

***Semi-Annual Progress Report-Intensive Services Component (September 30, 2002)***  
***Overview***

The following *Semi-Annual Progress Report* covers implementation progress for the period from April 1, 2002 to September 30, 2002 for Intensive Services (IS) which includes the Wraparound Component, the Family Conferencing Component (ISFC), and the Community Mentoring Component.

During this period, there were changes in the management of the evaluation. The Project Director left the study in June 2002. In July, a Co-Principal Investigator (Edward Cohen, Ph.D.) was added to the study to assume many of the duties of the Project Director as well as assist the other Co-Principal Investigator, Jill Duerr Berrick, in her transition while exiting the study<sup>1</sup>.

The Community Mentoring Component study completed its final focus group focusing on issues related to the program's closure. The final process report is included as **Attachment A** in this *Semi-Annual Progress Report-Intensive Services Component (September 30, 2002)*. The end of this reporting period also marks the beginning of the final year of interview data collection activities for the remaining IS components. Updated timelines for completing the interviews for the Wraparound and ISFC Sub-Studies are described below. The project timeline attached to the *Revised Evaluation Plan (January, 2002)* has been adjusted to reflect these changes, as well as a request to submit the *Final Report* by March 31, 2004, rather than the original due date of June 30 2004. The revised timeline is attached as **Attachment B**.

In addition to maintaining the evaluation information systems and collecting data, the evaluation staff also increased their time allocated to planning analysis activities. The evaluation team will produce a *Preliminary Analysis Report* in June 2003. The Report will profile enrolled children and families in the Wraparound and ISFC Sub-Studies. A description and outline of the report is included as **Attachment C**. (This outline was shared with CDSS in the monthly status meeting on 9/17/02.) For the *Final Report* analyses, the Technical Team has begun construction of an analysis dataset, a protocol to identify and match client ID numbers, and SAS programming to process the data.

***Intensive Services Component – Wraparound Services Sub-Study***

Five counties continue to participate in the Wraparound Services Sub-Study. This reporting period (April through August 2002) saw an increased enrollment of 26 children for Alameda, 3 for Humboldt, 47 for Los Angeles, 31 for Sacramento, and 1 for San Luis Obispo. The average enrollment rate for the five-month period is more than 21 cases per month. Details of treatment and control active vs. closed cases are shown in the Wraparound Sub-Study report.

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<sup>1</sup> As of January 1, 2003, Dr. Cohen will assume full Principal Investigator activities. A letter informing counties of the transition plan was distributed in September 2002.

For the Wraparound Sub-Study, the final date when any new children or caregivers will be administered first in-depth interviews and the CAFAS is September 30, 2002. From that point on, currently enrolled study children and caregivers will be interviewed in second or subsequent waves only, making 9/30/03 the last day for collecting interview data. Enrollment and assignment to the treatment and control groups will continue until counties cease referring new cases. New study cases will be included in the impact analyses using CWS/CMS data, even if they are not eligible for further interviews.

By the end of this reporting period, 80 caregivers and 49 children had been interviewed for baseline (first) interviews. Another 25 caregivers and 14 children had been interviewed for follow up data. These interviews were held with Alameda County participants only, as discussed in previous reports.

Evaluation staff continued activities to obtain appropriate client identifiers upon enrollment, provide assistance to counties about enrollment and eligibility issues, and reconcile enrollment discrepancies between UCB and county data.

Collection of CAFAS data continues as before. However, the Wraparound Sub-Study Report notes continued problems of counties submitting inadequate CAFAS protocols for their eligible children.

Services tracking data collection was developed in response to concerns about contamination—a condition that arises when both the treatment and comparison groups receive the same or similar intervention. In Alameda, Los Angeles Counties, and Sacramento counties information on services received by children in the treatment group continued to be tracked by the private agencies providing Wraparound to those children. Services data collection continued to be handled internally in Humboldt County and San Luis Obispo County during this evaluation period, with the counties relying on UCB for scheduling notifications. As of August 31, 2002, 1549 service weeks had been tracked and entered into the services tracking database.

