

California's Title IV-E Child Welfare Waiver  
Demonstration Project  
Annual Process Study Report  
Intensive Services Components

October 1, 2002 to March 31, 2003

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## *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, 2002 to March 31, 2003.

Fresno and Riverside are the two counties participating in this study.

Process study data discussed in this report include: (1) focus groups conducted during site visits in Summer 2002 with county program staff; (2) focus groups conducted with county direct service staff in Winter 2002-2003; (3) direct observations of family conferences conducted in Winter 2001 – Winter 2003 and (4) a synthesis of data collected since the study inception regarding the benefits and challenges associated with the experimental intervention, as well as factors that facilitate or constrain implementation. Themes extracted from the data are discussed below.

### *Focus Groups with County Staff*

Themes that emerged during focus groups with varying levels of county staff are presented by county below. This represents a change from the manner in which data have been presented in prior reports. Previously, the data from all counties were grouped together and no county was identified by name. The current format has been adopted in order to increase the readability and utility of the information. Counties were notified of this change by letter on October 17, 2002 and were given assurances that efforts would be made to ensure that the material contributed by a specific individual could not be identified in the report. In addition, county staff were provided the opportunity to review material included in this report prior to its submission.

During the past year, evaluation team staff conducted a series of focus groups and interviews with varying levels of Fresno and Riverside county staff to collect data for the Process Study. A focus group with administrative and program staff in Fresno County was conducted on July 30, 2002. Two telephone interviews were conducted with Riverside County administrative and program staff on August 19, 2002 and September 20, 2002, in lieu of a focus group, due to the small numbers of staff involved and staff availability. Focus groups were subsequently conducted with line staff in Fresno and Riverside on December 17, 2002 and January 14, 2003, respectively. Line staff involved in the Waiver program in each county were also asked to complete a short self-administered questionnaire regarding their roles, levels of experience and training (**Attachment 1**). In total, staff participating in the focus groups and telephone interviews in both counties included agency subdivision managers, ISFC program coordinators, family conference coordinators and facilitators, child welfare staff supervisors, social workers and case aides. Each focus group/interview lasted approximately 2 hours. Data collected during separate focus groups with administrative and line staff have been grouped together below in order to prevent identification of specific individuals.

As in prior years, 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

schedules for focus groups with program administrators (**Attachment 2**) and line staff (**Attachment 3**) contain 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/interview participants, the proceedings were 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. The resulting summaries were subsequently sent to the focus group/interview participants for review. When county feedback was provided, it was incorporated into the final draft. Final versions of the focus group/interview summaries for both study counties are included in **Attachments 4 and 5**.

Key themes from the focus groups/interviews with staff in each county are discussed below. In addition, a summary of data collected in both counties via the self-administered questionnaire completed by line staff involved in the Waiver program is presented in **Tables 1-4**, following discussion of the focus group/interview material.

#### *Fresno County Focus Group Results*

Implementation Status: Waiver experimental services in Fresno County continued to be implemented within the Voluntary Family Maintenance (VFM) unit. The program continued to focus on preventing out of home placement and court intervention. VFM social workers continued to provide services to both experimental and control group families. The average duration of the experimental intervention was six months. However, some families remained in the intervention for up to twelve months.

The agency concurrently implemented a non-Waiver conferencing program. Study contamination was avoided by only offering VFM families who did not have a protective hold on their children the opportunity to participate in a non-Waiver conference. A protective hold was one of the requirements for Waiver study participation. Families receiving services in Permanency Planning, Adoption, Reunification and Emergency Response were also eligible to be referred to the agency's non-Waiver conferencing program. During one particular month, there were four non-Waiver conferences and two Waiver conferences convened by the agency. The frequency of Waiver versus non-Waiver conferences was reported to vary from month to month and there were months when only Waiver conferences had been scheduled.

While efforts to target the non-Waiver conferencing program to families who were not eligible to participate in the study normally ensured that control group families did not have access to conferences, one VFM social worker indicated having been involved in supporting a control group family's interest in convening a conference. The conference held by this family was reported to differ from conferences provided to the experimental group by its lack of a

designated, neutral coordinator and facilitator. The extent to which control group families received or implemented such conferences appeared to be minimal; the frequency of such conferences and their differences and similarities with experimental group conferences will be further clarified during the next report period.

The philosophy of the Waiver program and the VFM unit were seen to be the same. The philosophy embraced by Fresno county VFM staff was one where staff worked to maintain children in their own homes whenever possible and to provide the support services that would make this possible. It was felt that this philosophy had not changed over time and that the conferencing process was an extension of this philosophy. Family conferencing was described as a good fit within the agency because the intervention was strengths-based and family-focused, a direction the agency as a whole was reported to be moving towards. Most Waiver staff reported being in agreement with the philosophy and goals of family conferencing. In addition, some social workers were reported to view the research process and the random assignment as an impediment to full realization of the conferencing philosophies with all clients.

Screening process and eligibility criteria: Enrollment procedures in this county were reported to have remained the same since the report was submitted in March 2002. The enrollment criteria for Fresno Waiver families had not changed since the previous reporting period. Enrollment criteria in this county included: (1) the child must be at moderate or high risk for out-of-home placement as measured by the SDM Family Risk Assessment; (2) parents must have at least three family/friends able to attend a family conference; (3) the child must be a county resident; and (4) there must be a protective hold on the child or sibling(s). In the Fall of 2001, the Fresno program staff considered removing the protective hold requirement for participation in the study. However, after discussion with the researchers at University of California, Berkeley, it was agreed that altering the criteria in this way might compromise the integrity of the evaluation, since children without protective holds were likely at lower risk for out-of-home placements than children who had previously been accepted into the study.

The criterion that a child must be under a protective hold had been problematic and had become a point of contention among VFM staff. Some families did not have a protective hold placed on their children, but were viewed by VFM social workers as otherwise good candidates for experimental group services. Staff indicated that only law enforcement could exercise the authority to place a protective hold on a child and that social workers sometimes disagreed with the law enforcement assessment. County staff indicated an interest and some effort to work more closely with local law enforcement to increase the consistency between agency and law enforcement officials when reaching decisions about when to place protective holds on children.

All VFM social workers were reportedly trained to assess cases for Waiver eligibility by the time the focus groups were conducted. In the past, social workers had assisted the program coordinator and conference coordinator in screening cases, but social workers were now the primary screeners and the program staff assisted them only when needed. VFM social workers attended staffing meetings for all new Emergency Response (ER) referrals and participated in Multi-Disciplinary Response Team meetings (MDRT) in order to screen cases for VFM. Once cases were accepted into VFM, they were then assessed for Waiver study eligibility. In addition to screening cases and conducting in-home assessments for Waiver eligibility, social workers

also explained the study to eligible families and obtained informed consent. Staff indicated that they experienced some challenges with completing these duties. The back-to-back scheduling of some staffings, for example, was reported to impede their ability to adequately assess cases for the Waiver.

Service provision timelines: Service provision for experimental group families usually began upon acceptance of the case in the VFM unit, before the family conference was convened. Initial case staffings for ER were held within 48 hours of the police hold and the case was usually assigned to VFM within 10-14 days of the initial ER staffing. Most services for Waiver families began at that point; however, there were some services that typically started earlier. For example, after completing the Addiction Severity Index (ASI) some appointments for substance abuse services were scheduled prior to case assignment in VFM.

The conferencing process: Fresno County employed a full time conference coordinator who arranged all family conferences in the county. This staff position was being supported through Waiver funding. The coordinator was stationed within the VFM unit and worked in close proximity to the Waiver program coordinator. When the conference coordinator was absent or ill, the program coordinator stepped in to complete the conference coordination duties. The conference coordinator drew from a pool of in-house staff trained in conference facilitation and assigned two facilitators to each conference. While the facilitators were themselves case carrying social workers, they typically worked outside of the VFM unit. The facilitators were always separate from the assigned VFM social workers and were only involved in the facilitation of the conferences for families involved in the Waiver experimental group. During the summer of 2002, there was some difficulty with regular facilitator availability and at times the coordinator paired an experienced facilitator with a non-experienced facilitator in order to address the lack of adequately trained staff.

The conference coordinator typically began to coordinate conferences within 24 hours of the referral to VFM and enrollment in the experimental group. The conference was then convened within 10 to 12 days. The process of setting up the conference was reported to be very time consuming. The number of families who needed conferences at a particular time and the availability of staff to attend and facilitate conferences both impacted conference scheduling. Staff were not always available for conferences at times preferred by family members and it took effort on the coordinator's part to align social worker schedules with those of the families. Staff also expressed that when families showed reluctance to disclose their support network at the time of the initial assessment or the assessment of available support was not conducted thoroughly, the conference coordinator then needed to take additional time to do this.

The more flexible a social worker's schedule, the more easily a conference could be scheduled on short notice. A highly flexible social work staff, with open availability and limited commitments outside of work, was described as the most desirable fit for the conferencing model. In the past, VFM and facilitation staff were all located in the same building, which was also more conducive to the scheduling process. VFM and facilitation staff were now located at different sites, which made communication more difficult. Recent staff turnover had also increased the challenges for the conference coordinator. In addition to losing some staff who

had been trained as facilitators, the influx of new staff had presented the coordinator with less flexible schedules than the cohort from the previous year.

Conference planning and coordination was reported to be very important to the success of the conference. Staff emphasized that time needed to be taken to research the extended family and to search for a wide support system in advance. Staff felt that when only three or fewer attendees were involved, conferences were less effective. For this reason, it was felt that the best approach was to allow adequate time to ensure that the maximum number of attendees could be identified, contacted, their schedules coordinated and arrangements made for them to attend. Staff acknowledged, however, that there were often competing pressures to convene conferences quickly. The family's motivation to participate in the conference, for example, could dissipate over time. This placed pressure on the coordinator to get things done right away. Parents could also be asked to enter a substance abuse treatment facility with little advance notice, before the conference was fully coordinated and scheduled. In one case, the staff felt that an early conference would help with making a decision about child placement before the parent entered a substance abuse treatment facility. In this case, there were pressures to schedule the conference before treatment began. Staff reiterated, however, that the result of convening a conference too quickly might be that not all potential participants would be identified and that there would not be sufficient time to make travel arrangements for all those who might want to attend.

Language barriers were also suggested to have an impact on the conference scheduling process. While most families involved with VFM spoke English, a significant number were primarily Spanish-speaking. When a facilitator who was fluent in a language other than English was needed, the scheduling process could be delayed. The VFM program was described as best equipped to deal with English and Spanish language conferences as the conference materials were already available in these languages and some in-house facilitators were bilingual in English and Spanish. However, in one case, Cambodian was the family's native language and conference coordination was impacted by the need to find a Cambodian translator, which proved difficult. In addition, the agency was noted to serve a significant number of Hmong families. None of these families had yet been enrolled in the Waiver, however, it was anticipated that the language and cultural issues that might arise would be particularly challenging in the event such families were referred.

Fresno County continued to implement a blended model of family conferencing that incorporated elements of Family Group Conferencing and the Family Unity Model. Families were provided private time to develop a plan for the child's safety and care after engaging in a joint discussion regarding the family strengths and concerns with all other attendees. Staff indicated their belief that the family alone time was empowering for families. They reported that as a result of this approach, families were afforded the opportunity and support to develop their own plans for the child's care and protection. Family input and self determination was emphasized. The alone time was reported to encourage family ownership of the plan that was generated and promote the accountability of family members to one another. Staff expressed a concern that many families had little experience with solving their own problems and dealing with their own situations and that such families might find the process challenging. However, staff believed that the model provided these families with the agency's vote of confidence, conveying that they were capable of coming up with a plan that would work.

The availability of a full time coordinator was described as key to the successful implementation of the county's chosen model. This person was available to monitor the process and ensure that the focus remained on allowing the family to create their own plan. The coordinator's role was presented as being central to preserving the neutrality of the conference facilitators. The coordinator made efforts not to convey "too much" information about the family to the facilitators in order to prevent them from becoming biased toward a particular view of the family or a specific set of recommendations prior to the conference. In this way, the coordinator worked to ensure that the conferencing process was not simply used as a means to approve the plan of action preferred by the agency caseworker, but that the family was truly given the opportunity to develop their own plan. The coordinator was seen as useful in redirecting both staff and families toward this goal.

Good facilitation was also viewed as critical to successful conferencing. The conferences were described as places where both sides of a family often came together. While bringing together as many support persons as possibly was generally the goal, bringing together the maternal and paternal sides of the family could also mean bringing together two different styles of communication. In some cases, it could also mean dealing with an emerging sense of competition between the families. While these dynamics are not always present, it was felt that good facilitation by strong facilitators could minimize the negative effects of such tensions when they arose.

Conferencing was seen as opening up communication between family members and between social workers and families. Family conferencing was reported to work because it allowed families to be more open with each other about their needs and problems. The inclusion of the extended family was thought to increase the extent to which parents and other family members kept each other accountable for the commitments they made to address concerns. Staff also felt that once they had participated in a conference, family members felt more comfortable in talking with the assigned social worker about their progress. Staff reported that it was common for extended family members to call the social worker to express concern about a family member's progress in meeting family plan goals. Family members also seemed more willing to take action and offer their support to parents after having participated in a conference. This was in contrast to staff comments regarding control families, who were thought to view social workers as enforcers and whom they felt were less likely to contact the worker to report on family progress or difficulties.

Staff described the differences and similarities between case plans and family plans generated at the conference. Staff felt that both types of plans addressed similar concerns, but that the family plans included a broader range of participants. Family plans could include things that family members, not just the parents, committed to doing. The case plan was felt to be more about addressing the "cold hard facts" and providing formal services while the family plan was seen to be more "creative" in what it could include. The family plan included solutions generated by the families themselves and might acknowledge family support issues and address problems with relationships between family members.

Funding: Program staff had used the Waiver's flexible funds to provide non-traditional services to experimental group families. Staff identified the flexible funding as a considerable advantage for experimental families in securing support with both material and non-material service needs. Funds had recently been used to purchase with a baby stroller, a clarinet for a child, car parts, bunk beds and bedding for children. The flexible funds had also been utilized for payment of rents, transportation costs associated with conferencing, utility payments and childcare costs. Staff reported that there was more flexibility for Waiver families in which services and service providers families could access. For example, if a family had a history of working with a service provider with whom the county did not already have a contract, the Waiver funding and the conference process both facilitated the family's ability to continue receiving services from this provider. Overall it was felt that the money made it easier to provide needed services to Waiver families. Staff believed that without flexible funds some services and resources would not be made available to families at all.

Confusion over the protocol for the expenditure of Title IV-E funds was an ongoing challenge. Staff described the difficulty they encountered when making inquiries about the ways in which Waiver funds could be spent. Staff had consulted with CDSS representatives during the prior year about the possibility of using funds to cover the cost of training activities. However, CDSS had directed them to explore other funds first. While CDSS representatives did not say that the Waiver monies could not be used for training purposes, staff felt that CDSS had not given a direct answer. County staff noted, however, that there had been turnover among Waiver project staff at the state level and that this may have contributed to the lack of clarity.

Some non-IV-E funds were also being used to cover costs for the Waiver program. Cal Works performance incentive dollars were being used by Fresno county to pay for all of the VFM social work staff positions. Staff also indicated that Title XX funds paid for some conference costs, such as refreshments.

Staffing patterns, staff roles and training provided: Staff described their current roles on the Waiver project. Individual workers within the VFM unit could be involved, concurrently, in providing case management to control and experimental group families, as well as other VFM families who were not enrolled in the Waiver project. Social workers attended conferences for their experimental cases, where they presented a case history and discussed the family plan after it was presented by the family. Social worker aides assisted with transportation and other types of family support in the home. They also functioned as a conduit for communication between families and social workers. The program coordinator and conference coordinator were responsible for overseeing the project protocols and the conferencing process. On occasion, the coordinator also attended conferences to observe and provide support for the process. The coordinator further assisted with distributing and collecting the research questionnaires following the conferences.

Training had been consistently provided to staff and was based on the conferencing model endorsed by Jim Nice. The conference coordinator and program coordinator had participated in a five-day training with Jim Nice. It was reported that 75% of the facilitators had also participated in this training. In addition, the coordinator met quarterly with family conferencing representatives from other counties to share information and ideas about the conferencing

processes. Conference facilitators further received hands-on training via conference observations and co-facilitation. All VFM social work staff were trained in the basic family conferencing processes and some had received more extensive formal training. However, during the prior year, several social workers and social work aides had left the agency for graduate school. The staff hired to replace them required a great deal of training, which was planned for the Fall of 2002.

In August 2002 the program manager overseeing the Waiver project and the VFM unit was transferred to another department and a new program manager was brought in. Staff reported having had a strong connection with, and respect for, the outgoing program manager and described the transition period during Summer 2002 as stressful. However, staff also reported having positive expectations about the incoming program manager.

Program oversight and monitoring: Service provision and plan completion was primarily monitored by the social workers, via a variety of methods. Some of the methods were described as being similar to those used in non-Waiver cases, such as: monthly/weekly caseworker contacts with families, phone calls, progress reports from service delivery agencies, drug testing, and intra-county communication from Fresno County substance abuse treatment providers. Staff discussed the roles of community service providers in monitoring experimental and control cases, providing the example of a mental health provider who was able to provide more intense support than the VFM social worker could to a family living in an outlying area of the county.

Staff described what they felt to be some unique monitoring techniques used with families as a result of the family conference philosophies and process. One new method for monitoring cases was the increased dialogue with extended family members about case and family plan progress. As was noted earlier, workers highlighted the importance of the frequent dialogue with family members and how this opened up additional avenues for case monitoring and assessment. Social workers believed that the family had the best knowledge about what was really going on and that as a result of the conference, information was shared more freely with the social worker. In contrast, who social workers described control families as understanding less about how to help each other and reluctant to share/disclose much about private family matters with the social worker.

Service provision: Family conferencing allowed for services to be individualized to meet a family's unique needs. One staff described the conferencing process and the development of the family plan by saying, "it's like doing an Individualized Educational Plan (IEP) for families." Staff also felt that the location of the Waiver program within a voluntary unit, as well as the funding resources attached to the program, gave them greater flexibility in the ways families could be served, as compared with the agency's mandated programs. This individualized approach was felt to benefit experimental group families, but was sometimes problematic for the social workers when control and experimental group families compared notes. In one instance, a control group family member asked the social worker, "How come *she* got a stroller and I didn't?"

Case records were reported to show a mixed profile regarding service utilization by experimental and control families. Program staff explained that CWS/CMS records appeared to indicate that

many experimental group families had “refused services” while more control families had been “stabilized.” They further explained that these data alone were misleading due to differences between social workers in the definitions used to apply these terms. One social worker might view an experimental group family’s interest in addressing the concerns by seeking services on their own or drawing upon natural supports as “refusing” formal services while another might view the family situation as having “stabilized.” Staff acknowledged that to truly understand the patterns they would need to develop better methods of tracking these questions.

Family members were engaged in providing some needed services. Families in the Waiver experimental group were reported to more frequently provide in-kind and financial support to family members than was the case for control group families. Services provided by family members included childcare, visitation monitoring, transportation, and, occasionally, financial assistance.

Levels of acceptance: Families were generally described as being very accepting of family conferencing and even looking forward to the intervention. After the conference, however, some families appeared to lose their motivation to pursue implementation of the family plan and needed to be held to what they agreed to. Families who were not assigned to the experimental group were reported to be disappointed that they would not receive a conference. While dealing with the disappointment of family members was a challenge for social workers, staff nonetheless felt that asking families about their support systems in the context of assessing for Waiver eligibility was helpful for both the families and the social workers regardless of the outcome of random assignment.

Family conferencing cases were viewed by social workers as generally successful and seen as professionally rewarding. Staff reported having had experimental group cases that were successfully closed within six months. In one case, the family was reported to have bought a home, changed their lifestyle and was moving ahead with the family plan. Staff reported that they were able work very closely with families assigned to the experimental group and do “real social work.” Some staff felt that as a result of the family conferencing process, family members sometimes assumed responsibilities that would otherwise fall to the social worker. Most field staff hoped for as many experimental cases as possible, but some staff outside of the VFM unit had very limited exposure to the conferencing process and were less accepting of the process. Waiver staff were attempting to educate other staff members within the agency about family conferencing. Waiver social workers talked with other staff in the agency and encouraged them to consider whether cases might be appropriate for family conferencing and the Waiver.

