

CALIFORNIA'S TITLE IV-E CHILD WELFARE DEMONSTRATION PROJECT— FINAL EVALUATION REPORT

EXECUTIVE SUMMARY

This report summarizes the the evaluation findings of the California Title IV-E Waiver Child Welfare Child Welfare Demonstration Project evaluation of Intensive Services Components. The Waiver is a collaborative effort involving the U.S. Department of Health and Human Services (DHHS), California Department of Social Services (CDSS), county child welfare services agencies and the contracted evaluators at the University of California at Berkeley's Center for Social Services Research (UCB). The Waiver permitted the State and selected counties to waive federal and State restrictions on the use of Title IV-E funds in order to use funds flexibly to implement child welfare service innovations. Participating counties used funds to provide intensive, individualized services, thereby permitting children to remain at home, return home sooner or to be placed in permanent family settings. As with other Title IV-E Waiver projects the intent was to provide cost-neutral services.

California's Title IV-E Waiver Demonstration Project was approved by DHHS on August 19, 1997. Originally, California proposed to implement and evaluate three new approaches to child welfare services: the Kinship Permanence Component (KPC); the Extended Voluntary Component (EVC), and the Intensive Services Component (ISC). This report will cover evaluation results for the remaining components (Intensive Services), which consist of Family Group Decision Making and Wraparound. Five counties (Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo) have implemented Wraparound programs. Two counties (Fresno and Riverside) have implemented Family Group Decision Making (FGDM) programs. Since many human services in California (including child welfare) are county-administered, each county developed a highly individualized approach to the experimental intervention.

General Programmatic and Research Design

FGDM is defined as a planned process in which parents/caregivers are joined by family, friends, and providers of community resources to decide what is best for the children and families involved with the child welfare system (Harper & Coburn, 1998). Although the available literature does not prescribe the "dose" or the number of family conference meetings required to achieve specific outcomes, the values, philosophies, and recommended procedures are well documented. Because of FGDM's roots in both restorative justice and child welfare fields its targeted populations are highly varied among children, youth and families throughout many activities of the criminal justice and child welfare systems. In child welfare FGDM has been used to capitalize on family strengths to develop service plans. Family Group Decision Making has also been implemented for various purposes throughout the State's county child welfare agencies. Two counties, Fresno and Riverside participated in the Waiver study to test the efficacy of FGDM. Fresno opted to implement FGDM in its Voluntary Family Maintenance Unit as a means of preventing placements for families at-risk. Riverside is using its Waiver FDGM program to facilitate placement stability and permanence for a population of children already in placement.

Wraparound has been defined as a philosophy of care characterized by a planning process that results in a set of services and supports (S.K. Goldman, 1999). Wraparound involves

professionals, family and others in an ongoing planning process to provide the services necessary to assist the child and family in changing and/or managing the child's behavior and increasing the family's self-sufficiency. Initially developed in the field of mental health for children with severe emotional disorders and their families, Wraparound was implemented in this Demonstration Project with children and their families from the child welfare system. The two populations of children being served under the Wraparound portion of the Project were 1) children residing in the most restrictive levels of group care in California, and 2) children at-risk of being placed in the most restrictive levels of group care. Each county developed more specific criteria for eligibility within the two target populations. In addition to the five counties participating in the Demonstration Project, Wraparound is currently being implemented throughout most of the State of California under Senate Bill 163, which provides state funding for Wraparound to serve children and families involved with various child-serving agencies (mental health, education, probation, and child welfare). As a result, each of the counties in the Demonstration Project is concurrently providing Wraparound to federally-eligible children and state-eligible children. However, only federally eligible children are included in this evaluation.

The overarching hypothesis for the Waiver evaluation is that the flexible use of Title IV-E funds permitted implementation of service models that are at least as effective and cost-effective as standard services. In order to test these assertions and related questions, the Intensive Services study includes (a) an Impact Study involving random assignment to experimental and control groups (heretofore called treatment and comparison groups) that measures outcomes related to the treatment intervention; (b) a Process Study that examines the changes required to implement the interventions and the context in which county programs operate; (c) Model Fidelity assessment measures that explore the extent to which program implementation remained consistent with the defining philosophies and implementation objectives of each intervention; (d) a Cost Study that enumerates the costs of the Fresno County FGDM program, and (e) a Cost-Neutrality Study that addresses the Federal requirements for cost-neutrality in the use of "waivered" Title IV-E dollars. Our approach to the Process and Fidelity studies was such that they had an importance in their own right, not merely providing context for the Impact Study (which they do as well). Such information can be very valuable when evaluating widespread policy initiatives or interventions that have not matured within new contexts. In addition, results of the Cost-Neutrality Study conducted by CDSS, are included in this report.

As a result of the varied target population criteria and implementation goals in both the Wraparound and FGDM studies, county programs could not be evaluated in aggregate despite sharing similar outcome objectives, such as facilitating permanence or diverting children to less restrictive placements. Thus the bulk of our analyses were county-focused. The experimental design, however, was shared by all of the Intensive Services counties. Counties developed and administered eligibility criteria for entry into the study (i.e. eligibility for the experimental intervention). The evaluation team received confidential referral forms with identifying information to be randomly assigned to the treatment or comparison groups at a ratio of 5:3. The assignments were then communicated back to the counties to allow case assignment and interventions to proceed. More detailed information about the specific county approaches to the experimental interventions can be found in the main report, under the respective "Process Study" reports.

Family Group Decision Making

Target Populations and Sample

Fresno opted to implement FGDM in its Voluntary Family Maintenance Unit as a means of preventing placements for families at-risk. The study sample in Fresno County consisted of 76 children enrolled from June, 2000 - 9/30/03. This represented 49 children in the treatment group and 27 in the control group. The majority of youth in the study were Hispanic (55%), which matches the ethnic breakdown in the overall Fresno child welfare caseload. The second and third largest ethnic groups were Caucasian (25% of the sample) and African-American (14.5% of the sample). The average age of study children was 4.6 years with 50% of the sample age three or younger. The majority of children (53%) were not in out-of-home placement at enrollment. Though the reason for intervention varied, the majority of children were involved in the child welfare system due to general neglect (46%) or caregiver absence or incapacity (30%).

Riverside used its Waiver FDGM program to facilitate placement stability and permanence for a population of children already in placement. 63 study children were enrolled from April, 2000 – 9/30/03, 41 assigned to the treatment group and 22 assigned to the control group. 47.5% of the total sample were Caucasian; 36% were Hispanic, and 16.5% were African-American. The average age of the sample was 5.5 years with 32% of the sample under age 3 and 49% under age 5. All children were in out-of-home care at the beginning of the study with 74.5% in relative care and 21.6% in foster homes. The most common reasons for child welfare involvement at enrollment were caregiver absence or incapacity (44%) and general neglect (28.9%).

Process Study

The Process Study consisted of semi-structured focus groups, a consortium meeting early in the study, and a self-administered questionnaire for line staff late in the study.