Fidelity to the Wraparound model is being assessed using the parent/caregiver questionnaire of the Wraparound Fidelity Index (WFI). As of August 31, 2002, 58 of a possible 78 interviews have been conducted. In the treatment group, 37 of a possible 49 interviews were conducted, while in the comparison group, 21 of a possible 29 interviews were conducted. Twenty interviews could not be conducted for several reasons, including prolonged difficulty in reaching respondents, or children no longer actively enrolled in the study. Preparations also began during this reporting period for the final set of process study site visits.

The Child Welfare Services/Case Management System (CWS/CMS) will provide the administrative-level data as the source of foster care placement and child safety outcome measures for the evaluation study. As seen in the revised project timeline, **Attachment B**,

we have adjusted the dates of collecting and processing these data to meet the revised timeline of the study *Final Report*.

Evaluation Information System (EIS) activities during this project period focused on four areas: (1) the continued development of an integrated data collection and management system for Wraparound, (2) supporting current data collection and data management efforts, (3) providing technical support and training, and (4) developing technical capacity.

The Wraparound Services Sub-Study team conducted two trainings in Los Angeles County focusing on services tracking and baseline (CAFAS) data collection.

### ***Intensive Services Component -- Family Conferencing Sub-Study***

During this reporting period, a total of thirty-two new children (including 22 siblings) were enrolled in Fresno County's ISFC component, and an additional 18 children (including 11 siblings) enrolled in Riverside County. Of the cumulative total enrollment in Fresno (145 study children and siblings) and in Riverside (117 study children and siblings) the majority are Title IV-E eligible (92% in Fresno and 86% in Riverside). The remaining children are currently being served via the parallel State waiver and will be included in the final analysis. Monthly enrollment rates during this report period remained modest for both counties. Fresno County enrolled an average of 2 new study children and 4-5 siblings per month while Riverside enrolled 1-2 study children and 2 siblings per month, on average.

For the ISFC Sub-Study, the last day of enrollment for Baseline Interviews will be 3/31/03 (for completion by 4/30). Six-month caregiver interviews will be concluded by 10/31/03, and 12-month follow-up caregiver and youth interviews will also be concluded by 10/31/03. Enrollment and assignment to the treatment and control groups will continue until counties cease referring new cases. New study cases will be included in the impact analyses using CWS/CMS data, even if they are not eligible for further interviews.

Riverside County began utilizing electronic methods arranged by the evaluation team to submit the California Structured Decision Making Family Risk Assessment and Family Strengths and Needs Assessment (child portion only) data during this report period. Both counties currently submit these data electronically, which greatly increases their availability for analysis. Completed records have currently been submitted by both counties for all requested children (Fresno: 51; Riverside: 21).

For the ISFC Study, fidelity assessment instruments include, (1) the Conference Characteristics Survey, completed by the conference coordinator and facilitator immediately following the family conference; (2) the Conference Participant Questionnaire, completed by all other conference participants immediately following the family conference; (3) the Family Plan Effectiveness Survey, completed by the supervising child welfare worker at six and 12 months post-conference; and (4) the

Framework for Observing a Family Conference form used in recording direct observations of family conferences.

Surveys completed by conference participants and the conference coordinator and facilitator continue to be collected following all initial family conferences in both counties. To date, surveys regarding 22 initial conferences have been collected in Fresno County and surveys regarding 16 initial conferences have been submitted by Riverside County. Despite modifications to the surveys made during the pilot-testing phase of implementation, county staff feedback and reviews of completed surveys indicate that questions directing participants to complete one set of questions if the conference included "Private Family Time" and a second set of questions if it did not, continue to be problematic. Returned surveys also show that participants sometimes completed both sets of questions or parts of both sections, regardless of the type of conference they received. In order to attempt to address these concerns without making more substantive changes to the survey instruments (which is not advisable at this stage of implementation) the evaluation team has distributed copies of the survey instruments in which the "Private Family Time" and non- "Private Family Time" sections are color-coded. Evaluation team members currently await feedback from county staff regarding the extent to which these adjustments assist participants with completing the relevant sections of the survey.