The level of “buy-in” by higher level agency administration was described as difficult for staff to gauge. The concerns expressed by staff were mostly related to financial commitments on the part of agency administrators. While VFM staff described their immediate program managers, both outgoing and incoming, as supportive of family conferencing, they were less optimistic about the long-term fiscal support for the program. In the words of one focus group participant, “supervisors and management are under financial strain right now and it is difficult; the agency wouldn’t be able to pay for FGC without the IV-E funding.” Nonetheless, staff reported that there had been some talk of integrating family conferencing with SB 163 programs (the state-

funded wraparound programs), indicating to VFM staff that there might be an incentive to hire more staff for family conferencing.

Contextual factors - Community involvement: The involvement of community stakeholders in the Waiver had mostly been through conference participation. Initially, some community stakeholders were involved in the early phases of Waiver program planning in the county. However, since the initial planning stages, there had not been consistent efforts to involve members of the broader community in ways other than gaining their participation in conferences on a case-by-case basis. Community members and stakeholders attended conferences to act as resources for families or to contribute information about family strengths and needs. Community participants had included: substance abuse providers, public health representatives, a home visitation service known as Exceptional Parents Unlimited (EPU), school personnel and a clergy member. Some of these participants, such as EPU, were regularly involved in providing services to families, and in this way, served an important role in monitoring family progress. Others, including substance abuse providers, were described as providing families with information regarding their areas of expertise in order to support family members in developing the family plan.

Native American families frequently drew upon tribal resources during the conferencing process. Staff reported that two recent Indian Child Welfare Act cases avoided court intervention as a result of the family's participation in a family conference and the resources that were available through the family's tribe. Tribal elders attended conferences for these families, serving as part of the family's support network. While this was generally seen as a strength, staff also noted that there could be cultural challenges associated with involving such tribal resources. In one case, a tribal representative disclosed information shared during the conference to others in the parents' "tight-knit" community. As a result, sensitive information discussed in confidence was soon known to many, without the parents' consent.

Efforts to provide formal training in family conferencing to the wider community had been fairly limited. Staff reported that they conducted presentations at some community venues, but noted that these presentations consisted mostly of giving an overview of the conferencing process. Staff further explained that most community participants attending conferences did so only one time, when a conference was called for a specific family they were involved in providing services to. When community participants did attend, staff made efforts on an individual basis to educate them about their role in the process. With regard to the limited knowledge of community members about family conferencing, one staff said, "I am not aware that they (the community) even know what's going on with it?" Some participants, like those from EPU, were involved in several conferences and were thought to have a better feel for what to expect during a conference and what roles they should take.

Contextual factors - Social and economic factors at the client level: Substance abuse and limited access to adequate housing were identified as pervasive problems for both experimental and control group families. Staff reported that substance abuse in the county was very problematic. One staff member went so far as to say that "methamphetamine has taken over the valley." Staff shared that they observed inter-generational substance abuse to be common among families and that this posed a significant challenge to the conferencing process. Staff explained that for some

families, everyone they knew and could possibly invite to a conference had either committed a felony or used drugs. This was seen as complicating the development of an adequate family plan because family members could not rely on addicted or incarcerated family members as reliable resources. Family members who had committed felonies could rarely provide placements for children when this was needed. Staff also described the challenges associated with limited and/or sub-standard housing for families. They described families to be constantly moving between shelters and among family members or friends' homes, which was felt to severely limit their ability to address other issues. Staff identified the reduction in Section 8 housing vouchers as a factor that had exacerbated client transiency throughout the county.

Low educational levels and low incomes were identified as factors that affected Waiver families in unique ways. Low literacy levels were seen by staff as problematic because they led to difficulties with the development, writing and reading of the family plans. The low-income levels of families were also felt to place some constraints on the conferencing process. Staff felt that as a result of the conference and the disclosures families made during the meetings, family members were motivated to help each other but were limited in terms of the in-kind and financial supports they could offer. Still further, staff reported that some families were reluctant to take time off of work to participate in the conference if it meant losing much needed wages and income. Staff indicated that there were some community resources to assist such families and that Cal Works had been particularly useful. At the same time staff also described the county as economically poor and lacking in resources. In addition, they described overall employment opportunities in the county as scarce.

Client access to services varied throughout the county and was impacted by economic downturns affecting the region. Program staff reported that several local non-profit agencies were running out of money, including some that had historically provided financial assistance to families with their utility costs. It was felt that there were now fewer agencies available to families for support and intervention. However, there were some noted exceptions to this decline. Faith based charities like the Salvation Army, Catholic Charities, and the 7<sup>th</sup> Day Adventists were still actively providing services. Neighborhood Resource Centers (NRC) located in some of the public schools were also described as being helpful to parents. Most service providers in the county were described as providing services along municipal or district lines, however, making access to services dependent upon one's place of residence. For example, families who were not living in the city of Fresno could face challenges in accessing services located outside of their home city, even though comparable services were not available where they lived.

Access to transportation was viewed as a key factor in accessing services. For clients who resided in outlying areas of the county, it reportedly took up to two hours to get to needed services. This was problematic for many of the families and staff were unable to suggest ways they could overcome this.

Contextual factors - Social and economic factors at the county, state and federal levels: Most focus group participants expressed a general feeling of being under-staffed in their agency. Workers felt that they had been asked to assume new responsibilities outside of their regular case management duties and to absorb these new duties into their regular work hours. For example, staff discussed their efforts to complete four home evaluations within 30 days in order to address

recent requirements that kinship caregivers meet licensing standards. Budget constraints within the agency and the county had led to efforts to maximize use of non-traditional funding sources. The time needed to learn about these new approaches and incorporate them into their practice was also perceived by workers as a workload increase. As a result, staff participating in the Process Study focus group felt that the agency climate was now more crisis-driven. Budgetary concerns further contributed to a shared feeling among staff that poor families were not a funding priority on the national level and as a result, resources for families and social workers were limited. Within the context of high workloads and limited resources, some staff pointed to the fact that two of the staff designated for the Waiver had non-case carrying duties and that this was a source of some tension.

Courts and legal requirements presented both challenges and benefits for control and experimental families. Occasionally, the court ordered families to participate in a family conference, a practice which staff viewed as being in direct conflict with the intent to provide conferencing as a voluntary intervention. Staff had addressed this problem to some extent by encouraging the court to instead order an assessment regarding the family's suitability for conferencing. Staff also discussed the ways in which court cases could be advantageous to gain parent participation in services. For example, if a social worker suspected that parent drug abuse was becoming problematic the worker could ask for a court order directing the parent to comply with testing or treatment. However, because Waiver cases were voluntary, VFM workers felt that their "hands (were) tied" when the parent resisted treatment and the child safety concerns did not meet the threshold for court intervention.

Contextual factors - Political: Agency-wide challenges affected the family conferencing process and Waiver families in varying ways. For example, the county had been struggling for some time with inadequate placement resources for foster children who were in need of high-level care due to their behavioral challenges. RCL 10, 12 & 14 facilities were limited in the county, and these facilities had already indicated their inability to care for the children in question. As a result, at the time this information was reported (July 2002), the children were sometimes being boarded temporarily in the family conference meeting room. This had, at times, delayed conference scheduling or inconvenienced attendees, as the room needed to be rearranged and the furniture had been defaced by these unplaced foster children. The county board of supervisors was working with Fresno DCFS to address the ongoing problem of placing the "motel kids," as they were sometimes referred to. This crisis had, nonetheless, had some positive effects. Staff indicated their view that the negative media attention had impacted the public's perception of DCFS and had cultivated a growing acceptance in the county for preventative services such as family conferencing.

Positive reports about CPS and family conferencing, in particular, were felt to bolster community support for the agency. A new oversight committee (OC) had been formed during the prior year and it was reported to have favorable views toward family conferencing and other preventive approaches. The OC reported to the Board of Supervisors on issues related to CPS in general and staff viewed the Board as being responsive to the OC's recommendations. In this way, advocacy on the part of the OC was believed to have played a part in preventing some proposed staff cuts. In addition, county staff conducted a presentation on family conferencing for community members and parents. Reportedly, it left attendees feeling "blown away" by the

more positive view of CPS they received. Despite the more positive community response and the support of the OC, securing funding for interventions like family conferencing was reported as a challenge. Mandated programs in the county were felt to receive the bulk of funding and staff felt that without the Waiver funding they were not certain that a family conferencing program could be maintained.

Contextual factors - Factors related to the demonstration project: Random assignment was described as confusing for families and workers. Staff conveyed that families were often disappointed when they were not assigned to the experimental group and confused as to why they could not participate in the intervention. In a similar way, line staff were also described as not fully understanding the random assignment and often thought that if they referred a child to the Waiver they would automatically receive a conference.

The presence of UCB conference observers was identified by program staff as being somewhat problematic for conference participants. At one conference it was reported that an observer stepped out of her designated role as a non-intrusive researcher and offered the family some assistance during family alone time. In addition, the facilitators were reported to be somewhat uncomfortable with the additional presence of a non-participant observer.

Screening prospective cases, completing research paperwork and conducting informed consent procedures were viewed to be very time consuming activities. Facilitators were reported to prefer facilitating non IV-E conferences because there was no additional paperwork or questionnaires to fill out, as there was with Waiver conferences. In addition, line staff shared that they needed to take extra time with families to explain how the study worked and that this was especially problematic when working with families with low educational levels. Lastly, staff also expressed some frustration with the amount of administrative time it took to screen and enroll prospective clients in the study.

The county planned to stop accepting new cases in the Waiver program in December 2003 and close down the program in June 2004. Fresno's intention was for the program to continue beyond June 2004 if an alternative funding source could be secured. Program staff indicated that there had been some talk within the agency about obtaining grant funding to continue the program.

### *Riverside County Focus Group Results*

Implementation status: Riverside County continued to implement their Expanded Services Program (ESP), focused on providing family conferencing and intensive services to promote the placement stability and timely permanence of adjudicated children placed in out of home care. The length of intervention for ESP families ranged from 6 to 24 months. In a report submitted to CDSS, the county reported that of 70 children in the experimental population (study children and siblings), 40% (n=28) had successfully reunified with birth parents, as of August 2002. This rate of reunification was reportedly higher than that initially expected by county staff. The ESP program had also seen more children placed with kin caregivers than was originally anticipated. As a result, the ESP staff had been working more closely with the biological families of participant children than was expected by the county during the planning phase for the Waiver

intervention. Placement changes for children in the study had been very low and this was consistent with the intended goals of the program.

Family conferences had been provided to some families outside of the Waiver program, but this non-Waiver family conferencing program was reported to be quite small. It was felt by some staff that over the past 1-1.5 years, family conferencing had not been a priority within the agency. Respondents identified both staffing and budgetary challenges as key factors influencing the extent to which family conferencing was prioritized. Only one social worker in the entire county was currently coordinating non-Waiver family conferences and conferences were convened only in the region where this social worker was located. ESP staff were coordinating with this social worker to ensure that Waiver control group contamination was avoided.

Staff indicated that the agency was considering adding a Concurrent Planning Coordinator who might determine the extent to which family conferencing was made available to agency cases in the future. Conferencing in this context was envisioned as a front-end intervention aimed at facilitating placement decisions. ESP staff expressed doubts about the ability of one person to manage this workload, however, given the volume of cases in the county. In addition, staff believed that conferences might be more abbreviated and would not necessarily follow the Family Unity model being utilized in ESP.

The overall philosophy of the ESP team was reported to be “whatever it takes” to keep children safe while achieving permanency. For Riverside, this philosophy encompassed beliefs in: (1) empowering the individual to make positive changes; (2) helping the larger support system to gain an understanding of the issues so that support persons were better equipped to provide assistance; and (3) allowing the family and its support system define their own roles and solutions, as opposed to simply complying with the agency agenda. All program staff reported that this guiding philosophy has not changed since initial implementation.

Screening process and eligibility criteria: Enrollment criteria for the Waiver program remained the same as previously reported, but the screening and enrollment of eligible cases was now conducted in conjunction with some line staff. One ESP social worker regularly assisted the program supervisor with screening and enrollment of Waiver cases. An additional ESP social worker was also trained to read and review cases for consideration in the study. The role of ESP social work staff in screening cases and enrolling study participants was expected to continue and possibly expand.

Limited enrollment in the county had been attributed, in part, to the county’s enrollment criteria. The age parameters established by the county were identified as limiting the number of families that could be offered the experimental intervention. Age parameters for study participation required at least one child in the sibling group to be between 2 and 12 years of age. It was felt these criteria excluded a large number of families referred to the agency, since a large percentage of new referrals involved families with infants.

Other components of the county’s program design were also thought to limit enrollment. When children could not be placed with relatives, the county’s enrollment criteria required that there be

two prospective ESP-trained foster families available to care for the sibling group. This was intended to allow the entire sibling group to be matched with the most suitable foster family prior to placement, in an effort to facilitate placement stability and permanence. While staff viewed this requirement as a worthy goal, they thought that these placement requirements created additional hurdles to study eligibility. It was difficult to find even one ESP placement for a sibling group and often unrealistic to attempt to locate two. This was compounded by the fact that some ESP-trained foster families were not willing to wait for placement of an ESP eligible child or sibling group, especially when there were many other county dependents who could be placed immediately. Staff suggested that asking a foster family to forgo accepting placement of non-ESP children while waiting for an ESP child was too difficult for families who relied on foster care payments for their income. Staff felt that some foster families no longer wanted to take ESP children because of their own financial needs.

Service provision timelines: Service provision timelines were influenced by timeframes for enrollment and formal case assignment to the ESP program. The enrollment process was felt to be a long and drawn out one. Potentially eligible children were identified while the case was being served by the Court Dependency Unit (CDU) and it could be difficult to make phone contact with the assigned CDU worker to obtain further information about the case status. Enrollment generally occurred prior to the Jurisdiction-Disposition hearing, while the case was still being handled in CDU. In some instances, ESP social workers were assigned as the secondary worker on the case as soon as study assignment to the experimental group occurred. In these instances, workers were able to begin providing ESP services immediately, upon enrollment. Some children assigned to the experimental group, however, did not begin receiving ESP services until the case was formally assigned to the ESP unit, after the Jurisdiction-Disposition hearing. The length of time from study enrollment to formal assignment to the ESP unit ranged from one to three months. In all cases, services provided by the social worker and Community Services Assistant (CSA) began before the initial family conference.

ESP staff were only involved in providing services to the experimental group. Cases assigned to the control group typically proceeded to a Family Reunification unit elsewhere in the agency, following the Jurisdiction-Disposition hearing.

Once the case was assigned to ESP, the CSA for the ESP unit and the conference coordinator/facilitator made contact with the family. The CSA assisted the family by securing services to meet some basic needs while the coordinator/facilitator began arranging the family conference. If the child had recently been placed in the current placement, the coordinator waited to schedule the conference until the child's placement had been stable for a period of time. This helped to ensure the caregivers' familiarity with the child and allowed time to assess the needs of the child.

The conferencing process: Riverside had a designated coordinator/facilitator working together with an assistant to ensure the timely provision of Waiver family conferences. The coordinator/facilitator position was a non case-carrying position and was unique to the ESP program. The position was created in September 2001 following several months of county re-organization and a hiatus in conference scheduling. The coordinator/facilitator was assigned a

Community Services Assistant and, together, the coordinator/facilitator and this CSA managed all family conferences for the ESP program.

The initial family conference was held 30-60 days after the case was formally assigned to the ESP unit. Most cases received at least one follow-up conference. Initially, program goals were to convene follow-up conferences within 90 days of the initial conference and subsequent conferences every six months. Implementation of follow-up conferences varied, however, depending on each case situation.

Organizing the conference required a great deal of planning and coordination of many factors. Staff indicated that the unique situation of each family influenced the scheduling process. The availability of the conference coordinator/facilitator also had a significant impact. The ESP program relied on one individual to coordinate and convene all conferences. When this individual was not available, conferences could not occur. Between October 2002 and February 2003, the coordinator/facilitator's absence for a medical leave brought conference scheduling to a halt. As a result, no initial or follow-up conferences were held for experimental group children. No new children were enrolled during this period either, although staff attributed this to a general slow-down in referrals of appropriate cases to the agency.

Staff discussed the factors they felt had an impact on the overall success of conferences. Among these, staff contact with families prior to the conference date was seen as extremely important. Program staff felt that contact with families prior to the conference afforded family members an opportunity to ask questions about the process and allowed staff to answer those questions and anticipate areas of tension and conflict that might arise during the conference. Staff also viewed this early contact with families as an opportunity to convey to families that the ESP staff were "on their side" and part of a team that included the family.

Challenges associated with the conferencing process included the limited availability of family members to attend conferences. It was particularly difficult to include incarcerated parents in the process. Staff reported not having much success with their efforts to address this specific challenge. When family members were available, it was often the case that their schedules did not align with the scheduled work hours of ESP staff. Line staff explained that in taking an ESP position, they had expected that some evening work would be required, but the amount of evening and weekend time that was actually needed to accommodate family schedules had exceeded their expectations. These scheduling concerns required them to be very flexible in order to be available to attend conferences at times that were convenient for family members.

Another noted challenge concerned the willingness of families to fully participate in the process. Some parents were reported to be reluctant to involve the extended family and outside community in the conferencing process. Staff found, however, that the way in which the conference was structured helped families to more fully engage in the process. Staff felt that their willingness to be very accommodating to family needs and concerns helped to minimize the ambivalence of family members regarding the process. In addition, their efforts to help parents see that the larger community was not there to blame them, along with the conference focus on the positive aspects of the family, helped to build a supportive environment.

Coordination of conferences was also impacted by the availability of conference facilities. Facility availability was often problematic when conferences were scheduled after regular business hours and on weekends. Conferences were typically held in county facilities and there were sometimes access problems during non-traditional work hours.

Lastly, difficulties could also arise around childcare needs during conferences. Although the unit CSA was usually available to provide childcare during the conference, and a second CSA and Office Assistant also helped on occasion, large numbers of children required additional support, which could be difficult to arrange.

Staff felt that there were unique benefits associated with their model of family conferencing. In Riverside County, the experimental program utilized a Family Unity model for conferencing. This included a specific phase during which the strengths in the family system were elicited from all family and professional participants and a facilitated planning phase that included all participants. One benefit of this model, it was felt, was that it facilitated a breakdown of the “us” (CPS) against “them” (family) dynamics.

One reported disadvantage of the chosen model was the lack of family-driven problem solving that was felt to result from the high level of professional involvement in all phases of the conference. Not having family alone time was thought to decrease family members’ perceptions of themselves as experts and minimize the extent to which they felt empowered to solve their own problems. It was suggested by several staff that incorporating family alone time into conferences held toward the end of the agency intervention, when families would be expected to address issues without the agency’s support, might be useful as cases moved closer toward dismissal. In addition, Staff indicated their belief that such an approach might help families transition toward greater independence from formal supports, as well as enhance the self-esteem of family members.

The collaboration between the coordinator/facilitator and her assistant was reported to impact the dynamics and documentation of the family conference itself. Staff felt that dialogue between the two staff members involved in coordinating and conducting the conference might influence the conference process in subtle ways. In addition, since it was the assistant’s role to record the meeting proceedings, it was suggested that this person’s ideas and perspective became incorporated into the written family plan and other conference documentation. However, the conference coordinator/facilitator was felt to have greater control over the overall conference process, including finalization of the family plan.

Staff indicated that family conflicts and tensions sometimes fell outside the scope of the family conference. Program staff acknowledged that many family issues were longstanding and had not been addressed for a significant period of time. Staff described the difficulties involved in bringing some of these problems out into the open during the conference and the importance of bringing closure to the family “wounds” that might be opened. Staff indicated that it was challenging to ensure that issues not directly related to the conference purpose did not take over the focus of the conference. Redirecting the conference toward the most relevant issues was often necessary. This process required that staff recognize the input of each conference participant, allowing them to have the opportunity to state their concerns about a situation, but

redirecting participants back toward the goals of the conference. Both program staff and line staff noted challenges in dealing with family conflicts and difficult family histories.

Staff felt that family conferencing empowered children, giving them a means to state their perspectives and priorities. In the view of staff involved in implementing the ESP program, family conferencing provided a venue for families to honestly state what strategies they thought might and might not work to address the family's issues. Children were encouraged to participate in this process, along with other family members. Children got to say what they wanted to say, and what they thought was needed, as well. Efforts to keep the conference focused on the needs of the children, making them the point of focus for all conference participants was noted as an important means of facilitating collaboration and reducing the conflicts and tensions that sometimes arose during the process.