The information covered the following domains:

- Organizational structure of agency and intervention
- Service aspects of staffing and service provision
- Contextual factors affecting implementation and ongoing operations of the experimental intervention and treatment-as-usual groups

Both Fresno and Riverside Counties implemented their Waiver FGDM programs after already having had some experience with implementing non-Waiver Family Conferencing. Fresno located its Waiver FGDM program within its Voluntary Family Maintenance Unit (VFM), targeting all children ages 0-18 whose families met the following criteria: (1) were assessed as being at moderate to high risk for repeat maltreatment (using Structured Decision Making); (2) were amenable to participating; and (3) had sufficient support systems. The model was to be used as soon as possible after a child was identified and removed from the home and all children in the sibling group were to be included in the intervention. Riverside County targeted children aged 6-12 already in care, and integrated its Waiver FGDM program within an “Expanded Services Program,” (ESP), which combined elements of family conferencing, concurrent planning and wraparound. The primary criterion for need of FGDM services was described as “children who were not expected to immediately return home.”

From the beginning, Fresno’s mission was to provide a more comprehensive continuum of services for children and families and to keep children safe and at home. Riverside’s overriding objective was “doing whatever it takes” to support the program goals of placement stability and timely permanence for its enrolled children (i.e. reduce “foster care drift”).

For both counties, enrollment criteria had to be adjusted over the course of the study. The two related activities of establishing eligibility criteria and predicting future enrollment were very difficult. The counties perceived that the interventions were geared towards too narrow a target group (even for Riverside, where the criteria appeared vague and quite broadly defined, i.e. “court dependent children ages 2-12 who were not expected to return home.”), and enrollment criteria were expanded over time. Ongoing dialogue with the evaluation team was required to strike a balance between broadening enrollment criteria and maintaining the integrity of the Impact Study, which required consistency of sample characteristics over time.

There are two prevalent models of FGDM, both of which attempt to increase the level of family involvement in decision-making but differ in the intensity of professional involvement. Riverside implemented the Family Unity Model (FUM), by which professionals facilitated family-centered discussions throughout the meeting, with the family taking the lead and responsibility in developing the conference plan. The model in Fresno County evolved towards a blending of the Family Group Conferencing (FGC) model that included “private time” for the family without professionals (to develop the family plan) as part of the formal meeting agenda, and the use of a strengths inventory as per FUM. In fact, later in the study Riverside also encouraged the use of private time for families in the latter stages of permanency planning. Despite the initial focus on specific models, it seems that over time the counties tailored their programs to meet the changing needs of their families.

Throughout the study period staff directly involved in the intervention were continually enthusiastic, as were the families themselves. Fresno staff perceived agency managers as also being “on board” despite constant concerns about the fiscal implications. Riverside staff were less confident in agency support, especially in the latter part of the study. Talk of discontinuing the program was an ever-present topic in the Riverside focus groups. In both counties there were reports of other agency units remaining skeptical about the efficacy of FGDM. There seemed to be a pervasive view that the waiver programs may have taken resources away from more urgent agency activities, such as investigations or ensuring adequate safety. This seemed to play out as other units questioned the reduced caseloads for FGDM staff. Skepticism was tempered when other unit staff were oriented to FGDM, and/or their own families became involved.

Both counties emphasized the importance of a full-time Coordinator and strong conference Facilitators to successfully manage their programs. Coordinators handled the initial logistics and introductory contacts (including explanation of the study) and often assisted with special issues that arose during and after the meetings. Facilitators (in Fresno assigned from outside the VFM) convened and conducted the meetings. Having adequate staffing was a concern for both counties throughout the study. Fluctuations in staffing were directly related to enrollment activity—the loss of a Coordinator had the effect of temporarily bringing the program to complete halt. Both counties experienced such disruptions in staffing.

Both counties used the waiver FGDM program to provide uniquely different services than were available to the treatment-as-usual group. However, FGDM services (the conferences as well as planned services) seemed more connected to the target population and objectives in Fresno than in Riverside. This may be the result of the more specific enrollment criteria in Fresno. Aside from the costs of the conference itself, other services and supplies were purchased when there were no other apparent ways to pay for them, and they were requested by the family or written in to the conference plan which documented the process and results of the conference. The counties differed in their view of how and when to spend “waivered” Title IV-E funds. Fresno

emphasized the use of Title IV-E funds after other sources of funding were considered; Riverside felt freer to use Title IV-E funds in a more “up front” fashion. (CDSS had not mandated one approach over the other, which created some confusion for the counties early in the study.) (According to CDSS report, CDSS provided numerous fiscal training sessions and consortia meetings to specifically address county confusion regarding how to access Title IV-E funds under the waiver. Because counties had to work within their existing administrative allocation and maintenance payments to operate the waiver and remain cost neutral, counties were instructed to first utilize their existing administrative allocation to pay for social work staff, then the flex fund if necessary. This would allow the flex fund to be used for the additional services necessary to successfully reunify the family that could not be paid for from any other fund source and allow the county to reinvest any savings to expand their waiver program.)

Despite attempts to create a clear distinction between the treatment and comparison group services, however, concerns about treatment diffusion were always present. Some workers in Fresno’s VFM Unit carried both treatment and comparison group cases. There were some reports that for a few comparison group families decision-making meetings were convened that resembled family conferences. (The evaluation team conducted a late-study staff survey about the prevalence of treatment diffusion in Fresno and concluded that it was not widespread.) Staff continually expressed emotional reactions to participating in a randomized study, i.e. if comparison group families were eligible for the intervention, why shouldn’t they receive the same services? Some workers thought that enrollment may have suffered due to some social workers’ bias against referring families to a randomization process. Most certainly, the amount of time needed to educate, convince, and re-remind staff about the benefits and procedures of randomization slowed the implementation process.

The focus groups gave evaluators an excellent picture of the contextual issues that both inhibited and encouraged FGDM’s implementation. Some challenges remained intractable. Families brought with them overwhelming socio-economic issues—intergenerational substance abuse, poverty and under-employment, among others. Gaps in community resources remained, such as an inadequate number of foster homes; lack of rural services, and high unemployment rates. Possibly the implementation of FGDM made these limitations even more apparent as the staff and families became more sophisticated in assessing need through the family conference process.

A summary of recommendations from the focus groups’ perspective are worth highlighting:

- Initiate greater outreach to promote community involvement in planning and participating
- Require more formalized criteria for the use of “waivered” Title IV-E funds, and use these funds more flexibly
- Promote the development of more community resources
- Provide sufficient staffing (especially dedicated Coordinators and Facilitators) to avoid interruptions in enrollment, meeting preparation, and follow up activities; and maintain reduced caseloads for FGDM staff
- Implement more ongoing specialized training (FGDM philosophy and clinical issues) for FGDM staff

Fidelity

The Fidelity Study sought to generally answer the question “to what extent was the implementation of the particular programs consistent with the underlying theory, goals,

philosophies, and defining elements of the original models they were intended to replicate?” The study utilized five different strategies to provide a broad picture of model fidelity. The five strategies, 1) participant surveys, 2) family plan effectiveness surveys, 3) in-depth interviews with caregivers, 4) direct observations, and 5) content analysis of case and conference plans, included a mix of qualitative and quantitative methods.

All adults who participated in Waiver family conferences from April 2001 to September 2003 were asked to complete conference participant questionnaires following their participation in the conference. Participants included mostly family members with a small number of community members. In addition, all conference coordinators and facilitators were also asked to complete conference surveys for the Fidelity Study. To gauge the completeness and success of family conference plans, Family Plan Effectiveness Surveys were administered to all child welfare workers six months (12 months in Riverside) after their clients had received a Waiver family conference during the study period. Another set of interviews with caregivers conducted at 6 and again at 12 months following enrollment explored caregivers’ opinions about the process of the conference, whether and how it was helpful, and what might have helped even more.