The Family Plan Effectiveness Survey completed by the supervising child welfare worker regarding plan implementation also continues to be submitted by social workers in both counties. At this time, 15 six-month surveys have been completed by Fresno County social workers. Due to delays on the part of Riverside County staff in scheduling initial conferences (see the *March 2002 Annual Process Study Report* for further information), only 7 six-month surveys have recently come due in Riverside County. Three of these surveys have been completed by Riverside County staff.

Conference observations continue to be conducted in both counties. Observations completed during this report period were conducted on 4/20/02, 4/27/02 and 7/25/02 in Fresno County and on 5/8/02 and 8/9/02 in Riverside County. There have been some concerns expressed by Fresno County administrative staff that family members may experience some discomfort with the observer's presence. These concerns were expressed by Fresno County staff during a visit to the county on July 30, 2002, and were addressed by generating a list of suggestions for minimizing observer intrusiveness while optimizing data collection. Evaluation team staff will continue to dialogue with Fresno County administrative staff regarding the effectiveness of these modifications and make adjustments to the protocol as needed.

Between both counties, a total of 42 family conference plans have been collected. In addition, 47 Fresno case plans for both control and experimental children had been collected by the close of August 2002. Efforts to develop the analysis approach for case and conference plans commenced during this reporting period. Preliminary codes have been applied to plans that have been received thus far. The coding scheme will be further refined and applied to incoming data as themes that are relevant to the evaluation begin to emerge from the data. At this time, theoretical exploration of the data is still in process.

As of the end of this report period, 14 baseline interviews with caregivers and 4 baseline interviews with youth have been completed in Fresno County. Similar numbers of baseline interviews have also been completed with Riverside County caregivers (14) and youth (5). Eleven 6-month telephone interviews were successfully completed with Riverside County caregivers and three youth and their caregivers also participated in 12-month face interviews in this county. Six Fresno County caregivers completed 6-month telephone interviews, but none of the 12-month face interviews that came due during this report period (4 caregiver, 2 youth) were successfully completed. Response rates for Fresno interviews about 50% those of Riverside. A variety of factors impact the response rate in Fresno, such as difficulty in reaching parent caregivers, distrust of the protective services system, staffing changes, and other issues described in the ISFC report. Staffing recruitment, especially for Spanish speaking interviewers, remains challenging in both counties. (UCB evaluators have been assigned to conduct Spanish language interviews by phone, even though the baseline and 12-month interviews were not originally designed to be conducted by phone.)

As part of the Process Study, a focus group with administrative staff was conducted in Fresno on July 30, 2002. A series of phone interviews were conducted with Riverside County administrative staff, in lieu of a focus group, on August 19, 2002 and September 20, 2002 due to scheduling challenges on the part of county staff participants. Process Study activities during the next report period will include focus groups with line staff in the winter of 2002.

During this period, the Cost-Effectiveness Study (Fresno County) has focused on monitoring data collection and transmission and incorporating some of the data into the Fresno Central Cost database for Fresno County that is being maintained by the evaluation team. To date, the evaluation team has received data on more than 22,000 caseworker contacts. Next steps for the Cost-Effectiveness Study include the preparation of data required for the *Preliminary Analysis Report* in June 2003 and validation of data with caseworker interviews and a review of case files.

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

This section describes process study findings for San Francisco's Community Mentoring program for the period April 1, 2002 – June 30, 2002.

