<table>
<thead>
<tr>
<th>Attachment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1</td>
<td>Wraparound Focus Group Protocol</td>
</tr>
<tr>
<td>Attachment 2</td>
<td>Focus Group Summaries: Wraparound Counties</td>
</tr>
<tr>
<td>Attachment 3</td>
<td>Wraparound Enrollment Figures</td>
</tr>
<tr>
<td>Attachment 4</td>
<td>4/24/01 ISFC Consortium Meeting Summary</td>
</tr>
<tr>
<td>Attachment 5</td>
<td>ISFC Interview Questions for Focus Group with Program Administrators - Time 3</td>
</tr>
<tr>
<td>Attachment 6</td>
<td>Summary of ISFC Focus Groups with Program Administrators - Time 3</td>
</tr>
<tr>
<td>Attachment 7</td>
<td>Riverside County Relative Care Provider Agreement to Participate in ISFC Program</td>
</tr>
<tr>
<td>Attachment 8</td>
<td>ISFC Interview Questions for Focus Group with Direct Service Staff - Time 2</td>
</tr>
<tr>
<td>Attachment 9</td>
<td>ISFC Self-Administered Questionnaire for Direct Service Staff - Time 2</td>
</tr>
<tr>
<td>Attachment 10</td>
<td>Summary of ISFC Focus Groups with Direct Service Staff - Time 2</td>
</tr>
<tr>
<td>Attachment 11</td>
<td>Summary of ISFC Self-Administered Questionnaire for Direct Service Staff - Time 2</td>
</tr>
<tr>
<td>Attachment 12</td>
<td>ISFC Framework for Observing a Family Conference</td>
</tr>
<tr>
<td>Attachment 13</td>
<td>Community Mentoring Focus Group Protocol</td>
</tr>
</tbody>
</table>
Wraparound Focus Group Questions

I. Target Population

1. Who is the target population for your wraparound program?

2. How are children identified for participation in the program?
   a. Referral?

3. What are the criteria for their selection for participation?
   a. A family?
      b. How is family defined?

II. Implementation

Process

4. Describe the process of bringing a child and family into the program.
   a. Prior to random assignment.
      b. After random assignment.

5. How soon after intake into the Project do the program services begin?

6. Describe the membership of the Child and Family team.

7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
      b. Describe the process for developing a crisis/safety plan for children and families.
      c. Describe the process for developing a services/support plan for children and families.
      d. How often does the team meet?

8. How have you defined a closed case? Wraparound? Comparison?

9. Describe the process for closing a case.

10. Describe the process for disbursement of dollars from the flexible funding pool.
Services

11. Describe the services received by children in Wraparound.

12. Describe the services received by the comparison group.

13. How long do you expect children to be in Wraparound?

Supervising and Monitoring

14. Describe how you monitor and supervise the implementation of your program?
   a. barriers, issues, and/or concerns you’ve encountered?
   b. strategies have you employed to overcome the barriers?

Attitudes

15. What are your observations about the level of acceptance among direct service staff & administrators/ supervisors for the program?
   a. What issues or concerns have been raised about this program?
   c. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   d. Do you have any concerns about the level of acceptance among direct service staff for this program?

Difficulties/Solutions

16. As you have begun to implement wraparound, what difficulties have you encountered?

17. Have you been able to resolve the difficulties you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the difficulties you have encountered?

18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   a. If so, please describe.
   b. How did you (do you plan to) resolve the issues?
Status

19. What is the current status of your implementation?

IV. Staffing

20. What staff are involved in providing direct services to clients involved in your program?

21. What are the typical roles of staff who provide direct services to clients involved in your program?

22. What administration/supervisory staff are involved in the operation of Wraparound?

23. Describe training staff have received, or will receive.

V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.

25. Describe any impact on line-staff, administrators, and/or the fiscal department as a result of the new funding process?

26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g., EPSDT, CWS health related, SCIAP/STOP, CalWORKs/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?

27. Are any of these funding sources being used by the comparison group?
VII. Client Characteristics

28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program? For example, do any of the following factors have a significant positive or negative impact on your program?
   a. Client presenting problem(s)?
   b. Client family composition?
   c. Client education level?
   d. Ethnic and/or cultural issues?
   e. Client employment status?
   f. Client income level?
   g. Residence versus Service area?
   h. Other factors?

VIII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement your program?

   For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?
   a. Employment availability?
   b. Access to affordable childcare?
   c. Access to convenient, reliable transportation?
   d. Safety concerns?
   e. Other factors?

30. How does the availability or community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.
IX. Agency/County Factors

32. How does the culture of your agency influence implementation of your program?

33. Describe any new programs or resources available within your agency that have an impact on your program?

34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?

X. State Factors

35. Describe any social or economic factors at the state level that have had an impact on your program?

XI. Federal Factors

36. Describe any social or economic factors at the federal level that have had an impact on your program to date?

XII. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with implementation of your program?

38. Does your agency’s relationship with the CDSS in any way influence your program implementation?

39. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program?

40. How does your agency’s relationship with the courts influence your program implementation?

41. Are there any other political forces that have an impact on your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

XIII. Evaluation Factors

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

XIV. Conclusion

43. Is there anything you feel should be discussed that was not covered in the questions?
1. **Target Population**

   - 1. Who is the target population for your wraparound program?
   - 2. How are children identified for participation in the program?
      a. Referral?
   - 3. What are the criteria for their selection for participation?
      a. A family?
      b. How is family defined?

The target population is children in level 12-14 group homes. Sometimes, children at risk of 12-14 are brought into the program, but that is the minority.

Children are identified by CPS or supervisors of group homes. Typically the CPS worker identifies the child and then fills out the referral form.

Children are brought into wrap regardless of their family situation. They prefer to have or find an identified caretaker, but this is not a criterion for the program. They will use an extended relative, foster care parent, group home worker, or someone who has been in the child’s life as the caretaker. It is the job of wrap to find a caretaker for a child who does not have one.

There are no behavioral criteria for participation in the program, however it is a requirement that the child can be safe toward him/herself and others.
II. Implementation

Process

4. Describe the process of bringing a child and family into the program?
   a. Prior to random assignment
   b. After random assignment

5. How soon after intake into the Project do the program services begin?

6. Describe the membership of the Child and Family team.

7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
   b. Describe the process for developing a crisis/safety plan for children and families.
   c. Describe the process for developing a services/support plan for children and families.
   d. How often does the team meet?

8. How have you defined a closed care? Wraparound? Comparison?

9. Describe the process for closing a case?

10. Describe the process for disbursement of dollars from the flexible funding pool.

Originally their wrap program was only for specific children in 12-14 group homes, but now they have adopted a “wrap for all” philosophy to try to include all children in 12-14 group homes. The problem with getting all kids enrolled is the time it takes to do the referral process. Since CPS workers are often too busy to fill out referral forms, the county organized a referral-a-thon and had 18 people from CPS and provider agencies work on referral forms on a Sunday. The CPS worker typically fills out the referral form and receives consent from the family, then sends the referral to the IMAC representative. IMAC consists of mental health, probation, and CPS. After the IMAC team is presented the case and decides to approve the referral, it is sent to UC Berkeley.

After a child is randomized into wrap, Berkeley sends the referral back to the IMAC secretary. It then goes to the Access team who authorizes service and determines the provider. The provider is then notified and in turn, notifies the placement worker.

Services start within 1-2 days. The facilitator calls the family to set up a meeting and meets with the family within a few days. The Access team determines the date services start. The Child and Family Team Meeting is set up as quickly as possible but may take up to a few weeks to occur.

The CFT can consist of a number of people with connections to the family based on whom the family wants to involve. It may include teachers, neighbors, extended family, and/or the referring agency. From the provider, the facilitator, family specialist, and parent partner are part of the CFT.
During the first meeting with the family a safety plan is created. It may be changed or solidified at the first CFT meeting. A formal strengths assessment using domain cards is also conducted during the first CFT meeting and becomes part of the CFT plan.

The service plan for the family evolves. It may take a month to be formally written, but it is constantly changing as the concern list and the priorities change. There are two simultaneous service plans evolving, one for the county (the documentation) and one with the wrap provider. The county plan trumps the wrap plan and must be created within 30 days of service. It includes standard treatment goals and mental health services.

The team meeting times vary based on what the team decides. The CFT may meet 2x/week or as little as 1X/month. Typically the team starts with meeting once per week and it changes based on needs and crises.

A wrap case is closed when the family or child does not want to meet anymore and feels that the service goals have been met. The family is considered graduated when they complete their goals and initiate termination. The referring worker and team then agree. A child who moves too far away to continue or goes AWOL for a few months may also be closed from wrap. In addition, the referring CPS worker can initiate termination. If the court ends dependency, services can still continue. However, if funding ends for the child, then the services end. Closure is done on a case-by-case basis and no universal rule applies. The county is still struggling with defining a closed case. They also have the intention that a case could be reopened in specific cases, but they have not done this yet.

For the comparison group, services end when dependency ends or upon emancipation.

Ideally, CPS workers work with wrap providers to decide when cases should be closed. There are family reviews 2 times per month at which the wrap provider can present reasons to close a case.

Providers receive flexible dollars based on the number of children they have in their program and they use this money as needed. Requests for over $300 require system approval, which takes place at the family review. Under $300, the decision is made by the CFT. There is no cap on the amount of money spent for an individual child. The money is pooled in the agency budget and used for all kids. The agency first looks for “natural” resources before depending on flex dollars.
**Services**

11. Describe the services received by children in wraparound.
12. Describe the services received by the control group.
13. How long do you expect children to be in wraparound?

Wrap services include assistance with planning to reach goals, but the actual services vary based on the individual child and family needs. The CFT provides case management and helps the family develop a network of supports. Wrap involves service planning and intensive behavioral supports. Wrap can provide transportation, summer camp, lessons, tutoring, family nights, support groups, parent empowerment, and many other services.

Children in the comparison group may receive intensive in-home therapy or group home care. They may get Focus, the most intensive program besides wrap. They will also be given priority for receiving mental health services.

There is no time expectation for children to be in wrap. The providers estimate that the average is 18-19 months.

**Supervising and Monitoring**

14. Describe how you monitor and supervise the implementation of your program?
   a. Barriers, issues, and/or concerns you have encountered?
   b. Strategies you have employed to overcome the barriers?

There is a QI committee that meets 2X/year to track outcome measures and financial information.

The family review process is a cross-system part of the wrap program. At family review meetings, county workers and providers check in about particular families. The Executive Committee is a group made up of county people and providers that meets once per month and makes decisions about the program. Workgroups have been formed under this committee to tackle specific problems.

The wrap fidelity index is done every 6 months to assess the program. It looks at performance outcomes, clinical changes, and client satisfaction. County mental health department reviews 4 charts per month.

Every 2 months there is a group home provider meeting that discusses wrap issues as they pertain to group homes. The IMAC meets weekly for referrals.
**Attitudes**

15. What are your observations about the level of acceptance among direct service staff and administrators/supervisors for the program?
   a. What issues or concerns have been raised about this program?
   b. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   c. Do you have any concerns about the level of acceptance among direct service staff for this program?

The wrap providers are very enthusiastic about the program and its potential for success. Newer CPS workers accept the program, while older social workers have a harder time with it. One estimate is that 20% are in favor, 10-15% are against it, and the rest deal with it, but do not have strong feelings in either direction. The county worker and supervisor are responsible for children when they go home and therefore, they may be more hesitant about wrap. There are sometimes questions about what parts of the job belong to the county worker and what belongs to wrap. In addition, since wrap cases involve intense commitment and time from the county worker, many feel that it is a burden to their caseload. One thing that has helped this has been the support that wrap providers have given to CPS.

The majority of referrals into wrap come from CPS, not probation or mental health. In this county, mental health is the driving agency behind the program.

The top administrators support the program and are committed to its success. The county has even gotten one judge on board to helping the program.

**Difficulties/Solutions**

16. As you have begun to implement wraparound, what difficulties have you encountered?
17. Have you been able to resolve the difficulties you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the difficulties you have encountered?
18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   a. If so, please describe.
   b. How did you (do you plan to) resolve the issues?

One of the difficulties has been getting people in CPS fully engaged in wrap, since CPS is an old system with set ways. This clash of cultures causes problems when trying to work together. One example is that traditional CPS workers do not want parents at treatment meetings. There is uncertainty about who drives the case plan and how to do collaborative case planning. Traditional workers also may not understand the role of
facilitator as different from therapist. CPS workers may also be hesitant to step kids down into the community because of a fear for the child’s safety. They are ultimately responsible if something does go wrong.

Another clash involves the court system. Wrap tries to give power to the family but in CPS cases, the court really holds the power.

Another difficulty is the fact that CPS workers do not have time to do referrals or to participate in wrap services. One solution, described above, was the referral-a-thon, in which providers and CPS workers worked together outside of normal work hours to complete a large number of referral forms (about 50). CPS workers also do not have time to participate in wrap services or CFT meetings. They may see wrap as an additional burden when they are already carrying large caseloads of 40-45 kids.

An additional problem with the referrals is that from the time of the referral until the time the provider has been assigned may be 2-3 months and during this time, contact information for the family may have changed.

Another difficulty has been that program managers, particularly outside of the group home system, and certain county workers are often unaware of or do not understand wrap. Staff move and turnover often, so after one group becomes educated about wrap they may leave. Wrap staff are also new to the program and may have a hard time marketing the program. Finding masters level staff and dealing with staff turnover are continual difficulties for the program.

Providers may even see wrap as a threat, since it allows kids to leave group homes earlier. CPS goes to a lot of meetings and tries to educate people that wrap is not a threat. They also have a continual informal dialogue with providers about wrap.

Another problem is what to do for kids who require services even after their dependency has ended. It is sometimes difficult to get funding for these kids.

Another problem is that there is a shortage of places to step down kids to. Sometimes a child is ready to leave a group home, but there is no alternative placement. In the future, wrap should work on helping to recruit foster parents and look for alternative placements for kids. Older children are especially difficult to place. Drop-in services, after school programs, and respite care are also limited, making it more difficult for foster parents.
**Status**

19. What is the current status of your implementation?

The current status of implementation is that there are three providers on board, currently serving ------ children. The last provider to get started has hired and trained staff, but feels they are at the early stages of the process. There is a strong commitment from executive management about the program and a lot of support for it, but they are making small steps toward implementation.

