unit	

FAMILY (DOMESTIC) VIOLENCE

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
Violent activities which result in: <input type="checkbox"/> Arrest <input type="checkbox"/> Injury to caretaker, other adult or child in the home and child was home and at risk <input type="checkbox"/> Direct exposure of the child to family violence which subjects the child to possible injury or there is evidence of impact to the child.	<input type="checkbox"/> Child exposed to domestic violence; non-specific allegations with no injury or negative impact on child

PHYSICAL NEGLECT

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> Specific allegations of improper physical care which result in immediate safety issues, serious impairment of the child's functioning or have a direct impact upon the child	<input type="checkbox"/> Non-specific allegations of general improper care which do not have a serious or direct impact on child: dirty home, poor hygiene etc.

MEDICAL NEGLECT

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> Withholding medical, dental or mental health care, which may the potential to be life threatening or result in serious harm to child	<input type="checkbox"/> Non-compliance or non-specific allegations of medical, dental or mental health care that is not life threatening or which would not result in serious harm to the child

EDUCATIONAL NEGLECT

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> History of substantiated educational neglect	<input type="checkbox"/> Educational neglect is the sole allegation with no history of substantiated educational neglect

INADEQUATE GUARDIANSHIP

INVESTIGATIVE CRITERIA	ASSESSMENT CRITERIA
<input type="checkbox"/> Encouraging child to engage in criminal activities <input type="checkbox"/> Parenting skills are severely diminished which results in adverse impact on the child or seriously interferes with child's physical/social/emotional development	<input type="checkbox"/> Non-specific allegations of failure to provide the child with appropriate support, attention, food clothing shelter and/or affection.

STEP 3: (Check all that apply)

IF THE CRITERIA CHECKED IN PARTS 1 OR 2 INDICATE AN INVESTIGATION TRACK, GO DIRECTLY TO PART 4.

IF THE CRITERIA CHECKED ABOVE IN PARTS 1 AND 2 INDICATE AN ASSESSEMENT TRACK, THE FOLLOWING FACTORS MUST BE CONSIDERED PRIOR TO MAKING THE FINAL TRACK ASSIGNMENT.

CHECK OFF AS NECESSARY:

- 1. CPS History
- 2. Child is not visible in the community and not able to physically protect him/herself due to age or disability.
- 3. No resources within the family/community
- 4. Erratic or impaired behavior of the person responsible for the child's care.
- 5. There is potential for serious physical, emotional or psychological harm.
- 6. Violent/criminal activities on the part of household members.
- 7. There is potential for the parent/legal guardian to flee with the child.
- 8. There is reason to believe the parent/guardian will not cooperate.
- 9. The parent/guardian has declined to engage in and benefit from services in the past.
- 10. The parent/guardian has disabilities or special needs that diminish their parenting ability.
- 11. The past maltreatment concerns were not resolved at the time of previous closing.
- 12. The frequency, similarity or recentness of past reports warrants a traditional investigation.
- 13. Allegations are serious but fit no specific above category

STEP 4: Do any factors identified in Part 3 pose a serious threat to the child that would warrant a traditional investigation?

YES List number and explain

NO (place in Assessment Track).

OVERRIDE OF INVESTIGATION TRACK REQUESTED:

FINAL DECISION:

INVESTIGATIVE TRACK

Supervisor signature

ASSESSMENT TRACK

Supervisor signature

Appendix 3: FAR Documentation Guidelines

Recommended Documentation Guidelines for Family Assessment Response (FAR) cases

REPORT RECEIVED:

- Upon receipt of the report, a progress note should be entered (by the assigned worker or supervisor) that supports the assignment of the report to the FAR track. If desired, the screening tool used by the district could be cut/pasted into the notes.
- If county policy dictates, a review of the Connections history for the family should be conducted and documented. If there has been prior relevant CPS / FAR history, the worker should summarize the nature of this history and, if available, the family's willingness to participate in the process. Every effort should be made to control for the potential for bias when reviewing prior case history.

24 HOUR ASSESSMENT OF SAFETY:

An assessment of safety must be *initiated* within 24 hours of the receipt of a report in at least one of the following ways:

- Face-to-face contact with the family and/or child
- Significant telephone contact with the family and/or child
- Significant contact with the source of the report or other identified person if he/she is in the position to provide information about whether the child may be in immediate danger of serious harm.

Documentation should reflect how the safety assessment was initiated in the initial 24 hour period, what additional contacts or information the worker gathered to make a preliminary assessment of the child's safety (i.e., review of prior history, conference with supervisor) and what known facts led the worker to believe that the child was not in immediate danger through that initial contact and supplemental information.

INITIAL CONTACT WITH THE FAMILY:

- Whenever possible, first contact made with the family on a FAR report should be with the caretaker and not begin with the alleged child victim. At the time of initial contact, the family should be made aware of the concerns outlined and efforts should be made to schedule an appointment with the family to further explore the family's strengths and needs. Documentation should reflect this process.
- If phone contact information is not available at the time the report is received, an unannounced visit may be warranted to gather more information.
- Documentation should reflect how the initial contact was made and what transpired.

DESCRIPTION OF FAR:

- If eligible for FAR, families have the right to make a choice to participate in the FAR process or in a traditional investigation.
- Documentation must clearly demonstrate that the worker provided information to the family about both CPS response options. The following outlines the key differences between the two responses which may serve as a point of reference for caseworkers to reflect on. Each point does not require documentation, but rather that a discussion was held with the family regarding the key differences.

	Traditional CPS Response	Family Assessment Response
Allegations	LDSS defines allegations which will require a traditional investigative response based on many factors.	LDSS defines concerns contained within the report which can be addressed in a Family Assessment Response based on many factors.
Initiation	In order to gather evidence of maltreatment, the caseworker often talks with the alleged victim first; then makes an unannounced visit to the home.	A call is made to the caregivers first to explain the need to meet with the family so that they can make an appointment for the caseworker to visit them and the child(ren) at home.
Assessment Focus	While caseworkers assess children’s safety and any risk of harm in the home, a major focus is on the facts surrounding the allegations in attempt to prove or disprove them.	Caseworker and the family jointly focus on children’s safety, any risk of harm, any needs the family has in caring for the children and the family strengths to build solutions for needs identified with the family. No need to prove whether or not allegations are based in truth.
Determination	Investigation concludes with a finding of whether or not there is evidence that allegations reported were true or not.	As there is no investigation, there is no finding about whether or not the allegations in the report were true or not.
State Central Registry	If the investigation results in finding that there was evidence that a child was maltreated, the Perpetrator’s names are entered into a database; which may have impact on some types of employment.	As no allegations are investigated, no findings are made and no one is identified as a perpetrator in the state child abuse and maltreatment data base.

