

## ***Annual Process Study Report-Intensive Services Component Wraparound Sub-Study***

This portion of the report describes Process Study findings from the Wraparound study in five counties—Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo—from April 1, 2001, until March 31, 2002. By the end of this project period, 269 children were actively enrolled in the Wraparound experimental group with 46 cases considered closed, while 144 children were enrolled in the comparison group with 17 cases considered closed.

### *Methods and Procedures*

In-person focus groups were conducted in Alameda, Los Angeles, and Sacramento counties using a semi-structured group interview format. Telephone focus groups were conducted with Humboldt and San Luis Obispo counties using the same format. The interview questions developed by the UCB evaluation team, following the Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines, can be found in **Attachment 1**. The questions explore the implementation of Wraparound, including the target population, services provided, staffing, supervision and monitoring, attitudes, implementation difficulties, funding, and contextual issues (client and community characteristics; county, state, and federal government characteristics; political factors; economic factors; evaluation factors).

Prior to the focus groups, county representatives were informed of the purpose and nature of the discussion and provided the interview questions for review. County representatives were responsible for organizing the group of individuals that would participate in the focus group. At the beginning of the focus group, all participants were made aware of the purpose and nature of the discussion, and asked to read and sign a consent form allowing their participation. All focus groups were recorded on audiotape, and in all focus groups notes were taken by UCB evaluation staff. Key points and issues were extracted from these notes and summarized in this report.

Los Angeles's focus group was conducted on November 16, 2001 and consisted of two 2-hour sessions. The first session focused on direct service workers from both the county and outside agencies. The second session included agency directors and senior staff from the county. Alameda County's focus group was conducted on November 29, 2001 and was divided into two 2-hour sessions. This allowed a range of participants from collaborating agencies and the county. Sacramento's focus group used a similar format and was conducted on December 17, 2001. Public and private agency representatives attended both sessions. San Luis Obispo's focus group was conducted through a conference call on February 20, 2002. There was one two-hour session, which included county representatives and the county's one outside provider. Both administrative staff and direct service staff participated in the phone conference. Humboldt's focus group also was conducted through a conference call, which took place on February 21, 2002. Since Humboldt's program does not involve any outside providers, only county representatives participated. Consistent with the other focus groups, both administrative and service staff participated.

The following provides process study results, aggregated across the five participating counties. Information from each individual county can be found in **Attachment 2**.

## *Key Features and Implementation Status*

Target Populations: The five counties participating in the project are targeting children in RCL 12-14 group homes; two counties also are targeting children in RCL 10-11 group homes. This is a change in emphasis from the previous process report: one county has refocused its attention on children in RCL 12-14 group homes. All children in the project are involved with the child welfare system; three counties include children involved with their county's probation system. Counties also targeted children at-risk of entering high-level (RCL 12-14) group homes.

Several counties reported using more explicit criteria, including behavioral problems or a pending crisis, to determine which specific children would be enrolled. Representatives from one county indicated that a strong commitment by the family or caregiver, a strong commitment by the child, and the child not being potentially violent were selection criteria. Representatives from another county agreed with the importance of a strong commitment by the caregiver and child, and included that the caregiver commit to treatment efforts if currently coping with substance abuse. Staff from a third county felt that their criteria were not explicit enough and that the individual doing the intake, as well as how familiar that person was with the program, determined who was presented as a candidate for enrollment.

Counties representatives generally agreed that it was not absolutely necessary to have a caregiver identified and committed to the process in order to enroll a child in Wraparound. One county reported that child welfare workers often misunderstand this and do not refer children to Wraparound who do not have an identified family member or caregiver. County representatives indicated that one of the primary jobs of Wraparound is to identify someone to participate in the program, whether it is a family member, extended relative, foster care parent, group home worker, or any other caregiver.

Characteristics of Service Delivery System: Many of the basic components of the service delivery system in each county are the same, despite a considerable amount of variability in the specific areas of program implementation. County child welfare agencies are involved in all five counties. County mental health agencies and probation departments are actively involved in several counties. In two counties, the mental health department has been designated the lead organization for the county's implementation. One county's project is led by its child welfare agency, and the remaining two counties have devised a more integrated leadership structure. Private service providers have contracted with the public agencies to provide Wraparound in all but one county. In the fifth county, the public child welfare agency is also the Wraparound provider. Private provider agencies play a major leadership role in two of the counties implementing Wraparound.

County staff reported using a similar multi-step process for bringing children and families into the project. A child is usually referred to a county's project by a child welfare worker or, in some cases, a probation worker. The referral is subject to a screening process determined by the county to determine eligibility. The process is more formal in some counties than in others. In the majority of counties, a collaborative screening committee normally comprised of a variety of children's services agencies (e.g., child welfare, probation, mental health, education, community-

based organizations) determines a child's eligibility for the project. In one county, the screening committee includes parent representatives. If the child is deemed eligible, the referring professional or designated program representative contacts the family to discuss the program and secure consent for participation. Identification and eligibility information and consent documentation are then sent to the UCB evaluation staff for random assignment. UCB evaluation staff relay the group assignment information to the county and the child's child welfare worker is notified. Service provision continues for children in the comparison group, though counties have moved to provide children in the comparison group with as "Wrap-like" services as possible. In the case of a treatment group assignment, the next step varies based on the number of wraparound providers within a county: in the three counties with multiple wraparound providers, an internal process takes place to determine who will provide Wraparound to the newly enrolled child. In the next step, provider agencies begin attempts to contact identified family member(s) to establish a connection, and to begin services if there is a crisis to be stabilized or to start planning for a meeting. In general, counties indicated that cases were referred to a provider agency and initial contact attempts began within 48 hours of random assignment notification. There is general agreement among counties that service provision begins with the first attempted family/caregiver contacts.

All five counties use a child and family team (CFT) approach as their model for service delivery. CFTs consist of the child and family, professionals, and anyone else that the child and family deems important to the process. The concept of family is broad in this instance. Family may include biological parent(s), extended family relations, foster parent(s), adoptive parent(s), social worker, group home worker, or anyone else the child identifies as family. Professionals include the team of staff from the provider agency as well as the child welfare worker and/or probation worker. Additional professionals such as the child's therapist also may be part of the team. Additional team members may include concerned friends and neighbors, clergy, school teachers, doctors, and business owners. Ultimately it is up to the child and family to determine the necessary additional members. One county explained that families often have a difficult time identifying additional team members at the beginning, but that the membership often grows as families realize potential resources.

The characteristics of a case determine the first provision of services beyond contact phone calls and the first meeting of the CFT. Generally, the CFT works to bring together individuals deemed important to the family to assess family strengths and needs, to develop a safety/crisis plan, and to develop a case plan to achieve child and family goals. Counties indicated that the first CFT meeting occurred sooner—within a week of provider notification—if the child/family are in crisis, or later if the child/family situation is stable. Time of the first meeting varied by case due to additional factors such as family availability and receptiveness to the process. Services are a mix of formal and informal and vary in type depending on the plan developed by the CFT. Services fall under the categories of concrete services, therapeutic services, and case management services. Each county has a small flexible fund of dollars that can be used to purchase needed goods or services on short-notice and a corresponding procedure for disbursement. Requests that exceed a certain dollar amount (e.g., generally \$300) or are on-going in nature (i.e., rent supplement) require a more stringent review. In all cases, counties reported that they review other avenues for meeting the need prior to the disbursement of funds.

As the project's implementation has continued, the issue of defining a closed case has arisen. Defining a closed case for the comparison group is primarily the same in all counties: if a child in the comparison group is emancipated or their dependency ends, the case is considered closed. Several counties reported that they are still struggling with how to define a closed case for children participating in Wraparound. Wraparound cases may close for a variety of reasons. A case may close because the needs of the family have been met as decided by the child and family and/or the Wraparound team. The referring worker may also initiate termination, though the conditions under which this occurs have not been clarified. Cases also may be closed if the child has not had contact with the agency for several months, due to AWOL status, psychiatric hospitalization, or juvenile hall. These decisions are made on a case-by-case basis by counties. Their reentry into the study after having been closed is made on a case-by-case basis between county representatives and UCB evaluation staff. In one county, Wraparound is continued even if the child's county dependency status is terminated.

County estimates of length of Wraparound treatment varied, falling between one year and two and a half years. The variability is due to the individualized nature of Wraparound, making it difficult for counties to standardize or estimate treatment length. In the county using a managed care fiscal model, service provision will continue until the end of the project, even if the child's dependency ends, providing some children with a treatment length of approximately four years.

Enrollment Status: Enrollment status was determined on February 28, 2002. The information is contained in table form in **Attachment 3**.

In Alameda County at the end of this reporting period, 139 children are enrolled in the treatment group and 66 children are enrolled in the comparison group, with 13 closed cases in the treatment group and 7 closed cases in the comparison group. One hundred ten children in the treatment group and 66 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 22 children enrolled in the study in Alameda County, averaging approximately 4 enrollments per month.

In Humboldt County at the end of this reporting period, 6 children are enrolled in the treatment group and 2 children are enrolled in the comparison group, with 1 closed case in the treatment group and 1 closed case in the comparison group. Seven children in the treatment group and 3 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 2 children enrolled in the study in Humboldt County.

In Los Angeles County at the end of this reporting period, 30 children are enrolled in the treatment group and 16 children are enrolled in the comparison group, with 2 closed cases in the treatment group and 2 closed cases in the comparison group. Twenty-eight children in the treatment group and 17 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 13 children enrolled in the study in Los Angeles County, averaging approximately 3 enrollments per month.

In Sacramento County at the end of this reporting period, 90 children are enrolled in the treatment group and 59 children are enrolled in the comparison group, with 28 closed cases in the treatment group and 5 closed cases in the comparison group. One hundred two children in

the treatment group and 61 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 32 children enrolled in the study in Sacramento County, averaging approximately 6 enrollments per month.

In San Luis Obispo County at the end of this reporting period, 4 children are enrolled in the treatment group and 1 child is enrolled in the comparison group, with 2 closed cases in the treatment group and 2 closed cases in the comparison group. Six children in the treatment group and 3 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 1 child enrolled in the study in San Luis Obispo County.

Attitudes toward Implementation: Counties reported mixed attitudes among public agency staff toward the implementation of Wraparound. Attitudes of direct service staff in the counties have ranged from complete support, to hesitation about the intervention, to complete rejection of the project. County representatives suggest that a higher proportion of county child welfare workers seem to favor the program than reject it. Support for the program has increased as child welfare workers see positive results from Wraparound cases. Public agency supervisors and administrators also have varied responses to the program. Counties reported that some administrators have fully embraced the program, while others are wary given the lack of outcome data. In one county, there is some concern among administrators regarding the fiscal model being implemented. Several counties reported that their county had experienced a shift in philosophy that is supportive of Wraparound and other family-oriented programs. One county reported that the County Board of Supervisors and agency directors have embraced the program, but that they do not fully understand the time and work commitment involved to make it a success.

Implementation Difficulties: Counties reported that they have encountered an array of difficulties as they have implemented their programs: some of the barriers affect multiple counties; others are unique to a specific county. All counties indicated that the paradigm shift required to comprehensively implement Wraparound continued to present barriers to implementation, although vast improvements had been made as the implementation progressed. The basic tenets of wraparound (e.g., strengths-based, community-based, individualized services), while similar to other innovative programs being implemented in counties (e.g., intensive family preservation services, family group conferencing), have not been fully institutionalized. Generally, the necessary core group in any given county has embraced the innovation; encouraging everyone involved in the implementation of wraparound to embrace the change required continues to be an on-going process.

While counties reported improvements in overcoming organizational and departmental barriers such as philosophical and technical differences, some counties reported difficulties related to county child welfare workers. Issues included tensions around shared decision making with private providers, different cultures between participating agencies, the time intensiveness of Wraparound, and concerns about child safety issues. Large caseloads, tremendous paperwork responsibilities, and other work leave little time for county child welfare workers to refer cases to Wraparound or become involved in the Wraparound team process.

Staffing continued to be an implementation issue for participating counties. County respondents consistently noted staffing issues as one of the main barriers to implementation, citing the extreme difficulty they experience in finding qualified people, particularly at the master's level, and adequately training them to provide Wraparound. Training requires a significant time and resource investment. Additionally, staff trained in previous service models may have difficulty adopting the Wraparound philosophy. Staff turnover is common making it difficult for agencies to establish a stable staffing structure.

An additional difficulty with implementation has been marketing the program to a wide enough audience to get full support. In most counties, only a percentage of county workers are familiar with the program and routinely refer clients. High rates of county staff turnover results in a loss of staff maturity regarding the project and that the education process does not develop past a more introductory level. Representatives from one county reported that providers of traditional programs might feel threatened by the Wraparound program and create a barrier to its implementation. Generally, counties agreed that further education was needed to gain full support for the program and create an understanding about the resources required to make it effective.

### *Organizational Aspects*

Supervision and Monitoring: Supervision and monitoring of any given county's implementation continued to be conducted primarily through meetings among the various project participants. In general, counties reported that a more formalized meeting structure had developed over time to monitor and supervise implementation. Three counties reported using a highly formalized arrangement that involved line-staff receiving individual and group supervision within their organizations, public and private agency management staff involved with implementation meeting weekly or bi-monthly to oversee general operations, and a policy/systems-level group meeting monthly to address larger policy issues. Additional public and private agency individuals were included in meetings as needed. The two remaining counties, due primarily to their size and complexity of their implementation, reported using a less formal—though organized and systematic—structure to oversee implementation of the project. All counties continued to use impromptu meetings and informal discussions as needs dictated.

Supervision and monitoring of a county's implementation, as it related to children and families participating in the project, focused almost exclusively on children and families receiving Wraparound; little monitoring was done of children in the comparison group. Counties again reported that a more formal structure had developed over time to monitor enrollments and the progress of children in the project. Monitoring typically involved tracking each child's status in the program, but not assessing program outcomes beyond those identified in the child and family's service plan. Monitoring of child and family progress primarily was the responsibility of the private service providers in the four counties using a public-private model. County representatives reported strong involvement in that process from the public agency partner in three of the four counties. Two counties reported having established internal evaluation processes reviewing model fidelity and a number of client related outcomes, including clinical outcomes and client satisfaction. One county mental health department reported using monthly selected chart reviews to monitor child progress and program implementation. Several counties

reported that they do not have the staff or capacity to comprehensively monitor the implementation of their program as it relates to children and families, and therefore lack the necessary information to assess their program's process and effectiveness.

Staffing Structure: Four of the five counties continued to contract with private agencies to provide Wraparound to children and families. In three of those counties, three private agencies provided Wraparound (in one county, representatives were negotiating contracts with several new providers due to an expansion of county areas involved in the project). The fourth county has contracted with a single Wraparound provider. In the fifth county, public agency staff provide Wraparound to children and families.