**IV. Staffing**

20. What staff is involved in providing direct services to clients involved in your program?
21. What are the typical roles of staff that provide direct services to clients involved in your program?
22. What administration/supervisory staff is involved in the operation of wraparound?
23. Describe training staff have received or will receive.

It has been hard to find good staff for the program, especially as the providers get more kids enrolled. The staff involved are 1) a masters level facilitator, who serves as the point of contact, does documentation and the treatment plan, and may do intervention; 2) a B.A. level family specialist, who works on behavioral skills and does bridge building to schools and; 3) a family partner, who is experienced with the system and serves as a family advocate. A therapist, doctor, or paraprofessional could also be involved.

Each provider sets up their teams a little differently, but all use the same set of staff. The providers agree that it is difficult to get masters level staff and one is currently piloting using B.A. level facilitators.

A clinical program manager supervises the facilitators.
V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.
25. Describe any impact on line-staff, administrators, and/or fiscal department as a result of the new funding process.
26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g. EPSDT, CWS health related, SCIAP/STOP, CalWORKs/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?
27. Are any of these funding sources being used by the comparison group?

VI. Client Characteristics

28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program?

For example, do any of the following factors have a significant positive or negative impact on your program?

a. Client presenting problem(s)?
b. Client family composition?
c. Client education level?
d. Ethnic and/or cultural issues?
e. Client employment status?
f. Client income level?
g. Residence versus Service area?
h. Other factors?

A client characteristic that influences the program is drug abuse. There is a large problem with drug abuse among parents and lack of accessible treatment. In addition, dually diagnosed children provide a challenge for the system.

Another client characteristic is that 70% of wrap referrals are white children, though the community is much more ethnically diverse. Some cultures are not being reached by the program.
VII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement the program? For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?
   a. Employment availability?
   b. Access to affordable childcare?
   c. Access to convenient, reliable transportation?
   d. Safety concerns?
   e. Other factors?

30. How does the availability of community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.

Lack of housing in the community is a large problem for families in the wrap program. There are a lot of people with section VIII certificates who still cannot find a home. There are no places for kids to move and often there are too many people living in a small space.

Another community problem is the fact that there are 16 school districts. It is hard for kids who are moving frequently to start over with new IEP plans and new districts.

Another community problem is the lack of public transportation. Families must rely on automobiles to get to appointments.

The community also has a problem with trying to build additional resources, since most people do not want group homes in their neighborhood.

One asset of the community is that there is a lot of community good will for kids.
VIII. Agency/County Factors

32. How does the culture of your agency influence implementation of your program?
33. Describe any new programs or resources available within your agency that have an impact on your program?
34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?

One problem with the county is that there are no crisis centers. This creates a hindrance to providers who feel they have no back up when necessary. In addition, there is limited mobile crisis support in the county. Another problem in this county is the lack of foster homes to place kids. Children are often ready to step down, but there is no available placement other than a group home.

A strength of the county is that this program represents an extreme collaborative effort, involving 6 agencies (CPS, MH, Probation, and 3 providers) working together. Due to the fact that everyone works together effectively, most decisions can be made by consensus. The agencies are able to work together successfully in part due to past collaborative relationships.

It is also effective to have one county person at the head of the project on a full-time basis. The vision that wrap can change the community has lead the county and agency leaders to embrace this program and provide strong leadership. The timing of the program was good, since it was started during good economic times. This allowed money to be put into wrap.

IX. State Factors

35. Describe any social or economic factors at the state level that have had an impact on your program?

The fact that the 20/30 study workload has not been implemented means caseloads continue to be high and paperwork continues to be cumbersome. This puts a burden on county workers and makes it difficult for them to refer or be involved in wrap.

The state also has no plan for kids who used to be in 601 lockup. There is also a tendency by the state to criminalize children who are mentally ill.

The state government has not provided enough guidance or direction about how to be in fiscal compliance. The county does not know how to implement this and has received little training.

At the state level, one enhancement has been the additional funds for therapeutic behavioral services for families on Medicaid. The county has been able to use training money from this to better train staff.

Sacramento County Process Study
### X. Federal Factors

36. Describe any social or economic factors at the federal level that have had an impact on your program to date?

The IV-E waiver extension is not getting enough attention at the federal level because of other things going on. The funding structure created by the federal government makes it difficult for agencies.

### XI. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with the implementation of your program?
38. Does your agency’s relationship with CDSS in any way influence your program implementation?
39. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program?
40. How does your agency’s relationship with the courts influence your program implementation?
41. Are there any other political forces that have an impact on your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

Many regulations are impacted by wrap, for example, child support. Some are even enhanced by the implementation, such as safety plans being put in place, which helps probation.

The turnover at CDSS impacts implementation because it takes months to address things and there is no way to make exceptions. In addition, there are large problems related to the fiscal model. The program allows for creativity but this is more difficult fiscally.
XII. Evaluation Factors

42. Are there any issues relating to the design of the demonstration project and evaluation that have an impact of your program implementation?

The evaluation has little impact on the implementation of the program. They have gotten used to the process of the evaluation, and just need to insure that facilitators continue their services tracking.

The only impact is related to putting families in the control group. They believe that wrap would help the families and are frustrated that they cannot give it to them.

One provider hired an extra staff person to handle the evaluation for Berkeley and the county. In addition, the county is trying to learn to use the Berkeley tracking tools for themselves. The county and providers would like to see early evaluation outcomes.

XIV. Conclusion

43. Is there anything else you feel should be discussed that was not covered in questions?
I. Target Population

1. Who is the target population for your wraparound program?
2. How are children identified for participation in the program?
   a. Referral?
3. What are the criteria for their selection for participation?
   a. A family?
   b. How is family defined?

The targets of the wraparound program are children who currently are in an RCL level 10-14 or at risk of being placed in this level of residential care.

A professional from social work, probation, or mental health identifies the child and refers him/her to the Interagency Placement Committee. This is a multi-agency team including people from DSS, mental health, probation, school, and the Family Care Network (the wrap provider) that is responsible for deciding all high-level placements.

The program requires the parent or caregiver’s support for the program. The family or caregiver could be the biological parent, extended relative, foster parent, or any supportive adult in the child’s life, e.g. a football coach. They use a liberal interpretation of family and are creative about finding support for the child. One additional criterion is that if the parent/caregiver is using substances, they must be committed to recovery to participate in the wrap program.
II. Implementation

Process

4. Describe the process of bringing a child and family into the program?
   a. Prior to random assignment
   b. After random assignment

5. How soon after intake into the Project do the program services begin?

6. Describe the membership of the Child and Family team.

7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
   b. Describe the process for developing a crisis/safety plan for children and families.
   c. Describe the process for developing a services/support plan for children and families.
   d. How often does the team meet?

8. How have you defined a closed care? Wraparound? Comparison?

9. Describe the process for closing a case?

10. Describe the process for disbursement of dollars from the flexible funding pool.

The referring person or caseworker will fill out a packet and meet with the eligibility person. The case then goes to the Interagency Placement Committee. If the child is approved for wrap services, the provider, the case manager, and the eligibility worker all go and meet with the family. They inform the family that the program is voluntary and explain the financial risks, the expectations, and the randomization process. The case then goes back to the committee with the dangerous propensity form also filled out. If the case is approved, it is sent to UC Berkeley for randomization. After randomization, experimental kids are referred to the Family Care Network wrap around program. The case is then switched to the special wrap unit within DSS and the case manager and social worker are reassigned. The control group also receives new case managers and social workers.

Wrap services begin almost immediately (1-2 days) after randomization. There is a meeting with the family and the wrap facilitator is assigned. The first Child and Family Team (CFT) meeting is also set up.

The CFT includes the referring agency caseworker, primarily the social worker, the facilitator, the family members, and whomever else the family wants involved. This may include a relative, neighbor, church member, or other support system.

The CFT discuss the family’s strengths, create a safety/crisis plan, and format a service plan at the first meeting. The service plan is flexible and changes throughout the family’s involvement in wrap. The CFT defines its own culture and uses a format that it finds most comfortable. The
The meetings are based on the needs of the family.

The county is still defining a closed case. One case was closed because the family did not want additional services. For state eligible children, a case is closed after a review by the Interagency Placement Committee, so this may become the process for Title IV-E children. Currently, if a child is AWOL, there is no protocol related to closing the case. However, if the child is in the hospital or moves into a foster home, the case is kept open. Cases would be closed on an individual basis based on the feelings of the CFT and the approval of the Interagency Placement Committee. Comparison group cases are closed based on the same criteria as experimental cases, but they do not go in front of the Interagency Placement Committee. Typically, the social worker supervising the case would decide when it is closed.

Flexible funds are controlled by Family Care Network for requests of up to $300.

**Services**

11. Describe the services received by children in wraparound.
12. Describe the services received by the control group.
13. How long do you expect children to be in wraparound?

Services for the wrap program are individualized based on what the team feels the family needs. Depending on what the family needs, they may have in-home aids, parent educators, or counselors working with them. Children may receive 1-to-1 in-home support and mentors. The services are contracted through Family Care Network or through community resources.

Children in the comparison group get a similar set of services to those receiving wrap. They are eligible for the Path for Healthy Families program, education, parenting groups, help with housing (through the economic opportunities commission), in-home counselors, TBS services, and other mental health services. The case manager coordinates these services. The main difference in the services for the control group is that they do not have a facilitator or a wrap in-home counselor providing their service. In addition, they do not have flexible funds. The control group services have been described as less intense than those received in wrap.

Children receive wrap services for as long as they require them. This expectation is usually around 2-2½ years, though the county is looking to decrease this. They hope to implement six-month reviews at which point the Interagency Placement Committee could decide whether the family still requires this service. The expectation would then become approximately 1 year to stabilize the family and close the case.
### Supervising and Monitoring

14. Describe how you monitor and supervise the implementation of your program?
   a. Barriers, issues, and/or concerns you have encountered?
   b. Strategies you have employed to overcome the barriers?

The design team that created the program has since become the Oversight Committee. Since the agencies involved in the project have close working relationships, they are able to call impromptu meetings and solve problems as things arise. In addition, the Interagency Placement Committee meets weekly to discuss different issues. A monthly wrap services log is used to track who is in the program. Additional forms are used to assess and evaluate the cases. The supervisor for the facilitators at Family Care Network and the supervisor for county caseworkers communicate weekly or more, if needed, to discuss issues and problems that arise.

Ideally, the county would want six month reviews for every case by the Interagency Placement Committee to assess the goals and objectives, what is and is not working, the level of acuity, and overall progress. Currently, this review process is not in place.

### Attitudes

15. What are your observations about the level of acceptance among direct service staff and administrators/supervisors for the program?
   a. What issues or concerns have been raised about this program?
   b. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   c. Do you have any concerns about the level of acceptance among direct service staff for this program?

There has been strong management support for “best practices” but filtering this to the line staff is sometimes difficult. It is hard for people to think of families using a strength-based approach and not focusing on the deficits. As people begin to understand the program there is a lot of support for it. They have done trainings with different agencies to inform staff about the program, and it has become a part of the assessment process. However, caseworkers are still somewhat reluctant to take the risk with some of the families in crisis. As people see more successes with children going home, they feel better about having children participate. The administration has shown tremendous support for the program and the philosophy of wrap. The county as a whole is embracing a “best practices” mindset and shifting to a family-to-family philosophy.
**Difficulties/Solutions**

16. As you have begun to implement wraparound, what difficulties have you encountered?
17. Have you been able to resolve the difficulties you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the difficulties you have encountered?
18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   a. If so, please describe.
   b. How did you (do you plan to) resolve the issues?

One difficulty has been increasing the size of the program; getting referrals and having the right amount of staff can sometimes present challenges. At the beginning it was hard to add additional children to the program, but this is getting easier. It would also help if there were more in-home supports for families.

A second difficulty relates to the school system. The school district has shown concerns when bringing children back into the community and has not had the right educational services for these kids. It has been a resource issue that prevents the school from having the proper programs, especially since day treatment programs have been cut. The county is trying to work through these problems with the school district.

Another problem relates to shifting the philosophy of workers, especially in mental health, away from a medical model. They often have a hard time letting the family direct the services and worry that the child may wind up in the hospital or juvenile detention. These worries have not proven to be true.

**Status**

19. What is the current status of your implementation?

The county is not up to full steam in terms of the number of families, but the type and quality of the intervention are at this stage. They still need to enlist additional community resources, mentors, and parent partners.
IV. Staffing

20. What staff is involved in providing direct services to clients involved in your program?
21. What are the typical roles of staff that provide direct services to clients involved in your program?
22. What administration/supervisory staff is involved in the operation of wraparound?
23. Describe training staff have received or will receive.

Cases are co-managed by the Family Care Network facilitator and the county social worker. The facilitator is a master’s level social worker. There also is an in-home counselor, with a bachelor’s degree, who does one-on-one behavior modification and provides direct care for the child. A community resources liaison works for Family Care Network and helps all teams by finding services and donations. Currently, the program does not have parent partners, but they hope to have these workers in the future.

County workers include the county social worker and mental health workers, which may include a case manager, someone to consult on mental health issues, or a therapist. All wraparound cases are part of the Child Welfare department, specifically the wrap unit. The child usually is assigned a new social worker, from the wrap unit, unless he/she has a particularly strong bond with the current social worker. The probation department plays a small role in wrap services.

There is a supervisor in the county who oversees all wrap social workers, and a social work supervisor and program director at Family Care Network to supervise the facilitators. They provide clinical supervision and coordination for the program. The facilitators also help to supervise in-home staff.

Children in the program can keep current therapists or have one provided by Family Care Network. In this case, it would typically be a facilitator from another team or an outside provider.

The county has not had problems related to turnover, but the cost of housing and living expenses in the county can be a problem when hiring staff. As the program grows and more mental health professionals are needed, particularly those with master’s degrees, it might become more difficult to find staff.