ESP social workers, Community Service Assistants, and the coordinator/facilitator all participated in the family conference. One Community Service Assistant (CSA) provided transportation assistance to local family members so they could attend the conference. In addition, the CSA provided child care for the young children not attending the conference, as well those who were taken out of the conference during periods that were not felt to be appropriate for them. A second CSA was assigned as recorder/assistant to the coordinator/facilitator. The CSA working with the coordinator/facilitator took notes during the conference and recorded the proceedings. On occasion, the Office Assistant assigned to the ESP program also helped in this role. The coordinator/facilitator guided the conference through the required components of the chosen model and mediated between family members and other participants. Conferences were not held without the case-carrying social worker being present. The social worker provided information regarding resources, assisted with guiding the conferencing process, and made commitments regarding referrals or funding for family needs. Ultimately, it was the social worker who determined whether the family plan was acceptable to the agency and was consistent with court orders.

Funding: Flexible IV-E funds supported the conference coordinator/facilitator's position and partially supported the positions of the ESP social workers, thereby facilitating their ability to carry smaller caseloads. In addition, flexible funds had been used in a variety of ways to cover conference costs and support the needs of children and families receiving the experimental intervention.

Some monies had been used to pay for interpreters when this was needed to support the conference participation of non English-speaking family members. Further, when some program documents were not available in Spanish, flexible funds were used to pay for their translation into Spanish.

Waiver funding had also been used to cover travel costs associated with bringing family members from out of state to attend conferences. Funds were used to pay for train travel, lodging and, occasionally, airfare. There could also be local transportation costs for gas or taxi fare, and these were also covered by flexible funds. Flexible funds were further used to purchase food and refreshments served during the conference.

Flexible funds had also been used to support child placements and family service needs. For example, IV-E funds had been used to supplement TANF payments received by relative caregivers who were found to be ineligible for the higher federal foster care payments. Funds had also been used to pay for resources to benefit study children, caregivers and parents such as tutoring, dance classes, respite care/child care and drug rehabilitation. Material goods and resources had additionally been purchased with flexible funds, when it was felt that such items were needed to support the case and/or family plan goals. These types of purchases had included car parts/repairs, refrigerators, beds for children, clothing and food. On occasion, the funding had also been used for making rent payments or deposits and covering utility bills.

Staffing and training: The ESP program functioned as a separate unit within the agency. The staffing structure consisted of one program supervisor, the conference coordinator/facilitator, an assistant to the coordinator/facilitator, four social workers and a CSA, whose role it was to assist the four social workers. In addition, there was an Office Assistant assigned to the unit who provided clerical support. As noted earlier, the full-time coordinator/facilitator position was a new addition to the staffing structure in Fall 2001.

Staff training activities varied by position. Specific training for the coordinator/facilitator involved formal instruction by the previous conference coordinator in addition to conference observations. The direct service staff were reported to have attended Wraparound training in June 2002 and continued to participate in program-led ESP classes. While these classes were specifically focused on training relative caregivers and foster parents, one class session addressed the family conference process. Most staff, including the coordinator/facilitator attended this session. Some of the staff also attended the American Humane Association FGDM Roundtable during the summer of 2002. It was felt that future training was contingent on the budget, and with the anticipated end of the demonstration project there were no future staff trainings planned.

Contact with other family conferencing programs had impacted the county staff in some ways. Comparing notes with other counties and exploring their facilitation methods had aided staff in thinking about new ideas for family conferencing in the county. For example, one former agency administrator had visited Fresno County to observe their front-end conferencing program and was reported to be convinced of the value of utilizing family conferencing in this manner during his tenure with the agency.

Program oversight and monitoring: Staff reported that case monitoring methods varied little from those used in non-Waiver cases, but increased worker contact with families made monitoring a more frequent and regular occurrence. Most case monitoring was accomplished through home visits, contacts with service providers (therapists, parole officers, etc.), and by periodically reviewing the needs/concerns listed during case planning. The case plan and family plan generated at the initial conference were both utilized in case monitoring. One ESP worker used the family plan as a sort of “checklist” for use in monitoring case progress and organizing needed services. While both types of plans listed objectives, specified responsible parties and gave time limits, the family plan was reported to include a broader spectrum of participants and activities. The family plan could include anything about anyone related to helping with the family’s success. In contrast, by intent and legal requirements, the case plan was specifically

focused on the parents' and the agency's responsibilities. In this way, family plans provided an opportunity to involve extended family members who might also play a monitoring role. Some staff believed that families learned to get together on their own and would sometimes convene family meetings before and after the formal conference proceedings.

There was a consensus among staff that ESP workers were more available to the families they worked with, as compared with non-ESP workers. Staff conveyed that this was due to their lower caseloads. Social workers and the unit CSA together were reported to see each family 1-2 times per week. In addition, the collaborative relationship that workers established with families as a result of the family conferencing process was reported to facilitate the ability of staff to conduct their work. Waiver families were felt to be more open in their reporting about family members and extended family member relations either through telephone calls or through personal conversations during worker visits. Staff discussed their view that the openness involved in family conferencing increased the attendees' willingness to monitor each other and communicate concerns to ESP staff.

A unique approach to monitoring the progress of experimental group cases was the use of follow-up conferences. ESP staff typically held one to two follow up conferences per family and, on occasion, as many as three or four.

Service provision: Staff reported that, as a result of the family conferencing intervention and the Waiver's unique resources, enhanced services were identified and provided to experimental group families. First, it was felt that because of the openness established during the family conferencing process, families were more candid about their needs and could utilize the conference as a vehicle to ensure that those needs were met. Secondly, the use of flexible funding to support smaller caseloads meant that the ESP workers could be more available to address the family's needs. ESP staff had more time for clients and as a result they were more available to help families problem solve and intervene in crises. The flexible funds further made it possible to acquire resources or services identified during the conference that would otherwise be unavailable. It was also felt that the conference helped to mobilize the family's resources. Families that received conferences were reported to be more willing to assist with child and family needs and have more positive relationships with agency staff. Extended family members volunteered to provide more in-kind supports like childcare assistance, transportation and tutoring, than it was thought was the case outside of the conference process. On occasion, family members had also provided economic support for rent payments or costs associated with drug treatment programs.

Levels of acceptance: Acceptance of family conferencing and other aspects of the experimental intervention was reported to be high among families, ESP staff and the program's direct supervisor. Families were reported to value family conferencing. According to one staff member, families appreciated the experimental program almost "too much," to the point that "they don't want it (the intervention) to end." Families came to see CPS intervention as a positive experience and were satisfied with the way in which workers could respond more immediately to their needs. During the family conference, it was suggested that family members heard more positive things about themselves and were made more aware of their strengths.

ESP staff also indicated that they received benefits from both the family conference intervention and work in the ESP unit. One social worker expressed that, “It is a blessing to work at this level.” Workers felt that they got to know the families better and gained a more in-depth understanding of each family’s strengths and limitations. While family conferencing consumed more of the workers’ time, staff had the benefit of lower caseloads. Combining the lower case loads with family conferencing was perceived to result in better outcomes for families and to have instilled a sense in ESP workers that they were making a positive impact. The staff also noted the benefit of working closely with each other and with their supervisor. This was reported as an additional factor contributing to increased job satisfaction.

Outside of the ESP program, the receptivity to family conferencing by line staff was difficult for ESP staff to gauge. Their contact with non-Waiver caseworkers was fairly infrequent. They nonetheless believed that a larger number of line staff throughout the agency had, over time, become more aware of the ESP program and family conferencing and that, as result, acceptance for the program had increased.

Conflicting views were expressed by ESP staff regarding the level of acceptance for the experimental program among agency supervisors and managers. One staff member described agency supervisors and managers as having a favorable view of intensive services, and believed that administrative staff were trying to move the agency culture and practice in that direction. Family conferencing was viewed by this staff member as benefitting the agency overall, as it was expected that family conferencing would increase the number of cases that were closed successfully and reduce recidivism. A second ESP staff member suggested, however, that while the agency aspired to practice CPS intervention as it was practiced in ESP, large caseloads faced by most staff in the agency prevented this from ever really happening. It was further suggested that this tension between the promoted agency culture and the realities of agency casework might indicate mixed support for the family conferencing intervention outside of the ESP unit. Along similar lines, another staff member described the attitude of agency administration toward family conferencing as unsupportive. With the agency facing budget cuts and recent staff turnover it was felt that family conferencing would not be considered a priority.

Community liaisons and community participants were reported to be in support of family conferencing. However staff indicated that many community members and agencies appeared to know little, if anything, about the family conferencing intervention. Lastly, staff felt there was a perceived benefit in relation to the courts. They believed that ESP workers were not challenged as much by the courts on the adequacy of service provision to experimental group families.

Contextual factors - Community involvement: Community members and local professionals had not played a significant role in shaping, improving and participating in the family conferencing process and the ESP program. Quarterly Advisory Board meetings continued to take place, however, only two community stakeholders – a representative from California State University, San Bernardino’s Department of Social Work and a representative from a non-profit organization for the developmentally disabled – continued to attend these meetings.

Community participants attending family conferences had mostly included human service professionals and public school personnel. The most frequent conference participants included

teachers, substance abuse counselors, therapists and GAIN (Greater Avenues to Independence) workers. Staff also reported one instance where a church leader attended the conference and led an opening prayer. While staff volunteered this as a positive example of conferencing, this conference was noted as an exception from the norm by its inclusion of a cultural ritual. Community participants generally did not receive formal training in family conferencing processes, beyond clarifying their roles, and no future training was being planned.

With regard to supportive community-based services, social workers specifically mentioned a few local institutions and agencies as being available to support ESP child and family needs. Tutorial services had been provided to clients through the University of California, Riverside (UCR) and some community colleges. One community group in particular, The Black Infant Health Program, was actively involved in providing ESP clients with information on nutrition, Christmas presents and transportation.

Contextual factors - Social and economic factors at the client level: Socio-economic challenges faced by clients were reported to be similar for both Waiver and non-Waiver families. Staff reported significant and pervasive problems among clients with varying access to transportation, high rates of substance abuse, low incomes/poverty and limited access to adequate housing. While the impact of these issues could be lessened by support from family, friends and local agencies, much of the support available to families was contingent upon their regional location. Families living in outlying, rural areas were reported to be at a disadvantage in that most service providers and public transportation systems were located in the metropolitan areas. For example, food banks were given as an available resource only to families living in specific areas of the county. The role that families could play in addressing some service disparities was acknowledged, but family capacity to intervene was similarly limited.

Contextual factors - Social and economic factors at the county, state and federal levels: The agency had faced a very difficult fiscal climate during the past year. In addition to the fiscal challenges currently faced, staff expected that potential budget cuts at the state and federal levels would further negatively impact the county. Staff felt that the agency was attempting to balance the various programs that competed for resources, but that family conferencing was not viewed as an important priority when compared with the agency's mandated programs. Recent changes in agency policies and procedures were discussed by staff as challenges they were continuing to adjust to. For example, one staff member noted that changes had been made to the procedures used to request specific resources and funding. Historical challenges were mentioned as the backdrop to current implementation difficulties and as an indicator of the level of agency support for the program. Staff indicated that the agency division in which the ESP program was located had been reorganized several times in the years since initial implementation. During this time, the program staff had seen six different regional managers, two deputy directors and two assistant agency directors. These changes had also resulted in the loss of some staff who had initially been involved in the program and a change in the geographic location of the program within the county. For the current program team, the locale change had meant adjusting to a site that was designed for administrative use, not direct service. Simple things that line staff were used to having access to were not available at the current site. Items such as lice kits, urine test kits, and several county vehicles for client transport were not readily available, which created more work for staff in completing routine activities.

Contextual factors – Political: County staff expressed concerns regarding the impact of the political climate at both the local and federal levels. On the local level it was felt that the Waiver intervention did not fit well with other programs in the agency. The program had been moved around a great deal and three of the four social workers on staff had been assigned to the program only after the Wraparound program they had worked for was disbanded. Outside of the agency and county, staff expressed concern regarding the extent to which social programs might continue to be supported by the current federal administration. In discussing these issues, staff conveyed their uncertainty regarding the level of future financial support for the ESP program and social services in general. The threat of negative media attention regarding potential failures to adequately protect children was further raised by staff as a general fear that had some influence on their work.

Contextual factors - Factors related to the demonstration project: With regard to the impact of demonstration project requirements on ESP implementation, some concern was expressed that the project requirements had a dampening effect on county and/or client participation. In discussing their concerns, staff sometimes failed to differentiate between requirements set by the state and evaluators and those that were chosen by county staff. One staff member indicated that a larger number of counties had originally expressed interest in implementing Waiver family conferencing interventions, but that only a few had actually pursued implementation. It was suggested that this might be attributed to the demonstration project requirements. The limiting impact of county-specific enrollment criteria on participant enrollment was also discussed in this context. Staff further expressed that some project requirements were particularly time consuming, including the county's procedures for determining program eligibility and the Structured Decision Making forms required by the research.

Staff expected that when the Waiver demonstration ended, they would be transferred to other agency programs and ESP would be dismantled. Program staff planned to continue enrolling participants only through June 2003, in order to allow adequate time to serve new enrollees during the 10-month extension of the project that had been granted by DHHS.

*Staff roles, training and experience – Fresno and Riverside*

**Tables 1-4** present the results of a self administered questionnaire completed by line staff regarding their roles, training and levels of experience following the December 2002 and January 2003 focus groups. Direct service staff in both counties performed similar roles. Staff in Riverside County had worked for the child welfare agency for longer periods of time, although the average length of time staff in each county had been engaged in their current roles was similar. Staff in Fresno County tended to have larger caseloads than those managed by Riverside County staff, but the number of experimental and control families served by Fresno workers was only a small percentage of the workers' overall caseload, while Riverside staff worked exclusively with Waiver experimental cases. The majority of staff in Fresno County held a Bachelor's degree while most Riverside County staff held Master's degrees. The levels of training completed by staff in each county varied, depending on the individual. Overall, Riverside staff reported having had more consistent involvement with family conferencing than Fresno staff, some of whom were new to the agency.



**Table 1.** Child welfare staff roles and levels of experience.

Domain	Fresno (N=12)	Riverside (N=5)
<b>Job Function/Duty (Current Job Titles)</b>	<p><b>Social Work Practitioner (n=2)</b></p> <ul style="list-style-type: none"> <li>Senior case carrying social worker in VFM, working with families to provide for protection and stability of children.</li> </ul> <p><b>Social Worker (n=8)</b> <i>(Social Worker, I, II, III)</i></p> <ul style="list-style-type: none"> <li>Case carrying social worker in VFM, working with families to provide for protection and stability of children</li> </ul> <p><b>Social Work Aide (n=2)</b></p> <ul style="list-style-type: none"> <li>Assist the social workers with caseloads, motivate clients in a supportive way, access community resources for clients.</li> </ul>	<p><b>Social Service Worker V (n=3)</b></p> <ul style="list-style-type: none"> <li>Senior case carrying social worker in adjudicated services, working with families to provide for protection and stability of children</li> </ul> <p><b>Social Service Worker IV (n=1)</b></p> <ul style="list-style-type: none"> <li>Case carrying social worker in adjudicated services, working with families to provide for protection and stability of children</li> </ul> <p><b>Community Service Assistant (n=1)</b></p> <ul style="list-style-type: none"> <li>Assist case carrying social workers with duties related to case management and service delivery.</li> </ul>
<b>Years in Agency</b>	<p><b>Range:</b> 0 years, 4 months to 7 years, 3 months (n=12)</p> <p><b>Average:</b> 3 years, 3 months (n=12)</p>	<p><b>Range:</b> 4 years, 6 months to 9 years, 1 month (n=5)</p> <p><b>Average:</b> 6 years, 7 months (n=5)</p>
<b>Years in Current Role</b>	<p><b>Range:</b> 0 years, 4 months to 7 years, 3 months (n=12)</p> <p><b>Average:</b> 2 years, 5 months (n=12)</p>	<p><b>Range:</b> 1 years, 8 months to 3 years, 2 months (n=5)</p> <p><b>Average:</b> 2 years, 3 months (n=5)</p>

**Table 2.** Child welfare staff caseload size, experience with experimental vs. control group cases.

<b>Domain</b>	<b>Fresno (N=12)</b>	<b>Riverside (N=5)</b>	<b>Domain</b>	<b>Fresno (N=12)</b>
<b>Current Caseload</b>	<b>Social Work Practitioners (n=2)</b>	Range: 34 to 36 children Average: 35 children	<b>Social Service Workers IV &amp; V (n=4)</b>	Range: 9 to 12 children Average: 10 children
	<b>Social Workers I, II &amp; III (n=8)</b>	Range: 0 to 39 children Average: 22 children		
	<b>Social Worker Aide (n=1)</b>	Range: n/a Average: 21 children	<b>Community Service Assistant (n=1)</b>	Range: n/a Average: 12 children
<b>Waiver Experimental Group Children on Caseload</b>	<b>Social Work Practitioners (n=2)</b>	Range: 3 to 8 children Average: 6 children	<b>Social Service Workers IV &amp; V (n=4)</b>	Range: 9 to 12 children Average: 10 children
	<b>Social Workers I, II &amp; III (n=7)</b>	Range: 0 to 5 children Average: 2 children		
	<b>Social Worker Aide (n=1)</b>	Range: 0 children Average: 0 children	<b>Community Service Assistant (n=1)</b>	No response
<b>Waiver Control Group Children on Caseload</b>	<b>Social Work Practitioners (n=2)</b>	Range: 0 to 1 children Average: < 1 child	<b>Social Service Workers IV &amp; V (n=4)</b>	Range: 0 children Average: 0 children
	<b>Social Workers I, II &amp; III (n=8)</b>	Range: 0 to 4 children Average: < 1 child		
	<b>Social Worker Aide (n=1)</b>	Range: n/a Average: 21 children	<b>Community Service Assistant (n=1)</b>	No response

**Table 3.** Child welfare staff experience with the experimental intervention.

Domain	Fresno (N=11)	Riverside (N=5)
<p><b>Extent of Experience with Family Conferencing</b></p>	<p>Respondents varied in their level of involvement with FC and contact with families who had participated in FC:</p> <ul style="list-style-type: none"> <li>• Several respondents reported having good experiences with FC and had attended at least one FC (n=3).</li> <li>• Two respondents noted that they had provided childcare during FCs and provided transportation for conference attendees.</li> <li>• One social worker aide accompanied families to local merchants for the purchase of items with IV-E funding.</li> <li>• One respondent reported having “not much” experience</li> <li>• Three respondents reported having had no experience providing services to families who had received a family conference.</li> </ul>	<p>Respondents noted regular experiences with family conferences conducted within the county ESP program:</p> <ul style="list-style-type: none"> <li>• All respondents conveyed that they had attended several family conferences within the county over the last few years.</li> <li>• One respondent noted some observable difficulty for families as they tried to resolve familial issues during and after conferencing, but most responses to this question addressed conference attendance and not service provision.</li> </ul>

**Table 4.** Child welfare staff education and training related to the experimental intervention

<b>Domain</b>	<b>Fresno (N=12)</b>	<b>Riverside (N=5)</b>
<b>Highest Level of Education and year completed</b>	<b>Education Summary</b> <ul style="list-style-type: none"> <li>• 25% Masters (n=3)</li> <li>• 67% Bachelors (n=8)</li> <li>• 8% Associates (n=1)</li> </ul>	<u>Education Summary</u> <ul style="list-style-type: none"> <li>• 60% Masters (n=3)</li> <li>• 20% Bachelors (n=1)</li> <li>• 20% Associates (n=1)</li> </ul>
	<b>Social Work Practitioner (n=2)</b> <ul style="list-style-type: none"> <li>• Masters -2001, 2002</li> </ul>	<b>Social Service Worker V (n=3)</b> <ul style="list-style-type: none"> <li>• Masters -2000, 1998, 1982</li> </ul>
	<b>Social Worker I, II &amp; III (n=8)</b> <ul style="list-style-type: none"> <li>• Masters -1989</li> <li>• Bachelors -1999, 1998, 1995, 1993, not recorded (n=3)</li> </ul>	<b>Social Service Worker IV (n=1)</b> <ul style="list-style-type: none"> <li>• Bachelors-1974</li> </ul>
	<b>Social Worker Aide (n=2)</b> <ul style="list-style-type: none"> <li>• Bachelors-2002</li> <li>• Associates-1998</li> </ul>	<b>Community Service Assistant (n=1)</b> <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> yr. college - BA anticipated 2004</li> </ul>
<b>FC Trainings Completed</b>	<b>Social Work Practitioner (n=2)</b> <ul style="list-style-type: none"> <li>- Advanced training for Facilitators (n=1)</li> <li>- ½ day FGC conference training by county staff(n=1)</li> </ul>	<b>Social Service Worker V (n=3)</b> <ul style="list-style-type: none"> <li>- Family conferencing preliminary training (n=1)</li> <li>- No training completed (n=2)</li> </ul>
	<b>Social Worker I, II, III (n=8)</b> <ul style="list-style-type: none"> <li>- FGC Facilitator Training (n=1)</li> <li>- Four day FGC Training (n=1)</li> <li>- Some/In-House (not specified) (n=2)</li> <li>- None (n=4)</li> </ul>	<b>Social Service Worker IV (n=1)</b> <ul style="list-style-type: none"> <li>- Family conferencing preliminary training</li> <li>- 8 week county ESP training</li> <li>- Wrap-Around training</li> </ul>
	<b>Social Worker Aide (n=2)</b> <ul style="list-style-type: none"> <li>- None (n=2)</li> </ul>	<b>Social Worker Aide (n=1)</b> <ul style="list-style-type: none"> <li>- None</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.	Staff were unaware of any training to be provided in the future, but would attend if it was offered.