- Documentation should note if a FAR brochure was given to the family and must also clearly state the family’s willingness to participate in the FAR assessment track.
- Documentation should include a statement informing the family of the caseworker’s role as a mandated reporter should safety concerns warrant reassignment to an investigation or the need for a new report made to the State Central Register.

7-DAY SAFETY ASSESSMENT:

A 7-day safety assessment is required on all FAR cases. The determination to continue a family on a FAR track can only be made after the completion of this 7-day assessment. Districts are strongly encouraged to utilize this full seven (7) day period to engage the family and obtain as much information as possible to make a decision about safety. Sources of information to complete a 7-day safety assessment include, but are not limited to:

- Contact with and observation of the children and discussion with the family
- Discussion with source and evaluation of information provided
- Relevant information available from collateral sources
- Review of previous reports associated with one or more caregivers named in the current report

Only cases with the following safety decision ratings are eligible to continue on the FAR track:

(1) No safety factors were identified at this time. Based on currently available information, there are no child(ren) likely to be in immediate danger of serious harm. No Safety Plan / Controlling Interventions are necessary at this time; and/or

(2) Safety factors are present, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan / Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the Parent(s)/Caretaker(s) and reassessed.

Connections will not support the FAR box being selected for any higher safety decision rating.

All reports remain in the Investigation stage until such time that the FAR box is selected. For this reason, if during the 7-day assessment period safety concerns arise and the case cannot be handled within FAR the decision can be made to reassign the report to a traditional investigation.

Any information gathered in order to make this assessment of safety is to be reflected in the progress notes as well as in the completed and approved safety assessment.

FAMILY LED ASSESSMENT:

The concept of *Family Led* is an ongoing process. It begins upon first contact and spans through closure of a FAR case. The family led process ***does not*** eliminate the need to point out and explore the presence of concerns identified by the local district with the family. Transparency, in this regard, is key to the FAR process.

Documentation that supports a family led process includes, but is not limited to, ***the family's*** identification of:

- Individual and family strengths
- Individual needs and/or concerns as well as those of the family unit
- Safety and risk concerns

- Sources of natural / informal support (i.e., extended family, friends, neighbors, church community, etc.)
- Sources of formal support (i.e., mental health services, educational support, employment services, parenting education, etc.)

Further, documentation within the FAR case must include caseworker efforts to ***explore and elicit*** information pertaining to each area of the Family-Led Assessment Guide (FLAG):

- Family functioning, resources and relationships (including areas of concern related to safety and risk, i.e., domestic violence, substance abuse, etc.)
- Child(ren)'s development, strengths and needs
- Caregiver(s) functioning, strengths and needs
- Caregiver(s) ability to advocate for child and family needs

Effort should be made to clearly document information elicited from the family in the family's own words, rather than the conclusions made by the caseworker and how the worker was able to obtain that information from the family (i.e., through the use of a specific tool or type of questioning).

ENGAGEMENT:

“Families are more than the problem that brought them into the system”

Engagement is often synonymous with *involvement*, but families can be involved and compliant without being ***engaged***. Engagement is about motivating and empowering families to recognize their needs, strengths and resources, and to take an active role in ensuring the safety of their children and minimizing future risk of harm to their children.

Let the family tell you their story, in their own words and document it in that way. The family's ***voice*** should be present within the documentation. Let the family identify their strengths and needs and identify them in that way within the documentation.

- Family meetings – when appropriate and possible, efforts should be made to meet with the family as a whole. Let the family identify who they consider to be their family and allow them to invite who they feel should be “at the table” for this discussion. Documentation should include a statement that identifies who was present for the family meeting, what role each person plays within the family, and depict their contribution to the meeting.
- Talking to children / youth – all family member's voices should be reflected in documentation, including that of children / youth. Documentation should demonstrate engagement of these youth through conversation or family-led activities and insertion of their voice within the case record.
- Words such as “interviewed” should be replaced with “assessed”, “explored” or “discussed” and reflect the caseworker's ability to facilitate conversation about the family's strengths and needs in partnership with the family members.

SOLUTION FOCUSED PRACTICE:

Solutions are different than services; solutions are more than just referrals.

Documentation within a FAR case must clearly demonstrate the family's identified needs but also include core child welfare concerns. Documentation must also demonstrate clear ways to build on family functioning and the caregiver's ability to advocate for their family's needs through **identifying solutions**. Formal and informal supports within a particular community that are designed to address a particular need should be thoroughly explored with the family and documented as such. However, this documentation should clearly demonstrate **mutual understanding** of the need and/or benefit for identified supports. Does the family want this intervention?

Some examples of techniques to use (and document) within solution focused practice include the *miracle question*, *scaling questions*, the *Three Houses* tool, etc. These questions and family-led activities are designed to elicit the family's view and input regarding their circumstances, what they have tried in the past and what they think will be helpful to them moving forward. Documentation should describe the solution focused techniques used and based on those techniques the narrative should support the families' definition of their issues, needs, goals, ideas and solutions.

For those FAR cases where a preventive services case already exists, collaboration between the FAR worker, the preventive worker and the family should be an ongoing process throughout the FAR process and documented as such.

Any use of flexible funds to meet a family's identified need must be documented.

SAFETY and RISK:

Safety continues to be assessed throughout the life of a FAR case.

The risk of future maltreatment and solutions to reduce that risk are a focus of work with a family within the FAR philosophy. Thorough exploration of family functioning, strengths / needs and completion of the Family Led Assessment Guide (FLAG) should be clearly documented in the case record in order to demonstrate assessment of future risk. Safety and/or risk concerns should be explored during contacts with parents and the agreements reached around maintaining safety, decreasing risk and/or improving child well-being must be clearly documented within the progress notes. Additionally, exploration of safety as well as risk should be documented within supervisory case consultation.

In solution focused practice, identification of strengths and needs should match with supportive services designed at reducing future risk for families. Documentation should support this practice in that when referrals for formal and/or informal services are made or suggested the link to risk reduction is identified.

FAMILY LED ASSESSMENT GUIDE (FLAG):

A general assessment of the risk of future abuse or maltreatment must be completed for each FAR family. The design of the FLAG is intended to help inform assessment discussions and planning *with* the family about what assistance / services might be helpful in reducing any identified risk.

- FLAG must be completed in close consultation with the family prior to the completion of the FAR episode.
- Techniques used and information gathered to complete the FLAG should be documented within the progress notes.
- Progress note entry should be made upon completion of the FLAG which clearly identifies areas of strength within the family as well as concerns which require some degree of action on the part of the family.
- Further FAR intervention should support areas of need identified.
- The FLAG score sheet must be contained within the case record (can be printed and/or pasted into progress notes).

NON-CUSTODIAL or ABSENT PARENT:

There are many occasions in this work that children experience an absence of one of their parents from their lives for one reason or another. Efforts should be made to engage the custodial parent in a discussion as to the reasons why the other parent has been absent, talk about the important role the absent parent could potentially play in child(ren)'s lives and/or how they could potentially benefit the child(ren)'s well being. This discussion and information pertaining to the absent parent's whereabouts should be clearly documented. Wherever possible, efforts should be made and documented to determine the appropriateness of engaging this absent parent in the FAR process.