There is a steep learning curve for staff, so it takes a few months to get people hired and trained. During the first few days, there is extensive training on the wrap program, first aid, and CPR. New staff works with a mentor for 32 hours prior to getting their own clients. There is on-going training, including a 2-hour in-service each week on different topics. Staff is sent to larger trainings in the community when they are relevant. Family Care Network employees a training coordinator. Staff needs more training, particularly around tracking issues.
V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.
25. Describe any impact on line-staff, administrators, and/or fiscal department as a result of the new funding process.
26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g. EPSDT, CWS health related, SCIAP/STOP, CalWORKS/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?
27. Are any of these funding sources being used by the comparison group?

Funding for the comparison group is provided based on the level of service the child requires. The level of service sets the amount the child will receive from CWS funds. Children in wrap are considered in placement; however, the automated funding system does not work for these kids. They look at the number of children in wrap and calculate the amount of benefits they would be receiving, then use this amount to determine funding levels. Staff has difficulty figuring out funding for wrap cases. They are hoping the program positively affects foster care costs, but right now they do not know. This is dependent on results from the evaluation, which will show how funding rates differ for the two groups.

Different agencies must work together to maximize funding dollars. They are able to utilize funding from ESPDT and Medi-Cal to reduce costs. In addition, they utilize CalWorks, TBS, and community support. They have had some internal problems with the mental health department, so they have had trouble accessing those resources.
28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program?

For example, do any of the following factors have a significant positive or negative impact on your program?

a. Client presenting problem(s)?
b. Client family composition?
c. Client education level?
d. Ethnic and/or cultural issues?
e. Client employment status?
f. Client income level?
g. Residence versus Service area?
h. Other factors?

The program is influenced by the fact that the clients have extremely low salaries or are unemployed, and that the cost of living is high in the community. Additionally, a large number of clients are Hispanic, creating an initial challenge for the program. Since the program’s inception, they have hired bilingual staff, so this is no longer a barrier.

Another problem relates to the family’s responsibility to pay for services. If there is a non-custodial parent and the child gets wrap, that parent owes the money to foster care for services. This leaves the custodial parent without the income of child support that he/she used to depend on.
VII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement the program?
   For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?
   a. Employment availability?
   b. Access to affordable childcare?
   c. Access to convenient, reliable transportation?
   d. Safety concerns?
   e. Other factors?

30. How does the availability of community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.

The high cost of living and shortage of affordable housing in the community have created problems for the program. Many clients have section 8 vouchers but are unable to find housing. Another community problem is the lack of accessibility to services for rural clients. The community does not have good public transportation for clients living in the rural areas of the community.

Strong community links do exist through local churches. In addition, the program has found mentors and been able to get business donations from the community. In addition, some schools have been receptive to the program.
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<th>VIII. Agency/County Factors</th>
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<tr>
<td>32. How does the culture of your agency influence implementation of your program?</td>
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<td>33. Describe any new programs or resources available within your agency that have an impact on your program?</td>
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<tr>
<td>34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?</td>
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The new program, Family-to-Family has influenced implementation of this program. Overall, there has been a paradigm shift in the county to “best practices”. In addition, mental health support, through TBS has helped children stay in the home and provided services for wrap kids. There is a strong message from administration that they want children at home and to have shorter placements.

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<th>IX. State Factors</th>
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<td>35. Describe any social or economic factors at the state level that have had an impact on your program?</td>
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The budget crisis has affected the implementation of this program.

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<th>X. Federal Factors</th>
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<td>36. Describe any social or economic factors at the federal level that have had an impact on your program to date?</td>
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The President’s faith-based initiatives have impacted the program, by encouraging partnerships with the community and churches.
XI. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with the implementation of your program?
38. Does your agency’s relationship with CDSS in any way influence your program implementation?
39. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program?
40. How does your agency’s relationship with the courts influence your program implementation?
41. Are there any other political forces that have an impact of your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

The county Board of Supervisors has been understanding of the program, however is very concerned about cost neutrality. It has been a challenge to get them to understand this aspect of the wrap program.

The courts have been extremely responsive to the wrap program, and sometimes have to be reminded that it is a voluntary program.

XII. Evaluation Factors

42. Are there any issues relating to the design of the demonstration project and evaluation that have an impact of your program implementation?

The evaluation has been a lot of work for the county. In addition, it is not a family friendly part of wrap. Families do not understand random assignment and it is difficult for both them and line workers to deal with this aspect of the evaluation.

XIV. Conclusion

43. Is there anything else you feel should be discussed that was not covered in questions?
1. **Target Population**

1. Who is the target population for your wraparound program?
2. How are children identified for participation in the program?
   a. Referral?
3. What are the criteria for their selection for participation?
   a. A family?
   b. How is family defined?

The targets of the wraparound program are children who currently are in an RCL 12-14, and children at risk of going to an RCL 12-14 or psychiatric hospitalization. In addition, children who are disruptive in current placements and are likely to move to higher-level programs are also targeted. While the children are the identifying source, the entire family is looked at.

They expect to see kids who are profoundly emotionally disturbed. An informal criterion is that 2-3 kids on worker’s caseload (of 30) take 75% of the worker’s time, and these children should receive wrap services.

The interpretation of who should be taken into wrap services varies somewhat based on who is doing the intake. There is a belief that there should be some stricter, more concrete criteria for selection. Since the program is housed in a group home, there is active solicitation in the group home. The program is not as well connected to other family services divisions and therefore, not as many non-group home kids are enrolled.

Children are identified by their county caseworker that knows about the program or is prompted by someone who knows the child and the program, and tells the county worker. There are a number of workers who do not know about the program. A child active in Project Destiny may have a sibling with another caseworker, and that caseworker is then made aware of the program.

Once the case is turned in, the screening form is looked at by the county and a determination is made whether the county wants this to be a wrap case with Destiny’s involvement. It is a collaborative decision made between county workers and Destiny providers. If the case makes sense for wrap services, they then determine eligibility.

They do not always know whether or not there is family. It would be easier if someone was identified, but they would not determine the child’s eligibility based on this. Having no family identified sometimes means the child needs the service even more, and that the service may actually help identify some family. If there is no family identified, a godmother, neighbor, someone from the foster placement, an out-of-state relative, etc. may take this role. They look for creative ways to find someone. They believe in working with, identifying, or creating family.
II. Implementation

Process

4. Describe the process of bringing a child and family into the program?
   a. Prior to random assignment
   b. After random assignment

5. How soon after intake into the Project do the program services begin?

6. Describe the membership of the Child and Family team.

7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
   b. Describe the process for developing a crisis/safety plan for children and families.
   c. Describe the process for developing a services/support plan for children and families.
   d. How often does the team meet?

8. How have you defined a closed care? Wraparound? Comparison?

9. Describe the process for closing a case?

10. Describe the process for disbursement of dollars from the flexible funding pool.

The process of bringing a child into the program is not standardized. Usually, the County worker pre-screens the child for wrap eligibility, and then the case goes to the provider. Once the child is identified, the three agencies (the County, the current service provider, and the wrap program) come together to talk about the case. If the child is deemed eligible, he/she is randomized by UC Berkeley. If the child is going to be in the wrap group, a wrap program is chosen at random to provide the services (unless there is a strong case for one provider’s involvement).

The County worker then talks to the child and family to assess safety and discuss the program. Ideally, within seven days after the provider has been assigned the case, a family meeting is held and services begin.

The Child and Family team may vary in size based on the family’s needs. Some families want a number of people involved, including neighbors, church people, teachers, etc., while other families want the meeting closed. The provider team is made up of flex care workers. It is lead by a team coordinator and consists of 1-2 family support workers, a community resource person, and the county worker. The team coordinator (also called the care coordinator, liaison, or manager) assumes some of the county worker’s duties and does primary case management. An MSW-level facilitator, who is not a member of the team, runs the team meetings.

A wrap case is closed when a child has not had contact with the agency in 2 months. This could be due to AWOL, hospitalization, juvenile hall, or STARS. A child could also voluntarily leave the program. There is currently no way for a child to reenter the program once he/she has left, but
this may become an issue in the future. A child may be permanently out of the program if they have aged out or gone 602. If there is a dependency dismissal, a child can still receive wrap services.

Children in the control group no longer receive services once emancipation or a dependency dismissal has occurred.

**Services**

11. Describe the services received by children in wraparound.
12. Describe the services received by the control group.
13. How long do you expect children to be in wraparound?

There is no model for the length of time a child should receive wrap services. There is no incentive for providers to close cases and end care. According to the providers, families receive fewer services as the team decides is appropriate and eventually are seen only once per month or less. This assures that if the family does go into crisis, a team is still in place to assist the family, but that the family is not receiving unnecessary services. This creates a problem for the County because they are paying the provider to provide services, which may only consist of one meeting per month.

**Supervising and Monitoring**

14. Describe how you monitor and supervise the implementation of your program?
   a. Barriers, issues, and or/concerns you have encountered?
   b. Strategies you have employed to overcome the barriers?

There is a meeting of administrators of the three provider agencies and County social services every other week. Once per week there are meetings to review intake and care plans. There also is a CEO meeting, which includes CEOs, administrators, and SEPC representatives once per month. There are also a lot of informal interactions that allow the County to monitor the program.

Each agency reports that they do their own monitoring and supervision. One agency has reviewed the case plans for each child enrolled.

The County has not been able to do full-scale monitoring of the program because a plan has not been put in place and the County lacks the capacity and staff power to conduct this level of monitoring. This represents a challenge for the County, because there is little data to use to judge the effectiveness of the program. The County does not know what benefits they are getting from the program. The only information that they have is related to the number of children being served.
**Attitudes**

15. What are your observations about the level of acceptance among direct service staff and administrators/supervisors for the program?
   a. What issues or concerns have been raised about this program?
   b. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   c. Do you have any concerns about the level of acceptance among direct service staff for this program?

This program has received mixed reviews from administrators and supervisors. Some believe that high quality work has been achieved, while others believe that there has been no data to support this. Newer administrators have not been brought into the broader vision of wrap as a concept and program.

Some direct service staff hold wrap in high regard, while many others do not know of the program’s existence. Staff that are involved with the program do support it, but they want to feel they are part of something special.

Generally, support exists for the philosophy, but many people question the fiscal model. Anecdotally, people have found that the program achieves positive outcomes for children, and they support the idea that this is a collaborative project between providers and the County.
Difficulties/Solutions

16. As you have begun to implement wraparound, what difficulties have you encountered?
17. Have you been able to resolve the difficulties you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the difficulties you have encountered?
18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   a. If so, please describe.
   b. How did you (do you plan to) resolve the issues?

Since wrap has started, one of the main difficulties has been the turnover of staff at the County. Approximately 80% of County staff has been there for 2 years or less. Therefore, those that know about wrap are no longer with the agency and new workers have not been told about or embraced wrap. In addition, the fiscal model that was supposed to accompany implementation has never been put into affect because the person who created it left the County.

Advertising, marketing, and “getting the word out” have all been difficulties of implementation. Only group home staff is well acquainted with the project.

Providers have also had some difficulty with staffing wrap programs. It is often hard to find experienced staff that is not too embedded in traditional child welfare work models. Wrap programs serve a difficult population of kids, which can create difficulties for the service providers. Workers often struggle with how to keep from taking the work home with them. In addition, newer staff may feel isolated or scared about working with this population. Team building is an important component to overcoming these difficulties. The team members serve as supports for each other. Providers also try to hire people with certain characteristics, including those with emotional maturity and independence, and team players to address potential difficulties.

With relation to the timing of implementation, factors at the County level have made this a difficult time to implement a new program. Particularly, the fact that the County faces an injunction by CDSS and is at risk of being taken over by the State, means that 90% of the County’s energy has to go into this, not a new program.

Overall, there is a lack of vision guiding the implementation of wrap. No one specifically is championing the program or providing strong support. It is a difficult program to implement and without a clear vision, it is difficult to maintain momentum. It is also difficult because there is no evidence, other than anecdotal, that indicates whether the program is actually beneficial for the children it is serving. When wrap was initiated, there was no budget to create an infrastructure within the County to monitor, supervise, and support this program. A fiscal impact study and evaluation are needed to assess the program, and additional planning is required.
### Status

19. What is the current status of your implementation?

There are three agencies participating with ---- children enrolled in the project. Increasing the number of children served has put some strain on the county and the providers. With increased enrollment, determining eligibility takes a lot of time and county workers have difficulty being a part of the CFT. There are questions being raised as to whether having three large providers and using flex-care is the best model to serve children. The County has not currently done anything to get additional providers on board, though some think this should be done.

### IV. Staffing

20. What staff is involved in providing direct services to clients involved in your program?

21. What are the typical roles of staff that provide direct services to clients involved in your program?

22. What administration/supervisory staff is involved in the operation of wraparound?

23. Describe training staff have received or will receive.

The staff involved in providing wrap services is a team coordinator, 1-2 family support workers, a community resource person, and the county worker. The team coordinator assumes some of the County worker’s responsibilities, though he/she does not have the authority to approve certain things, like visits. The coordinator is responsible for primary case management, and may or may not act as the child’s therapist. The child welfare worker acts as an informal supervisor and is involved in service, but often does not have enough time to attend team meetings more than 1-2 times per month. The County worker also provides guidance about the legal aspects of the child welfare system. There is a lot of informal exchange between the provider and the County worker. Even if the County worker cannot attend team meetings, the coordinator will call him/her and provide written notes.

An MSW level facilitator runs the team meetings, but is not involved as a member of the family team. A community resource person working for the agency provides connections to the community and helps develop resources. A child may have an outside therapist who is involved or it may be someone from the wrap provider, either the coordinator or another social worker from the agency. Support counselors are responsible for working with the family in an intense role that involves a lot of travel time and time spent near the family’s home. It is often difficult for support counselors, who are paid hourly, to fit their responsibilities into a 40-hour workweek.

Working as a team is extremely important to the success of the wrap services provided. The team supports each other and helps provide comprehensive services to the client. There are often 4-5 people working with each family.
V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.
25. Describe any impact on line-staff, administrators, and/or fiscal department as a result of the new funding process.
26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g. EPSDT, CWS health related, SCIAP/STOP, CalWORKS/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?
27. Are any of these funding sources being used by the comparison group?