All of the counties use a team approach to providing Wraparound. Teams vary in exact membership, but generally include an M.S.W. level facilitator/team coordinator, a B.A. level family specialist/community resource specialist, and a non-degree family partner/support counselor(s). Several providers employ a static team approach where individuals work as a team all the time, while other providers form teams based on the positions. In other words, in the latter model, the same team members do not necessarily have a common caseload; in the former, they do.

The facilitator/team coordinator (FTC) is responsible for case management and coordinating the team of professionals, and provides the point of contact for the child's child welfare worker, who retains legal responsibility for the child. In one county, the facilitator works with the county social worker to manage the case; however, in the remaining counties, case management is performed by the FTC, excluding writing court reports and representing the family in court. The FTC also may do clinical work with the child or family, unless the child and/or family have a relationship with a therapist. In one county, an FTC from another team serves as the meeting facilitator to provide a level of independence and objectivity, allowing the family's FTC to focus on safety and service plan development tasks. Clinical program managers typically supervise the facilitators.

The family or community resource specialist is responsible for working to build relationships with the community and improve the family's access to resources. The family partner or support counselor serves as an advocate for the family, often spending time with the child and/or family providing direct support and modeling various activities. Therapists, doctors, paraprofessionals, teachers, clergy, and neighbors also may serve as part of the CFT. The county child welfare worker also is a member of the team, though he or she may not be able to attend all meetings.

The need for staff training is a continual concern for counties and the process has evolved over time. In the most comprehensive approach (used in several counties), staff training includes an intensive several-month process that involves education, practice, and shadowing experience. The majority of counties have developed an initial training that partners a new staff member with an experienced staff member. Counties routinely conduct in-house trainings for new and existing Wraparound staff, as well as send staff to trainings offered by the CDSS or community groups. One county noted the dearth of trainings geared to a more advanced Wraparound staff, an increasing problem as the program matures. County representatives agreed that finding and retaining good staff is another major staffing challenge for their programs. In one county, a

program using B.A.-level FTCs is being piloted in one of the provider agencies because of the scarcity of job applicants with M.S.W. degrees.

Funding: County representatives reported that the non-categorical nature of funding for Wraparound has placed a burden on the fiscal and eligibility staff in county child welfare agencies, while at the same time providing an opportunity to forge new relationships. Fiscal barriers and problems within each county have improved. None of the counties reported that their staff had a complete understanding of cost-neutrality and its calculations.

Representatives from the county implementing a managed care fiscal model expressed concern that they had not adjusted the rate of funding for children in Wraparound due to slow implementation of their fiscal process. In addition, public agency staff were concerned the model does not provide incentives for providers to exit children and families from the project. Other counties noted general difficulties with processing funding for Wraparound children, since the process differs substantially from regular categorical funding streams.

County representatives reported accessing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds to provide mental health services to children in Wraparound and the comparison group. One county reported difficulty accessing those funds for their comparison group due to space availability while another reported difficulty due to problems in their relationship with their mental health department. Several counties also report using funds from CalWORKs and MediCal for Wraparound children. In general, counties reported using categorical sources to serve children in the comparison group (with the prominent exception of EPSDT noted earlier). Counties indicated that the biggest difference in funding for the two groups is the availability of flexible funding dollars for Wraparound children.

Flexible funding pool requests of small dollar amounts (under a few hundred dollars) were allocated to agencies to use at their discretion, although the exact process by which funds are allocated differs from county to county. Larger monetary sums are allocated by agency directors or by a collaborative county/agency team.

Services Provided: County staff indicated that children in both the experimental and comparison groups receive standard child welfare services. Children and families in the experimental group receive additional services through Wraparound that vary based on the individual needs and goals of the child but always include intensive case management, on-going child and family team meetings, and access to a flexible pool of funding. Examples of additional services include one-to-one shadowing services, tutoring services, respite care, educational or recreational trips, and music lessons. Several counties indicated that children in the comparison group receive almost as many services as children receiving Wraparound, through the use of county-specific intensive services. One county reported that comparison group services included a family unity meeting—similar to the CFT meeting—and one-to-one shadowing services.

### *Contextual Factors*

Social (client, community): County staff indicated that clients and communities participating in this project face a variety of problems that impede service delivery. Poverty, behavioral issues,

and the propensity for child/family crises, along with the difficulty of identifying caregivers/family members to participate in Wraparound continued to impact the counties' work with children. Three counties spoke of the difficulty of providing a program to adequately reach families of varied ethnic and cultural backgrounds, although one county has overcome this barrier by hiring bi-lingual multicultural staff. Representatives from two counties stressed the negative impact of drug abuse among clients, exacerbated by the lack of accessible treatment as a major impediment to the program. Representatives from another county mentioned the difficulty that the program has in reaching families that are involved in the probation system.

Community problems such as gangs, lack of public transportation, high unemployment, and lack of available housing create problems for the families being served. A shortage of crisis centers, mobile crisis support, and substance abuse programs also are cited as community limitations. Counties with rural areas said access to services was particularly difficult for clients living in more remote areas. One county mentioned the community culture of raising marijuana as a particular problem for implementation. In addition, the program has faced some opposition when trying to build resources in the community. Representatives from another county said that the lack of foster homes in the community created a significant problem when trying to move children to a less restrictive living environment.

Staff from a number of counties cited churches, faith groups, community mentors, non-profit organizations, and local businesses as resources for their program.

Institutional (County agencies, CDSS, DHHS): Institutional factors played an important role in the implementation of the Wraparound program. Two counties noted that there has been a shift in the overall philosophy of child welfare within public agencies, focusing more on family strengths and "best practices." In one county, representatives reported some difficulty in achieving consensus on exactly how different aspects of Wraparound would be implemented, but have found a strong commitment to improving programs to increase child safety. Staff from another county indicated that a strong commitment to the program existed, but that it was difficult to get that support translated into action. Representatives from one county felt that Wraparound did not receive enough prioritization and commitment at the county level. In general, county staff agreed that further education and training was needed to help people to better understand this program. Several representatives across counties reported that an asset of the Wraparound program was its use of collaboration between the agencies, and support from high-level administrators within these agencies. County representatives, in general, felt that the program was well regarded. However, some county representatives felt that the expectations of what Wraparound could achieve were too high. Additionally, representatives from one county noted that their county agency's non-implementation of a state workload study recommendations resulted in large caseloads and little time for child welfare workers to participate in the Wraparound process.

Representatives from several counties noted the importance of the CDSS's support and involvement for implementation. Counties felt that the CDSS played a positive role; however, a number of counties noted that there were some areas in which they wanted more assistance. One county specifically addressed the impact of turnover at the CDSS and its unhelpful impact on implementation. Counties cited the CDSS's lack of support on training for Wraparound's fiscal

model as an implementation barrier as it related to cost-neutrality requirements. One county noted that their currently strained relationship with the CDSS has made implementation difficult.

Counties mentioned a number of factors at the federal level that impact implementation of the program. The exclusion of undocumented children from the demonstration project and the fact that federal dollars cannot be used for training were both mentioned as barriers to implementation. Counties agreed that the federal funding structure makes it difficult for agencies to provide services. County representatives also felt that the waiver extension request requires significant attention at all institutional levels to ensure its approval.

Political: Political factors have impacted implementation in several counties, although, in general, counties felt that Wraparound received tremendous political support. Counties mentioned that the support of judges, Boards of Supervisors, and child advocacy groups have all had a positive impact on implementation. In two counties, however, the support of the Board of Supervisors was contingent on the project remaining cost-neutral. Counties also indicated that county regulations influenced the implementation of the program. In one county, the county District Attorney's requirement that families with children in foster care reimburse the county for the cost of placement had a serious impact on already impoverished families.

Counties also noted state and federal political factors as important to the successful implementation of the program. First, several counties noted the negative impact of state budget cuts on implementation. Second, one county mentioned the President's faith-based initiative as a positive influence on the program through partnerships between the community and churches.

Economic: Counties did not comment extensively on the impact of the economy on the implementation process. However, several counties noted the lack of available individuals with master level education for jobs in Wraparound, which may be attributable to a healthy economy. In addition, one county did note that the timing of implementation was fortunate, since implementation had begun during good economic times, that starting the program under current economic conditions (i.e., recession) would be significantly more difficult. Another county indicated that the lack of adequate funding for group homes affected Wraparound implementation: ineffective group homes put more children at risk of higher placements, therefore increasing the eligible population.

Evaluation: Finally, counties reported severe reservations regarding the evaluation's random assignment requirement and indicated it had limited enrollments into the project and impacted initial implementation. Three counties reported that evaluation data collection requirements had little impact on their ability to implement their Wraparound program; however, two counties indicated that the evaluation had been a burden on county staff, creating additional work. One county also mentioned that they felt the evaluation should track children longitudinally (past the demonstration project end-date) to truly measure the Wraparound's success.

## ***Annual Process Study Report – Intensive Services Component, Family Conferencing Sub-study (ISFC)***

Information in this *Annual Process Study Report* for the Title IV-E Waiver Intensive Services – Family Conferencing Sub-study (ISFC) covers the implementation period from April 1, 2001 to March 31, 2002.

Two counties remain in the study at this time: Fresno and Riverside.

Process study data collected during this period and discussed in this report include: (1) the April 2001 ISFC Consortium Meeting; (2) focus groups conducted during site visits in Summer 2001 with county program staff; (3) focus groups conducted with county direct service staff in Winter 2001-2002; and (4) a synthesis of data regarding the benefits and challenges associated with the experimental intervention, collected during administrative and line staff focus groups during the current year period, as well as line staff focus groups in Winter-Spring 2000-2001; (5) direct observations of family conferences conducted by the evaluation team in Winter 2001-2002. Themes extracted from the data collected during each of these activities are discussed, in turn, below.

### *ISFC Consortium Meeting*

The fourth annual *ISFC Consortium Meeting* was convened by CDSS on April 24, 2001 and was attended by program, fiscal and line staff from Fresno and Riverside counties, CDSS Waiver staff, and UC Berkeley evaluation team staff.

Members of the evaluation team took notes throughout the meeting. These notes were subsequently compiled and key themes were extracted and summarized. Copies of the Consortium Meeting summary were sent to all Consortium participants for review and comment via the ISFC electronic mailing list. The final version of the Consortium Meeting summary is included in **Attachment 4**.

Consortium Meeting topics included CDSS presentations on cost neutrality and fiscal claiming, county implementation updates and ongoing implementation challenges and potential solutions. Among the problems and solutions discussed were ongoing efforts to address slower than expected enrollment rates in both counties and staffing challenges.

Enrollment issues: As of the April 24, 2001 Consortium Meeting, both counties had made changes to their enrollment criteria in an effort to increase the pool of potential Waiver cases. One county had softened the limits on enrolling parents with a history of substance abuse in their voluntary in-home services-based program. The other county had lowered the minimum age for child participants from age four to two in their program focused on increasing placement stability and timely permanence. In addition, the county's focus on children placed with non-related caretakers had shifted to include children placed with relatives. For children who could not be placed with relatives, the minimum number of pre-placement matches between the child and available non-relative Waiver program caretakers who could serve as the child's permanent placement was reduced from four to two.

In addition, the need to coordinate with other agency divisions to conduct enrollment procedures and begin serving cases had raised challenges for both counties. In one county, program staff reported that cases that had been screened and enrolled in the Waiver project frequently took more than one month to exit the agency's Emergency Response unit and formally be assigned to a Waiver program social worker. Thus, cases were enrolled for a period exceeding 30 days before the full range of Waiver services could be initiated. In the other county, active efforts were underway to coordinate with Emergency Response staff responsible for screening new agency referrals in order to identify the maximum number of families appropriate for Waiver enrollment. This county also had plans to increase the number of Waiver staff trained to screen cases in order to ensure that a member of the Waiver staff was available to attend ongoing Emergency Response staffings regarding the disposition of cases.

Staffing challenges: Both counties reported on a number of staffing issues that were having an impact on program implementation. In one county, a new Assistant Director had recently been hired and staffing changes affecting the Waiver program's conference facilitation resources had been initiated by agency management. Further staffing changes were anticipated as the County Board of Supervisors was meeting the same day to consider a proposed reorganization for the county Department of Public Social Services. Two additional social workers had been added to this county's Waiver program, while one was expected to leave the program voluntarily (due to a promotion). Despite the net gain, program staff in this county were eager to ensure that agency management was made fully aware of the Waiver program goals and implementation requirements as a strategy to ensure future adequate staffing. Some apprehension on the part of Waiver staff regarding future staffing levels was due to the fact that line staff dedicated to the Waiver drew down only half as much caseload-based funding from the state as non-Waiver workers, due to their caseloads being half the size of the standard caseload. Plans were laid at the Consortium Meeting for CDSS, county staff and the evaluation team to collaborate to address the areas that could be impacted by seeking clarification regarding state policy and outreach to the county's upper level management. The other county had recently hired a new Deputy Director, who was expected to oversee the Children and Family Services Division, until such a time as a new director for this division could be hired. This county expressed confidence in continued support for the Waiver program from upper level management, but was also grappling with resource issues at the line staff level. This county's Waiver program primarily employed line staff with an undergraduate-level education and staff reported that a large number of the current workers were expected to leave the agency in Fall 2001 to pursue graduate-level training. Thus, the county was faced with the challenging task of recruiting additional workers who had

some experience in working with the high-risk population served under the Waiver program. Staff in this county were preparing a formal presentation regarding the Waiver program design to be used to educate the new agency administration.

### *Focus Groups with County Program Staff*

Focus groups with county program staff in Riverside and Fresno counties were conducted to collect data for the Process Study on July 23, 2001 and August 27, 2001, respectively. Program staff attending these groups included agency subdivision managers, ISFC program coordinators, family conference coordinators and facilitators, and child welfare staff supervisors. Each focus group lasted approximately 2 hours.

Similar to previous focus groups conducted for the ISFC, interview questions for the focus groups were developed by CSSR evaluation team staff, following federal guidelines for the IV-E Waiver Process Study. The interview schedule (**Attachment 5**) contains items exploring (1) the organizational structure of family conferencing programs, including implementation strategies, program oversight and monitoring, problem resolution, staff acceptance and staffing structure; (2) service factors within each agency, such as characteristics, roles, and training of staff, type and duration of services offered, and timelines and scheduling of program services; and (3) contextual factors, including social and economic factors at the client, county, state and federal levels, community and neighborhood resources, and political factors.

Once informed consent was obtained from all focus group members, each focus group interview was recorded on an audio cassette, and notes were taken by all CSSR evaluation team staff in attendance. Evaluation team staff notes were then transcribed and key points/issues were extracted and summarized. Site visit summaries were subsequently sent to county administrative staff for review. If county feedback was made available, it was then incorporated into the final draft. Final versions of the focus group summaries for both study counties are included in **Attachment 6**. Key themes from the focus groups with county program staff are summarized below.