### *1. Methods and Procedures*

A single focus group was conducted on-site in May, 2002. Focus group participants were the Special Projects Manager from the county social services department, the Program Coordinator, and one Mentor Supervisor. Additional participants were expected to attend the discussion, however, the Special Projects Manager noted that project staff were "angry" and "grieving" at the time of data collection and probably chose not to attend the meeting due to the project's impending closure. Participants were informed of the nature and purpose of the focus group and read and signed consent forms at the beginning of the meeting. The focus group was audio-tape recorded and two UCB researchers took extensive notes during the discussion (one by hand and one using a laptop computer). The audio-tape was used as a back-up to researchers' notes. All data was summarized and key themes were sought by the two researchers through the lens of "lessons learned" that might inform why the program was closing or how a future similar program might capitalize on the experiences of the Community Mentoring program.

**Appendix 1** contains the semi-structured interview protocol developed by CSSR evaluation team staff in accordance with federal Title IV-E Child Welfare Waiver Demonstration Project guidelines. The questions were designed to highlight problems that may have led to the program's impending closure as well as to highlight successful aspects of the Community Mentoring project.

### *2. Key Features and Implementation Status*

Program staff have been informed that the program is shutting down as of June 30, 2002.

a. Enrollment status: At the time of data collection, UCB records indicated that 61 children were receiving program services (experimental group, including siblings) and an additional 31 children (including siblings) constituted the control group.

b. Target populations: Focus group participants described program clients as needy, consistent with the fact that they have come into contact with the Department of Human Services, however, participants generally de-emphasized any characteristics of clients as being problematic for the administration or implementation of the program. Focus group participants highlighted the fact that the program was envisioned and began prior to the dot com boom and that since that time one of the target neighborhoods, Potrero Hill has gentrified. Gentrification of this neighborhood, combined with the availability of other social services in this area, was perceived as greatly reducing the numbers of children and families in need of Community Mentoring program services. In addition, focus group participants mentioned that the number of children in need of program services was lower than was envisioned due to a 50% decrease in general child welfare referrals over the last seven years.

c. Implementation difficulties: The program has encountered various implementation difficulties. The greatest difficulties appear to be budget related and have been problematic since the program began. For example, the program was designed as an innovative community collaborative. Unfortunately, many in-kind contributions from collaborators never were received. The failure to receive these projected contributions resulted in additional expenses being placed on the county and the program costs were much higher than initial projections. The program was not able to capture high start-up costs. In addition, focus group participants believe that the initial base rate set for children in the experimental group was much too low. Although the base rate was revised and the budget was revised during program implementation, the base rate was still too low and the program was not able to stay within set costs.

The referral process and informed consent procedures also contributed to implementation difficulties. Child welfare cases eligible for the program were not identified prior to hiring staff and greater numbers of staff people were hired than proved necessary. Furthermore, the program only receives funding for children in the experimental group and the program proposal did not anticipate so many children being enrolled in the control group. Thus, costs were higher than expected for experimental cases.

### *3. Organizational Aspects*

a. Timelines: Families in the program received services as long as they had unmet needs. Consistent with the court calendar, a 6-12 month timeframe was initially envisioned for serving families. In hindsight, this timeframe was probably too short because many families in the program had problems that required at least a year of intervention. Participants noted that a key feature of the program, relationship building with whole families, takes time. Some families received services for up to 15 months and some families were served on a shorter timeline, depending on their needs.

b. Service delivery difficulties: Transportation was cited as a key problem for the program's service delivery. A central component of the program is the ability to facilitate easy modes of transportation for enrolled children and their families, however, transportation was not considered in the program proposal. Oftentimes staff used their own cars to transport their clients. Finding safe housing for client families also was problematic.

Another aspect of service delivery that could have benefited from refinement was that frequently the mentors felt like the families they were serving didn't understand the role of the mentor: "people didn't know why we were there." This could have been remedied if the process of introducing the family to the program (informed consent procedures) was more informative for the family. The program had envisioned hiring someone to serve this role, separate from mentors, however, the hire didn't materialize due to budget problems.