*Benefits and challenges associated with the experimental intervention*  
– *A synthesis of county staff perceptions since initial implementation*

**Tables 5-6** present a synthesis of the benefits and challenges associated with family conferencing, as reported by administrative and line staff during focus groups/interviews since implementation began. These questions were explored with line staff in Fresno County during focus groups on 12/4/00, 12/14/01 and 12/17/02; in Riverside, focus group discussions with line staff occurred on 2/6/01, 1/14/02 and 1/14/03. Administrative staff involved in implementing the Waiver programs gave their perspectives on these questions on 8/27/01 and 7/30/02 in Fresno and on 7/23/01, 8/19/02 and 9/20/02 in Riverside. Although the data presented below was collected at different points in time by varying levels of staff within the agency, there were no striking differences between the information presented from one point in time to another or between different levels of staff. Many of the themes discussed during earlier focus groups were repeated later on. Line staff in both counties tended to focus on the benefits/challenges experienced at the client and line staff levels, while administrative staff reported more on the benefits and challenges faced by the agency. This is not surprising, given the differences in their roles. As previously reported, there were also many similarities between the two counties in the issues they felt were particularly beneficial and/or challenging. No new themes were discussed regarding the benefits/challenges for the county agencies. This information can be found in the *2002 Annual Process Study Report*. The tables below only include information regarding the reported benefits and challenges for client families and direct service staff. New information contributed by staff since the last report was submitted is shown in italics.

**Table 5.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver conferences and other aspects of the program for client family members, as compared with traditional child welfare services (2001-2003; new information is shown in bold italics)

	Fresno	Riverside
Client/ Families	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Families self-identify the services they need and want.</i></b></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 the level of support and/or resources available to family members from the child welfare agency and other agencies represented at the conference</li> <li>• Provides a forum for family members who are not the focus of the welfare case plan to identify and receive support for their own needs.</li> <li>• <b><i>Increases communication among family members and between family members and social workers</i></b></li> <li>• Promotes less adversarial, more cooperative relationships with the protective services agency</li> <li>• Promotes family involvement in family matters</li> <li>• Increases family motivation to address problematic issues</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> <li>• <b><i>Families express their needs regularly and receive support from social workers with crisis intervention and prevention.</i></b></li> <li>• Facilitates family communication</li> <li>• Models a method for resolving client problems using the client's own resources</li> <li>• <b><i>Family members function as monitors by frequently reporting to social workers on the progress of individual family members</i></b></li> <li>• Holds family members accountable to one another</li> <li>• Strengthens the "safety net" for the child</li> <li>• Exposes children to a positive method for resolving family problems</li> <li>• Gives children an opportunity to indicate their wishes regarding the family situation</li> <li>• <b><i>Access to mental health and substance abuse providers is expedited for Waiver families in the county</i></b></li> <li>• <b><i>Flexible funding affords families the opportunity to access unique material resources and maintain reliance on non-contract, outside service providers</i></b></li> <li>• empower families, is unfamiliar, and therefore uncomfortable, for many families</li> </ul>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Families self-identify the services they need and want</i></b></li> <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 processIncreases family involvement in examining and addressing case issues</li> <li>• <b><i>Family members function as monitors by frequently reporting to social workers on the progress of individual family members</i></b></li> <li>• Encourages parents to take responsibility for their actions</li> <li>• <b><i>Flexible funding affords families the opportunity to access unique material resources and maintain reliance on non-contract, outside service providers</i></b></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 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>• Promotes the early resolution of barriers to case plan completion</li> <li>• Increases the level of support available from the child welfare agency to family members and/or foster parents</li> <li>• Validates and promotes the ongoing role that extended family members have in the care and protection of minors within the family</li> <li>• Promotes more positive, less adversarial relationships between family members and agency professionals</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>• Communicates to children that their opinions and desires matter by encouraging their active participation in the process</li> </ul>

**Table 5, continued.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver conferences and other aspects of the program for client family members, as compared with traditional child welfare services (2001-2003; new information is shown in bold italics)

	Fresno	Riverside
Client/ Families	<p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Increases potential for family conflict because difficult issues are discussed openly and a diverse group of family members come together with different styles of communication</i></li> <li>• <i>Discomfort on the part of family members with identifying concerns openly and seeking help from others particularly with regards to financial need and support</i></li> <li>• Participant no shows</li> <li>• Not effective when all available “family” members are actively engaged in activities similar to those that brought the focus of parent (s) to the attention of the protective service 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>• 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> </ul> <p>The process, with its emphasis on cooperation and collaboration and its efforts to</p>	<p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Increases potential for family conflict because difficult issues are discussed openly</i></li> <li>• <i>Discomfort on the part of family members with identifying concerns openly and seeking help from others particularly with regards to financial need and support</i></li> <li>• The process, with its emphasis on cooperation and collaboration and its efforts to empower families, is unfamiliar, and therefore uncomfortable, for many families</li> <li>• Gaining extended family attendance at the conference</li> <li>• 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</li> </ul>

**Table 6.** Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver conferences and other aspects of the program for direct service staff, as compared with traditional child welfare services (2001-2003; new information is shown in bold italics)

	<i>Fresno</i>	<i>Riverside</i>
<b>Line staff</b>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <i>Social workers describe themselves as engaged in more comprehensive, in-depth and “real” social work</i></li> <li>• Improved ability to address all relevant issues as a result of better information regarding family needs</li> <li>• Increased job satisfaction</li> <li>• Promotes less adversarial, more cooperative relationships with client families</li> <li>• <i>Families help in monitoring cases and take some of the responsibility off the social worker.</i></li> <li>• Increased access to information regarding the family, including family strengths and limitations</li> <li>• Family members commit to addressing issues that otherwise would fall to agency staff to address</li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• <i>Coordinating the conference: locating and contacting prospective participants, coordinating multiple, differing, schedules, etc.</i></li> <li>• Conference scheduling sometimes conflicts with personal engagements</li> <li>• Requires increased skill on the part of staff facilitating conferences to manage clinical issues during the conference itself. <i>(managing family conflict, working with “blaming” families, for example)</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>• Engaging family members in the process can be difficult</li> <li>• Helping families to identify their strengths</li> </ul>	<p><b>Reported benefits:</b></p> <ul style="list-style-type: none"> <li>• <i>Social workers describe themselves as engaged in more comprehensive, in-depth and “real” social work</i></li> <li>• Promotes less adversarial, more cooperative relationships with client families</li> <li>• Increased job satisfaction</li> <li>• <i>Families share responsibilities with the social worker for case monitoring and service delivery</i></li> <li>• Access to more complete and accurate information about the child and the family system, its strengths and limitations</li> </ul> <p><b>Reported challenges:</b></p> <ul style="list-style-type: none"> <li>• Non-traditional work hours</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>• Increasing family participation</li> <li>• Promoting cooperation and collaboration within the family and between family and the child welfare agency</li> </ul>

*Factors facilitating and/or constraining implementation of Waiver family conferences*

*– Waiver staff perceptions since initial implementation, as reported during focus groups with line and administrative staff*

**Tables 7-10** present the factors that were thought to facilitate or constrain optimal implementation of Waiver family conferences, as discussed by administrative and line staff since initial implementation. The data presented below were gathered during focus groups with line and administrative staff during 2001-2003 (Admin. staff: 8/27/01 and 7/30/02 in Fresno, 7/23/01, 8/19/02 and 9/20/02 in Riverside; Line staff: 12/4/00, 12/14/01 and 12/17/02 in Fresno, 2/6/01, 1/14/02 and 1/14/03 in Riverside). Focus groups prior to 2001 focused primarily on plans for the Waiver programs and initial implementation, since enrollment did not begin until April/May 2000. No distinct patterns emerged regarding the material presented at specific points in time or the factors mentioned by administrative vs. line staff. Factors mentioned by both counties are shown in italics in the tables below.

**Table 7.** Waiver staff perceptions regarding the agency resource issues that facilitate or constrain implementation of the Waiver experimental intervention, as reported during focus groups with line and administrative staff, 2001-2003

	<b>Fresno</b>	<b>Riverside</b>	<b>Implications and Context</b>
<b>Agency Resources to Implement the Family Conference</b>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Full time coordinator position</i></li> <li>Having the program coordinator available to provide back-up coverage for conference coordinator</li> </ul>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Full time coordinator/facilitator position</i></li> </ul> <b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>Not having back-up coverage for the coordinator/facilitator</li> </ul>	Both counties described the utility of having a designated full-time conference coordinator. This was reported to expedite the conferencing process overall and ensure that the goals and philosophies of FC were promoted and preserved throughout the planning process. In Fresno the coordinator was identified by other staff as being an influential force in maintaining the FC focus on family-driven, family-focused planning. In addition, the absence of the coordinator in Fresno County during vacations or illness did not interrupt the conference scheduling process, as the program coordinator then stepped in. In this way, the lack of back-up staff in Riverside placed limits on the frequency of family conferences during periods of leave or vacation for the coordinator/facilitator.
	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>Experienced and adept facilitation staff</li> </ul>		Skilled facilitation was viewed as a critical component of successful conferencing. Conferencing frequently brought difficult issues and/or longstanding family conflicts out into the open. Bringing together two sides of a family could also mean bringing together two different styles of communication and dealing with competitive dynamics between the families. While these dynamics were not always present, it was felt that good facilitation by strong facilitators helped to minimize the negative effects of such tensions when they arose.
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Limited availability of facilities for evening and weekend conferences</i></li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Limited availability of facilities for evening and weekend conferences</i></li> </ul>	Staff in both counties expressed difficulties with locating facilities for conferences held after regular business hours and on weekends. In some cases, alarm systems became problematic for evening conferences and in other cases the availability of county meeting spaces were limited overall. The level to which this impacted conferencing sometimes varied by county region.

**Table 8.** Waiver staff perceptions regarding the practice approaches that facilitate or constrain implementation of the Waiver experimental intervention, as reported during focus groups with line and administrative staff, 2001-2003

	<b>Fresno</b>	<b>Riverside</b>	<b>Implications and Context</b>
<b>Family Conferencing Practice Approaches</b>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Having an adequate number of attendees and family members present at conferences</i></li> <li>• <i>Thorough research and exploration of extended family member networks and their availability to attend</i></li> </ul>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Having an adequate number of attendees and family members present at conferences</i></li> <li>• <i>Thorough research and exploration of extended family member networks and their availability to attend</i></li> </ul>	Staff in both counties emphasized the importance of having both an adequate and extensive network of family members involved in the conferences to ensure that conferencing was productive and meaningful. This, however, was reported to require significant time, planning and investigation on the part of the conference coordinators and/or the social workers who engaged in the initial screening process for Waiver eligibility. It was believed that the larger the number of family members who attended, the more likely the conference would be productive and beneficial to family members overall. Lastly, staff in both counties described the limitations of conferences where only a minimal number of family members attended.
	<b>Facilitating factor:</b> <ul style="list-style-type: none"> <li>• Balancing the need to convene the conference quickly with an interest in maximizing the number of conference attendees</li> </ul>		There were sometimes competing pressures when coordinating a conference. On the one hand, the family’s motivation to participate could dissipate over time. On the other hand, it was felt that allowing adequate time to ensure the maximum number of attendees for optimal family support was the best approach. When conferences were convened too quickly, the conference coordinator was not able to make travel arrangements for all those who might want to attend and the potential that some key participants would not even be identified was increased.

**Table 9.** Waiver staff perceptions regarding contextual factors within the child welfare agency and surrounding community that facilitate or constrain implementation of the Waiver experimental intervention, as reported during focus groups with line and administrative staff, 2001-2003

	<b>Fresno</b>	<b>Riverside</b>	<b>Implications and Context</b>
<b>Agency &amp; Community Context Surrounding the Family Conference Process</b>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Access to Flexible Funds</i></li> </ul>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Access to Flexible Funds</i></li> </ul>	Flexible funds were identified as having a significant positive impact on the type and range of services both agencies were able to make available to experimental group families. In addition, both counties had used the funding to support staff positions, including the program coordinator and full time conference coordinator or coordinator/facilitator.
	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Staff flexibility and willingness to work nights and weekends</i></li> </ul> <b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Limited availability of staff and community professionals for conference scheduling</i></li> </ul>	<b>Facilitating factor:</b> <ul style="list-style-type: none"> <li>• <i>Staff flexibility and willingness to work nights and weekends</i></li> </ul> <b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Limited availability of staff and community professionals for conference scheduling</i></li> </ul>	The focus on accommodating families and their schedules increased the demand on staff to be flexible. Conflicts between family availability and social worker availability were a common hurdle to conference scheduling in both counties. Riverside staff acknowledged that they had made a commitment to work some nights and weekends before taking the positions in their Waiver unit, but that the level of flexibility required to meet family preferences for conference scheduling had exceeded their expectations. In addition, in Fresno County, the social work staff and the conference facilitators frequently worked in different buildings and departments making it harder for the coordinator to contact and coordinate in-house staff schedules and quickly align them with family needs. For both counties, the involvement of community professionals further constrained the flexibility of conference scheduling, as many of these professionals did not work nights or weekends.
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Policy and/or procedural changes that result in workload increases</i></li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>▪ <i>Policy and/or procedural changes that result in workload increases</i></li> </ul>	Workers in both counties described the difficulties they experienced with being asked to do extra work related to new responsibilities and to absorb these new duties into their regular hours. Staff in both counties were engaged in activities related to regulatory changes requiring that relative caregivers meet licensing standards. Staff viewed these additional responsibilities as limiting their availability for conference scheduling and service provision to families.
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Large caseloads</i></li> </ul>	<b>Facilitating factor(s)</b> <ul style="list-style-type: none"> <li>• <i>Small caseloads for Waiver staff</i></li> <li>• <i>Large caseloads for non-Waiver staff</i></li> </ul>	Some workers participating in Fresno’s Waiver program indicated that their caseload size limited their availability to families. While caseloads in Riverside were small, staff felt that workers outside of the Waiver program would not be able and/or willing to participate in family conferencing due to their large caseloads and time constraints. Riverside staff noted that although family conferencing involved more of their time, their lower caseloads enabled them to participate fully in the conferencing process. Combining the lower case loads with family conferences was perceived to have increased worker effectiveness and improved outcomes for families. Conversely, the larger caseloads held by staff outside of the Waiver unit were viewed as hindering effective social work.
	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>• <i>Educating agency staff on the availability, benefits and feasibility of Family Conferencing as an intervention for families on their caseloads</i></li> </ul>		Waiver staff felt that it was important to educate other social workers in the agency on an ongoing basis about FC and the eligibility criteria for consideration in the Waiver study in order to facilitate referrals and acceptance of the FC philosophies. Waiver staff attributed an increase in positive attitudes toward FC among social workers outside of the Waiver unit their efforts to educate other staff.

**Table 9, continued.** Waiver staff perceptions regarding contextual factors within the child welfare agency and surrounding community that facilitate or constrain implementation of the Waiver experimental intervention, as reported during focus groups with line and administrative staff, 2001-2003

	<b>Fresno</b>	<b>Riverside</b>	<b>Implications and Context</b>
<b>Agency &amp; Community Context Surrounding the Family Conference Process</b>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li>Implementation within an agency where staff perceived there was strong support from the administration for the program and its philosophies and goals</li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>Implementation within an agency where staff did not perceive the administration as having supported the program</li> </ul>	For Fresno, FC was described as a good fit within the agency because the intervention was strengths-based and family-focused, a direction the agency as a whole was reported to be moving towards. In the opinion of several staff members this cultivated respect and value within the agency for the work they were doing in the Waiver program. Riverside staff, on the other hand, felt that FC had not been a priority of the agency administration for several years and that the Waiver program did not fit well with other agency programs. This, staff indicated, was reflected by the fact that the program had been moved to different agency locations and had experienced significant challenges with maintaining consistent staffing and administrative oversight. Riverside staff did not feel optimistic about the program's future.
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>County Budgeting Provision of Overtime Pay</i></li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>County Budgeting</i></li> </ul>	Both counties expressed challenges associated with local budgetary decisions and cutbacks. For Fresno, the budget constraints made it challenging to continue to provide overtime pay for staff who attended conferences outside of normal work hours. These staff included the child welfare assigned to the case as well as conference facilitators. Riverside staff expressed concern that the costs to implement the experimental program might initially exceed those associated with traditional, mandated child welfare programs. This created some difficulty with maintaining support for the program within the agency, particularly when the agency was faced with budget cuts.
	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Active Involvement of Community Based Organizations (CBOs)</i></li> </ul>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Active Involvement of Community Based Organizations (CBOs)</i></li> </ul>	Both counties had developed relationships with local CBOs to provide direct services to Waiver families and aid in monitoring case progress. Fresno program staff had been particularly active in this regard, obtaining the cooperation of specific service providers in facilitating access to services for Waiver families. Service providers with whom the program had developed this relationship included substance abuse providers and an agency that provided in-home parenting interventions. Relationships developed between program staff and CBOs appeared also to encourage the participation of CBO representatives in family conferences.
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Limited availability of community service providers for families in rural areas, constrains options for meeting goals of the family-plan</i></li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Limited availability of community service providers for families in rural areas, constrains options for meeting goals of the family-plan</i></li> </ul>	A consistent theme for both counties since implementation of FC in 2000 has been one of limited service access for families in rural, outlying areas. Some services were not available in all areas of the county, which limited the options available to families in meeting family plan goals. In addition, these families were reported to be at a further disadvantage in that public transportation systems that might link families to services available in other parts of the county were also limited in the rural areas.

**Table 10.** Waiver staff perceptions regarding factors pertaining to client families that facilitate or constrain implementation of the Waiver experimental intervention, as reported during focus groups with line and administrative staff, 2001-2003

	<b>Fresno</b>	<b>Riverside</b>	<b>Implications and Context</b>
<b>Factors Pertaining to Client Families</b>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Adequate extended family network capable of providing support to family members</i></li> <li><i>Willingness and capacity of extended family to provide in-kind and/or financial support</i></li> </ul>	<b>Facilitating factor(s):</b> <ul style="list-style-type: none"> <li><i>Adequate extended family network capable of providing support to family members</i></li> <li><i>Willingness and capacity of extended family to provide in-kind and/or financial support</i></li> </ul>	<p>The availability and willingness of family members to attend conferences was reported by both counties as a factor that had a significant impact on the effectiveness of the intervention. Families in the Waiver experimental group, who had participated in a family conference, were reported to provide more frequent in-kind and financial support to family members, as compared with families participating in the control group. As a result, coordinators felt that time was needed to research the extended family and to search for a wide support systems in advance of the conference. Some families presented as reluctant to participate in conferences or involve the extended family, thus requiring some preliminary work building trust and understanding between the coordinator, staff and family members.</p>
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Families with larger numbers of incarcerated and/or substance abusing members place limits on the levels of support struggling families can expect from the family system</i></li> </ul>	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li><i>Families with larger numbers of incarcerated and/or substance abusing members place limits on the levels of support struggling families can expect from the family system</i></li> </ul>	<p>Staff observed inter-generational substance abuse to be common among families and that this impacted the FC process. Staff explained that in some cases everyone a family knew and could possibly invite to a conference had either committed a felony or used drugs. This was seen to further complicate things for families participating in family conferences because they could not rely on addicted or incarcerated family members as reliable resources and family members who had committed felonies could not, in most cases, provide placements for the children. While the FC model intends to mobilize family supports, some families were quite limited in this regard.</p>
	<b>Constraining factor(s):</b> <ul style="list-style-type: none"> <li>Families with limited resources may feel increased pressure to assist in ways that are not realistic given their own fragile economic or human resources.</li> </ul>		<p>Staff felt that as a result of the FC and the disclosures families made during the meetings, family members wanted to help each other but were sometimes limited in what they could offer. Resources in the community were often also extremely limited. This could create situations where the awareness of difficult social and financial issues was heightened but the resources to address these issues were not readily apparent.</p>

### *Family Conference Observations*

Six conference observations were conducted during the past year (April 1, 2002 – March 31, 2003) by in-county observers hired for this purpose in Fresno County. This represents half of the twelve conferences convened by Fresno County during this period. In total, eight conference observations have been conducted in Fresno County since implementation of conference observations began in late 2001. Two of the eight conferences that were convened by Riverside County during this year period were observed by UC Berkeley evaluation team staff. In total, three conference observations have been conducted in Riverside County to date. The Fresno County conference observations were conducted on the following dates: 11/2/01, 11/10/01, 4/20/02, 4/27/02, 7/25/02, 10/9/02, 1/9/03 and 3/6/03. Riverside County conference observations were conducted on: 3/4/02, 5/8/02 and 8/9/02. All observations were recorded using the Framework for Observing a Family Conference form developed by the evaluation team.