Direct observations of family conferences were conducted by the evaluation team, upon referral from staff in each county and permission (informed consent) of the parent/caregivers. Where the conference participant survey solicited participant’s opinions about the process, the direct observation framework sought to capture concrete evidence of the same dimensions. A total of ten conference observations were conducted in Fresno and four in Riverside.

We were also interested in whether and how FGDM principles and philosophy were reflected in the family conference plans. We tested this by qualitative analyses of the family conference plans, and comparisons of these to the case plans that are done routinely for children. (Our analysis centered on comparing case and conference plans from Fresno.)

Results from the different sources used to examine model fidelity indicate that both counties implemented their intended model of FGDM. Counties were highly effective at utilizing the appropriate phases of the FGDM structure: 1) referral to a trained coordinator, 2) preparation and planning, 3) the FGDM meeting, and 4) follow-up. The various data indicated that the counties were faithful to the main tenets of FGDM philosophies, goals, and structure.

The extent to which professionals were involved in each county differed, mirroring organizational differences as well as the different purposes of FGDM in each county. Both counties nevertheless maintained the family’s intent and respected the family’s ability to create workable solutions for themselves. Conference plans also reflected family empowerment by incorporating non-professionals in active roles to address family concerns. Since conference surveys indicated that families were at the center of the decision-making process, one could assume that this would lead to a greater connection to the family plan and translate into action; this however, was not the case. Lack of follow-through by family members was frequently cited as a reason for non-completion.

Community members were less frequent attendees and they were less commonly listed in the plan. Though this may suggest that conferences were unable to fully implement FGDM’s philosophy around community involvement, participants did not cite this as a shortcoming. Participants seemed more concerned with family involvement in both conference attendance and plan elements.

FGDM also addressed goals related to child safety, keeping the child at home, addressing the child's needs, and involving the child's voice in decision-making. Conference plan goals related to child safety and addressing the child's needs were quite evident in the Waiver family conference process.

The content analyses of conference plans gave a snapshot of the most important needs of children and families involved with the child welfare system: childcare/placement alternatives, substance abuse services, mental health services, medical/dental care, financial help, and recreational support for children. In addition, concrete services, whether offered by professionals or from informal sources, were prominent in needs and plan actions. In comparison with conference plans, the standard case plans tended to have more "cookie cutter" language that was directed at, rather than initiated by, family members (i.e. "Consistently, appropriately and adequately parent your child.") Conference plans showed evidence of a much more central role of the family in setting priorities. These plans are more dominated by non-professionals. Even the standard case plans of treatment children differed in this regard from those of the comparison group. (Although, the two groups did not otherwise differ on the content of case plans which were more geared towards court and legislative requirements than on developing family-centered plans.)

Waiver family conferences were rated positively by staff, family, and community participants. These results, however, were not as strong at the one year follow-up as they were 6-months after the conference. This may suggest that continuing benefits of family conferencing require additional follow-up, subsequent conferences, or long-term involvement.

Cost Study

While the Cost Neutrality Study was primarily focused on the costs to Federal Title IV-E dollars, we conducted a study enumerating and tracking the costs of FGDM and control group interventions at the County level. The Cost Study considers a larger variety of costs to the County (and, to some extent the State and Federal government) than does the Cost Neutrality Study. We took a cost-efficiency approach since we did not incorporate the benefits derived from outcome effects nor any other measure of effectiveness. As such, the Cost Study is a preliminary step towards subsequent cost-effectiveness or cost-benefit studies.

The Cost Study addressed the following research questions:

- (1) What was the average cost of a family conference in this experiment?
- (2) In what percentage of cases did clients refuse services, use some services but for less than a month, and use services for more than one month? How do these percentages compare between the treatment and control groups?
- (3) How do the groups compare in their usage of/attendance at various services? How do service costs compare?
 - Drug treatment
 - Parenting classes
 - Anger management classes
 - Domestic violence classes
 - Mental health counseling/therapy services
 - Per parent
 - Per child

- (4) Do the quantity of (successful) worker contacts vary between the groups? Do the number of (successful) worker visits vary between the groups?
- (5) How do direct expenditures received compare between groups?
- (6) How do the total costs of providing intervention compare between groups?

Cost data were drawn from several sources, including (a) Child Welfare Services/Case Management System (CWS/CMS) data pulled from County records; (b) databases maintained by County child welfare personnel; (c) data recorded in accounting databases maintained at the County; and (d) surveys administered to Family Group Conference coordinators and facilitators. All data were tracked by individual and by family.

The average cost of a family conference (as reported from survey data collected from conference Coordinators) was \$355, with a range of \$117 to \$1,326. The median cost of a conference was \$292, indicating that a majority of conferences cost well under the average amount. 85% of the total cost was the value of Coordinators' and Facilitators' time. Many families (37%) contributed towards other concrete cost of conferences.

The use of services (vs. refusal) is an important indicator for costs. We counted the number of families who, according to the services database maintained in Fresno County, did not make use of services. Including all treatment families who received a family conference (five did not), 5 out of 28 comparison families vs. only 2 out of 42 treatment families refused further services, indicating a trend (groups differ $p = .07$).

Both groups were comparable in the types of services used by families. Between 32% - 38% of families used at least one mental health service; 63% used some type of substance abuse service; and between 18 % (treatment) and 30% (comparison) used both. The groups were also similar to each other in use of parenting, anger management, domestic violence, and parent counseling services. One service stood out as significantly different—individual counseling for the child. Treatment group children averaged 17 more sessions than the comparison group children.

Costs for services were also similar between groups. Counting the high end inpatient services along with counseling, classes, substance abuse and mental health services, the average cost of services per family was \$2,902 for the comparison group, and \$2,381 for the treatment group. Outpatient substance abuse treatment costs were significantly higher for the comparison group (average \$1,190 per family) than the treatment group (average \$453 per family). The costs of individual child counseling also reflect the differences in their counts between groups (\$649 for the comparison group vs. \$2,684 for the treatment group).

The Cost Study confirmed that flexible funds were used for the treatment group families (average \$691 per family). High-ticket items were childcare and respite care.

To gauge the costs of staff time, we enumerated and valued in- and out-of-office visits, contacts, and other case management tasks such as investigating referrals. There were no differences between groups. There were also no differences between groups for travel time. The treatment costs of worker time for all types of staff were somewhat higher, but not significantly so.

Table 1 shows the combined average costs for both groups.

Table 1.

Average Total Costs per Family (Families with Incomplete Cost Data Excluded) (N=59)

	Comparison	Treatment	p-value
Total service costs	\$2,449	\$1,991	.63
Total worker costs	\$1,130	\$1,470	.33
Total direct expenditures	\$ 367	\$ 604	.50
Conference costs*	--	\$ 260	--
Total average costs	\$3,946	\$4,324	.76

* Only provided to the treatment group.

Of particular note, despite the addition of the cost of the conference and the use of flexible funds for non-traditional expenses, the observed total cost of the program for treatment families cost less than \$400 more than for comparison families, and this difference was not statistically significant.

A regression analysis showed that the most important influences on overall costs were use of any mental health services ($p < .001$) and substance abuse services ($p < .01$), even more so than group assignment.

Impact Study

Research questions for the Impact Study sought to provide the answer to whether families who participated in the treatment group had better, worse, or similar outcomes to families who were in the comparison group. Outcomes related to safety, permanency, placement stability, child and family well-being, and client and family satisfaction were explored. Due to the different target populations in the two counties, county-specific hypotheses were formulated to reflect these differences.

