
**Extended Follow-up Study of Minnesota's Family
Assessment Response**

Final Report

**Conducted for the
Minnesota Department of Human Services**

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Preface

In the latter part of 2000, the state of Minnesota began piloting a new, more flexible model of child protection called Alternative Response. A comprehensive evaluation that we completed in 2004 found that this new approach to reports of child maltreatment reduced subsequent recurrence among families for whom it was intended without compromising the safety of children. Moreover, and despite an increase in initial investment costs to pay for additional services and staff time, subsequent costs were reduced because fewer of the children and families reappeared in the system. In addition, feedback from families and social workers showed that both groups preferred the alternative response when it was possible. Based on interim evaluation findings, the state began expanding the new approach beyond the 20 pilot counties while the demonstration project was still underway. By the end of 2005, all counties in the state had implemented the new model, which was re-christened Family Assessment Response. At the same time, interest in the model has spread, and it is often called Differential Response in other places.

Despite the positive findings of the evaluation of the Alternative Response pilot project, the lasting value of the outcomes remained unknown. As they will with any new program model or new approach to practice, questions remained about longer-term effects. Would positive outcomes be sustained over time?

This is the primary question that shaped the extended follow-up study that is reported on here. In this study the average (median) length of time pilot study families were followed was 3.6 years. As will be seen in the report, the positive findings of the original evaluation were confirmed and sometimes strengthened. Child maltreatment recurrence continued to occur less frequently within experimental families, cost savings continued, and workers' attitudes became more positive as they gained experience with the approach.

The impact findings and cost benefits of Family Assessment Response study may look too good to be true. They should not, however, be seen as easily attainable. They did not occur automatically. This is not the stuff of Harry Potter and magic wands. The results reported here occurred because of the hard work and dedicated commitment of county social workers and because of the support and training they received from county and state administrators. More than this, it was made possible because of the financial commitment of the McKnight Foundation and the Minnesota State Legislature, which provided the necessary prime for the program pump. We have said before that we do not believe these results are easily replicated. They can be, but only if the necessary effort and intelligent design are applied. They will not evolve naturally through a process of chance and good fortune simply by renaming traditional and habitual practices. Other states and other agencies with an interest in this approach should take note: Minnesota's experience represents a best practice model, not a magic bullet.



Buckminster Fuller liked the metaphor of the trim tab. Think of the Queen Mary, he said once. The whole ship goes by and then comes the rudder. And there's a tiny thing at the edge of the rudder called a trim tab. Just moving the little trim tab builds a low pressure that pulls the rudder around, and turning the rudder changes the ship's direction. 'So I said, call me Trim Tab.'

Human service systems are bureaucracies, often quite big ones, and like large oceangoing ships traveling at high speed through the water they have enormous mass and momentum, and great force is required to turn the rudder and change directions. Finding the spot to exert a relatively small amount of effort the trim tab can be turned, and with it the rudder and thus the ship, or, in our case, the service system.

The metaphor also extends to the lives of distressed families. Clearly, a single positive intervention event will not be sufficient to see all families through the troubled waters of their lives; some will require much more. But we know now that it will provide a bridge over these waters for many families and that building the bridge is worth the cost.

The Alternative Response pilot project was a trim tab for the Minnesota child protection system and for many Minnesota families. And Minnesota may turn out to be the trim tab for the child protection system in the rest of the country.



This project is dedicated to the memory of Nancy Latimer of the McKnight Foundation.

Study Highlights

The Family Assessment Response (FAR) began as the “Alternative Response” pilot project in 20 of Minnesota’s 87 counties. This is a report of the extended evaluation of the project. The original evaluation was conducted between 2001-2004. The extension allowed study families to be tracked into 2006.

The impact evaluation was designed as a field experiment in which families determined to be eligible for the Alternative Response approach were randomly assigned to an experimental or control group. Families in the experimental group received a family assessment response to the child maltreatment report that brought them to the attention of the child protection system, while control group families all received a traditional CPS investigation. The present analysis extended the follow-up period for tracking child and family outcomes and program costs for an additional 21 months, for an average of 3.6 years per family.

The original impact evaluation resulted in a number of positive findings that are summarized in Chapter 1. With the extended follow-up, it was possible to determine whether the findings of the original evaluation held up over a longer time or whether they represented only transitory changes in families. Additional analyses were also conducted that represent new systematic considerations of questions about the nature and effects of FAR.

1. Recurrence. FAR families continue to have fewer subsequent child maltreatment reports.¹ More specifically:

- a. Families that received the FAR approach continued for longer periods of time without a new child abuse and neglect report.
- b. Families that received the FAR approach had fewer new child abuse and neglect reports.
- c. Families were more likely to have post-assessment services cases opened during the initial FAR intervention, and this in turn reduced the level of future reports.
- d. The approach to families (the protocol) under FAR—family friendly, non-adversarial, participatory and voluntary—led to reduced levels of future reports, regardless of whether services were or were not offered to families.

¹ Child abuse and neglect reports were considered a measure of risk of future reports and an overall measure of the welfare of families and children. For a full discussion of this see “A Report on Chronic Child Abuse and Neglect” (2006) at <http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf>

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2. **Family Satisfaction.** In the original evaluation, caregiver attitudes were shown to be more positive under FAR than under the investigative approach. In new analyses it has been confirmed that:
 - a. The FAR protocol and the provision of services each led, independent of the other, to increased positive attitudes among families.
 - b. When combined, the effects of the protocol and provision of services strengthened these positive attitudes.
 - c. These findings were independent of the relative financial needs of families.
 3. **Services.** The FAR approach led consistently to increased services to families.
 - a. This was particularly the case with financially-related services—such as financial assistance, food services, clothing assistance, housing assistance, utilities assistance and job-related help.²
 - b. The provision of counseling and mental health services also increased among FAR families but not as consistently.
 - c. Families that received services as a group returned more often with recurring reports of child abuse and neglect. This is an indication that services were more often provided to higher risk families. However, recurrence among FAR families that received services was significantly less than among control families that received services.
 4. **Services and Recurrence.** The following interaction effects were also found:
 - a. Controlling for satisfaction, level of financial need, and various combinations of service approaches, families offered FAR continued to show evidence of fewer reports over the extended tracking period. This supports the earlier finding that the approach to families alone (the protocol), apart from what is done for them (services), is important.
 - b. Regarding services, FAR families that received both a formal service case and concrete services had relatively fewer subsequent reports. This suggests that continuing contact with a CPS worker (within the family-friendly approach of FAR) and actual services over a longer period of time produces the most positive effects.

² Note that about one-quarter of families in the study were designated as high financial need, based on having caregiver incomes of less than \$15,000 per year and an education level of high school or less. Many of the remaining families also had low or very low incomes.

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5. **Removal and Placement.** Subsequent removal and placement of children was reduced under FAR. This finding of the original 2004 evaluation was reconfirmed for the longer follow-up period.
 6. **Cost Savings.** Cost savings documented in the original evaluation continued during the extended tracking period. While costs during the initial contact period were greater for FAR families, follow-up costs were greater for control families. When all costs are included and combined, mean costs for control families were \$4,967 and \$3,688 for FAR families.
 7. **Worker Responses.** The large majority of workers reported a positive or very positive attitude toward the FAR. Most workers reported that it positively impacted their practice with families. Workers in metro and non-metro counties differed in attitudes, perceived effectiveness and child safety.

Chapter 1

Starting Points

In late 2004, the Institute of Applied Research completed a comprehensive evaluation of the Minnesota Alternative Response (AR) pilot project. The project represented a test of an emergent approach to child protection that is sometimes called Differential Response and seeks to provide increased flexibility in responding to reports of child maltreatment. In Minnesota it provides an alternative to investigations when the nature of a report does not meet state statutory requirements for mandated investigation.

The Alternative Response pilot project was carried out in 20 of the state's 87 counties between 2000 and 2004. Based on interim evaluation findings, along with feedback from families and child protection professionals, the state began replicating the model in other parts of the state before the pilot project was completed. In the process, the name of new approach was changed to Family Assessment Response (FAR). The final 2004 evaluation report documented significant programmatic benefits of the new approach and supported the decision to expand it.³ The extended follow-up study reported on here sought to determine whether positive outcomes were sustained over time.

The impact evaluation of the 2004 study involved tracking and comparing outcomes for randomly selected experimental and control families. Follow-up data that were analyzed were cut off in March 2004. The present study extended the tracking of the same families through the end of 2005, an additional 21 months. In this study the average (median) length of time pilot study families were followed was 3.6 years. The results of the extended outcome/impact study can be found in Chapter 2.

The second question of interest in the extended follow-up was whether cost benefits documented in the pilot study would be found to continue or would disappear as time intervened and the years passed by. The extended cost analysis is provided in Chapter 5.

The 2004 evaluation of the pilot project found that both social workers and families liked the new approach to CPS intervention and responded positively to it. Although outside the primary focus of the extended follow up, these questions were considered and represent a corollary to the present study. The results of a survey of CPS social workers can be found in Chapter 3, and feedback from a group of families is presented in Chapter 4.

³ The 2004 evaluation report is available online at <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>.

This introductory chapter examines a central aspect to a two-track system and the starting point of CPS intervention: screening decisions that determine whether the response to a maltreatment report will be an investigation or a family assessment, and the implications this has on services. Before that, however, some frame of reference might be useful to readers less familiar with the 2004 evaluation study. The following is a summary of major findings of that study. This is followed by a short chronology of the expansion of the Family Assessment Response model statewide.

Summary of Select Findings of the 2004 Evaluation Report

Implementation of the Alternative Response model began in a group of Minnesota counties at the end of the 2000 calendar year. The evaluation of the model in the 20 pilot counties began in February 2001. The impact study was restricted to 14 counties and involved the random assignment of 5,049 families screened to be appropriate for a family assessment into experimental and control groups. Data from the state's Social Service Information System was received on all CPS families in the 20 pilot counties throughout the evaluation. Feedback was obtained from 1,184 families in follow-up surveys and interviews. Interviews and surveys of CPS county staffs were also conducted and a variety of other policy-related information and quantitative data were obtained from counties and the state agency.

Practice Shift/Model Fidelity. Feedback from families and workers indicated that CPS practice changed consistent with the model during the demonstration. Compared with control families who received an investigation, experimental (AR) families were more likely to report that they were treated in a friendly and fair manner and that CPS workers listened to them and tried to understand their situation and needs. Experimental families more often reported that all matters important to them were discussed, that they were more involved in decision making, that workers helped them obtain services they needed and connected them to various community resources.

Family Response. Experimental families were more likely than control families to report greater satisfaction with the way they were treated by child protection workers and greater satisfaction with the help they received. AR families had increased positive feelings and reduced negative feelings in comparison to families receiving investigations.

Worker Responses. With few exceptions, CPS workers involved in utilizing the Alternative Response held very positive attitudes towards it. Overall, these attitudes strengthened among workers as they gained experience using it. CPS workers were more likely to report that experimental families were cooperative and actively involved in case planning and decision making than control families.

Services. Among experimental families, 54 percent received some specific services other than case management compared to 36 percent of control families. Experimental families who received services compared to control families who received services were more likely to report satisfaction with the way they were treated and they

were more likely to say that the services they received were the kinds they needed. AR families who received services were more likely to be poorer and were more likely to receive assistance to meet basic needs such as food, clothing, home repairs, help paying utilities, and help in finding a job. Experimental families were provided with formal service cases (that is, ongoing case management following assessment) over twice as often as control families.

Child Safety. No evidence was found—in analyses of case data, feedback from families, reports of workers or responses of community stakeholders—that the Alternative Response approach placed the safety of children in greater jeopardy than investigations. Workers in experimental cases reported more improvements in child safety problems that had been found at the time of the first home visit.

Recurrence of Child Abuse and Neglect. Overall, experimental families were less likely to have new maltreatment reports than control families. A survival analysis showed that this difference was consistent even though families were tracked for varying lengths of time. The new Alternative Response approach reduced maltreatment recurrence whether or not services were offered or case management provided. At the same time, experimental families who received services were less likely to have new maltreatment reports than control families who received services. Among the three largest racial groups, Caucasian, African-American and American Indian families, the rates of recurrence during the follow-up period were lower for experimental families. The effects of the new approach were evident among families in each of these sub-populations. The positive effects cannot be attributed to differential treatment of racial or ethnic minorities. Fewer experimental families had children later removed and placed in out-of-home care than control families. This difference appeared to occur primarily among families in which children were removed for shorter periods of time.

Cost Findings. The 2004 evaluation also calculated costs related to case management and purchased services during the time of the first contact period and during a follow-up period once initial contact had stopped. Costs related to both case management and purchased services were found to be greater for experimental families during the initial contact period compared with control family costs. However, costs for case management and other services during the follow-up period, which averaged 452 days, were greater for control families. When costs associated with both periods were combined, total costs were found to be greater for the control group.

Statewide Expansion of the Family Assessment Response

Minnesota has a state supervised, county administered human services system. This means that counties have the legal authority to accept or decline involvement in new initiatives such as the Family Assessment Response. Minnesota counties make decisions about changes in their service programs only when they decide it is the best interest of their residents to do so.

The 20 counties that participated in the original Alternative Response pilot project became involved because they believed that the new model offered a true opportunity to improve their child protection system. The new model, built on the work of prior initiatives within the state and in other states, was seen as a potentially better way of applying a family-centered and family-friendly approach for resolving issues that bring families to the attention of the child protection system. The lead was taken by a set of county and state officials, including administrators from Olmsted and Dakota counties and the state Department of Human Services. These administrators saw the model as a potential best practice and wanted to put it to an empirical test. The pilot project was that test and as outcome evidence began to become available, other counties started implementing the model.

The map on the following page provides an implementation chronology of the FAR model in Minnesota. The 20 counties that participated in the original Alternative Response pilot project are shown in the map as the darkest shaded counties. Each of these counties had begun utilizing the new response model during calendar year 2000. The 20 pilot counties are listed in the following table. The fourteen counties that participated in the impact study are listed in the first two columns in the table.

Alternative Response Pilot Counties

<i>Impact Study Counties</i>		<i>Other Pilot Counties</i>
Anoka	Nicollet	Carlton
Blue Earth	Polk	Dakota
Carver	Ramsey	McLeod
Chisago	Scott	Olmsted
Cottonwood	St. Louis	Polk
Hennepin	Waseca	Wright
Kandiyohi	Yellow Medicine	

Four other counties (Freeborn, Sherburne, Clearwater, and Nobles) also began to use the new approach during 2000, but they did not participate in the pilot study. An additional 6 counties implemented the approach during 2001, followed in 2002 by another 27, which brought the total to 57, nearly two-thirds of the counties in the state. In 2003, 23 more counties began to use the approach and 7 began the following year. By the end of calendar year 2004, therefore, the new model was integrated into the child protection system in each county in the state. On August 1, 2005 the state formally changed the name of the new model from Alternative Response to Family Assessment Response.

Screening Reports

Report screening is the fundamental starting point in the Family Assessment Response (FAR) model. This screening does not refer to the initial screening that has historically been conducted by intake workers to determine whether a report concerns potential child abuse and neglect. That type of first-step screening has always been done within Child Protection Services to rule out reports that do not require a CPS intervention or reports that need to be referred to other agencies and service programs. FAR screening is a second-step procedure that takes place after reports have been accepted for CPS follow-up for the purpose of determining which reports are appropriate for Family Assessment Response and which require a traditional CPS investigative response (that is, a family assessment or an investigation). All subsequent references to “screening” in this report refer to this second-step process.

In the year 2000, a screening protocol was developed and adopted in Minnesota before the pilot project began (see Minnesota DHS Bulletin #00-68-4). Screening first rules out reports of child maltreatment in certain institutional settings as well as reports indicating substantial child endangerment (such as sexual abuse or egregious harm). If none of these criteria apply to the report, the screening turns to a set of other concerns that may be more subject to differences in judgment among CPS practitioners. There are 16 categories used in the screening protocol. If any are checked as present the screener is asked whether they pose a threat serious enough to warrant a traditional investigation. The 16 categories are:

1. The maltreatment alleged is criminally chargeable.
2. There is a need for long-term court-ordered placement.
3. There is a potential for serious physical, emotional, or psychological harm.
4. The alleged perpetrator has previously been charged with offenses posing potential child harm.
5. The frequency, similarity, or recentness of past reports warrants a traditional investigation.
6. The child is unable to protect him/herself for reasons such as age or disability.
7. The child requires special care.
8. There is a need for legal intervention due to violent activities of household members.
9. There is potential for the parent/legal guardian to flee with the child.
10. The parent/legal guardian is incapacitated due to active chemical abuse.
11. The parent/legal guardian has disabilities or special needs that diminish their parenting ability.
12. The child is unable to participate in a safety plan.
13. There is reason to believe that the parent/legal guardian will not cooperate.
14. The parent/legal guardian does not have friends or relatives that can assist in the care of the child.
15. The parent/legal guardian has declined to engage in and benefit from services in the past.
16. The past maltreatment concerns were not resolved at the time of previous closing.

Differences of opinion can be found among workers about the effectiveness of the Family Assessment Response in protecting the safety of children when these conditions (and others not explicitly mentioned in the 16 categories) are present. This will be apparent in the discussion of worker attitudes and opinions about FAR in Chapter 3. Such differences were documented in the 2004 evaluation, and they are reflected in variations among counties in the screening of incoming maltreatment reports. From the first year of the pilot project we saw differences among counties in the proportion of reports screened for a family assessment versus an investigation. And this variation has continued, as can be seen in **Figure 1.1**, which compares screening percentages during the first two years of the evaluation (2001-2002 and last year (2005)).

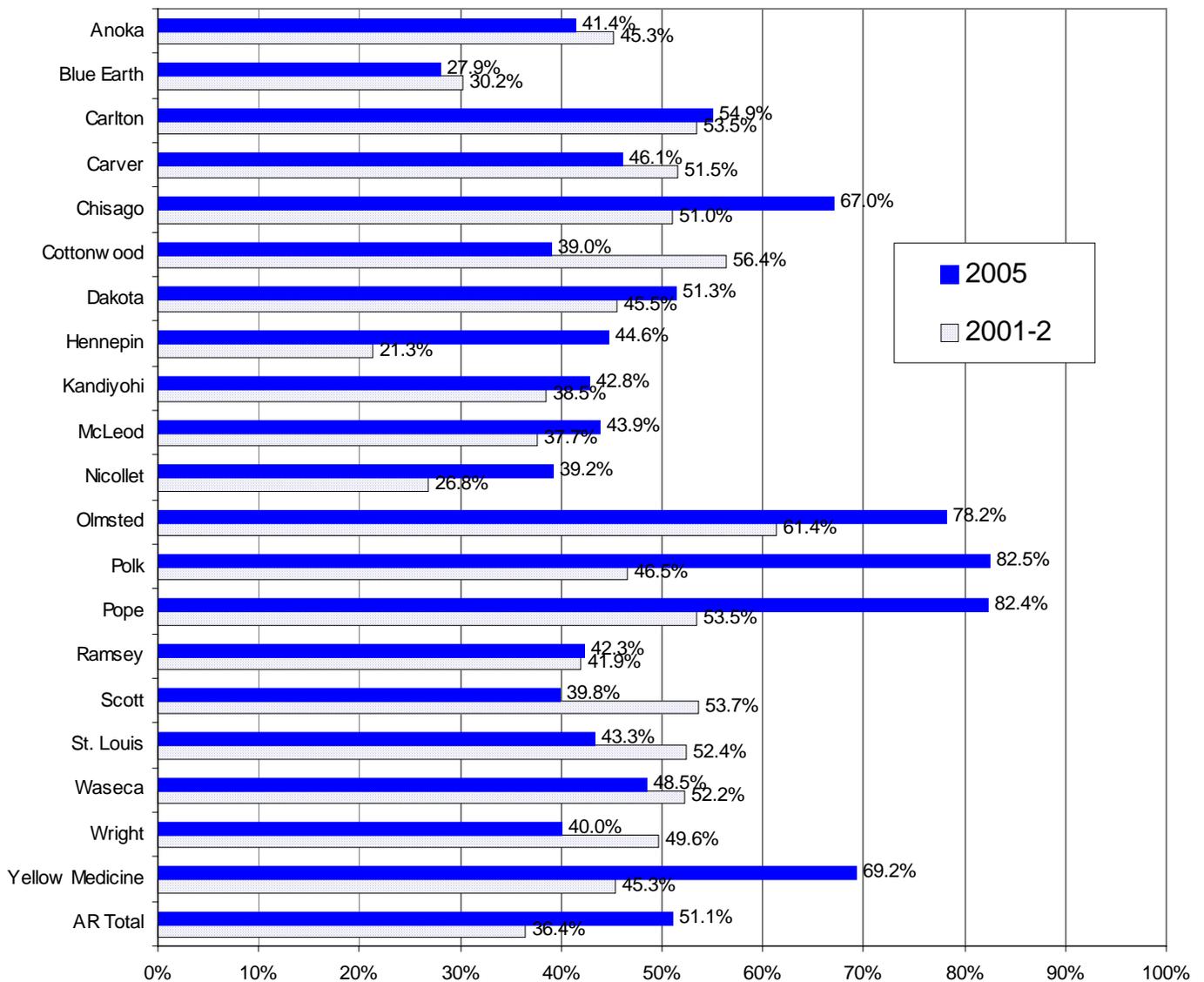


Figure 1.1. Percent of Reports Screened for the Family Assessment Response or AR Approach 2001-2002 Compared with 2005 (in Pilot Counties)

The percentages screened for FAR in the 2001-2 period ranged from lows of 20 to 30 percent to highs above 50 percent. Olmsted, the first county to implement the model, was screening more than six of every ten reports for FAR at that time. The low percentage for all pilot counties combined stemmed partly from the inclusion of Hennepin County, which had limited family assessments to a single unit of workers. Three counties (Cottonwood, Scott and St. Louis) showed comparative declines in the proportions of reports screened for FAR between 2001 and 2005, and others had modest increases or declines. Six counties, however, demonstrated large increases (Chisago, Hennepin, Olmsted, Polk, Pope and Yellow Medicine). These counties included Hennepin, which more than doubled its proportions from 21 to 45 percent.

The total screened for FAR among the 20 counties consequently increased from 36 percent to 51 percent over the period. This increase represents the overall trend among the pilot counties, although changes were clearly mixed from one county to another. On the other hand, if the mature program in Olmsted County presages future changes this percentage might be expected to increase. By 2005 Olmsted County was providing nearly eight of every ten reports with family assessments.

