

## CHAPTER 7. CONCLUSIONS AND RECOMMENDATIONS

Our conclusions and recommendations will address the following three areas: a) The efficacy of FGDM and Wraparound; b) Program planning, implementation and operations, and c) Implications for further research.

### *The Efficacy of FGDM and Wraparound*

The Waiver Demonstration Project contained two key conditions: first, children receiving new and innovative services were to be no worse off than children receiving traditional services over the course of the evaluation; second, the innovations should be cost-neutral, or cost no more to Federal Title IV-E funds than traditional services. (Conclusions from the cost-neutrality study are discussed separately in the “Cost-Neutrality” chapter.) FGDM and Wraparound appeared to have met the first criteria: the treatment group child and family outcomes in the areas of safety, permanence, placement stability, and well-being were, with one exception, no worse than those of the comparison group participants. The exception in FGDM was a non-statistically significant trend towards increased substantiated maltreatment reports. The effects of FGDM on rates of substantiated maltreatment require further confirmation in a larger sample.

If success is measured by *positive improvements* in outcomes, we did not find FGDM to be efficacious in the demonstration projects. Although the small sample size might indicate that the intervention did not receive a “fair test,” the sample size was indicative of general implementation and design issues that may have predetermined the intervention’s inability to result in improved outcomes. We found that FGDM did not maintain the family’s involvement with services beyond the initial conference plan. The overall issue was that the intervention was implemented and operated without enough integration into other agency and community activities. We will discuss this issue in more detail below under “Program Planning, Implementation, and Operations.” As we mentioned in the FGDM Process Study Discussion section, however, we were impressed by the ability of FGDM to facilitate collaborative relationships with families experiencing intractable problems, and entering a highly adversarial child welfare system. This positive relationship with those who are crucial in making decisions about children is the first step towards improving outcomes. In this regard the Waiver made an important contribution to those counties’ treatment group participants.

In Wraparound, there were some improvements in outcomes: Alameda and Sacramento County treatment participants experienced improvements in the areas of living at home and exits due to incarceration, respectively. We offer a qualified endorsement of Wraparound, qualified in that while the Impact Study modestly support the efficacy of the intervention, there were nevertheless implementation and operational issues that may have muted Wraparound’s overall effects. Although the nature of Wraparound implementation (i.e. the requirements for inter-agency planning and collaboration) served to better position it within the agency and community (compared to the FGDM projects), there were other implementation issues (summarized in the Wraparound Study’s “Summary Conclusions” section) that lead to specific recommendations for the implementation and operation of subsequent projects.

## ***Program Planning and Implementation***

We will address both the State and county role in program planning and implementation. The crucial areas of implementation are a) Inter- and intra-agency collaboration and service integration; b) Clear program objectives; b) Clear criteria for enrollment and service conclusion; c) Staffing recruitment; and d) Policies and procedures for program operations (including fiscal issues).

### Inter- and Intra- Agency Collaboration

We attribute the inability of the FGDM demonstration projects to provide adequate follow up for families, at least in part, to the insulation of the intervention from other agency activities and community efforts. Evidence was seen in agency reports of the constant need to protect FGDM program from budget cuts and outside skepticism. There was also a lack of sufficient community involvement in planning and ongoing monitoring of the program. Follow-through is an outreach activity that requires as intensive an effort on the part of agency staff as organizing the initial family meetings, if not more so. It also requires going beyond the natural boundaries between agency departments, and those between the agency and the community.

In this regard, Wraparound may be more successful since one of the core objectives (and one its important development principles) is to break down barriers that create service fragmentation, not only in planning implementation but also at every phase of involvement with the family. Wraparound was originally developed for a smaller subset of children and families with special needs (i.e. children and youth with severe emotional disturbances) however much can be learned and adapted from the Wraparound model into interventions designed for the larger number of children entering the child welfare system. The Family-to-Family Team Decision Making model, for example, requires meetings at all critical junctures of the child and family's interface with the system (i.e. for every placement-related decision), and is also integrally tied to community development and outreach activities as well as agency-wide reforms. This type of model could not be implemented successfully if it were limited to the activities of only one unit or department. Whether FGDM could perform better in the context of system reform remains to be seen. California has an opportunity to test the success of child welfare interventions in the context of child welfare reform.

The role of the State can be to provide leadership in modeling inter- and intra-agency collaboration, and require evidence of such collaboration of the counties. This is already happening in the new Outcomes and Accountability System (the State's response to the Federal Child and Family Service Reviews), which requires counties to write system improvement plans to address improvements in child welfare outcomes. Such plans will require evidence that interventions are not implemented in a vacuum, but make sense within an overall plan addressing needs of the local communities.

### Clear Program Objectives

Program objectives tie together the expected outcomes with the desired program procedures. If the objectives are mapped out correctly, all other programmatic decisions can arise from them. As was stated in both the FGDM and Wraparound reports, there existed a chasm between the initial program goals and the distal child welfare outcomes

(safety, permanence, placement stability, and well-being). For reasons that vary from county to county, there were programmatic gaps in achieving the more proximal outcomes that eventually would lead to distal ones. In this regard, planning the program and planning the evaluation consist of a common set of tasks: to set milestones “along the road towards outcomes.”