Program implementation status: Both counties were actively enrolling children into the study at the time site visits were conducted in July and August 2001. Some experimental and control cases had been closed by that time. In one county, where line staff served both experimental and control cases, program staff discussed their perceptions regarding case outcomes, but did not differentiate between the two study groups. County staff indicated that some children had been returned home or were successfully maintained at home through the provision of ISFC services. Among 16 closed experimental and control cases in this county, with an emphasis on placement prevention, 7 included children who remained at home with their biological caregiver and needed no further intervention. Nine study cases were closed when the family refused ISFC services. However, this county noted that court intervention was avoided in these cases as well. How many of the stabilized vs. non-compliant families represented experimental vs. control cases was not clarified by county staff. In the other county, staff reported on perceived outcomes for experimental cases only, due to their lack of contact with control cases served elsewhere in the agency. In this county, families were already involved with court proceedings and project goals were to promote timely permanence and decrease placement instability. Outcomes

included three families who had reunified with their children; two families in which the child moved from relative care to specialized (ESP) foster care; and one family where the child moved from specialized (ESP) foster care to relative care. No comparison to control group outcomes was provided by program staff in this county.

Counties noted the influence of the philosophies guiding their Waiver programs on their respective teams and agencies at large. One county reported that the philosophy of their Waiver family conferencing program was pervasive throughout the agency. The approach of this county's program was stated as, "let the families decide what they need and want to the fullest extent possible and allow the social workers to be open to that." This county reported that there had been a recent dramatic increase in the number of non-Waiver family conferences convened throughout the agency and that more active efforts were underway to engage the community in the agency's family conferencing efforts. The other county characterized their program philosophy as, "Whatever it Takes," to support the program goals of placement stability and timely permanence. This county indicated that an emphasis on identifying strengths, concerns and needs of all involved, including family and staff, was a key feature of their program approach. In addition, the county provided a written list of core program principles that included emphasizing active family participation, viable long-term solutions for child placement, clear and honest communication and addressing the needs of the child as the highest priority.

Counties reported implementing programs that had changed little over the past year. However, since the last Annual Process Study Report was submitted, one county that was implementing a model of family conferencing that did not include family alone time had added this option. This county had begun offering family alone time during conferences that focused on permanency planning in order to support families in clarifying the permanent plans they preferred for their children. Both counties currently include family alone time in some or all of their Waiver program conferences. Both reported that this has led to positive outcomes for the families involved.

Screening process and eligibility criteria: The most noted change was with one county's more stringent requirements for screening and obtaining the participation of relative care providers. This county had introduced a county-specific document, completed prior to program enrollment, that required relative caregivers to indicate their commitment to care for the child permanently in the event reunification was not possible (**Attachment 7**). When relatives were not available or appropriate to serve as potentially permanent placements for Waiver children, county staff continued to seek to identify at least two specialized non-kin (ESP) homes that could serve as permanent placements prior to enrolling the child. This county noted that although their initial program design was to enroll children who could not be placed with relatives, an overwhelming majority of the enrolled children were currently placed with kin caregivers. This shift started in April 2000, when the county changed their design to include kinship caregivers in order to boost the program's overall enrollment numbers.

One study county had focused their attention on the specific criteria for enrollment. This county had begun to evaluate the thoroughness of the family assessment conducted by the agency's Emergency Response unit (ER) as a factor in screening cases for the Waiver. The county reported that this emphasis was due to the fact that serious concerns that would indicate that

Waiver program services were not appropriate for the family were sometimes overlooked by ER in their reporting. As discussed in the accompanying *Semi-Annual Progress Report*, the county further proposed to eliminate criteria mandating a brief voluntary placement prior to starting in-home voluntary services for experimental and control cases and also was considering enrolling children rated on the SDM Family Risk Assessment tool as being at “very high risk” for repeat abuse or neglect. As a result of consultations with evaluation team staff following the August 27, 2001 site visit, the county decided to drop the requirement that parents consent to an initial 7-day voluntary placement, in order to avoid eliminating families who could not identify a suitable relative placement. The county opted not to enroll “very high risk” children, however, due to questions raised about the prognosis for a successful outcome for these families with provision of Waiver services. In addition, this county indicated plans to train social work staff in the Waiver program to screen incoming cases so that a larger number of staff would be available to handle this task. At the time the focus group was conducted, the program coordinator was solely responsible for all enrollment procedures. This change had been implemented by the time the focus group with line staff (discussed in the next section) was conducted in November 2001.

Program oversight and monitoring: Both counties had similar formal structures in place for program oversight and case monitoring. However, each county emphasized different aspects of their oversight and monitoring systems in their focus group responses. One county focused on their utilization of a clinical supervisor to consult with the child welfare workers in reviewing cases regularly. The clinical supervisor also reviewed follow-up conference summaries to confirm case progress. In response to questions in this area, the other county focused more on the role of child welfare workers in monitoring case progress and the high frequency of contact between workers and families that facilitated the monitoring process. This county also acknowledged the role that the program coordinator plays as a resource to families who have questions or concerns throughout their participation in the program.

Counties were queried regarding the extent of community stakeholder involvement in their Waiver programs and the past and future roles of community stakeholders. One county emphasized the role of community-based organizations (CBO’s) in providing resources to address family issues and the ways in which relationships between the Waiver program and key service providers have been cultivated to facilitate access to services for Waiver families. This county had developed a specialized contract for the Waiver with a CBO that provides support with family visitation, parent training, case support and monitoring. CBO representatives in this county were also encouraged to attend family conferences and contribute to the family plan as part of their role in the conference. The other study county noted that a number of community stakeholders were involved in planning the county’s Waiver program and that some had continued to participate in quarterly, advisory committee meetings. The county did not give any specific examples of how this was impacting their Waiver program overall.

Benefits and challenges of the experimental intervention: Program administrators in both counties reported a high level of acceptance for their respective Waiver programs among line staff. Positive impacts on social work staff, discussed by program administrators, included a heightened sense of success and the capacity to do “real” social work. Both counties noted that the increased contact between families and case workers had facilitated more positive

relationships between the parties. Counties reported that conferencing contributed to more open communication, which was a benefit to all involved.

One county emphasized the benefit to families and the agency of having additional services provided by families and their extended family members. The county observed that families identified their own resources and that family conferences helped to mobilize family support. This was illustrated through examples where relatives allowed a family to move in with them, childcare and babysitting was provided in-kind by extended family and money for rent was given to a family by relatives as well.

Building more positive relationships between families and the social services agency had, in turn, had a positive influence on the agency's relationship with the surrounding community. One county referred to a recent newspaper article highlighting their efforts to assist families in need. The other county anticipated that the positive influence of the Waiver program on the agency's relationship with the surrounding community would facilitate foster parent recruitment and retention.

One county acknowledged that family conferencing, and their voluntary services-based program in general, was not effective with every family that met their enrollment criteria. Staff in this county were working to clarify the characteristics that might distinguish which families were least likely to benefit from program services. For example, staff reported diminished success with families comprised of young, single-mothers with multiple young children and a partner who was not related to the children.

Counties reported that promoting collaboration based upon effective communication and trust was an additional challenge associated with the family conferencing model. One county stressed that many families were not skilled at open communication. Language, like the word, "concern," that was familiar to the professional community and often used in conferencing, could be confusing for family members who had not previously been exposed to such language. One county reported that for some families, the conference was one of few instances in which the family had been given some power by system authorities over what was happening to them and family members appeared unsure as to what to do with this responsibility. The other study county acknowledged the importance of building trust among family members and members of the professional team. These issues were not seen as insurmountable, but were noted as challenges.

Finally, the unusual work hours that family conferencing sometimes required was described by county staff as a challenge for some workers. In the other county, the issue of unusual work hours was framed as a fiscal challenge, due to the agency's commitment to providing overtime pay.

Staffing structure: Both counties reported significant changes in program staffing over the past year. One county reported chronic difficulties with high staff turnover. At the time this information was gathered, one county, that had anticipated the loss of several workers to graduate school, had seen this change occur. The child welfare supervisor for the program had

also been transferred to another division, and a new supervisor had been brought in to fill the vacancy.

The other county experienced staffing changes that had some significantly positive and negative impacts on their ability to convene conferences and track and monitor cases. Some of the changes were reported by staff participating in the focus group interview, while other changes did not take place until after the focus group and were later reported directly to the evaluation team by key county staff. By the time of the focus group interview, in July 2001, the social work staff assigned to the program had increased from one to four workers. Staff in this county were optimistic that the increased staff would facilitate their ability to serve more Waiver cases. Due to an agency-wide restructuring, however, the conference coordinator and facilitator had been reassigned to another agency division and this person's duties were spread among existing staff within, and outside of, the Waiver program. This structure lasted for approximately five months, at which point, further changes were made. At this later date, the Waiver program coordinator also was reassigned to duties outside of the Waiver program and the program itself was physically moved to another location, away from the staff that had been providing conference facilitation on an interim basis. For a period of about one month following the physical relocation of the program, no staff was assigned to coordinate and facilitate conferences for Waiver children. By November 2001, a new conference coordinator/facilitator was assigned to the Waiver program to work in conjunction with the social work supervisor and line staff. The effect of all the staffing changes in this county on program enrollment was that while the county was able to enroll 15 study children (36 children, including siblings) during the five months from April 2001 through August 2001, only two study children (seven children total, including siblings) were enrolled during the five months from September 2001 through January 2002.

Staff training: Training for facilitators, coordinators and direct service workers continued to be provided in both counties on an ongoing basis and had consisted of both formally planned sessions and informal, experiential learning. In both counties, social workers had been given an overview of the Waiver program. The extent of specialized training regarding family conferencing varied by county, with one county providing a great deal of on the job training, instructional videos and opportunities for conference observation. This county noted that direct service staff could benefit from additional specialized training but had concerns about finding ways to fund this. This county was able to send one staff member to the 2001 AHA FGDM Roundtable. This individual was among the staff whose involvement in the Waiver program ended with the agency reorganization. The other study county had provided formal training for one facilitator/coordinator who was responsible for training approximately twenty social workers to serve as facilitators. This county had provided for the one facilitator/coordinator to attend the 2001 AHA FGDM Roundtable and training with Jim Nice.

The level of staff experience and "buy-in" in conjunction with staffing levels was noted as influencing overall program success. Counties emphasized the importance of: (1) adequate staffing to implement their family conferencing programs and (2) staff investment in the Waiver program and family conferencing philosophy. In one county, chronic turnover among line staff had increased the pressure on program managers to locate more experienced workers to fill vacancies. Counties indicated that staff commitment to the Waiver program and underlying philosophies was also important in order to make their programs work. One county noted that

not having a conference facilitator who was dedicated to the Waiver program was problematic, in that the commitment level of conference facilitation staff to the Waiver program was questionable. On the other hand, high levels of commitment to the family conferencing model produced tensions within at least one county agency, due to the limited availability of the intervention. One program administrator stated, “you want them to believe in the model, but now they believe in the model so much that they want it all the time.”

Both counties expressed interest in providing family conferencing training for community stakeholders. One county expressed a desire to train CBO representatives on the family conferencing process in order to promote their involvement as resource providers and to serve as conference facilitators. While both counties were reaching out to involve community groups and CBO’s in their Waiver family conferencing programs, they also noted challenges with compensating the community staff for their time and/or providing training for them through current funding streams. One county reported that at least one community participant in their Waiver program had benefited from participation in wrap-around training.

Service type and duration: There were differences reported between counties regarding their approach to providing control and experimental group services. One county reported that program staff had little contact with families in the control group and was therefore unable to provide much information regarding similarities or differences in the services provided to these families, as compared with experimental group families. While they did list a myriad of services provided to the experimental group, they could only speculate as to the services received by the control group (i.e. noting that student tutoring was probably provided through the Office of Education instead of paid for with Title IV-E funds, as for experimental group cases). Staff speculated, however, that concurrent planning was emphasized earlier and implemented more consistently for experimental group families than for control cases. Another difference suggested by this county was that services for control group families were likely to be identified by the social worker, with minimal family input. In contrast, families in the experimental group received frequent family conferences and thereby played an active role in identifying and determining supports and ancillary services that would augment those already specified in the court-ordered case plan. In the other county, social work caseloads for Waiver program workers were comprised of both control and experimental cases. Staff in this county reported that services between groups were very similar. The primary difference in service delivery noted by staff was the lack of access to family conferences for the control group and access to more flexible funding for experimental group cases. Both counties noted the flexible funding as a benefit for experimental group families. In both counties flexible funding was used to provide needed family care items such as: baby strollers, food, diapers and cleaning supplies. It was also identified as a source for providing emergency rent payments, completing car repairs and buying children's furniture.

The average duration of the experimental intervention was reported by one county as 3-4 months. The other county indicated that the experimental intervention would last as long as the case remained open to court-ordered child welfare services in the agency.

Timelines and scheduling: Targeted timelines for scheduling initial family conferences varied from seven days following program enrollment in one county to thirty days following placement

of the experimental group child in a Waiver concurrent planning home in the other county. Timeframes reportedly varied for individual families and were influenced by family cooperation and staff availability. Timeframes for follow-up conferences convened by one county were also influenced by the timing of court reviews and permanency planning assessments. Both counties reported that family plans became effective immediately upon conclusion of the family conference and implementation of the plans began at once.

Problem resolution: Both counties were actively working to address implementation challenges that had arisen. One county stated that they were approaching all challenges by, “working harder and smarter.” Ensuring consistent enrollment of children into the program had been problematic for both counties. Eligibility criteria and staff availability to screen and/or manage cases was part of the challenge. As earlier noted, one county was evaluating whether to modify program eligibility criteria in order to increase enrollment. The other county expected that a recent increase in social work staff dedicated to the program would improve the program capacity to screen and enroll families. This county also had been trying to avoid unplanned placement moves for experimental group children by clarifying family commitment to the goal of permanency in placement up-front. The county was addressing this challenge by having prospective kinship caregivers sign a pre-enrollment agreement to this effect and by working with kin caregivers to identify emergency alternative placements within the family.

With regard to overall project timelines, both counties indicated that they were expecting to fill all of the allocated study slots (204/116 experimental/control) by the target date of September 30, 2003. Given that informed consent is needed for Waiver study participation, an emphasis on obtaining consent from as many prospective study families as possible was an integral part of one county’s strategy for reaching the desired goal. The other county was in the process of training additional staff to screen and enroll cases in an effort to increase the number of families accepted into the program. These responses reflected a level of county optimism regarding project enrollment, however, that is not reflected in current enrollment rates.