Screening in other Minnesota Counties. The pattern of screening in the remaining 67 non-pilot counties also varied (**Figure 1.2**). The majority (40 of the 67 counties, 59.7 percent) screened between 42.0 and 68.0 percent of their cases into FAR, while another 9 screened 72.2 percent or more. The remainder screened 34.8 percent or less for FAR during 2005. In all 67 counties as a whole, 47.5 percent of reported families were provided with family assessment in 2005, a total that was only slightly less than that for the original 20 demonstration counties during the same year.

Explanations of Screening Differences. Some of the difference in screening can be explained by variations among counties in child endangerment. For example, counties may differ in the level of sexual abuse reports or reports of neglect and abuse of very young children. However, given the magnitude of differences among counties shown in the preceding two charts, a better explanation may be variations in the interpretation of the optional screening criteria listed above and the overall level of confidence in the FAR approach in local offices.

If the latter is the case it should be evident in the responses of workers. Worker responses to a recent statewide survey concerning FAR are described in detail in the Chapter 3. In this chapter we compare certain attitudes of workers in that survey toward FAR with the proportion of cases screened for FAR in their counties. If the level of screening is related in any way to the confidence of local staff in the approach it should be evident in such analyses. A caution is in order, however, because responses to the worker survey were received from a subset of workers who may or may not be perfectly representative of the other workers in their counties—particularly when only one worker responded from a particular local office.

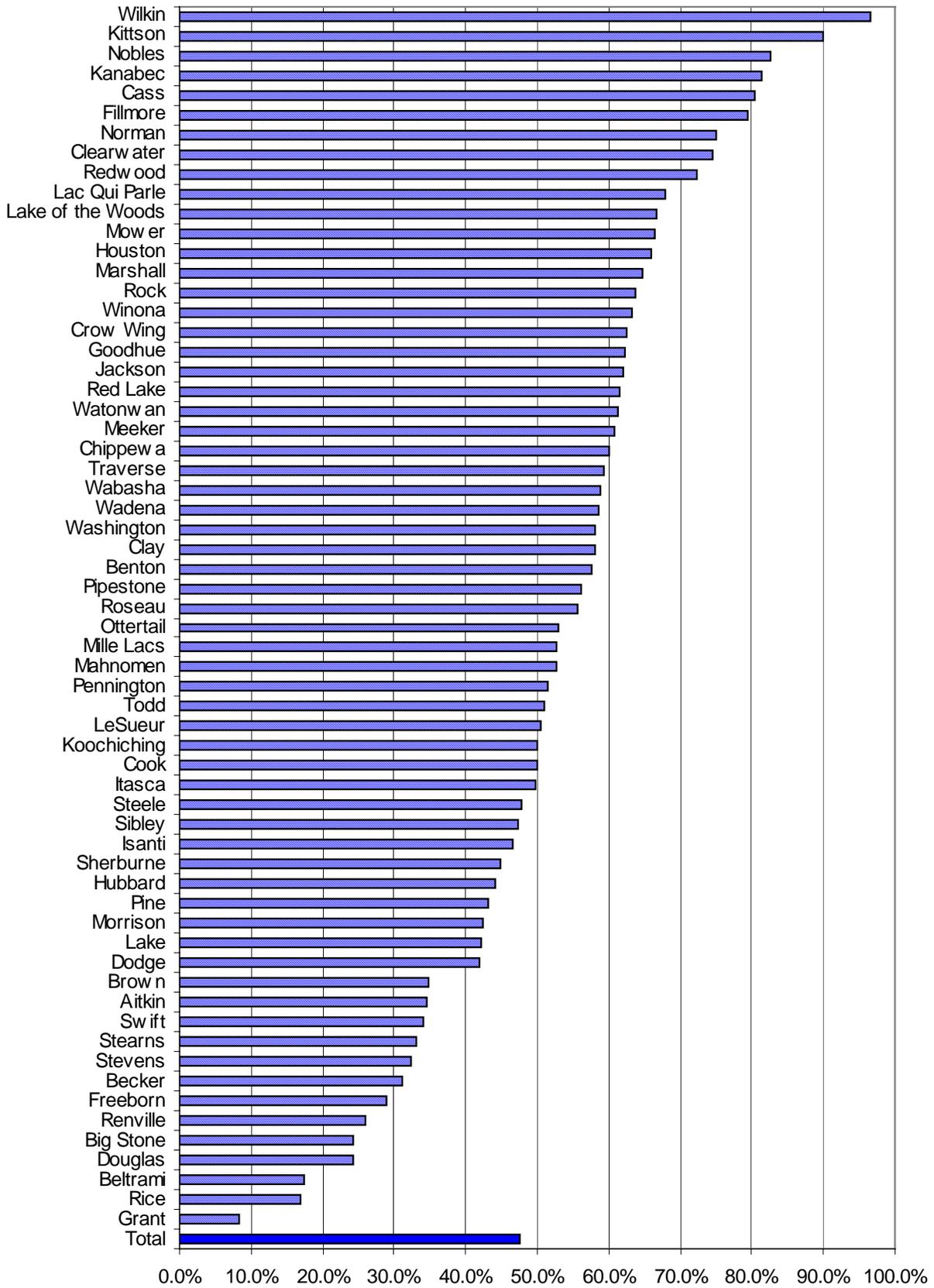


Figure 1.2. Percent of Reports Screened for the Family Assessment during 2005 (Non-Pilot Counties)

In general, workers from counties that screened high levels of FAR during 2005 tended to be more positive. This can be seen in **Figure 1.3**, which compares the attitudes of social workers from counties with different screening ratios about the relative value of investigations versus family assessments in reducing risk to children

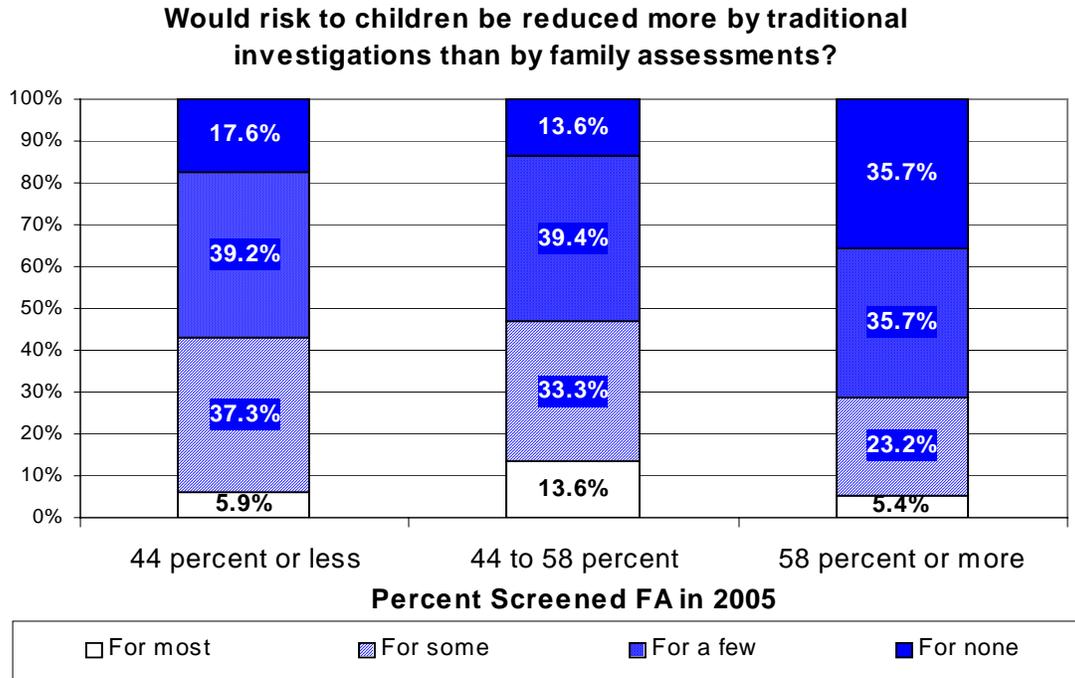


Figure 1.3. Attitudes concerning Risk Reduction of Investigations Compared to FAR by Workers from Counties with Low, Moderate or High Levels of AR Screening

While very few workers represented in **Figure 1.3**, regardless of their county’s screening level, felt that investigations would be better at reducing risk for “most” children, some differences in attitudes were apparent across the three categories of counties. For example, seven in ten workers (71.4 percent) from counties with high levels of AR screening said that traditional investigations were better at reducing risk for only a few or no children compared to 53.0 percent and 56.8 percent from the other two categories of counties.

The issue of risk was shown because the differences were statistically significant ($p = .045$). Similar proportions were obtained for other questions such as the relative value of FAR versus Investigation for assuring child safety and the overall desirability of the new approach over the traditional approach, although differences on these questions did not rise to the level of statistical significance.

As noted, this method of comparison is somewhat crude because some workers from counties with low screenings may disagree with local practices and may have little or no influence on screening decisions in general. However, it does show that screening

approaches in local offices are in part a function of attitudes about the value of the family assessment approach compared to conducting traditional investigations for all cases.

1.1. Trends in Screening

The previous analyses were based on screening during the entire year of 2005. This does not answer the question of the direction of change of screening. Comparisons of the original demonstration counties during 2001-2 and 2005 suggested that the overall trend among the counties was toward assigning a greater proportion of reports to the FAR track. By looking at month-to-month screening levels, we can see in greater detail whether levels are increasing, decreasing or staying the same.

The trend lines in **Figure 1.4** runs from January 2003 through December 2005. The top lines in the graph are the actual monthly totals of reports that were screened for family assessment or the traditional investigative response and a smoothed trend line. The former shows the seasonal changes in total reports that occur each year. Because it is difficult to interpret irregular lines, we use the six-month moving average trend line to help in interpreting the overall changes over the three-year period. They show that with the exception of late 2003 the six-month average fell between 1,500 and 1,700 accepted CPS reports (of these kinds) per month. No major changes were observed.

It was noted earlier that additional counties began using the family assessment approach in 2003 so that by the end of 2004 all Minnesota counties were on board. This is reflected in the lower portion of the graph, which splits the upper line into two parts—reports screened each month for Investigations and FAR.

As counties were added during the 2003-2004 period the proportion of FAR reports increased. However, it can also be seen that the monthly screening proportions of FAR continued to increase during 2005 from a six-month average of 600 to nearly 800. This shows progress in adopting the approach. Based on the performance of the demonstration counties after three years, we expect the trends shown in **Figure 1.4** to continue for at least another year.

The second tracking chart (**Figure 1.5**) shows family assessment case management workgroups in county groups. Hennepin and Ramsey Counties are separated out because they constitute such a large proportion of the entire Minnesota caseload. Like assessments, post-assessment service cases (work groups) increased as well during the 2003-2005 period. Hennepin County demonstrated a gradual increase during 2003 and 2004 and more dramatic surge during 2005, reflecting, as has been noted, the spread of the FAR approach from a single unit to the entire Hennepin County CPS system. Similarly, the counties added during and after the original demonstration showed a rapid increase from 2003 forward. Ramsey County appears to have settled into a steady state during the period in the vicinity of 150 active cases per month. While some of the other 18 demonstration counties exhibited a pattern like Ramsey, the counties as a

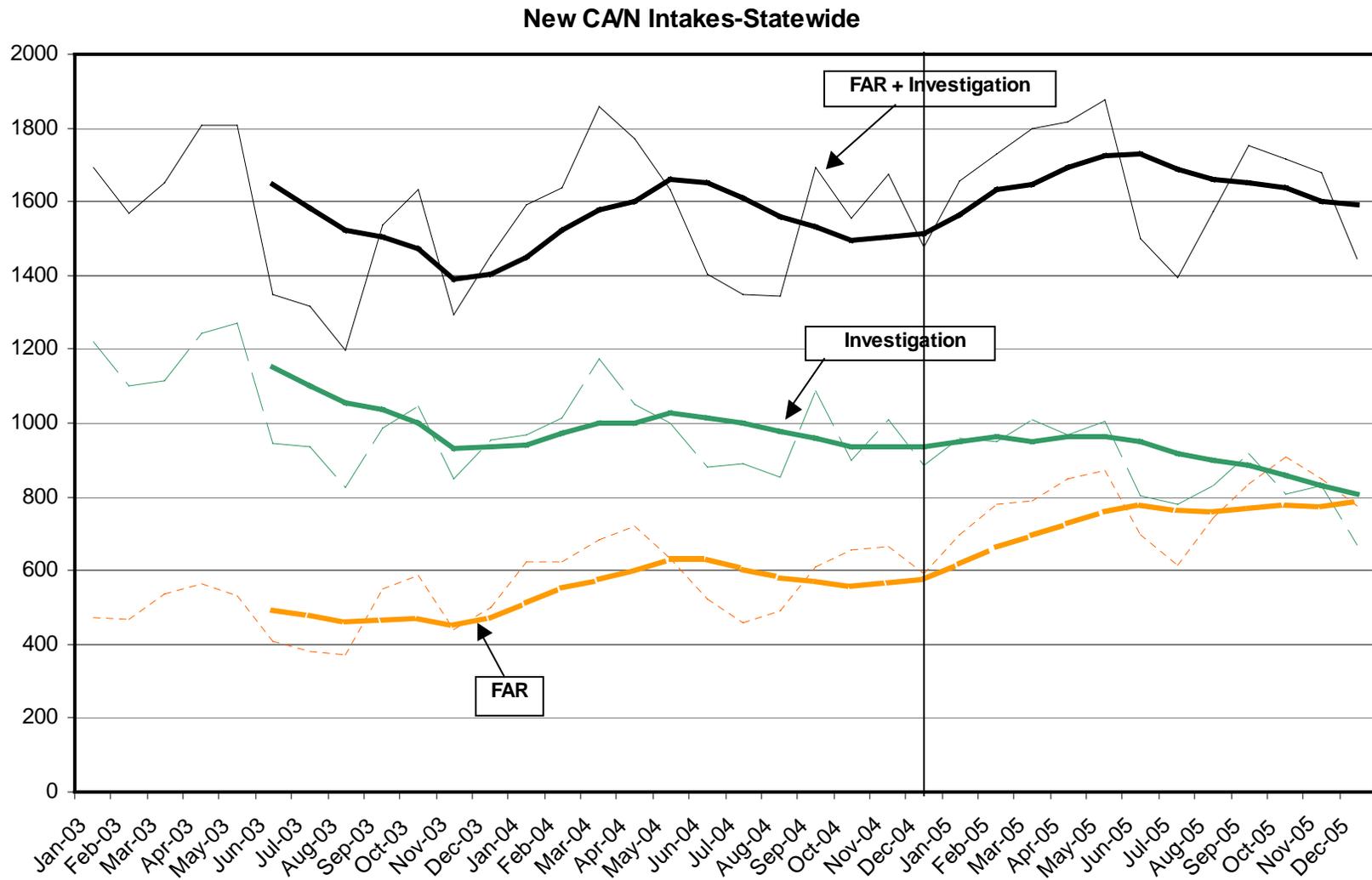


Figure 1.4. Monthly Proportions of Family Assessment (FAR) and Investigation Screening throughout Minnesota and Smoothed Trends (Six-Month Moving Averages) (January 2003 through December 2005)

Number of Families with an Active FAR Work Group-By County Group

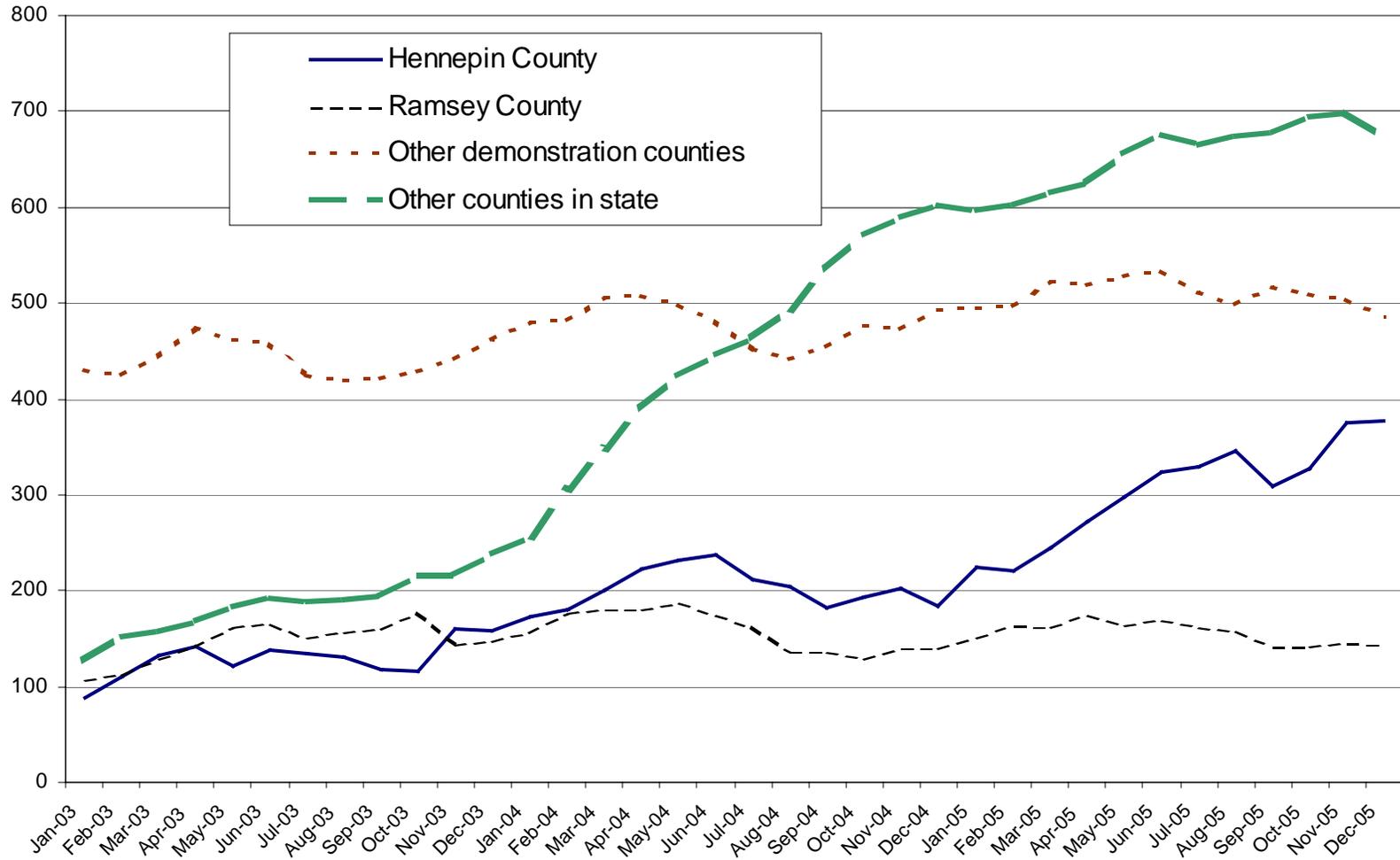


Figure 1.5. Monthly Numbers of Family Assessment Response (FAR) Work Groups for Groups of Counties (Six-Month Moving Averages) (January 2003 through December 2005)

whole showed a continuing trend upward from somewhat more than 400 to about 500 cases per month.

Figure 1.6 combines all the lines in **Figure 1.5** to show the overall trend in monthly active FAR cases. The trend line shows that on average the number of families involved in family assessment cases more than doubled during the three-year period.

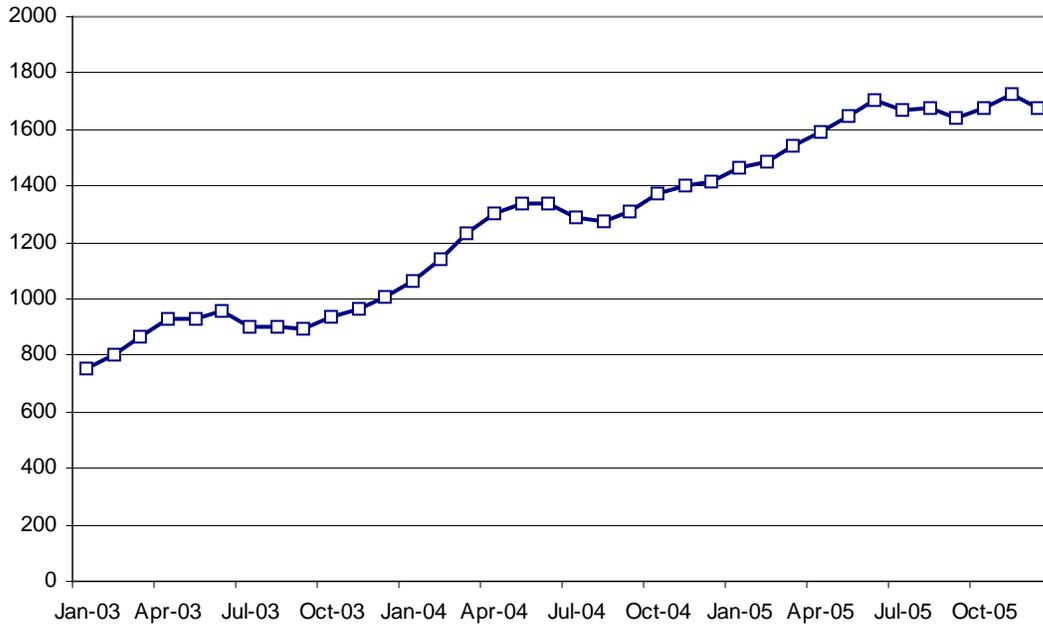


Figure 1.6. Monthly Number of Family Assessment (FA) Work Groups Statewide (Six-Month Moving Average - January 2003 through December 2005)

1.2. Trends in Post-Assessment Services

A large effect observed in the comparison of the original experimental and control groups was the large increase in case management workgroups that resulted from the introduction of the FAR approach. The experimental and control groups were made up highly similar groups of families, all of which had been screened as appropriate for FAR (see Chapter Two of the present report). Yet, the families provided with FAR in the experimental had post-assessment service cases opened significantly more often than the same kinds of families that received traditional investigations. Post-assessment services referred to a case-management workgroup opening after either a family assessment or an investigation. As currently constituted (see Section Four), 37.9 percent of experimental families had case management workgroups opened compared to 18.4 percent of control families.

Because the original Alternative Response Demonstration was partially funded by the McKnight Foundation, it was thought that at least part of the reason for the increase in CM workgroups was the availability of additional funds to counties. However, the

FAR approach emphasizes assessment of the full array of family needs at the time the family is initially encountered and voluntary participation by families in later services. It was thought that this also might lead to increased openings of service cases following the assessment.