The law is clear that non-custodial parent(s) are entitled to receive notification of the existence of a CPS report but there is no legal requirement to further involve them in the FAR intervention. If the non-custodial parent is not named in the report AND the custodial parent is resistant to providing contact information, the FAR worker is legally relieved from the notification requirement.

COLLATERAL CONTACTS:

Collateral contacts should be made to help assess child safety, risk and family functioning, as well as to assess resources, both professional and non-professional, that may be mobilized to help support the family. Collateral contacts, however, are not to be made for the purpose of obtaining information concerning the validity of allegations. The family should help identify possible collateral contacts and the family's permission to make collateral contacts would almost always be sought. Any contact made with collaterals needs to be documented in the case record.

CULTURAL COMPETENCE:

Culture within a family has a direct and significant impact on family functioning. Documentation should support sensitivity to cultural issues within a family such as ethnicity, race, religion, socio-economic status, familial norms, community, gender, and/or sexual orientation. Case record documentation

should identify where culture plays a significant role in areas such as decision making within a family, discipline practices, child rearing and/or overall family dynamics.

SUPERVISION:

FAR practice is most successful when supported by supervision. Case consultation and/or supervisory guidance must be clearly documented either by the FAR caseworker or their supervisor. Supervisory comments should be supportive of the FAR process and contain case specific discussions / decisions made together between the caseworker and supervisor.

TRANSITION / CLOSING:

The decision to end FAR involvement with a family should be a collaborative decision that is clearly documented within the case record.

- Discussions and decisions between caseworker and the family about case closure must be documented.
- Discussions and decisions between caseworker and the supervisor about case closure must be documented.
- Family is to be left with information / support they can utilize should they have trouble meeting a need in the future and this must be documented.
- In the spirit of being family led, if at any time during the FAR intervention, a family decides they no longer wish to be involved in the process, LDSS must evaluate the current safety of the child(ren) and decide if continued involvement is necessary to ensure the safety of the child(ren). These assessments must be clearly documented.
- If the caseworker finds evidence of child abuse or immediate danger during the course of the FAR intervention, or if the caseworker finds evidence of maltreatment and the parent(s) refuses to cooperate, the caseworker is required to call in a new report to the State Central Registry and document this as such.

An important FAR concept is the “*warm handoff*” that caseworkers should provide when referring a family to a service provider or transferring the case to a new worker. The caseworker should invite the service provider or new worker to meet with the family **AND** the caseworker at least one time before handing off the case. This provides an opportunity for the caseworker and the family to discuss / demonstrate the family’s progress and gives the new worker a chance to explain to the family what happens next.

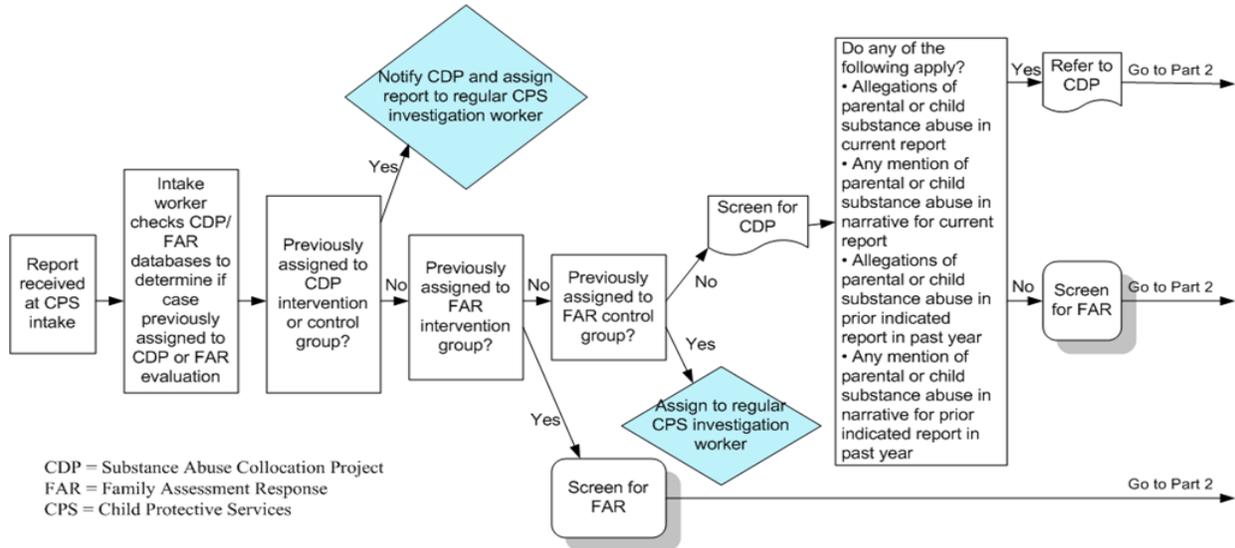
CONTINUOUS QUALITY ASSURANCE TOOLS:

The following tools are useful for workers and/or supervisors to self-reflect on case practice with an individual family and/or to evaluate overall FAR practice of a worker, unit, office and/or agency.