Participants indicated no problems with regard to assessment of child and family strengths. DHS workers joined the mentors and families in the assessment to help identify the needs of the families and the adult's level of commitment for fulfilling their case plans.

c. Staffing: Participants highlighted the need for a full or part-time staff person to entirely devote their time to the mentoring project, which was envisioned but didn't occur. At the time that the program was starting up another initiative was introduced that required 80% of the Special Projects Manager's time. An administrator working solely for the program could have expanded the program within the community so as to build additional working relationships. Participants agreed that the essence of the program was "a constant process of building relationship." A dedicated administrator could have given the program the time it deserved while working within the department to maintain steady enrollments of children into the program. Due to high staff turnover within the county, many social workers did not know about the program and others tended to forget to refer children to the program. An administrator with more time for the program could have created a mechanism to ensure that new staff and continuing staff were consistently informed about the program and that team building routinely occurred between social workers and mentors.

Another staffing issue was the need to support further staff professional development, like licensure. If additional professional development opportunities were made available to the mentors it would be a way of giving back to the community because the community needs licensed professional helpers of color.

Participants felt that the Project Coordinator could have benefited from an assistant and it was noted that the Project Coordinator had five bosses who did not speak in a unified voice. In addition, the Executive Directors of the collaborating agencies were frequently in conflict with the Special Projects Manager which led to heightened feelings of tension among program staff.

With regard to relationships between social workers and mentors it was noted that not all social workers were open to the high level of collaboration needed to share a case with a mentor. However, the social workers and mentors who worked on cases for this program had excellent relationships with each other and were pre-identified for this program based on their interest in the community and their willingness to share power. Participants believed that social workers and mentors were mutually able to improve each other's work. For example, if a mentor had difficulty with a family he or she could always call the social worker for assistance. Similarly, mentors could devote a lot of time to their client families and could visit the families when the social workers couldn't, thereby reducing social worker workloads. In general, social workers and mentors had a substantial amount of communication and sharing of information and ideas. Mentors sent monthly reports to social workers noting all dates of contact with client families.

d. Program oversight and monitoring: Participants said that supervision of the mentors by the mentor supervisors was not problematic and that the use of pagers and cell phones facilitated communication and kept everyone accessible.

With regard to state oversight, participants felt that communication from the CDSS liaison was lacking and that more was needed. Early in the program the Special Projects Manager did not even realize that a CDSS liaison to the program existed. Participants believed that CDSS was not vested in the success of the program and that given how "revolutionary" the program was, CDSS guidance would have been welcome.

#### 4. Contextual Factors

a. Community characteristics: Participants believed that the community was rich with resources to assist client families. Some staff members had previously worked in other agencies and therefore had established lines of communication with other supportive services. Oftentimes, if waiting lists existed for services, staff were able to move their clients to the front of the list. In addition, other professional service providers such as mental health workers or substance abuse counselors were brought in as consultants and played an important role in providing services to families. These professionals were available for consultation to discuss issues families were having and assist in the development of a treatment plan.

b. Agency factors: Focus group participants agreed that working in an out-stationed office for this program was desirable. The office culture was positive because staff volunteered to work in this extremely underprivileged community and all of their cases came from the community. Staff valued and treasured the opportunity to work within this community and these values were reinforced by the agency. All staff for this program were required to do volunteer work in the community in order to better understand the community. The culture at DHS headquarters was described as very different from the out-stationed office: this was perceived as neither good nor bad.

c. State factors: Focus group participants cited lack of assistance from CDSS as contributing to their inability to overcome program implementation difficulties. They felt more oversight and communication was needed from the state to make the program successful. Fiscal meetings with the state were helpful but should have occurred prior to the program implementation (not after the program was having major difficulties) and a clear description of what CDSS expected from the program was needed (but never communicated by CDSS).