#### *Fresno County*

The following information reflects the seven of the eight conference observations that have been conducted since initial implementation. The eighth conference observation was conducted too late to be included in this report.

General Conference Characteristics: Five of the seven conferences were conducted at the homes of immediate and/or extended family members. The remaining two conferences were conducted in county agency meeting facilities. Four of the conferences were held during weekday evening hours. The other three conferences were held during the afternoon and evening on a weekend. The conferences lasted from 3.5 to 5.5 hours. Although proponents of family conferencing suggest that the meetings should begin in a manner that is consistent with the familial or cultural traditions of the family, none of the observed conferences were noted to have opened with a family or cultural ritual. Food, when available, was usually provided by family members, while the child welfare agency typically provided drinks. Nine to 12 individuals participated in each conference, including family members, friends of the family, two conference facilitators, the agency caseworker and, at times, the children. Community professionals were present at two of the conferences, and included drug/alcohol counselors and public health nurses. Family members and family friends outnumbered the professional participants in all but one of the conferences. Maternal relatives were in the majority among family participants at four of the conferences. Paternal relatives predominated at one conference. At the remaining two conferences, there was an equal balance of maternal and paternal relatives.

Conference purpose: The conference purpose, as stated by the conference facilitator(s), touched on the following points: (1) to ensure child safety; (2) avoid juvenile court dependency; (3) maintain placement of the child within the biological family; and (4) to assist the family in defining the strategies to reach these goals. This description is consistent the program's goal to maintain children safely at home through provision of voluntary services. The problems to be addressed by the conference were typically outlined by the agency caseworker, who briefly discussed the specific allegations that had led to child welfare services intervention. These included domestic violence, parental drug use, a drug-exposed infant, and the parent's prior

history with the child welfare agency, in combination with other allegations. In one case, the parents themselves described the reasons for agency intervention.

Family strengths assessment: Most extended family members and professionals participated in a discussion regarding the strengths in the family system. This discussion was sometimes initiated by the professionals, as family members did not always understand what they were being asked to do. The facilitators encouraged family members to consider the list of strengths generated when attempting to identify strategies to address the concerns that would also be discussed. In this way, the facilitators gave family members some general guidance regarding ways that the family's strengths might be tapped. Conference observers generally did not attend the phase of the conference where the family plan was generated, however. For this reason, it was unclear whether family members, did, in fact make specific use of the strengths elicited. Examples of specific strengths listed by participants (as recorded by the observer) included:

- There is support for the family from the family's tribe.
- The father has full-time employment.
- The children are doing better since the parents got clean.

Family plan discussion and development: Following discussion of the family's strengths, the facilitator asked all participants to describe specific needs and concerns they wished to be addressed in order to meet the conference goals. At four of the conferences, members of the extended family identified all but a few of the needs and concerns elicited. In all other cases, the needs and concerns identified by family vs. professional participants were roughly balanced. Examples of the needs and concerns listed by family members are listed below:

- "We (the family) don't want the children to go into foster care if (the parents) don't follow through."
- The parents have serious marital problems, which caused a separation in the past.
- There is a history of substance abuse within multiple generations of the family – "Can the cycle be broken?"

Needs and concerns listed by professionals included:

- The parent may need long-term mental health treatment in order to adequately deal with the issues at hand.
- "Have (the parents) considered how they will handle dealing with old friends and the pressure to use (drugs) with them if they continue to socialize together?"
- The children may be removed from the home if the mother is not able to provide a safe home that is free from domestic violence and drug use.

All conferences utilized private family time, during which the family was left alone for as long as they felt was needed to respond to the list of needs and concerns expressed during the prior discussion with the facilitator, caseworker and other conference attendees. Observers generally did not attend the private family time. None of the children attending these conferences actively participated in developing the family plan, as they were all too young to participate meaningfully. The amount of time the family met in private ranged from 45 minutes to just over 2 hours. The family then called the facilitator, who reconvened the conference with the entire group. One or more family members presented the plan they had developed to address the needs and concerns. In most of the conferences, further negotiation regarding the family's plan took place when it was discovered that some of the needs/concerns had not been addressed or details regarding the plan of action needed to be specified. The facilitator, caseworker and other professionals nonetheless allowed the family to determine the specific strategies that would be

used to address the concerns. At one conference, for example, the professionals in attendance had placed repeated emphasis on the importance of the parents receiving formal drug treatment. Despite this emphasis, the family did not include formal substance abuse treatment in plan they proposed. Instead, 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 attendees 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. All other conferences similarly ended with the family and professionals agreeing on a plan and the finalized plans appeared consistent with the family's intent.

Even with provision of private family time, the potential exists for professionals to exert control over the plan that the family creates by the number of concerns they voice and the specific recommendations they make. Consistent with observations that the family members participated at least equally with the professionals in identifying the concerns to be addressed, and sometimes listed nearly all the concerns, observer attempts to track whether elements of the finalized family plan originated from family or professional participants also indicated that the family had the greatest influence in designing the family plan. Although the caseworker and other professionals did specify some concerns and, on occasion, make recommendations regarding solutions, the majority of elements of the finalized family plan were initially proposed by family members.

Facilitating factors: Factors that facilitated the conferencing process, by the conference observer's assessment, included:

- At the outset of the conference, it was sometimes apparent that the agency representatives and family members had already begun to develop a positive relationship. This set the tone for further collaboration in the context of the conference.
- At some conferences, the level of support from family members for the children and their parents was palpable. Family members seemed ready and willing to volunteer ways they could each help to address the conference goals.
- Family members appeared willing to honestly assess their strengths and limitations, to state openly the concerns they found particularly relevant and withstand discussions regarding painful issues.
- While each conference involved a different team of facilitators, some seemed especially skilled in ensuring that family members were given the information they needed to participate effectively, involving all family members in the discussion, de-escalating conflict, redirecting participants toward common goals and clarifying plans in ways that preserved the family's intent.
- There was often a natural leader within each family who modeled positive problem-solving, mediated conflict and helped family members to focus on common goals.

Constraining factors: Factors that appeared to inhibit the effectiveness of the conference or exacerbate the challenges, by the observer's assessment, included:

- Past unresolved conflicts among family members surfaced at some conferences, escalating family tension and distracting participants from the conference's stated purpose.
- Tensions between the maternal and paternal sides of the family were sometimes also apparent. The two sides of the family sometimes had very different perspectives on the

issues and different communication styles. This made it more difficult for all participants to work together to address the family needs.

- Some families were more limited in the level of support they could provide, due to a smaller number of family members and individual family members' situations.
- Some family members remained quiet throughout the conference, opting not to participate actively. For this reason, it was unclear to what extent these family members were in agreement with the concerns and solutions discussed. At one conference, for example, the parents who had temporarily lost custody of the children scarcely said a word throughout the process while other family members were very vocal in stating their concerns and recommending strategies to address the concerns. The private family time was not observed at this conference, so it was not clear whether the parents may have participated more actively in this phase. However, these observations suggest that the conferencing process might sometimes be perceived by parents who are the focus of child welfare intervention as a coercive process. While the goal of conferencing is to empower the family, some family members may feel disempowered within the family system and therefore coerced into agreeing to a plan that they are not fully committed to. Despite these questions about whether family conferencing empowers all family members equally, the process may still be preferable to coercive tactics employed by the child welfare agency to gain parent compliance.
- Some facilitators were not as effective at engaging and responding to all family members, explaining the process, maintaining the conference momentum and clarifying the family's plan in a respectful manner.
- The presence of very young children at the conference sometimes distracted the adult participants from the process, due to their more intense care needs.

### *Riverside County*

The following information reflects the three conference observations that have been conducted since initial implementation.

General Conference Characteristics: One conference was conducted at the family's home while the remaining two were held in county agency meeting facilities. All three conferences were conducted during daytime and evening hours on weekdays. Each conference lasted approximately four hours. None of the observed conferences opened with a family or cultural ritual, although a catered lunch/dinner was provided by the county agency. Participants in each conference included immediate and extended family members, the agency caseworker, the conference facilitator and the facilitator's assistant and, in one case, the children's foster parent. The children in the family participated in portions of two of the conferences. In addition, the views of community professionals involved in providing services to family members were represented by others attending two of the conferences. These community professionals included a probation officer, a public health nurse, teachers and pediatricians. The perspectives of these community professionals were represented via a letter or other information that was read aloud to the entire group. Extended family members attending one of the conferences represented only the maternal side of the family. This pattern was reversed in a second conference, where only paternal relatives attended. The third conference only included two family members – the children's father and the maternal grandmother. In total, 8-16 individuals, including the conference facilitator, participated in each conference.

Conference purpose, problem statement: The conference purpose and the problems to be addressed were explained by the conference facilitator, with assistance from the supervising child welfare worker. The conference purpose was stated in a manner that was consistent with this county's program goals: (1) to ensure child safety; (2) provide for the child's care and wellbeing; (3) maintain the stability of the child's out of home placement; (4) to "strengthen" the family; and (5) to gain input from all conference participants regarding specific needs and strategies to meet the conference goals. An additional goal of this county's program – to ensure timely permanence – was not specifically stated as a goal to be addressed during these initial conferences. The specific problems to be addressed by the conference and child welfare services intervention were stated by the child welfare worker in very general terms. The child welfare worker's explanation focused primarily on the juvenile court process and the limited time given for parents to regain custody of their children placed in out-of-home care. Handouts depicting the Juvenile Court process illustrated the child welfare worker's presentation (see **Attachment 6** for copies of this handout and all others given to Riverside County conference participants). Minimal information, if any, was given regarding the reason for agency intervention. In one case, for example, the child welfare worker simply stated that there had been a "charge of neglect" that led to the children's placement in out-of-home care.

Family strengths assessment: A family strengths assessment was conducted at each of the conferences. Most conference participants, including almost all family members, participated in identifying the family's inter- and intra-personal assets. The children in all of the observed conferences were fairly young but were nonetheless encouraged to contribute to the strengths assessment if they were at least verbal. The strengths elicited were typically recorded by the conference facilitator's assistant on a large sheet of paper posted on the wall, where all could see. In at least one instance, 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. Examples of specific strengths listed by participants attending the three conferences (as recorded by the observer) included:

- "(The father) is honest when confronted."
- "(The mother) is grateful for (the grandmother's) support and help."
- "I (the child) got two awards for reading and math."

Family plan discussion and development: Adult family members and professionals attending the conferences were all given an opportunity to state the needs and concerns they wished to be addressed. The children, if in attendance, were excused from the conference at this point, due to their young age. While the conference purpose and problems stated at the outset of the conference were presented in very general terms, participants were very specific regarding their individual needs and concerns. The needs and concerns listed by conference participants included issues pertaining to the parents who had lost custody of their children, the children themselves and the relative caretakers. For example, needs and concerns listed by family members included:

- "(The children) need to learn about the bible and go to church."
- (The father) has anger problems and abuses his wife.

- The maternal grandfather/kin caregiver expressed a concern regarding the mother's efforts to address her drug problem – "She doesn't do nothing."

Needs and concerns listed by professionals included:

- "The court ordered that visits between (the father) and the children need to be supervised." "This needs to be arranged once a week."
- The mother may need to participate in a longer term drug treatment program, due to her history of about six prior attempts at completing treatment.
- The child's behavior and nervous ticks need to be monitored.

In each conference, the discussion regarding family needs and concerns was aided by a set of "Needs Inventory" sheets that were handed out to all conference participants. The names of the children, the parents seeking reunification and the children's caregivers were each listed at the top of one of the sheets. The form then listed a number of "life domains" that served as prompts for participants to explore the needs and resources pertaining to each domain. Participants were encouraged to suggest strategies to address the needs and concerns, as each was listed. The facilitator's assistant took responsibility for transferring the strategies generated to the family plan that was later reviewed by the facilitator verbally and approved by all conference participants. In this way, the family plan emerged during a lengthy discussion between family and professional conference participants. Breaks in the process were offered periodically by the conference facilitator.

Conference observers attempted to record the extent to which elements of the finalized family plan were initially proposed by family members, professional participants or both parties, jointly. In all three conferences, professional participants made the majority of suggestions that ultimately became elements of the family's plan. A smaller number of plan elements were proposed by both family and professional participants simultaneously. Still fewer plan elements were ideas that originally stemmed from the family. Most conference participants were in agreement with the suggestions given, whether they emanated from the family or the professionals. In only one of the conferences was there mixed reaction to two of the plan elements – regarding specific strategies to curtail a child's bedwetting and regarding a specific form of substance abuse treatment that the social worker wanted the parent to consider.

Facilitating factors: Factors that facilitated the conferencing process, by the conference observer's assessment, included:

- At the outset of the conference, it was sometimes apparent that the facilitator (who was also the coordinator) and caseworker had already begun to develop a positive relationship with the family. This set the tone for further collaboration in the context of the conference.
- Handouts given to conference participants and other information discussed by the conference facilitator at the outset of the conference – regarding "housekeeping" details, confidentiality, ground rules, etc. – helped participants understand what to expect and likely increased their level of comfort with the process.
- Family members appeared willing to honestly assess their strengths and limitations, to state openly the concerns they found particularly relevant and withstand discussions regarding painful issues.
- The conference coordinator demonstrated skill in maintaining the focus of the conference on its stated purpose, redirecting participants who introduced topics that did not directly pertain to the stated purpose and mediating conflict between participants.

- The facilitator was sensitive to the emotional needs of conference participants, sometimes offering family members a break from the process when they became upset.
- Some family members also played a calming role, helping to minimize family conflict.
- The professionals in attendance listened to the concerns and suggestions of family members respectfully. Often, they were able to suggest resources that the family members may not have been aware of – based upon their clinical expertise and knowledge of the agency and community – to address the family’s concerns.
- The children’s presence at the conference provided all participants with a compelling reminder of their common goal – to provide for the children’s protection and wellbeing. In some instances, the children also provided a means for the adult participants to positively engage with each other.
- Family members felt positively about the conference process. Upon the conference conclusion, one parent expressed, “At first, I thought (the caseworker) was out to get me...The conference helped me see that CPS has a lot of interest in helping the children, but also that they want to help me.”

Constraining factors: Factors that appeared to inhibit the effectiveness of the conference or exacerbate the challenges, by the observer’s assessment, included:

- Family members sometimes left the conference for periods of time and therefore, did not fully participate in the process.
- Breaks were not always offered, even at times when most participants appeared weary and/or took breaks on their own.
- When the youngest children were allowed to stay for portions of the family needs/concerns and plan discussion, their presence seemed to distract the adult participants from giving their full attention to the process.
- The conference facilitator was somewhat inflexible regarding diversions from the planned structure during discussion of the child strengths and needs in at least one of the conferences. For example, a family member volunteered a concern regarding the child’s school performance and was told, “We’ll discuss that when we get to talking about the school issues.” Unfortunately, the planned structure had not been explained to participants at this level of detail ahead of time. In this way, the facilitator’s response may have inhibited subsequent discussion and the extent to which family members felt they were allowed some control over the process.
- The caseworker attending the conference sometimes gave mixed messages to family members about expressing strong feelings: on the one hand, acknowledging that such feelings might arise, but then telling participants not to get upset once strong feelings began to emerge. While the caseworker might have been motivated by an interest in keeping the conference process moving forward, this response might also indicate the caseworker’s discomfort with intensity of the feelings being expressed.
- The caseworker and facilitator sometime engaged in unnecessary professional jargon that was not understood by all participants: “FR” (Family Reunification), “enuresis” (bedwetting), “PHN” (Public Health Nurse), and “dual diagnosis” (concurrent diagnoses of mental health and substance abuse disorders), for example.
- Professionals attending the conference sometimes threatened coercion in an effort to gain the compliance of family members with the plan objectives preferred by the professionals. For example, one caseworker stated, “If you were on my caseload, I’d *require* you to go to the (specific substance abuse treatment program).” While these dynamics speak to the

difficulties involved in attempting to motivate a less than motivated individual to seek appropriate substance abuse treatment, such efforts on the part of professionals to exert their power over less empowered family members detracts from the collaborative intent of family conferencing.

- Professionals attending the conference tended to retain their traditional roles of assessing needs, recommending treatment approaches and making referrals. The professionals also tended to control the agenda, determining which issues would be discussed in full and which would be postponed to a later date. Family input was not consistently encouraged. For example, the caseworker expressed reservations about requiring the parent to engage in a needed service immediately, due to concerns about overwhelming the parent with too many obligations at once. The facilitator accepted the caseworker's recommendation without once querying the parent or other participants regarding their views.
- Conference participants did not have an opportunity to review plan elements as they were added to the family plan. While the family's strengths were posted on the wall, the plan was privately recorded by the facilitator's assistant in consultation with the facilitator. At the conference conclusion, the plan was read aloud by the facilitator. This was the first opportunity for family members to comment on the plan as a whole or the plan activities they were to be involved in, as framed in the plan. For this reason, it was unclear whether family members were in full agreement with the recorded plan. Although family members could have asked for modifications at this point, they were not specifically invited to do so.
- Some needs/concerns and/or specific strategies mentioned by family members were not addressed or included in the family plan. Examples of these unaddressed items included: a concern regarding the likelihood that a parent might resort to illegal activities to gain financial support; surprise allegations of domestic violence; and interest expressed by a particular family member in actively supporting the children's ties to the family's spiritual traditions.
- Resources to implement the family plan were not always available. One parent, for example needed a type of service that was especially limited in the surrounding community. Both the caseworker and the parent anticipated that the parent would have to be placed on a waiting list.

Discussion: Observed conferences in each of the counties had many similarities. All involved a blend of extended family, family friends and agency professionals who came together to attempt to address the child welfare concerns. Relatively few of the conferences involved participation from professionals outside of the child welfare agency, although the importance of the roles these professionals could play in supporting the family was often explicitly acknowledged. All conferences encouraged participants to consider the strengths that the family might draw upon in order to address the concerns. To an extent greater than might typically occur in more traditional child welfare case planning, all conferences involved the family in assessing the concerns and specifying strategies to address them. Each of the conferences further placed an emphasis on the family's responsibility for ensuring child safety.

While definitive conclusions cannot be drawn on the basis of eleven conference observations – three in one county, eight in the other – the differences noted thus far between the conferences provided by each county point to potential philosophical differences between the county programs regarding the extent to which the extended family vs. the child welfare agency holds primary responsibility for the child's care and protection. In Fresno County, the agency

professionals took a back seat to the family, allowing the family to state the concerns they found most relevant to protecting the child's safety. The family also developed the majority of strategies to address the concerns. The style of facilitation and the use of private family time to develop a plan of action supported the family in claiming primary responsibility for addressing the issues. Agency professionals involved in Riverside County conferences retained their more traditional roles of assessing needs and responding to these assessments with treatment recommendations and referrals. Although family members and professionals jointly identified the issues to be addressed, the professionals attending the conferences suggested the majority of solutions. Conference facilitation in this county tended to support this more traditional way of conducting child welfare practice.

Conference observations in both counties suggested that when the intent is to empower the family to make decisions and mobilize family strengths, adequate training of agency staff in the philosophies and methods of family conferencing is key. Despite their doubtless positive intentions, conference facilitation and casework staff in Riverside sometimes responded in ways that reinforced the disempowered status of family members. Similarly, the skill and experience of the conference facilitators in Fresno County was noted to have a large impact on the extent to which all family members were provided the information and support that would encourage their full and effective participation in the process.