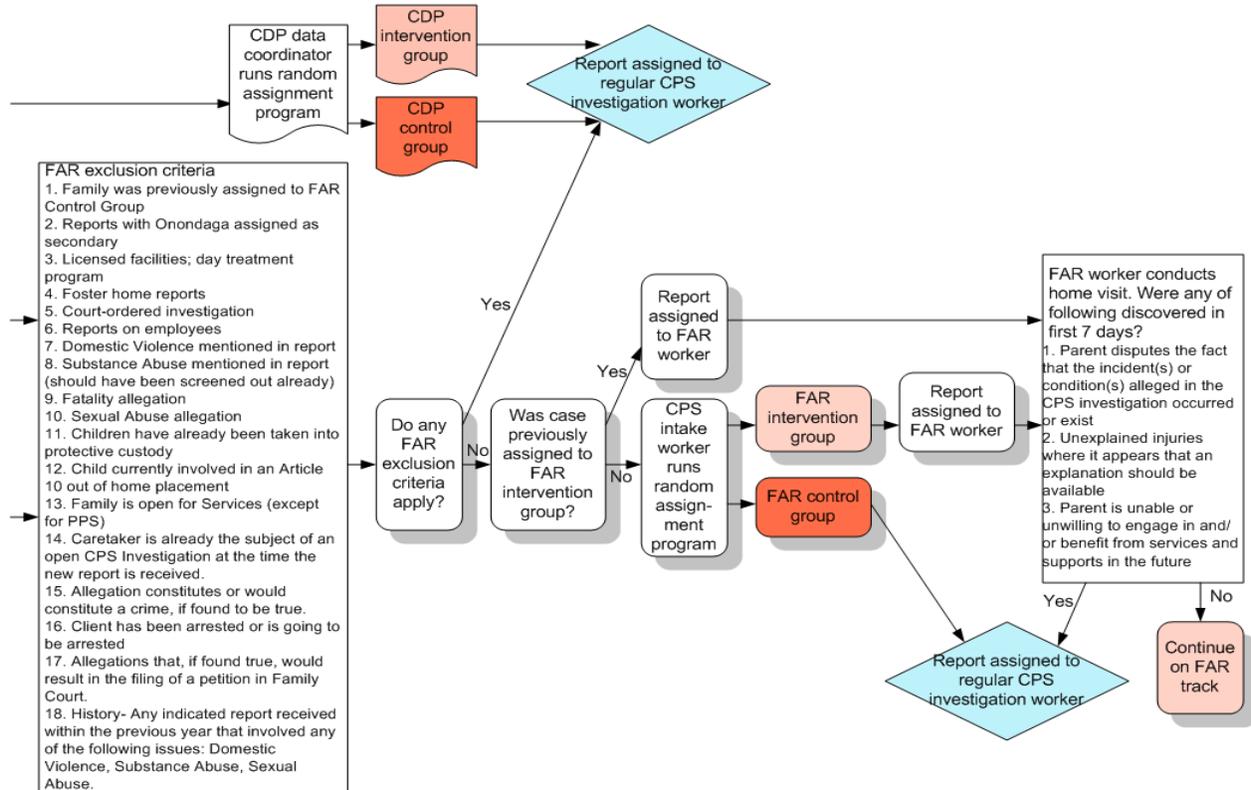
- **New York Family Assessment Response Practice Reflection Tool (PRT)**
- **Family Assessment Response Case Review Instrument / Guidelines**

Appendix 4: Flow Chart for FAR Randomized Control Trial in Onondaga County

Process for FAR Randomized Control Trial in Onondaga (Part 1)



Process for FAR Randomized Control Trial in Onondaga (Part 2)



Appendix 5: Propensity Score Matching in Constructing Tompkins Historical Comparison Group

The propensity score matching in selecting families for the Tompkins historical control group is described in this section.

Propensity score matching has often been used in studies where a randomized control trial was not feasible and a comparison group was needed to examine the impacts of the intervention. Before matching, the treatment and comparison groups might be very different in their observed characteristics (i.e., covariates). These differences can lead to biased estimates (i.e., over or underestimates) of the effect of the intervention on outcomes. One-to-one nearest neighbor propensity score matching is a useful technique to address these biases (Rosenbaum & Rubin, 1985).

The preliminary sample of the historical comparison group in Tompkins consisted of 483 families. The finalized study sample in the FAR intervention group had 299 families. The unequal number of families in these groups was desirable for the one-to-one nearest neighbor propensity score matching, allowing us to select families from a larger population to form the comparison group.

There were two steps in performing one-to-one nearest neighbor propensity score matching. The first step involved estimating a logistic regression using the group assignment (1 = FAR, 0 = historical comparison group) as the dependent variable and the known family and case characteristics as the independent variables to calculate a propensity score for each family. This score represents the likelihood that a family would receive FAR based on the family and case characteristics. All 299 FAR families and 483 families from the preliminary sample of the historical comparison group were used in estimating this logistic model. Detailed information about the model, the predictors, and coding of each variable is shown in Table A5.1. The next step was to conduct a 1:1 pairing of a FAR family to a family in the historical comparison group. Using a macro for SPSS adapted by John S. Painter (see <http://ssw.unc.edu/VRC/Lectures/index.htm>) a pair was formed by selecting one intervention family and matching it to a family in the historical comparison group by minimizing the propensity score difference. The paired families were removed and the process was repeated until 299 paired families were formed. Once all intervention families were paired with a comparison family, the remaining unpaired families were dropped from the comparison group.

Although one-to-one propensity score matching is a useful technique for helping overcome differences between the intervention and comparison groups, there are several limitations that must be noticed. Propensity score matching can only control for variables that are known and measurable. It is possible that some other variable or variables that were not been measured influenced the likelihood of families receiving FAR. Propensity score matching also requires substantial overlap between the observed characteristics of the groups in order to create groups that are similar. Third, because the goal of propensity score matching is to create groups that are similar, it is possible that important differences might exist between the paired cases included in the analysis and the unpaired comparison cases not included in the analysis (Rosenbaum & Rubin, 1985). Finally, the “greedy algorithm” of the one-to-one pairing did not have a mechanism to control for the overall differences in the propensity score among all pairs. Pairs that were formed toward the end of the process might have much larger difference in their

propensity scores than those formed earlier, because the closest matched family had been selected and removed from the overall population in the control group.

As seen in Table A5.2 below, before pairing families on the propensity score, t-tests revealed significant differences between two groups in single-adult household, prior open CWS at intake, and the average number of days a case was open. After the propensity score matching, the significant differences were balanced and disappeared. As we expected that FAR cases might stay open longer than investigative cases, the duration of the case was not included in the logistic model in estimating the propensity score. Thus, that difference remains.

We further examined the matching by checking the overall differences in the propensity score after pairing. There is a large literature on optimal matching, but the issue of how optimal is optimal has not been fully addressed yet. Overall, the mean in the differences of the propensity scores between the control and intervention families was relatively small. The empirical literature also suggests that one should select subjects from a larger sample pool, which we did by selecting the 299 families in the finalized historical control group from a preliminary sample of 483 families. Consequently, we concluded that the comparison group produced by the one-to-one propensity score matching was appropriate and satisfactory for the current study.

Table A5.1: A logistic model to predict the likelihood of a family receiving FAR.

Variables in the model	B	S.E.	Wald	Sig.	Exp(B)
Single-adult household (1 = yes; 0 = no)	-.562	.156	12.922	.000	.570
Prior CPS report (1 = yes; 0 = no)	.611	.194	9.966	.002	1.843
Mother as primary caregiver (PC) (1 = yes; 0 = no)	.150	.359	.175	.676	1.162
Father as PC (1 = yes; 0 = no)	-.331	.414	.641	.423	.718
PC's race: White (1 = yes; 0 = no)	.033	.252	.017	.896	1.033
PC's race: African-American (1 = yes; 0 = no)	.056	.340	.027	.870	1.057
Age of PC	.022	.012	3.658	.056	1.023
Number of children in the family	.120	.113	1.119	.290	1.127
Age of youngest child	-.043	.029	2.148	.143	.958
Age of oldest child	.035	.030	1.389	.239	1.036
Prior open CWS (1 = yes; 0 = no)	-.746	.291	6.582	.010	.474
Physical abuse allegation (1 = yes; 0 = no)	-.248	.199	1.551	.213	.780
Educational neglect allegation (1 = yes; 0 = no)	-.672	.411	2.673	.102	.511
Inadequate guardianship allegation (1 = yes; 0 = no)	-.155	.227	.464	.496	.856
Physical neglect allegation (1 = yes; 0 = no)	-.166	.170	.957	.328	.847
Child drug/alcohol use allegation (1 = yes; 0 = no)	.390	.420	.862	.353	1.478
Parent drug/alcohol misuse allegation (1=yes;0=no)	-.183	.186	.974	.324	.833
Reported by mandated reporter (1 = yes; 0 = no)	.037	.162	.052	.820	1.038
Constant	-1.218	.659	3.417	.065	.296

Table A5.2: Comparison of family and case characteristics before and after propensity score pairing between the FAR intervention and investigated control groups in Tompkins.