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Providers receive a designated rate for each child receiving wrap services. That money is then pooled and divided to serve all children in the provider’s program. Service decisions are made based on the amount of money received, but the rate has not been adjusted over time to match the control group. Every six months, the County determines how much is spent on the control group and then gives the same amount to the wrap provider. There is no part of the model that favors getting children out of the system and achieving better outcomes, making it a different model than performance based contracting.

VI. Client Characteristics

28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program?

For example, do any of the following factors have a significant positive or negative impact on your program?
   a. Client presenting problem(s)?
   b. Client family composition?
   c. Client education level?
   d. Ethnic and/or cultural issues?
   e. Client employment status?
   f. Client income level?
   g. Residence versus Service area?
   h. Other factors?

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Alameda County Process Study
VII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement the program?

   For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?
   
   a. Employment availability?
   b. Access to affordable childcare?
   c. Access to convenient, reliable transportation?
   d. Safety concerns?
   e. Other factors?

30. How does the availability of community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.

VIII. Agency/County Factors

32. How does the culture of your agency influence implementation of your program?

33. Describe any new programs or resources available within your agency that have an impact on your program?

34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?

The lack of high level commitment and prioritization of wrap has had an impact of implementation. The program needs to be considered a priority to receive adequate marketing and support. There has been some momentum at the County level to stop wrap from changing the foster system. When the project started, there was a strong coalition of the Board of Supervisors, policy people, social services, health, children’s mental health, and workers who supported the program, but it has lost momentum. There has been tremendous turnover at the county level and newer staff does not have the same support for the program.

The program is affected by the fact that children are not adequately served in group homes. Since group home do not have adequate resources, all children in group homes become at-risk for higher levels of placement, and therefore could benefit from wrap services. This significantly alters the criteria for selection, since all children in group homes become eligible.

The fact that Alameda currently faces an injunction from CDSS and is at risk of being taken over by the State has also had an impact of the program. The majority of the County’s energy needs to focus on the injunction, making it difficult to get a new program off the ground.
### IX. State Factors

35. Describe any social or economic factors at the state level that have had an impact on your program?

### X. Federal Factors

36. Describe any social or economic factors at the federal level that have had an impact on your program to date?

### XI. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with the implementation of your program?  
38. Does your agency’s relationship with CDSS in any way influence your program implementation?  
39. Does your agency’s relationship with the county **Board of Supervisors** have an impact on your agency’s ability to implement this program?  
40. How does your agency’s relationship with the courts influence your program implementation?  
41. Are there any other political forces that have an impact of your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

The County’s currently strained relationship with CDSS and the injunction against the County has made implementation difficult because so much energy is focused on insuring that the County is not taken over by the State.

The Board of Supervisors originally gave tremendous support to the program. They still do believe in it, but have not done anything to stand behind that support.

The Destiny program has become a scapegoat for other problems in the County.
### XII. Evaluation Factors

42. Are there any issues relating to the design of the demonstration project and evaluation that have an impact of your program implementation?

### XIV. Conclusion

43. Is there anything else you feel should be discussed that was not covered in questions?

One additional issue that needs to be addressed relates to funding providers after dependency dismissal has occurred. This only occurs for children in the experimental group and may affect cost neutrality.
Humboldt County Process Study Focus Group, February 21, 2002

### I. Target Population

1. Who is the target population for your wraparound program?
2. How are children identified for participation in the program?
   a. Referral?
3. What are the criteria for their selection for participation?
   a. A family?
   b. How is family defined?

The targets of the wraparound program are children who currently are in an RCL level 10-14 or at risk of being placed in this level of residential care. Children who are younger than 16½ and are ready to step down are targeted.

Most children are identified for the program by their county social worker. However, the referral process can begin with a foster parent asking for the program, a judge, another service provider, or the family. The social worker or facilitator fills out the criteria list behavior and asks the Family Intervention Team if the child qualifies for wrap around services. If they agree, the worker goes ahead with the consent form and makes an appointment with the family. During this appointment, the social worker, sometimes accompanies by someone from the mental health department, describes the program, explains randomization, discusses the formation of the Child and Family Team (CFT) and has the person sign the consent form.

An identified family is not required for participation in this program. However, it does work better with an identified caregiver, so the provider will try and identify someone if there is not someone who steps forward. Family is broadly defined and may include anyone who serves as a caregiver or support person to the child.
II. Implementation

Process

4. Describe the process of bringing a child and family into the program?
   a. Prior to random assignment
   b. After random assignment
5. How soon after intake into the Project do the program services begin?
6. Describe the membership of the Child and Family team.
7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
   b. Describe the process for developing a crisis/safety plan for children and families.
   c. Describe the process for developing a services/support plan for children and families.
   d. How often does the team meet?
8. How have you defined a closed care? Wraparound? Comparison?
9. Describe the process for closing a case?
10. Describe the process for disbursement of dollars from the flexible funding pool.

Once the referral form and consent have been filled out, the information is sent to UC Berkeley. UC Berkeley then randomizes the child into the experimental or control group. If the child is experimental, the CFT is put together. The facilitator calls the family the same day or the day after the child has been assigned. The assigned facilitator then meets with the family as soon as possible, usually within one week.

At the first meeting, the CFT talks about the family’s strengths and concerns. Forms are used to assess strengths and needs, and to create a case plan. In addition, they try to identify natural helpers for the family and create crisis/safety plans. Dealing with crisis is the primary function of the meeting if the family needs this right away. The family needs drives the process and life domain cards help facilitate this.

Typically at the beginning, the family does not identify many people to participate in the CFT, but this may change over time. The first CFT meetings may include only the primary people in the family’s life, such as foster care parents, and residential treatment workers.

There are a series of CFT meetings that may start as often as 1X/week and reduce to 1X/month or even 1X/2 months. The frequency of meetings is dependent on the needs of the individual family. Notes are typed up from every CFT meeting and sent to all participants.

Closed cases are a topic that the county is still struggling with and will address at their upcoming retreat. If someone “falls out” of the system the case will be closed. For control cases, the case is closed if the child leaves the state or leaves the Child Welfare system.
The needs of the family are determined by the CFT. The CFT makes plans for the family for 6 months and talks about all possible resources, including what the family can afford to pay, what they can get from the community, and what needs they have for flexible funds. The facilitator will request payment for money under $500 from the Family Intervention Team and may receive it in as little as 3 days. If the amount is over $500, the facilitator will bring the need up to the Family Intervention Team and also get approval from the fiscal department. If the family is in crisis, the facilitator may be able to get the funds before meeting with the Family Intervention Team, through emergency cash.

**Services**

11. Describe the services received by children in wraparound.
12. Describe the services received by the control group.
13. How long do you expect children to be in wraparound?

Both the control and experimental groups receive all the regular child welfare services, including counseling, school, social work, TBS. Children receiving wrap services also get extremely individualized services, which may include family specialists, mentors, tutoring, respite, trips, help with housing, and extracurricular lessons. Children in the comparison group have a family unity meeting and 1-to-1 shadowing.

The expectation for time in wrap varies based on the individual cases. The county has found 1-1½ years to be the current expectation, but feel this may become shorter in the future. They are currently working through issues around when and how to close cases.

**Supervising and Monitoring**

14. Describe how you monitor and supervise the implementation of your program?
   a. Barriers, issues, and or/concerns you have encountered?
   b. Strategies you have employed to overcome the barriers?

Supervising and monitoring began with the implementation team that has now been kept on as the steering committee. They meet somewhat inconsistently, but do work through issues that come up.

HUBS, which are multidisciplinary teams, meet with people in different programs on a quarterly basis and wrap has become connected to this, as one of the programs they talk about.

In addition, there is a Thursday meeting every week in which professionals from mental health, probation, and child welfare talk about the wrap process. Facilitators and social workers may present specific wrap cases at these meetings.
**Attitudes**

15. What are your observations about the level of acceptance among direct service staff and administrators/supervisors for the program?
   
a. What issues or concerns have been raised about this program?
   
b. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   
c. Do you have any concerns about the level of acceptance among direct service staff for this program?

One issue that direct staff has relates to the release of information on clients, since there were no multidisciplinary forms to handle this. A second issue was related to the rigid hours set by the mental health department, which do not fit with the wrap philosophy. In both cases, the direct service workers encouraged the administration to make changes in policy that would fit better with the provision of wrap.

In the past six months, the attitude among social workers has improved, and more CWS social workers are requesting wrap for children they serve. Some social work staff do feel that wrap cases are more work for their caseload, but in general there is more support for the program. In probation, there has also been increased support for the program among direct service staff and administrators. Wrap has also received support from the D.A. Family Support Team, judges, and attorneys.

**Difficulties/Solutions**

16. As you have begun to implement wraparound, what difficulties have you encountered?

17. Have you been able to resolve the difficulties you have encountered thus far?
   
a. If so, how?
   
b. If not, how do you plan to address the difficulties you have encountered?

18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   
a. If so, please describe.
   
b. How did you (do you plan to) resolve the issues?

Different problems have been emerging as the wrap process has unfolded. One of the main problems relates to the different styles of communication and different cultures that exist within the three agencies involved, mental health, probation, and child welfare. Many times there are problems around who is doing what and when or how something will be taken care of. A second problem comes from obstacles from the departments or the administration. However, as teams are gaining credibility, many of these higher-level issues are being solved by the teams themselves. The teams are able to inform the policies and affect the way departments are doing this. The philosophy of wrap is becoming more accepted and more frequently used throughout the county.
19. What is the current status of your implementation?

The implementation was described as in the middle of the process. The county is looking back toward the beginning and also looking towards being in a more mature stage. The numbers are still small, but they are increasing.

**IV. Staffing**

20. What staff is involved in providing direct services to clients involved in your program?
21. What are the typical roles of staff that provide direct services to clients involved in your program?
22. What administration/supervisory staff is involved in the operation of wraparound?
23. Describe training staff have received or will receive.

The staff all come from the county departments, since the county is not contracting with an outside provider. Mental health has one full-time wrap clinician and one full-time case manager. They also have a supervisor who manages the staff and takes on children with high needs. In addition, there is a program manager. In child welfare services, there are two full-time and one part-time wrap facilitators. There is also a supervisor, program manager, and fiscal person. All staff serve both Title IV-E eligible children and state eligible children.

The CFT includes the social worker from CWS, a facilitator, someone from mental health, and the case manager. In addition, the CFT may include professionals from pre-existing services, such as clinicians or social workers or therapeutic behavioral aids from TBS.

Staff training was extremely frequent during the first year of wrap services. Now, the training has become more infrequent and the county requires more mid-level and advanced training materials. The state provides trainings that are good for new staff, but do not serve the needs for more experienced staff. New staff also are paired with older staff to learn about the process. Budget cuts have meant less money for trainings.
V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.
25. Describe any impact on line-staff, administrators, and/or fiscal department as a result of the new funding process.
26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g. EPSDT, CWS health related, SCIAP/STOP, CalWORKS/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?
27. Are any of these funding sources being used by the comparison group?

The biggest difference in funding for the comparison and control groups relates to flexible funding. The control group has no flexible funds. The experimental group has flexible funds, which can be used for a variety of things and can be accessed very quickly. The social workers and families are extremely happy with the fact that the funds are so readily available.

The new funding procedures have been difficult for the accounting department, but they have come to accept the program. The program involved the fiscal people from the beginning to make this transition easier.

Cost neutrality is still a complex issue that the county is grappling with.

The county uses additional sources for funding and resources, including CalWORKs, TBS, the Angel Fund (a community organization), Humboldt State University, and HUBs for both the experimental and control groups.
VI. Client Characteristics

28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program?

For example, do any of the following factors have a significant positive or negative impact on your program?

a. Client presenting problem(s)?
   b. Client family composition?
   c. Client education level?
   d. Ethnic and/or cultural issues?
   e. Client employment status?
   f. Client income level?
   g. Residence versus Service area?
   h. Other factors?

The low-income level of the families and the high unemployment have affected the implementation of the program. High substance abuse among parents has also been an issue for the program. In addition, the fact that the families are often in crisis sometimes raises issues for the program.

VII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement the program?

For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?

a. Employment availability?
b. Access to affordable childcare?
c. Access to convenient, reliable transportation?
d. Safety concerns?
e. Other factors?

30. How does the availability of community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.

The county has faced high unemployment, including decreasing job opportunities in both the lumber and fishing industries. In addition, since it is a rural county, access to services can be extremely difficult since there is little or no public transportation. The culture of raising marijuana in this county also impacts the program.
The community does have strong resources, including its large number of churches and faith groups. The county also has a lot of political activism and a large number of non-profits. The HUBs inform each other on resources that are available and how to access these. People in the county are also helpful toward each other and often reach out.

### VIII. Agency/County Factors

32. How does the culture of your agency influence implementation of your program?
33. Describe any new programs or resources available within your agency that have an impact on your program?
34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?

The philosophy of wrap is changing people’s thinking in this county. People are talking about families differently, using structured decision making, realizing the importance of using data, and working with families around strengths and needs. However, some of the policies of the agency are “unwrap-like”.

The fact that the departments involved in wrap services are co-located has made wrap run a lot smoother. It keeps everyone involved and keeps wrap on the forefront of each department’s agenda. It also allows them to do problem solving and work together.

### IX. State Factors

35. Describe any social or economic factors at the state level that have had an impact on your program?

The best practices design team and the stakeholders meeting have both had a positive impact on implementation.

However, budget cuts and the lack of funding have made implementation more difficult. Training funds have become limited and other groups may begin to want to use flexible funds for other purposes.

### X. Federal Factors

36. Describe any social or economic factors at the federal level that have had an impact on your program to date?
XI. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with the implementation of your program?
38. Does your agency’s relationship with CDSS in any way influence your program implementation?
39. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program?
40. How does your agency’s relationship with the courts influence your program implementation?
41. Are there any other political forces that have an impact of your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

The county is affected by the fact that it still must meet all audit targets. The relationship with the court affects implementation because the court is still involved in the cases. The social workers bring the court issues back to the CFT and informs them of realities the family must deal with. The state’s tendency to ask for reports on extremely short notice puts some strain on the wrap program. The Board of Supervisors has been supportive, but this support hinges somewhat on cost neutrality. The fact that children are often changing places, and going into probation makes determination of Medical eligibility and funding sources difficult.