Fresno County: Children in their own homes

Hypothesis: Children who are in their own homes and receive family conferencing services will (a) be less likely to have juvenile court dependency initiated, (b) be less likely to be placed in out-of-home care (c) have better child well-being outcomes, and (d) have higher levels of safety than similar children whose families do not receive this service.

Riverside County: Children in out-of-home placement

Hypothesis: Children who are already in placements out of their home and receive the intensive, individualized service, family conferencing, will (a) be less likely to be moved to a more restrictive level of care, (b) have fewer placement changes, (c) have reduced time spent in out-of-home care prior to achieving permanency, (d) have better child well-being outcomes, and (e) have higher levels of child safety than similar children and families not receiving these services.

Methods: All children and families who were selected for inclusion in the family group decision-making study, using criteria developed by each individual county, were to be included for evaluation purposes. Original plans for the in-depth well-being and satisfaction measures included randomly selecting cases for participation. However, given the slow implementation, low enrollment and subsequent shortened timeline, attempts were made to interview every new case enrolled in the FGDM study, with some exceptions. Even then, the response rate for the indepth interviews was very low.

Though FGDM is an intervention aimed at families, this evaluation was targeted at assessing individual outcomes. Therefore, though multiple siblings within sibling groups were receiving the intervention, they could not be subjects of analyses as siblings are not independent of one and other. Altogether, in Fresno 60 study children (treatment group n = 39; control group n = 21) and in Riverside 50 study children (treatment group n = 31; control group n = 19) were included in the Impact Study analyses.

Administrative data for the Impact Study was extracted from the California Children's Services Archive (Archive). The Archive is administered by the Child Welfare Research Center (CWRC) at the Center for Social Services Research at UCB. The primary data in the Archive are from the Child Welfare Services/Case Management System (CWS/CMS), the information system administered by the CDSS and used by county child welfare workers to manage information related to a child's involvement with the child welfare system. Administrative data were extracted for children enrolled prior to 12/31/02.

Child well-being, family effectiveness and functioning, and client satisfaction were assessed through interviews with children and caregivers. For each eligible enrolled child, an attempt was made to administer wave 1 caregiver and child/youth instruments within 30 days of enrollment, and corresponding wave 2 instruments 12 months later.

Results:

Safety-Related Outcomes

To assess safety-related outcomes for the treatment and comparison groups in both counties, reports of substantiated maltreatment during the study period were explored. Additionally, since Fresno County targeted decreased court intervention and decreased out-of-home placement as goals for the intervention, removal from the caregiver and court orders of dependency declaration were examined.

While not statistically significant, in Fresno County there was a trend towards increased rates of substantiated maltreatment in the treatment group families. Since there were so few cases of maltreatment, however, this finding must be interpreted cautiously. In Riverside there was also a slightly higher rate of maltreatment in the treatment group, and again this difference was not significant.

In Fresno, only one child was removed from the caregiver during the study period. No children had dependency declared during the study period.

Placement Stability

In Fresno, since all of the children were at home at enrollment, there is little data regarding placement stability. All of the children except one remained at home during the study period. In Riverside, all study children were in out-of-home placement at enrollment. One child in the treatment group moved to a group home during the study period; however, the numbers are too small to compare whether there are differences in the steps up in placement for the two groups.

Permanency

In Fresno, there were no differences between groups regarding the types of exits (i.e. case closure due to family stabilization, or refusing further services after enrollment in VFM), nor were there differences in the likelihood of type of exit. For Riverside, case closure represented a change in court status and the case being closed with the child welfare system. There was no

statistically significant difference in the frequencies of case closure between the groups. Although the predicted odds of case closure (controlling for time in the study) were 70% higher for those in the treatment group this result was not statistically significant. The same was true about the average time to case closure.

Child and Family Well-Being

Due to the small sample size and low response rates, we focused our analyses on the treatment group (aggregating both Fresno and Riverside), and analyzed the changes that occurred in that group from wave 1 to wave 2. The low numbers also limited our report to descriptions of the responses; tests for statistical significance were not possible.

There was some improvement noted in caregiver report of health status, with more children in the treatment group showing “good” or “excellent” health status at wave 2. Improvements were also noted in emotional well-being and adjustment, as measured by reports of how often children felt “pleased with themselves” or a “feeling of being successful”. School performance improvements were not noticeable, however most the children enrolled would have been too young to have participated in school enough to provide this information. Also, the unanticipated young age of the study children made them ineligible for a number of other interview questions related to peer relations and social skills.

Family functioning and parenting, as measured by the Family Unpredictability Scale and other parenting questions designed for the study, showed no improvements in any areas for either the treatment or comparison groups.

Summary—Impact Study

There are significant limitations with small sample impact studies, which might not demonstrate effects that may actually have occurred as a result of the intervention. In any event, the differences in outcomes were not dramatic enough to be statistically significant. Other possible reasons for non-significant findings could be:

Variation in enrollment criteria. If the characteristics of enrollees changed from year to year, then the effects of the intervention might hold for some but not all of the enrollees. Our aggregate analyses would not have picked this up. Again, a larger sample size would be necessary to sort out the differential effects of the intervention on different types of people.

The measurement of change is too broadly defined. Another possibility is that a direct link between FGDM and the child welfare outcomes of safety, permanence, and placement stability is unreasonable to expect. Such a short-lived intervention might lead to more immediate outcomes (such as “family engagement”), which in turn might build more productive alliances between caseworkers and families and allow them to work together towards the ultimate goal of, say, reducing the risk of the recurrence of maltreatment.

“Contamination” of the treatment. Or, more correctly put, the use of similar types of treatment interventions with the comparison group families (such as more democratic decision-oriented meetings with family members and significant others). Such interventions, while desirable from the standpoint of agency managers, become troublesome for an experimental evaluation. Then it becomes more difficult to know if the experimental group experienced improvement specifically as a result of the intervention.

Wraparound

Target Populations and Sample

Alameda County, Humboldt County, Los Angeles County, Sacramento County, and San Luis Obispo County participated in the Wraparound component of the Waiver Project evaluation. The counties were analyzed separately due to variations in the characteristics of the counties and in the implementation of Wraparound. The small sample sizes in Humboldt County and San Luis Obispo County precluded their inclusion in the impact study portion of the evaluation. Only child welfare dependents are included in the sample analysis and in the outcome analyses (Impact Study). Probation children were not included in either set of analyses due to a lack of data. In addition, the sample analysis and outcome analyses do not include the siblings of children identified for inclusion in the evaluation study.

Wraparound was targeted to two groups of children eligible for Federal Title IV-E foster care funds: (a) children residing in the highest levels of group care in California, and (b) children at risk of placement into the highest levels of group care. California's group care is defined by a rate classification system. Fourteen rate classification levels (RCL) correspond to amounts paid to group care providers and level of environmental restrictiveness, with RCL 1 being the least costly and least restrictive and RCL 14 being the most expensive and most restrictive. Three counties—Alameda, Los Angeles, and Sacramento—targeted children residing in RCL 12-14 group care and those at risk of such placement, while Humboldt County and San Luis Obispo County targeted children residing in RCL 10-14 group care and those at risk of such placement. Children who were eligible for Wraparound under State of California provisions (i.e., SB 163) were not included in the Demonstration Project.

