

Family Assessment in the District of Columbia

Program Evaluation

Final Report
to the
Child and Family Services Agency

Recommendations

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January 2016

The DR program that CFSA has implemented has many positive features and the point of these recommendations is not to review them all. Nonetheless, a note should be made about the solid foundation on which the program has been built—borrowing from evidenced-based practices in other jurisdictions, adopting a program model that has been successful elsewhere, adapting this program model and these practices to fit the programmatic and organizational realities of the District, and integrating the DR program into the web of programs already established or being implemented in parallel efforts. These are all positives. The utilization of the R.E.D Team in the screening process should be highlighted in this regard as a particularly effective element in the DR program, along with the structured problem solving unit team meetings for especially complex cases. Also worthy of mention is the support and utilization of a set of community agencies across the District that form a resource collaborative to help deal with families who require assistance with a wide variety of needs and often over period of several months or even years.

It should also be noted that the District child protection agency operates in one of the most challenging social services environments in the country. Homelessness (in one of the costliest real estate locations in the country) and mental health conditions are especially pressing problems in the District and are manifestations of extreme poverty. These conditions intersect with what is reported as child neglect but are at levels beyond the mission and capability of a child protection system to remediate alone. And they complicate and stress other work that must be done to ensure the safety of children in the District.

CFSA's implementation of the DR program in this challenging environment is a model of leadership to improve the lives of the District's children and their families. Leadership is one of the five core values established by the District, and results of the evaluation provide evidence that other core values have been enhanced by this program. The wellbeing of children is integrally related to the wellbeing of families and the family unit is the focus of FA interventions. Feedback from families, as discussed in the report indicates they are treated respectfully and in a timely manner through family assessments. With respect to the central issue of child safety, the first priority of DR, this evaluation found no evidence that children were less safe in family assessments than in investigations, while some evidence suggests improved long-term safety of children.

Implementation of the DR program is a significant effort to seek to improve the child protection system in the District. Developing and implementing a reform in a service system is a process. There are goals, but from a programmatic perspective, there is no final product. Program administrators always want to maintain forward momentum by working to improve their system. It is an ongoing process. Differential response itself is not an end point, but a step along a pathway for improving the District's child protection program. In this vein, the following recommendations are offered as issues to be considered in this effort.

1. Personnel. As the agency gradually broadened its criteria for the types of reports that are considered appropriate for FA it stretched the comfort zone of some workers and supervisors, especially for reports involving physical abuse and particularly among staff with prior investigative experience. Among workers, this may be a factor in the relatively high proportion of FA referrals converted to CPS-Is. It can also be expected to result in practice at some variance from policy. Among supervisors, this may contribute to what some workers perceive to be inconsistencies in screening decisions and, one would think, in advice given to social workers. Such staff members may be better suited to the CPS-I pathway and should be given the opportunity to transfer to investigative units. Correspondingly, there may be CPS-I staff who would prefer family assessment work rather than investigations.
2. Staff feedback. At the same time, it is important for the administration to understand the views and hear the experiences of all staff regarding FA practice and policy—especially, but not only, staff who may disagree with some part of it, from screening criteria and pathway decision making through family engagement and closure. It is important for the administration to know the attitudes and opinions of staff but also to learn what kind of recommendations staff members themselves have for improving the DR program generally and their own work specifically. This does not mean DR policy should be set by staff less comfortable with it, but that any organization can benefit from every member.
3. Semi-structured staff interactions. Opportunities should be given for staff to meet periodically among themselves (social workers with social workers, supervisors with supervisors) without outside facilitation or observation to discuss their work with families, their challenges and successes, and the relative effectiveness of various community resources to help their families. The sharing of perspectives of staff from different units and locations would probably be beneficial. The experience and knowledge of individual social workers and supervisors can often be more useful to a practitioner than any other source. How do you deal with skeptical families? How do you answer this question? What's the best resource for this problem?
4. Staff units. Based on previous evaluations it is the judgment of the evaluators that specialized staffing is preferable, that is, that social workers conduct either FA or CPS-I but not both, at least on a regular basis. There can be benefits from mixed pathway staffing, but these tend to flow from FA to CPS-I, making the latter more family centered. Unfortunately, this benefit is often negated by the influence of forensic investigation practices on family assessments, in which the two pathways may essentially blend into one for some workers.
5. Engagement matters. Some workers reported little difference in what goes on when FA social workers engage families versus investigators (and supports the need for #1 above). But the

evidence from both families and social workers suggests that there are differences in many instances and these differences in turn lead to increases overall in service provision and assistance to families in family assessments. Ongoing training in engagement practice is essential (#9 below), along with worker-to-worker exchanges (#3 above). There are a substantial number of families encountered by CFSA who are skeptical and distrustful of CPS generally and so unwilling to accept FA for what it is. Proving them wrong may take time and consistency in engagement practice that is faithful to the DR model in place.