Budget cuts and a decrease in the California general fund after September 11<sup>th</sup>, were the major economic factors at the state level that affected the program. In addition, the general decrease in the overall economy of the state of California, the dot com downturn, and the state cut of 20% to foster care administration all affected program implementation.

d. Federal factors: September 11<sup>th</sup> was the only social or economic factor at the federal level that was mentioned as having an impact on the community mentoring program.

e. Evaluation factors: Participants seemed to regret that they weren't able to create a stronger relationship with the evaluation team during the early development of the program. They would have liked to have worked more closely with a senior researcher in the beginning of the project so that things that were supposed to have been completed would have been. For example, participants discussed an assessment instrument that they were supposed to have received from UCB but never did. This assessment tool would have given the program staff a way to measure a family's progress before and after the mentoring intervention.

Participants said that they felt extremely disconnected from the UCB research team, especially prior to June, 2001. They described "locking heads" with their research liaison in ways that were very difficult for the program. With regard to that relationship they said "this is not how people

work together, there was no connection or relationship.” In contrast, participants said they had an easy and collaborative working relationship with the senior researcher who was in place from June, 2001-2002.

### *5. Looking Toward the Future*

Program staff are slowly pulling mentoring services away from client families and turning the cases back to DHS. The mentors plan to continue personal relationships with their client families. Unfortunately, due to budget cutbacks within the agency, client families will receive fewer services than the previous norm for child welfare cases.

Participants felt that everyone knows that the program is important in the community and it has been successful on many different levels. Many of the mentors have lost hope for the community because they see a good program being taken away due to a lack of funding. They said that even if a new program were to be introduced to the community it would be difficult to gain community support for it since this program was removed (and community members are feeling insulted).

Consultants have been brought in to help move program staff into new positions and help the mentors with resume and interview building skills so that they can obtain new positions.

Participants asked themselves “What would the program have been like if it had reached its full capacity?” They said that with 40 staff members, social services might be in compliance with caseload sizes and reduce expenses for foster care services. Participants said they hoped the project would come back again at a later date in communities where it is needed. They believe the project gives communities the opportunity to help themselves and community members know where support is needed. They feel it is “a good program that could really change families’ lives” and that empowerment gives families support to rebuild themselves. Finally, participants agreed that this program represented “real social work.”

**I. Implementation Status**

1. What is the current status of the community mentoring program?

**II. Difficulties/Solutions**

2. What have been some of the major difficulties have you encountered?

3. Are there specific reasons you were unable to resolve the difficulties?

**III. Target Population**

4. Were there problems with the target populations for the community mentoring program?

5. Were there problems with the criteria for their selection?

**IV. Services**

6. Were there problems with the services you were providing?

7. Could you describe the services received by the comparison group?

8. Were there problems with the expected time children/families were in the community mentoring program?

**V. Process**

9. Were there problems with the process that took place when a family entered the project?

10. Was there a problem with the length of time families began receiving services after intake into the project?

11. Were there any problems with the relationships between mentors and families?

12. Was there a problem with the assessment of child and family strengths? Needs?

13. Were there problems with how is the services/support plan for the families was developed?

**VI. Supervising and Monitoring**

14. Were there problems with supervising and monitoring implementation of your program?
- a. What are some of the barriers, issues, and /or concerns?
  - b. Are there specific reasons you were unable to overcome the barriers?

**VII. Staffing**

15. Were the problems with staff roles as mentors, in providing service to clients?
16. Were there problems with initial and ongoing training you completed as a direct service provider?

**VIII. Funding**

17. Were there problems with the funding process for the program?

**IX. Client Characteristics**

18. Were there social and/or economic characteristics of the client population you serve which might have affected your ability to implement the program?

**X. Community Characteristics**

19. Were there social and/or economic characteristic of the community you serve which might have impacted your ability to implement the program?
20. Were there enough community and neighborhood resources available to support your program.