There were 212 children in Alameda County participating in the study, 133 children in the treatment group and 79 children in the comparison group. The majority of children in the treatment and comparison groups were male (60.90% and 63.29%) and African-American (78.20% and 75.95%). Neglect was the most likely reason for most recent removal, though the comparison group had a larger proportion of children removed for physical abuse, 24.05% compared to 12.03%. Children ranged between the ages of 4 years old and 17 years old, with both groups having an average age of roughly 12 years old. The median number of placements prior to enrollment was 6.00 for both groups. Roughly 20% (n=42) of Alameda County's sample was in RCL 12-14 group care at the time of enrollment.

There were 16 children in Humboldt County participating in the study, 12 children in the treatment group and 4 children in the comparison group. The majority of children in the treatment group were male (83.33%) while in the comparison group the distribution was evenly split between males and females. The largest proportion of children in both groups were White. Neglect was the most likely reason for removal in the treatment group (75.00%), while the most likely reason for removal in the comparison group was sexual abuse (75.00%). The difference was statistically significant. Children ranged between the ages of 9 years old and 17 years old,

with both groups having an average age of roughly 13 years old. The median number of placements prior to enrollment was 6.50 for the treatment group and 3.00 for the comparison group. Roughly 20% (n=3) of Humboldt County's sample was in RCL 12-14 group care at the time of enrollment.

There were 102 children in Los Angeles County (forty-three probation wards were not included) participating in the study, 65 children in the treatment group and 37 children in the comparison group. A slight majority of children in the treatment were female (51.61%) while in the comparison group the majority were males (63.89%). Hispanic children made up the largest percentage of children in both groups (treatment=46.15%, comparison=40.54%). The most likely reason for removal in the treatment group was neglect (46.15%), while 59.46% of the comparison group was removed for neglect. Children ranged between the ages of 6 years old and 18 years old, with both groups having an average age of roughly 13 years old. The median number of placements prior to enrollment was 5.00 for both the treatment group and comparison group. Roughly 17% (n=17) of Los Angeles County's sample was in RCL 12-14 group care at the time of enrollment.

There were 188 child welfare children in Sacramento County (twenty-nine probation wards were not included) participating in the study, 117 children in the treatment group and 71 children in the comparison group. The majority of children in the treatment and comparison groups were male (61.54% and 69.01%) and White (50.43% and 63.38%). Neglect was the most likely reason for removal in the treatment group (61.21%) and comparison group (61.97%). Children ranged between the ages of 5 years old and 17 years old, with both groups having an average age of roughly 12 years old. The median number of placements prior to enrollment was 6.00 for both the treatment group and comparison group. Roughly 40% (n=76) of Sacramento County's sample was in RCL 12-14 group care at the time of enrollment.

There were 7 children in San Luis Obispo County (three probation wards were not included) participating in the study, 4 children in the treatment group and 3 children in the comparison group. Generally, the children in the county's sample were male, White, and between 7 and 12 years old at the time of enrollment. None of the children in the sample were living in RCL 12-14 group care at the time of enrollment.

Process Study

The Wraparound process study has dual purposes: first, to describe the implementation of Wraparound over the course of the project, and second, to articulate the key lessons learned from the various county implementation efforts. Focus groups, conducted annually, were the primary means of data collection for the Wraparound process study. Participants in the Wraparound process study included representatives from the public and private agencies and organizations involved with the implementation of Wraparound in their respective county. The focus group discussions were organized around a set of questions focused on the county's implementation

efforts: target population, specific program implementation activities and issues, staffing, funding, and contextual issues affecting implementation.

Target Population

A major issue facing all the counties was the question of children having an identified caregiver at the time of enrollment into the Project. Wraparound is a family-focused intervention with a goal of helping the child to live in the most family-like setting as possible. The work of the Child and Family Team is predicated on the presence of at least a single caregiver, in combination with the child, to drive the service model. However, child welfare-involved children, particularly those children in the highest levels of group care in California are perhaps less-likely to have an identified caregiver.

Unfortunately, at this time, the issue of an identified caregiver at enrollment remains unresolved, though it may be the salient question regarding the appropriateness of Wraparound for a child welfare population. It is unclear as to the capacity of the service providers to establish a primary caregiver relationship for the child. While it seems the best professional efforts have been made, the approach appears ad hoc in nature. A more systematic approach seems necessary, or at minimum, a better understanding of the process of securing caregiver involvement. Additionally, the further investigation is needed to understand the intervention's effect on child welfare outcomes of having an identified caregiver at enrollment versus not having an identified caregiver.

Implementation

The enrollment/intake process was a crucial point in each county Wraparound program and how that process was handled had ramifications for county's overall implementation. The county with the most successful intake process developed an intake coordinator position whose responsibility it was to meet with the child and family after they had been referred to the Project and to explain the evaluation and obtain their consent. The person conducting the enrollment process in this county was not a case-carrying social worker, so was not directly involved in the child's care at the time of enrollment. This more dispassionate approach seemed to serve the process well. In contrast, in counties where the process of enrollment intake was the responsibility of the case carrying social worker (i.e., child welfare worker or probation worker), problems were much more frequent.

The referral process—the process of a child's name and information moving through a county's Wraparound enrollment system prior to random assignment—also presented a challenge to some counties. Child welfare workers consistently carried high caseloads and their time was limited; the additional county paperwork (behavioral and fiscal eligibility) often required to make a referral to Wraparound sometimes restricted their ability to make referrals. One county held “wraparound bazaars” where county and private provider social workers met on selected Saturdays and reviewed cases for appropriateness for referral to Wraparound and completed the necessary paperwork.

Staffing

Perhaps the most difficult problem faced by the counties implementing Wraparound, especially for the Wraparound provider agencies, was the issue of staffing. The nature of Wraparound work provided a number of disincentives, making staff recruitment difficult, particularly for MSW-level positions.

The issues of staff recruitment and retention resulted, in some cases, in the slow implementation of the project. Children could not be enrolled unless the Wraparound staff were in place to serve them. Staff turnover disrupted program continuity and reduced the stability of the professional team working with children and families. More importantly, staff turnover broke the bond between the facilitator and child/family, potentially losing the trust necessary for a successful working relationship between professionals and the family. While this is often the case in any new implementation effort, the problems for Wraparound counties were consistent over the years of the evaluation.

Wraparound providers also faced several other issues regarding staffing. The training of staff was an ongoing issue, especially as “un-training” new staff from their clinical focus to a generalist approach was often necessary. County representatives also reported the need for more advanced trainings as the project matured. Securing a diverse work staff that resembled the children and families being served often proved challenging for a number of counties.

Wraparound provider agencies were not alone in their struggles with staffing problems. The public agencies participating in the Project also contended with staff recruitment and turnover, though their issues were less directly related to the Project. Both situations—shortages and new staff—affected enrollments, mostly at the point of referral.

Counties devised a number of solutions in response to the staffing issues. Several Wraparound providers implemented extensive advertising campaigns to increase staff recruitment along with an improved screening process to try and reduce turnover due to the incompatibility between worker skills and desires and the realities of Wraparound work. Other Wraparound providers attempted to recruit from within their own larger service organizations. Several Wraparound providers also explored the use of BSW-level individuals as facilitators. Training solutions included apprentice-like training periods and the “shadowing” of experienced facilitators for a period of time prior to assuming full facilitator responsibilities. Efforts were also made to encourage local MSW programs to incorporate Wraparound training in their curriculums, as well as to access Title IV-E training funds to develop training programs for Wraparound. One staffing intervention that did seem to produce some improvement was the public child welfare agency dedication of child welfare workers to carry only Wraparound cases. A number of counties restructured caseload distribution so that several child welfare workers had only children receiving Wraparound on their caseloads.