	FAR Intervention Group		Control Group (before pairing)		Control Group (after pairing)	
	#	%	#	%	#	%
Total	299	100.0%	483	100.0%	299	100.0%
Single-adult household***	148	49.5%	300	62.1%	156	52.2%
CPS history						
No prior report*	60	20.1%	132	27.3%	70	23.4%
Total prior reports (mean)	5.9		5.5		5.5	
Prior unfounded reports (mean)	4.0		3.9		3.9	
Prior indicated reports (mean)	1.5		1.6		1.5	
Primary caregiver						
Mother	254	84.9%	394	81.6%	254	84.9%
Father	28	9.4%	65	13.5%	30	10.0%
Race / ethnicity of primary caregiver						
White	239	79.9%	380	78.7%	233	77.9%
African American	30	10.0%	49	10.1%	31	10.4%
Age of primary caregiver	34.0		33.1		34.4	
# of children in each family (mean)	2.3		2.3		2.4	
Age of youngest child (mean)	5.6		5.4		5.7	
Age of oldest child (mean)	9.6		9.5		9.9	
Family with prior open CWS at intake*	19	6.4%	54	11.2%	17	5.7%
Allegation						
Physical Abuse	59	19.7%	101	20.9%	63	21.1%
Educational Neglect	10	3.3%	23	4.8%	8	2.7%
Inadequate Guardianship	256	85.6%	420	87.0%	256	85.6%
Physical Neglect	89	29.8%	155	32.1%	80	26.8%
Child Drug / Alcohol Use	12	4.0%	16	3.3%	14	4.7%
Parent Drug /Alcohol Misuse	69	23.1%	122	25.3%	73	24.4%
Reported by mandated reporter	172	57.5%	266	55.1%	180	60.2%
Number of days to closure ** (mean)	62.7		54.3		54.2	

* significant at .05 level before pairing; no significant difference found after pairing.

** significant at .01 level.

*** significant at .001 level before pairing; significant difference still exists after pairing.

Note: 1. The multicollinearity problem among variables "total prior reports", "prior unfounded reports", and "prior indicated reports" caused instability of the logistic model. They were removed from the final model.

2. We expected that FAR cases would stay open longer than investigative cases. Thus, this variable was excluded from the propensity score analysis.

Appendix 6: Comparison of FAR Intervention and Control Group Characteristics

Table A6.1. CPS History, Foster Care Involvement, and Open Services Case at Intake

	Onondaga County		Tompkins County	
	Control Group	FAR Group	Historical Control Group	FAR Group
CPS history				
No prior report	28.6%**	22.4%**	23.4%	20.1%
Prior unfounded / undetermined report	24.5%	29.4%	28.1%	31.8%
Prior FAR report	.0%	2.3%	.0%	2.7%
Prior indicated report	46.9%	45.9%	48.5%	45.5%
3-4 prior indicated report	12.6%	9.3%	7.4%	7.4%
5 + prior indicated report	6.8%	6.0%	6.0%	7.7%
Families with children who were in foster care at FAR intake				
	.0%	.1%	2.0%	2.3%
Family with prior open CWS at intake				
	6.6%	7.7%	5.7%	6.4%
Number of Families				
	546	946	299	299

** Significant difference at .01 level.

Table A6.2. Single-Headed Household and Primary Caregiver

	Onondaga County		Tompkins County	
	Control Group	FAR Group	Historical Control Group	FAR Group
Single-adult household	46.3%	46.5%	52.2%	49.5%
Primary caregiver				
Mother	84.6%	85.2%	84.9%	84.9%
Father	10.8%	9.7%	10.0%	9.4%
Grandparent	2.6%	2.4%	3.3%	2.3%
Others	2.0%	2.6%	1.7%	3.3%
Race / ethnicity of primary caregiver				
White	55.9%	59.9%	77.9%	79.9%
African American	24.4%	25.3%	10.4%	10.0%
Hispanic	5.1%	4.1%	2.7%	3.0%
Asian	.7%	.8%	1.3%	1.0%
Native American	.2%	.6%	.0%	.0%
Other	2.2%	3.2%	1.3%	2.3%
Not Reported	11.5%	6.0%	6.4%	3.7%
Age of primary caregiver (mean / median)				
	34.3 / 33.0	33.7 / 32.0	34.4 / 33.0	34.0 / 32.0

Table A6.3: Children

	Onondaga County		Tompkins County	
	Control Group	FAR Group	Historical Control Group	FAR Group
# children in each family				
One	29.1%	31.3%	29.4%	31.4%
Two	32.6%	29.6%	33.4%	31.8%
Three	20.9%	20.6%	18.7%	21.1%
Four or above	17.4%	18.5%	18.4%	15.7%
mean / median	2.4 / 2.0	2.4 / 2.0	2.4 / 2.0	2.3 / 2.0
Age of youngest child (mean / median)	5.6 / 4.0	5.2 / 4.0	5.7 / 4.0	5.6 / 5.0
Age of oldest child (mean / median)	10.0 / 11.0	9.8 / 10.0	9.9 / 10.0	9.6 / 10.0

Table A6.4: Allegation, Duration of Cases, and Determination

	Onondaga County		Tompkins County	
	Control Group	FAR Group	Historical Control Group	FAR Group
Allegation				
Sexual Abuse¹	.2%	.0%	.0%	.0%
Physical Abuse²	25.5%	24.3%	21.1%	19.7%
Educational Neglect	8.8%	10.1%	2.7%	3.3%
Inadequate Guardianship	91.8%	89.6%	85.6%	85.6%
Physical Neglect³	35.7%	33.7%	26.8%	29.8%
Child Drug / Alcohol Use	3.3%	2.1%	4.7%	4.0%
Parent Drug /Alcohol Misuse	23.4%	23.9%	24.4%	23.1%
Initial Safety Assessment with Safety Factors⁴	23.8%	24.7%	NA	21.4%
Number of days until case closed (mean / median)	45.0 / 36.5	94.1 / 71.0	54.2 / 55.0	62.7 / 54.0
Determination				
Indicated	21.4%	NA	12.0%	NA
Unfounded	78.6%	NA	88.0%	NA