If the latter hypothesis is correct it should be evident in the monthly trend data during the period after the year 2002. This analysis is illustrated in **Figure 1.7**. The chart contains two trend lines referring to two separate Y (vertical) axes. One line represents the ratio of active or open case management workgroup to new intakes (axis on left). This is a rough measure of the overall change in the proportion of CM workgroups each month. If the ratio goes up, it means that more workgroups are being opened, that workgroups are remaining open for longer period, or both. The second line is the percentage of intakes screened for FAR to total new intakes each month. It refers to the axis on the right side of the chart. The lines are superimposed to show a possible relationship. As the percentage of AR increases the proportion of active CM workgroups during each month appears to increase as well.

Both lines increase over the three year period (the months October through December 2005 not included). They run in roughly parallel fashion over the period. While this does not prove that increase in FAR lead to increases in CM workgroups, it strongly supports the possibility of such a relationship. Because increases in post-assessment services were shown to be implicated in positive outcomes for families, this trend may also result in positive outcomes.

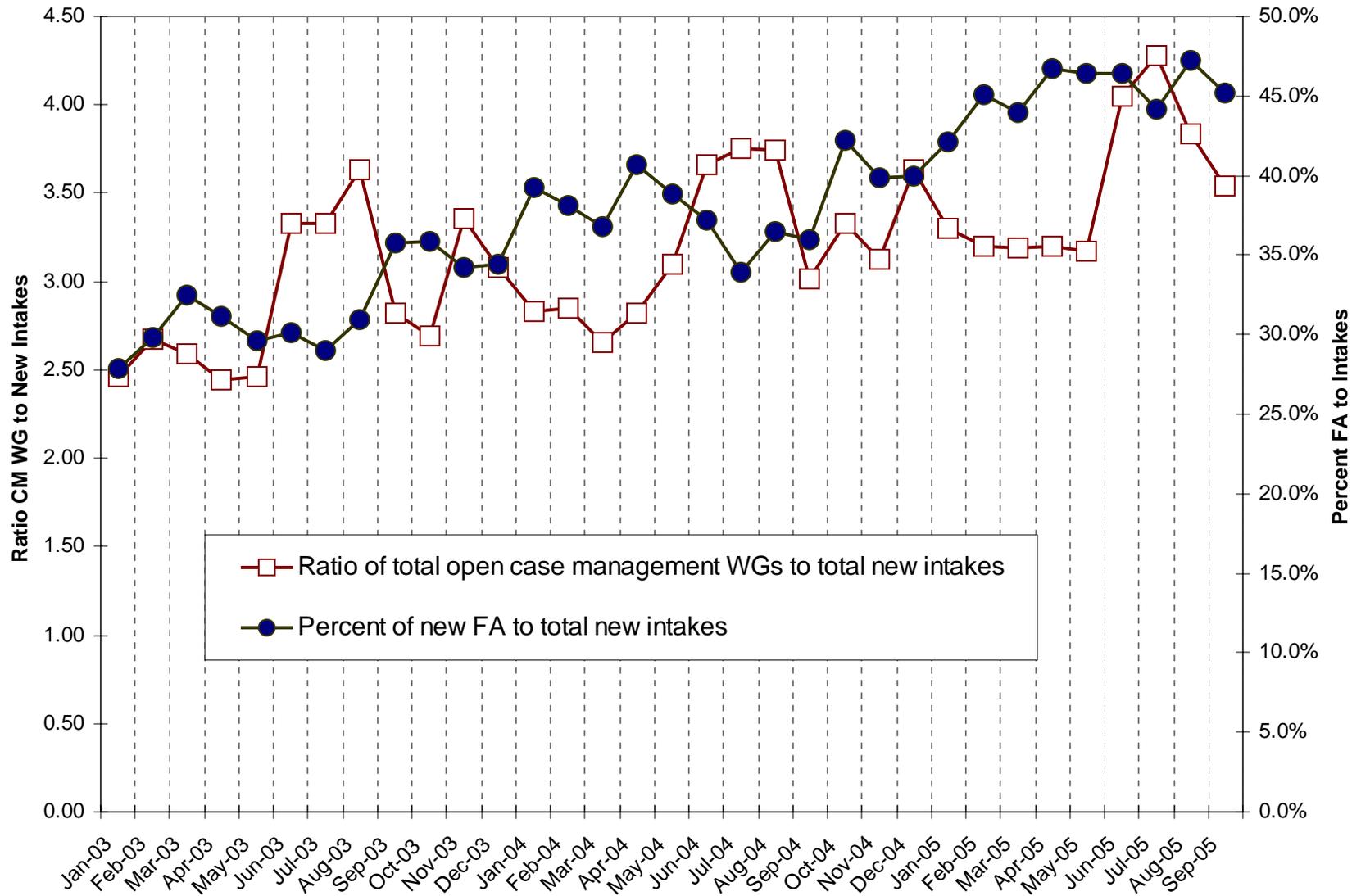


Figure 1.7. Ratio of Total Open Case Management Workgroups to Percent Monthly FA Intakes (Statewide, January 2003 to September 2005)

Chapter 2

Ongoing Impacts of Family Assessment Response

An important strength of the Minnesota evaluation of the Alternative Response pilot project was that it involved a field experiment. In the scientific sense of the term, a social experiment is a way of determining whether certain observed outcomes result from a change in the way human beings are treated. While there are many variations on experimental method, the kind of experiment used in the Minnesota pilot was the best design possible—within the context of a working child protection program.

The impacts examined in the original 2004 evaluation report were longitudinal in nature, that is, they referred to events that occurred and could be observed over months and years.⁴ Time has passed since that report was completed. The 2004 evaluation looked at family outcomes from February 2001 through the end of March 2004. The present report extends that timeframe by 21 months to the end of December 2005. In this Chapter the findings of the original impact evaluation are re-examined to determine whether they remain the same, have changed or have disappeared. In addition, other analyses are conducted that shed light on why the FAR approach produced different outcomes for families and children.

2.1 Elements of the Original Impact Study Design

The Pool of Study Families. The design began with all families that were screened as appropriate for FAR during the period beginning in February 2001 and extending through December 2002. This can be envisioned as a large collection of several thousand families or a *pool* from which study families were drawn. The important point to understand is that the evaluation of FAR is about the *kinds of families that were members of the pool*. If any generalizations are to be made to other families encountered by Minnesota child protection or families in other states at other times those generalizations apply to families that were similar to those in this pool.

In this light, the question of what kinds and levels of threats to child safety and risks to children that may have been present among the large group of families arises. Reports on these families did not include the most dangerous and potentially criminal incidents nor were any sexual abuse allegations included. This might be taken to mean that the findings of the evaluation apply only to families that *are not* reported for these more extreme kinds of child abuse and neglect. This is not strictly true, of course, because some the families that were

⁴ As noted, the full report is available at <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>. Because readers can easily look up and read references on line, earlier materials are simply referenced but not reproduced here.

screened for FAR either had been reported to CPS previously or were reported at a later date, and some of these other reports were of a more serious and dangerous nature. Among families encountered on multiple occasions by CPS, the types of abuse and neglect reported and the levels of threat to the safety of children vary from one report to the next. As will be shown further on this Chapter, the samples of families studied include some that can be described as “chronic” child abuse and neglect families, that is, families encountered several times by CPS over periods of months and years.

The reports that led the families in the study pool did not include such potentially criminal and highly dangerous forms of child maltreatment. Nevertheless, the level of child safety among the reports was not uniform. Indeed, we have already seen that counties were and remain highly variable in the application of FAR screening criteria to reports of child abuse and neglect. The implication is that the differences in child safety very likely exist among FAR-appropriate families from one county to another. A graph from the 2004 report (Figure 9.1 on page 107 of the 2004 report) is reproduced here to emphasize that point (**Figure 2.1**, below).

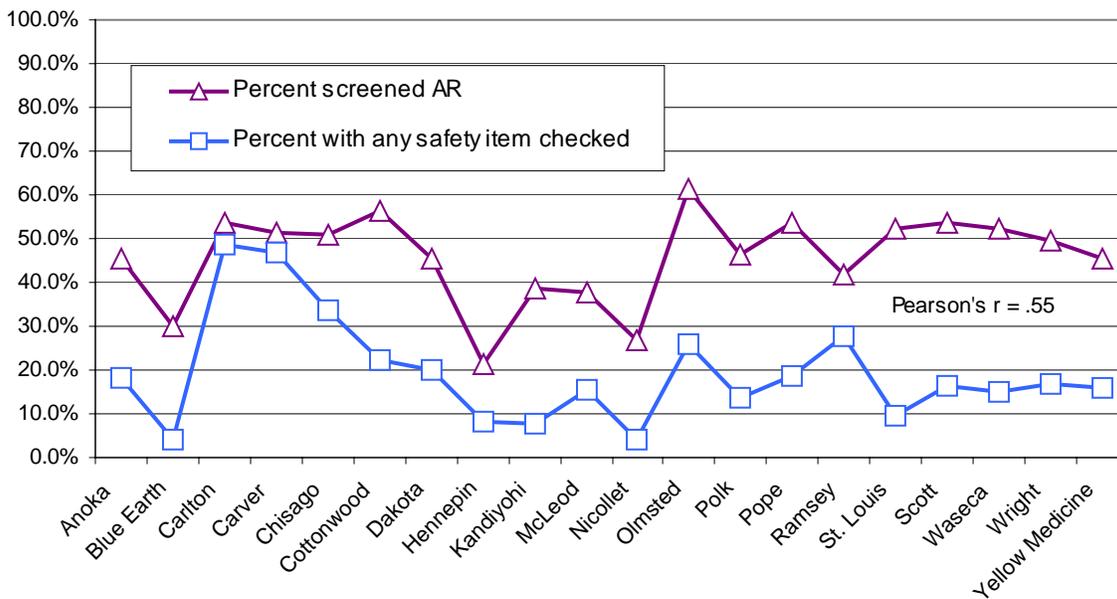


Figure 2.1. Comparison of Percent of all Families Screened as Appropriate for FA (AR) with Percent of FAR-Appropriate Families with a SDM Safety Item Indicated (February 2001 through December 2002)

The data represented in **Figure 2.1** illustrate that, in each of the 20 demonstration counties, the proportion of families with at least one child safety issue present (as measured by the Structured Decision Making Safety Assessment) roughly corresponded to the proportion of families screened as appropriate (that is, for an “Alternative Response (AR)” during the pilot). For example, in Olmsted County where high proportions of families were screened as appropriate (about 60 percent), relatively high rates of identified child safety problems were indicated. On the other hand, Hennepin County had much lower FAR-appropriate screening

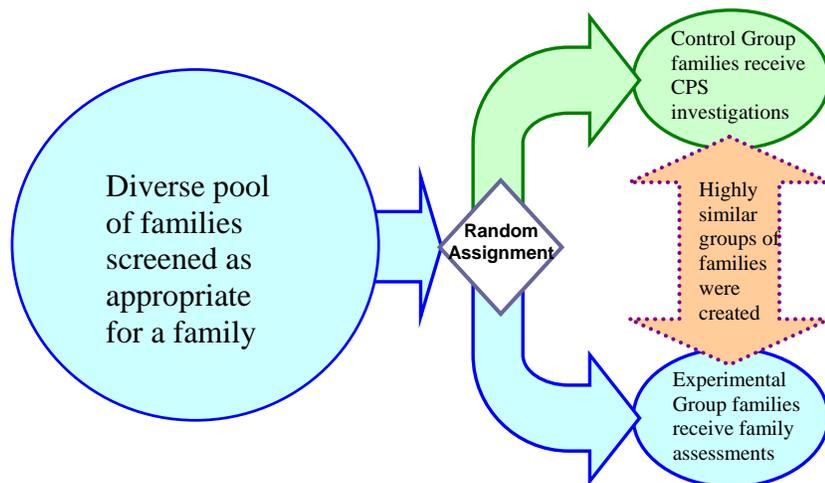
rates during the 2001-2 period (about 20 percent) and also had corresponding lower rates of families with identified safety problems in the FAR pool. The two lines are roughly parallel and the points are moderately positively correlated ($r = .55$).

The presence of chronic abuse and neglect families and the variation in safety among reports does not reduce the validity of the experiment. Instead, it increases the “external” validity or the breadth of applicability of the findings. In other words, *if an experiment is conducted on families with diverse histories and presenting problems, the results can be applied more broadly to other populations of CPS families*. If the study had been limited only to one kind of family or restricted to only one type of child abuse and neglect, it would have been much more difficult to have generalized the results.

The Experimental and Control Groups. Beginning with this large and varied pool, families were then assigned to either an experimental or control group. The assignment was random. Random assignment is a way of achieving similarity between groups. This is illustrated in the following diagram where families from the study pool are shown as being randomly assigned to either an experimental or a control group.

This has the effect of creating two groups of families that, as groups, were highly similar to one another. The types of presenting problems were similar as well as other family characteristics, such as the number of children. The assumption is that the two groups will be highly similar in other ways that cannot be easily measured and were not measured in the evaluation. An entire chapter of the 2004 evaluation report (Chapter 8) was devoted to showing how this process succeeded.

The process also creates groups that were each similar to the study pool. Whatever diversity existed within the study pool will be reflected in the experimental and in the control group. What can be said about the experimental group can also be said about the control group and can in turn be generalized to the kinds of families in the study pool.



The point of this complicated process was to reduce the difference between the groups. Under these conditions, experimental families each received a family assessment (FAR), and

although the control families were equally appropriate to receive a family assessment, they were instead provided with a CPS investigation.

In this way, later differences in outcomes could be attributed to the difference in the initial approach to the families rather than other uncontrolled differences. *The logic of the experiment was that if the groups are generally similar except for the approach taken by CPS workers to the families in each group (FAR vs. Investigation) then differences that are later observed between the two groups (that is, outcomes) would be the result of the approach.*

2.2. New Reports of Child Abuse and Neglect

The following sub-sections contain impact analyses that expand on the analyses that were done for the 2004 evaluation report. In the immediately following section, the primary analysis of new reports of child abuse and neglect found in the 2004 reports is recalculated for a longer follow-up period. Because that analysis compared all experimental and control families, the only variables available were those that could be derived from the Minnesota Social Service Information System (SSIS). In subsequent sections we turn to samples of the experimental and control groups. More extensive and detailed data were available for sample families. By using this expanded information, a more complete understanding can be had of how and why the FAR approach reduces future reports of child abuse and neglect.

2.2.1. Updating the 2004 Evaluation Analysis of New Reports for All Experimental and Control Families

From the time that families entered the study, they were tracked in Minnesota's SSIS (Social Services Information System). All new reports of child abuse and neglect that were accepted by local offices for further action were logged in the research database. Some families received new reports before their research case had ended. However, no statistical differences were found between experimental and control groups in that regard. (The term "research case" refers to the cases arising from the initial CPS report that led the family to be included in the study. For some families this consisted of an investigation or family assessment only, while post-assessment service cases were opened for others. The research case was considered ended on the date of the final worker contact with the family.)

Because all the events that occurred during the research case were regarded as part of the *experimental treatment* (the difference in the way experimental and control families were approached), the true outcomes of the demonstration were counted after the research case had ended. In this section, we consider new reports of child maltreatment received during this period. This is referred to as the *follow-up period*.

By the end of 2005, there were 1,299 control group families and 2,732 experimental group families that could be included in the analysis. (The difference in size of the experimental and control groups resulted from differences in weighting of the random assignment process during the 2001-2 assignment period, as explained in the 2004 evaluation report, p. 98.) The original research case had been closed for an average (median) of 3.65 years—for both experimental and control families.

Any new report that was accepted as valid for CPS follow-up (through an investigation or family assessment) was counted. In simple experimental-control comparisons, 39.3 percent of control families had received one or more new reports. By contrast, 37.4 percent of experimental families had received one or more new reports. This simple percentage difference is somewhat problematic because different lengths of follow-up on families mean that the “opportunity period” for new reports to occur also varied.

For this reason, survival analysis was the primary statistical techniques used to compare experimental and control families. This approach adjusts for differences in the length of follow-up and for the inevitable cut-off of data on families at the end of the follow-up period. *Avoidance of recurring child maltreatment was regarded in this evaluation as a positive outcome.*

Differences occasionally occur in experimental studies despite the best efforts to control them. In this evaluation, we found that control group families had had a previous case open in CPS slightly more often. While the difference was slight (8.6 percent of control families compared to 6.2 percent of experimental families), this variable is possibly the most important predictor of new reports of child abuse and neglect. Old reports predict new reports! For this reason, this variable was statistically controlled.

In addition, experimental families were substantially much more likely to receive post-assessment services than control families: 37.9 percent of experimental families (in the experimental group as currently constituted) compared to 18.4 percent of control families. (Information on actual services delivered was not directly available through the SSIS—Minnesota’s SACWIS. For this reason, post-assessment services were represented by the proxy variable: an open case management workgroup. The latter is the designation for a formal service case in Minnesota. As will be evident below, not all families in such cases actually receive concrete services beyond interaction with workers. However, families in services cases are significantly and substantially more likely to receive some services than families for whom a case is never opened.)

Generally CPS, families that receive services tend to have *more later contacts with CPS*. This is counterintuitive if we assume that services are provided to avert future child maltreatment but can be understood by noting that only a minority of families in CPS actually receive services (as represented by the 18.4 percent Figure shown above for the control group) and those that do are the higher risk families with greatest needs and whose children appear to be most threatened.

The difference in recurrence (percent with any new CPS report by 12/2005) can be seen in **Figure 2.2**. Notice that in both the experimental and control group more families that had received post-assessment services had new reports than families with no services. However, it is also noteworthy that the difference was reduced for experimental families, all of which received family assessments. The difference for control group families was 46.9 minus 38.3 percent = 8.6 percent. The difference for experimental group families was 41.7 minus 35.0 percent = 6.7 percent. The middle two bars in **Figure 2.2** represent slightly different kinds of families, and in this simple analysis are not strictly comparable. One of the reasons for the difference may be the increase in lower-risk experimental families in the post-assessment services category. Nonetheless, it is

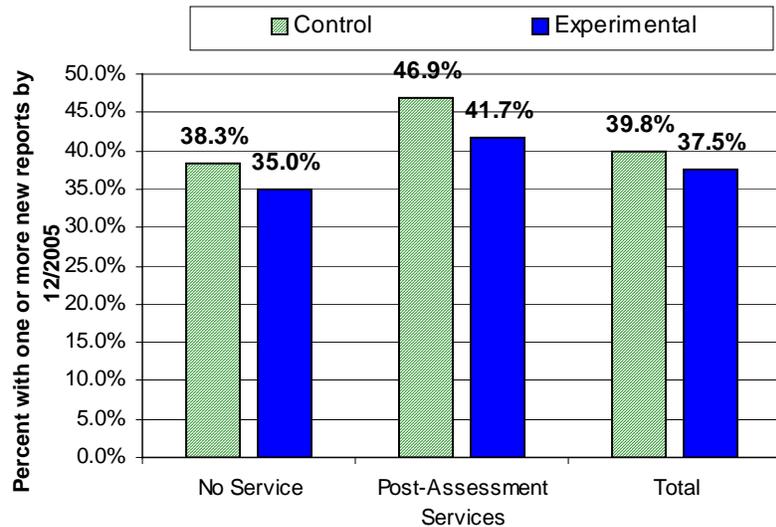


Figure 2.2. New CPS Reports by Post-assessment Services for the Experimental and Control Groups

also plausible that the overall increase in post-assessment services contributed to the overall reduction in the total recurrence of CA/N reports (39.8 to 37.5 percent). The trend of increased post-assessment services after the introduction of FAR has continued as more counties have increased their use of the FAR approach (see **Figure 1.7**).

This analysis of services and report recurrence supports the assumption that provision of post-assessment service is 1) an indicator of risk and severity of need and at the same time 2) a means of reducing future child abuse and neglect. However, because the evaluators could have no control over which families in either group received services this difference was also controlled statistically in the analysis of new reports. The results for the full experimental and control groups are shown in **Table 2.1**.

Table 2.1. Cox Proportional Hazards Analysis for Time to a New Report of Child Abuse and Neglect during the Follow-up Period Ending on December 31, 2005

				95.0% CI for Relative Hazard	
	Wald	Sig.	Relative Hazard	Lower	Upper
A. Previous CPS case	134.6	.000	.43	.38	.50
B. FAR versus Inv. (exp. versus control)	5.78	.016	1.28	1.05	1.60
C. FAR versus Inv. by post-assessment services	4.6	.032	.79	.64	.98

The final model utilized (A) previous service case as a control variable for differences in risk among families, (B) experimental versus control group membership as the primary variable of interest and (C) the interaction between B and post-assessment services (formal case opening). The variable “post-assessment services” was included within the interaction as a means of controlling for the substantial difference in the “treatment” response to families under the FAR compared to the investigation approach. Each of these factors were statistically significant: A) Families with a previous report was significantly more likely to have new reports sooner—without regard to the approach taken to them. B) Families in the experimental group were significantly less likely to receive a new abuse and neglect report. C) The increased number of families with post-assessment services led to few new reports among experimental families.

Looking at the second of these (B), the analysis showed that, while controlling for the presence of previous CPS cases and the differential provision of post-assessment services, the original experimental families continued to have fewer reports by the end of 2005. The relative hazard for the experimental-control difference was 1.28. This statistic can be thought of as an estimate of relative risk of a new report. Relative risk is a tricky concept, having to do with increase or decrease in absolute risk. To understand relative risk, we can simply look at the percentage difference new reports of 39.9 percent for control families versus 37.4 percent for experimental families during the follow-up, as noted above. The absolute difference is 1.9 percent. The *relative* increase of report risk of investigation over FAR families in this case is $1.9 / 37.4 = 5.1$ percent. However, in the present controlled survival analysis that takes into account the time periods during the follow-up until a child is removed, the relative risk is calculated to be 1.28. This means that whatever the risk of removal under FAR, we estimate that the risk of under investigation is 28 percent higher. The percentage is higher because the analysis is stronger. Thus for every 10 families with a new report under FAR over this time period (3.6 years on average) we would expect 13 similar families with a report under investigation.

2.2.2. Caregiver Satisfaction, Family Financial Need and Types of Services Provided

Shortly after each original research case was closed, that is, after the final contact of worker and family, the primary caregiver in each family in the study was contacted and asked a series of questions. Responses were received from 213 of the original control families and 451 of the experimental families. The proportions that the samples represented of the full control and experimental groups were identical (control = 16.4 percent, experimental = 16.5 percent). The surveys were conducted during the period from 2001 through 2004, as research cases closed for families assigned to the study during 2001 and 2002.