Our recommendation for the State role here is to provide technical assistance to counties in the establishment of program objectives that show a more clear relationship between program activities, target population characteristics, and desired outcomes. (This may also be regarded as a recommendation to the Children’s Bureau to restructure the required Title IV-E Waiver evaluation plan so that linkages among the various components, i.e. Process, Impact, and Cost Studies, are more clearly delineated by the grantees and their evaluators.) Evaluators should be included in planning these objectives since the potential for finding “treatment effects” is much greater when the evaluation accurately addresses each of the proximal and distal outcome objectives, as well as their associated processes. Similarly, counties should strive to incorporate their objectives agency-wide and involve other agencies and stakeholders in their planning. The State’s role in providing this type of leadership is made even more crucial considering that, in both studies, philosophical issues about the nature of child welfare objectives and program objectives were often at odds, i.e. the importance of child safety vs. reunification or family preservation.

#### Clear Criteria For Enrollment And Service Conclusion

A similar problem related to enrollment criteria was shared by both the FGDM and Wraparound programs: all counties used an “at-risk” category to define, in whole or in part, their respective target populations. For many risks being targeted, the risk assessment practice technology is in a nascent state-of-the-art. This not only affected the ability of the evaluation to measure treatment effectiveness (due to heterogeneity of the sample), it also made it difficult for counties to predict enrollment and utilization. This “drift in focus” seemed to affect FGDM more so. Criteria for FGDM enrollment were vague and diffuse, and had to be adjusted over the length of the evaluation period.

In addition, criteria for concluding services were under developed. The Wraparound report noted that in Alameda County the explicit programmatic objective of continuing to treat families beyond court dependency could paradoxically increase the dependence of families on formal providers, rather than the original Wraparound goal of decreasing the use formal services in favor of informal services.

We recommend a more formal planning period to develop criteria for enrollment and service conclusion. Mid-course corrections are inevitable, however, the more systematic the process of developing criteria in the early planning stages, the more accurate the criteria will reflect the target population.

We also recommend the adaptation or development of instruments to support risk assessment, so that clear criteria can be consistently followed on an ongoing basis.

#### Policies And Procedures For Program Operations (Including Fiscal Issues)

In line with our recommendations for the State’s role so far, we also recommend that the State take a more aggressive role in establishing policies and procedures for the use of “waivered” Title IV-E dollars. The fiscal issues are very complicated, even without the existence of a Waiver. Despite initial attempts at training participating counties in the early consortia, confusion continued about when and how to spend the “waivered” dollars, especially in the FGDM counties. Although there were differences in program structure among counties, there were still many shared issues about the use of Title IV-E Waiver funds.

Specific recommendations for improving Wraparound programs are listed in the Wraparound report’s Summary and Conclusions section. We will briefly summarize the salient points:

- A centralized intake process would make it easier to obtain informed consent, apply consistent enrollment criteria, and facilitate the enrollment process
- Including fiscal representatives in planning, especially in situations involving innovative financing strategies
- In a field characterized by high staff turnover, an ongoing education effort to train new people within and without the agency and provider about Wraparound
- Adapting Wraparound to accommodate children without an identified caregiver
- Allowing creativity and flexibility in staffing, including recruitment efforts to retain specialized Wraparound staff

For recommendations about other FGDM program issues, we look to some of the “lessons learned” from the focus group participants:

- Staffing recruitment is key to program success—new programs must proactively plan sufficient staffing and develop contingencies for inevitable staffing disruptions
- In line with integration of the intervention within the context of agency reform, community development is a necessary ingredient to ensure that there exist adequate resources for the target population, i.e. substance abuse services
- Build in ongoing training opportunities addressing increasingly more specialized topics that arise as staff develop closer working relationships with families

After having gone through the experience, the counties now have knowledge that did not exist prior to the Waiver. The more successful county practices in these areas can be showcased for others.

### ***Implications for Further Research***

Reports from both Wraparound and FGDM discussed the limitations of the respective studies, including the small sample sizes, the relatively brief time period of the study to measure outcomes, and the possibility of treatment contamination, among others.

In addition to the evaluation activities implied in the sections above, subsequent research topics and design improvements were identified in several of the report sections. They include:

- A larger sample size, which would confirm or disconfirm treatment effectiveness, as well as allow for sub-group analyses to determine whether the intervention is more or less effective with certain types of children and families. Finding an opportunity to aggregate county samples would provide more power to detect treatment effects, however this would also require uniformity of program design and target population among the counties
- A focus on more proximal outcomes (as discussed above) as well as the distal ones currently reported
- Lengthening the period of analysis, which in this study was truncated due to late startup as well as the need to cut off data collection to allow time for administrative data preparation
- Taking the Cost Study to the next level of cost-effectiveness analysis, which would incorporate data from the Impact Study and determine the differences in costs given the outcome results. In addition, the variables studied should be expanded to include those measuring caregiver burden
- Adding an additional Process Study component to the Wraparound Study, which would look more closely at how Wraparound was administered in each county

Treatment contamination is always a concern with experimental studies in the human services. The evaluation team developed instruments to measure the extent of treatment contamination, which would be useful in subsequent studies. With the knowledge gained from our experience, we also recommend a specific focus on treatment contamination as new programs are designed within the context of experimental research studies.

Regarding the viability of the experimental design, it is no less true that experimental research designs most effectively answer questions about whether or not a treatment intervention is efficacious. Other quasi-experimental designs are also effective, but less so. However, if the research question changes from “Does this intervention result in improved outcomes?” to “Are we helping our children and families’ outcomes improve?”, which is the direction of the State’s Accountability and Outcomes System, then other non-experimental designs may be more appropriate. Hopefully, within the context of statewide reform and the laudable efforts to improve outcomes for our children and families, there may still be opportunities to test specific interventions in a rigorous fashion. Such efforts can only serve to increase our knowledge of best practices in child welfare.