Notes:

1. 1 family in Onondaga Control group had sexual abuse allegation. This allegation was not in the intake report and was later added to the report by the caseworker during investigation. Therefore, this family was initially considered as FAR eligible and assigned to the control group.
2. Physical abuse includes these categories: Burns, Scalding; Choking / Twisting / Shaking; Internal Injuries; Lacerations, Bruises, Welts; Swelling / Dislocation / Sprains; Poisoning, Noxious Substance; Fractures; and Excessive Corporal Punishment. Most of the physical abuse allegations consisted of lacerations, bruises, welts and excessive corporal punishment. Other more serious physical abuse allegations were quite rare among the study sample.
3. Physical neglect includes these categories: Malnutrition, Failure to Thrive; Lack of Supervision; Inadequate Food, Clothing, Shelter; and Lack of Medical Care. 2 families from Onondaga Counties in the study sample had allegation of Malnutrition, Failure to Thrive.
4. The safety assessment tool changed after 2007, so the percentage of families with safety factors in the Tompkins 2007 historical control group is not comparable to the other study samples.

Appendix 7: State-Level Planning and Implementation Chronology

2007-2008 County Engagement and Pre-pilot Planning Phase

Upon passage of the differential response legislation on August 1, 2007, OCFS immediately began to plan internally and to reach out to local districts to assess interest in being a pilot site. OCFS also reached out to other states and experts with experience in implementing differential response legislation.

OCFS established an internal steering committee to guide the development of New York State model and implementation of pilot programs in local districts. The steering committee, initially comprised of policy staff from the Division of Strategic Planning and Policy Development (SPPD) and the home and regional office staff of the Division of Child Welfare and Community Services (CWCS) with support provided by the Division of Legal Affairs (LA) and the Division of Information Technology (IT), has grown to include the Division of Administration's Bureau of Training (BT) and the American Humane Association (AHA). AHA officially joined the Steering Committee in July 2009, however they have been an invaluable resource to the Committee since 2008. The committee has worked continuously since its' inception to make design and policy decisions, guide the development of computer systems support needed for FAR, identify and shape training and technical assistance resources, and design assessment and quality assurance tools and protocols. In February 2009, evaluators from the Bureau of Evaluation and Research were invited to attend committee meetings and began designing the evaluation plan. The evaluators also provided information to the committee about FAR case processing and kept the committee informed of evaluation activities with the local districts.

OCFS initiated its outreach to local districts by inviting all interested LDSS to participate in a conference call during which the law's provisions were summarized, questions solicited, and answers provided based on information known at the time. Interested LDSSs were invited to work with OCFS to develop the program without committing to implement the program. A representative from six interested counties (Albany, Chautauqua, Erie, Onondaga, Tompkins, and Westchester) and a staff member from OCFS attended the first National Differential Response conference sponsored by the American Humane Association in November 2007. Presenters from other states and countries, including New Zealand, England, Ireland, and Canada, instructed the New York delegation on elements of design and issues of implementation. The variety of approaches, tools and techniques used by the states and countries underscored the importance of incorporating flexibility into New York's alternative response program so that the approach that would work best could develop over time. Information from the conference enabled the local districts to make decisions regarding their commitment and readiness to implement FAR and for OCFS to develop an implementation work plan.

2008 Model Design

The Steering Committee worked with the six counties to determine the design of FAR in line with specifications established in the legislation, recognizing the need for each county to fit FAR into its unique operations and reflecting its community's needs and resources. The key decisions made were:

- The counties identified an assessment tool, the Family Advocacy and Support Tool (FAST) that they believed would be useful for engaging families in assessing their strengths and needs and which would complement the OCFS safety assessment tool. One county was allowed to use OCFS' Risk Assessment Profile instead of the FAST.
- FAR could be provided entirely by local district staff or the local district could contract with a community provider to conduct the assessment of strengths and needs and provide any needed services. In the later model, local district child protective staff would conduct the initial safety assessment and confirm FAR eligibility before passing the family to the provider.
- The length of time needed for the FAR assessment and services period could be determined by each district, but it should be no longer than 90 days, with 60 days being the time period preferred by most of the counties.
- CONNECTIONS was modified to record which reports are served on the FAR track as well as safety assessments and case notes. OCFS' IT was limited in its ability to support FAR in the CONNECTIONS system so additional assessment tools were done off line using either hard copy or electronic templates.
- While other states recommended that caseworkers serve either FAR cases or investigation cases exclusively, the Committee and the counties agreed to allow county discretion in how they organized their FAR case distribution among CPS staff.
- Within the specifications of the legislation regarding which cases must be excluded from FAR, counties could decide their own criteria for tracking cases into the FAR pathway.
- Counties would decide the percentage of reports that would be tracked into FAR.

2008 Planning for Round 1 Implementation

The next step toward implementation was in March 2008 when OCFS issued a Local Commissioners Memorandum (LCM) that asked counties interested in beginning a FAR program to submit their applications by May 15, 2008. OCFS received, reviewed, and accepted applications from Westchester, Orange, Onondaga, Tompkins, Erie, and Chautauqua counties. OCFS and the counties identified the steps that would be needed to prepare for implementation later in 2008 or early 2009. The following actions were undertaken during 2008:

- Weekly conference calls were conducted between the Steering Committee and the six local districts to plan implementation, make decisions and review progress.
- OCFS brought the director of the alternative response program in Minnesota to New York for a series of informational forums with the six counties, so that the lessons learned through Minnesota's extensive experience could be used to assist New York to design and implement its program.
- The local districts conducted internal information sessions for CPS staff.
- Erie developed an agreement with a community agency to provide family assessment and services with monitoring by CPS-FAR staff from the local district.

- Each LDSS reached out to local stakeholders to educate them about the FAR approach and to prepare them to work with the LDSS and families using the FAR model. OCFS provided educational materials to support these outreach efforts.
- OCFS developed a notification letter for the subjects of the CPS report to explain the FAR process and the choice between FAR and an investigative response.
- OCFS established a public folder on the joint email system where resource materials from other states and NYS material could be easily accessed by the FAR counties for their use or adaptation.
- Using a model brochure created by OCFS, LDSSs created customized informational brochures to explain the county's FAR process to families.
- Training on the FAST tool by its developer, Dr John Lyons, was delivered to all prospective FAR staff.
- LDSSs refined their screening criteria and processes and pre-tested them on incoming reports to determine the likely volume and to plan how track assignments would be made.
- IT provided a Desk Aid and training to the local district FAR staff regarding the modifications made to the CONNECTIONS system to document FAR track assignments and stages.
- OCFS contracted with the Schuyler Center for Analysis and Advocacy to use money from a Marguerite Casey Foundation grant to provide flexible funds to assist families. As a goal of FAR is to meet the needs identified by the family and caseworker in the course of the family assessment, LDSS caseworkers needed to be able to quickly access funds, goods, and services to meet those needs, and the flex funds were key to meeting this goal.
- The Steering Committee and the counties identified the need for training and implementation guidance specific to the processes and practice of alternative response.
- OCFS reached out to the American Humane Association (AHA), the national leader in supporting implementation of alternative response across the country.
- OCFS shifted resources within its overall training plan to contract with AHA to provide training and professional development support for the pilot counties.
- AHA created and delivered a two-day course on the process and practice of FAR in each of the six pilot counties. Included in each county's training packet was a case flow chart customized with each county's specific FAR eligibility criteria and screening process (see Appendix A1.1 for an example).
- Several counties invited community stakeholders to participate in part of the AHA training.