The location of one program within a voluntary Family Maintenance unit and the location of the other under the umbrella of court-ordered Family Reunification services, and the influence this may have on the type of conference implemented, is important to consider. In Fresno County, the style of conferencing is consistent with the philosophies that are frequently associated with voluntary child welfare services – that families can and will resolve family problems on their own if given the opportunity and support to do so. In Riverside County, the approach seemed to reflect a belief in teaming with the family to address concerns that the family had not previously been able to address on their own. Parents participating in conferences in Riverside already had a court-ordered case plan that they were required to comply with. In this way, the court had already specified which concerns were to be addressed, how they were to be dealt with and the timeframes by which progress would be expected. The family conference was then used to facilitate completion of the case plan and identify and address additional issues that might also have an impact on the child's wellbeing and case plan goals. Conferences also sometimes included the participation of non-related foster parents and the importance of their role as the child's current caregiver was strongly acknowledged. In this way, the focus of the conference also shifted from the responsibility of the biological family in providing for the child's care and protection to an emphasis on all parties teaming together.

### *Discussion/Conclusions*

The two counties participating in this sub-study completed their third year of implementation, having made few changes to the program staffing structure and protocols. Target populations, program goals and philosophies supporting those goals also did not change. Focus groups with county staff, staff surveys and direct conference observations highlighted the many differences between the counties. Nonetheless, many similarities emerged regarding the challenges each county faced with implementing the experimental program within the context of the demonstration, the benefits and challenges they thought to be associated with Waiver

conferences and the “ingredients” they deemed necessary to implement their family conferencing models in an optimal way.

### *Implementation challenges*

Both counties continued to struggle with low numbers of new enrollees. Staff in both counties attributed this, in part, to enrollment criteria that were initially included to ensure that children selected for the study were truly at risk of placement in a higher level of care. In the case of Riverside, one of the criteria in question was initially selected to facilitate the program’s concurrent planning goals. In these ways, counties continued to experience tensions between targeting their programs to ensure selection of families that might benefit most from the experimental intervention vs. maximizing the number of children and families who could participate. Specific criteria discussed by county staff during this report period as having a limiting effect on enrollment included:

Fresno: There is a protective hold on the child or siblings.

Riverside:

- The child is between the ages of 2 and 12 or is part of a sibling group with at least one child who is between the ages of 2 and 12;
- If the child is not placed with a relative: From the list of existing ESP foster families, there are at least two possible placement options for all children in this case.

As discussed previously in the *Annual Process Study Report* for the year 2002, counties had targeted families for their programs that represented a 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. As the enrollment criteria further reduced the pool of eligible families, counties experienced the enrollment criteria they had selected as being too limiting. Some staff expressed interest in expanding the enrollment criteria to include families with whom they were less assured of being successful: children at decreased risk for out of home placement in Fresno, and younger children, who were at lower risk for placement in a higher level of care, in Riverside.

Staffing issues also continued to challenge both counties. In Fresno, turnover among the casework staff within the Waiver program, as well as outside of it, created difficulties related to the need to continually train staff in the philosophies and methods of family conferencing. In Riverside, turnover was very limited, but the lack of a backup plan to cover staff absences had a significant impact on the county’s ability to continue to convene conferences.

The two counties shared concerns regarding the impact that a bleak economic picture at the federal, state and county levels might have on the future of their programs, upon the demonstration project’s conclusion. However, staff in Fresno were bolstered by an agency administration and oversight committee that they saw as being in support of family conferencing and the Waiver’s preventive approach. In Riverside, agency reorganizations and staffing shifts had already challenged implementation and staff viewed this as an indicator of the agency’s ambivalence toward the program. Staff in Riverside further observed that resources for family conferencing outside of the Waiver program had dwindled since implementation of the Waiver

program began. Within these differing contexts, staff in Riverside began to prepare for the program's end while staff in Fresno began searching for ways to continue after the Waiver.

### *Family conferencing benefits and challenges*

Despite differences in their target populations and family conferencing models, similar issues were raised when staff in both counties were queried regarding the unique benefits and challenges that they felt were associated with Waiver family conferences. Information reported this year was consistent with prior reports. Benefits for client families suggested by both counties included that the conferencing process in tandem with the Waiver's flexible funding facilitated identification and provision of more comprehensive and individualized services. The process was also felt to encourage collaboration between family members and the child welfare agency, as extended family members assisted with monitoring client progress and communicated their observations regarding the effectiveness of interventions to the agency social worker. The unique challenges that family members were thought to experience had to do with the level of discomfort they might feel in discussing problems openly and seeking help from extended family and community support systems. Along with the benefits and challenges for agency staff and administration they had discussed in prior years, county staff presented the benefits for line staff as the opportunity to share responsibility for addressing the child's care and protection needs with the extended family and an increase in their job satisfaction.

### *Necessary ingredients*

County staff confirmed the convictions of family conferencing proponents regarding the resources necessary to permit optimal implementation of family conferencing, based upon their experiences with implementing the Waiver programs. Some of these "ingredients" included:

- One or more dedicated conference coordinators.  
The role of the coordinator was viewed as critical in ensuring that the goals and philosophies of family conferencing were communicated and promoted and the conference structure followed. This person was responsible for researching and contacting the broadly defined extended family in order to ensure that conferences included as many support persons as possible. The ability of this individual to focus solely on these responsibilities was viewed as necessary for the optimal fulfillment of these duties. When only one person performed this role, the availability of backup staffing further ensured the smooth implementation of conferences.
- Adequately trained and skilled conference facilitators.  
Along with the conference coordinator, the role of the conference facilitator(s) in ensuring that the goals, philosophies and structure of family conferencing were adhered to was also seen as key. This required adequate training in the family conferencing philosophies and methods as well as clinical skill.
- Adequate numbers of conference attendees.  
County staff agreed with conferencing proponents that conferences were most effective when efforts to involve the family's extended support system resulted in a larger number of conference attendees. This was thought to ensure a more comprehensive assessment of the

strengths and concerns and increase the overall level of support available to the family. Conferences held with a limited number of participants were thought to be less successful. This reflected back on the importance of the conference coordinator's role in exploring the available supports and making arrangements to support maximum participation. This interest in increasing conference attendance often required agency staff to be available to meet outside of traditional work hours.

- Smaller caseloads for social work staff.  
Participating in family conferences was more time consuming for social workers than “business as usual.” For this reason, county staff suggested that social workers with smaller caseloads were able to fully engage in the process with multiple families while staff with large caseloads might show limited enthusiasm and/or ability to support the process. Smaller caseloads further increased the social worker's availability to support implementation of the family plan.
- Adequate resources to implement the family plan.  
The Waiver's flexible funding was an advantageous resource that supported implementation of family plans. The flexibility afforded by the Waiver funding allowed the county agency to respond to family needs in non-traditional ways. Implementing conferences in the context of inadequate community resources, however, was seen as disempowering families, who, as a result of conferencing, might have a better understanding of the problems needing attention but were in no better position to resolve them.

Proponents of family conferencing often advocate further for utilizing private family time in order to allow families as much control as possible over the decision-making process. In the Waiver, Fresno County utilizes this model, while Riverside County typically does not. The differences in the respective roles of family members and professionals in developing the family plans in the two counties, as revealed during conference observations, were striking. Family members had the greatest influence over the content of family plans in Fresno. In Riverside, family plans emerged during a discussion between the family and professionals regarding their mutual concerns, but the professionals took primary responsibility for determining the solutions. Both conferencing models implemented under the Waiver nonetheless involved family members in the decision making process to an extent greater than typically occurs in more traditional case planning models, where the agency and the court determine the concerns and interventions to be pursued and engage the family only in a consultative manner. At this time, no outcome research exists to indicate that one model of conferencing might be preferable to another. For this reason, it may be more helpful to think of the different styles of conferencing as falling along a continuum of family vs. agency control and that continued research regarding the process and outcomes associated with the different conferencing models may help illuminate the strengths and limitations of a particular approach.

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

This portion of the report examines the implementation of the Wraparound study in five counties—Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo—from April 1, 2002, until March 31, 2003. By the end of this process study period<sup>1</sup>, 311 children were actively enrolled in the Wraparound treatment group with 99 cases considered closed, while 203 children were enrolled in the comparison group with 42 cases considered closed.

### **Methods and Procedures**

UCB evaluation staff began preparations for the process study in September 2002, with letters to county liaisons (**Attachment 7**) requesting their assistance in organizing the site visits and coordinating the focus group participants. Site visits were scheduled for Sacramento County, Alameda County, and Los Angeles County. Focus groups were held via phone conference in Humboldt County and San Luis Obispo County due to budget constraints.

Sacramento County's site visit was conducted on October 22, 2002, and consisted of two 2-hour sessions. The first session was held with direct service workers from both the public and private agencies involved with implementing the County's Waiver project. The second session included agency directors and senior staff from those same organizations. Alameda County's first 2-hour focus group was conducted with public and private direct service staff on November 11, 2002. Alameda County's second 2-hour focus group was conducted with public and private agency administrators on November 18, 2002. Los Angeles County's site visit was conducted on November 14, 2002, and consisted of two 2-hour sessions. The first session was held with administrators from the public and private agencies involved in the County's implementation of the Waiver project. The second session was with direct service staff from the same agencies.

Humboldt County's focus group was held via conference call on January 27, 2003. There was one two-hour session. Because Humboldt County's program does not involve non-public agencies, only County representatives participated in the focus group. Consistent with the other focus groups, both administrative and service staff participated. San Luis Obispo County's focus group was held via conference call on January 30, 2003, and included county representatives and the county's one outside provider. Both administrative staff and direct service staff participated in the phone conference.

At the beginning of each focus group, participants were made aware of the purpose and nature of the discussion, and were asked to read and sign a consent form (**Attachment 8**) allowing their participation. UCB evaluation staff developed a set of interview questions for administrators (**Attachment 9**) and a similar set of questions for direct service staff (**Attachment 10**) to explore the implementation of the specific county's project, including the target population, services provided, staffing, supervision and monitoring, attitudes, implementation difficulties, funding, and contextual issues (i.e., client and community characteristics; county, state, and federal government characteristics; political factors; economic factors; and evaluation factors). Survey questions (**Attachment 11**) focused on the fidelity of each county's model to the elements of

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<sup>1</sup> Enrollment totals are through February 28, 2003.

Wraparound practice<sup>2</sup> were distributed and collected at the conclusion of each focus group. The analysis of the survey questions was not conducted for this report and will instead be included in the June 2003 interim report.

All focus groups were recorded on audiotape and in one focus group an evaluation staff member took notes. The audiotapes were partially transcribed and the resulting data were coded using Atlas.ti qualitative data analysis software. In a shift from previous process study reports, the data were not aggregated across the counties. Instead, each county's implementation is described in a distinct section of this report, organized by the headings in the interview questions listed previously. County's were provided a draft of their section from UCB evaluation staff and were asked to respond within 7 days, highlighting errors or confidential information not appropriate for the report. In one case, the comments received by UCB evaluators went beyond the original request for clarification; those comments can be reviewed as an attachment to this report (**Attachment 12**).

## **Considerations**

An attempt was made to cover as many of the questions as possible in the time allowed, in each of the counties. However, UCB evaluators allowed the focus group conversation to delve more deeply into particular topics if such action seemed warranted; this method allowed for variation between the counties in data collected, resulting in reports that answer many but not all of the same questions. The implementation of each county's Wraparound program, as shown in previous process study reports, is a complex endeavor involving any number of organizations and individuals. Each process study report attempts to capture as much of that information as possible from focus groups occurring only once every year. The comprehensiveness of the report is impacted by the point-in-time nature of the data collection.

## **Alameda County Process Study**

### *Target Population*

The emphasis on target populations has shifted over time from children residing in RCL 12-14 group homes to children at-risk of such placement. Respondents reported that this shift in focus was anticipated, as the population of children residing in RCL 12-14 group homes was relatively finite and the program would eventually reach a point of saturation in reaching children in this population.

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<sup>2</sup> Survey questions were formulated from Goldman, S.K. (1999). The conceptual framework for Wraparound: Definition, values, essential elements, and requirements for practice. In B.J. Burns & S.K. Goldman (Eds.). Promising practices in Wraparound for children with serious emotional disturbance and their families. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume IV. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research, p. 9-16.

## *Implementation*

Intake Process. Beginning in January 2002, Alameda County implemented changes to enhance the structure of the intake process in order to strengthen the fiscal and programmatic eligibility determination. Changes were implemented primarily to reduce complex payment situations necessitated when fiscal eligibility had not yet been determined. County child welfare workers continue to make the original referral, completing a packet of information as they would for a more routine placement recommendation. County child welfare supervisors have placed a greater emphasis on securing the referred child's eligibility status. The process now includes a case assessment by the Interagency Placement Review Committee (IPRC), the body charged with reviewing eligibility for RCL 12-14 placements. The IPRC is staffed by representatives from Alameda County's Department of Children and Family Services (DCFS), Department of Behavioral Care, and Department of Probation, along with representatives from Flexcare (Seneca Center, Fred Finch Youth Center, and Lincoln Child Center), and Stars Behavioral Health Group. Upon IPRC approval, the referral is sent to a Project Destiny (PD—DCFS and Flexcare) review committee to determine whether the case meets Project Destiny eligibility criteria. Approved referrals are then sent to UC Berkeley for randomization.

Respondents reported that the enhancement in the process has had a number of effects. First, the amount of time from initial referral to random assignment has increased from approximately 1-2 weeks to approximately 4-6 weeks. Correspondingly, some respondents felt that the new intake process and the length of time needed to determine fiscal eligibility has slowed the rate of enrollments. Second, the new intake process has limited the amount of the direct contact previously enjoyed by DCFS and Flexcare representatives. As a result, representatives have found it necessary to work harder to maintain their avenues of information sharing.

Child and Family Team Process. According to respondents, there has been an increased focus on the development of a child safety plan during the child and family team (CFT) meetings, along with an increase in the frequency of meetings. One Wraparound provider agency has implemented the use of a grid-template in CFT meetings as way to organize goals, responsibilities, and tasks and has found it useful at keeping team members focused on making progress. Additionally, providers have found that the CFT is more productive when the responsibility for scheduling team meetings is not left to the family. Team facilitators have also become more mindful of the length of CFT meetings and have made efforts to keep them on-task and focused on the main issues.

Case Closure. Unlike the Wraparound models used in other counties, DCFS and Flexcare do not close a child's case for Wraparound when the child's court dependency ends. The fiscal model of PD necessitates that children exit Wraparound for a limited number of reasons, including AWOL status for two or more months, the child becomes a Section 602 ward of the court (Welfare and Institutions Code), the child reaches age 18 and will not complete high school or a GED by age 19, the child reaches age 19, or the child's court dependency is transferred to another county or state. Children whose court dependency has ended, or whose families have attained a level of self-sufficiency that allows for minimal Wraparound team involvement, continue to be part of the funding "pool" in order to offset the service expenditures of children who have greater service needs.

Respondents described a number of issues pertaining to the inherent tension between the fiscal model and the service model. Because a child stays in Wraparound for fiscal reasons (except in limited circumstances) the service model is not driven by the goal of removing the professional staff of Flexcare from a child and family's life, and may, in some cases, foster a certain co-dependent relationship between Flexcare and families. Additionally, an extension of the Title IV-E Waiver Project beyond its current termination date (September 30, 2003) that did not require the existence of a comparison group would weaken the logic for the fiscal model, as the comparison group determines the rate for the group receiving Flexcare services. Subsequently, there would be less pressure to retain "successful" children and families in Wraparound as the offset they provide would no longer be needed. The service model could shift to one that was driven more by the desire to, over time, lessen the involvement of social service professionals in the lives of children and families.

Respondents reported that on a case-by-case basis, a case closed because of an AWOL status might be reopened and Wraparound reactivated if a child returns.

Children in the comparison group exit the Waiver Project when their dependency status is concluded.

Flexible Funding Pool. Respondents reported that the process for accessing funds from the small, flexible pool of funds used to make purchases for children and families has become more structured over time. Respondents described an increased effort to access other resources in the community, greater oversight in approving fund requests, and a greater awareness of the potentially enabling aspects of providing funds directly to the family.

Services. Respondents felt it was difficult to provide an estimate of the average length of time for Flexcare services given the number of variables involved in each child's situation. They described serving several groups of children: (1) children (and families) who were likely to need Flexcare services through age 18, (2) children (and families) who would stabilize fairly quickly and whose service needs would decline, and (3) children (and families) somewhere in between groups (1) and (2) whose service needs would likely fluctuate.

Respondents also reported that the service delivery approach had recently shifted from Flexcare staff providing certain services to retaining other social service providers or community members to provide the services. Respondents described how services such as tutoring, mentoring, shadowing, and transportation had become extremely time and labor intensive and that the Flexcare agencies did not have the resources to continue to provide these types of services without assistance from other organizations and individuals.

Supervising and Monitoring. Alameda County's implementation of the Waiver project, according to respondents, is guided by the contract negotiated between DCFS and Flexcare. The implementation is supervised and monitored through a regular series of meetings, notably a monthly meeting of DCFS and Flexcare administrators that provides policy oversight and a biweekly meeting of DCFS and Flexcare managers responsible for policy implementation. DCFS and Flexcare representatives also convene meetings within their respective organizations.

Some respondents described a historical disparity between DCFS and Flexcare in the amount of focus provided to the project, due in part to size of the project relative to the other responsibilities of DCFS. DCFS representatives indicated that the agency would be very active in the project, reflecting the true nature of a partnership.

At the program level, respondents reported that each Flexcare agency and DCFS has a structure in place to supervise and support direct service staff through meetings and one-on-one contact. Flexcare agencies have a program coordinator (though the nomenclature is different across agencies) responsible for supervising the Flexcare teams. Weekly meetings are held to review cases. Staff working in a clinical capacity with children and families also receive clinical supervision.

Respondents reported that efforts were underway to increase contact across Flexcare agencies to encourage information sharing around working with children and families. Efforts were also underway to include direct service staff representatives in the biweekly meetings of DCFS and Flexcare managers.

Attitudes. Respondents were generally positive in their comments regarding attitudes toward the Wraparound philosophy, though their responses indicated a level of variability. Some respondents indicated that Wraparound was well-accepted, but that the acceptance was somewhat narrow; however, they reported that acceptance was growing as more people became aware of Wraparound. Respondents reported enjoying their jobs, participating in the Wraparound process, and feeling that they were being effective, though some expressed reservations about various aspects of the intervention program (e.g., its efficacy with particular sub-populations, general program improvements needed). Respondents also reported a certain amount of tension around the way in which Wraparound is being implemented in Alameda County—philosophical tensions that were more specific to the fiscal model and contracted case management than the merits of the intervention.

Difficulties/Solutions. Respondents reported a number of difficulties related to the managed care model used by Flexcare. First, the policy interplay between foster care funding and the Temporary Assistance for Needy Families (TANF) program has not been accounted for: the Flexcare model is designed to provide services to a child until he or she turns 18; however, should dependency end, there is a question whether or not a child and family remaining in Flexcare and receiving foster care funds is eligible for TANF. Second, respondents reported that the model creates a certain tension in making programmatic decisions, in that children cannot be thought of independently, but as part of a collective. Third, some respondents expressed a concern regarding whether all costs for the comparison group can be accounted for, resulting in an under-representation of service cost and an inaccurate reduction in the rate funding Flexcare services. Similarly, respondents discussed the difficulty in projecting budgets, and planning based on those projected budgets, under the current structure.

There is sometimes a divergence in policy goals—difference in philosophy according to respondents—between DCFS and Flexcare. For example, is the goal of placement stability more important the restrictiveness of living environment; should a stable placement in a group home

be disrupted to attempt a placement in a less-restrictive environment? Other tensions have emerged, such as the extent to which DCFS can turn over case management responsibilities (i.e., contracted case management) to Flexcare and, correspondingly, how much control does Flexcare receive for assuming fiscal risk. One struggle for DCFS representatives is the size of the project relative to the substantial number of responsibilities held by the agency; this issue, according to respondents, has on occasion left DCFS representatives feeling a step behind on some implementation issues. The agency has been making efforts to play a more active role in the partnership and assume a more active oversight function regarding case management.

Despite these tensions at the philosophical and policy levels, respondents consistently reported that functioning between DCFS and Flexcare at the programmatic level was going well. Respondents suggested that training for Flexcare workers on court issues and an increased amount of education provided to regular DCFS social workers would only enhance a solid working relationship between the two groups.