XII. Evaluation Factors

42. Are there any issues relating to the design of the demonstration project and evaluation that have an impact of your program implementation?

The tracking forms for the evaluation have been tremendous work for the county, especially to the social workers and facilitators. Other additional responsibilities, including sending faxes to UC Berkeley, talking to research assistants about services tracking, and talking to researchers about cases that have been closed create additional burdens for wrap staff. The county also still has some reservation about the randomization process. Workers and families often feel upset if the child is put into the control group.

XIV. Conclusion

43. Is there anything else you feel should be discussed that was not covered in questions?
## I. Target Population

1. Who is the target population for your wraparound program?
2. How are children identified for participation in the program?
   a. Referral?
3. What are the criteria for their selection for participation?
   a. A family?
   b. How is family defined?

The targets of the wraparound program are children who currently or previously have been in an RCL 12-14, McClaren, or Metropolitan State Hospital, and children at risk of going to an RCL 12-14, McClaren, or Metropolitan State Hospital. Many of the children are currently at a home placement but previously had been in high levels of care. In addition, children are targeted who are at risk due to behavior. A rough estimate is that 25% come from a psychiatric hospital or have a history of psychiatric hospitalization, 50% come from a high level of group care or a history of high level group care placement, and 25% come into the program due to their behavior.

Children are identified by their caseworker or by a worker at McClaren for the wraparound program. Currently, wraparound only exists in two SPAS and at McClaren, so only children are identified from these locations. Many workers do not want to place children in the program because they are afraid the children and families will get excited about potential services and then be placed in the control group. Therefore, the workers are deciding which families will be offered this program.

Children are selected based on three factors: 1) there is a strong commitment by the family or caregiver; 2) there is strong commitment by the child; and 3) the child is not potentially violent. They have made an exception for a child who really wanted to be involved even though his family was not committed. Children who are in crisis are prioritized for selection. Children who are in a high level of group care but are stable are less likely to be selected for the wraparound program. Staff often has the perception that a child cannot be referred to wrap services until they have a caregiver, though this is not the program’s intent.
II. Implementation

Process

4. Describe the process of bringing a child and family into the program?
   a. Prior to random assignment
   b. After random assignment
5. How soon after intake into the Project do the program services begin?
6. Describe the membership of the Child and Family team.
7. Describe the process of the Child and Family team.
   a. Is there a formal process for assessing child and family strengths? Needs?
   b. Describe the process for developing a crisis/safety plan for children and families.
   c. Describe the process for developing a services/support plan for children and families.
   d. How often does the team meet?
8. How have you defined a closed care? Wraparound? Comparison?
9. Describe the process for closing a case?
10. Describe the process for disbursement of dollars from the flexible funding pool.

Prior to random assignment, the county worker presents the child’s case to the screening committee in probation or DCFS. The committee, which consists of staff from the DCFS placement unit, mental health, probation, education, parents, and sometimes staff from the regional center or the future provider, reviews the case and discusses the appropriateness for wraparound services. If the committee approves this case for wraparound, the case is sent to UC Berkeley for random assignment.

After random assignment, children assigned to the wrap group are referred to a wrap service provider immediately. For children at McClaren, they may receive wrap services on-site prior to reunification, and then continue to receive services once they are sent home. For children assigned to the control, the IRT discusses alternative services, which may include intensive mental health, family preservation, or system of care.

After a child is referred to wrap services, the process starts immediately. Ideally, the family is contacted within three days and signs a contractual agreement, fills out the necessary paperwork, and provides consent. The group home agreement is also signed and a Child and Family team is formed. The Child and Family team is led by a family facilitator and contains a parent partner, a child and family specialist and a parent/foster parent. The team may also include the referring DCSS worker and informal support people such as other relatives or family friends.

Once the team has been identified, an initial team meeting is set up. This happens as soon as possible, it may occur within one week, or may take as long as six weeks. At the initial team meeting they discuss why the family is there, what services are available, and identify strengths,
resources, and needs of the parent and child. The needs of the family are prioritizes and a plan for action is developed to begin to tackle the first need. A crisis safety plan is also developed during this initial meeting. All along strengths are identified.

Teams meet regularly, which could be every week, every other week, or once a month depending on the needs of the family. At continued meetings, the team assesses what people have done since the last meeting and what barriers they faced. Once a need has been met, the team moves onto the next need.

The case is defined as closed once the minor can function safely without the need of formal supports, with maximum use of informal supports. The wrap team makes this decision. A case may also close if the minor is exits the system through incarceration, emancipation, or the termination of jurisdiction. Also, if a child is placed in highly restrictive group setting or psychiatric hospital for an extended period of time, wrap services are discontinued.

Control cases are closed when the family and child exit the system, which would occur through emancipation, or the termination of jurisdiction.

Flexible funding is disbursed somewhat differently from agency to agency, but generally is accessible to the facilitators if the amounts requested are under a few hundred dollars. Facilitators can access higher levels of funding through the director.

**Services**

11. Describe the services received by children in wraparound.
12. Describe the services received by the control group.
13. How long do you expect children to be in wraparound?

The services received by children in wraparound are completely individualized and vary depending on the family’s strengths and needs. One example was for a family in which the mother was given services to help her learn to budget, connect with government programs such as SSI and AFDC, and learn to manage her household independently. In another example, the child was provided with a psychiatric evaluation and mental health services.

The children in the control group also receive a variety of services, which may include a family preservation, intense mental health services, or a formalized alternative system of care. Children in the control group may also remain in their group care setting and continue receiving those group services.

There is no expectation about the length of time a child will continue receiving wraparound services.

Los Angeles County Process Study
**Supervising and Monitoring**

14. Describe how you monitor and supervise the implementation of your program?
   a. Barriers, issues, and or/concerns you have encountered?
   b. Strategies you have employed to overcome the barriers?

The monitoring plan involves weekly, bi-weekly, monthly, and annual activities.

- The weekly monitoring involves tracking each child’s status, including the referring department, age, fed/non-fed status, special incidents, and enrollment date.

- Bi-weekly meetings are conducted with all agencies to review system issues, referrals, cases, and other issues that arise.

- On a monthly basis, the agency reports enrollment, each child’s status, and financial reporting. The central administrative unit also does some reviews of plans of care. Eventually the screening committee will also review all plans of care, but this aspect of monitoring is not currently in practice.

- Each year, the agency is evaluated using Title IV-E standards on six established domains (fiscal, program, training, human resources, administration, and evaluation). The evaluation is divided into two parts that take place every six months, three domains explored in each. Each program submits a 20-page self-evaluation of the program to the interagency team. The interagency team reviews this document, conducts a site visit, and determines corrective action plans. Fiscal numbers are also reported annually.

The monitoring process has been fairly smooth, though they are still learning what needs to be included. One difficulty is that it is somewhat contradictory to have a true wrap program in a system that is so punitive and based on audits. Another barrier to monitoring is resources, e.g. ideally all plans of care would be reviewed, but there is not enough staff power to do this.
15. What are your observations about the level of acceptance among direct service staff and administrators/supervisors for the program?
   a. What issues or concerns have been raised about this program?
   b. What benefits have individuals suggested that the program will bring to participating children and families or the agency?
   c. Do you have any concerns about the level of acceptance among direct service staff for this program?

At the macro level, the County Board, supervisors, and directors have fully embraced the wrap program and many see it as a “panacea”. However, they do not fully understand the amount of work and energy that is required for this program. More education is needed. Their expectations may be too high and the resources they are providing for it may be too low.

At the micro level, wrap is embraced by the agency executives, but again more education is needed. Wrap is also supported by direct service staff in both DCFS and probation. Many line workers want a solution for these children, but need more education about the price and level of change required to make wrap a success. Direct service staff has suggested that wrap services benefit families by encouraging service providers to think broadly about service options and by providing a stable support system. Some emerging difficulties with the program faced by direct service staff are making time to be involved in collaboration with wrap providers, sharing power in decision making, and concern about child safety issues.
**Difficulties/Solutions**

16. As you have begun to implement wraparound, what difficulties have you encountered?
17. Have you been able to resolve the difficulties you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the difficulties you have encountered?
18. Have you encountered any difficulties that have impacted the timing of your program implementation?
   a. If so, please describe.
   b. How did you (do you plan to) resolve the issues?

Staffing appears to be the most difficult issues for implementation. It is difficult to find quality people and the training curve to teach people to provide the service is extensive. People who train may realize that they do not want to provide wrap services once they truly understand the intensity of the commitment. One solution to this problem is using a modified model in which the facilitator is not a licensed clinician, but instead is someone who learns the function and is committed to the job.

An additional difficulty has surrounded randomization. Workers feel that it is unfair to families to get their hopes up about wraparound services and then tell them they have been randomized to the control group. Workers therefore may not enroll children in wrap who would benefit from the services. This has delayed implementation of the program.

The federal eligibility requirements for wrap make it difficult for workers in probation to enroll kids who have not previously been in DCFS. It takes about 2 months to determine federal eligibility for IV-E services. If this has not already been done, through a past placement in DCFS, it is not worth it for probation workers to go through this, particularly when the youth may be randomized to the control group.

A difficulty noted by line-staff (both DCFS and wrap workers) was the DCFS worker having enough time to fully participate in wraparound. Due to large caseloads and responsibilities, it is difficult for DCFS workers to play an active role and attend meetings, though they may want to.

**Status**

19. What is the current status of your implementation?

The current status of implementation is that 2 SPAS and McClaren have operating wraparound programs. There are ---- children currently enrolled in the program.
IV. Staffing

20. What staff is involved in providing direct services to clients involved in your program?

21. What are the typical roles of staff that provide direct services to clients involved in your program?

22. What administration/supervisory staff is involved in the operation of wraparound?

23. Describe training staff have received or will receive.

The staff that provide direct service to the clients are a facilitator, a child and family specialist, and a parent partner. The DCFS worker may also participate in the wrap meetings. The facilitator is responsible for overseeing the wrap services and is available to the family at all times. In addition, the wrap agency has a community development specialist, who works with locating and developing community resources. There are clinical supervisors who supervise the family teams. This may or may not be the same person as the wrap program director.

Staff training to become a facilitator may take up to four months and involves a number of steps. Prior to working independently, a new staff person must train, practice, and shadow experienced workers. There is an extensive training curve to teach people this position. In addition, ongoing training for all positions is utilized to insure all workers are carrying out their function within the principle of the model.

V. Funding

24. Describe the funding process for the program and how that differs from the funding process for the services provided to the comparison group.

25. Describe any impact on line-staff, administrators, and/or fiscal department as a result of the new funding process.

26. In addition to IV-E funds, what other funding sources are being used to support your program (e.g. EPSDT, CWS health related, SCIA/STOP, CalWORKs/TANF, Mental Health, Family Preservation, IHSS, CAPIT Grant, Healthy Start, ILP, Emergency Assistance, local funding)?

27. Are any of these funding sources being used by the comparison group?

For children in wrap, the wrap agency bills for the price of the program and then the placement cost is deducted. EPSDT is billed for mental health services. It is difficult to access other, non-flexible funds, besides EPSDT.

The control group is funded using categorical sources for the services the client receives, e.g. family preservation, foster care. EPSDT funds are also used for their mental health services, however control group children may have difficulty accessing mental health services due to limited space availability.
VI. Client Characteristics

28. How does the social and/or economic characteristics of your county’s child welfare client population impact your ability to implement the program?

For example, do any of the following factors have a significant positive or negative impact on your program?

a. Client presenting problem(s)?
b. Client family composition?
c. Client education level?
d. Ethnic and/or cultural issues?
e. Client employment status?
f. Client income level?
g. Residence versus Service area?
h. Other factors?

The ethnic/cultural issues related to the Hispanic population have impacted the program. The Hispanic population often wants family issues to remain secretive and do not want outsiders knowing about family problems. This creates difficulty for the team trying to link the family to resources. Language barriers also play a role in the provision of wrap services. It is sometimes difficult to find a facilitator or other staff who speak the family’s language.

Probation families create another set of difficulties for wrap providers. Families in which the parents engage in criminal behavior do not want wrap providers involved in their families’ lives, and families in which the parents are law-abiding may feel shame at their child’s action and want to keep family issues secretive.
VII. Community Characteristics

29. How does the social and/or economic characteristics of the communities you serve impact your ability to implement the program? For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your program?
   a. Employment availability?
   b. Access to affordable childcare?
   c. Access to convenient, reliable transportation?
   d. Safety concerns?
   e. Other factors?

30. How does the availability of community and neighborhood resources impact your program?

31. Describe the community and neighborhood resources that are available to support your program.

Wraparound programs try to recreate the community, but there are challenges associated with this. In L.A., the community is amorphous, which effects access to resources and social activities. Gangs have an important impact on the neighborhoods and often kids will not access services in other gang territories.

Education services and the availability of intensive day treatment services also vary by community.

Wrap providers have not found too many church groups that want to be involved in the program, though there are some exceptions.

The community development person is responsible for trying to find, develop, and enhance community resources.

VIII. Agency/County Factors

32. How does the culture of your agency influence implementation of your program?

33. Describe any new programs or resources available within your agency that have an impact on your program?

34. Describe any other social or economic factors within your agency or county that impact on your ability to implement this new program?

Agency executives and county officials for the most part fully embrace wrap services and see it as a solution to the problem. However, both cultures do not fully understand the amount of resources required to make the program a success. In addition, their expectation may be too high. Both require education to more fully understand wraparound.
### IX. State Factors

35. Describe any **social or economic factors at the state level** that have had an impact on your program?

CDSS has been in regular contact with the county regarding the wrap program. They have been responsive on key questions and helpful whenever possible. There is a strong need for advocacy by the state for the extension of this program.

### X. Federal Factors

36. Describe any **social or economic factors at the federal level** that have had an impact on your program to date?

One issue at the federal level involves undocumented children who are not eligible for federal dollars. This has created some problems in implementation.

A second issue related to the federal regulations is that private providers are not currently allowed to use Title IV-E funds for training. However, this type of program requires extensive and continual training.