**XI. Agency/County Factors**

21. Were there problems with the culture of your agency?
22. How did the culture of your agency influence implementation of your program?

**XII. State Factors**

23. Were there any social or economic factors at the state level that had an impact on your program?

**XIII. Federal Factors**

24. Were there any social or economic factors at the federal level that had an impact on your program to date?

**XIV. Political Factors**

25. Were there any political issues that positively or negatively affected your program?

**XV. Evaluation Factors**

26. Are there any issues relating to the design of the demonstration project and evaluation that had an impact on your program?

**XVI. Conclusion**

27. Is there anything you feel should be discussed that we have not covered?

Intensive Services  
Wraparound Component  
Data Collection Schedule – Interviews\*  
Adults

	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7	Tot
	7/98-12/98	1/99-6/99	7/99-12/99	1/00-6/00	7/00-12/00	1/01-6/01	7/01-12/01	1/02-6/02	7/02-12/02	1/03-6/03	7/03-6/04	
Admin Data		X	X	X	X	X	X	X	X	X		
Pretest (in-person)					11	6	7	20	20			64
Posttest 1 (phone)							4	2	2	12	2	20
Posttest 2 (in-person)								3	2	2	2	9
TOTAL												93
Consortium Meetings	X		X		X		X		X			
Site visits		X	X	X	X	X	X	X	X	X	X	

\*based on 18 month interview period

Intensive Services  
 Wraparound Component  
 Data Collection Schedule – Interviews\*  
 Kids

	Year 2	Year 3		Year 4		Year 5		Year 6		Year 7	
	1/99-6/99	7/99-12/99	1/00-6/00	7/00-12/00	1/01-6/01	7/01-12/01	1/02-6/02	7/02-12/02	1/03-6/03	7/03-6/04	Tot
Admin Data	X	X	X	X	X	X	X	X	X		
Pretest (in-person)				15	10	8	12				45
Posttest 1 (phone)											
Posttest 2 (in-person)							10	7	5	8	30
TOTAL											75

\* based on 18 month interview period





Revised Work Plan and Deliverables<sup>1</sup>

		Quarter																													
		04/30/01								12/31/01		06/30/02		12/31/02		06/30/03		12/31/03		06/30/04											
Task	Who Will Perform Task <sup>2</sup>	1	2	3	4	5	6	7	8	9	1	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Complete interagency agreement with CDSS	PI	X																													
<b>Meet with CDSS and DHHS to finalize the evaluation design</b>	<b>SMT,</b>																														
<b>Finalize sampling plan for random assignment</b>	<b>SMT,</b>																														
<b>Submit the evaluation plan to CDSS for approval</b>	<b>PI</b>																														
Participate in the drafting of the Invitation to Counties	SMT, PC	X																													
Participate in meetings with CDSS staff and counties interested in participating in the demonstration project	SMT, PC	X																													
Assist CDSS in reviewing county proposals and in selecting demonstration counties	SMT, PC	X																													

<sup>1</sup> Deliverables are noted in bold

<sup>2</sup> PI=Principal Investigator; TC=Technical Coordinator; SMT=Senior Management Team (PI, TC); FC=Family conferencing Coordinator;; ISC=Intensive Services Component Coordinator; PC=Project Coordinators (FC, ISC); SP=Senior Programmer; AP=Assistant Programmer; AS=Assistant Specialist; GSR=Graduate Student Researcher[s]; I=Interviewer[s]; AA=Administrative Assistant





Task	Who Will Perform Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Revise and submit final evaluation to CDSS*	PI, SMT, PC																											X	
<b>Present project findings</b>	<b>PI, SMT, PC</b>																											X	

\*Final Report details:

- 2/18/04      Draft Final Report due to CDSS for review
- 3/31/04      Revised Final Report due to CDSS

**California Department of Social Services**  
**Title IV-E Waiver Pilot Evaluation**  
**Outline of Preliminary Analysis Report, June 2003**