Funding

A key lesson from the Project is the difficulty of operating a program with a fiscal structure quite different from its larger organizational environment and the importance of including fiscal

representatives in the early stages of program development. In other words, implementing Wraparound provided counties with a fiscal challenge because its funding structure was different from the larger agency. Child welfare and mental health funding streams are for the most part categorical in nature. The agency infrastructure that supports programs—eligibility and fiscal/accounting departments—is designed to work with categorical funding streams that often leave the organization financially vulnerable if certain conditions are not met. Wraparound presented technical challenges to those structures. Counties who had accounted for the shift required of their agency fiscal departments and included them in development and implementation discussions seemed to have less difficulty with the shift in funding.

The Wraparound Philosophy

The values and principles of Wraparound, along with the style of working with children and families, can present a challenge to the various systems working with it. While certain aspects are similar, the philosophical approaches—not to mention legal mandates—of agencies such as child welfare are sometimes at odds with Wraparound and those differences were evident in the counties implementing Wraparound. Perhaps the most significant tension between Wraparound and child welfare is the philosophical approach to child safety. Safety is paramount for the child welfare system; while also paramount for Wraparound, the emphasis on assisting the child to live in the most family-like setting as possible is often viewed to be at odds with the child welfare approach. However, the philosophical leanings of a child welfare agency—reunification versus removal—were not consistent across counties and could be influenced in either direction by events such as a child’s death after reunification or while in foster care. It may be that the tension between the general approaches of Wraparound and child welfare was a healthy one, in that it assured that the issue of child safety was being discussed and attended to.

A second tension between the goals of child welfare and Wraparound sometimes arose around the objectives of placement stability versus less-restrictive placements: Do you disrupt a stable placement to move a child to a less-restrictive placement that may prove to be less stable? For a child welfare worker, the decision may lean towards a stable placement, while the Wraparound team would likely lean towards less-restrictiveness. Again, this tension may be healthy in that it presents an opportunity for discussion with the best outcome for the child as the hopeful result.

The Wraparound approach has sometimes been at odds with the child and family court system’s approach to working with families. Judges are accustomed to issuing rulings and having those rulings followed. Wraparound requires a more collaborative approach and gives the child and family a primary role in determining their needs and goals. The evaluation’s requirement for a comparison group has likely increased any underlying tension due to the fact that the court cannot mandate services for all children served under the Project.

Wraparound has perhaps the most complicated relationship with the group homes where many of the children are living. The group home environment—particularly at the higher RCLs—is restrictive and based primarily on behavioral reinforcement. The caregivers of children in group

care may sometimes be viewed as part of the problem and not as part of the solution. Perhaps the most profound difference in the two approaches is the individual focus of Wraparound and the collective focus of group care, potentially creating immediate tension in the working relationship. In some cases, Wraparound providers have been viewed with suspicion by group home staff concerned that Wraparound exists to put group homes out of business. This has been exacerbated by Wraparound providers who sometimes did not take into account the positive work that group homes can do with children nor include them as partners in the effort to assist the child and family.

Finally, the Wraparound philosophy is a shift for children and families. Families are expected to embrace an intervention that asks them to open up and invite a host of people into their problems and to actively participate in a decision-making process. While these may be beneficial activities, families may be reticent to do the former, and may not have developed the capacity or are too overwhelmed to do the latter. The focus should be not just on the professionals shift in delivering services but also with the client's shift from service recipient to service participant.

County representatives worked on overcoming these tensions in two ways. First, in all counties, representatives from the various Wraparound projects were constantly working to educate others about Wraparound. This might include formal meetings and presentations to court judges or simple discussions held with coworkers from an individual's agency. The efforts were seen as the best way to assist others in their understanding of Wraparound and begin to ease the tensions that might arise between philosophical approaches to serving children. The second strategy to ease potential tensions was the long-term effort of building trust. Wraparound proponents realized that working collaboratively while being respectful of another organization's philosophy and mandates stood a good chance of developing the institutional trust necessary to make the project successful.

Wraparound Models

In general, the Wraparound models used by the various counties were similar in structure. As previously described in the county-by-county narrative, all five county interventions used a team of service professionals who worked with children and families and other key individuals as part of the child and family team. There were, however, some unique characteristics of each county worthy of discussion.

Alameda County's model was perhaps the most distinct of the five Wraparound models. Three community-based service providers worked in conjunction with the county child welfare department to implement a managed care model that included a fiscal strategy and programmatic strategy (i.e., Wraparound). The fiscal strategy was comprised of a capitated payment to the Wraparound providers that traded risk for fiscal flexibility. Under this model, Alameda County was able to provide Wraparound to children and families even after the termination of dependency. This characteristic of the model seemed to be something of a double-edged sword, with the obvious benefit of long-term service availability countered by concerns about programmatic slippage into the fostering of dependency on a service provider. The direction of the characteristic's influence was not clear-cut at the time of evaluation.

An additional innovation was the quasi-privatization of child welfare worker responsibilities made possible by an earlier waiver. Under this arrangement, the Wraparound facilitator assumed case management responsibility from the child welfare worker, though the county agency worker retained responsibilities to the court and were to be partners in planning for a child's care. This relationship added a layer of complexity to the affiliation between the providers and the county agency, though it appeared that both were satisfied with the progress of the innovation.

In Sacramento County, like in Alameda County, three community-based service organizations provide Wraparound to children and families participating in the Demonstration Project. In contrast however, the lead agency in Sacramento County was not the child welfare department, but was instead the county mental health department. While a partner in the Project, the child welfare department took a secondary role. The impact of this arrangement is not particularly profound, though it may have influenced the county's insistence during the early stages of implementation on the presence of an identified caregiver at the time of enrollment. Additionally, the management of information related to children participating in the Project was sometimes complicated by the fact that much of the information was held by the child welfare department and could not be accessed by Project administrators from the mental health department.

Wraparound in Los Angeles County looked similar to both Alameda County and Sacramento County in that the public agencies involved had contracted with community-based organizations to provide Wraparound. However, in Los Angeles, the Project took place on a much larger scale with greater practical and political complexity. The county is divided into eight service provision areas, each with their own infrastructure for enrollment and service provision. In essence, Wraparound in Los Angeles County took place in eight different "counties." The intricacy of the situation and the political ramifications of decision-making slowed the implementation of the Project until almost the end of 2000. However, some of the earlier difficulties seemed to have resided and allowed for a more rapid expansion of the Project in the latter stages of the Project.

The remaining two counties, Humboldt and San Luis Obispo, are much smaller in size and more rural in locale. The Humboldt County project was distinguished by the fact that the county child welfare agency also served as the Wraparound provider. Given the size of the county, this seemed to work well. San Luis Obispo County's Wraparound model fell in between Humboldt County's and the larger three counties; a single community-based agency worked with the county child welfare department to provide Wraparound to children and families.