6. Services matter. In previous evaluations of DR pilot projects that utilized control groups and in which additional resources were made available to workers to assist FA families, significant improvements were found in outcomes directly related to service provision. Many of the families encountered by CFSA have needs that impact child wellbeing, some critical, many complicated and chronic. Without the provision of services or appropriate assistance these needs will not go away and the conditions will persist. But, without the infusion of new service dollars and with tightly restricted budgets, what can be done? While FA workers are not case managers, as noted above (#5) sound FA engagement practice can itself lead to greater service provision. The following (#7, 8 and 9) describe other things that may be done.
7. Community Collaboratives. These organizations operate as an extension of CFSA in serving families with critical and often chronic needs. They are a key to CFSA's effectiveness in dealing with many of the families it encounters and in reducing recurrence.
 - a. The first issue to address (through administrator to administrator meetings) is whether the contributions of Collaboratives are being maximized. Those visited during this evaluation reported they were capable of serving a larger number of referrals than they were getting.
 - b. Secondly, there is no feedback loop from Collaboratives to FA workers. FA workers generally reported they do not know whether the families they refer to Collaboratives receive services. Collaboratives do their own assessments and may provide services beyond what workers knew were needed, but some families just walk away and workers remain unaware of this. There are program audits and monthly reports from Collaboratives to CFSA but workers remain on the outside of this process, move on to other referrals, and generally don't know whether problems they identified were ever addressed. FACES may be brought into play here so that workers know what Collaboratives are doing or not doing. And, instead of being immediately closed, the referral could be moved onto a secondary, monitoring track until the FA social worker learned one way or another that the problems were addressed, and if nothing were done, especially in families with young children, the referral could be put back on full active status. (Making the 45 day time period for an FA referral more flexible for other interventions has been suggested by several workers. Some situations require more

time to establish a trusting relationship and to ensure very needy families are actually connected to services or case management from another source.)

- c. As mentioned, Collaboratives are contracted to provide services through other programs. One of these is the Title IV-E waiver. It is probable that many CPS families are also IV-E waiver families and evaluators did not examine this. However, the IV-E waiver is potentially a source of service dollars for CPS families, especially those with housing needs, or any other need that might otherwise bring a child into foster care. The IV-E waiver program is a natural book-end to DR, sharing a practice philosophy of flexibility and providing the kind of services appropriate for the long-term benefit of children.
8. Resource identification and development. Besides Community Collaboratives (and CFSA's in-home program), FA social workers and investigators refer families to many other resources in the community. These may be formal and institutional in nature as well as informal (such as religious organizations). The worker surveys and interviews indicated that workers' knowledge and use of such resources varies a great deal. We suggest the following (in addition #3 above).
 - a. If it does not already exist, a data bank of community resources should be created for workers to utilize and update. This would be particularly important to new workers who often have modest knowledge of where and how to refer families with particular types of problems and needs.
 - b. Time should be allocated specifically to workers for personal development in learning about community resources. Generally, education of workers in these matters should be a priority.
 - c. Resource forums might be promoted in which representatives of community organizations and other agencies meet and educate CFSA staff about their services and funding and in which general discussions between CFSA staff and the community are promoted.
 9. Training. The training program in place in CFSA is more extensive than many we have encountered in other jurisdictions. We have only two comments to make.
 - a. There were many practical comments by staff that have been included in this report. The views and experiences of workers can be valuable for the training process and overall program development. In addition to what it does already, training can be informed by the actual experiences of FA workers--their feedback and questions--both in the organization of the training curriculum and through the more active inclusion of FA workers in the training process--discussing their experiences and using actual cases as examples of the promise and challenges of DR.
 - b. A third of CPS-I workers, when asked if they understood the goal and purpose of FA, responded "does not apply." But it does. Most meant by this response, of course, that it does not apply because they do not do FA. But the FA approach is primarily sound

family centered practice and its principles are important for all CPS workers. Beyond this, knowledge of FA by CPS-I workers helps make the child protection system more coherent and facilitates the switching of pathways when necessary. And, importantly, it is unlikely that many key stakeholders in the community—such as judges, prosecutors, educators, policemen, child and family advocates, and community resources of all kinds—will understand family assessment as well as might be desired while some CPS staff, with whom stakeholders interact, remain less than fully informed about it.

10. CPS-I to FA conversions. While FA referrals can be converted to CPS-I with cause, consideration should be given to converting at least some CPS-I referrals to FA. These would typically involve unsubstantiated investigations in which there are young children. This was planned as part of the original Missouri (1995-98) AR Demonstration, but was never implemented. However, it is imminently logical that families in the investigative pathway should be offered the opportunity, on a voluntary basis, of a broader assessment of family needs and the service opportunities that are being promoted under FA. It may be that only a minority of families, after the experience of a forensic investigation, would agree to voluntary services but the opportunity for preventive services should be offered. While it is currently the case that a number of investigative workers affectively do this now when they engage families. The purpose of this recommendation is to institutionalize this practice across all such workers.