Similarly, respondents felt outreach and education to organizations outside of DCFS and Flexcare would continue to foster acceptance of Wraparound and the strengths-based approach to providing services. Respondents reported that the project enjoyed varying degrees of cooperation with the Alameda County Departments of Behavioral Care and Probation, along with the various county school districts, but that the lack of more concrete agreements with these organizations presented burdens to working holistically with children and families. Flexcare has a symbiotic relationship with group homes that, according to respondents, has sometimes been troubled by philosophical differences about how best to work with children. A group home's activities with a particular child are generally based on the child's past behavior; Wraparound is not. Respondents reported that group home staff sometimes view Flexcare as being protective of the individual child, impeding the work of the group home and its more collective approach to service delivery. On a more practical level, group home staff sometimes simply do not know what Flexcare is, and are only aware that some of the children in their care are receiving something that others are not. In a small number of cases, this has resulted in the child being caught between two services structures, inhibiting effective service delivery.

Finally, despite the success of the three Wraparound providing agencies collaborating to form Flexcare while maintaining their independence, that independence can lead to non-conformity within the Flexcare model. Respondents indicated that families and group homes will sometimes request to work with one of the Flexcare agencies over another—something not easily accomplished—and that differences in terminology and procedures among the providers adds a perhaps unnecessary challenge to working with Flexcare.

Status. Respondents were generally enthusiastic about the status of their project, indicating that felt like they were in an adolescent stage of development. Some felt the programmatic side of the project was more mature than the policy side and that efforts were needed to bring the two in line with one another. Other respondents felt as if the project had been through the developmental process of forming, norming, storming, and performing several times. Respondents also emphasized the progress made between the Flexcare agencies to remain independent yet work as a collaborative. All of the respondents agreed there was still work to be accomplished to make the program more successful and operate more efficiently.

## *Staffing*

Each Flexcare agency uses a professional team (different from, but part of, the CFT) structure consisting of MSW-level social workers (also known as care coordinators, liaisons, or case managers), support counselors, and community resource specialists. Social workers perform case manager/therapist/CFT facilitator functions as part of their duties, though not necessarily all functions in each case. Support counselors work directly with the child and family. Community resource specialist provides children and families with connections and access to resources in their community. The exact configuration of the professional team depends on child and family needs, as well as staffing constraints, but respondents indicated the optimal team structure would include 2 social workers with approximately seven cases each, two support counselors, and one community resource specialists. The support counselors and community resource specialist would be assigned across cases determined by need.

Respondents described a number of encouraging features related to staffing. First, respondents reported on the advantage of having DCFS social workers retain responsibility for only Flexcare cases. This policy allowed for a greater consistency in care over time and was cited as a major part of the project that is successful. Similarly, the stability in the staffing of the DCFS positions provided continuity for children as well as the program. While Flexcare provider agencies have experienced staff turnover (although, according to respondents, no more than other organizations doing similar work), the agencies now have a core group of staff who have been with Flexcare for several years. Fourth, participants cited the level of connectedness and commitment that staff from DCFS and Flexcare had for their jobs, and how that sense of commitment assisted in the process of problem-solving.

Respondents also noted a number of issues related to staffing. Flexcare agencies continued to have difficulties in recruiting MSW-level case managers who are appropriate for the position. Working in Flexcare requires a particular skill-set not usually taught in MSW degree programs and does not offer the clinical hours opportunities sought after by social workers interested in attaining licensure. In addition, Flexcare agency MSW-level positions are relatively low-paying, making them less competitive in comparison to public agency positions. The disparity has adverse ramifications for staff retention and the ability of Flexcare to maintain a diverse staff. Flexcare support counselor positions (BA-level positions) are lower-paying still and experience turnover as individuals return to school for advanced degrees and the opportunity for higher salaries and responsibility.

In response to these issues, Flexcare agencies initiated a well-funded recruitment program and corresponding screening and hiring process to employ individuals who had the necessary mindset and skill-set to be successful. Respondents also proposed altering the Title IV-E child welfare training funds agreement to allow non-profit organizations the same access to candidates afforded public child welfare agencies. Respondents also discussed the possibility of including Wraparound training as part of a MSW-level curriculum, as well as developing a more concerted effort to use non-BA degree individuals in certain positions.

Training. Program staff (DCFS and Flexcare) participate in trainings held once a month for two hours. Respondents cited a need for trainings for support counselor staff, clinical training, court issues, diversity training, and training in working with gay/lesbian/transgendered populations. Cultural/diversity trainings have been scheduled and will be held every 6 weeks. Respondents felt that the Flexcare training committee should increase its activities given the diversity of the client population, the non-traditional nature of the work, and the turn-over of staff.

### *Client/Community Characteristics*

Substance abuse—particularly crack cocaine and the laissez faire attitude towards preadolescents and adolescents smoking marijuana—was cited by respondents as a salient client issue. Respondents indicated that the lack of affordable housing was the primary community characteristic they contended with in their work. They reported having been unsuccessful on a number of occasions to create housing availability. Families often move to outlying areas that have affordable housing but move away from natural supports and into areas that often lack an adequate social service infrastructure and economy (e.g., mental health and health services, training and employment opportunities). Long travel times place an additional stress on Flexcare staff.

Respondents also spoke of the richness of resources in the immediate community and that staff only needed to get better at accessing them. Examples included the music industry, slam poetry events, and political action opportunities relevant to older youth.

### *Agency Factors*

A number of respondents expressed a desire for DCFS to develop a Supportive Transitional Emancipation Program (STEP) in Alameda County to assist youth as they transition from foster care to independent living. Other respondents would like to see increased coordination between DCFS's program for kinship foster caregivers and Flexcare, and greater access to kinship program resources.

### *Political Factors*

Respondents reported that Flexcare's relationship with judges from the family court system was improving. They also indicated that there would need to be sizeable political changes in the Federal government if the program hoped to be operating in five years.

### *Evaluation Factors*

Respondents expressed concern about the use of random assignment in the evaluation. They reported that the frustration around candidates for Wraparound being assigned to the comparison group was a deterrent to the process of enrolling children and families into the project.

## **Humboldt County Process Study**

### *Target Population*

Humboldt County Wraparound seeks to serve children who are currently in an RCL 10-14 group home, or are at risk of such placements. The county is without this level of group home care, so placements of this magnitude result in the child being placed outside of the county.

### *Implementation*

Intake Process. A multidisciplinary team with representation from child welfare services, mental health, and the probation department determine the child's eligibility after a referral is received. The family intervention team assesses the behavioral characteristics that led to the child's placement or risk of placement in an RCL 10-14 outside of the county. They provide the results of the assessment to the Wraparound supervisor, who then informs the facilitator. The facilitator meets with the family to sign consent forms. After consent is received, the information is faxed to UC Berkeley. After UC Berkeley randomly assigns the child to the treatment or comparison group, the family is notified. If the child is assigned to the treatment group, the process of building the child and family team begins with a meeting to develop a list of strengths and identify members the family would like to see on their team. If a child is assigned to the comparison group, the child receives standard social services.

The time between receiving random assignment results and the process of starting services for families assigned to the treatment group is approximately two weeks. During those two weeks the team is developed. As the team facilitators have developed their skills, they've helped the families to include more non-service providers, including family and friends.

Case Closure. Respondents indicated that case closure is seen as process that begins at the outset of the intervention by discussing the limited nature of the program with the family and developing specific goals. Progress toward these goals is assessed at each team meeting. The entire group, including the family, determines whether or not goals have been met.

Flexible Funding. Participants reported that the flexible funding process had not changed. Petty cash is available through the facilitators and used for crisis situations or inexpensive items.

Services. The service duration, on average, for a child receiving Wraparound services is one year, though this varies from family to family. A child assigned to the treatment group may have a Wraparound case closed but continue to receive child welfare services. Children in the

comparison group receive services until dependency has been terminated. Facilitators track services for children in the comparison group.

Supervising and Monitoring. In the beginning of Wraparound implementation a collaborative county group (including schools, child welfare services, mental health and others) provided oversight. A single analyst now tracks each child's placement changes and monthly expenditures for the duration of service provision. Weekly supervision with the facilitator is provided to discuss administrative factors and review cases. This process is facilitated by the co-location of the mental health clinician, facilitator, and probation officer in the same office.

Attitudes. Participants reported that communication has been a key factor in implementation. Initially few referrals were received for Wraparound services because the community wasn't aware of the program. To raise awareness, supervisors and facilitators have periodically attended unit meetings to provide information about the Wraparound program, explain the referral process, and discuss examples of work with families. The participants felt that positive outcomes for children involved in Wraparound was one of the most effective mechanism for spreading news of the program. Referrals are now made frequently, though some children don't meet the eligibility criteria.

The Wraparound process has been embraced and integrated into other Department of Mental Health programs as part of larger movement towards collaborative practice that has evolved over the past ten years. Wraparound is still seen as separate from the larger children, youth, and family services system, but provides an example of the direction that mental health services are moving towards.

Status. Participants described their current implementation status as "beyond adolescence, though that's what adolescents usually say...at least we're maturing."

### *Staffing*

The core Wraparound team consists of the facilitator and the clinician with other service providers determined by each family's needs. Other service providers on the team may not necessarily be focused on Wraparound. For example, the family may have a probation officer or a social services staff member on the team if they receive public assistance or domestic violence services. School representatives are also often present on a child and family team.

Participants felt that the consolidated child welfare services/Wraparound model had been useful when thinking about the way bureaucracies usually operate. Collaborative work with other professionals, along with memorandums of understanding with the Departments of Mental Health and Probation, has smoothed the way. Participants noted that the adjustment of mental health staff schedules was an issue initially but now they are able to meet after regular work hours.

Meetings are generally co-facilitated by the facilitator and the mental health clinician, with the facilitator generally taking the lead role. Co-facilitation was considered valuable because of the combination of the mental health clinician's specific expertise with the family and the

facilitator's more general focus on facilitation and goal setting. The clinician generally works as the family's therapist, a role that emerges from the family plan if a clinician is not involved already. The program has retained the same 2.5 facilitators for the past three years.

Training. Participants had attended numerous trainings considered useful in terms of content and the opportunity to network with Wraparound providers in other areas. They felt budgetary issues would restrict their ability to take advantage of training opportunities in the future. Since all staff had attended the "train-the-trainers" session they felt they could train new staff if necessary.

### *Funding*

Participants described how the level of fiscal oversight for the Wraparound program has shifted over time. A period of strong oversight—coinciding with the outset of the program—was followed by a year long period of less stringent oversight. It became clear to participants during this period that more fiscal involvement was necessary for the program to run properly. Because a portion of the Wraparound program is not part of IV-E foster care funding, it forced a larger discussion about fiscal oversight and a return to previous levels. Concerns about the governor's proposed budget realignment and caps on foster care were also discussed.

### *Client and Community Characteristics*

Participants noted that families served through the program are of lower income. Among biological families there is frequently a lack of education and drug use that has affected individual and family development. Past or current domestic violence and mental health issues often play a role in family problems. The child population served through Wraparound has tended to be predominately white with a subset of Native American children.

Participants noted that client transportation is often a barrier to accessing services and fulfilling welfare and court related mandates in Humboldt County. The area economy is construction- and service-based, with few opportunities for advancement for low-wage workers.

### *Agency Factors*

Health, public health, mental health, and social services merged into a single department shortly after Wraparound program implementation began. Participants suggested that enhanced communication and collaboration resulting from this merger has been beneficial to the implementation process. One participant mentioned that child welfare services came into the Wraparound process with a strength-based perspective; social workers were already familiar with the concept of working with family strengths. In the probation department, implementation of the Challenge Grant prior to Wraparound helped in Wraparound implementation. Mental health services were somewhat challenged by the strengths based model initially. A new director has brought in a "recovery wellness discovery" model that participants felt was very consistent with the Wraparound approach and philosophy.

### *State Factors*

The budget was cited as the major economic factor at the state level that has had an impact on the Wraparound program.

## **Los Angeles County Process Study**

### *Target Population*

Los Angeles County's target populations continued to be children referred from the Department of Children and Family Services (DCFS) and the Probation Department who were residing in RCL 12-14 group homes, or at-risk of placement into RCL 12-14 group homes. Participants reported that children with identifiable family members were initially targeted for enrollment as a way to ease the transition into implementation. After the first several families were enrolled, however, caregiver status became an irrelevant criterion for enrollment. Respondents reported an increased emphasis on providing Wraparound to children residing at MacLaren Children's Center (MCC).

### *Implementation*

Intake Process. Participants reported that the program eligibility determination process has become decentralized over time as the County's project expanded from two service provision areas (SPA) to a county-wide system (eight SPAs). While referrals arrive at the same screening teams—the Internal Review Team (IRT)—within a SPA, they originate from different departments, each with their own internal referral (pre-screening) process. At DCFS, the case-carrying child welfare worker makes the referral. Review teams knowledgeable about Wraparound at MCC (also a DCFS referral) make the referral. Probation referrals are made by the probation officer and may involve a central placement office with a unit of licensed clinicians that work with the most mentally impaired clients in a consulting capacity. Clinicians, at the request of the probation officer, review the client's case and assist the probation officer in placement and referral decisions. This referral process was commended for its training requirements and level of collaboration. Participants suggested that the probation department's referral process was influenced by the individual officer's attitude toward the Wraparound process and sometimes by the officer's supervisor. Participants noted that Wraparound staff sometimes request that the case be transferred to an officer that is willing to work within the team process.

Respondents indicated that there has been an increased emphasis on referring children to Wraparound. Participants reported that the Probation Department administration has been encouraging officers to refer to Wraparound prior to the child's placement. The screening protocol now includes a question specifically inquiring whether the child had been referred to Wraparound. Participants reported that the family court places similar pressure on DCFS to explain why a child was not referred to Wraparound in the event that a referral was not made.

Once a referral has been received, an IRT at the SPA level determines program eligibility. An IRT will meet within 72-hours from the time of the referral for children referred from MCC or juvenile justice facilities, provided there is Wraparound provider capacity within the SPA. Participants reported that the increased emphasis on using the correct forms, having the proper referrals, and having the multiple agency staff present at meetings has increased obstacles. At the same time, however, participants reported that the referral process has quickened and is more efficient. Once the IRT accepts the child for Wraparound, the DCFS representative faxes the information to UC Berkeley for random assignment. Generally within hours the information is communicated back to the lead representative agency and the SPA coordinator knows whether the child has been assigned to the treatment or comparison group. To avoid extended service delays in cases where fiscal eligibility (i.e., Title IV-E eligible) is not already known, CDSS has authorized the enrollment of cases prior to Los Angeles County's determination of fiscal eligibility. The average amount of time between referral to the SPA and provision of services is 1-4 days once the information is returned from UC Berkeley.

Child and Family Team Process. Participants reported the need to be more creative in locating family members and accessing community resources. A facilitator and a parent partner meet with the child and family to establish rapport and begin the process of developing trust. More recently, as part of that process, staff have placed a greater emphasis on assessing the functional strengths of the family based on the perspectives of the facilitator and the parent partner. The strengths and needs assessment forms used in the process vary by providers; however, participants reported using the same standard elements of assessment.

Participants reported that families often have limited resources at their disposal and are often ashamed of their situation, resulting in a reluctance to reach outside of the immediate family for assistance. However, as the team matures and as family members become more involved and trusting of the process, the dynamic begins to shift and additional natural supports emerge and become accessible. Participants reported that they are focused on integrating natural supports that will continue after the professional staff no longer provide assistance.

Case Closure. Participants reported that a case might be closed for a number of reasons. Primarily, a case is closed when the child and family team conclude that the plan has been completed, the goals have been met, and the family is ready to function without the ongoing assistance of professionals. Participants reported that when there are sufficient natural supports in place providing the assistance that would normally be provided by professionals, then the active role of the professional staff is completed. Progress on short- and long-term goals developed by the child and family team are monitored as part of the case closure process.

In other cases, families have chosen not to continue with services early on after gaining a fuller understanding of the Wraparound approach, or have chosen to terminate Wraparound after a more extended period of time. Cases are also closed when Title IV-E funding ceases. This may be the result of the child's dependency or ward status ending due to reunification or turning age 18, or if a child's case becomes the responsibility of another county. A case may also close when child is placed outside of the county where the provider is unable to provide Wraparound. In the latter situation participants reported difficulty in the transition with a case that is sometimes artificially closed without a transition plan in place.

In some probation cases, a family has enrolled but then consented to a probation setting for the child of 6 months or one year's duration, making the child unavailable for participation in Wraparound. In these special cases, participants reported suspending (stopping, then renewing services) the case until the child returned to the community. Child welfare case may also be suspended for long-term AWOL situations.

Flexible Funding. In general, participants suggested that use of the small pool of flexible funding has shifted over time. As staff have gained knowledge of the Wraparound philosophy they have become less liberal with the fund, realizing the importance of accessing all other sources of funding and resources first. The priority is on funding short-term services or services that the family will be able to maintain after professional services end. Matching loans are also provided to inspire sense of investment with families and to gain family investment in the process. Some staff have used flexible funds to hire family members to provide program services.

A number of participants reported experiencing community pressure to pay for goods and services once knowledge of the funds became available. Some families started their participation with Wraparound with the expectation that funds would be provided to them. Providers have responded by changing the manner in which they present the program. In some cases, child and family specialists teach families to find their own free or inexpensive items. Participants mentioned other creative ways of obtaining goods for families, such as estate sales, and bargain boutiques.

Services. Participants reported that they initially expected to serve families over a period of 16 to 18 months. They have found service duration to be closer to 18 to 24 months from intake to case closure, though the total time allotment varies depending on the family's needs. The longer service duration was attributed to the complexity of the cases that are now served.

Supervising and Monitoring. Participants reported that changes have occurred in moving from smaller scale start-up status to large-scale operation. Monitoring the project has become more complex, requiring a completely different structure for oversight and review that is still in the process of development. A more formal process will be established at the SPA level as well as centrally. It is hoped that each IRT will assume the responsibility for oversight for the providers in their area. Other parts of the monitoring system will be centralized. Participants cited the project's partnership as critical to monitoring due to the complex nature of the cases and the lack of fit with the typical county contract monitoring process, and an effective mechanism for sharing lessons learned. Respondents also reported a need to strengthen the linkages and partnerships between the provider agencies and the respective public agencies. Meetings continued to be the primary mode of project oversight and information sharing.

Programmatically, participants reported that currently a staff member or review team observes facilitators and child and family specialists for two weeks as part of supervision. This method is used as part of the larger monitoring process and has been effective in highlighting trouble areas. Other participants reported weekly meetings with directors to keep records updated and to obtain program change information. Meetings might involve the executive director, the clinical

executive director, facilitators, and the child and family specialists. In other situations, the management team may meet on case conferences weekly, to include a parent perspective.

Attitudes. Respondents reported a general enthusiasm for Wraparound. Individuals from direct service staff to top-level administrators in the participating agencies were excited about the intervention, even after discovering the shift from conventional thinking and practice required to do the work. Several participants described how individuals who had initial reservations about the program were converted in their opinion after witnessing the work being conducted with children and families. Enthusiasm for Wraparound was not wholesale across participating agencies and respondents felt more educational outreach regarding Wraparound was necessary.

Status. When asked how they would describe the current status of their program, participants reported that it depended largely on the SPA, as some providers have just come on board and others have been providing services for up to two years. The staggered stage of implementation has been beneficial for agencies implementing later. Respondents also suggested that differences in implementation status related to differences in levels of experience working with the target population.

As a collective, progress was reported as moving in a forward direction, but not necessarily linearly. Progress was being made, notably in the area of the public and private partnerships being developed within each of the SPAs. Development of the project's infrastructure had spread throughout the county and was expected to provide the capacity of an increase in the numbers of children and families served by the program.

### *Staffing*

Participants reported that in general, each team has a facilitator, child and family specialists and parent partners. The specific configuration of the professional team is dependent upon the needs of the family. Whether individuals always work in tandem or are assigned as needed is dependent upon the agency, though respondents reported that team structures were usually in flux as agencies learned how to best manage their resources. For example, a parent partner may not be available. In these cases an agency may rely on the child and family specialist for related duties. It was noted that some parents prefer a child and family specialist to a parent partner. These types of modifications are made at the family's request.