Fidelity

The WFI interview battery was developed by the Wraparound Vermont Research Team at the University of Vermont (2001) to provide a standardized the assessment of the fidelity of Wraparound interventions. Wraparound Fidelity Index (WFI) data collection was conducted in Alameda County with children and caregivers receiving Wraparound through Project Destiny and children and caregivers receiving traditional child welfare services. Two questions guided this analysis. First, what was the fidelity of Project Destiny to the Wraparound model defined by the WFI? Second, was the fidelity measure for Project Destiny different from the fidelity measure of the intervention provided to children in the comparison group? The slow implementation of Wraparound (i.e., the enrollment of children into the Demonstration Project) in the remaining counties precluded the use of the WFI in those counties. WFI interviews were conducted with caregivers 9 months post-enrollment into the study.

The analysis of the WFI Overall Score found a statistically significant ($p = 0.002$) difference between the average percentage score for the Project Destiny group (78%) and for the comparison group (67%). The median percentage scores were 80% and 72%, respectively. Scores ranged between 42% and 99% for the Project Destiny group and 25% and 99% for the comparison group. (The higher the percentage score, the more adherence or fidelity to the Wraparound model. 80% is considered to indicate “good adherence.”)

The results of the WFI analyses are important on two accounts. First, the findings provide initial evidence that the treatment and comparison groups were receiving different interventions. The significant finding on the WFI Overall score is a strong indication that the experience of caregivers receiving traditional child welfare services is quite different from caregivers receiving Project Destiny. More specifically, with the exception of parent voice and choice and cultural competence, there were differences in the experiences of Project Destiny caregivers and comparison group caregivers across the essential elements of Wraparound.

Perhaps more importantly, the WFI analysis findings provide strong support to Project Destiny’s model of Wraparound. The median score of Project Destiny places it firmly at the “good adherence” level as defined by the WFI.

Impact Study

The Wraparound Impact Study was guided by the question of whether children receiving Wraparound would have better child welfare outcomes than children receiving traditional child welfare services. Specifically, it was hypothesized that:

1. Children receiving Wraparound would have fewer incidences of substantiated maltreatment than children receiving traditional child welfare services, while in the study;

2. Children receiving Wraparound would have a fewer number of placement moves than children receiving traditional child welfare services, while in the study;

3. Children receiving Wraparound who were living in high-level group care would step-down to lower levels of care at a higher rate than children receiving traditional child welfare services, while in the study;

4. Children receiving Wraparound who were at-risk of placement into high-level group care would step-up to high-level group care at a lower rate than children receiving traditional child welfare services, while in the study;

5. A larger proportion of children receiving Wraparound would be living in a family-based setting, compared to children receiving traditional child welfare services, at the end of the study;

6. A smaller proportion of children receiving Wraparound would have exited from child welfare dependency due to incarceration, compared to children receiving traditional child welfare services, while in the study;

7. A larger proportion of children receiving Wraparound would have exited from child welfare dependency due to permanency, compared to children receiving traditional child welfare services, while in the study.

Table displays a summary of the results from the Wraparound Impact Study. The first column indicates the outcome variable of interest and the specific indicator in parenthesis. Column two indicates the number of children from the overall sample who experienced the outcome in question. Column three and four refer to the proportion of the treatment and comparison group who experienced the outcome in question. Where Logistic Regression or Event History analysis was used, the proportions are omitted and the Odds Ratio or Risk Ratio is reported. For all comparisons, the p-value is reported in column six. Column seven gives an indication as to whether the trend in the finding is positive (children in Wraparound doing better on a given outcome) or negative (children in Wraparound doing less well on a given outcome).

Wraparound Impact Study: Summary of Results

	Sample (n)	Treatment %	Comparison %	OR \ RR	P- Value	Trend
Substantiated Maltreatment (yes)						
Alameda	17 of 212	7.52	8.86		0.73	+
Los Angeles	15 of 102	18.46	8.11		0.16	--
Sacramento	16 of 188	9.40	7.04		0.57	--

	Sample (n)	Treatment %	Comparison %	OR \ RR	P- Value	Trend
Number of Placement Moves						
(3 or fewer moves)						
Alameda	162 of 212			1.167	0.66	+
Los Angeles	95 of 102			0.683	0.66	--
Sacramento	155 of 188			1.426	0.39	+
Step Down						
(yes)						
Alameda	30 of 42			1.596	0.53	+
Los Angeles	12 of 17			0.542	0.38	--
Sacramento	41 of 76			0.812	0.67	--
Step Up						
(yes)						
Alameda	46 of 169			1.445	0.46	--
Los Angeles	10 of 70			0.740	0.74	+
Sacramento	16 of 49			1.796	0.53	--
Types of Placements						
(in Family-Based at end study)						
Alameda	87 of 212			2.646	0.00	+
Los Angeles	47 of 68			1.134	0.82	+
Sacramento	61 of 146			0.940	0.86	--
Exits from Care (Incarceration)						
Alameda	7 of 212	3.76	2.53		0.71	--

	Sample (n)	Treatment %	Comparison %	OR \ RR	P-Value	Trend
Los Angeles	2 of 102	1.54	2.70		1.00	+
Sacramento	4 of 188	0.00	5.63		0.02	+
Exits from Care						
(Permanency)						
Alameda	7 of 212	2.26	5.06		0.43	--
Los Angeles						
Sacramento	3 of 188	2.56	0.00		0.29	+

In addition, well-being outcomes for the Wraparound participants in Alameda County were either comparable to the comparison group or improved. Wraparound participants showed improved outcomes regarding health status (reported by caregivers); improvements in specific health symptoms (youth report); trouble avoidance at school (youth report); and emotional well-being (caregiver and youth response); improvements in problems (as measured by the Ohio Scales, youth report), and caregiver satisfaction.

These improvements in well-being are important indicators of Wraparound’s attention to the strengths and needs of youth and families. However, we would liked to have seen stronger effects in other areas of well-being, such as social skills, overall problem reduction from the standpoint of caregiver response to the Ohio Scales, improvements in the BERS strengths inventory, and higher youth satisfaction in the treatment group.

Due to the response rate limitations, we cannot analyze differential well-being outcomes by subgroups (such as ethnicity, age, or the “in RCL” vs. “at risk” group).

The evaluation did not find evidence of increased child safety, placement stability, or permanence for children receiving Wraparound. An assessment of the general trend of the findings across all counties also provided no support for the premise that children receiving Wraparound would have improved child welfare outcomes as compared to children receiving traditional services. However, there were some significant child welfare outcome findings in specific counties: (a) a larger proportion of children in Alameda County receiving Wraparound were living in family-based environments at the end of the study, and (b) a smaller proportion of children in Sacramento County receiving Wraparound exited from the child welfare system due to incarceration. Additionally, in Alameda County, where assessments of child well-being were conducted, youth respondents reported improved health status and both youth and caregivers reported improved youth emotional/behavioral adjustment. Caregiver respondents reported improved satisfaction with services.

There are a number of possible explanations for the neutral findings. The first possible explanation is that Wraparound is no more effective than traditional child welfare services.

However, the fact that the only statistically significant findings in the study were in favor of Wraparound may indicate that the program theory, which states that a planning process coupled with professional/community services and supports will result in improved child welfare outcomes, is at least marginally sound. The explanation might lay elsewhere.