Scheduling and setting up conferences was a challenge reported by both counties that involved contacting multiple prospective participants and coordinating diverse schedules. One county referred to the conference coordination and scheduling process as, “throwing a party every few weeks.” This county struggled with meeting targeted timelines for convening conferences and tracking conference statistics, due, in part, to the loss of a staff person who had been designated to do this. The other county reported that the goal it had set to convene conferences within seven days of study group assignment was difficult to meet due to the time needed to contact prospective participants and clarify a time and date that would work for most participants. Efforts to facilitate family cooperation and participation in one county had included promoting conferences with families by talking about them in advance, meeting at the family’s home or closer to the family residence and providing taxi vouchers to enable transportation. In addition, there were challenges associated with the scheduling flexibility of community professionals (Department of Mental Health representatives, for example). Community professionals often were not available for meeting times in the evenings and on weekends, times that were typically preferred by family members. Scheduling for community and agency representatives attending family conferences was further complicated by compensation issues.

Contextual factors - Social and economic factors at the client level: Both counties reported similar socio-economic factors at the client level that were having an influence on implementation. The most consistently challenging factors reported by counties were the low incomes of client families and parental drug abuse. One county reported impressions for experimental cases only and noted that substance abuse was a reason for intervention in all but one such case. Although the impact of these issues on county programs was similar to their impact on child welfare services in general, these county staff indicated their view that family conferencing might be particularly effective in assuaging the family tensions and alienation that arise from a family history of substance abuse. In the other county, the ethnic diversity of the client population was having an impact on implementation of the family conference, in that the agency was challenged to locate conference facilitators who were fluent in languages other than English. This county also indicated that young mothers with multiple children comprised a significant proportion of the county's child welfare population, and that such families were proving particularly challenging to work with within the Waiver program, especially when the mother's partner was not related to the children.

Both counties reported that some families were identifying their own resources and utilizing extended family members to address issues specified in their case- and family conference plans. One county reported examples of extended family members who had provided financial support for rent, education and even private substance abuse treatment. Families were able to provide childcare during meetings, freeing up social work aides for other tasks. Family cultural heritage was also drawn upon to find solutions, as with one Native American family where extended family provided monetary support. One county had shared costs with families; agreeing to pay part of the rent while the family covered the rest.

Contextual factors - Community and neighborhood resources: Resource gaps reported by both counties as having an impact on program effectiveness included inadequate child care and transportation resources, low employment availability and the limited availability of substance abuse treatment. One county reported that employment availability was low overall and that typically there were long wait lists for affordable child care. CalWORKS was noted as a potential resource for employment and child care supports, but not all project families were eligible. The other county stressed that GAIN (i.e., CalWORKS) was not a viable resource for families in their experimental program due to the fact that the child was in foster care and not living with the parent. Both counties noted that the geographic location of community resources was urban-centered. Moreover, transportation was problematic in both counties for families living outside of the metropolitan area. Both counties indicated that rural community access to services and transportation impacted the number and range of available treatment options. In at least one county, the demands of substance abuse treatment and the need to be part of the family conference were at times in conflict. Parents were sometimes unable to participate in both simultaneously due to limits imposed by treatment programs on contact with individuals outside the program during the initial treatment period. In addition, this county pointed to conflicts between childcare demands and substance abuse treatment attendance, noting that the former is often a hurdle to successfully completing the latter.

Little elaboration was given by either county regarding the ways in which community and neighborhood resources were facilitating implementation. One county did report, however, that

the Waiver program's relationship with a specific CBO was particularly effective in accessing parenting services for clients. In addition, the location of the program within the same agency division as the Neighborhood Resource Centers (NRC) was noted to facilitate access to NRC services for clients.

Contextual factors - Social and economic factors at the county, state and federal levels: Counties were using a combination of Title IV-E flexible funding and traditional child welfare funding streams to address Waiver program costs. Title IV-E flexible funding was used to cover the costs of family conferences and elements of family conference plans that could not be supported by traditional funding sources. One county, whose Waiver social workers maintained caseloads that were reportedly half the size of the agency norm, paid half of the workers' salary cost with flexible IV-E funds. Counties also relied upon Medi-Cal, Title XX, Family Preservation, general Child Welfare and Child Welfare Augmentation funds and CalWORKs funding to support client services, transportation and staff overtime.

Both counties reported frustrations with the state guidelines, or lack thereof, for the use of flexible funding and the cost neutrality of their respective programs. One county had requested that clearer guidelines be put into writing. Similarly, the other county had submitted questions to the state during the prior year and had not received a response by the July 2001 site visit. Counties noted that the lack of clarity on such fiscal questions was difficult from an accounting perspective.

Sharing family conferencing experiences between counties had been useful. Contact with other family conferencing programs via the state-sponsored family conferencing consortiums, the AHA Roundtable and contact initiated by Waiver counties with each other was reported by both counties to be beneficial for networking, idea sharing and problem-solving. One county specifically noted that the opportunity to observe conferences in the other Waiver county had helped to expand county views on implementation strategies for their non-Waiver family conferencing program.

Contextual factors - Political: In response to probes regarding political influences on implementation, both counties discussed themes of acquiring support from the larger county administration and county supervisory boards. The level of support for the Waiver program throughout county agencies varied by locale. One county had been faced with budget cuts that threatened the Waiver program, due to the program's non-mandatory status. When this threat was imminent, county staff appealed to the county Board of Supervisors to help build support for the IV-E program. In general, however, this county reported a great deal of support for the Waiver program within the agency. The other county reported challenges with obtaining agency support for adequate staffing of the Waiver program. In addition, a decision by higher level agency administration to move the program site caused some disruption to the service flow in September 2001. Staff stressed the positive contributions of the Waiver program to the agency image outside of the county, however. Program staff indicated that implementation of family conferencing was helpful with the county's participation in the Child Welfare League of America (CWLA) audit, particularly in the area of "family involvement." In addition, staff reported their perception that participation in the Waiver had enhanced the agency's relationship with CDSS.

The need to preserve the demonstration project evaluation design, with its random assignment requirement, had caused some tension within the agency in at least one county, where workers wanted to include more families they deemed would benefit from family conferencing. This county also reported some tension around the court mandating family participation in family conferencing. Staff in this county suggested that it would be more helpful for courts to mandate an assessment of whether family conferencing was appropriate for individual families and was working to address this with court staff.

### *Focus Groups with Line Staff*

Waiver staff attending these focus groups included four child welfare workers, one social worker aide and one graduate student intern in one ISFC county, and five child welfare workers and five social worker aides (including one undergraduate student social worker) in the other. Each focus group lasted approximately 2 hours.

A similar process to that used during focus groups with county program staff (described above) was used to record and analyze the data collected during these focus groups. Similar to previous focus groups conducted for the ISFC, interview questions for the focus groups were developed by CSSR evaluation team staff, following the federal Title IV-E Child Welfare Waiver Demonstration evaluation guidelines. The interview schedule (**Attachment 8**) contains items exploring (1) the organizational structure of family conferencing programs, including implementation strategies, program oversight and monitoring, staff acceptance and staffing structure; (2) service factors within each agency, such as type and duration of services offered and timelines and scheduling of program services; and (3) contextual factors, including social and economic factors at the client, county, state and federal levels, community and neighborhood resources, and political factors. In addition, data regarding the characteristics, roles and training of staff were collected via a self-administered questionnaire (**Attachment 9**). Single-county summaries of the focus group and self-administered questionnaire data are provided in **Attachments 10 - 11**.

In one county with an emphasis on promoting permanency and placement stability for court-dependent children, staff limited their responses to experiences with experimental group cases. Control cases were carried by multiple non-Waiver workers throughout the agency. Thus, Waiver workers could not comment on issues affecting these cases. In the other county, workers provided voluntary in-home services to experimental and control cases, alike, and tended not to differentiate between the two study groups. A summary of data collected in both counties via the self-administered questionnaire is presented in Tables 1 - 2 below.

**Table 1.** Line Staff Roles/Job Titles, Experience in Role and Agency, Reported Caseload

<b>Domain</b>	<b>Fresno (N=9)</b>	<b>Riverside (N=6)</b>
<b>Role in Agency [Job Title]</b>	<p><b>Child Welfare Worker:</b> Case carrying social worker in VFM, working with families to provide for protection and stability of children. [Social Worker Social Worker II (n=3)]</p> <p><b>Case Manager :</b> Provide case management to families in VFM. [Social Work Practitioner (n=2)]</p> <p><b>Social Work Aide:</b> Assist the social workers with caseloads, motivate clients in a supportive way, access community resources for clients. [Social Worker Aide(n=3), Student Social Worker(n=1)]</p>	<p><b>Child Welfare Worker:</b> Case carrying Social Worker in adjudicated services, working with families to provide for protection and stability of children. [Social Worker III (n=1), Social Worker V (n=3)]</p> <p><b>Student Intern:</b> Assist and coordinate ESP support group meetings. assist in advisory meetings and provide support with administrative issues. [Social Work Intern (n=1)]</p> <p><b>Social Worker Aide :</b> Assist Social Workers with their caseloads. [Community Service Assistant (n=1)]</p>
<b>Years in Agency</b>	<p><b>Range:</b> 0 years, 8 months to 6 years, 2 months (n=9)</p> <p><b>Average:</b> 2 years, 3 months (n=9)</p>	<p><b>Range:</b> 3 years, 8 months to 8 years, 1 month (n=6)</p> <p><b>Average:</b> 5 years, 9 months (n=6)</p>
<b>Years in Current Role</b>	<p><b>Range:</b> 0 years, 4 months to 3 years, 6 months (n=9)</p> <p><b>Average:</b> 1 year, 4 months (n=9)</p>	<p><b>Range:</b> 0 years, 6 months to 1 year, 7 months (n=6)</p> <p><b>Average:</b> 0 years, 10 months (n=6)</p>
<b>Current Caseload</b>	<p><b>Child Welfare Worker (n=3), Case Manager (n=2)</b> Range: 16 to 39 children Average: 28 children</p> <p><b>Social Worker Aide (n=4)</b> Range: 2 to 20 children Average: 14 children</p>	<p><b>Child Welfare Worker (n=4)</b> Range: 10 to 15 children Average: 13 children</p> <p><b>Social Worker Aide (n=1)</b> No response</p>
<b>Waiver Experimental Group Children on Caseload</b>	<p><b>Child Welfare Worker (n=3), Case Manager (n=1)</b> Range: 1 to 6 children Average: 4 children</p> <p><b>Social Worker Aide (n=3)</b> Range: 2 to 15 children Average: 8 children</p>	<p><b>Child Welfare Worker (n=4)</b> Range: 10 to 15 children Average: 13 children</p> <p><b>Social Worker Aide</b> No response</p>
<b>Waiver Control Group Children on Caseload</b>	<p><b>Child Welfare Worker (n=1)</b> <b>Case Manager (n=1)</b> Range: 2 to 4 children Average: 3 children</p> <p><b>Social Worker Aide (n=1)</b> 45 children</p>	<p><b>Child Welfare Worker (n=4)</b> Range: 0 children Average: 0 children</p> <p><b>Social Worker Aide</b> No response</p>

**Table 2.** Line Staff Level of Education, Training and Experience with Family Conferencing

<b>Domain</b>	<b>Fresno (N=9)</b>	<b>Riverside (N=6)</b>
<b>Extent of Experience with Family Conferencing</b>	Respondents varied in their level of involvement with FC and the families who have participated in them. Four reported having good experiences with FC and that they had attended at least one FC. One respondent noted working with FC as a facilitator during four conferences. Two respondents reported having no prior experience at all. One noted only having contact with FC while serving in the capacity of translator.	Respondents noted relatively new experiences with family conferences. Two respondents reported that they had only participated in three conferences. All three conferences were part of their recent experiences with FC through the ESP program.
<b>Highest Level of Education and Year Completed</b>	<p><b>Child Welfare Worker:</b> Masters Degree (n=2) -completed 2001, 2000 Bachelors Degree (n=1) -date not recorded</p> <p><b>Case Manager:</b> Bachelors Degree (n=2) -completed 1999, 1997</p> <p><b>Social Worker Aide:</b> Associates Degree (n=2)-completed 1997, 1996 Post High School Training (n=1) -date not recorded High School Diploma (n=1) -date not recorded</p>	<p><b>Child Welfare Worker:</b> Masters Degree (n=3) -completed 1998, 1996, date not recorded Bachelors Degree (n=1) -completed 1974</p> <p><b>Student Intern:</b> Bachelors Degree (n=1) -date not recorded</p> <p><b>Social Worker Aide:</b> Associates Degree (n=2) -dates not recorded</p>
<b>FC Trainings Completed</b>	<p><b>Child Welfare Worker:</b></p> <ul style="list-style-type: none"> <li>- 3 day training on FGDM with Jim Nice (n=1)</li> <li>- County program manager and conference facilitator presentation (n=2)</li> </ul> <p><b>Case Manager:</b></p> <ul style="list-style-type: none"> <li>- In service training on Waiver program by county program manager (n=2)</li> </ul> <p><b>Social Worker Aide:</b></p> <ul style="list-style-type: none"> <li>- Observed several family conferences (n=1)</li> <li>- Program overview training by county program manager (n=1)</li> </ul>	<p><b>Child Welfare Worker:</b></p> <ul style="list-style-type: none"> <li>- 10 week ESP training (n=3)</li> <li>- 2 days of wraparound training and FC training (n=3)</li> </ul> <p><b>Student Intern:</b></p> <ul style="list-style-type: none"> <li>- Reported that no training had been completed</li> </ul> <p><b>Social Worker Aide:</b></p> <ul style="list-style-type: none"> <li>- No response recorded</li> </ul>
<b>Future Participation in FC Trainings</b>	Staff were unaware of any training to be provided in the future, but would attend if it was offered.	None that staff were aware of.

Enrollment process: Line staff responsibilities for enrollment and case selection differed between the two counties. In one study county social workers were not involved in case selection and enrollment. Workers were instead assigned cases by the program supervisor after the enrollment process was completed. In the other study county, social workers began attending some staffings outside of their program area to screen cases for the Waiver in November 2001. Prior to November 2001, this process was handled exclusively by the Waiver program coordinator. In addition, social workers had started obtaining informed consent and identifying conference participants. Related to these responsibilities, workers highlighted the importance of explaining the purpose of the research to families and helping families to anticipate what might be expected of them, taking the varying literacy levels of family members and their lack of exposure to terms like, “Title IV-E,” into account. These responsibilities represented a change in the roles of child welfare workers, who only obtained informed consent in the past when the program coordinator was unable to do so. Social workers in this county reported the expectation that their more active involvement in the screening and enrollment process might prevent confusion that had arisen in the past among family members regarding the roles of the program coordinator vs. the child welfare worker. Staff in this county also reported that, in terms of case selection, the process was not very different from that used to screen and select cases for the Voluntary Family Maintenance (VFM) program, within which the Waiver program was located.