2009 Round 1 County Implementation and Model Refinements

In November 2008, Onondaga was the first pilot site to screen reports from the State Central Register (SCR) for eligibility for the FAR program. In early 2009, Tompkins, Westchester and Orange began to serve families using the FAR approach. Erie and Chautauqua began later in the spring. The local districts and the OCFS Steering Committee used their conference calls to review progress, relate successes, and confront challenges. AHA initiated a coaching program with each of the counties to support their ability to transfer the attitudes, knowledge, and skills from training to their work with families. Experienced Alternative Response supervisors/trainers from other states joined AHA to accompany local district FAR

staff on home visits to demonstrate effective practice with families, provide feedback after field visits, and assist the pilot sites in structuring and conducting case consultations using group supervision.

From these discussions, experiences in the field, a review of preliminary FAR data, and coaching reports, the Steering Committee and the districts decided on several refinements to program operations and to the preparation and support process provided by AHA.

- A different assessment tool was needed as the FAST was proving to be too cumbersome, overly clinical and lacked some key areas of family functioning related to child maltreatment dynamics and risk. OCFS developed an alternate tool - the Family Led Assessment Guide (FLAG) to better meet the needs of FAR workers and families.
- Staff needed specific training on solution-focused case practice with families. Supervisors needed training on how their work needed to change as a result of a practice shift to FAR.
- OCFS contracted with AHA to develop and deliver training and coaching on solution-focused FAR casework and supervision.
- Some county initial projections that FAR might be helpful in reducing high CPS caseloads proved to be an error because FAR cases were not necessarily less time-consuming than investigations. Counties needed to make some adjustments for case assignment and workload management expectations based on the time needed for the FAR family engagement and assessment process.
- The coaching program would be strengthened if it had more structure and consistency between coaches. AHA refined the coaching plan to better address the needs of local district FAR and administrative staff. A trainer development process was initiated to support consistent focus and messages among all of the consultant coaches.
- All local district workers who conduct FAR safety assessments and initial discussions with families need to be trained in the foundations of child protective service practice. While a preventive services family-centered orientation and skill set were valuable assets in delivering FAR services, a firm foundation in recognizing indicators of abuse and maltreatment and understanding of the CPS system was also needed by all FAR workers. OCFS provided CPS training to FAR staff that did not previously have it.
- Some of the counties concluded that their FAR eligibility criteria were narrower than needed. Once they had experience with the FAR approach and found families to be more receptive to assessment and services than they were when handled via the investigation track, some of the counties either broadened their FAR screening criteria to include additional categories of allegations or increased the percentage of eligible case assignments, or both.
- It was also decided that counties that focused only on Educational Neglect needed to expand their eligibility criteria during the summer months, and that in the future, new FAR counties would not be permitted to limit FAR to educational neglect allegations only.

2009 FAR Expansion

As the counties gained facility with FAR practices and received some very positive feedback from families, the local districts and OCFS provided updates to the rest of the state's districts at various public forums and through the OCFS website. Soon, other local districts expressed interest in implementing

FAR themselves. OCFS decided that additional counties and families should be provided with the opportunity to experience FAR and that expansion into new counties would increase mutual learning about FAR's effectiveness and suitability with a wider range of county and family circumstances.

2009 Round Two County Implementation and Enhancements for All Programs

OCFS issued an open invitation to additional districts to apply for a FAR program, requiring applications to be received by April 15, 2009. The goal was to have all of the new districts complete their preparations, receive basic FAR training, and be ready to start accepting families to FAR by the end of the year. Eight districts (Allegany, Cattaraugus, Chemung, Columbia, Essex, Monroe, St. Regis Mohawk and Washington) joined the pre-implementation planning process via consultation with OCFS home and regional office staff, regular planning conference calls with the Steering Committee, and discussions with AHA to schedule training and coaching sessions for FAR staff. These counties soon joined the conference calls with the Steering Committee and the Round One (R1) counties to learn from their experiences. As the R1 counties reported creative and effective uses for flexible funds, flexible funds to meet child safety and other family needs were made available to the Round 2 (R2) counties through the use of Quality Enhancement funds. Several enhancements to FAR support were provided to R1 and R2 counties to strengthen the local programs during 2009.

- AHA developed and delivered *Solution-Focused Practice* and *Supervising a Practice Shift to FAR* training and coaching to all R1 and R2 counties. The purpose of these new courses was to improve FAR staff's ability to engage families in the assessment process, including the identification of resources and solutions that could be used to address needs now and in the future. CPS-FAR Supervisors struggled with adapting their practice from a focus on investigative processes to a problem solving focus led by families. The training sought to build skills in supervisors that are parallel to the skills they ask workers to use with families. These training courses were delivered to the R1 counties in late Fall of 2009 and in 2010 to the R2 staff.
- AHA assigned a project manager to the New York project. A new training and coaching plan would allow the FAR training course sequence to be delivered much closer in time than had been available to the R1 counties.
- In July 2009, AHA partnered with OCFS to conduct a two day FAR Symposium for all R1 and R2 FAR staff and managers and OCFS regional office staff. While each county program is allowed to have unique features, the Steering Committee thought it was important to establish and support consistency of implementation of the core values, processes, and practices of FAR that protect children and strengthen families. Information-sharing, training on use of the FLAG assessment tool, and learning from others' experiences added energy and value to the statewide implementation effort. Several potential Round 3 (R3) counties were able to attend the forum as a prelude to their possible future implementation efforts.
- At the request of OCFS, AHA wrote and issued the first volume of the State's FAR newsletter in December 2009. The purpose of the quarterly newsletter is to maintain communication among participating districts, OCFS, and AHA, and to support and stimulate FAR practice.