A third problem arises with relation to matching needs with categorical funding streams.
XI. Political Factors

37. Are there any mandated programs, regulations, etc. that interfere with the implementation of your program?

38. Does your agency’s relationship with CDSS in any way influence your program implementation?

39. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program?

40. How does your agency’s relationship with the courts influence your program implementation?

41. Are there any other political forces that have an impact of your agency’s ability to implement this program, such as organized labor, the media, or any other factors or groups?

There have been some bureaucratic problems related to categorical funding, and matching state and federal rules for providing wrap services. However, the agency’s relationships with CDSS, the county Board of Supervisors, and the courts have all been positive with regard to implementation.

The Board of Supervisors, the commissions, and child advocacy groups have had a continually complicated relationship that at times works against innovation. In this case, all groups support wrap services, but there is some disagreement about which providers will do it and about monitoring.

There is strong sensitivity about the safety of kids from all forces, which at times influences feelings about the program. There is a lot of work to be done and a lot of support for the program, however department heads do not always realize the resources necessary to operationalize this. The potential end of the program weighs heavily on all parties and strong advocacy will be needed to insure the project’s extension.

XII. Evaluation Factors

42. Are there any issues relating to the design of the demonstration project and evaluation that have an impact of your program implementation?

Random assignment presents a difficulty for implementation because direct service workers are hesitant to refer children to the program in fear that they may be assigned to the control group. Many direct service workers feel it is unfair to raise the hopes of the family and child that they may receive this service and then deny them the service because they are randomized to the control group.

Another issue related the evaluation is the fact that youth are not being tracked in the long-term. The county feels that the children need to be tracked longitudinally to see if the program was successful.
XIV. Conclusion

43. Is there anything else you feel should be discussed that was not covered in questions?

Immigration law impacts the provision of wrap services since there is a preference to document kids once they enter DCFS that does not occur in probation. Therefore, those children who enter probation directly, without past placement in DCFS are more likely to be undocumented and not entitled to the same federal services.
# Wraparound Enrollment Totals and Patterns

## Wraparound Enrollment Totals (02.28.02)

<table>
<thead>
<tr>
<th>Counties</th>
<th>Study</th>
<th>Sibs</th>
<th>Total</th>
<th>Closed*</th>
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* study/siblings

## Wraparound Enrollment Patterns (02.28.02)

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Meeting Summary

In Attendance:

State CDSS: Glenn Freitas, Greg Rose, Cheryl Treadwell, Connie Hamilton, Paula Najarzadeh, Ramon Lopez, Janet Garland, Esperanza Hernandez
UC Berkeley: Alice Hines, Karen Thomas, Molly Koren, Brenda Lorentzen
Fresno County: Howard Himes, Maria Zarate, Caine Christensen, Tammy Defehr
Riverside County: Sheila Riley, Pamela Crowder, Lydia Buono, Saul Ledesma, Jane Price, Judith Simolke

State Presentation

CDSS announced that Greg Rose will be stepping down as CDSS Program Manager for the Title IV-E Child Welfare Waiver Demonstration Project.

Greg Rose provided an update on the federal Waiver meeting in Washington, D.C.

- The possibility of granting extensions for state Waiver Projects was discussed. The U.S. Department of Health and Human Services (DHHS) will use a three-pronged test to determine state eligibility for Waiver extensions: 1) Has the state adhered to the terms and conditions of the Waiver agreement?  2) Does the interim evaluation indicate positive outcomes?  3) Is the project cost neutral?

Glenn Freitas reported that CDSS will be meeting with DHHS representatives on April 25, 2001 to discuss the status of California’s Waiver project. DHHS representatives would like to learn more about the status of the Waiver. They are concerned about the absence of cost claiming data.

Cost Neutrality: Ramon Lopez presented an overview of cost neutrality and how it is calculated. He also emphasized the importance of utilizing Waiver cost claiming codes.

- Staff dedicated to the Waiver project must time study to Waiver cost claiming codes. This will enable CDSS to include time costs in the cost neutrality study.

- CDSS requests that all child welfare workers dedicated to the Waiver project begin time studying to Waiver cost claiming codes no later than July 1, 2001

- The State will develop baseline costs for control cases. CDSS fiscal staff intend to use cost data
from the period prior to the Waiver for this purpose, and will meet with representatives from each county to determine which populations would be appropriate for comparison.

**UC Berkeley Presentation**

UC Berkeley staff reported that Alice Hines will be stepping down as Principal Investigator of the Title IV-E Child Welfare Waiver Demonstration Project at the end of June. Jill Duerr Berrick will continue on the project as Interim Principal Investigator. Pamela Choice will be joining the evaluation team as Project Director.

Alice Hines also provided an update on the federal Waiver meeting in Washington, D.C.:

- Other participating states were very interested in the research methods employed in California’s Waiver project. DHHS requested that the UC Berkeley evaluation team make the Waiver services tracking tool (used in the Wraparound Services study) available to other states through their website.

UC Berkeley is now working on preparing the interim report for DHHS. This report will not contain outcomes due to delays in program implementation. However, it will contain descriptive data.

**County Presentations**

**RIVERSIDE**

Riverside program staff report that Sharrell Blakely has been hired as the new Assistant Director, and Dave Demers as the new Deputy Director, of Children's Services. The Riverside County Board of Supervisors is meeting April 24, 2001 regarding the possible reorganization of Public Services in Riverside County. However, all family conferencing services in Riverside County, including conferences for the ESP program, have recently been centralized under Larry Kramer, the current supervisor for family conference facilitators.

Pam Crowder is now a full-time trainer, training family conference coordinators and facilitators throughout Riverside County. Peter Petsas, clinical supervisor, will fill her role as coordinator for all ESP family conferences. Paul Gaines, ESP social worker, has been promoted to supervisor, but will continue to carry his ESP caseload. Two additional ESP social workers, Saul Ledesma and Jane Price, have been added to the Riverside team.

**Enrollment Status:** As of April 24, 2001, there were 44 cases (28 experimental children) enrolled in Riverside’s ESP project.

Case selection criteria have been revised for this county: the minimum child age for ESP participation has been lowered from 4 to 2 years of age; the possible number of ESP placement options has been reduced from 4 to 2; and children placed with relatives may now participate in the ESP program.

The goal of Riverside County’s ESP program is to ensure permanency for children and end foster care drift. The county is attempting to meet this goal in several ways:
• Each family is provided with five conferences, corresponding to juvenile court dates at program entry, 2 months, 4 months, 6 months, and 9 months. Family conferences at 9 months coincide with the permanency court report and include private family time so that families may discuss permanency issues. Family case plans are tracked at each family conference and modified as services are completed and new service needs arise.

• ESP foster parents receive extensive training and support. They are paid an enhanced rate amounting to an extra $250.00 per month, and receive both respite care and transportation services.

• The county has developed consent forms for relative caregivers and ESP foster parents, assuring their commitment to raising the ESP child in the event that family reunification is not possible. If a potential ESP foster parent does not wish to make such a commitment, they are still eligible to be a non-ESP foster parent.

FRESNO

Fresno program staff reported that their agency has hired a Deputy Director. The Deputy Director will serve as Interim Director of Child and Family Services until a new Director can be hired.

Enrollment Status: As of April 24, 2001, there were 22 cases (50 children) enrolled in Fresno’s Waiver Family Conferencing (FC) project. Of the children participating in the project, 43 are Title IV-E eligible and 7 are State eligible. Twelve cases have been closed due to: inability to schedule the family group conference (1), family stabilization (4), family refusal of services (6), or refusal of services due to biological mother’s incarceration (1).

Case selection criteria, particularly those relating to substance abuse, have been revised. Fresno County has set an enrollment goal of 3 to 4 cases per month. The county intends to meet this goal through several methods:

• Fresno will train several child welfare workers to determine case eligibility for their Waiver FC project. These child welfare workers will be available to attend staffings and accept cases into Fresno County’s Waiver FC program.

• Project staff will continue to collaborate with Emergency Response (ER) workers and encourage them to invite Voluntary Family Maintenance (VFM) workers to staffings, so that they can assess whether cases are appropriate for VFM services.

• Typically, families with greater support are selected for the project. If applicable, families with less support will be given intensive VFM services in order to identify possible community supports.

Fresno County is currently organizing a community advisory group for its FC program. County program staff expect the group to be up and running soon.
**Brainstorming**

During the brainstorming session, Consortium attendees examined barriers to consistent monthly case enrollment in county Family Conferencing programs. County representatives were asked to discuss program resources and current challenges. Challenges were then rated according to difficulty and examined for useful problem-solving strategies.

**RESOURCES**

**Riverside**
- Fiscal staff have provided steady support, and collaboration.
- Program staff report that while there are “never enough” ESP homes, they currently have more than before.

**Fresno**
- Fresno has a committed staff.
- The Waiver FC program has support from the highest agency levels.
- Fresno program staff have increased communication with the juvenile court and the Waiver FC program has strong court support. Good outcomes have increased program credibility.

**CHALLENGES**

**Riverside**
- ER workers are not closing cases within thirty days.
- There are no openings to hire new staff in the regions. Additionally, due to reduced caseload size, ESP workers only meet part-time caseload criteria for funding from the State
- New management needs to be educated regarding the philosophy and resource utilization of the ESP program.
- Concern regarding ensuring a smooth transition in the coordination and facilitation of ESP program family conferences once Pam Crowder transfers to her new position.
- Preventing control group contamination.

**Fresno**
- The county is not concerned about losing support for FC program from the new administration.
- Five child welfare workers are returning to graduate school (including Program Coordinator Caine Christensen [part-time]). The county will need to bring on additional staff, ideally child welfare workers who have experience working with high risk families.

**PROBLEM SOLVING STRATEGIES**

**Riverside:**
- **Hiring Staff/Justification for Adequate Staffing:**
  - CDSS will determine whether there is any flexibility at the State level to support Riverside County’s request for additional ESP program staff. CDSS will contact pertinent State counterparts within thirty days to discuss this issue. County program staff will identify who should join CDSS in this discussion. The discussion will take place through a meeting or conference call.
  - Riverside program staff, UCB, and the State will work together to educate new administrators about the ESP program.
- **Transition in Family Conference Coordination and Facilitation:**
  - Pam Crowder will put together a handbook for new family conference coordinators and facilitators.
  - New staff will observe Pam Crowder facilitating a family conference.
  - Pam Crowder and Sheila Riley will make a video discussing the family conferencing process, as a means of encouraging strong program commitment among new staff.

- **Control Group Contamination:**
  - Sheila Riley, Riverside County ESP Program Coordinator, will continue to keep a list of control cases and distribute it to other agency units.
  - Sheila Riley will also enlist the help of Dave Demers, Deputy Director of Child Protective Services, in addressing staff resistance to preventing control group contamination.

**Fresno**

- **Support from New Administration**
  - County program staff to use Powerpoint presentation developed for community advisory group to do a presentation for county administrators.
Enrollment Barrier Resolution Worksheet

List Current Enrollment Barrier: __________________________________________________________
__________________________________________________________________________________

On a scale of 1 to 5, where 1 = Strongly Affects and 5 = Has No Affect, rate the extent to which each of the factors listed below affects your ability to resolve the current barrier to program enrollment. Next, develop a strategy and a timeframe for resolving each factor, progressing from the highest to the lowest rated.

<table>
<thead>
<tr>
<th>Potential Barriers</th>
<th>Rating</th>
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<tr>
<td>Collaboration</td>
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<tr>
<td>Leadership</td>
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<td>Politics</td>
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<td>Staffing</td>
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<tr>
<td>Infrastructure</td>
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<tr>
<td>Fiscal</td>
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</table>

Strategy:

Time Frame:
Third Site Visit

Focus Group/Interview(s) with Program Administrators

Organizational Structure

Implementation Strategies

1. What is the current status of your Waiver Family Conferencing program?

2. Some families have now been in your program for one year. What outcomes are you seeing for these families?

3. Is your Waiver Family Conferencing program supporting the outcomes you hoped to see?
   a. If yes, please describe.
   b. If no, why do you think this is the case?

4. Have you made any further changes to your enrollment process for families enrolling in the Waiver project? (Review enrollment process).
   a. If so, what changes were made?
5. Have you made any further changes to your family selection criteria for the Waiver project? (Review selection criteria).
   a. If so, what changes were made?

6. Have you made any further changes to the intervention you plan to deliver?
   a. If so, what changes were made?

7. Has the guiding philosophy of your Waiver Family Conferencing program changed as a result of program implementation?
   a. If so, how?

8. How does the structure of your Waiver Family Conferencing program reflect this philosophy?

Oversight and Monitoring - Program

1. What are your current methods for supervising and monitoring service provision to families who participate in your Waiver Family Conferencing program?
2. Do these methods differ from methods you have used to oversee previous programs? (Describe).

3. How has your agency involved community stakeholders in overseeing and monitoring your Waiver Family Conferencing program?

4. What are your plans for ensuring community involvement in the future?

5. What are your plans for ensuring that community members involved with your Waiver Family Conferencing program are representative of stakeholders throughout your county?

6. What are your plans for the recruitment and maintenance of a community advisory board for your Waiver Family Conferencing program?

7. What do you envision as the goals and responsibilities of such an advisory board?
Problem Resolution

1. As more families have entered your Waiver Family Conferencing program, what challenges have you encountered?

2. Have you been able to resolve the challenges you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the challenges you have encountered?

3. Have you encountered any recent challenges that impact your ability to enroll families in your Waiver Family Conferencing program? (Describe).

4. Have you been able to resolve the enrollment challenges you have encountered thus far?
   a. If so, how?
   b. If not, how do you plan to address the challenges you have encountered?
Level of Acceptance Among Field Staff

1. When compared to families who do not receive a family group conference, what benefits do Waiver family group conferences offer to children and their families?
   
   a. To child welfare workers?
   
   b. To your agency?

2. When compared to families who do not receive a family group conference, what challenges are associated with Waiver family group conferences that affect children and their families?
   
   a. That affect child welfare workers?
   
   b. That affect your agency?