Families responded to this survey with a variety of information. In this analysis three types of information will be examined: 1) *Satisfaction* as measured by overall positive and negative attitudes of primary caregivers concerning their CPS experience during the initial case, 2) *Family Financial Need* as reflected in the combined income of families and educational status of primary caregivers, and 3) *Services Received* as measured by combining all services of

particular types that families reported receiving. The approach was to develop summary measures in these three areas that could be used for multivariate analyses.

Caregiver Satisfaction. Eight questions were asked that concerned the satisfaction of the family with the worker and the help they received, their sense of whether they were treated fairly and in a friendly manner, whether they felt better or worse off because of this experience, whether they felt the worker listened and tried to understand their situation and needs, and whether they felt involved in decisions that were made. The responses were converted into average (mean) scores on a scale of 1 to 4 (**Figure 2.3**).

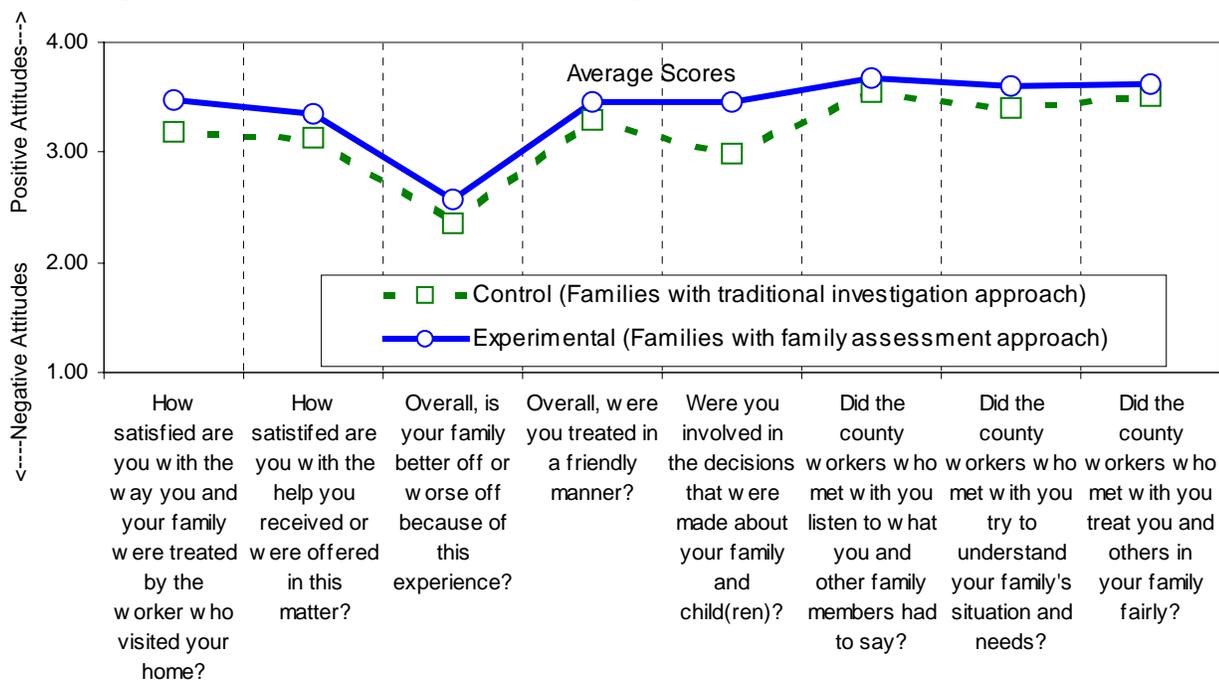


Figure 2.3. Responses of Caregivers Concerning Experience with CPS after the Initial Research Case was Closed (415 Experimental Families, 213 Control Families)

While the mean scores of all families were positive for seven of the eight questions, experimental families responded significantly more positively to each of eight. The largest experimental-control differences occurred for the first question (satisfaction in treatment by the worker) and the fifth (sense of involvement in decision-making). Responses to these questions were exhaustively analyzed in the 2004 evaluation report. The findings were basically the same, although the number of respondents differed for some analyses. In the present analyses, only those survey respondents that were part of the original 2004 impact analysis were included.

The answers to the eight questions shown in **Figure 2.3** were highly inter-correlated, that is, when a caregiver responded positively to a particular questions she or he was very likely to respond positively to each of the other seven questions. On the other hand, individuals that responded negatively to one were likely to respond negatively to all. On this basis, we combined

the responses into an overall *satisfaction index*. The scores on each question were summed and rescaled on a scale from 1 to 24. Experimental families had an overall mean index score of 19.3 compared to a score of 17.4 for control families. This difference was also statistically significant ($p < .0001$). This variable is examined further below.

Family Financial Need. Income and education have traditionally been used as two measures of social class. Reported family income during the previous 12 month was collected along with the highest education level of the primary caregiver. Individuals with a high school education or less are at a distinct disadvantage in the current U.S. job market. For this reason their earning potential is lower. A family with children that has a yearly income of less than \$15,000 is in poverty. (Monthly employment during the previous 12 months was also collected. Because employment was positively correlated with income it was not used in the following analyses.)

Using income and education, a measure was created that divided each sample into two groups: 1) *High Needs* as measured by an education level of high school or less and a 12-month income of less than \$15,000 versus 2) *Lower Needs* as measured by either greater than high school education or income of more than \$15,000. Comparable proportions of families were in the high needs group: 25.8 percent of control families and 22.4 percent of experimental families. This difference was not statistically significant ($p = .19$).

It is well known that financial need (poverty) is a risk factor for child abuse and neglect, particularly for lack of food, inadequate clothing, health threatening hygiene, lack of medical care, unsafe or unhealthy shelter, and homelessness. By measuring this variable we can determine whether under the FAR approach families with high financial needs were received more intensive help, and if so, whether the approach and assistance had long-term consequences for the families.

Financial Need and Previous CPS Cases. As indicated earlier, some families that were screened as appropriate for FAR had had previous cases in the CPS system. The proportions were small for the full experimental and control groups (experimental = 6.2 percent; control = 8.6 percent). Analysis of sample families that responded to this survey showed that families with previous CPS cases tended significantly more often to be in greater financial need. Looking at experimental and control families combined, 47.1 percent with a previous case were in the high financial needs group compared to 21.5 percent of families with no previous CPS cases. Among control families, 52.2 percent with a previous CPS case fell in the high needs group compared to 22.6 percent of control families with no previous case. Similarly, 42.9 percent of experimental families with a previous case were in the high needs group compared to 21.0 percent of experimental families with no previous case. Families that had a history in the system were over twice as likely, therefore, to be impoverished and lower in educational status.

Services Received. Families were asked what types of services they had received. The approach in the survey was to collect simple information about a wide variety of services. In this way, by comparing the responses of experimental and control families it was possible to

determine whether a shift had occurred in the *types of services made available* to families as well as in the *number of families receiving services*. The kinds of services received are shown in **Figure 2.4**.

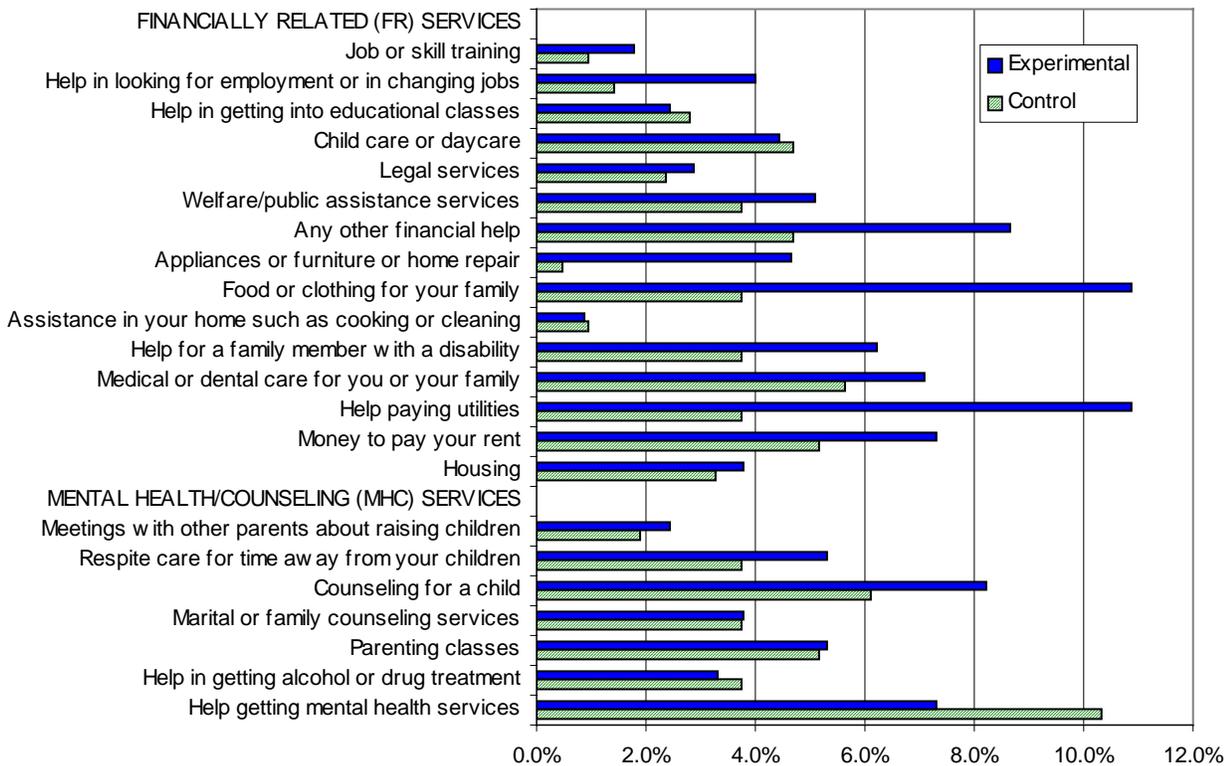


Figure 2.4. Services the Families Reported Receiving through the Efforts of CPS Workers (415 Experimental Families, 213 Control Families)

The services were divided into *financially related (FR)* versus *mental health and counseling (MHC)* types. It can be seen that under the Family Assessment approach the greatest increases were in the financially related area. The only FR categories that remained comparable between experimental and control families were daycare services, help with education, help with legal services, home assistance (home aide), and housing. For all the other types of FR services, substantially more FAR families reported being served. Under the mental health/counseling category, counseling for children increased under the FAR approach while mental health services were higher under the investigative approach. Respite care also increased.

These categories were combined into summary measures. First, the services in each category were simply summed for each family. This resulted in two scores for families—a total *FR score* ranging from 0 to 15 and a total *MHC score* ranging from 0 to 7. In addition, simplified categorical versions of these measures were created that divided families into three

groups: a) no services received, b) one or two services, and c) three or more services. Both versions of these variables will be used.

As noted, this level of detail concerning services was unavailable for the full experimental and control groups. Post-assessment services were measured by noting whether a formal service case had been opened (in Minnesota, a case-management workgroup). A service case was used as a proxy for post-assessment services. But while a formal service case may insure continuing contact and direct assistance from a caseworker, not all families in such cases receive specific services of the kinds listed in **Figure 2.4**. We also know that more families under the FAR approach were referred to other community providers (see Figure 5.6, page 60 in the 2004 Evaluation Report), and in this way families that did *not* have formal service cases opened may nonetheless have received one the listed services. These differences are illustrated in **Table 2.2**.

Table 2.2 Any FR or MHC Service Received for Experimental and Control Families with and without Formal Service Cases

Study Group	Level of Services	No Formal Service Case	Formal Service Case
<i>Control Families</i>	<i>None</i>	67.0%	51.6%
	<i>1 or 2</i>	25.8%	38.7%
	<i>3 or more</i>	7.1%	9.7%
	Total	182	31
<i>Experimental Families</i>	<i>None</i>	66.6%	20.8%
	<i>1 or 2</i>	24.5%	47.7%
	<i>3 or more</i>	8.9%	31.5%
	Total	302	149

Several variations are apparent in the table. First, as noted previously many more experimental families ($149/451 = 33.0$ percent) had formal service cases than control families ($31/213 = 14.6$ percent). This represents that variable in full experimental-control analyses referred to as *post-assessment services* (for example, see **Table 2.1** above and throughout the impact evaluation analyses in the 2004 evaluation report. Secondly, looking at the column labeled “No Formal Service Case,” roughly equivalent percentages of control families ($25.8+7.1 = 32.9$ percent) and experimental families ($24.5+8.9 = 33.4$ percent) received one or more of the services being considered, yet did not have a formal case opened during the initial research case. This presumably arises from referrals to community agencies by workers. It is also possible that families interpreted the question more broadly and listed services they may have received through other county and community agencies at this time (for example, MR/DD services) that did not come about via CPS referrals. Thirdly, a large difference can be seen under the column labeled “Formal Service Case,” where over half (51.6 percent) control families with a service cases received none of these services compared to about one-fifth (20.8 percent) of experimental families. This illustrates a major difference in approach to FAR versus investigation families for

whom cases were opened. Not only were more formal cases opened for FAR families but significantly more FAR families than investigation families (79.2 percent compared to 48.4 percent) assigned to cases actually received concrete services.

Of course, families with service cases may have been assisted in other ways. Workers sometime provide direct services. Among families with formal cases that received none of the services being considered, 13.3 percent of control families and 19.4 percent of experimental families reported that a children's worker provided some kind of direct assistance or help to their family. Families' responses to this question may or may not include advice and counseling by CPS workers.

2.2.3. Differences in the Service Approach under FAR and Investigations in Response to the Financial Need of Families

We are now in a position to examine whether the FAR approach leads to different responses to families based on their financial need. Two preliminary findings listed above were: 1) Formal case openings and reception of specific services do not have a one-to-one correspondence, although services and case openings were positively associated, particularly among the experimental families (**Table 2.2**). 2) Experimental families were more likely to receive basic financially related FR services than control families and mental health and counseling MHC services, although the difference for the latter was more ambiguous.

The next step is to consider these variables in multivariate analyses in order to determine which variables and their combinations accounts for the increase in services received by families. The relevant effects are shown in **Table 2.3**. The dependent variables were the FR and MHC services scores described above.

The analysis shows that the only significant factor (shown in **bold**) predicting higher levels of MHC services was whether a formal service case was opened for the family. In other words, there was no evidence that introducing the Family Assessment approach made any difference in the levels of MHC services provided to families. On the other hand, all three of the independent variables that were considered—financial needs, formal service case opening and the introduction of the FAR approach—each independently led to difference in FR services.

Table 2.3. Relationship of Financial Need, Formal Service Case, and the FAR Approach to Provision Financially Related (FR) Services and Mental Health/Counseling (MHC) Services

	FR Services		MHC Services	
	F	Sig.	F	Sig.
A. Financial Need	7.96	0.005	0.27	0.603
B. Formal Service Case	8.61	0.003	11.62	0.001
C. FAR versus inv. (experimental versus control)	14.52	0.000	0.02	0.899
A x B	0.54	0.461	0.06	0.803
A x C	3.69	0.055	0.23	0.628
B x C	5.49	0.019	0.51	0.475
A x B x C	0.13	0.723	2.65	0.104

The three factors are each *independently* significant predictors of FR service increase. Families with greater financial need (A) tended to be offered FR services more often. Families that are judged to be in need of formal service cases (or that agree to such cases under FAR) (B) tend to be offered FR services. Families that are approached using the Family Assessment method (C) are more likely to be offered FR services.

The interaction effects (A x C and B x C in **Table 2.3**), however, show that an *underlying cause of these main effects was the FAR approach to families*. These are illustrated in **Figure 2.5**. The graphs appear to be very similar. They both show that the reaction to similar families is very different when a family assessment approach is used versus an investigation. The scale on the side refers to the average level of financially related services provided to families. Among controls that were given investigations, little or no

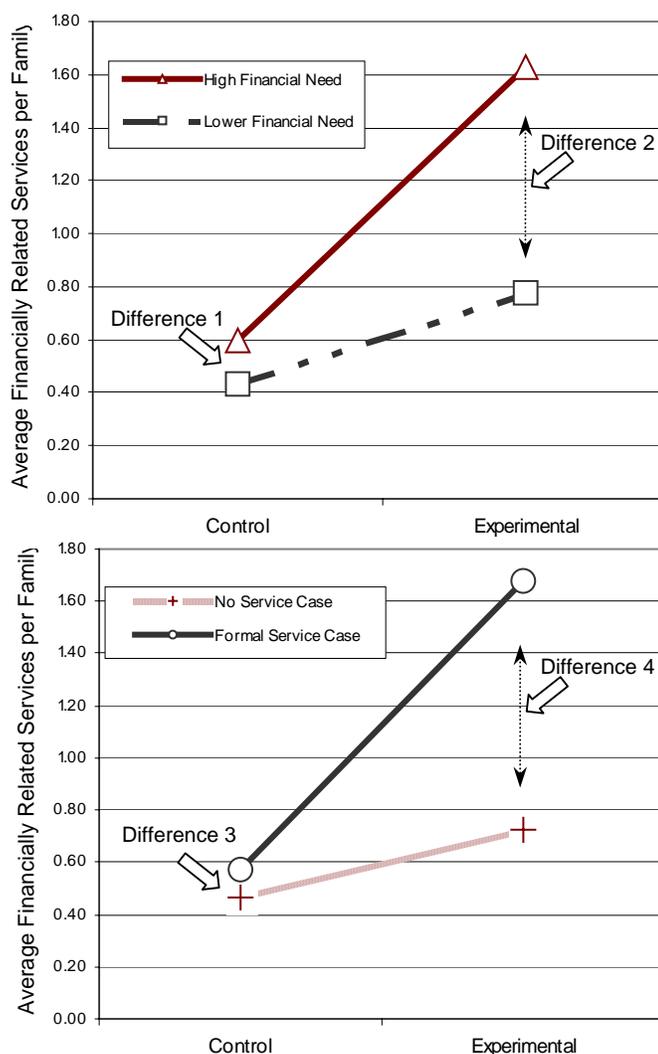


Figure 2.5. Levels of Financially Related Services for Experimental/Control by Financial Need & Service Case

difference can be seen in the level of financially related services made available to high versus lower financial need families (see Difference 1 in graph). Similarly, no difference appears for control families that were and were not in formal service cases (Difference 3). In comparison, families with greater financial need were offered significantly more financially related services under the FAR approach (Difference 2). And when service cases were opened under this approach they tended to be offered more services (Difference 4). In summary, the FAR approach led to overall increases of financially related services to families in greater need of such services (i.e., in greater poverty).

Previous Cases and Poverty. We should note that families with repeated contacts with CPS are implicated in the findings regarding financially related (FR) services. We chose not to introduce this variable in the immediately preceding analysis because the Financial Need variable is strongly related to, and therefore confounded with, the phenomenon of repeated contacts with CPS. Put simply, *families chronically reported to CPS, as a group, are the poorest and least educated of all reported families.*

As shown above, families with previous CPS cases substantially and significantly more often had high financial needs. For all experimental and control families combined, 47.1 percent with a previous case were in the high financial needs group compared to 21.5 percent of families with no previous CPS cases. Secondly, families with previous CPS cases were significantly more likely to have a formal service case (case management workgroup) opened. In this sample, 47.1 percent of combined experimental and control families with a previous case had such a case opened compared to 25.4 percent of families without a previous case.

Taken together, these two findings point up the difficulty of knowing, at least with the conventional CPS approach, whether formal service cases are opened more often for families that have prior CPS cases because they are in need of basic assistance, because their history of previous CPS cases leads workers to conclude that the children are at greater risk, or some combination of these two reasons. Because poverty and child maltreatment, particularly child neglect are correlated, it is most likely that workers respond based on the combined perception of present dire financial needs and the history of the family. The findings of this study concerning the response to high financial needs families shows that FAR frees up workers to respond more broadly to the immediate financial needs of families with service that directly address those needs, suggesting the chronic families will also receive services more frequently under this approach. This issue will be examined further below.

2.2.4. Difference in Caregiver Satisfaction under the FAR Approach

It is abundantly clear that families are more satisfied under FAR than under the conventional CPS approach (see **Figure 2.3**). In this section, we attempt to analyze these differences systematically and to determine how they are related to the other variable being considered. The score on the caregiver satisfaction index was derived from the responses to questions asked *after the final CPS contact with families*. The increased caregiver satisfaction

under FAR could have been an effect of the family-friendly/non-adversarial approach characteristic of the approach, or the increased number of families that received services. To determine this, another analysis was conducted of which of the following affected caregiver satisfaction: the FAR versus the Investigation approach, formal service case opening, reception of FR services, financial need or some combination of these four variables. The analysis showed that among these variables the FAR approach (C) and the provision of financially related services (D) were significantly related (shown in **bold**) to caregiver satisfaction. There was also a significant interaction between the service case and level of services, which need not concern us here.

This analysis shows that families had more positive attitudes under the FAR approach without regard to financial need, opening of cases and the level of FR services received. Similarly, families that received financially related services had more positive attitudes without regard to financial need, opening of cases or the introduction of the FAR approach.