Timelines and scheduling: The timeline under which line staff involved in the Waiver program would typically become involved in a case assigned to the experimental group varied by county. In one county, workers indicated that their initial contact with a case began prior to project enrollment, at the time a police hold on the child was initiated. Formal work with the case began once the case was assigned to the Waiver project, a juvenile court petition had been filed and the case had been transferred from Emergency Response to the VFM unit, typically within 7 days. Social workers in this county would sometimes assist families with referrals to outside support agencies even before the case was formally transferred to the VFM unit. In the other county, cases were typically assigned to a Waiver (ESP program) social worker, as the primary worker, only after the jurisdiction/disposition juvenile court hearing. Prior to this point, Waiver social workers were assigned as secondary workers on experimental cases and would sometimes provide services in collaboration with staff who held primary responsibility for the case. Workers indicated that their ability to become actively involved as the secondary worker was influenced by the level and/or intensity of their caseload at a given point in time. The specific time frame for primary assignment to the Waiver program depended on the approach of the assigned court worker and whether the court case was contested. Workers in this county indicated that one recent case took five months to emerge from the court process and receive primary assignment to the Waiver program. Staff reported their impression that this was not an altogether atypical timeframe.

Each county had set different goals and timelines for conference completion. One county reported that conferences were convened post-jurisdictional/dispositional hearing, within 30 days from the date of internal assignment to the Waiver program, as discussed above. Waiver social workers had typically already had some contact with families prior to completion of the conference and discussed one of the functions of the conference as identifying additional services that could benefit the child and family. The other county’s goal was to convene the conference within one week of program acceptance and assignment to the experimental group.

Workers in this county indicated their view that it was best for families if conferences occurred as quickly as possible, in order to take maximum advantage of family motivation to address the issues at time of referral to the agency. Line staff indicated their perception that when there was less immediacy, there was less motivation to follow through. However, staff also noted that there was typically some delay in getting services started.

Type and duration of services: Both counties reported providing a wide variety of services to experimental and control group families, including: case management, visitation, coordination and monitoring, childcare assistance, food, clothing and housing support, health and disability services, education and employment services, life skills training, substance abuse treatment and therapeutic services. In one county, where line staff only worked with experimental group cases, staff also noted providing families with budgeting assistance, independent-living skills training, respite care, transportation support and individualized child/adolescent activities (dance lessons, summer camp and basketball). The other study county reported utilizing flexible Waiver funds to provide some unique services and resources for experimental group families that included childcare, infant equipment, diapers for a special needs child, pest control and child furniture.

When asked specifically about service differences for control and experimental group families, both counties indicated that there were marked differences between the two groups. Staff in one county indicated that the level of face-to-face and phone contact that workers were able to provide to experimental group cases was greatly increased from the agency norm; typically involving two in-person visits per month and interim phone contact. Due to their exclusive assignment to experimental group cases, workers in this county compared their practice to perceptions about what the control group might be receiving, based upon workers' prior experiences with supposedly typical agency services. Also purportedly differing from the norm were worker reports that efforts were made to include experimental group families as part of the case planning/intervention team. Further, access to flexible funding gave workers the opportunity to provide more services. Lower caseloads meant that workers had more time to see families and could be more proactive in addressing case issues. For example, staff reported feeling that they were able to take more time and care in placing experimental group children in foster care homes. Staff indicated that experimental group families had commented on the availability of social workers, saying things like, "Gee, no other social worker did this before." In the other study county, line staff reported being limited to standard agency resources for control group families. Unlike with experimental group cases, workers could not simply go out and buy a toy for a control group child who did not have appropriate toys at home. Due to the flexible funding, staff indicated that they were able to be more creative in addressing the needs of experimental group cases. They noted that while the client's own resources were always explored first; the agency could utilize IV-E funds to pay for concrete items and services for experimental group families. For example, if pest control was a need and the client was renting the home, the client was expected to contact the landlord to attempt to address this before IV-E funds would be utilized.

Line staff also reported their perceptions regarding the types of services being provided by family and community members for control and experimental group cases, and differences between the groups. In one county, staff focused exclusively on the services provided to experimental group cases by family members, due to the workers' lack of contact with control

cases. Among the services provided by family were transportation, childcare and respite care. Staff further indicated their perception that the family members of experimental group participants were far more involved in helping to complete case plans than was typical outside of the Waiver program. Staff in this county believed that experimental group families received a higher level of support from extended family as a result of Waiver participation. In the other study county, line staff reported that extended family in both groups had assisted in areas similar to those reported by the first county. The services provided by family members included assistance with childcare, transportation, provision of temporary residence/housing, baby supplies, furniture, quarters for laundry, and storage spaces. Especially in experimental cases, as a result of conference participation, extended family suggested service needs and resources that the worker may not have been aware of and generally seemed more likely to help with case-related issues. Community support persons attending conferences in one county were sometimes able to provide resources as soon as the need was identified. Staff gave the example of a substance abuse counselor who provided information and resources to a family during the conference. The other county reported that church members had provided some services to experimental group families, which included transportation, coordinating childcare, providing beds, locating a bigger home, and supporting clients to utilize their own resources.

Oversight and monitoring: One county reported that ongoing case monitoring was conducted by social workers and aides through home visits, telephone calls and other contacts, such as during transport to meetings and services. The frequency of home visits for families in both groups in this county was determined by the family's score on the SDM Family Risk Assessment. The other study county reported that their use of follow-up conferences provided a way to redirect participants, clarify outcomes, discuss problems and review goals. In addition to these internal case monitoring methods, the roles of extended family, community professionals and community members were all identified as valuable components in monitoring the progress of cases. In one county, staff reported that the extent to which extended family members in experimental group cases were engaged in Waiver family monitoring differed from prior monitoring methods. The role of extended family in monitoring experimental group cases was described as additional, "eyes and ears," informing the social worker of case progress. The other county discussed the role of extended family in monitoring cases in both groups in similar terms. Staff in this county indicated that families sometimes had better rapport with the case aide than the social worker, which led to a more complete exchange of information. Due to extended family participation in family conferences in the experimental group, staff indicated that the number of individuals reporting to the social worker was increased in experimental cases. Staff reported feeling limited by their inability to promote a similar level of information sharing from family members in control group cases due to confidentiality issues. Staff in both counties commented on the roles of foster parents and other public and community agency professionals as being similar to the roles of extended family in reporting on case status. One county specifically noted that foster parents associated with the Waiver program were especially skilled in working with families and reporting their observations, both positive and negative, to the social worker.

Benefits and challenges associated with the experimental intervention: Both counties discussed a variety of benefits of participation in Waiver family conferences for children and families involved in their experimental group. Despite differences between the design of county programs and target populations, responses from staff in both counties were very similar.

Among the benefits for target parents and their extended family was the opportunity to provide greater input and exert a higher level of control over the case planning process. Waiver family conferences were additionally perceived to facilitate family support; open up lines of communication within families and between family members and the agency; empower families to make decisions about their own lives; increase the accountability of clients to their families, as well as the agency; enhance client self esteem and/or family pride; and increase client and family motivation to address case issues. Social workers in one county discussed their role to facilitate goals identified by the family at the conference instead of dictating the tasks that clients and family members should address. Staff in both counties further suggested that family conferencing might have more lasting benefits for client families than traditional case planning approaches if families were empowered to engage in the problem-solving methods modeled by the family conference at a later date, on their own, and due to efforts during the conference process activate informal supports and mobilize family and community resources.

Both counties suggested that the conference process provided some unique benefits for children and adolescents. Both counties discussed the role of the conference in strengthening the “safety net” for children, by including extended family in the case planning process and reinforcing the role of family in the care and protection of minors within the family. Exposure to positive family problem-solving methods, discussion of the positives about children’s families and the opportunity for children to give their own input regarding family issues were additional reported benefits of child participation in family conferences.

Line staff in both counties were enthusiastic about the family conference process and their respective Waiver programs. They indicated that the conference process delivered benefits to them, as well, in fulfilling the responsibilities of their work. Line staff reported developing greater rapport with clients and families and that the tone of their work was far more collaborative as a result of conference participation. They further elaborated on the ways in which the benefits previously discussed for client families were a help to them in fulfilling their work responsibilities. For example, social workers indicated that the inclusion of extended family and efforts to promote more open communication provided them with more complete and accurate information about the family. They gained a view, for example, of the parent within the context of the parent’s family and community, which, in turn, helped them to understand whether the parent was isolated or supported. Efforts to bolster informal supports and draw upon indigenous resources were reframed as potentially lessening the burden on agency staff. Case aides, for example, noted that family or community members attending conferences sometimes volunteered to provide transportation – a task that might otherwise fall to them to provide. Along with these shifts in their practice, staff reported experiencing greater job satisfaction. Workers in one county, for example, reported feeling that they were viewed as, “a real person,” by client families, not just an agent of CPS.

In addition to the advantages of the flexible IV-E funding previously discussed by both counties, workers from one county highlighted other benefits of their Waiver program that were not directly linked with the family conference. One worker indicated that in non-Waiver programs in their agency, workers could have up to 60 cases, which only allowed for what one worker called, “drive-by” visits. Waiver program social workers, by contrast, had caseloads reportedly one quarter this size (13 cases, on average), which allowed them to provide better quality visits.

The reduced caseloads for social workers in this study county were partially supported by the flexible IV-E funds. In addition to this benefit to families and social workers, staff commented on the benefits of Waiver program involvement for foster parents, indicating that foster parents looked forward to their involvement in monthly Waiver program support meetings.

Staff in both counties reported on the benefits to their respective agencies that emerged from a more collaborative process that was inclusive of extended family. Among these benefits was fostering a more positive, family friendly image for child welfare agencies within their surrounding communities. Line staff further believed that family conferencing might lead to an overall cost savings for child welfare agencies, due to potentially improved family outcomes. Positive feedback from families and the community helped to build agency morale and was suggested to potentially have a positive impact on staff retention.

Challenges associated with family conferencing that had an impact on client families, line staff and county agencies were each discussed by line staff, in turn. In one county, staff spoke about the challenge for family members that working together, perhaps for the first time, presented. In the other county, staff reported more specific challenges for families that included that family members sometimes failed to show up for conferences, failed to follow through on commitments made at the family conference or reinforced the parent's denial about the issues of concern to the child welfare agency.

Reported conference challenges for direct service staff included significant difficulties with conference scheduling and coordination. Considerable time and effort was expended in locating extended family members and then coordinating their attendance at conferences. In both counties, families and agency staff often had different preferences for the time of day and day of week for conference scheduling. This frequently required workers to make adjustments in their work schedules and sometimes sacrifice personal commitments in order to accommodate the conference scheduling. In addition, the schedules of extended family and professionals from other agencies further complicated the scheduling process. While staff generally perceived the contact with extended family as a benefit, staff in one county indicated their perception that, at times, family members acted entitled to receive full disclosure of information, even after the conference, which was in conflict with the worker's obligation to preserve client confidentiality. In a similar vein, social workers in this county reported that their case management workload was increased when more people (family members) were reporting on family progress as a result of their participation in the family conference.

Some administrative and agency challenges were also noted by staff. Staff in one county reported that it was difficult for their agency administration to locate and retain adequate numbers of facilitators, especially when the majority of facilitators were case carrying social workers who had committed to facilitating conferences in addition to their regular work. Staff also shared their view that the shift in agency culture that they felt implementation of family conferencing required had not occurred at some higher levels of the agency, where some staff remained skeptical about the value of the conference process, particularly when multiple levels of family dysfunction were involved. Staff in the other county reported that they felt it was a challenge for agency administration to locate appropriate conference meeting spaces, since conferences were often held during evenings and weekends, but county facilities were not

accessible at these times. A number of fiscal issues that pertained to family conferencing were also raised by direct service staff. In one county, the staff reported that ensuring a fiscal commitment from the agency administration to preventative programs like the Waiver family conferencing program was a challenge within the agency. The other study county staff shared their view that budgeting related to their Waiver program was posing some difficulty for agency administration, due to their perception that family conferencing and accompanying services initially cost more than traditional services and that only half of the program costs were being paid for with Waiver IV-E funds.

Contextual factors – Social and economic factors at the client level: Contextual factors discussed by line staff in both counties were quite similar to issues previously raised by staff filling administrative roles. The majority of contextual factors raised by line staff were fairly generic and could be expected to have equal impacts on control and experimental cases, along with child welfare cases in general. At the client level, line staff reported challenges associated with high levels of substance abuse in their respective regions. Staff in one county referred to the county as the, "methamphetamine capitol of the world," in describing the high rate of substance abuse within their client population. The other study county also reported having severe substance abuse problems within their child welfare population. Social workers indicated that it was especially challenging to work with families when both parents were involved in abusing substances, but that complications could also arise when one parent entered recovery and the other did not. In general, the tenacity of substance abuse problems was presented as preventing social workers from effectively addressing other family issues.

Family structure was reported by staff as a significant factor affecting service delivery in one county. This county discussed the difficulties created by the absence of a second parent when working with single parents (mothers, fathers, grandparent caregivers). Staff reported that addressing case plan requirements was especially challenging for single-parent families of infants, due to the need to balance the importance of parent-child relationship issues and other, competing demands, such as attending doctor's appointments and participating in parenting classes.

Low income and low educational levels were noted to affect service provision in both counties. One county reported that low literacy levels among clients affected many levels of the case plan, including the client's ability to work and participate meaningfully in parenting class. The other county reported that client educational levels typically fell at approximately the sixth grade level. Low client incomes and high levels of unemployment in the county further challenged clients' ability to address case issues. Staff remarked that, "clients are really struggling." Workers in this county also reported that a high number of experimental group clients had been incarcerated or otherwise involved with the criminal justice system, but did not compare rates to control or other agency caseloads. This required an additional level of case coordination between the child welfare agency and the justice system. Similarly, in the other county, staff indicated that, "clients live so close to the edge," that their agency didn't have sufficient resources to address all of the issues faced by clients, especially client needs for concrete and/or economic assistance.

Each county further discussed the ways in which family and ethnic diversity were factors that had significant impacts on client service provision. One county reported that the undocumented

status of parents created many challenges for client families, especially in terms of their legal vulnerabilities. This was illustrated by one case example, where law enforcement officials in one part of the county took a punitive approach toward an undocumented mother, arresting her because her children were not in school. Of five social workers participating in the focus group, one worker reported that only one of her current cases involved undocumented parents while another social worker reported having had two such cases out of a total of 8-10 cases. The other county presented issues related to family culture in which traditions regarding the roles of authority figures created challenges for workers. An example was provided of a case where the worker was trying to promote change for a family member who had no authority within the family system.