**University of California at Berkeley**  
**Center for Social Services Research**

**Working Draft**  
**September 17, 2002**

# Title IV-E Waiver Pilot Evaluation Outline of Preliminary Analysis Report, June 2003

## I. General Scope

The June 2003 Preliminary Analysis Report is being prepared by the Center for Social Services Research at the University of California, Berkeley. The purpose of the report is to describe the general profile of children and families enrolled in the Title IV-E Waiver Demonstration Intensive Services pilots. In most cases, the analyses will compare baseline differences between experimental and control groups. Data from second and subsequent follow up interviews will be used for the final report, by which time sufficient interviews will have been administered to provide comparisons over time.

Understanding the sample's baseline characteristics is an important first step in analyzing outcomes. This is especially critical in the Title IV-E Waiver evaluation, since the target populations vary among the counties and within counties upon implementation (e.g. "at-risk" vs. in RCL 12-14). Target populations within counties may have also changed over time as county screening processes matured.

For those counties whose sample size allows, outcome analyses must control for within- and between- group variation to ensure that any effects that are, in fact, the result of the experimental intervention cannot be attributed to other extraneous factors. Random assignment, while the most efficient and accurate way to equalize treatment and control participants, cannot be expected to eliminate all differences between groups in studies with small samples. The analysis of baseline characteristics will also provide a richer understanding of the outcomes: what works, for whom, under what conditions?

Data for the Preliminary Analysis Report will be collected up to March 31, 2003 to allow time for analysis and report preparation. The analyses will include data from baseline instruments, in-depth interviews (first interviews only), services tracking (Wraparound), fidelity measures, conference plan review (Family Conferencing), and cost-related data for the Fresno Family Conferencing cost study.

## II. Wraparound Study Questions

A. What was the behavioral functional status of the children in the Wraparound study sample at the time that they were enrolled into the study?

1. CAFAS score analysis by county
2. CAFAS score analysis, by county and by group

- B. What was the well-being status of the children in the Wraparound study sample at the time that they were enrolled into the study?
  - 1. Summary scores of selected child well-being and family functioning instrument
  - 2. Correlations between total CAFAS score and selected child well-being instruments
- C. What has been the satisfaction level of caregivers and youth in the experimental group?
- D. Program fidelity: profile of program fidelity (WFI) scores in Alameda County
- E. How do experimental and control groups compare on services used, by county?

### III. Family Conferencing Study Questions

- A. What is the Family Risk Assessment profile of enrolled children and youth, comparing experimental and control groups in both counties?
- B. How do experimental and control groups compare in the Child Strengths and Needs assessment?
- C. What was the child well-being and family functioning status in the Family Conferencing study sample at the time that they were enrolled into the study?
  - 1. Summary scores of selected child well-being and family functioning instruments
  - 2. Are there any correlations between the SDM/FRA scores and selected child well-being scores?
- D. Program Fidelity
  - 1. Do the experimental group Conference Plans show fidelity to Family Conferencing principles, values, and operating procedures?
  - 2. How do the experimental group Conference Plans differ in content from experimental and control group Case Plans?
  - 3. Do survey responses from participants in the experimental group and observations of Family Conferences show evidence of model fidelity to Family Conferencing principles, values, and operating procedures?

4. To what extent are Family Conference participants satisfied with their services?

E. Cost Study (Fresno County)

1. What is the average cost of a family conference?
2. How do the quantity of caseworker contacts and visits (attempted and completed) differ between the experimental and control groups?
3. How do the services used differ between the experimental and control groups?
  - a) Frequency distributions: 1) cases refused services, 2) used some services less than a month, or 3) used services one month or longer
  - b) Comparison by type of service and user of service (parent, child, family)
  - c) Comparison of costs of services
4. Are there correlations between Family Risk Assessment scores and 1) number of caseworker contacts, and 2) approximate costs of services used