Table 2.4. Relationship of Financial Need, Opening of Service Case, the FAR Approach and Reception of FR Services to Caregiver Satisfaction

	<i>F</i>	<i>Sig.</i>
<i>A. Financial need</i>	0.00	0.995
<i>B. Formal service case</i>	0.73	0.392
<i>C. FAR versus Inv. (experimental versus control)</i>	3.65	0.056
<i>D. Reception of financially related services</i>	4.45	0.012
<i>A x B</i>	0.01	0.928
<i>A x C</i>	0.07	0.786
<i>B x C</i>	0.08	0.776
<i>A x B x C</i>	0.79	0.374
<i>A x D</i>	2.23	0.108
<i>B x D</i>	3.14	0.044
<i>A x B x D</i>	0.81	0.447
<i>C x D</i>	1.28	0.279
<i>A x C x D</i>	1.12	0.328
<i>B x C x D</i>	0.06	0.943
<i>A x B x C x D</i>	1.11	0.292

While the FAR versus investigation approach (C) and the Provision of FR Services (D) were independently related to positive attitudes, their interaction (C x D) was not, and this absence of effects can be used to illustrate a point. The interaction is shown in **Figure 2.6**. Positive attitudes were greater for experimental families for all three service conditions, although the difference was only slight for (the minority of) families with 3 or more FR services. The difference among families with no services can be interpreted to confirm that more positive attitudes were not simply the result of reception of services but of the family-friendly/non-

adversarial approach of FAR, as well. *Both reception of services to families and the change in approach to families led to more positive caregiver attitudes.*

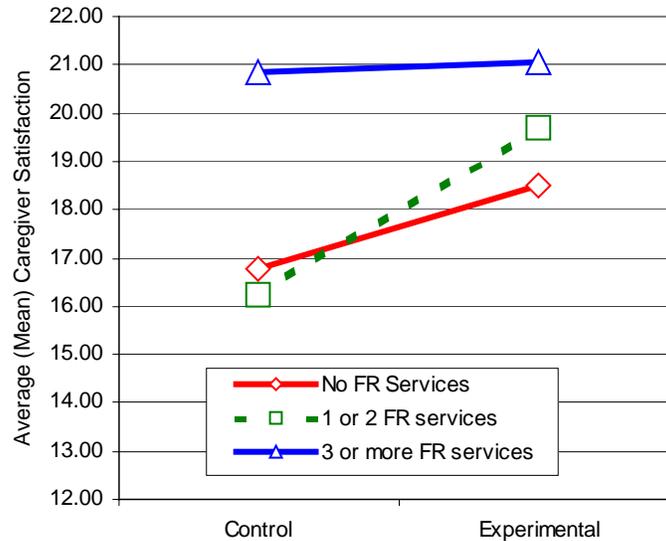


Figure 2.6. Caregiver Attitudes for Experimental (FA) and Control (TI) Families by Provision of Financially Related (FR) Services

2.5. Differences in Subsequent Reports to CPS based on the Use of FAR, Family Financial Need, Service Cases/Reception of Services and Caregiver Satisfaction

The next step can now be taken to revisit the reanalysis described above in sub-section 2.2.1. Using *sample* experimental and control cases, it was possible to analyze differences among families with a more specific focus.

- 1) Rather than dividing families by whether they have had previous experience with CPS, we have looked at the variable *family financial need*. This variable is strongly correlated with previous experience with CPS, that is, many more families with previous CPS cases were included within the high financial need group. However, approximately four times *more families* were in high financial need compared to families with previous formal CPS cases. In addition, because of limitations on available historical data on families, formal cases were used to measure past involvement rather past CPS *reports*. The latter would have been a better measure and would have included many more families. These two reasons justify utilizing family financial need in the present analysis.

- 2) Rather than measuring post-assessment services by whether a formal services case was opened (case management workgroup), a new variable was created for the present analysis. Post-assessment services were indicated if the family had *either* a formal case opened *or* reported actually receiving services. In this analysis we considered all services (both financially related (FR) and mental health/counseling (MHC)). Considering all families, whether experimental or control, 80 percent had either one or more specific services, a formal case opening, or both. By combining the variable in this way families that received *any ongoing attention or assistance* were included under *post-assessment services*.
- 3) Caregiver satisfaction with the FAR versus the Investigation approach can also be considered for sample cases because we now know, using a multivariate analysis, that caregiver satisfaction is greater among families that received the FAR approach and for families that received financially related services.

The research question for this analysis was: *Did families that received FAR have fewer later reports than families that received Investigations when differences in financial need, post-assessment services (case or actual service reception) and caregiver attitude at the end of the case are also taken into account?*

To test this question survival analysis (Cox proportional hazards) was again used. Because the analysis involves *sample* experimental (FAR) and control (Investigation = Inv.) families, the total number of families (n=664) is less than the total represented in Table 2.1 (n = 4,031). The results of the analysis are shown in **Table 2.5**.

Table 2.5. Cox Proportional Hazards Analysis for Time to a New Report of Child Abuse and Neglect during the Follow-up Period Ending on December 31, 2005

Factors				95.0% CI for Relative Hazard	
	Wald	Sig.	Relative Hazard	Lower	Upper
A. Caregiver Satisfaction	2.74	.10	0.98	0.95	1.00
A. Financial Need	29.27	< .001	2.08	1.59	2.71
B. FAR versus Inv. (experimental versus control)	8.35	< .001	8.16	1.96	33.88
C. FAR versus Inv. by post-assessment services (formal case only – no actual services reported)	2.07	0.15	0.58	0.28	1.22
D. FAR versus Inv. by post-assessment services (actual services only – no formal case)	0.04	0.84	0.94	0.52	1.71
E. FAR versus Inv. by post-assessment services (both actual services and a formal case)	8.78	< .001	0.22	0.08	0.59

The survival analysis shows that the approach (B) alone, holding the other variables constant, leads to a significant reduction in later new reports. However, it also shows that lower financial need (B) is also a significant predictor of fewer new reports. This means that regardless

of approach, services and satisfaction, families with high financial needs, as previously defined, come back into the CPS system more often.

Caregiver satisfaction was not a statistically significant predictor, although the effects were strong enough to be described as a statistical trend ($p = .10$). This means that increased positive feelings of caregivers about the FAR experience immediately after the final contact with CPS workers does not translate strongly into this particular kind of positive outcome. Examination of the data in detail revealed that the biggest difference between experimental and control groups occurred among families that gave uniformly positive responses to all eight questions.

The increase in post-assessment services under FAR (C) also has significant effects in lowering new reports. The analysis reinforces earlier findings. Post-assessment services were divided into three categories:

- A. Formal service case opened after the assessment or investigation but no actual services were received.
- B. No formal service case was opened but one or more actual services were received.
- C. Formal services case was opened **and** one or more actual services were received.

The strong effects of the FAR approach are found among families in the latter of these three—that is families for whom a case was opened (case management workgroup) and who reported receiving concrete services during this period. This suggests that both the continued support and attention of the CPS worker (most often a FAR worker who entered at or very near the first encounter with the family) and actual concrete assistance provided to the family are important determiners of outcomes for families.

Two qualifiers can be mentioned. First, all services (both FR and CMH) were included to simplify the analysis, but the same results occur with the analysis is limited to FR services only, and as noted, these kinds of services were the most consistently increased types to FAR families. Second, it should be remembered that the improvement among families with post-assessment services refers to the *relative reduction* of new reports. As also noted previously, families that receive services tend to return *more* often because they are the highest risk families. But FAR families that receive services tend to return less often than similar Investigation families that receive services. The reasons for this have been explained—see **Figure 2.2** and discussion.

This finding has an important implication for subsequent uses of the FAR approach. It raises questions about passing families to other agencies. Passing cases to other agencies, per se, is not the problem. As described in the 2004 report, a large proportion of the experimental families in this study were from Hennepin and Ramsey Counties (Minneapolis and St. Paul) where workers in community-based agencies took over the cases of families very early in their encounters with CPS. However, this was a formal contracted arrangement in which the community agency workers assumed the role of case manager and service provider and in which

CPS maintained an open case management workgroup and continued to receive feedback on the family. Rather the finding suggests that services addressing basic needs **and** ongoing case management (whether within or outside CPS) are together the most effective approach to services under FAR.

A final caveat is that the proportion of control families in this sample analysis who had both formal service cases and services after the investigation was ended was relatively small and consisted of high proportions of the most impoverished and the higher risk families. A possible factor explaining these results is the inclusion of a larger proportion of similar families, particularly those that are impoverished but not at the moment recognized as risky or dangerous for children. The approach to families has been shown to be important but it is also likely that widening the service safety net is equally if not more important.

2.3 Later Removal and Placement of Children

Removals and placement of children in out-of-home care were also tracked for experimental and control families during the follow-up period ending in December 2005. For this analysis we return to the full experimental and control groups. (Similar results were obtained for the sample families but the number of children placed was considered to small to be reliably used in the analysis.)

The difference between the experimental and control group that were found in the original study have been maintained. Later removal and placement refers to removals after the final contact in the research case, as defined above. Such removals were associated with new reports of child maltreatment and new case management workgroups. As of December 2005, 260 of 1,390 control families (18.7 percent) have had at least one child removed and placed out of home. By contrast, 474 of 2,810 experimental families (16.9 percent) have similarly had a child placed. This difference of less than two percent is small but bivariate statistical tests indicate that it approaches the standard level of .05 employed for statistical significance ($p = .077$).

In survival analysis, however, the results were obtained that mirrored those just shown (**Table 2.5**). One improvement consisted of controlling for past out-of-home placements of children rather than past CPS cases (see **Table 2.2** above). While these two variables were strongly positively associated, we felt that ‘past placements’ was a better variable to introduce for control purposes, because it was more directly related to the dependent variable being considered. The proportional hazards analysis shows that controlling for past removals and for services offered during the original contact case, differences in removal and placement of children continued to be statistically significant by the end of 2005.

The analysis of the full experimental and control groups shows a relative hazard of 1.98 for the FAR versus the investigative approach. Like the discussion at the end of subsection 2.2.1, the relative hazard can be interpreted as a measure of relative risk. It suggests that the

relative risk of a child removal over the median period of 3.6 years for families under these control conditions is about twice as high for children in TI versus FAR families. Thus, for every 10 children placed under the FAR approach we would expect nearly twice that number of similar families with a placement under an investigation.

Table 2.6. Cox Proportional Hazards Analysis for Time to a New Removal and Placement of a Child during the Follow-up Period Ending on December 31, 2005

				<i>95.0% CI for Relative Hazard</i>	
	<i>Wald</i>	<i>Sig.</i>	<i>Relative Hazard</i>	<i>Lower</i>	<i>Upper</i>
<i>A. Earlier child removal in a previous cps case</i>	52.70	0.00	0.35	0.27	0.47
<i>B. FAR versus Inv. (experimental versus control)</i>	24.59	0.00	1.98	1.51	2.59
<i>C. FAR versus Inv. by post-assessment services</i>	24.58	0.00	0.48	0.36	0.64

Chapter 3

Worker Views of Family Assessment Response

In the evaluation of the Alternative Response pilot project, CPS social workers were interviewed and surveyed. Feedback from these direct service professionals workers was solicited primarily for two reasons, to gain a better understanding of the manner in which the AR approach was being implemented and to learn more about the relative effectiveness of the approach. For both reasons county social workers were important sources of information, together with families and outcome data available through SSIS. Worker views were important to learn because these professionals have the front-line responsibility for implementing state child protection policy. What workers think about what they do and how they do it is critical because only with the active acquiescence of field social workers can policy makers have any assurance that policies and practice are being implemented as planned and expected.

An important finding of the evaluation of the AR pilot was that the new approach was being implemented with fidelity to the program model constructed by state and county administrators and that the approach was eliciting from most families the response that had been expected or, at least, hoped for. Beyond this the evaluation discovered that social workers by and large 1) liked the new approach, and the more experience they had with it the more they liked it, 2) found it to be effective in working with a majority of the families for whom it was designed, 3) believed the approach to be generally accepted, although sometimes with reservations, by key members of the community with whom social workers interacted with regularity when engaged in CPS casework, and importantly, 4) did not see the approach compromising the safety of children, the primary goal of CPS.

As part of the extended follow-up of the FAR approach, CPS social workers across the state were again surveyed. This survey solicited their overall attitudes toward the experimental approach, views of its effectiveness and impact on child risk and safety, and perceptions of the attitudes of CPS families and key community representatives towards FAR. While the follow-up survey did not duplicate identically all issues addressed in the initial evaluation, there was considerable overlap in the items addressed and questions asked. The follow-up found support for FAR has continued to remain high among most workers in most of the original pilot counties. CPS social workers in pilot counties as well as in counties that have more recently implemented this approach generally view FAR as an effective tool for addressing problem families in which children are thought to be at risk.

In reviewing and analyzing the responses of social workers to the follow-up survey the views of workers in the original pilot counties were compared with workers in counties in greater Minnesota that adopted the approach following the initial demonstration. And, within the original pilot counties the views of workers in the two large metropolitan counties (Hennepin and Ramsey) were distinguished from those in the other 18 non-metro counties. This latter was done

because of certain differences between the two groups of workers found in the original evaluation, bureaucratic and operational differences, and differences in case characteristics, that can be expected between large urban agencies and those in less populated communities.

3.1. Survey Respondents

Follow-up survey responses were received from 178 CPS social workers and supervisors in 63 counties.⁵ (See the map on the following page.) About half (51 percent) of the responding social workers were from counties that participated in the original AR demonstration, the rest from counties that had implemented Family Assessment more recently. The large number of pilot county social workers primarily had to do with the inclusion of the two large metro counties in the demonstration. As noted above, for much of the analysis that follows, the responses of workers has been broken down for three groups: those from the two metropolitan area counties of Hennepin and Ramsey (18 percent), those from the other 18 pilot counties (33 percent), and those from the later implementing counties (49 percent).

Many of the respondents were seasoned professionals; 63 percent had worked in child protection prior to the implementation of the Family Assessment approach. This was the case with all respondents from the two metro counties and about half of those from the other two groups. Overall, about one-third (34%) of the respondents had worked in CPS for 9 years or more, 58 percent for more than 5 years. (See **Figure 3.1.**)

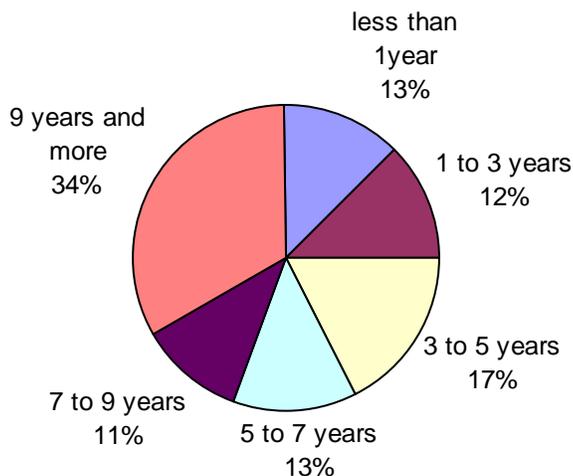
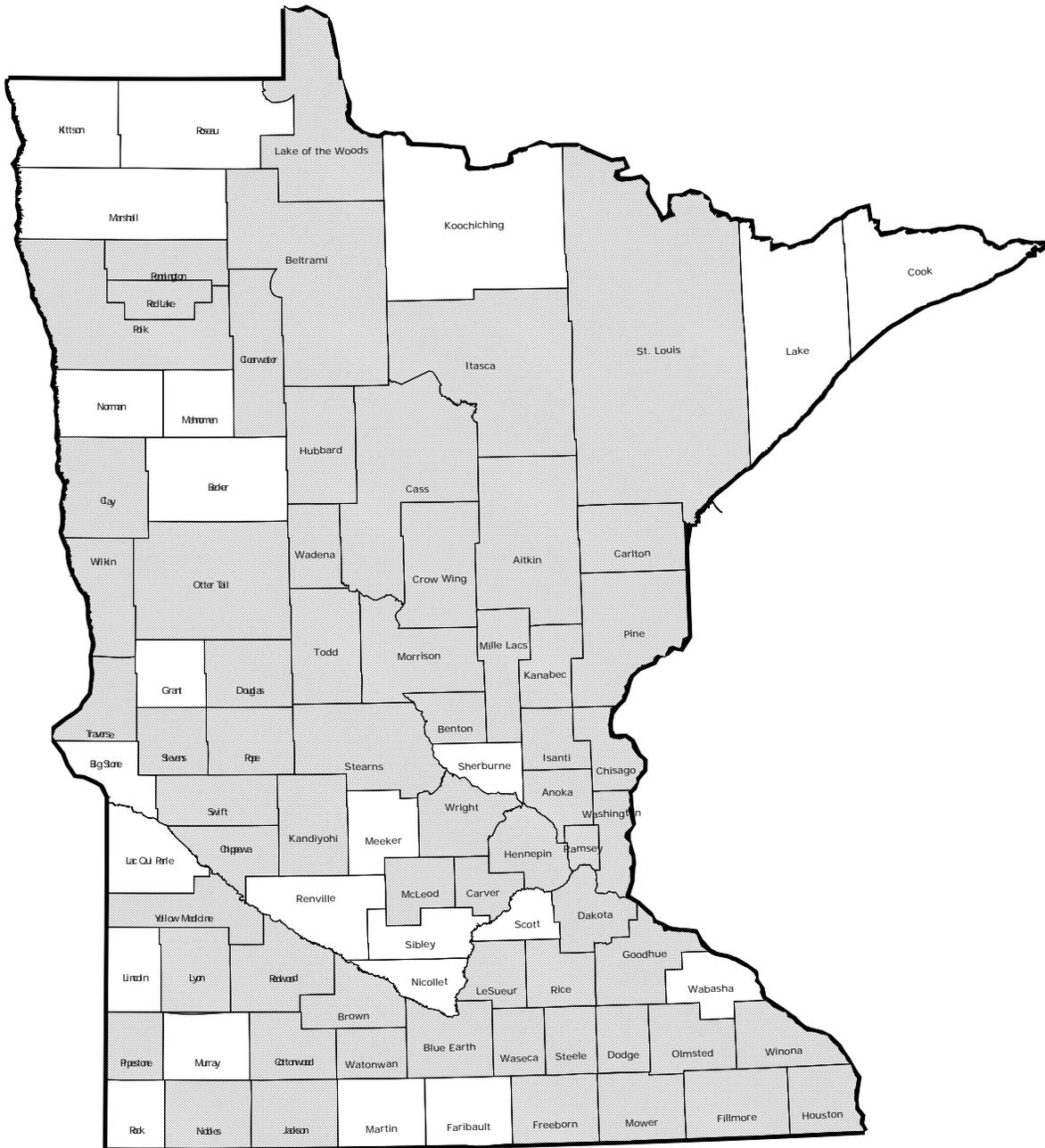


Figure 3.1. Length of Employment of Survey Respondents

⁵ The corresponding survey conducted as part of the evaluation of the original demonstration included responses from 105 social workers from pilot AR counties.



Map 3.1. Counties Represented in the Survey of Social Workers (shown with hatched lines)

On the other hand, 13 percent of the responding social workers had been employed in CPS for less than a year and 25 percent for three years or less. Within the three county groups, respondents from the two metro area counties were more likely to have worked in CPS longer than those in the other counties: nearly nine out of ten metro workers had been employed for five years or more, while this was the case with 56 percent of the workers in the other original pilot

counties and for 49 percent of the social workers in the later implementing counties across the state. (See **Table 3.1**) As will be seen in many of the analyses that follow, the responses of social workers in the metro counties were often at some variance from those of other workers. Whether this had to do with differences in caseload or organizational complexities that are more likely to be found in large urban areas or with the larger number of workers with longer tenure in CPS or some combination of these two factors can only be speculated upon.

Table 3.1 Percent of Respondents who have Worked in CPS for More or Less than Five Years

	<i>Total</i>	<i>Newer FAR counties</i>	<i>Metro counties</i>	<i>Non-metro counties</i>
<i>Less than 5 years</i>	41.6%	51.4%	11.1%	44.0%
<i>5 years and more</i>	58.4%	48.6%	88.9%	56.0%

3.2. Practice Change

As noted above, the evaluation of the Alternative Response demonstration found a high degree of model fidelity in the implementation of the AR approach. This was a programmatically significant finding with critical implications. It meant that a new “treatment” had indeed been implemented and that the system change documented in the evaluation was not simply a nominal one. CPS practice had indeed changed, and changed in ways it was meant to change. The pilot could not be dismissed as simply “the same practice as before, just new terminology.”

Successful efforts to improve service systems are rarely based on the belief that previous or traditional practices are always or completely ineffective or badly conceived. Like scientific advance, that tends to be built one step at a time, good practice in human services nearly always begins with what has been learned from previous efforts and progresses one adjustment at a time. Improving the service system frequently involves finding new ways to ensure that what already is accepted as good practice simply has an increased likelihood of taking place—finding ways of turning “best practice” into routine practice. It can be argued that instituting a differential response approach to child maltreatment is both the introduction of a new practice approach but also one that seeks in its implementation to ensure that family-centered practice, long the goal of CPS, actually takes place when social workers respond to reports of child maltreatment.

In the follow-up survey, social workers who began working in CPS prior to the implementation of AR/FAR and now engaged in conducting Family Assessments were asked if this approach had affected how they responded to CA/N reports and performed their work. Put another way, and more simply: Do they see themselves really doing anything different from before? In response, most social workers (93 percent) answered positively. This response was

highest in the later implementing counties (96 percent), but even among metro pilot counties where there has been some resistance to the approach among a small number of workers, a high percentage (89 percent) said FAR had affected the way in which they dealt with families. Many (44 percent) social workers indicated that FAR impacted their work with families “in small ways” and some (7 percent) said it had made no measurable difference in how they approached families. Most workers who reported that the affect of FAR had been “small” held the view that FAR was primarily reinforcing what they had always striven to do; and a majority of these workers were among the most tenured CPS staff members. (One wrote: “Social workers have always utilized the principals of Family Assessment, long before it became formalized.”) At the same time, 49 percent of the workers said FAR had affected their work with families “a great deal” or in “important ways.”

3.3. General Attitudes toward FAR

A substantial majority (79 percent) of workers engaged in family assessments expressed attitudes about the new approach that were positive and without serious qualifications. Most of these (42 percent of all respondents) described their attitude toward FAR as “very positive.” About 1 in 5 (19 percent) social workers said their attitudes were “mixed,” finding aspects of the new approach they liked but also preferring Investigations for certain cases sometimes screened for FAR. None of the social workers described their attitude about FAR as “very negative” and just 2 percent described their attitude as “generally negative.”

In analyzing the attitudes of different workers towards FAR, three variables were available to us: where social workers worked, how long they had worked in CPS, and whether or not they had begun work prior to the implementation of FAR in their counties. Obviously, these three factors overlap somewhat. For example, workers with less experience were more likely to have begun after the introduction of FAR. In addition, certain counties tend to have a larger proportion of more senior social workers—as was seen above, respondents from the two metro counties were much more likely to have worked in child protection for more than five years. Compounding this, all of the respondents from the metro counties had begun working in CPS before FAR was implemented while in other counties some workers had begun before FAR and some after it had been introduced. Nonetheless, these variations help us understand and interpret the views of social workers as expressed in the survey.

Figure 3.2 shows the responses of social workers in different county groups to the question: “In general, how would you describe your attitude towards the Family Assessment approach?” As can be seen, the strongest positive attitudes were expressed by social workers in the original pilot counties that were outside the metro area, followed by workers in the later implementing counties. While a majority (59 percent) of workers from the metro area expressed positive attitudes toward FAR, these two counties included the only respondents who expressed any negative attitudes (14 percent) toward the approach and the largest proportion that described their attitude as mixed (28 percent).