- AHA developed and OCFS distributed an orientation package that FAR districts can use with their communities to explain the alternative family assessment response and how it will change some of the district's CPS practices. The PowerPoint presentation and presenter's guide helped to standardize how FAR is explained to community stakeholders across the state. It also provided relief for current and future FAR districts from having to develop their own orientation and community information materials.
- The Steering Committee and local partners identified a need for a more formal assessment of the quality of the FAR intervention than just individual staff and supervisor verbal reports. With the financial support of Casey Family Programs, AHA partnered with OCFS and the R1 counties to develop a quality assurance case review protocol and process in December 2009. The case reviews assessed FAR cases for evidence of appropriate FAR practices including: initial and on-going safety assessments, family engagement in the identification of needs and solutions, the provision of appropriate services and referrals, and a clear practice shift away from the traditional focus on allegations and investigative activities.
- The R1 case review found: basic child safety was assessed and supported; cases were appropriately tracked to FAR; core principles such as calling for initial appointments were generally observed; some FAR staff were creative in using flexible funds to meet family needs; staff often struggled to engage families in full assessments of functioning and level of risk; documentation reflected more traditional CPS investigation language than expected and did not routinely reflect FAR practice and language.
- Follow-up actions to rectify shortcomings identified in the review included: the development of a new course, *Assessing Safety and Risk in FAR* early in 2010; a R1 county-led development effort to produce a set of documentation guidelines for FAR practice (June 2010); distribution of those guidelines to all FAR programs; R1 district self-assessments of internal processes to strengthen practice and plans for targeted coaching with AHA.

2010 FAR Model Modification

Experience with the R1 and R2 counties led the Steering Committee to modify the criteria for district participation in the FAR project, requiring any new county FAR applicants to commit to tracking a significant portion of their neglect cases into FAR. The reason for this change was threefold. First, the level of resource commitment on the part of OCFS and AHA to support the startup and development of a new FAR program was not cost effective for very small FAR programs. Secondly and more importantly, the partners had learned that the necessary agency culture and practice shift was less likely to occur if only a few staff were invested in FAR. In addition, staff and supervisors had understandable difficulty switching back and forth from FAR to the traditional investigation approach which would happen if only a small percentage of reports were tracked as FAR and/or there were only one or two FAR workers. Therefore, the invitation for Round 3 (R3) applications included the requirement that districts must commit to assign a significant percentage of their overall eligible reports to the FAR track to get OCFS approval and support.

Combined with the informal networking among FAR districts and their non-FAR district counterparts, OCFS' FAR communication strategy included postings on the OCFS web site, presentations at NYPWA conferences, the FAR newsletter and on-going discussions between districts and Home and Regional Offices. Interest in FAR continued to grow throughout the state. However, limited resources within OCFS required a careful plan for expansion that could be supported within the training contract with AHA.

- R3 applications were received and accepted from the following counties: Livingston, Putnam, Rensselaer, Suffolk and Yates.

2010 Round Three County Implementation and Expansion of Current Programs

As the FAR staff and their managers gained experience, they saw distinct advantages to FAR including positive responses from families, increasing acceptance and even preference by some in the mandated reporter community for a FAR approach to most neglect issues, and increasing sentiment among their FAR staff that "this is the work we should be doing", or "this is what I wanted to do when I became a caseworker". Several R1 FAR districts wanted to expand their FAR capacity to help them respond to the increasing number of reports. Some had already expanded without having staff prepared and trained sufficiently, which was strongly discouraged by OCFS as resources to provide the needed training were not available to meet the districts' need for expansion.

Through its continuing relationship with Casey Family Programs, OCFS was able to secure support for training and coaching additional FAR units in Onondaga and Westchester and to support a restructuring effort in Chautauqua. It had become evident that continued training and coaching were needed for the R1 districts because of worker turnover, because learning and implementing FAR practice skills is a process, and because the sites were still modifying their programs. Casey provided financial support through AHA for the additional coaching needed in Westchester, Chautauqua, Onondaga, Tompkins and Orange FAR programs.

Based on input from all of the partners about existing programs' continuing need for support and the need for start-up support for R3 districts, the following implementation efforts and enhancements were conducted in 2010.

- The R3 counties began their training sequence and began accepting families to the FAR track in April 2010.
- OCFS contracted with AHA to provide regional sessions of the foundation FAR training, *Process and Practice*, for staff from multiple districts who were newly assigned to FAR units.
- Flexible funds continued to be made available to districts, but were allocated proportionally by FAR program size.
- AHA conducted webinars throughout 2010 to provide staff from all FAR districts the opportunity to discuss their practice challenges and successes as well as to learn from the experience of other alternative response states.

- The Steering Committee continued to review FAR data as part of its monitoring efforts and used the data to review progress and challenges with the districts.
- FAR districts were surveyed to identify interest in expansion. Although considerable interest was expressed, expansion plans will need to be balanced with the capacity of OCFS and AHA to provide the necessary support.
- OCFS formulated a long-term plan to develop FAR expertise and training capacity within New York State. An orientation program was presented to all of the OCFS university training partners to introduce them to the philosophy and practice of FAR, and to engage them in building capacity within their organizations to provide training and coaching on FAR in the future.
- With support of Casey Family Programs, a case review of R2 county cases was conducted. As with the R1 case review, a partnership approach was used by having teams of staff from the R2 counties, AHA and OCFS Regional Offices work together to review cases. OCFS revised the review protocol to attempt to better capture indicators of FAR practice. Reviewers examined 122 cases and identified areas of strength and areas in need of improvement, just as is found when OCFS reviews districts' traditional CPS practice. While the report is currently under development, a few themes have emerged from the preliminary data:
 - Solution-focused practice with families was more evident than in the Round 1 case review.
 - Decisions regarding the assignment to FAR and the safety assessment were appropriate
 - Staff continued to be challenged by the practice shift away from the specifics of an incident or an allegation toward a focus with the family on family functioning and their children's needs.
 - Staff experienced challenges in integrating engagement and family-led assessments with the need to have honest and direct conversations about issues of LDSS concern and can benefit from continued coaching in these skill areas.
 - The documentation of FAR practice was significantly more evident than was seen in the case review conducted last year with R1 cases. The inference is that the documentation guidelines have proved helpful to staff.

Plans for the Near Future

- Applications from Cayuga and Madison counties have been approved by OCFS, but implementation has been delayed until 2011 because all training and coaching program resources are currently being used. OCFS has allocated federal child abuse prevention funds to supporting the FAR program development in these two counties and AHA is planning to provide their training early in 2011, which will raise the total number of FAR counties to 21. As further testament to the promise and appeal of FAR to local districts, OCFS has received an application or a letter of intent to implement FAR from three additional counties and expressions of interest from five other counties.
- OCFS wants to promote and deeply embed FAR into local CPS systems and into each agency's practice culture. Despite the challenges inherent in making this practice shift, nearly all FAR participants have expressed the desire to continue to respond to SCR reports with FAR. OCFS

recently surveyed current FAR counties regarding their plans to expand the number of FAR workers and/or FAR units. In response to the survey data, OCFS and AHA have plans in development to support FAR expansion in three counties in the spring of 2011. Plans to support expansion of FAR in five additional counties will be developed in the summer of 2011 once the details of the enabling legislation and level of funding of the 2011-2012 year contract with AHA are more certain.