Contextual factors – Community and neighborhood resources: Geographic location was identified as having a significant impact on client access to services in both counties. One county acknowledged that while the transit system for clients within the metropolitan area of the county was quite good, those living in rural areas had much more limited access to both transportation and resources. Similarly, workers in the other county reported that because of the limited resources in the more rural areas, the wait lists for these resources were particularly long. Poor transportation in the rural areas of the county further compounded problems with resource access for rurally located families. Both counties discussed that it generally took more effort on the part of workers to identify viable resources in these areas of the county or link families with resources outside their area. One worker, for example, reported driving one hour and 40 minutes to pick up a client who had to travel outside of her community to access drug testing because there were no Spanish-speaking facilities within her rural community. Staff in this county noted, however, that the availability of substance abuse treatment in rural areas of the county had been improving. Services for "out of control" teens continued to be lacking in this county. Services were extremely limited, both in terms of the number or location of agencies offering them, and the frequency with which these agencies made the resource available, as in the case of teen groups that were offered only twice per year.

Useful resources accessed by workers in one county included community centers in resource-poor areas that sometimes enabled workers to identify childcare and employment leads for clients. Staff in this county also discussed the opportunity to access C.H.A.T., a collaborative staffing that brought together a TANF eligibility worker, a GAIN worker, child welfare and childcare representatives to address resource access in cases where the expertise of each representative was relevant. Local Departments of Parks and Recreation, for child-focused activities, and the ROP (Regional Occupational Training) program were listed as other, frequently accessed resources. The latter was discussed as being particularly useful for young parents with limited job skills. The other county reported that in spite of resource limitations, there was better access to community-based services for both experimental and control IV-E cases, as compared with other agency cases. Providers made an extra effort to accommodate Waiver families, with workers noting, "if you tell a CBO that (you need services), and it's a (Waiver) case, they will find an opening in an otherwise full program." Staff indicated however, that housing was one area where inclusion in the Waiver program did not increase access, due to long wait lists for housing resources. In this county, staff had also had success with accessing donations for control and experimental group clients from local businesses. Local Toys 'R' Us and Target stores had donated beds and other goods. At the time of the interview, the county

was waiting to hear about the outcome of a proposal for a \$10,000 grant from Toys ‘R’ Us. Line staff in this county also reported that periodic donations of clothing, baby bottles and other supplies were made by staff and colleagues.

Contextual factors – Social and economic factors at county, state and federal levels: Staff in both counties highlighted the difference between the culture of the agency as a whole, and that of their Waiver program. Staff in one county discussed the philosophy of their experimental program as, "anything you can do to make it work," to promote reunification, family stability and child safety. Along with this philosophy, workers reported believing that they had greater access to quality resources than was true in other agency programs. Staff were also acutely aware of the program status as a demonstration project and conveyed their perception that more attention and higher expectations were being focused on the program – from within the agency, as well as from evaluation team staff – as a result. One worker commented, "I don't know how it will be when UCB pulls out." In the other county staff noted that the culture in the immediate, Waiver program area was very supportive. Outside of the immediate program area, they believed that the agency was very focused on identifying cost savings and justifying expenditures. Workers felt that preventative programs, such as theirs, were especially vulnerable to this scrutiny due to their non-mandated status. Other cultural differences reported by staff in this county included staff perceptions, within, and outside of, the Waiver program, that there was not as much pressure placed on Waiver/VFM social workers as compared to court-involved areas of the agency. Within VFM, it was reported, workers had more time to do “real” social work as opposed to fulfilling paperwork and other agency-directed requirements. In addition, staff reported that the office space for VFM was physically separated from court-related areas of the agency. These differences were perceived to provoke some misgiving among workers elsewhere in the agency, who had commented on the VFM space as being more pleasant and the workers themselves as "(having) it easy." While potentially difficult on a personal level, staff did not elaborate on the ways in which these tensions within the agency might facilitate or hinder Waiver program implementation.

State budgetary constraints and agency fiscal management were themes discussed by staff in both counties as having potentially powerful impacts on implementation. In one county, staff reported that while the program was protected from the more difficult effects of a recent agency reorganization, because of its status as a demonstration project, staff believed the program would have been the focus of budgetary cuts if not for the program’s unique funding structure. Staff in this county noted that the events of 9/11/01 had a reverberating impact on the agency budget, but that the Waiver program was not directly affected, due to the flexible IV-E funding. Agency administration in this county was reportedly examining ways to contract out more of the services to CBOs. Again, staff felt that the Waiver program was not likely to be affected by any forthcoming changes in this area, due to the unique status and funding of the program. Line staff for the other study county contrasted the resources available to clients in their program area to those available in court-related areas. Workers noted that CalWORKS and MediCal paid for many of the services for voluntary cases, but that court cases might have additional funding options. Due to the emphasis in their county on mandated programs, workers believed that funding for preventative services was not guaranteed. Workers also expressed that a recent 5% statewide budget cut had led the agency to require workers to keep more detailed statistics in an effort to justify preventative programs to their county administration. There were, however,

some federal and state-level funding resources that workers viewed as being highly useful for their clients, despite an overall climate of resource contraction. These resources included the Victims of Crime program and the state Proposition 10 monies that funded some community-based agencies.

At the federal and state levels, staff in one county indicated that the legislated timeframes for provision of family reunification services presented them with challenges. Social workers in this county expressed some concern that the 6-18 month time frames, determined by the child's age and family progress on the court-ordered case plan, were very short and did not mesh well with timeframes needed to address parental substance abuse problems.

Contextual factors – Political factors: Line staff in both counties reported on various challenges they had encountered with regard to the juvenile court and court mandates. Workers in one county indicated that they had received about a two-week notice, in October 2001, regarding changes in the law, emanating from ASFA, requiring kinship placements to meet the same licensing standards as those required of non-related foster parents. While workers felt that implementing the law was an enormous challenge by itself, due to substantial economic differences between most relative caregivers and foster parents, their task was further complicated by court demands that at times seemed to contradict the agency's obligation to implement the law. For example, the court had, on occasion, ordered a child to be placed with a relative without allowing sufficient time for the licensing standards – such as completion of a criminal background check and/or administrative approval for the child to be placed in the home in the event that a criminal history was discovered – to be met. Workers reported feeling confused over which authority (the law vs. court mandates) superseded the other. In the other county, line staff reported that the VFM program was poorly understood by some DA's and other court staff who, they felt, did not believe in the efficacy of the program. They also gave an example of a case in which the court had attempted to order VFM. Staff noted that while they agreed with the court's intention to keep families out of the court system, when possible, attempts to mandate families to participate in a voluntary service violated the voluntary nature of the service. Staff felt encouraged, however, by the court considering implementation of a "drug-court," which, workers felt, was evidence of the court's support for preventative approaches due to the emphasis of the "drug court" model on more frequent monitoring of parent progress on case plan completion, acknowledgement of successes and earlier consequences for non-compliance.

Direct service staff in both counties indicated that participation in the demonstration project and external control of treatment decisions was challenging for them personally. Staff in one county perceived the limits placed on them by random assignment to be a disadvantage to families, who could benefit from receiving experimental group services. Workers reported that they would like to see more parents be allowed to participate in the experimental program because they believed it was a good program. In the other county, staff indicated that while they hoped the research would validate the benefits they believed the program provided, the timeframe needed to complete the research was difficult, due to their interest in seeing the program become more widely available. With regard to the impact of other evaluation requirements on line staff workloads, one county worker volunteered that a recent survey requested by UCB was easily completed, although it took some time.

*Benefits and challenges associated with Waiver family conferences  
– A synthesis of county staff perceptions at three points in time*

**Table 3** presents a synthesis of the benefits and challenges associated with family conferencing, as compared with traditional child welfare services, reported by administrative and line staff since December, 2000. Focus groups with line staff were held in Fresno 12/4/00 and 12/14/01, and in Riverside 2/6/01 and 1/14/02. Focus groups were held with administrative staff in Fresno 8/27/01 and Riverside 7/23/02. Although direct service staff perceptions were collected at two different points in time in both counties, there was little to no consistency in respondents from one data collection point to the next. Nonetheless, responses from direct service staff were strikingly similar between the two time periods. Moreover, few substantive differences emerged between the responses given by direct service staff and those provided by administrative staff. In one county, direct service staff indicated that they felt it was challenging for their agency administration that some administrative staff had raised questions regarding the applicability of the family conferencing intervention to the full range of families served by the agency, while they, themselves, believed that this indicated a lack of faith that all families can make positive changes when empowered to do so. While line staff seemed focused on the philosophical aspects of this dilemma, administrative staff, in turn, appeared more concerned with cost-effectiveness. They had, in fact, begun to examine whether the case outcomes seen with certain types of families would help them understand which families might benefit most/least from the experimental intervention. Not surprisingly, direct service staff in both counties tended to elaborate more on the benefits/challenges experienced at the client and line staff levels, while administrative staff provided less detail in these areas. Themes shared by the differing levels of agency staff were, for the most part, consistent with each other. The content shared between counties was also very similar. In the table below, themes discussed by county staff that were nearly identical to those provided by staff in the other county are italicized and bolded.

**Table 3.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for client family members, as compared with traditional child welfare services

	Fresno	Riverside
Client families	<p><b>Fresno</b></p> <p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• Facilitates family communication</li> <li>• <i>Promotes family involvement in family matters</i></li> <li>• Empowers families to develop their own solutions to issues that are a priority for the family, based on family members’ intimate knowledge about the family</li> <li>• Increases family motivation to address problematic issues</li> <li>• <i>Holds family members accountable to one another</i></li> <li>• Models a method for resolving client problems using the client’s own resources</li> <li>• <i>Increases the level of support and/or resources available to family members from the child welfare agency and other agencies represented at the conference</i></li> <li>• Provides a forum for family members who are not the focus of the child welfare case plan to identify and receive support for their own needs</li> <li>• <i>Promotes less adversarial, more cooperative relationships with the protective services agency</i></li> <li>• <i>Strengthens the “safety net” for the child</i></li> <li>• Exposes children to a positive method for resolving family problems</li> <li>• <i>Gives children an opportunity to indicate their wishes regarding the family situation</i></li> <li>• The process may promote more lasting change, in that family members may be empowered to engage in more effective problem-solving in the future</li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Participant no shows</i></li> <li>• Not effective when an insufficient number of participants (less than 3) whom the focus parent(s) considers to be “family” are available to attend the conference</li> <li>• Not effective when all available “family” members are actively engaged in activities similar to those that brought the focus parent(s) to the attention of the protective services agency (i.e. substance abuse) and/or when family members reinforce the focus parent’s denial regarding the severity of the case issues</li> <li>• Failure of some family members to follow through on commitments made at the conference</li> <li>• <i>The process, with its emphasis on cooperation and collaboration and its efforts to empower families, is unfamiliar, and therefore uncomfortable, for many families</i></li> <li>• Discomfort on the part of family members with identifying concerns openly and seeking help from others</li> </ul>	<p><b>Riverside</b></p> <p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• Includes family members in the decision-making process as part of a team with child welfare professionals</li> <li>• Provides family members with an opportunity to provide their input in the case planning process</li> <li>• <i>Increases family involvement in examining and addressing case issues</i></li> <li>• Gives family members an opportunity to confront issues within the family at a point when the issues are highly relevant</li> <li>• Promotes the early resolution of barriers to case plan completion</li> <li>• <i>Encourages parents to take responsibility for their actions</i></li> <li>• Promotes a sense of accomplishment among family members and/or satisfaction in having participated in the process</li> <li>• Promotes a focus on family strengths by family and professionals</li> <li>• <i>Increases the level of support available from the child welfare agency to family members and/or foster parents</i></li> <li>• <i>Promotes more positive, less adversarial relationships between family members and agency professionals</i></li> <li>• <i>Validates and promotes the ongoing role that extended family members have in the care and protection of minors within the family</i></li> <li>• Children who participate in conferences receive reassurance that their needs are important and will be addressed</li> <li>• Children participating in conferences are exposed to positive messages about their family via discussions regarding family strengths</li> <li>• <i>Communicates to children that their opinions and desires matter by encouraging their active participation in the process</i></li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Gaining extended family attendance at the conference</i></li> <li>• Increases potential for family conflict because difficult issues are discussed openly</li> <li>• <i>The emphasis on working together, establishing trust among family members and between family and the child welfare agency and the structure imposed by the conference process are foreign to many families</i></li> </ul>

**Table 3.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for direct service staff, as compared with traditional child welfare services

	Fresno	Riverside
Line staff	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <i>Promotes less adversarial, more cooperative relationships with client families</i></li> <li>• <i>Increased access to information regarding the family, including family strengths and limitations</i></li> <li>• Improved ability to address all relevant issues as a result of better information regarding family needs</li> <li>• Family members commit to addressing issues that otherwise would fall to agency staff to address</li> <li>• <i>Increased job satisfaction</i></li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Conference scheduling sometimes conflicts with personal engagements</i></li> <li>• Pressure from some family members to continue to share confidential information regarding family members on an ongoing basis, after the conference</li> <li>• Reduction in the extent to which family members remain involved in addressing case issues as the length of time from the conference date increases</li> <li>• The case management workload is increased when more family members and/or professionals call the social worker to report on case progress</li> <li>• <i>Engaging family members in the process</i></li> <li>• <i>Requires increased skill on the part of staff facilitating conferences to manage clinical issues (working with “blaming” families, for example)</i></li> <li>• Helping families to identify their strengths</li> </ul>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <i>Promotes less adversarial, more cooperative relationships with client families</i></li> <li>• <i>Access to more complete and accurate information about the child and the family system, its strengths and limitations</i></li> <li>• <i>Increased job satisfaction</i></li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Non-traditional work hours</i></li> <li>• Arranging compensatory time off for attendance at conferences scheduled outside of regular work hours (no overtime pay available)</li> <li>• Coordinating the conference: locating and contacting prospective participants, coordinating multiple, differing, schedules, etc.</li> <li>• Committing to non-traditional approaches to family problem-solving</li> <li>• Requires increased flexibility on the part of agency staff</li> <li>• <i>Increasing family participation</i></li> <li>• <i>Promoting cooperation and collaboration within the family and between family and the child welfare agency</i></li> </ul>

**Table 3.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for child welfare agencies, as compared with traditional child welfare services

	Fresno	Riverside
<b>Child welfare agency administration</b>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• Promotes family involvement in addressing case issues</li> <li>• Results in “better” case plans</li> <li>• Reduces frequency of court intervention</li> <li>• May empower family members to engage in future, more effective problem-solving, thereby preventing future abuse and neglect</li> <li>• <i>Improves the image of the child welfare agency in the surrounding community</i></li> <li>• Improved communication with CBO’s participating in family conferences; increased access to CBO services for agency clients</li> <li>• <i>Saves money – as a result of improved family outcomes, services provided by family members instead of the agency and/or improved staff satisfaction and retention</i></li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• Tensions between staff who believe in the model and those who are skeptical regarding its value</li> <li>• Lack of clarity among agency staff regarding the characteristics of families for whom the model may be less effective</li> <li>• <i>Budgeting for overtime pay</i></li> <li>• <i>Difficulty locating adequate numbers of trained facilitators, especially facilitators fluent in languages other than English</i></li> </ul>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <i>Improved case outcomes (i.e. quicker reunifications)</i></li> <li>• <i>Improves the image of the child welfare agency among client families and in the surrounding community</i></li> <li>• May facilitate such issues as foster parent recruitment via improved agency-community relations</li> <li>• Professionals within the agency find the approach appealing and express interest in becoming involved</li> <li>• Improved staff morale</li> <li>• <i>Improved staff retention, as a result of increased job satisfaction</i></li> <li>• <i>Possible cost savings</i></li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• Lack of consistency in conference participants from the initial conference to follow-up conferences and resulting shifts in the focus and dynamics of later conferences</li> <li>• <i>Budgeting funds for family conferences, which initially cost more than traditional child welfare services</i></li> <li>• <i>Ensuring adequate staffing for conference coordination and facilitation</i></li> <li>• Reduced access to agency facilities for evening and weekend conferences/identifying appropriate conference facilities outside of traditional work hours</li> </ul>

### *Family Conference Observations*

Three family conferences were observed by evaluation team staff during the period covered by this report. Two conferences were observed in one county in November 2001. One conference was observed in the other county in early March 2002. Observations were recorded using a framework developed by UCB Waiver staff (**Attachment 12**).