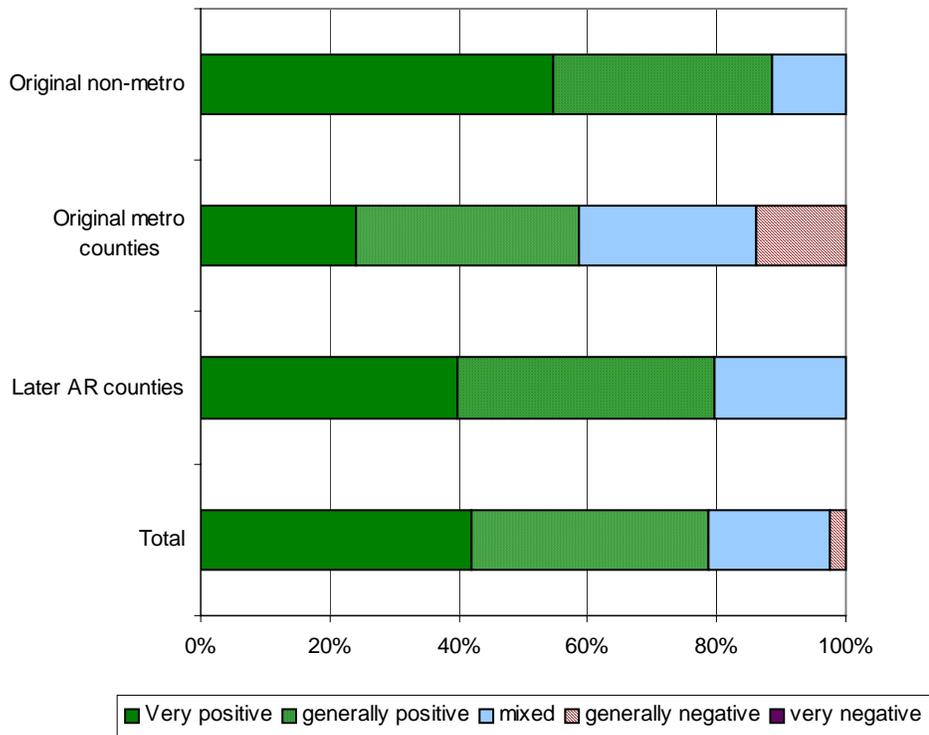


Figure 3.2. Attitudes of social workers towards the FAR approach

If the responses of all social workers are combined, those who worked less than five years and those who started after the introduction of FAR in their counties are found to be more positive than their more experienced peers. This general finding, however, arises primarily because of the way these factors vary across county groups. In fact, the most positive subset of social workers were those from non-metro counties that participated in the original demonstration and who had begun their careers in CPS prior to the start of FAR and who nearly all had worked in CPS more than five years. (93 percent of these social workers expressed positive attitudes towards FAR and the other 7 percent described their attitudes as mixed; none held negative attitudes positive towards it.) Among workers in counties that were not part of the original demonstration but implemented FAR at a later time, younger workers who began their careers in CPS after the introduction of FAR were the most receptive to it—although, again, the majority of all workers in these counties tended to express positive views about the approach. **Table 3.2** breaks down the opinions of social worker by county group and whether they began before or after the implementation of FAR in their county.

In considering the views of workers from metro compared with those from non-metro pilot counties variations in the way the approach has been implemented should be kept in mind. In the metro counties of Hennepin and Ramsey, county social workers turn new FAR cases over to community agencies at a very early stage for case planning and case management. Workers in

these counties, as a result, often have considerably less contact with FAR families and see less of its effects directly.

Table 3.2 Percent of Social Workers who Expressed Positive, Mixed or Negative Attitudes toward FAR

	<i>Started in CPS before Implementation of FAR</i>			
<i>Attitudes toward FAR</i>	Original non-metro counties	Later AR counties	Original metro counties	Total
<i>positive</i>	93.3%	66.7%	56.7%	71.3%
<i>mixed</i>	6.7%	33.3%	30.0%	25.0%
<i>negative</i>	0.0%	0.0%	13.3%	3.7%
	<i>Started in CPS after Implementation of FAR</i>			
<i>Attitudes toward FAR</i>	Original non-metro Counties	Later AR Counties	Original metro counties	Total
<i>positive</i>	82.8%	92.1%	-	88.1%
<i>mixed</i>	17.2%	7.9%	-	11.9%
<i>negative</i>	0.0%	0.0%	-	0.0%

Finally, among social workers who began in CPS prior to the pilot, a majority (52 percent) said their attitude toward the approach was more positive now than when it was first implemented; most of the rest said there had been no change in their attitude, which for most had been positive from their first exposure to it. About 1 in 10 (11 percent) said their attitude was somewhat more negative now; most of these were workers in the metro counties, and none were in the pilot non-metro counties.

3.4. Perceived Effectiveness of FAR

Social workers who had worked in CPS prior to the start of FAR in their counties were asked their views on the effectiveness of the new approach. A solid majority of these workers reported that the approach was effective in working with this set of families and improved the likelihood that they would receive services and that the services they received would be appropriate. (See **Figure 3.3**) Overall, social workers in the original non-metro pilot counties were the most positive in their assessment of the effectiveness of the new approach. Social workers in the metro counties were somewhat less likely to say that FAR increased the effectiveness of their own work with these families, and this may be partly related to the fact that the families are handed off to community agencies when services are to be provided. Workers in

greater Minnesota counties which were not part of the original demonstration and implemented FAR later were somewhat less likely to report that FAR helped children and families receive services or that the services provided were appropriate; this may in part be related to the reduced availability of vendor services in more rural parts of the state.

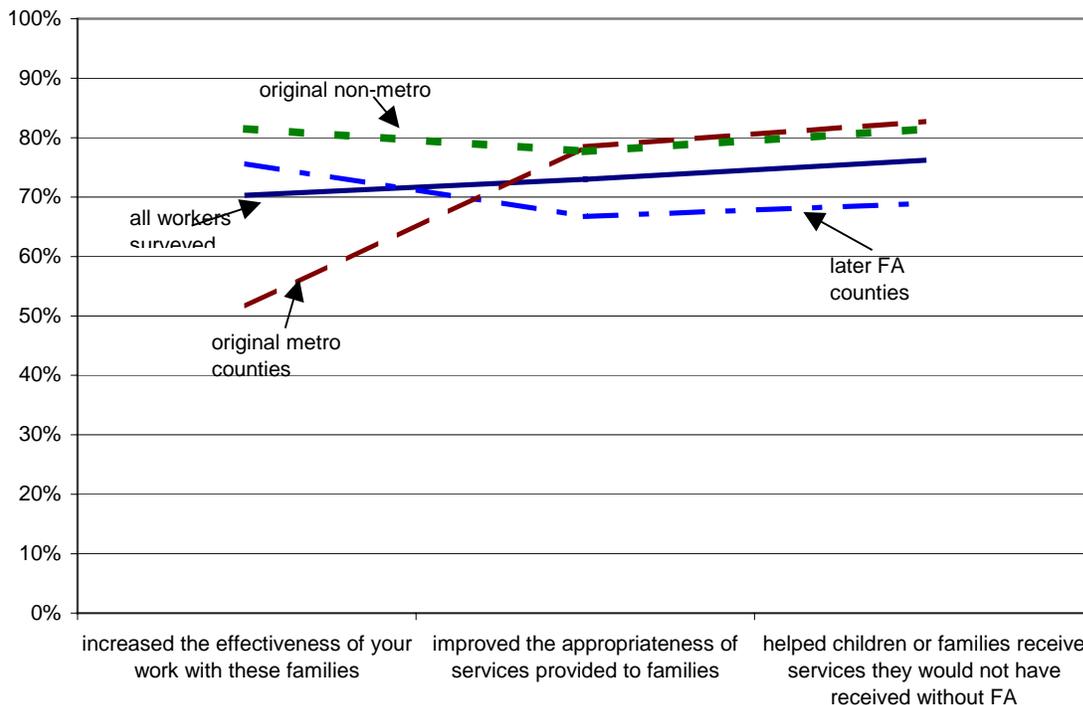


Figure 3.3. Percent of social workers who reported specific benefits of FAR

There is the general view among a substantial majority of social workers that FAR is preventative, keeping certain cases from re-entering the CPS system at a later point in time. The range of views on this can be seen in **Figure 3.4**. Reflecting a pattern we have seen above, social workers in non-metro pilot counties tended to be most positive in their assessment while those in the metro counties less positive than other workers, although, again, more expressed positive opinions than negative ones.

As can be seen in **Figure 3.4**, there is a group of social workers with less sanguine views about the FAR approach and there are more of them in the two metro counties than elsewhere. We asked workers simply: Overall, for reports screened for Family Assessment, is the FAR approach more or less effective or preventative than investigations? In response, about 1 social worker in 6 said the FAR approach was less effective. As can be seen in **Figure 3.5**, many of these workers were in the metro counties where over a quarter (29 percent) of workers gave this response.

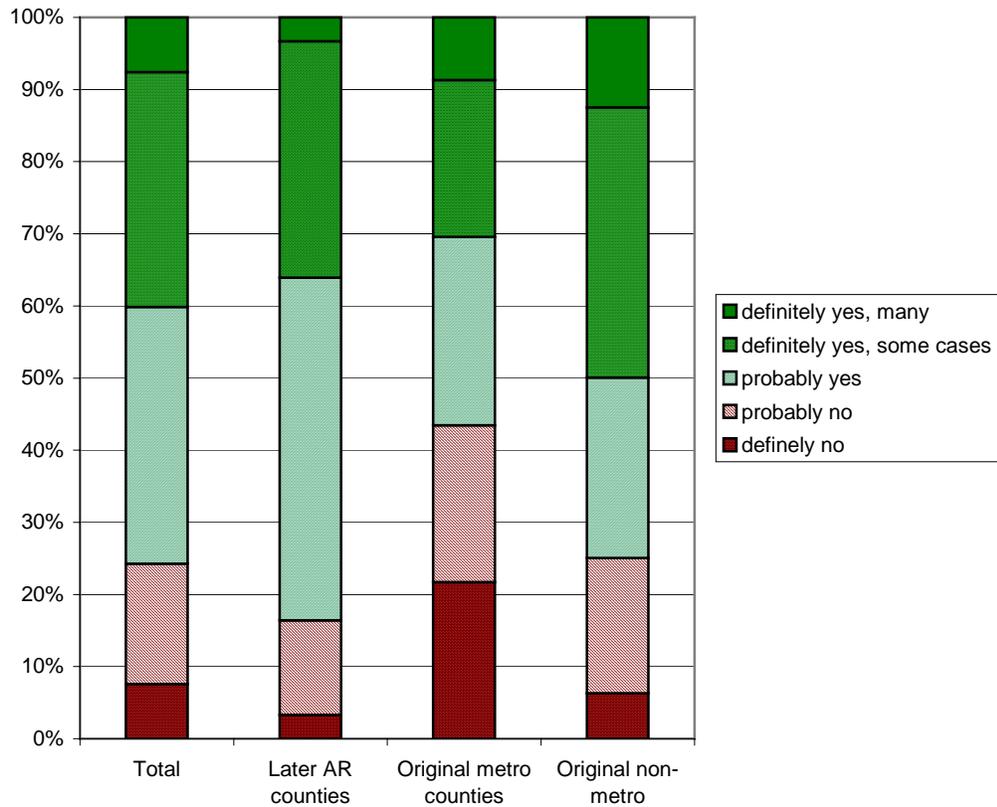


Figure 3.4. Question: Has the FAR approach prevented any cases from re-entering the CPS system at a later point?

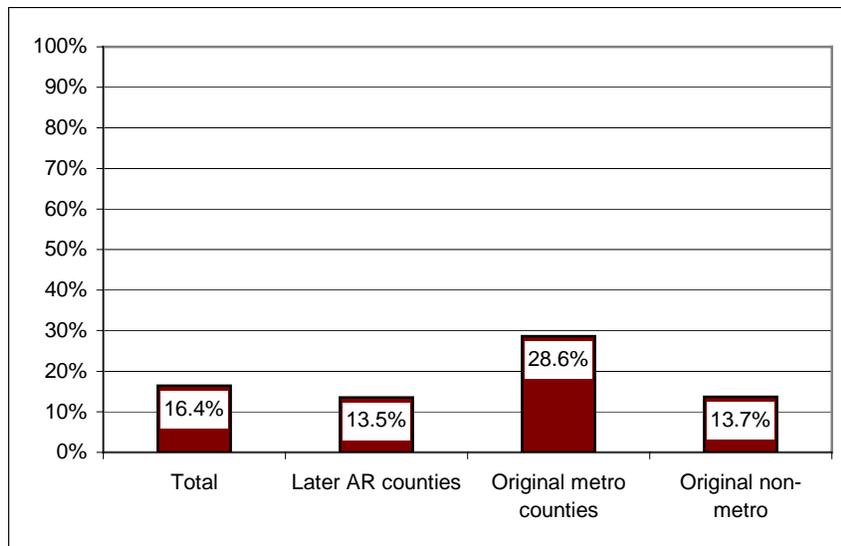


Figure 3.5. Percent of social workers who thought the FAR approach was LESS effective and preventative overall than an investigation.

Of course, instances of child abuse and neglect are not abstract and general but involve specific reports and specific issues. The way social workers view the relative effectiveness of FAR compared with Investigations for specific types of reports and problems can be seen in **Figure 3.6**. As can be seen, most workers see FAR as a better approach when working with families in which the underlying problems involve poverty, child behavior problems, parent-child conflict, poor parenting skills or in which there has been non-severe physical abuse. Of the problems listed in the graph, the only types of problems for which more workers believe an investigation to be the better response are those involving substance abuse. More workers also see FAR as more effective than TI in reports involving educational neglect and domestic violence, although in these situations the split among workers is more divided. Note that if you combine the percentages for any of the problem areas listed in the Figure for workers who prefer one approach or another, they do not add up to 100 percent. This means either that workers are

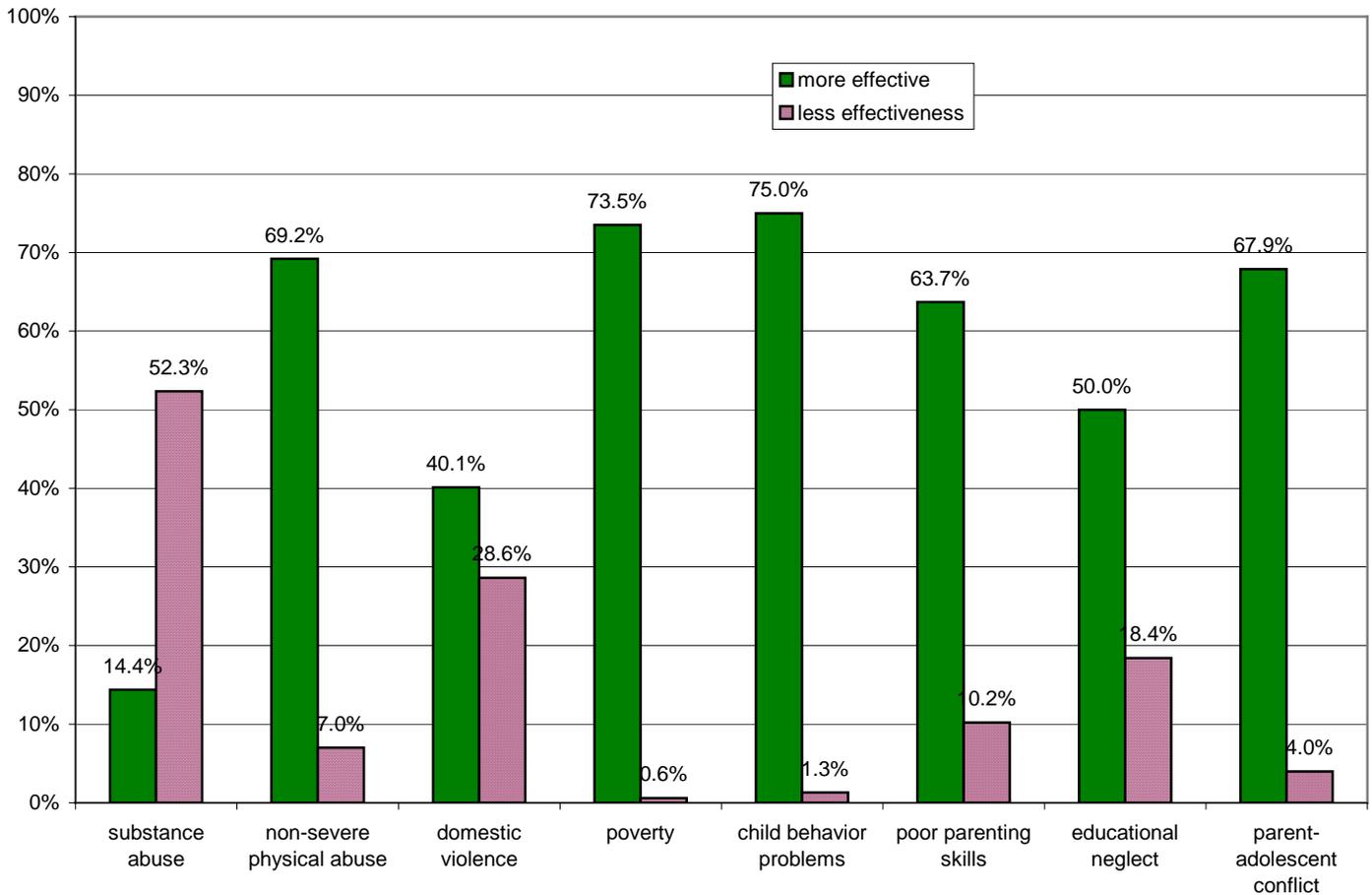


Figure 3.6. Question: Is FAR more effective or less effective than TI in working with families with these problems?

unsure or view the two approaches as being about equally effective or equally ineffective. Interviews with workers and supervisors, for example, often elicited frustration with any attempt to address substance abuse problems, methamphetamine being frequently mentioned. Finding effective ways of dealing with domestic violence and educational neglect situations has also been difficult, and in interviews and surveys we found a variety of views expressed by social workers and sometimes different policies from county to county.

When asked how much of the success of the FAR approach could be attributed to the protocol (the positive, family-friendly approach) and how much to the provision of needed services, social workers, as a group, place about equal emphasis on each. This reflects what was found in the final evaluation of the demonstration. However, when workers are examined by county-group, differences were found in the follow-up survey. Workers from the metro pilot area were more likely to place emphasis on services over the protocol (61 percent to 39 percent), while workers in non-metro counties were likely to emphasize the protocol over services (56 percent to 44 percent). At the same time, workers from the later implementing counties split more evenly in the weight they gave to the contribution of the two factors (48 percent for the protocol and 52 percent for services). Most social workers with experience with the FAR approach see value in both the new protocol and the provision of services needed by a family. As one said: *“Family Assessment is true social work. Families sometimes need help not a slap on the hand. I build positive working relationships with my client. They trust me with their problems and I am able to help them because the resources and services are available”*.

Among other positive comments of social workers were these:

- *“It (FAR) really takes the blame out of the CP assessment and families are much more willing to voice their family concerns rather than minimize and hide.”*
- *“Family assessments have allowed the county workers to have a much friendlier role in the eyes of the family and implement services in incidents that may have been investigated in the past and get the family to agree to services.”*
- *“For families who do accept AR Services, I think they feel supported and are more likely to ask for services in the future to assist with family issues.”*

Some other, less positive comments of workers expressed the belief *“families take investigations more seriously”* and concern of some that *“a child who has been abused does not feel safe speaking in the presence of parents who may have been the source of the problem.”* Other comments described the strengths of each approach, such as: *“Investigations get better info regarding risks. But FAR’s lead to greater cooperation.”* And: *“The ability to switch tracks is an important feature that allows both responses to be effective.”*

3.5. Child Safety

The issue of child safety is examined in the section of this report that addresses recurrence. However, as in the final evaluation of the demonstration, workers were asked for their judgments on these issues. In the original evaluation, social workers in metro and non-metro counties varied in their responses to questions of safety. For example, a little over half of workers in the non-metro counties reported that they thought FAR was “very successful” in ensuring child safety, while most of the rest said it was “mostly successful,” and none described the approach as “not successful.” Workers in the metro counties were less confident with less than half describing the approach as very or mostly successful and about 1 in 9 believing the approach to be “not successful.”

In the follow-up survey, the question about safety was worded a bit differently. Social workers were asked: “Thinking about the kinds of reports usually screened for FAR, how would you compare the FAR and TI in identifying threats to child safety? Nearly half (48 percent) of all responding social workers said the two approaches were “about the same.” These workers, while not viewing assessments as better at ensuring child safety, did not see an investigation as more likely to do so. Beyond this, another 22 percent indicated that they believed an assessment was, in fact, better at identifying threats to child safety, while the remaining 30 percent believed an investigation was better at this.

As was seen in the final evaluation of the demonstration, there was considerable variation in how workers from different counties and county groups viewed this issue. And, again, social workers from the metro counties tended to hold a stronger view of the effectiveness of investigations: 66 percent said they thought the investigation approach was better at identifying safety risks. Only 17 percent of social workers in the non-metro pilot counties and 26 percent of the later implementing counties shared this view. A large majority (83 percent) of social workers in the non-metro pilot counties and 75 percent in the later implementing counties said they thought either that neither approach had an inherent advantage at ensuring child safety or that, in fact, a family assessment was better in these instances.

We also asked a slight variation of this question: Thinking about the kinds of reports screened for FAR, how would you compare Family Assessments with investigations in identifying risks or potential risks that children face from abuse or neglect? Given the similarity between this and the previously stated question, it is not surprising that the responses of workers were very similar. But to the second question, there was a slight shift towards a preference for the Family Assessment Response among some workers in each county who had indicated a preference for investigations in response to the previous question. The responses of workers to the two questions can be seen in **Figures 3.7 and 3.8.**

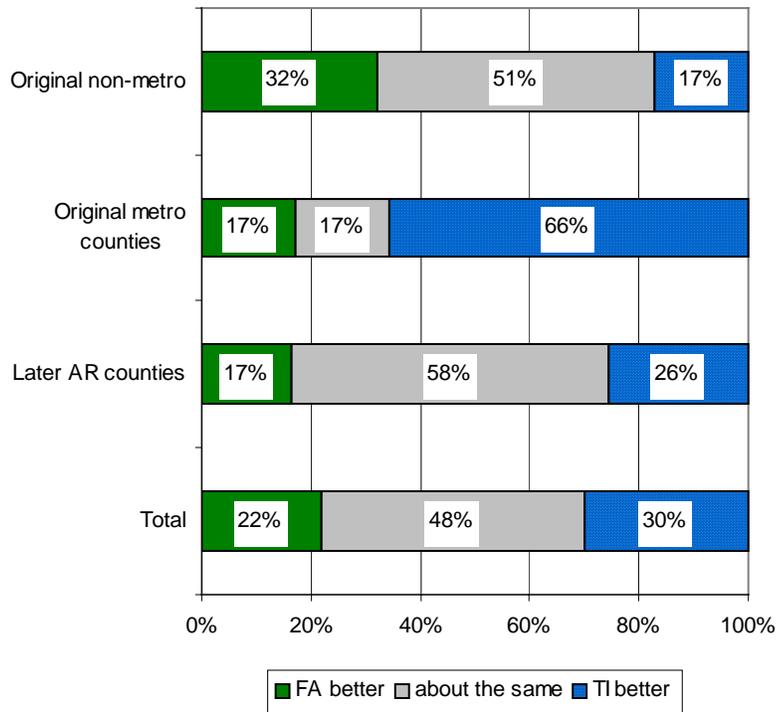


Figure 3.7 Which approach is better at identifying threats to child safety?