In general, staff recruitment and retention were reported as major challenges to Wraparound program implementation. The issues impacting recruitment and retention included the paradigm shift required by the Wraparound philosophy and the collaborative, team-based orientation, the in-home nature of Wraparound interventions, the scheduling demands of the Wraparound program staff, and the need for bilingual professional and paraprofessional staff. The pool of potential staff candidates is made up primarily of mental health professionals with traditional social work training and a focus on therapy. Some agencies have also found it difficult to find male facilitators, parent partners and child and family specialists. Retention challenges described were similar to the recruitment issues identified.

To overcome some of these barriers, agencies have successfully recruited staff from programs within their own agencies. Other providers have assisted individuals with a background in more traditional social work (i.e., therapy-focused) in making the transition to more community-based, eclectic practice. To address the need for bilingual staff, agencies have utilized interpreters for child and family team meetings and other resources such as AT&T's "language line." The service interprets over 150 different languages and has been met with positive reactions from families. Without this service, participants reported that the bilingual parent partner would become the default interpreter, potentially jeopardizing the parent partner's relationship with the family. One participant noted that retaining a paid translator has sometimes compromised the process because of difficulties in translating some of the terminology of Wraparound.

Training. Participants suggested that the amount of ongoing training and supervision required for Wraparound is substantial. Some felt that the 16 days of basic training for team staff may need to be modified. Additional training needs mentioned included safety planning for new team members and cross-systems trainings for agency provider staff.

A unique training feature discussed concerned the commitment from providers who had been operating for some time to train newer providers. Assistance was made available through formal training and informal discussions. The process was helpful to new programs and something that participants were hopeful to see in place as they head towards further expansion of the program.

### *Funding*

Confusion about whether Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) can be billed for Wraparound and the conflict in billing language between strength based Wraparound services and EPSDT's clinical billing requirements were discussed as funding challenges. Participants cited a need for training on proper billing to protect against future audits. Participants noted the need to include the Department of Mental Health and Medicaid monitoring staff in this training. Concerns about cuts in funding for mental health services were expressed.

### *Client and Community Characteristics*

When asked if the social and/or economic characteristics of the county's child welfare client population and/or communities had changed since the inception of the program, some participants suggested that these changes might be difficult to detect with different agencies coming on board at different stages. Others suggested that no changes had taken place.

Transportation, respite, education, and behavior modification were cited as ongoing issues with housing and homelessness described as the biggest difficulties for families. The distance between SPAs was cited as a community level factor that programs have adjusted to.

Foster care providers were mentioned as a major community resource that could be more successfully utilized to support children and families.

### *Agency Factors*

Several participants cited the need to create stronger linkage and partnership between the operations of the county departments and the Wraparound provider agencies, and their respective management structures, and much earlier in the implementation process.

Several agency factors, such as agency culture and relationships with other systems of care or providers, were cited as having an impact on program implementation as well. Participants suggested that within the county there has been a push to enroll children in Wraparound services. This is seen as a positive influence on program implementation generally, though some participants expressed concern about the sense of urgency the push creates and the need to make decisions in the child's best interest and safety. Participants noted some departments have been more flexible than others, with varying levels of willingness to allow flex time for workers to participate. Respondents also acknowledged the caseload constraints that hindered child welfare worker participation.

In general, participants noted that many of the individuals that make decisions about children's lives do not understand the Wraparound program and this is a major educational problem in the county. For example, hearing officers are not aware of how wrap services operate and will send children home regardless of wrap. Attorneys will tell people that services are in place when they are not. The more that Wraparound appears before the court system, however, the more knowledgeable the court system becomes and the more cooperation providers receive. On the other hand, once a judge knows about the program and a worker says a referral has been made, the judge may assume that a particular set of services is underway.

Participants cited successful Wraparound experiences with children in residential care, though in some cases the process could be more collaborative. Participants reported that the level of cooperation usually depended the group home worker's understanding of Wraparound (where they were on the learning curve) and the group home's willingness to innovate.

Another factor mentioned was the importance of the interface with the school system and keeping schools engaged as partners in the Wraparound process. One participant mentioned that their Wraparound population has several children that are out of school because the services offered by the school are not working for them. Participants cited a need for more educational alternatives.

### *Political Factors*

When asked if any additional political factors, such as mandated programs, regulations, relationships with the CDSS, or the county Board of Supervisors, impacted their agency's ability to implement the Wraparound program, participants reported that the level of government support for the Wraparound program has remained constant and become stronger in the last six months. Top-level county agency administrators have requested that the program be expanded quickly.

State support has focused participants on making the Wraparound program a stronger and more viable operation. The program has been getting increased positive publicity. Several

participants emphasized the power of the dissemination of importance about early successes and positive program experiences.

### *Evaluation Factors*

Participants suggested that randomization continues to affect confidence and momentum in the program; the rigorousness of resistance to randomization had been underestimated. Some felt the program was limited in size due to its demonstration project status.

A comment was made that the consideration of structured questions in the context of the process study has been informative. Some participants noted that evaluation feedback to the staff and families would be useful.

## **Sacramento County Process Study**

### *Target Population*

Since February 2001, Sacramento County has been focused on providing Wraparound to children living in RCL 12-14 group homes. In the majority of cases, say respondents, the children are without identifiable families and, increasingly, the children referred have developmental delays.

### *Implementation*

Intake Process. Child protective services (CPS) workers and probation officers refer children to the program. Several times over the last year, representatives from the Wraparound provider agencies have reviewed CPS case files for children meeting the eligibility requirements. This was implemented to assist CPS workers in referring cases. Long-term CPS cases have been found to provide greater flexibility with consents and court delays.

The Interagency Management and Authorization Committee (IMAC) has increased its scrutiny of referrals regarding eligibility in response to an apparent increase in children entering RCL 12-14 homes. Respondents expressed a concern that a less than stringent application of eligibility criteria to children at-risk of an RCL 12-14 group home placement was artificially inflating the “true” size of the county’s RCL 12-14 group home population.

The referral process takes approximately 2 to 3 weeks from the time IMAC reviews the case to when the Access team identifies a service provider, given that the case has been assigned to the treatment group. Depending upon openings, there is a wait of approximately seven days between the time a service provider is identified and the case is referred to that provider.

Children assigned to the comparison group cases are referred to FOCUS: Intensive In-Home Mental Health Services.

Child and Family Team Process. Respondents reported that there has been an increased emphasis on strengths identification as part of every child and family team (CFT) meeting, with some participants developing more systematic assessments to identify family strengths.

Case Closure. Cases are closed for a number of reasons, including (but not limited to) when a child “graduates” from services, after the (CFT) determines the child and family have met the objectives established by the team; when a child ages-out of the foster care system; when a child moves and their dependency status is transferred to another county or it is unfeasible to provide Wraparound in the new location; or when a child is AWOL for an extended period of time. A family review team determines the appropriateness of closure for treatment group cases 60 days from the date of the initial review and every 6 months thereafter, unless circumstances warrant more reviews. Some providers reported fighting proposals to vacate dependency orders to keep children enrolled in the Wraparound: some cases have been served after a child’s dependency status has been terminated. Respondents noted that the period when a child is AWOL needs clarification.

Respondents reported that changes to the target group have made the goals of placement stability and prevention of out-of-home care harder to achieve. Focus group participants also reported that they had seen fewer children successfully complete the program since the change in the target population.

The ACCESS team, in consultation with clinical team, makes determinations for the closure of comparison cases.

Services. The current expectation for service duration was described respondents as varying by family, making it difficult to indicate a precise timeframe. Some children receive services for more than one year; most receive services for 2 to 3 years. Participants reported longer service durations for children with multiple needs and barriers and for children in inappropriate placements. Staff turnover among facilitators was reported to impact the duration of service provision.

Supervising and Monitoring. Participants reported that the model for leadership has evolved to meet challenges. Cross Systems, a consortium involving CPS, the Department of Mental Health, the Department of Probation and directors of provider agencies, monitors macro-level issues. A recent change within the consortium was to develop an executive committee to concentrate on policies, procedures, and internal monitoring. Team based subcommittees for quality improvement meet periodically to address changing needs arising from increased enrollment and changes to the target population.

Respondents reported that supervising and monitoring of specific cases was done primarily through weekly staff meetings for case reviews. The staff meetings also allowed participants to share resources and information. Participants suggested that a small team model utilizing clinical management was the most effective monitoring model and that weekly staff meetings were crucial to program success.

Difficulties/Solutions. Participants reported a need for community education about the Wraparound program to address confusion in the county and among service providers. Initially the program developed a poor reputation due to what was perceived as a lack of cooperation. It was viewed as a separate entity attempting to manage cases, which created conflict. Knowledge and acceptance of the program has grown however. Changes to the program's image and working relationships have been facilitated through training, the interaction of direct service providers, and a better appreciation of roles across systems.

Respondents indicated that a particular challenge emerges between the Wraparound provider and CPS when the CPS family goal and the Wraparound team's goals differ. Wraparound requires a different process and the goals of various agencies, while seen as being in the best interest of the child, are sometimes in conflict. In these cases efforts are made to find a solution in the middle of the road.

### *Staffing*

The basic staffing structure for Wraparound has remained the same since the program began, according to respondents. One facilitator carries a caseload of six to eight families. Two to three family specialists are assigned for each case. It was noted that the smaller team approach works better for families when the facilitator has case management responsibility.

Participants reported that staff turnover often changes the duration of services for the family, increases the work hours for other staff, and generally creates internal chaos within the program. A number of problems with the recruitment and retention of qualified staff was reported. In general, participants have experienced difficulty in recruiting facilitators, due to insufficient master's level applicants and insufficient funds for recruitment. Some suggested that social workers had not heard of Wraparound services and that master's level social work and counseling training tends to focus on preparing social workers for private practice.

Participants reported that some facilitators have had difficulty shifting from a clinical, expert-based, therapeutic orientation to the program's collaborative, team and strengths-based framework. A number of staff have left the program for clinical practice. Participants discussed the potential usefulness of the Tacoma model. Proponents of this model suggest that utilization of bachelor level facilitators (with four years experience) bypasses the need to teach master's level staff to "unlearn" their clinical training.

Participants reported little incentive for staff to move from a specialist position to a facilitator position: the pay increases minimally while responsibility increases exponentially. The long hours required of the facilitator (10 hours per day, six to seven days per week) were reported as another deterrent to both recruitment and retention.

Some participants felt that the staffing shortage was regional. One participant discussed a partnership to create Wraparound internships through Sacramento State University's MSW program, a process that has taken two years. One participant felt turnover within Wraparound was the lowest among human service agencies. Another reported that the upside of the economic downturn has been an increase in CPS applicants.

Participants reported that the program has encouraged changes in staff communication. Increasingly, staff have relied on faxes and voice mail when in-person communication is not possible.

Training. A training consortium has been developed among provider agencies. Some training sessions are open to all staff involved in the Wraparound process, including county social workers. In some cases agencies survey staff for training needs and provide their own trainings. Ad hoc training is also provided.

Some participants reported that Wraparound is a constant learning process and that initial trainings are somewhat ineffective. Instead, shadowing experienced staff was described as one of the best ways of learning the Wraparound process.

### *Funding*

In the context of the economic downturn, participants have seen contract language strengthened as the program's presence has grown and more people have become aware of it. Recently, a focus group was held to look at high RCL expenditures and their relationship to the Wraparound program. A new budgetary strategy has been introduced to improve monitoring.

Participants suggested that there is not a good state or local budgetary model. Administration claim codes have only recently been developed, so the project is behind in collecting budget information. Fitting the strengths based Wraparound model into the county's medical model (i.e., deficit-based) for billing has been complicated. The budget committees also place pressure on the program to define success for each group; each funding entity defines success differently.

### *Client and Community Characteristics*

Participants described several features of their clients and community that affected the implementation of Wraparound. Geographic expansion of the service area has required new procedures for gaining consent for participation and responding to crisis calls. Substance abuse is higher when compared to other counties and access to treatment services is insufficient. A lack of foster families in the community was also reported as a major barrier. Those care providers that are available, such as child care workers and foster parents, are frequently unable to address the needs of children enrolled in the Wraparound program.

Participants reported a need for childcare, transportation, and respite services in the community. It was noted that childcare and transportation services would likely create a decrease in the need for respite. To access respite funds, a great deal of paperwork must be processed. Increased funding has been provided for respite in some cases.

### *Agency Factors*

Participants reported that CPS has had difficulty adjusting to the Wraparound program due to high caseloads and the level of work associated with referral and participation. Wraparound providers, with significantly smaller caseloads, have been willing to relieve the workload of CPS workers to enable children to participate. At the same time, smaller caseloads allow the Wraparound provider to move more quickly with a case because they have greater knowledge of the family's situation. Often they find themselves waiting for various approvals. Further, flex time has not been introduced to allow CPS workers to participate. CFTs are frequently held after regular business hours at the family's convenience and CPS workers must attend these meetings on their personal time.

Participants reported that in general, the court has been a barrier to program implementation, though particular judges recognize the program and involve the Wraparound team in proceedings. The Department of Probation has been difficult to involve, though the Department of Mental Health has embraced it fully. A concern was raised about the resignation of the Director of Mental Health and the attitude of any new replacement toward the program.

#### *Political Factors*

Participants reported that the newly formed Child and Family Policy Board has developed strength based policy statements that may have a positive effect on Wraparound efforts.

#### *Evaluation Factors*

When asked about the effect of the evaluation on program implementation, participants suggested that though it was often seen as another piece of paperwork, some participants enjoyed reading the results, which sometimes helped to focus on program goals. Respondents also indicated that the randomization process placed staff in a difficult position of touting a helpful service that couldn't be provided to everyone.

### **San Luis Obispo County Process Study**

#### *Target Population*

The program in San Luis Obispo County continues to serve children who are living in an RCL 10-14 group home or are at risk of being placed in this level of care. Referrals for service come from child welfare workers or probation officers. Participants reported that in the last year case assessment had changed to include issues of substance abuse problems, domestic violence, or other problems that are not conducive to the strengths based work in Wraparound. In family situations where there was high pervasiveness of these types of issues, the cases were not referred to the Wraparound program.

#### *Implementation*

Intake Process. Generally, a Wraparound facilitator and the social worker from the Wraparound unit meet with families to conduct a standardized interview, explain the Wraparound program, assess the family's interest in participation, and if interested, obtain consent. An Interagency

Placement Committee (IPC) meets on a weekly to review new referrals, and make decisions regarding placing children into RCL 10-14 group home care. Upon IPC approval, the child's information is sent to UC Berkeley for random assignment. If the child is assigned to the treatment group, the case is referred to the Wraparound provider. The first child and family team (CFT) meeting is generally held within five working days. If the case is assigned to the comparison group, the family is referred to Intensive Child Welfare Services (ICWS).

Participants described how an initial home visit is conducted to familiarize the family with the program, assess strengths, meet with the child, and conduct a home safety check before the first CFT meeting. The home safety check includes questions about weapons in the home, members of the family on parole, and other safety issues.

The first CFT meeting begins with strengths identification, the establishment of CFT roles, and the development of an intermediate crisis plan. The second meeting focuses more on needs and potential barriers. The pace of the Wraparound process depends on the family's progress during the early phases. Generally, the family meets once per week but might meet less frequently once the Wraparound process gains momentum. The amount of time a Wraparound worker spends in direct interaction with the family depends on the family's situation. Participants reported that cell phones allow for regular communication and consultation.

Case Closure. Treatment group cases are closed when the child graduates from care (i.e., when the child completes the program, when the child is self sufficient), or when an assessment indicates that the Wraparound process is not appropriate for the child (i.e., the child is referred to a higher level of care). Assessments are conducted and reviewed by the CFT every three months to monitor progress toward the goals and objectives, to identify barriers to achieving objectives, and to gauge the family's sense of ownership of the plan. A case is considered successful if the child graduates. If a child and family receiving Wraparound are "assessed out," they are referred to standard child welfare services or a group home.

Comparison group cases are closed when the child's dependency is terminated, the child is self-sufficient or when the child is moved to a group home. Comparison group cases receive ICWS, services of greater intensity than traditional child welfare services such as therapeutic behavioral services. If a child is closed from the comparison group for a reason other than dependency termination, they receive standard child welfare services after exiting the comparison group.

Services. In an effort to serve more children, the County has implemented an assessment process to monitor each child's progress to determine program appropriateness and shorten timeframes where necessary. Ideally, a child completes the program in one year. If a case is seen as not progressing, it is closed to minimize inappropriate service delivery and maximize program success.

Participants reported having a difficult time accessing Therapeutic Behavioral Services (TBS). Providing services through the billing of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) has been successful, but agencies have been reluctant to access other sources of funding in response to the anticipated implementation of state cost control mechanisms.

Supervising and Monitoring. Monitoring of the project's implementation has been restructured to include the monitoring of SB 163 (State funded Wraparound). Oversight meetings are held every two months.

On the more direct programmatic side, weekly supervision is provided to social workers, in-home support counselors and Wraparound facilitators. A specific unit has been designated to handle all cases referred by child welfare services. Within this unit a single supervisor monitors placement changes, tracks expenditures, and maintains communication with UC Berkeley. Centralization of these activities has facilitated coordination with other agencies, such as the foster family agency and the Wraparound provider.

Attitudes. The implementation of Wraparound was facilitated by the county's existing collaborative-based System of Care model and fit in well with attitudes and thinking about the most effective ways to work with children and families. Participants reported a number of strategies for generating enthusiasm for Wraparound. Participants have worked to create a "one-stop program" for families and Wraparound is part of this process. Participants have approached the community from a grassroots level to educate them about available services, including Wraparound services, with a focus on the need to maintain children in the community. Focus groups have centered on involving community partners in planning, "wrap reality" workshops at the direct service staff level to discuss the Wraparound process, and an agency wide "Together we Can" session to talk about the Wraparound paradigm shift. Wraparound was among the best practice philosophies discussed. Program successes have also helped to change attitudes. Respondents reported, however, that random assignment has generated negative views of the project by some service providers and some members of the child and family court system.

Status. When asked to describe the current status of their program implementation, participants reported that they considered their program's maturity to be analogous to a "mature young adult."

### *Staffing*

Wraparound program staff includes 3.5 facilitators, 2 child welfare services workers, 2 probation officers, 1 to 3 in-home counselors, and an agency resource developer that also works on Wraparound cases. Counselors generally shift from case to case and may work with different facilitators. A team may include CDSS staff or probation workers depending on the family's needs. Over time, participants have found that families leaving the program have reported experiencing a great sense of loss at the termination of Wraparound. In response, participants have developed a mentoring program utilizing university interns to continue work with the family in the community after case closure.

Training. Participants have developed their own core curriculum to train in-home counselors, foster parents, and facilitators. New staff receive 40 hours of training and 24 to 36 hours of field experience. New Wraparound workers also spend several days with CWS to facilitate the team building process. "Wrap reality processes" were introduced to discuss strategies for addressing barriers that helped them to "turn the corner." Participants suggested that training provided by

the California Department of Social Services and East Field Ming Quong was helpful in getting the program launched.

### *Funding*

Respondents reported that the fiscal process is now running smoothly after some initial confusion that may have been bypassed if the Wraparound program had been integrated into other billing systems. The Wraparound program's 50% county match was expensive and an extra cost when the program was launched. Participants reported that Wraparound services are now provided at a lower cost when compared to residential placement. Billing for EPSDT has worked well in the past fiscal year.

### *Client and Community Characteristics*

Participants described San Luis Obispo as the least affordable county in the U.S., where the cost of living coupled with the average median income places families at risk. Though the county has the lowest unemployment rate, available employment consists largely of low paying service jobs. Housing, childcare, and transportation were cited as issues of concern. Participants reported that despite these problems, the community's strength lies in its value of the quality of life over economics.

### *Agency Factors*

Participants reported several strengths in Wraparound program implementation, including collaboration and cooperation among agencies, direction from a management team that had a vision for the program and a desire for it to succeed, and cross-systems experiences on the part of program staff. Staff's knowledge of multiple service systems facilitated the understanding of the challenges associated with working in different structures. Further, participants reported that team members liked and respected each other. The Department of Education was reported as an important participant, despite the lack of a non-public school. The positive relationship with the courts was also reported.

### *Political Factors*

Respondents expressed concern about the State of California's low national ranking in the delivery of mental health services and the lack of attention the issue is receiving. Respondents were also concerned about the State's fiscal crisis and its impact on the CDSS.

Participants reported experiencing a positive context for program implementation that stemmed from a unique children's services network council agency where child and family services are highly valued. High child welfare services credibility has resulted in support for these types of projects with the County Board of Supervisors. In San Luis Obispo County, the Wraparound program is considered on the front line of best practices due to the collaborative management team process. Participants expressed a hope to see the Wraparound program grow.