General Conference Characteristics: All conferences were conducted at the homes of immediate and/or extended family members. In one county, one of the two conferences was held during weekday evening hours. The other conference was held during the day on a Saturday. In the other county, the conference took place on a weekday morning. Each conference lasted approximately four hours. None of the observed conferences opened with a family or cultural ritual, although refreshments were provided, either by family members or the county agency. Participants in each conference included immediate and extended family members, family friends, the agency caseworker and, in one conference, the child. No professionals representing community-based organizations or other community members were involved in the meetings observed during this reporting period. Both of the conferences observed in November 2001 had more maternal relatives in attendance. In the other county, the majority of conference participants represented the paternal side of the family. Observed conferences in one county utilized two facilitators, while only one facilitator was employed in the other county's conference.

Conference purpose: The purpose of the November 2001 conferences was stated by the conference facilitator(s) in a manner that was consistent with this county's program goals: (1) to ensure child safety; (2) avoid juvenile court dependency; (3) maintain placement of the child within the biological family. All conference participants appeared to understand the purpose of the meeting and none made further inquiry about the goal of the conference. In contrast, the purpose of the March 2002 conference was not clarified by the conference facilitator at the conference outset. Although the social worker assigned to the case gave an overview of the juvenile court process, it was not clear to evaluation team observers how the specific goal of the conference related to this. It was not until one family member asked for clarification that the facilitator explained that the parents would have the opportunity to reunify with the child during the next 12-month period and that, in order to avoid permanent placement of the child outside of their custody, they would have to address the issues at hand within that timeframe. The facilitator further stated that the immediate goal was to, "provide for the concerns of the children and meet family needs in order to keep the children safe and cared for." The county program goals to ensure placement stability and timely permanence were not more specifically stated.

Family strengths assessment: A family strengths assessment was conducted at each of the conferences. Members of the child's family actively participated in the process, along with the professionals in attendance. In at least one of the conferences, family members seemed reluctant to share their ideas until professionals had contributed theirs. In this way, it appeared that the contributions made by professionals set the tone for family members, who then began to generate strengths for the list. The ways in which the family strengths phase may have facilitated the goals of each of the conferences, however, was not readily apparent. No specific reference was made to strengths reported for each family during later observed portions of any conference. Evaluation team observers attended the entire conference convened in one county, but did not

attend the private family time portion of the conferences convened by the other county. Thus, if family members made specific use of the strengths discussed during the private family time, this information was not made available to conference observers.

Family plan discussion and development: Family needs and concerns were discussed by participants at each conference. During one of the November 2001 conferences, most of the needs and concerns were generated by family members, the maternal grandmother in particular. The professionals attending the conference agreed with all of the concerns noted by the family, but also suggested some additional needs. Specifically, professionals stressed the importance of substance abuse treatment for the young parents. One of the facilitators at this conference reiterated the importance of this to the entire family, perhaps to ensure that the family would include substance abuse treatment in the family plan. In all conferences, family plans were created with the input of family members. Both November 2001 conferences, including this one, utilized private family time, during which the family was left alone for approximately two hours while they responded to the list of needs expressed during prior discussions with the facilitator, child welfare worker and other conference attendees. Despite the emphasis placed on substance abuse treatment, the family did not include this element in their final family plan. Instead, during the private family time, the family decided to address the parents' substance abuse by specifying that: "(the parents will) refrain from substance abuse and domestic violence by relying upon natural supports and avoiding alcohol." Despite the discrepancy between solutions suggested by professionals and those preferred by family members, all those who attended the conference agreed to approve the plan and no modifications were made when the meeting was reconvened after the private family time. In this way, the family demonstrated a dominant role in drafting the family plan.

In a similar fashion, family members and professionals both contributed to the discussion regarding the family needs at the other November 2001 conference. The professionals first identified a number of resources that had previously been discussed with the children's parents. Family members then identified areas that they thought important to address in the family plan. Two maternal relatives – the child's voluntary placement caregivers – were particularly vocal during this phase. During this phase, as well as the earlier strengths assessment, the young parents tended to speak only when encouraged to do so by the conference facilitators. When the family presented their plan to the entire group, upon reconvening after the family time, the child welfare worker queried the family regarding a need that had earlier been identified by professionals but had not been addressed by the family in their plan. This led to further negotiation regarding the family plan. In this instance, it appeared that the omission was due to a misunderstanding on the part of family members regarding resources that had earlier been explained by the child welfare worker. When the information was clarified, family members readily agreed to incorporate the suggested resource – services to address the child's developmental needs – into the family plan.

The March 2002 conference, in the other county, did not include private family time. Instead, family members in this county participated in a discussion led by the conference facilitator. While professionals involved in this meeting were very receptive to the concerns expressed by family members, they appeared to retain greater control over the decision-making process than professionals attending the November 2001 conferences did. Moreover, some needs identified by family members were not specifically addressed in the final family plan. For example, during

discussion of the family needs, information regarding domestic violence that was occurring between family members was shared by one family member. This appeared to be new information to the child welfare worker and facilitator. No services to specifically address the domestic violence were requested or suggested by any of the conference participants, however. Anger management services and various forms of therapy were discussed, but the link between these services and the domestic violence was not made explicit. Further, while most family members expressed a desire for individual therapy, the professionals at the meeting additionally suggested family and couples therapy. Some family members expressed reluctance to include family therapy in the family plan. Despite their discomfort, family therapy was added to the family plan. In this way, creation of the plan appeared to be controlled more by the professionals attending the conference than family members. At another point in the conference, several family members identified the financial status of the parents as an area of great concern. The parents were struggling financially and were ineligible for public assistance due to their criminal histories. In this instance, however, neither the family nor professionals identified strategies that might address this issue. Some tension between family members and the child welfare agency regarding the level of support provided by the agency also arose and was addressed. The child's relative caregivers requested assistance with childcare and transportation, alleging that they received inadequate financial support from the agency due to their "de-valued" status as kinship caregivers. The conference facilitator suggested that some support for childcare and transportation be included in the plan and indicated that their status as kinship caregivers had no bearing on the child welfare worker providing support for them in this area. In this way, the facilitator avoided a protracted, probably unproductive, discussion regarding the levels of compensation provided to kin and non-kin foster care providers and kept the focus of the meeting on areas that the meeting attendees had some power to influence.

General observation impressions: Each of the observed conferences were similar in a number of ways that have been highlighted above. Each also represented a process that may differ from traditional child welfare case planning in its inclusion of extended family members. In addition, there appeared to be an emphasis at all three conferences on the family's responsibility for ensuring child safety. While definitive conclusions cannot be drawn on the basis of three conference observations, the specific family conferencing model chosen by each county appeared to have a strong influence on the way in which planning proceeded. Program staff in one county made a conscious choice not to utilize private family time in the majority of conferences, believing that a facilitated format would best promote the program goals of placement stability and timely permanence for dependent children. The conference observed in this county generated a discussion regarding family strengths, needs and concerns to which family and professional participants all contributed. Decisions regarding the ways in which identified issues would be addressed, however, were principally made by professionals attending the conference. The other county opted to include private family time in conferences for the demonstration project, in order to facilitate the program's goal of preventing placement for non-dependent children. Family members attending these conferences played a principal role in defining the ways in which family concerns would be addressed. Professionals, on the other hand, offered consultation; advising the family regarding resources and making suggestions regarding specific issues they considered important to address in the family plan, but generally allowing family members to make the final decisions. While these are some initial impressions, ongoing conference observations in both counties are expected to provide more complete

information regarding the similarities and differences between conferences in each county and the strengths and liabilities of the conference process, as implemented by the two study counties.

### *Discussion/Conclusions*

Two years following initial enrollment of children, the programs implemented by Fresno and Riverside had reached a level of maturity, with few changes made to the program design during the year period covered by this report. Despite obvious differences between the counties in their program designs and target populations, many similarities emerged during focus groups with varying levels of agency staff regarding implementation challenges and staff perceptions regarding the benefits and challenges associated with the experimental intervention.

Counties experienced success with implementing strategies intended to resolve implementation barriers they had encountered during the prior year. Solutions first suggested by counties in April 2001 were carried out later in the year. However, additional challenges surfaced that were not immediately under the control of staff implementing the Waiver programs. Staffing issues that had earlier delayed overall program implementation emerged in another form to shift staff focus from ongoing implementation to addressing turnover and altered staffing levels that were the result of one agency's reorganization. The difficulty of ensuring continuity in implementation, within a shifting agency landscape that included changes in higher level agency management – with accompanying shifts in agency priorities and reorganizations – and chronic turnover among line staff, was a consistent theme between counties.

Interactions between the design of Waiver programs and other aspects of the overall agency context also raised challenges for both counties. In one county, coordinating with agency Emergency Response (ER) staff, who were not involved in the Waiver program, was seen by staff as a critical step toward identifying the maximum number of cases for the demonstration project. In the other county, court delays translated to delays in starting the intervention, since Waiver staff could not receive primary assignment on cases until the cases had been released from the agency divisions that held them while the court process was ongoing. In the prior year's *Process Study* results, staff also indicated some preference to wait until after the jurisdictional/dispositional hearing to convene the family conference, in order to first clarify that the case would remain in Family Reunification. In the first county, the need to coordinate with ER presented another layer of program management that was further complicated by chronic staff turnover. The coordination difficulties experienced by the other county had a more extreme impact on service provision, where, in some cases, families were "enrolled" for up to five months before the experimental intervention actually began.

Lower than expected enrollment continued to trouble county program staff and evaluators alike. County staff continued to project enrollment rates that invariably proved to be too optimistic (see accompanying *Semi-Annual Progress Report – October 1, 2001-March 31, 2002* for further detail regarding county enrollment status). A lack of access to good data, or failure to utilize available data, regarding the prevalence of chosen target populations among families served by the agency may have contributed to county optimism. While enrollment was definitely affected by the staffing challenges that each county experienced, the low enrollment also reflected the fact that both counties had targeted families for their programs that represented a very small percentage of their child welfare populations to begin with: non-dependent children maintained

in home in one county; and court-dependent toddlers and latency aged children who were not expected to immediately return home in the other. Interest in increasing enrollment for the demonstration project, to some degree, compelled counties to consider revisions to their enrollment criteria and begin accepting cases with which they were less assured of being successful. During the prior year, for example, one county had lowered the minimum age for child participants to two. In so doing, staff acknowledged that two-year olds were at lowered risk for placement instability to begin with, but that the permanency goal was highly relevant for these children, while it was less appropriate or attainable for youth exceeding the upper age limit of 12, imposed by the program. Similarly, in the other county, staff started the project intending to accept only those substance abusing parents whose problems were more recent in origin, since they expected parents with a lengthier history of substance abuse and failed treatment to be less compliant with the voluntary in-home services provided by their program. Staff later eliminated this criterion, concluding that it excluded too many families, due to the high rate of substance abuse among families referred to the agency. During the period covered by this report, staff in this county additionally considered enrolling families scored as “very high risk” on the Structured Decision Making Family Risk Assessment instrument, as a possible avenue of increasing project enrollment. In this instance, staff decided not to pursue the proposed change after considering whether there was reason to expect that “very high risk” families in the experimental group would achieve more successful outcomes than controls. In these ways, the design of county programs was mismatched not only with the vast majority of cases served by the child welfare agencies, but also with evaluation demands for greater numbers of enrolled children. Ongoing problems with enrollment have further compounded the mismatch, placing pressure on counties to stretch their enrollment criteria in ways that reduce the potential of finding clear differences between the experimental and control groups.

When asked specifically about challenges that they felt were uniquely tied to the family conferencing intervention, administrative and line staff in both counties raised similar issues.

Among the challenges affecting client families and direct service staff were:

- difficulties with obtaining extended family participation in conferences; and
- the shifts in relationships, practice and skills required of family members and agency staff to implement a process that asks participants to cooperate, collaborate and trust one another.

As represented by agency staff, family conferencing requires agency and family representatives, alike, to be open to engaging in a process that is substantially different from the traditions familiar to each, and to trust that there may be some benefit in doing so.

Within county agencies, the challenges experienced by line staff and agency management included:

- the non-traditional work hours that were often required when conferences were scheduled to fit the preferences of family and extended family members;
- budgeting for the variety of non-traditional costs associated with the conference; and
- ensuring adequate staffing for conference coordination and facilitation.

The sentiments of one program administrator that, “the gains outweigh the challenges,” appeared to be shared within varying levels of county staff and between county programs. Staff in both counties agreed that the conference process provided unique benefits to families, workers and child welfare agencies, when compared with traditional child welfare services. Both counties

discussed the benefits of the family conference process in roughly similar terms, colored by the specific conferencing models implemented by each county. In one county, the family conferencing model included family alone time. Benefits reported by staff in this county emphasized family empowerment to develop solutions to issues that are a priority for the family, based on family members' intimate knowledge about the family. In the other county, where a family unity model that included an explicit discussion of family strengths but no family alone time was utilized, staff discussed the benefits for family members of collaboration with the professional team. Beyond these differences, staff in both counties indicated their belief that family conferencing promoted a variety of benefits for client families participating in conferences that included:

- extended family involvement in addressing issues that affect family members;
- family responsibility and accountability regarding child care and safety issues;
- increased levels of support from the child welfare agency for family and extended family members;
- less adversarial, more cooperative, relationships between family members and the protective services agency;
- stronger "safety nets" for children; and
- the opportunity for children to express *their* opinions and desires regarding the family situation.