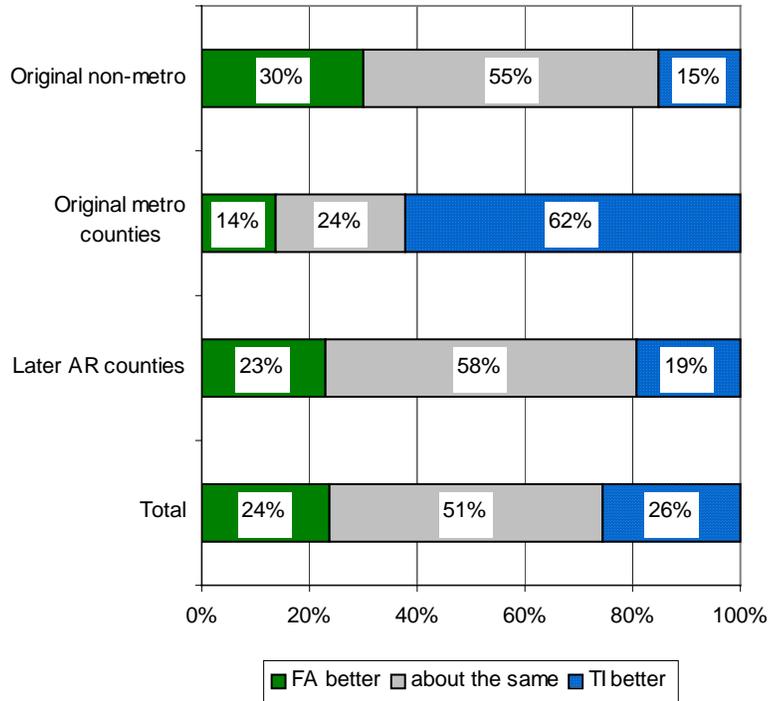


Figure 3.8. Which approach is better at identifying risks to children of CA/N?

3.6. Perceived Reaction of Families

Part of the effectiveness of CPS comes from being able to gain the cooperation and involvement of family members in carrying through with actions needed to address the source of problems. Many social workers have observed during interviews that cooperation was a precondition for case planning that had any chance to be successful or efficacious. Across all social workers surveyed in the follow-up, 62 percent reported that families that received a family assessment were more likely to be cooperative with the CPS worker than if an investigation were conducted (26 percent said the FAR approach was “much more likely” to elicit cooperation). Social workers from non-metro pilot counties were the most positive in this assessment and metro workers were least positive. On the other hand, about one worker in ten said families were more cooperative during investigations (including 2 percent who said this was “much more likely”). Other workers (27 percent) said the approach made no difference with respect to the cooperation of the family. About half (52 percent) of workers from the metro counties held this latter view—and, again, whether this was affected by the early transferral of FAR cases to community agencies, leaving the effects of FAR less observable to these county workers, is not clear. (See Figure 3.9.)

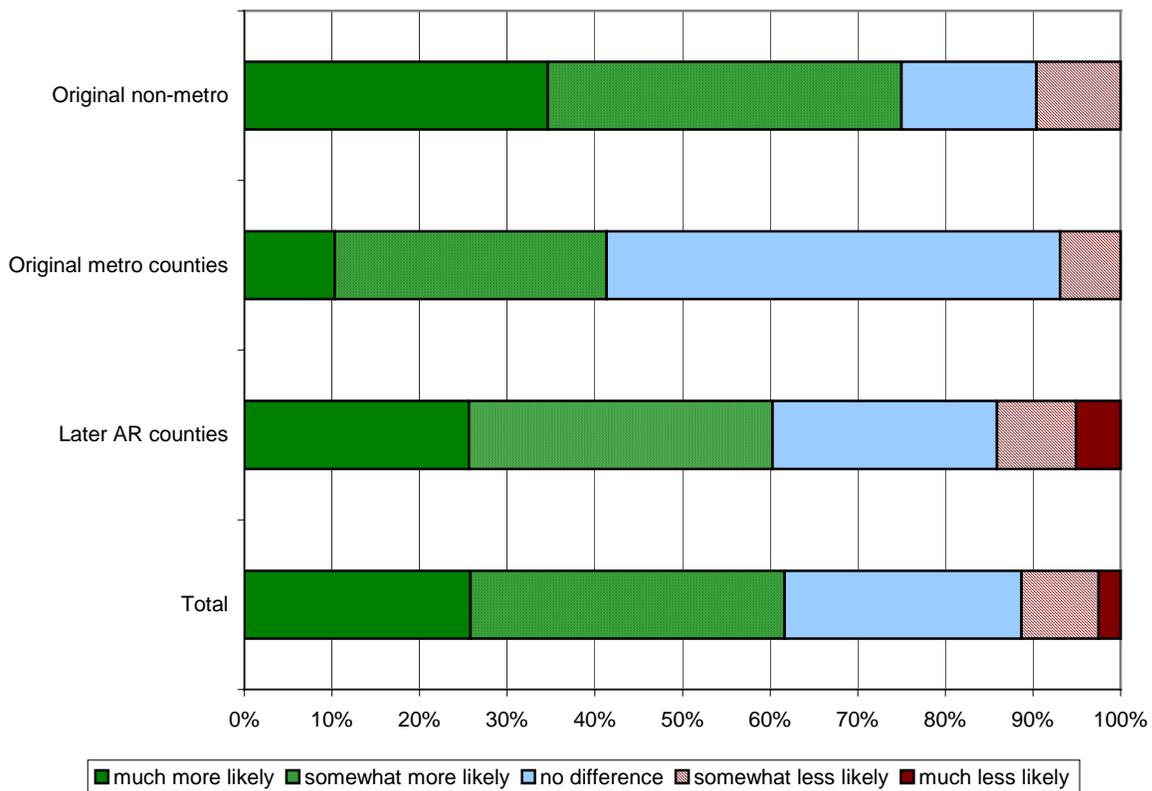


Figure 3.9. Percent of Workers who Reported that Families who Received FAR were More or Less Likely to be Cooperative than if an Investigation were Conducted?

The pattern that can be seen in **Figure 3.9** represents the way social workers from the different county groups responded to other questions about reactions of families to the Family Assessment approach. A majority of workers said that families were 1) more likely to participate in planning with the CPS worker during a family assessment than an Investigation (63 percent), 2) more likely to be satisfied with CPS services (69 percent), and 3) more likely to view the county child protection system as a resource and support for them (73 percent). With respect to each of these issues, the most positive responses again came from workers in the original non-metro pilot counties, followed by those in the later implementing counties. (See **Figure 3.10**.)

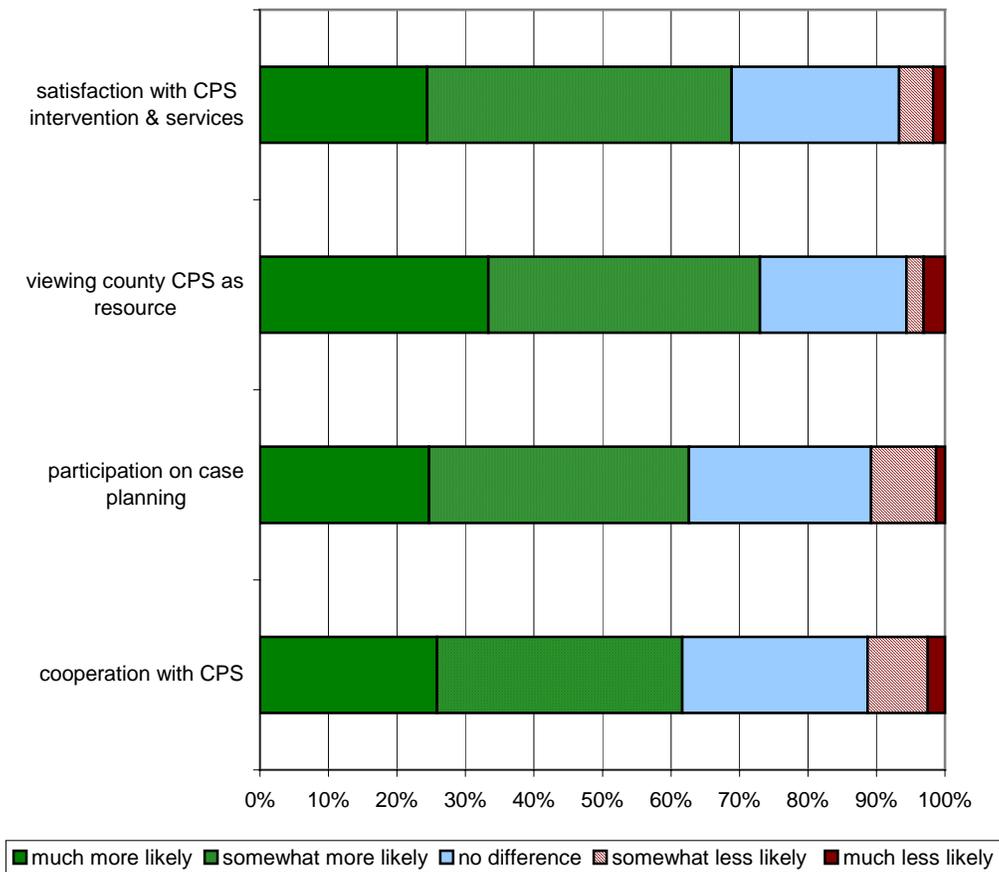


Figure 3.10. Percent of Workers who said FAR was more or less Likely to Elicit Specific Positive Responses from Families than would TI

3.7. Perceived Attitudes of Key Community Stakeholders

In the follow-up survey social workers were asked about the current attitudes of four groups of community professionals toward the Family Assessment approach. The stakeholders were juvenile judges, chief probation officers, law enforcement and school personnel in their counties. Across all responding social workers, the views of Juvenile Judges were described as most positive and school personnel as least positive. (See Figure 3.11.)

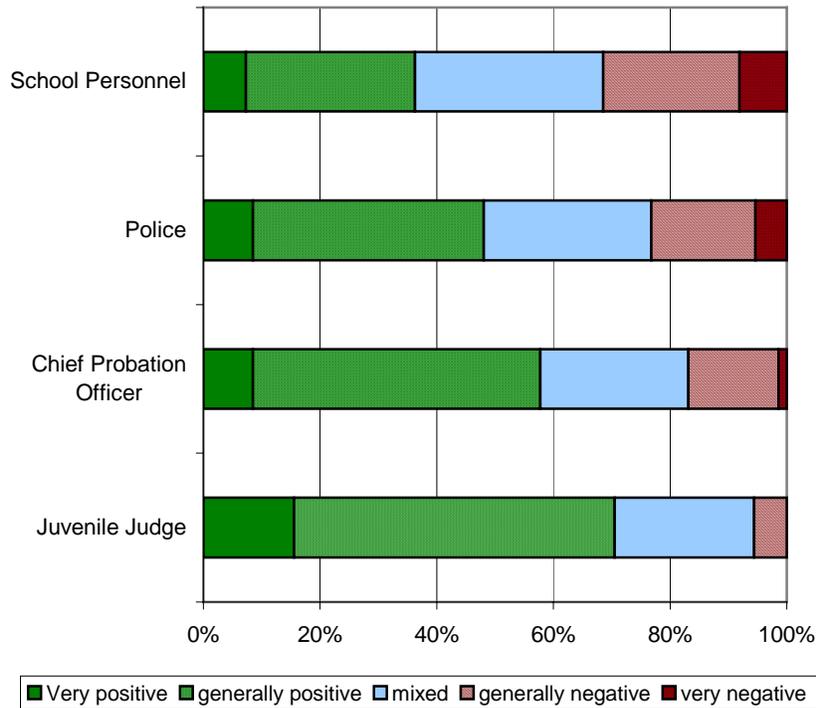


Figure 3.11. Attitudes of Key Community Stakeholders towards FAR

As is the case with most issues addressed in this survey, breaking down worker responses by county groups helps our understanding of the findings as well as their implications. For example, if we consider the percent of workers who said the attitudes of these stakeholders positive (either “very positive” or “generally positive”) we see both similarities and differences in the responses of workers. As can be seen in Figure 3.12, a majority of social workers in each county group described the attitudes of juvenile judges, a critical group, toward the FAR approach as positive. As was seen in the previous figure, most, although not all, of the other workers described the attitudes of judges as positive. Worker agreement evaporates, however, when we consider the other three stakeholder groups. In each case, workers from metro counties are much less positive in their assessment of the attitudes of these individuals. Overall, workers in non-metro pilot counties gave the most optimistic report of the attitudes of these community

groups, especially school personnel and law enforcement officials. The difference between metro and non-metro social workers on their views of the attitudes of educational and police professionals is very great.

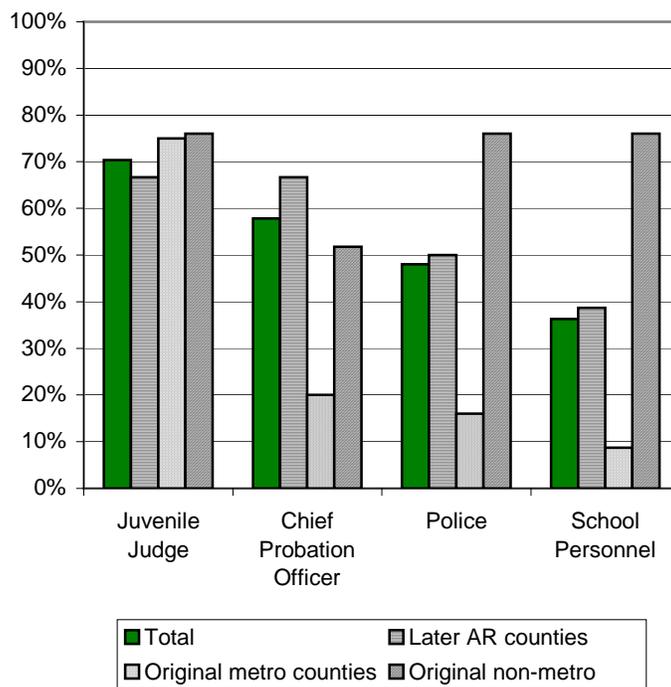


Figure 3.12. Percent of social workers from different county groups who said the attitudes of specific community stakeholders was “positive” towards FAR

Figure 3.13 shows the percentage of social workers in each county group who described the attitudes of these stakeholders as “negative” toward the FAR approach. The many metro county respondents who said the attitudes of school personnel, police departments and chief probation officers is very high, especially considering how long it has been since this approach has been instituted in these counties. Three possible explanations suggest themselves: 1) some workers may be transferring their own attitudes of FAR to these community agents; 2) because community agencies are responsible for case management of FAR cases and, therefore, more likely at least to be aware of the attitudes of school personnel, these assessments may not be as accurate as they might otherwise be; and/or 3) outreach efforts to these community agents with respect to this systems change has been largely nonexistent or ineffectual (compared to what has been done in non-metro pilot counties) because of the pressures of caseload size or difficulty, the lack or ineffectiveness of existing inter-agency linkages, or assuming that any such outreach efforts are the primary responsibility of community agencies that provide FAR case management. Whatever the source of this perception, many social workers in metro counties

believe the attitudes of these community stakeholders have become more negative since FAR was first implemented. A question that should be asked is: If this is true, why has it occurred?

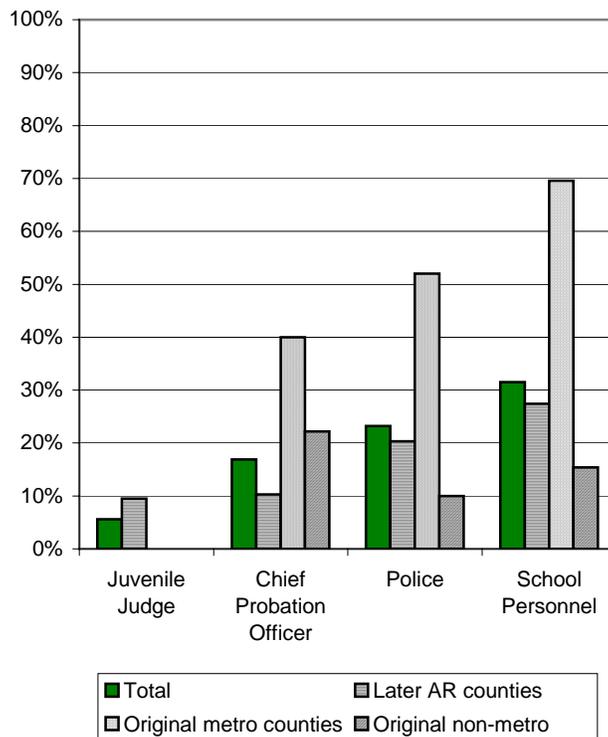


Figure 3.13. Percent of social workers from different county groups who said the attitudes of specific community stakeholders was “negative” towards FAR

3.8. Factors that Hindered Implementation of FAR

Social workers were asked if there were any specific factors that hindered full implementation of FAR in their county. Among issues workers were specifically asked about, many were reported not to be a problem from the perspective of a majority of them. These included the amount of training provided to field and supervisory CPS personnel, difficulties encountered with Juvenile Court, difficulties encountered with probation offices (even according to metro county workers; a surprising finding considering how many believed county probation personnel held negative attitudes towards FAR), and, except in metro counties, time to administer the program. On the other hand, factors that were most frequently mentioned as being a problem in implementation were: insufficient resources to buy needed services, too few service providers in the county, and insufficient staff time. “Reluctance or negative attitudes of county staff” were noted by 76 percent of metro county respondents, mostly as a “minor” problem. Confusion over state requirements and policies was also more often mentioned by

metro county workers, and confusion over screening criteria was mentioned by a majority of workers, again mostly as a minor not a major problem.

3.9. Effect of FAR on CPS Workload and Job-Related Stress

About half of the workers responding (51%) reported that the pilot had resulted in an increase in their workload, while the others said there had been either no change (43 percent) or some decrease (7 percent). The percentage saying their workload had increased with FAR was somewhat higher among workers in the newer counties (56%) and lowest among metro workers (45%).

About 1 worker in 4 (26%) said FAR reported a related increase in their job-related stress and about an equal number (28%) said FAR had decreased job stress. In either case, the large majority of these workers reported the change to be “small.” Metro county workers were more likely to report an increase in stress (38%) and workers in non-metro pilot counties were more likely to report a decrease in stress (40%)

3.10. Attitudes towards Job and County CPS

Overall, social workers in each county group reported a high level of satisfaction with their job and with the child protection service system in their county. Workers were asked to respond to questions about these issues on a 10-point scale, where 1 represented “very dissatisfied” and 10 represented “very satisfied.” The mean response of all workers on these questions was 7.5. When asked how satisfied they were with the FAR approach in their county social workers from the non-metro pilot counties and the later implementing counties again responded very positively (7.9 and 7.7 respectively). The mean response of social workers from the metro counties, however, was 5.2, reflecting attitudes we have seen in responses to other specific questions.

Chapter 4

Feedback From Families

It is important for service systems to know what happens to the families they serve after their cases have closed and the attention of the service system has moved on, always drawn to the next problem, the next emergency. Families once served may come into contact with the service system at some time in the future, but they may not. And while the latter is preferable, it also means the system is unlikely to know what has become of the people who once made up a case and had the attention of a social worker. For the most part, therefore, we are left with cold and incomplete statistics that show success, if there is success, primarily by fewer treatment families being represented in the data system as time goes on.

Following up on families served by a public human services system is never an easy task, even in the short term when contact has been recent and contact information more likely to be valid. People always have the option of declining requests from a researcher for information about themselves. The best and largest samples always only include information about people who choose to provide it; follow-up samples are ultimately always samples of the self-selected. As time goes by the process becomes more complicated and less reliable. Families relocate and even those who may be willing to participate in a follow-up study may not be able to be contacted because useful forwarding information no longer exists.

For these reasons, feedback from families was never a central goal of this extended follow-up study. Nonetheless, and despite these problems, some feedback from families who made up the original study population was thought desirable. For practical purposes, it was decided that the focus of this effort in the present study would be families who had responded to the last follow-up survey in the final evaluation of the AR pilot demonstration. On the plus side this meant that we had a larger probability of hearing from these families than any other group of FAR participants because they had been willing to provide feedback to us on three previous occasions. In addition, because they had responded to our last survey we had more recent address information on them than any FAR participants. On the minus side, these families might be expected to be representative not of the entire study population but of the more stable and easily trackable subset. At the outset, therefore, we had no illusions but that we would be receiving feedback from what might be considered the “cream” of our study population. What gave our efforts some ballast, however, was the probability that we would be creaming both the treatment and control groups.

With this cautionary prologue in mind we can summarize what we learned about and from experimental and control families from the original pilot study two years later.

The follow-up survey of families consisted of 388 families who had returned three previous surveys, 249 were experimental families received a family assessment and 139 were

control families who had received an intervention with an investigation. Eliminating bad addresses, the response rate was 57 percent and consisted of 108 FAR families and 54 investigation families.

The expectation that the sample for this fourth follow-up of families included the cream of the study population, that is, those who tended to be “better off” at least in simple financial terms, was confirmed by their reported income. The mean income of all families who responded to our first follow-up survey was \$24,980. The mean income of our fourth survey family cohort that was reported in the first follow-up survey was \$30,909. In analyzing our current family cohort, therefore, we looked only at differences or changes in this subset of 162 families from the first follow-up to this fourth one, and we are summarizing here only areas in which there were differences between the two study groups over time.