3. What benefits do direct service staff feel your Waiver Family Conferencing program has provided to families on their caseloads?
   
   a. To child welfare workers?
4. What new challenges do direct service staff feel your Waiver Family Conferencing program has provided to families on their caseloads?

   a. To child welfare workers?

**Staffing Structure**

1. Have there been any recent changes to the staffing structure of your Waiver Family Conferencing Program?

   a. If so, how were changes made?

2. What impact, if any, do you expect these changes to have on your Waiver Family Conferencing program?

**Service Factors**

**Characteristics, Roles, Training of Staff**

1. What staff are involved in providing direct services to families enrolled in your Waiver Family Conferencing program?
2. Have you provided specific training for direct service staff involved in your Waiver Family Conferencing program? (Describe).

3. Do you plan to offer trainings to direct service staff involved in your Waiver Family Conferencing program in the future? (Describe).

4. What staff are involved in coordinating and facilitating family conferences for families enrolled in your Waiver Family Conferencing program?

5. Have you provided specific training for coordinators and facilitators involved in your Waiver Family Conferencing program? (Describe).

6. Do you plan to offer trainings to coordinators and/or facilitators involved in your Waiver Family Conferencing program in the future? (Describe).

7. What are the roles of agency staff who attend family conferences for families enrolled in your Waiver Family Conferencing program?
8. What are the roles of community stakeholders who attend family conferences for families enrolled in your Waiver Family Conferencing program?

9. Have you provided specific training for community stakeholders involved in your Waiver Family Conferencing program? (Describe).

10. Do you plan to offer trainings to community stakeholders involved in your Waiver Family Conferencing program in the future? (Describe).

**Type and Duration**

1. As more families have enrolled in your Waiver Family Conferencing program, what services have you provided (direct or indirect) to experimental group families?

   a. To control group families?

2. How do the services you provide to experimental and control families differ?
3. What “unique” services have been provided to experimental group families as a result of Waiver family conferences?

4. What services have been provided to client families by family and community support persons attending family conferences?

**Timelines and Scheduling**

1. Since the most recent changes to your agency’s enrollment criteria, have there been any changes in the timeframe for scheduling family conferences? (Describe).

   a. For finalizing the family plan?

   b. For implementing the family plan?

2. How long do families receive the experimental intervention before exiting your Waiver Family Conferencing program?
3. Approximately how many families do you plan to enroll in your Waiver Family Conferencing program by December 2002?

   a. By December 2003

4. What is your plan for meeting these goals?

**Contextual Factors**

**Social and Economic Factors at the Client Level**

1. What types of social and/or economic difficulties have been experienced by families entering your Waiver Family Conferencing program?

   For example:

   a. Client presenting problems?

   b. Client family composition?

   c. Client education level?
d. Ethnic and/or cultural issues?

e. Client employment status?

f. Client income level?

g. Other difficulties?

2. How do these social and/or economic difficulties impact your agency’s ability to implement your Waiver Family Conferencing program?

3. What types of social and/or economic resources have families brought to your Waiver Family Conferencing program?

For example:

a. Client resourcefulness?

b. Extended family and/or community supports?
c. Client education level?

d. Ethnic and/or cultural traditions?

e. Client employment status?

f. Client income level?

g. Other resources?

4. How do family social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?
Community and Neighborhood Resources

1. What types of social and/or economic difficulties have been experienced in the communities served by your Waiver Family Conferencing program?

   For example:

   a. Employment availability?

   b. Access to affordable childcare?

   c. Access to convenient, reliable transportation?

   d. Safety concerns?

   e. Other difficulties?

2. How do these social and/or economic difficulties impact your agency’s ability to implement your Waiver Family Conferencing program?
3. What types of social and/or economic resources are available in the communities served by your Waiver Family Conferencing program?

For example:

a. Employment opportunities?

b. Affordable childcare?

c. Convenient, reliable transportation?

d. Safe neighborhoods?

e. Other resources?

4. How do community social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?
**Social and Economic Factors at the County, State, and Federal Levels**

1. How have your agencies’ policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?

2. How might these policies and procedures affect future implementation of your Waiver Family Conferencing program?

3. Have non-IV-E funding sources been used to implement your Waiver Family Conferencing program? If so, what sources have been used?

4. How have you used Title IV-E flexible funding to implement your Waiver Family Conferencing program?

5. How do you plan to use Title IV-E flexible funding in the future?

6. What are your plans for funding your Waiver Family Conferencing program after December 2003?
Title IV-E Waiver – Family Conferencing Component – Process Study

7. How have CDSS policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?

8. How has contact and/or collaboration with Family Conferencing program coordinators in other California counties affected the implementation of your Waiver Family Conferencing program?

Political Factors

1. As implementation of your Waiver Family Conferencing Program has progressed, what types of political issues have arisen?

   For example:

   a. Mandated issues?

   b. Your agency’s relationship with CDSS?

   c. Your county Board of Supervisors?

   d. The courts?
e. Other political forces, such as organized labor, the media, or other political groups?

f. Racial issues?

g. Other political issues?

2. How have these political issues affected implementation and maintenance of your Waiver Family Conferencing program?

3. How have the guidelines for the demonstration project and evaluation impacted the implementation of your Waiver Family Conferencing program?

4. How do you expect these guidelines to affect your Waiver Family Conferencing program in the future?

This marks the end of our focus group. Thank you!
### ORGANIZATIONAL STRUCTURE

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<tr>
<td><strong>Third Site Visit: 8/27/01</strong></td>
<td>There are 28 families in the program and a total of 66 children in the study. Of those 28, 17 cases have been closed and 11 are currently open. The former child welfare supervisor was transferred to another division, and a new supervisor was brought in. Waiver program staff also provided the following information regarding the agency’s family conferencing efforts outside of the Waiver program: The number of family conferences convened throughout the agency has increased dramatically. There has been an increase in court ordered/mandated family conferences. The conference coordinator/facilitator attended the FGDM Roundtable and made recommendations on how to improve the conferencing process. This generated some interest in back-end conferencing. There has been a new Board-appointed oversight committee involved in the agency. They have an interest in early intervention and prevention and are supportive of Family Conferencing (FC). While there has been some interest expressed from community groups like the pediatric residency program and the Rancheria, a Native American organization, one goal is to increase community involvement in the agency’s family conferencing efforts. When workers refer cases that are not appropriate for family conferencing (due to a lack of family members, for example), workers are sometimes being encouraged to convene smaller family meetings to discuss case planning issues.</td>
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<td><strong>Fresno County</strong></td>
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<tr>
<td><strong>Third Site Visit: 8/27/01</strong></td>
<td>7 study families have stabilized. While 9 families have refused services, the agency has not needed to file for dependency on any of these cases. The experimental group receives services more quickly than the control group, especially parenting and substance abuse treatment. Families appreciate the services and this in turn builds a positive reputation in the community (recent write-up in the newspaper). Communication has improved between the agency and other conference participants from the community (substance abuse treatment program staff and experts) – they are supportive of the conference process. “We see a definite change.” “All the families are being stabilized and the ones that have the conferences are really successful.” Workers within the Waiver program are enthusiastic about opportunities to access increased funding for family needs, increased case management contact and “improv[ed] communication between family and social workers.” The philosophy of the program is pervasive throughout the agency. Workers buy into the philosophy of the program and the lack of conferences in the control group is disappointing/frustrating for workers: “You want them to believe in the model, but now they believe in the model so much that they want it all the time.” In addition, the turnover rate for workers is high.</td>
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and a constant problem.

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<td><strong>Third Site Visit:</strong></td>
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<tr>
<td>Third Site Visit: 8/27/01</td>
<td>Workers are being encouraged to refer cases directly to the program coordinator for screening before enrollment. This helps to avoid worker attempts at getting around the random assignment process.</td>
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<th>IMPLEMENTATION STRATEGIES</th>
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<tr>
<td>Third Site Visit: 8/27/01</td>
<td>No specific changes were noted. However, the thoroughness of the ER assessment is now also considered in screening cases for the Waiver, due to the fact that serious concerns have sometimes been overlooked in ER.</td>
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<td>No changes reported.</td>
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<td><strong>Third Site Visit:</strong></td>
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<td>Third Site Visit: 8/27/01</td>
<td>“Let the families decide what they need and want to the fullest, legal extent possible and allow social workers to be open to that.” This is exemplified within family conferencing by the use of family alone time. This is unique, where families are able to draft their own plans. Program staff recognize, however that this philosophy does not work with every family. When this philosophy doesn’t work, staff tries to look for “poor prognosis” patterns to avoid. Young mothers with multiple, young children and non-related/in-home boyfriend(s) are an example of a poor prognosis pattern. The program fits well within the department because the program and the department have the same mission.</td>
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<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
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<tr>
<td>Fresno County</td>
<td><strong>Third Site Visit:</strong></td>
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| Third Site Visit: 8/27/01 | What are your current methods for supervising and monitoring service provision to families who participate in
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<th>Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Third Site Visit</th>
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<tr>
<td><strong>2.</strong> Do these methods differ from methods you have used to oversee previous programs? (Describe).</td>
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<tr>
<td>Fresno County</td>
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<tr>
<td>Third Site Visit: 8/27/01</td>
</tr>
<tr>
<td>Families in the Waiver program have an increase in social worker and case aide contact as well as home visitation by a CBO. Use of the home visitation program to monitor cases is somewhat unique. While the same program is also available for court-involved cases, caseloads are high and staff time is more limited for court cases. Families will also call the program coordinator for support and he, in turn, follows up with specific workers. Social workers get to do “true” social work; more frequent contact that is facilitating better relationships with families. The level of support provided by Waiver program staff is the same for experimental and control group families.</td>
</tr>
</tbody>
</table>

| Fresno County |
| Third Site Visit: 8/27/01 |
| Experimental group children and their families receive the benefit of conferencing and access to flexible funding for services. Conferencing provides more open communication, which benefits everyone involved. It facilitates family involvement in addressing family concerns. The funding allows the agency to commit extra things to a plan that can benefit families directly in their day-to-day life. The child welfare workers are communicating a sense that all their concerns get identified and addressed through this process. They develop better rapport with parents and families. The benefits of family conferencing for children and families have in turn strengthened public relations for the agency. “I’ve heard families say, ‘I’m glad to have Child Protective Services (CPS) in my life’.” |

<p>| County |
| OVERSIGHT AND MONITORING – PROGRAM |
| 3. When compared to families who do not receive a family conference, what benefits do waiver family conferences offer to children and their families? To child welfare workers? To your agency? |
| Fresno County |
| Third Site Visit: 8/27/01 |
| Many families are not used to the open communication. The language used (“concern,” for example) is unfamiliar for some family members. They don’t know what to do with the power they have been given. It can be challenging for them to ask for help. The process (of open negotiation) is foreign (to them). “Families don’t realize that they have some power; they have to figure out what to do with it.” Some families are more negative and blaming towards each other but FC can still work if families get past this. Engaging families and identifying strengths is a challenge for workers. Workers need to increase their skills in working with families to reduce blaming and address resistance. Setting up the conference is in itself a challenge. There is a short time frame for convening the conference and returning the child in seven days. Ten days is more achievable, there is a need to stretch out the time. The agency’s challenges have been around fiscal issues – overtime pay, for example. Paying professionals to work overtime to do the conferences is challenging for the agency but the gain outweighs this. Overall the agency is very committed to family conferencing. |</p>
<table>
<thead>
<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Please describe the ways in which community stakeholders have been involved in your Waiver Family Conferencing program.</td>
</tr>
<tr>
<td>6.</td>
<td>Who are the key community stakeholders for your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>7.</td>
<td>How do you envision the ongoing role of community stakeholders in your Waiver Family Conferencing program?</td>
</tr>
</tbody>
</table>

**Fresno County Third Site Visit: 8/27/01**

Community stakeholders do participate in the conferences though it is hard to get some participants to the meetings. It has been difficult, for example, to get mental health representatives to attend conferences because they do not get paid overtime for this. They are willing to provide written statements, however, when they can’t attend. There is participation of substance abuse treatment providers, runaway shelter (Sanctuary) representatives, counselors, schoolteachers, domestic violence experts, nursing, parenting program representatives, and Indian tribal community members. Resource people come to offer supportive services. So far, it has been on a case specific basis. There are plans to expand participation by community stakeholders more broadly, along the lines of the “Parent Partnership” model (collaboration between agency and CBOs). Through additional training with Jim Nice, these community stakeholders could become involved as FC facilitators.

<table>
<thead>
<tr>
<th>County</th>
<th>PROBLEM RESOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>As more families have entered your Waiver Family Conferencing program, what difficulties have you encountered?</td>
</tr>
</tbody>
</table>

**Fresno County Third Site Visit: 8/27/01**

The enrollment of study children is still a challenge. The goal is to enroll three to four children per month. The program coordinator was out on paternity leave recently, which added to a delay in the processing of new cases. In addition there is no consistent pattern of cases referred to the agency that are appropriate for the Waiver program. The agency has received a large influx of cases without a protective hold that don’t meet IV-E criteria.

<table>
<thead>
<tr>
<th>County</th>
<th>PROBLEM RESOLUTION</th>
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</thead>
<tbody>
<tr>
<td>2.</td>
<td>Have you been able to resolve the challenges you have encountered thus far?</td>
</tr>
<tr>
<td>3.</td>
<td>Have you encountered any recent challenges that impact your ability to enroll families in your Waiver Family Conferencing program? (Describe).</td>
</tr>
<tr>
<td>4.</td>
<td>Have you been able to resolve the enrollment challenges you have encountered thus far?</td>
</tr>
</tbody>
</table>

**Fresno County Third Site Visit: 8/27/01**

The program coordinator is not able to attend all the staffings where cases are screened for he Waiver; therefore the county is planning to train workers to accept cases. The county is also in the process of re-evaluating the current Waiver enrollment criteria. One possibility may be to accept some cases that are referred to the agency without a protective hold, since some appear similar to current Waiver cases with a hold. A second possibility is to begin serving cases rated as “very high risk”
(using Structured Decision Making Risk Assessment). There are some “very high risk” cases already being served in the Voluntary Family Maintenance (VFM) program. The staff was encouraged to consult with UCB before proceeding with any changes to the Waiver criteria.