Enthusiasm for the family conferencing intervention was particularly high among direct service staff in one county, where staff indicated their hope that family conferencing might promote more lasting positive change for families, since the conference provided a model of more effective problem solving that could be replicated by family members at a later date.

The following additional benefits were suggested by both counties as affecting staff within the agency and/or the agency as a whole:

- increased access for line staff participating in conferences to information regarding the family, its strengths and limitations;
- increased job satisfaction for line staff;
- improvements in the agency's relationship with the surrounding community; and
- potential agency cost savings, as a result of improved family outcomes, mobilized natural supports; and improved staff satisfaction and retention.

Family conference observations conducted by the evaluation team have suggested some qualitative differences between conferences that include private family time and those that do not. These initial impressions are consistent with differences in the ways in which county staff articulated their perceptions regarding the benefits of the conference process for client families. In the conferences where family alone time was a part of the process, greater emphasis was placed on allowing family members the final say in constructing the conference plan. In the one observed conference that did not include private family time, family members and professionals all engaged in a respectful discussion regarding the family and case issues, but professionals retained more traditional roles in determining solutions to the issues raised.

Future conference observations may confirm whether these initial impressions bear out over time. In addition, data gathered via future focus groups with staff involved at various levels in implementing the Waiver programs is expected to yield further information regarding program

design and implementation considerations and the relative merits of the family conferences and accompanying services provided by each county.

## ***Annual Process Study Report-Intensive Services Component Community Mentoring Sub-Study***

This section describes process study findings for San Francisco's Community Mentoring program for the period October 1, 2001 – March 31, 2002.

### *Methods and Procedures*

Three focus groups were conducted on-site in January, 2002. Focus group participants were four program mentors, four mentor supervisors, and three executive managers (i.e., the county special projects manager, the county fiscal manager, and the program coordinator from the lead CBO who supervises the mentor supervisors and manages the program's daily activities). Separate focus groups were conducted with each category of staff. Prior to the focus groups, participants were informed of the purpose and nature of the discussion and were provided with the interview questions for review. At the time of the focus groups, participants were again informed of the purpose and nature of the discussion and were asked to read and sign consent forms allowing their participation. Once documented consent was obtained, focus groups were audio tape-recorded and two researchers compiled field notes, recorded personal reflections, and collected contact summary sheets. Personal reflections were recorded to document the culture and context of each group (e.g., individuals' tones, perceived tension or harmony among participants). These data were used to make any researcher biases explicit, thereby creating the opportunity to incorporate them as sources of data that might influence study findings. Contact summary forms contained a brief questionnaire and participants' addresses so that the researchers could conduct a "member check." The member check involved asking representative focus group members to review preliminary findings and their feedback was incorporated into this report. The member check was used to ensure that key themes identified by the researchers were corroborated by participants (Lincoln and Guba, 1985<sup>1</sup>). The audio-tape was used as a back-up to the researchers' notes. All data were summarized and key themes were sought using the constant comparative method of qualitative data analysis (Glaser and Strauss, 1967<sup>2</sup>; Goetz and LeCompte, 1984<sup>3</sup>).

**Attachment 13** contains the semi-structured interview protocol developed by UCB evaluation team staff in accordance with federal Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines. The questions explore (a) the organizational structure of the program, (b) service aspects of the program such as the training and roles of staff and the services they provide, (c) contextual factors that may influence program effectiveness, and (d) resources, services, activities and staffing differences that pertain to the control and experimental groups.

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<sup>1</sup> Lincoln, Y. & Guba, E. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

<sup>2</sup> Glaser, B. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. New York: Aldine.

<sup>3</sup> Goetz, J. & LeCompte, M. (1984). Ethnography and qualitative design in educational research. San Diego, CA: Academic Press.

### *Key Features and Implementation Status*

Target populations. Executive managers and mentor supervisors described the target population of the community mentoring program as consisting of children who are at risk of high cost placements. These children may be at risk of out-of-home placements, currently in long-term placements, or involved in family reunification plans. All children served by the program reside in a geographic target area of San Francisco consisting of three Southeastern neighborhoods: Potrero Hill; Bayview Hunter's Point; and Visitation Valley.

Community mentors (who serve as the front-line workers for the program and provide direct services to children and families) described the target population as consisting of children who reside in the target geographic area who are involved in the child welfare system. The mentors did not appear to be informed about any unique characteristics of the children that made them eligible for participation in this program.

Characteristics of the service delivery system. The program is a collaboration of community based organizations and San Francisco County Department of Human Services. The program is administered by three community based organizations (San Francisco League of Urban Gardeners which is considered the lead agency, and Together United Recommitted Forever as well as Potrero Hill Neighborhood House) under contract agreements with the county. The program is designed to provide a wide variety of services including educational advocacy and tutoring, transportation, 24 hour crisis intervention, parenting classes, substance abuse services, clothing, food, funds for home and car repairs, respite care, recreational activities, and court advocacy. A hotline clerk is available to offer referral services and is able to contact mentors 24 hours a day in order to assist client families. The essence of the program was captured by a mentor supervisor who stated that "we become a member of the family."

According to the executive managers, children are identified for the program by county social workers and social worker supervisors. Children are then referred to the program director who further screens the cases for eligibility and appropriateness for the program. Children's cases that are admitted into the program are then transferred to a social worker who is designated to serve cases of children in the program and who works closely with each child's assigned mentor. The child welfare worker meets with the child and family to explain the demonstration project and to obtain documented consent. Eligibility information and consent documentation are then sent to UCB evaluation staff for random assignment. UCB evaluation staff relay the group assignment information back to the worker who enrolled the child. Service provision begins immediately or within 24-48 hours of referral for enrollment. Focus group participants could not provide any information about the service delivery system for children in the control group.

At the start of service provision, the mentor, mentor supervisor and child welfare worker meet with the family to assess family strengths and needs and to develop a case plan to achieve child and family goals. The goals and objectives for the family are developed together. The mentor then meets with the family 2-5 times a week to help the family achieve its goals.

Enrollment status. At the time of data collection (January, 2002) UCB records indicated that 45 children were receiving program services (experimental group, including siblings) (plus 16

closed cases) and an additional 31 children (including siblings) constituted the control group. By the end of February, 2002, 61 no additional children had enrolled in the study.

Characteristics of population served. According to the executive managers and mentor supervisors, most children in the experimental group were placed with relative caregivers or still lived with their biological families. They said that most caregivers of these children were grandparents: the youngest caregiver was 41 years old. They further noted that the dominant ethnicity for children in the experimental group was African American, which is consistent with the demographic make-up of the program target area.

Members of all three focus groups reported that children and families served by the community mentoring program face serious difficulties. Children enrolled in the program are poor, have severe emotional and/or behavioral difficulties, and are involved with the child welfare system due to abuse or neglect. Focus group participants said that many of the children have been involved with the child welfare system for several years and that parents of the children have substance abuse problems, are manipulative, and have a long history of involvement with the county social services agency.

Enrollment barriers. Focus group participants reported an array of difficulties associated with program implementation. The greatest difficulties, according to both the mentors and the mentor supervisors, have been tied to fiscal matters. The mentors discussed not having enough office supplies, no working computer printers, no drinking water or cups, no petty cash, no name badges, no business cards, bills not paid on time (resulting in disruption of services to clients such as when emergency pagers are inoperative), and no cleaning staff. In addition, there appeared to be poor communication within the program regarding how workers were supposed to be reimbursed for expenses (such as mileage and petty cash) and which individuals should be present during meetings with fiscal implications. Furthermore, executive managers described the initial vision of the program as having a strong focus on children, leading to a problem in how to pay for the additional costs of providing services to other family members in order to support the children.

The initial vision of the program also included a stronger community partnership and private agencies had pledged funds for program infrastructure such as computers and office space. Although the program now enjoys a good reputation in the community, these private agencies did not follow-through with their financial commitments. The county now bears a much heavier financial burden than was anticipated and funds have not been made available for some needed office safety and maintenance features. As a result, staff experience low morale and do not feel valued by their employer.

Members of all three focus groups believed that staff turnover and a shortage of quality candidates have had undesirable effects on program implementation. One of the challenges the program has experienced is under-utilization because not all social workers are aware of the program due to high staff turnover and a lack of routine reminders about the program. The program also lacks a full-time director to serve the role of educating and re-educating county staff about the program. In addition, some social workers are uncomfortable with the high level of collaboration that is needed to work with a mentor. The lack of child enrollments into the program and low pay has made it difficult to retain mentor staff.

Finally, the mentors and mentor supervisors believed that UCB evaluators were responsible for referring children into the program. With such low numbers of children in the program, they held the evaluators responsible for their predicament..

Implementation objectives achieved. Members of all three focus groups described their perceived outcomes of the program with regard to improving the quality of life for children and families. Participants suggested that children served by the program were prevented from out-of-home placements and were being placed in permanent homes more quickly than children in the control group. They also believed that caregivers of children in the experimental group were less dependent on “the system” and better able to make decisions and care for themselves than control group families. For example, participants thought that experimental group families had a better knowledge of community resources than control group families and were moving toward self-sufficiency. In addition, participants noted that children in the experimental group were performing better academically and maintaining a higher level of stability in school than children in the control group who did not benefit from the program. Mentor supervisors and executive managers also indicated indirect benefits of the program such as improved relationships between client families and the county social services department

Executive managers noted an unanticipated by-product of the program. They reported that the program was having a positive effect on the lives of the staff mentors in terms of increased feelings of self-worth and self-esteem. According to managers, mentors have created new hopes, dreams, and goals of helping their community.

### *Organizational Aspects*

Program oversight and monitoring. Children’s cases in the experimental group are monitored very closely. Staff meet for three hours every week to review cases and daily debriefing occurs on an as-needed basis. Weekly and monthly reports are submitted to mentor supervisors, the program director, and the child welfare worker responsible for each child.

Program coordination is provided by a special projects manager from the county social services department and a program coordinator who directs the daily needs of the community based organization collaboration via a contract agreement. Program development was overseen by a steering committee composed of the directors of the community based organizations and the county special projects manager. An additional oversight committee was envisioned but did not come to fruition due to the failure of an independent contractor who was supposed to serve as a community outreach coordinator.

Problem resolution. Mentors predominantly discussed problem areas relevant to fiscal matters and the fiscal agent. They said that problem resolution is usually handled through regular meetings, although they also have addressed problems in writing to their supervisors or senior program administrators. While mentors said that problems typically were resolved through meetings, they also noted that they felt intimidated and uncomfortable by administrators in working on problem resolution. The mentors and the mentor supervisors believed that having their own fiscal agent would solve many of their problems. All three groups discussed low enrollment in the program as problematic.

Staffing structure. The program is staffed by eleven mentors who provide direct services to families. Originally twenty-one mentors were employed by the program but only eleven remain. There are four mentor supervisors: one for each zip code served by the program and the fourth mentor supervisor staffs the hotline. The hotline is used to link clients to their mentors during an emergency and also to provide referrals for clients. All of the mentors and mentor supervisors live in the communities in which they serve.

In addition to the mentor supervisors, program administration is provided by the county special projects manager and the program coordinator from the lead CBO. Thus, there is a 1:2 ratio of supervisors to direct service mentors. The maximum caseload for mentors is 8 client children and mentor supervisors also carry cases. The caseload maximum is based on the number of client children, thus, if four siblings participate in the program, a mentor might only be responsible for two families. Due to low enrollment, all mentors do not carry a full caseload.

Five child welfare workers have been designated to carry children's cases referred into the program: two in the long-term placement/relative caregiver unit; two in the family services unit; and one in the family preservation unit.

The community mentoring staff described receiving nine months to almost a year of daily extensive training on a variety of issues including advocacy, child abuse and neglect, domestic violence, substance abuse, team building, boundaries, personal safety, ethics, nutrition, parenting classes, CPR, time management, conflict resolution, first aid, and cultural competency. In addition, the mentors attend community meetings that involve issues that may affect their clients. When queried about training they may have received about serving grandparents caring for grandchildren, focus group participants indicated that they had received none, despite the program's large population of grandparents.

Services provided. Children and their families in the experimental group have access to 24 hour crisis intervention services, receive case management services in their home twice weekly, and benefit from a flexible fund that provides a host of services to immediately resolve problems. Among other services, the fund offers tutoring, services for family members and caregivers, transportation, counseling, and recreational activities. Children in the control group do not have access to the flexible fund and the wide variety of services it provides. Typically, control group children and families are visited by their social worker much less frequently than experimental group children and families interact with their mentor. Control group children and families usually have to wait for services such as transportation or tutoring that are provided to experimental families almost immediately.

Timelines. Services for experimental group children usually begin within 1-2 days of a child's enrollment into the program. According to mentor supervisors and executive managers, the involvement of community mentors in a child's case generally lasts between 8 and 12 months. Mentors, however, thought client families tended to stay in the program for 18 months to two years, or as determined by the courts. The mentors indicated that control group children typically utilize county services for two years or longer. Control group children typically receive county services for six months to a year.

## *Contextual Factors*

Social (client, neighborhood/community). Client characteristics and neighborhood and economic factors have been daunting for the program. Children in the target population generally have been in the foster care system for several years and have lived in a number of different settings. Their biological parents typically have low levels of income and education combined with a high prevalence of mental health issues and substance abuse. The community has a very high cost of living yet limited availability of employment opportunities for low-skilled workers that offer sustainable income. Focus group participants agreed that the light rail being brought into the community would negatively affect the most vulnerable members of the community as gentrification increases. Exacerbating these problems, the majority of program services are geographically removed from the community and reliable transportation is a problem.

The community in which the mentor program is implemented, however, has many assets. It is rich in availability of quality childcare as well as programs providing mental health, substance abuse, and other social services. The mentors assist client families in identifying and accessing these community resources. Furthermore, the mentors believe that the program is strengthening the community. They feel they have a good reputation in the community and often have community members walk in off the streets asking if they can be assigned a mentor. Community members are asking for program services even if they are not clients of the county social services department.

Economic. The negative impact of poverty on client families and the service area was discussed during the focus groups. The current economic crisis was viewed as having a potentially negative impact on the children and families they serve.

Political. Focus group members felt that the county and the board of supervisors and the mayor generally were supportive of the program. Participants were less confident about support from judges, courts, or the community advocacy groups.

Institutional (county, state). The executive management team made references to good relationships between the county social services agency and the community mentoring program, however, it appeared that communication and/or frequency of contact between these two parties could be strengthened. Executive managers also referred to the recent loss of funding to continue the program.

With regard to state level factors, executive managers discussed the negative impact on the program of recent state legislative action and budget cuts. Billing discrepancies and confusion concerning fiscal rules for the IV-E Waiver also were cited.