A second possible explanation relates to the implementation of the program. Each county had some experience with Wraparound prior to the Title IV-E Child Welfare Waiver Project and evaluation. Despite this advanced start, the development of the programs is continuing and their status as “mature” programs is questionable. Information collected from county respondents during focus groups conducted for the process study portion of the evaluation indicated the difficulty of professionals transitioning from the more traditional ways of working with child welfare children and families to the strategies and philosophies espoused in the Wraparound approach. This key characteristic, coupled with the collaborative nature of the endeavor, required time to develop, time not necessarily available under the timelines of the project and evaluation. In other words, it is quite possible the programs were evaluated prior to reaching the necessary maturity to be effective.

A number of county-specific implementation issues are worth noting. Alameda County’s Wraparound practice philosophy of the continuance of services beyond the end of child welfare court dependency could potentially result in an unintended drift in the program. Without the main objective of achieving positive outcomes and ceasing treatment, particularly at the termination of dependency, developing and maintaining a treatment plan and working towards goals with children and families becomes more difficult, and may result in a sense of complacency and mutual dependency between the service providers and the service recipients. Los Angeles County’s long delay in implementation resulted in a small analysis sample and a relatively short exposure to either intervention: the median time in the study for children in the treatment and comparison groups was nine months and eight months, respectively. Sacramento County’s initial exclusion of children without an identified caregiver from their sample limited their overall enrollment. Because the children were excluded for programmatic reasons (i.e., based on the mental health model of Wraparound), it may be that the program lacked the sufficient program element needed to work with children without a primary caregiver.

The third possible explanation relates to the sample. The sample in this study has a high level of heterogeneity in a number of areas, a situation that may make influencing the selected outcomes more difficult. It may be that Wraparound is effective with children with particular characteristics. However, in this study, children were living in nearly every possible type of out-of-home placement or were living at home. Additionally, children were of a wide-range of ages at the time they enrolled in the study. Wraparound’s possible impact may have been neutralized by the diverse nature of certain important child characteristics, given the size of the sample in each county. This was complicated by evaluation constraints that necessitated an earlier “cut-off” of the administrative-level child welfare outcome data than was originally intended. This also impacted each sample’s exposure to either intervention.

Fourth, the possibility exists that counties were more successful at providing Wraparound-like services to the comparison group than the evaluation was able to assess, resulting in similar outcomes between the groups. Again, the services tracking analysis seemed to indicate that children in the treatment and comparison groups were receiving a different package of services. However, it may be that contamination occurred through the diffusion of the elements of Wraparound that are more difficult to measure. Certainly with SB 163 being implemented concurrent to the Demonstration Project, and the counties' stated commitment to the comparison group, the conditions for contamination were in place.

Finally, and what appears to be the most likely reason for the less than resounding findings is the distal nature of the outcomes selected for assessment in relation to the intervention. As previously discussed, Wraparound is an intervention designed to improve the behavior of children through a variety of means, with the logic model pathway leading ultimately to changes in child welfare outcomes (safety, stability, permanency). In fact, in Alameda County where a child well-being assessment was conducted, the trends were positive. It does not seem surprising, however, that positive changes would be undetectable in such a relatively short amount of time in variables somewhat removed from the direct intent of the intervention. Three issues seem to be at play here: the first issue is political, the second is methodological, and the third is programmatic. First, the outcomes for the Demonstration Project—and subsequently this study—were established by DHHS *prior* to any decisions regarding the specific intervention to be used in the Project. From an evaluation methodology standpoint, outcomes would ideally have been established after decisions about the intervention had been made; this would likely have resulted in a comprehensive investigation of child behavior outcomes, with a secondary look at child welfare outcomes. Second, the type of administrative-level data used in this study may have exacerbated the distal nature of the outcomes. The data were drawn from a large data archive used primarily for county-level and state-level reporting. Collecting child welfare outcome data through case record review or some other such procedure may have allowed for a more nuanced and subtle look at the outcomes, potentially improving the chances for detecting the expected changes. Lastly, it may be that there is a programmatic element missing from the Wraparound model (previously discussed in regards to Sacramento County) that limits its impact on these more distal outcomes. In its original conceptualization, Wraparound was designed to assist intact families in maintaining a child within the family living environment. The family status of children in the child welfare system is generally much less stable and in some cases may be non-existent, particularly for the children targeted for the Demonstration Project. Wraparound may require further development to allow it to serve these children and families more effectively.

Conclusions and Recommendations

The Efficacy of FGDM and Wraparound

We found that both FGDM and Wraparound met a key condition of the Waiver Demonstration Project: that children receiving new and innovative services were to be no worse off than children receiving traditional services over the course of the evaluation. (The one exception was

a non-statistically significant trend towards increased substantiated maltreatment reports in the FGDM counties, which would require further investigation to confirm.)

If success is measured by positive improvements in outcomes, we did not find FGDM to be efficacious in the demonstration projects. 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 offer a qualified endorsement of Wraparound. While the overall trends do not indicate a difference between the groups in the Wraparound counties, there were some significant improvements in outcomes.

Program Planning and Implementation

Our recommendations in program planning and implementation include a greater role by the State in leading development activities, such as encouraging inter- and intra- agency collaboration. The most immediate impact on children and families would be the integration of services within the context of the larger system of care and the community. 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.

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). We recommend restructuring 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. We recommend that the State's 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. 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.

Both FGDM and Wraparound counties struggled with enrollment criteria. All counties used an "at-risk" category to define, in whole or in part, their respective target populations. In the FGDM counties, the criteria remained vague, and in the Wraparound counties there was concern about program "drift in focus." There were also very few criteria for service conclusion. For the implementation of subsequent programs we recommend a more formal planning period to develop criteria for enrollment and service conclusion for all counties, and the adaptation or development of instruments to support risk assessment, so that clear criteria can be consistently followed on an ongoing basis.

In both FGDM and Wraparound studies the staffing concerns were very important in implementation and ongoing operations. Recruitment of specialized staff was difficult and required creativity and flexibility within traditional bureaucratic organizational structures. Retention requires more and more sophisticated training for program staff, as well as planned orientation for new staff, given inevitable staff disruptions for staff internal and external to the program activities.

Despite the State's initial attempts at training participating counties in the early consortia, confusion continued about fiscal issues, such as when and how to spend the "waivered" dollars, especially in the FGDM counties. We recommend that State take a more aggressive role in establishing policies and procedures for the use of "waivered" Title IV-E dollars.

Specific recommendations for improving Wraparound and FGDM programs are listed in the respective reports. We will briefly summarize a few of the salient points:

- Centralize the Wraparound intake process to make it easier to obtain informed consent, apply consistent enrollment criteria, and facilitate the enrollment process
- Include fiscal representatives in planning and implementation
- Adapt Wraparound to better accommodate children from the child welfare system, notably those without an identified caregiver
- 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

Implications for Further Research

It is no less true that experimental research designs most effectively answer questions about whether or not one treatment intervention is superior to another. 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.

Recommendations for specific research design improvements 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
- For small county demonstration projects, retool the research questions and methodologies to be more feasible for very small samples, such as a focus on single case studies
- 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 variation in outcome results

- Adding an additional Process Study component to the Wraparound Study, which would look more closely at how Wraparound worked with children and families in each county

Despite the limitations in the current study and those of the programs we evaluated, throughout the study the evaluation team was continually impressed with the level of commitment of the county staff and provider partners participating in the study. In an evaluation report it is difficult to convey their dedication to improving the lives of the children and families they serve. Yet this is probably the most important minimum requirement in efforts to improve interventions. We applaud their efforts to improve their agencies' performance, and look forward to building on what was learned in this evaluation.