4.1. Income and Employment

FAR respondents were somewhat more likely to report they had full-time jobs in this follow-up (56 percent) than in the first follow-up (51 percent). (See **Figure 4.1**.) On the other hand, fewer control respondents who had received a traditional response (TR in the figure) were likely to report having full-time jobs currently (40 percent) than at the first follow-up. Corresponding to this, the mean income of FAR respondents increased 28 percent from the first follow-up to the current one, while the mean income of control respondents increased but at a slower rate, 15 percent.

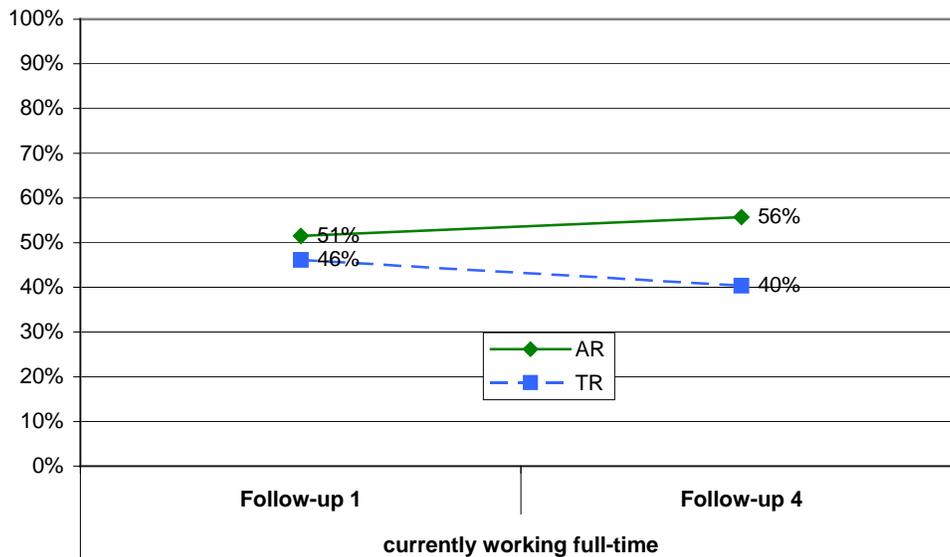


Figure 4.1. Percent of Respondents with Full-Time Jobs

4.2. Indicators of Family Well-Being

Probably related to their income and job situation, there was a difference in the percentage of respondents from the two groups that reported work or job-related stress. Control respondents were more likely to report an increase in work-related stress (from 47 percent to 56 percent), while FAR respondents indicated the same level as previously (39 percent). Control respondents were also more likely to report a greater increase in stress about their economic outlook, as can be seen in **Figure 4.2**.

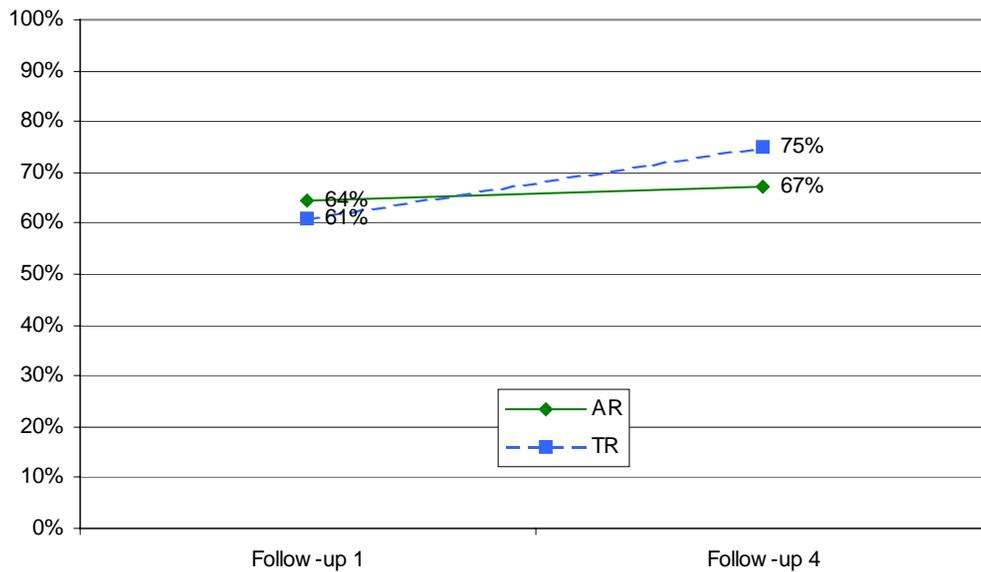


Figure 4.2. Percent of Respondents Reporting Stress related to their Financial Outlook

While a majority of respondents in both groups reported that they considered their current living arrangements to be satisfactory, this was somewhat less likely among control respondents (76 percent compared with 91 percent of FAR), and this represented a decline for control but not experimental families. Finally, somewhat fewer (43 percent) FAR respondents reported they were experiencing more than a little stress in their lives now than previously (47 percent), whereas the proportion of control respondents reporting stress in their lives now remained about the same as before (51 – 50 percent).

4.3. Indicators of Child-Well Being

Respondents were asked if they felt any more or less able to care for their children now than when we last contacted them. There was a quite significant difference in the answers of AR and TR respondents. The percent of AR respondents who said they felt more able care for their

children now increased from 42 percent to 62 percent, while the percent among control respondents declined from 49 percent to 42 percent. (See **Figure 4.3.**)

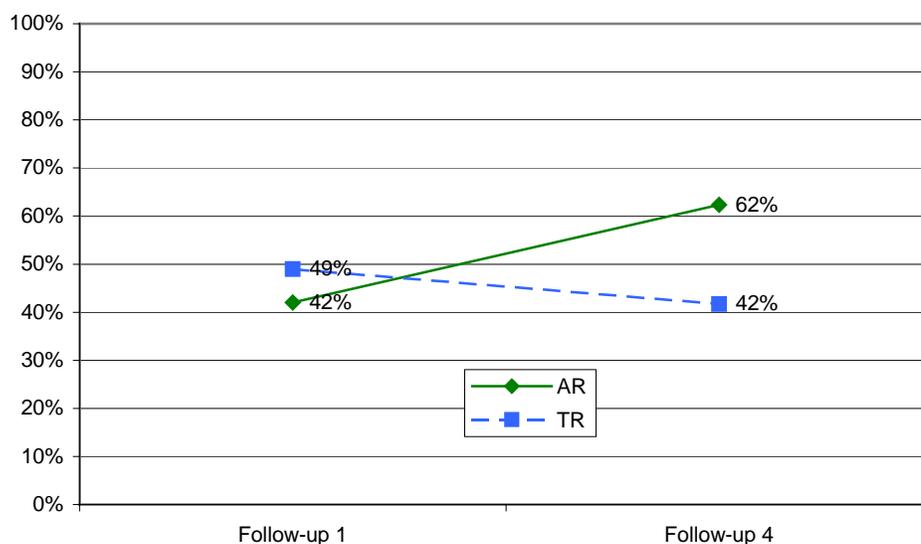


Figure 4.3. Percent of Respondents who said they felt more able to Care for their Children Now than at Time of Prior Contact

Finally, we asked respondents a series of questions about specific problems their children might be experiencing, such as whether they have a serious illness or have a hard time getting along with other students in school, act depressed or engage in occasional delinquent behavior, among others. The list of problems included in the survey can be found in **Table 4.1** along with the percent of respondents who reported their children experienced them. The table shows responses of FAR and control (TR) families for both the former follow-up and the most recent.

Table 4.1. Percent of Families that Reported their Children had Specific Problems

	AR-before	AR-now	TR-before	TR-now
Has a serious illness	9.8%	5.7%	7.0%	10.00%
Misses school often because sick	13.1%	13.2%	7.3%	18.00%
Complains frequently about being unwell	8.8%	12.9%	11.5%	19.60%
Has trouble learning in school	43.3%	36.8%	34.6%	39.20%
Has a hard time getting along with other students	29.90%	16.2%	27.50%	29.40%
Has refused to go to school or skips school	11.8%	11.6%	9.6%	15.70%
Acts depressed	32.4%	31.9%	34.6%	37.30%
Difficult to control	37.3%	33.8%	38.5%	39.20%
Engages in occasional delinquent behavior	24.2%	17.6%	25.5%	29.40%

The interesting thing about the data in **Table 4.1** is the direction of change as reported by the two groups of families. This can be seen in **Figure 4.4**. The change on items was not always great from the former time period until now. However, the direction of the change was persistent across items, always a little worse for the children in the control group and a little better among children in the pilot.

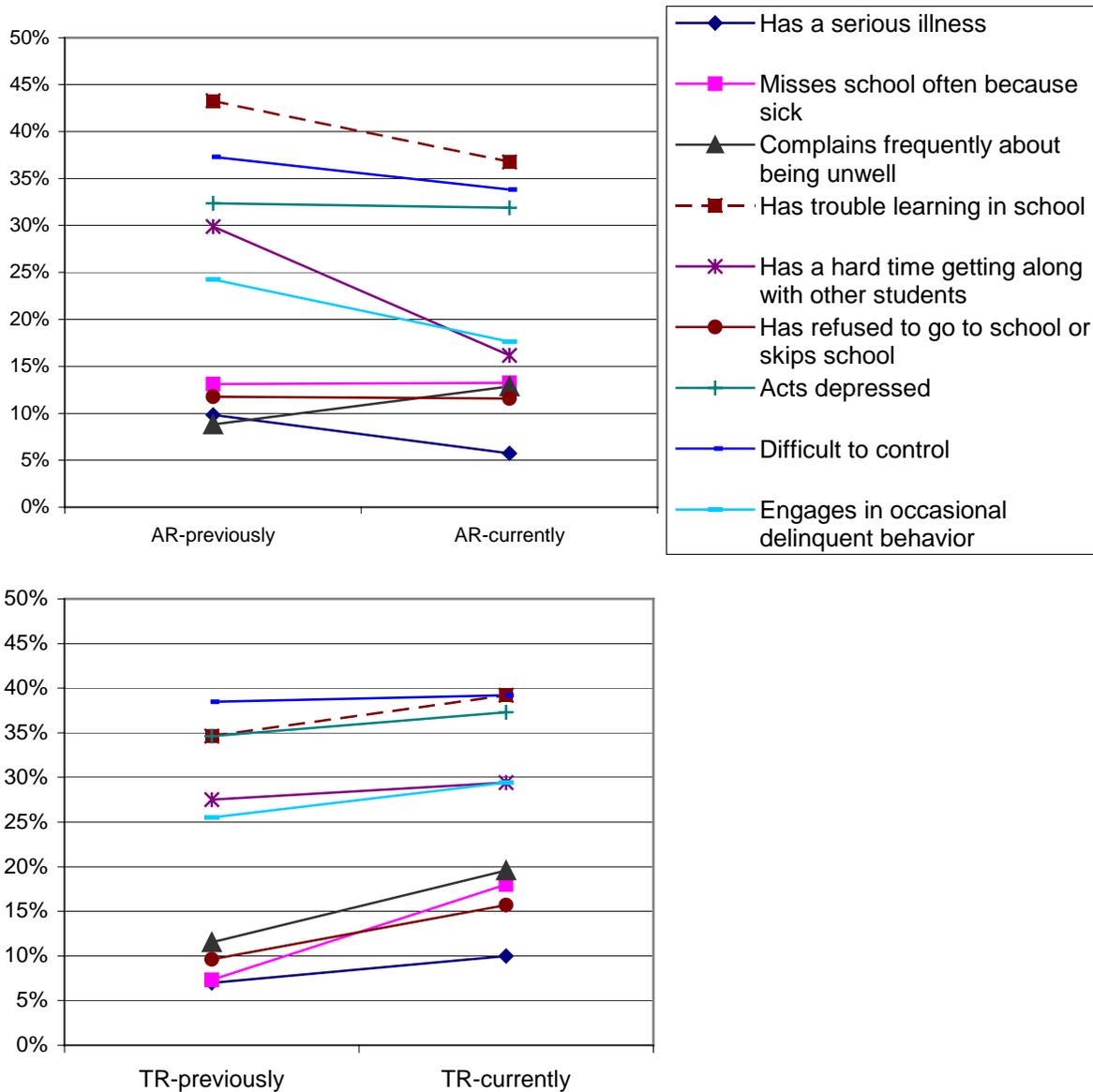


Figure 4.4. Percent of Families that Reported their Children had Specific Problems

It would be a mistake to make too much of these data. They can, at best, only be considered indicative of what may be happening in the lives of families and children who once made up CPS caseloads. On their own their validity is questionable. They are included in this report only because they are consistent with and supportive of major impact study findings and because they are the only source we have at this time of the voice of the families.

Chapter 5 Cost Analysis

Part of the 2004 evaluation of the Minnesota Alternative Response pilot project involved a cost analysis. This was an important part of the study because of the nature of the AR pilot, which placed emphasis on a set of child protection cases that have traditionally received little attention and few of the precious service dollars available in a system with limited resources. At the time the pilot project began, conventional wisdom and most state child protection systems advised that funds should be spared for truly critical cases.

We know from the impact study of the 2004 evaluation, and now from the longer-term follow up of cases, that introducing the Family Assessment Response approach has had a positive effect on the recurrence of child maltreatment—thinning the stream of families and children that reappear on CPS caseloads. The next question is: At what cost? It may be possible to build a better service system, one effective in achieving the system’s goals, but it may be prohibitively expensive. This analysis was designed to answer the cost question.

5.1. Design

The design of the cost study was relatively simple and straightforward. It involved the aggregation of two types of costs, those for purchased services and those for social worker time, for a sample of experimental and control families across two time periods, an initial contact period and a follow-up period. The first contact period extended from the time there was an initial maltreatment report involving a family until CPS intervention was discontinued. The follow-up period began at the point the first ended and continued throughout the time available for data tracking. During the first period there were certain costs associated with each family in the study population, whether experimental or control. At a minimum, there were costs related to staff time to conduct the initial family assessment or investigation. There may also have been costs to pay for on-going case management and for services provided. There would have been costs associated with the follow-up period for any family on which there had been a subsequent maltreatment report after the initial case had closed and the county child protection system had again become involved with the family.

5.2. Study Sample and Time Periods

The cases⁶ in the present analysis are the same as those in the cost analysis conducted in the evaluation of the Alternative Response demonstration. The cost study sample for the

⁶ The term “case” here refers to the “research case” as defined in the previous chapter, that is, only to a family unit that forms part of the study population. It does not refer to the CPS designation of formal CPS service case status,

evaluation mirrored the sample design of the impact study. That is, the same proportions of experimental and control cases were drawn from the 14 impact-study counties. The sample consisted of 598 families, 299 experimental and 299 control. These families were selected randomly from among those in the original study population whose contact with the child protection system began between July 1, 2001 and December 31, 2002, and ended by June 30, 2002. The previous cost analysis tracked costs associated with these families through September 30, 2003—a follow-up period that ranged from a minimum of 9 months to a maximum of 26 months. In the extended follow-up, costs were tracked through March 31, 2006, which lengthened the follow-up period an additional 30 months. Accordingly, the tracking for the present analysis ranged from a minimum of 39 months to a maximum of 56 months. Across all families in the study sample, the mean length of the initial CPS contact period was 85 days and the mean length of the follow-up period was 1,365 (an additional 912 days from the previous cost analysis).

5.3. Data Sources

Costs related to purchased services were obtained from county bookkeepers. Costs related to staff time were derived by combining data from two sources, one which shows time spent by workers with families and one which provides the hourly cost of workers' time. Workers log time spent with specific families into SSIS. Costs associated with worker time are available through quarterly SEAGR rate reports that counties submit to the state. These hourly rates, which vary from county to county and from one quarter to another are needed and used by the state for cost allocation analyses across programs. By combining hourly log data and county SEAGR rates for specific periods, we were able to calculate the cost of staff time for each case in the sample for specific time periods.

5.4. Cost Data

Table 5.1 shows the cost data for the 13 impact study counties from which complete data were available.⁷ The data in the cells of the table are average (mean) costs associated with the two study groups by cost type and by period.

The table shows that mean service costs for the initial contact period was \$342 for experimental cases and \$180 for control cases. This means that for every \$1.00 spent for services for control families, \$1.90 was spent on experimental families. This was made possible through funds provided by McKnight Foundation and the state legislature and was consistent

which, in Minnesota, means that a case management workgroup was opened. As used here, therefore, a case may involve any family on whom a CPS assessment is completed whether or not a subsequent formal service case was opened.

⁷ We were unable to obtain data from Ramsey County on the cost of purchased services for the study sample, and costs from this county are excluded from the analysis and not included in either table in this section.

with the objective to provide assistance to families who might not receive them through the traditional manner of intervention. Cost for staff time was similarly greater for experimental families than control families indicating that social workers spent more hours working with AR/FAR families during the initial contact period. Total costs for experimental families averaged \$1,142 compared to \$905 for control families.⁸ The \$237 cost difference might be seen as the per-family investment cost of additional prevention services provided to experimental families.

Table 5.1. Mean Costs Associated with Sample Families in 13 Impact Study Counties

Cost Type & Group	Initial Contact Period	Follow-up Period	Total
Service Costs			
<i>Experimental</i>	\$342	\$674	\$1,016
<i>Control</i>	\$180	\$1,534	\$1,715
Staff Costs			
<i>Experimental</i>	\$800	\$1,873	\$2,672
<i>Control</i>	\$725	\$2,527	\$3,253
Total Costs			
<i>Experimental</i>	\$1,142	\$2,547	\$3,688
<i>Control</i>	\$905	\$4,062	\$4,967

The costs during the follow-up period and total combined costs show that the investment was worth making. During the follow-up period, the mean costs of both additional staff time and purchased services were less for the experimental group. The difference was substantial enough to offset the greater upfront investment costs during the initial contact period. During the follow-up period, for every \$1.00 spent on the experimental group, \$1.59 was spent on the control group. From the beginning of initial contact with families through the end of the present follow-up, control families cost the system 35 percent more.

Table 5.2 splits costs during the two follow-up periods, the one from the previous analysis (which ranged from 9 to 26 months) and the additional 30 months that were included in the extended follow-up. As can be seen, the difference in costs between the two groups holds up during the extended tracking period. This can be seen more clearly in **Figure 5.1**.

⁸ Service and staff costs during the initial contact period reported here are higher for both groups than those reported in the 2004 Evaluation Report. This is because data is now complete and more accurate for that earlier period.

Table 5.2. Mean Costs Associated with Sample Families with Follow-up Costs Split by Tracking Period

Cost Type & Group	Initial Contact Period	1st Follow-up Period	2nd Follow-up Period	Total
Service Costs				
<i>Experimental</i>	\$342	\$294	\$380	\$1,016
<i>Control</i>	\$180	\$1,035	\$499	\$1,715
Staff Costs				
<i>Experimental</i>	\$800	\$536	\$1,336	\$2,672
<i>Control</i>	\$725	\$742	\$1,785	\$3,253
Total Costs				
<i>Experimental</i>	\$1,142	\$830	\$1,716	\$3,688
<i>Control</i>	\$905	\$1,778	\$2,284	\$4,967

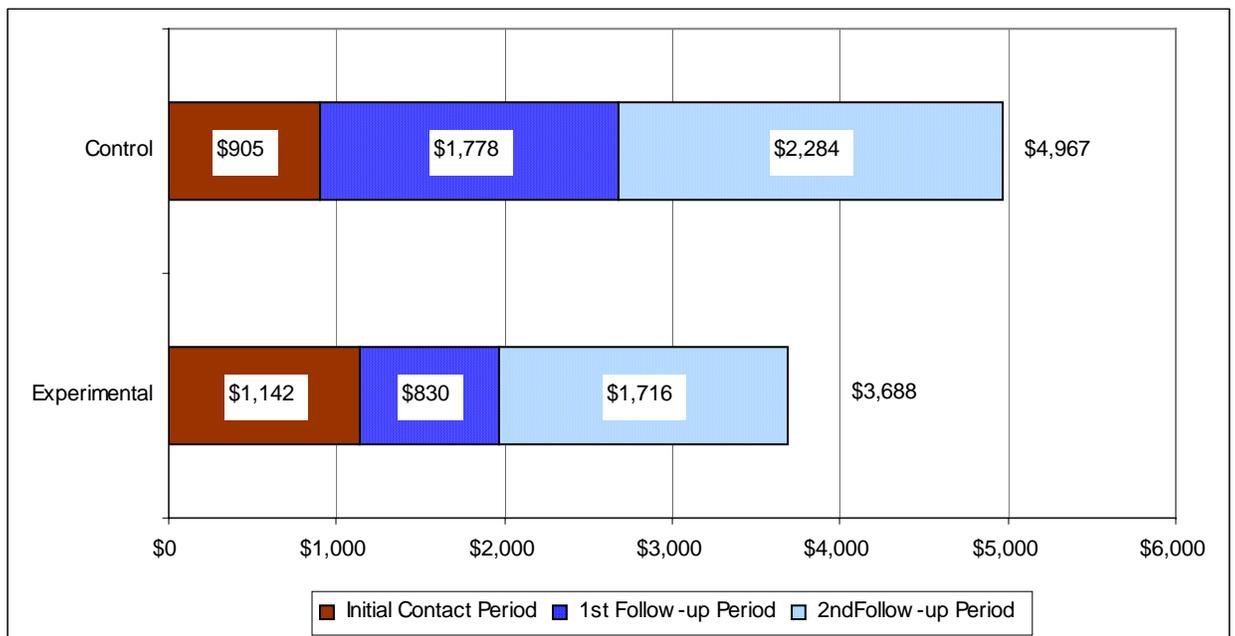


Figure 5.1. Mean Initial and Follow-up Costs of Experimental and Control Families

This analysis shows that the Family Assessment Response approach is both cost effective and cost beneficial. It would be cost effective even if total long-term costs between the two groups were equivalent, because the impact study found the approach more frequently attained fundamental CPS goals. Thus, goals were achieved more frequently and costs did not rise. More than this occurred, however. System costs actually declined as outcomes improved. Were a full cost-benefit study carried out, in which added benefits to the public and the families were included—benefits suggested by feedback from families, including improved family stability and income and reduced reliance on public assistance—a fuller picture would be seen of the return that can be expected from investment in the Family Assessment Response approach.

To return to a point made in the preface of this report, these results should not be viewed as easily attainable. This project has demonstrated that they can be achieved, but not by wishful thinking or the renaming of traditional practices. Success in the Minnesota project has come at the cost of solid planning, on-going staff training and support by state and county administrators, the hard work of social workers, and because of the commitment of social workers and administrators alike to the new program model and the financial assistance of the McKnight Foundation and the Minnesota State Legislature.