<table>
<thead>
<tr>
<th>County</th>
<th>LEVEL OF ACCEPTANCE AMONG FIELD STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>1. What benefits do direct service staff report that your Waiver Family Conferencing Program has provided to families on their caseloads? To child welfare workers?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>2. What new challenges do direct service staff report have been associated with your Waiver Family Conferencing program for families on their caseloads? Child welfare workers?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>County</th>
<th>STAFFING STRUCTURE</th>
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</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>1. Have there been any recent changes to the staffing structure of your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
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</tbody>
</table>

As previously noted (page 1), the former child welfare supervisor was transferred to another division and a new supervisor was brought in. The county has also lost several case managers to graduate school. There will be new workers hired soon, hopefully some with prior child welfare experience. All new workers will need training on the Waiver program.

**SERVICE FACTORS**

<table>
<thead>
<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>1. What staff is involved in providing direct services to families enrolled in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
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</table>

When fully staffed there will be eleven social workers and six aides. The county is in the process of recruiting to fill three vacant positions. In addition to the direct service staff there is the program coordinator and the conference coordinator/facilitator.

<table>
<thead>
<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2. Have you provided specific training for direct service staff involved in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td></td>
<td>3. Do you plan to offer trainings to direct service staff involved in your Waiver Family Conferencing program in the future? (Describe.)</td>
</tr>
<tr>
<td>Fresno County</td>
<td>Third Site Visit:</td>
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<td>---------------</td>
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</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>Program staff has provided an overall, power point, training on the Waiver program. Currently the conference facilitator/coordinator gives workers an overview of the FC process. If a decision is made allowing workers to enroll families into the study then further training in this area will be required.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>What staff is involved in coordinating and facilitating family conferences for families enrolled in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>5.</td>
<td>Have you provided specific training for coordinators and facilitators involved in your Waiver Family Conferencing program? (Describe).</td>
</tr>
<tr>
<td>6.</td>
<td>Do you plan to offer trainings to coordinators and/or facilitators involved in your Waiver Family Conferencing program in the future? (Describe).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fresno County</th>
<th>Third Site Visit:</th>
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</thead>
<tbody>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>There is one conference facilitator/coordinator who has attended the Jim Nice training, the American Humane Association (AHA) Roundtable and has observed other counties’ conferencing methods. The facilitator/coordinator works with about 20 social workers who can also serve as facilitators. In addition, there is one supervisor and one substance abuse specialist from the community who have been trained as facilitators. There are plans to bring Jim Nice back to the county and involve community members in the training. Because the agency is unable to pay facilitators who do not work for the agency, outside facilitators must be willing to volunteer their time or arrange to do this through their own employment.</td>
</tr>
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<thead>
<tr>
<th>County</th>
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<tbody>
<tr>
<td>7.</td>
<td>What are the roles of agency staff who attend family conferences for families enrolled in your Waiver Family Conferencing program?</td>
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<table>
<thead>
<tr>
<th>Fresno County</th>
<th>Third Site Visit:</th>
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</thead>
<tbody>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>Case carrying social workers report on family strengths and share concerns. They also provide support for families or serve as “experts,” providing resources, education and information regarding specific issues (on diabetes for example). While workers participate in giving information relevant to making the family plan, they do not participate in the drafting of the plan itself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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</thead>
<tbody>
<tr>
<td>8.</td>
<td>What are the roles of community stakeholders who attend family conferences for families enrolled in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>9.</td>
<td>Have you provided specific training for community stakeholders involved in your Waiver Family program? (Describe).</td>
</tr>
<tr>
<td>10.</td>
<td>Do you plan to offer trainings to community stakeholders involved in your Waiver Family Conferencing program in the future?</td>
</tr>
<tr>
<td>County</td>
<td>TYPE AND DURATION</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>1.</strong> As more families have enrolled in your Waiver Family Conferencing program, what services have you provided (direct or indirect) to experimental group families? Control group families?</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>Third Site Visit:</strong> No response recorded.</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>2.</strong> How do the services you provide to experimental and control families differ?</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>3.</strong> What “unique” services have been provided to experimental group families as a result of Waiver family conferences?</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>Third Site Visit:</strong> Experimental families have access to flexible funding and family conferencing. All other child welfare services provided are the same for both experimental and control groups. The flexible funding has made some unique approaches to service provision possible. Some of the services that have been provided for experimental group families include: purchase of a baby stroller; purchase of household and baby supplies; payment for services of an exterminator; trying to provide funds to allow out of state family members’ train travel to participate in conference (although this conference never came to fruition).</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>4.</strong> What services have been provided to client families by family and community support persons attending family conferences?</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>Third Site Visit:</strong> Some of the services provided by community members attending conferences include: substance abuse assessment and treatment, domestic violence counseling, anger management and mental health services. Some families provide transportation (a benefit to the agency as well). Family members also provide supervision regarding child safety, child care and/or help with housework.</td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>TIMELINES AND SCHEDULING</strong></td>
</tr>
<tr>
<td>Fresno County</td>
<td><strong>1.</strong> Since our last site visit, have there been any changes in the timeframe for scheduling family conferences? For finalizing the family plan? For implementing the family plan? (Describe).</td>
</tr>
</tbody>
</table>
| Fresno County | **Third Site Visit:** The goal for scheduling a family conference is seven days, although the average time frame for scheduling is 10 days. Informally the team has agreed to keep it between seven and ten days. Family cooperation and staff availability influence the scheduling timeframe. Family plans are completed at the end of the conference. Plan implementation is immediate,
### TIMESLINES AND SCHEDULING

#### Fresno County

**Third Site Visit:** 8/27/01

Families receive the experimental intervention for 3-4 months. This is also the average for VFM as well.

<table>
<thead>
<tr>
<th>County</th>
<th>TIMESLINES AND SCHEDULING</th>
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<tbody>
<tr>
<td>Fresno County</td>
<td>Third Site Visit:</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>Families receive the experimental intervention for 3-4 months. This is also the average for VFM as well.</td>
</tr>
</tbody>
</table>

#### Fresno County

**Third Site Visit:** 8/27/01

The goal is to enroll 3-4 families per month. At this rate there should be 50 additional families enrolled by September 2002 and a cumulative total of 200 by 2003. This is the minimum range, although the county would like to grow and expand. This will be accomplished through a combination of increased worker training in the area of family enrollment and, possibly, further changes in the eligibility criteria.

### CONTEXTUAL FACTORS

#### County

**SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL**

1. What types of social and/or economic challenges have been experienced by families entering your Waiver Family Conferencing program? Client presenting problems? Client family composition? Client education level? Ethnic and/or cultural issues? Client employment status? Client income level? Other challenges?

2. How do these social and/or economic challenges impact your agency’s ability to implement your Waiver Family Conferencing program?

3. Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child welfare services in general?

**Fresno County**

**Third Site Visit:** 8/27/01

Client families are typically large. Young mothers with many children also make up a significant number of these cases. There is a high rate of substance abuse, especially methamphetamine use. Approximately 85% of child welfare cases involving children ages 0-3 have some type of drug involvement. Education levels are low. The language needs of families challenges the agency to locate facilitators who are fluent in other languages, especially Spanish. Cal Works commitments can conflict with the requirements for CWS case planning. Income levels for most families are low. Finally, drug treatment is difficult to arrange while keeping the child at home and requires some negotiation between substance abuse providers and
Waiver staff. Substance abuse treatment needs may complicate things further if, for example, the mother needs to enter treatment before the FC plan is developed.

<table>
<thead>
<tr>
<th>SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. What types of social and/or economic resources have families brought to your Waiver Family Conferencing program? Client resourcefulness? Extended family and/or community supports? Client education level? Ethnic and/or cultural traditions? Client employment status? Client income level? Other resources?</td>
</tr>
<tr>
<td>5. How do family social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>6. Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child welfare services in general?</td>
</tr>
</tbody>
</table>

Fresno County  
Third Site Visit: 8/27/01  
Families identify their own resources, sometimes resources the agency is not aware of. Family Conferencing helps mobilize family support. In one case a parent moved in with relatives. There is an increased likelihood that families will help with transportation, for example. This lightens the load on social worker aides, allowing them to engage in other service delivery tasks.

<table>
<thead>
<tr>
<th>COMMUNITY AND NEIGHBORHOOD RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How do these social and/or economic challenges impact your agency's ability to implement your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>3. Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child welfare services in general?</td>
</tr>
</tbody>
</table>

Fresno County  
Third Site Visit: 8/27/01  
Employment availability is low and is found along with the challenges of accessing affordable childcare and reliable transportation. There are long waiting lists for affordable childcare. It is especially difficult to access affordable childcare for families who are not eligible for Cal Works. Within the city of Fresno there is access to transportation and services are concentrated there. In Coalinga, services are more limited and transportation into the city of Fresno to obtain services is difficult. Housing is also limited and what is available is either not affordable or is substandard (i.e. inadequate plumbing, etc.). The impact of these factors on the Waiver program is similar to their on child welfare services in general.
<table>
<thead>
<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. How have your agency’s policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td></td>
<td>2. How might these policies and procedures affect future implementation of your Waiver Family Conferencing program?</td>
</tr>
</tbody>
</table>

**Fresno County**

**Third Site Visit: 8/27/01**

There has been better coordination with Cal Works in providing employment resources and other support services for child welfare-involved families. Support for job seeking parents is picking up. Some economic development is coming into the county. Other community resources are available as well. The Children’s Interagency Resource Group facilitated the development of Neighborhood Resource Centers. This has contributed to improved safety and better policing. The Waiver program also has a closer relationship to the Neighborhood Resource Centers than some other programs within the agency, since both are managed by the same Division Director. In addition, the Waiver program has a specialized contract with a community-based agency (Parents Unlimited) that provides home visiting services to Waiver families. These relationships with other programs have facilitated the availability of resources such as 1:1 parenting guidance for Waiver families.

**Fresno County**

**Third Site Visit: 8/27/01**

Agency policies have been supportive of the Waiver program. Waiver staff has even had the opportunity to make a presentation to a Board of Supervisors member.

**Fresno County**

**Third Site Visit: 8/27/01**

MediCal has been used to pay for client services. Title XX funds are used to pay for staff overtime and substance abuse treatment. Family Preservation and Child Welfare Augmentation funds have also been utilized. The county needs to exhaust all resources before using flexible IV-E funds.

**Fresno County**

**Third Site Visit: 8/27/01**

MediCal has been used to pay for client services. Title XX funds are used to pay for staff overtime and substance abuse treatment. Family Preservation and Child Welfare Augmentation funds have also been utilized. The county needs to exhaust all resources before using flexible IV-E funds.
The county plans to follow the same pattern into the future, depending upon the California budget. Title XX funding may be utilized to continue to fund the program when the demonstration ends.

<table>
<thead>
<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS</th>
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</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>7. How have CDSS policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01*</td>
<td>State policy currently requires that relative placements be licensable for dependency cases, making it advantageous to voluntarily place kids with relatives, as is done under the Waiver program. This has increased pressure to accept cases into the Waiver, since the Waiver program has greater flexibility in this regard. The cost neutrality process has been consistently confusing. There is a desire on the county’s part to have more clarity on where the program stands with regard to cost neutrality. The staff expresses an interest in greater clarity regarding the ways in which flexible funds can be used.</td>
</tr>
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<table>
<thead>
<tr>
<th>County</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>8. How has contact and/or collaboration with Family Conferencing program coordinators in other California counties affected the implementation of your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>State-sponsored (non IV-E) Family Conferencing consortiums have been helpful for networking. The Roundtable is also helpful. The county has also met with representatives from the Riverside IV-E Waiver program.</td>
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<table>
<thead>
<tr>
<th>County</th>
<th>POLITICAL FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>1. As implementation of your Waiver Family Conferencing program has progressed, what types of political issues have arisen? Mandated issues? Your agency’s relationship with CDSS? Your county Board of Supervisors? The courts? Other political forces, such as organized labor, the media, or other political groups? Racial issues? Other political issues?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>The courts’ role in ordering the FC process for a family has been problematic. The county is trying to get the courts to instead order assessments that can determine the appropriateness of the FC intervention. FC is not a mandated program and when times are tough, the agency looks at preventative services as an area to cut. There was a need to justify non-mandated programs this year. The county Board of Supervisors is supportive and helped with justifying non-mandated agency programs, helping to avoid these programs being cut. At this time political issues are not pronounced but could arise as the program becomes more visible and better known.</td>
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<table>
<thead>
<tr>
<th>County</th>
<th>POLITICAL FACTORS</th>
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</table>
### Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Third Site Visit

<table>
<thead>
<tr>
<th>Fresno County</th>
<th>Third Site Visit: 8/27/01*</th>
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#### Random assignment conflicts with overarching values regarding service provision for families among some agency staff. This is a continuous challenge despite many explanations. It was helpful to be able to bring in specific staff for the task of coordinating the Waiver program. This was also an opportunity to bring in new staff with new ideas. The Waiver program also facilitated the expansion of FC elsewhere in the agency. Positive outcomes from the Waiver program may facilitate future funding efforts as well as the agency’s interest in pursuing accreditation, once a permanent director for the agency has been identified.
<table>
<thead>
<tr>
<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
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<tbody>
<tr>
<td>Riverside County</td>
<td>1. What is the current status of your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td></td>
<td>2. Since you began enrolling families approximately one year ago, what outcomes have you seen for families enrolled in the experimental group?</td>
</tr>
<tr>
<td></td>
<td>3. Is your Waiver Family Conferencing program supporting the outcomes you hoped to see?</td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>County staff provided a formal, written update, attached (portions with confidential information have been omitted).</td>
</tr>
<tr>
<td></td>
<td>Currently 49 experimental children and 22 control children enrolled in the ESP program. The current program has 4 Child Welfare Workers with room to add more. Three quarters of the children are placed with relatives. The following outcomes were reported by the county:</td>
</tr>
<tr>
<td></td>
<td>3 families-child now living with parents</td>
</tr>
<tr>
<td></td>
<td>2 families-child moved from relative placement to ESP Foster Placement</td>
</tr>
<tr>
<td></td>
<td>1 family child moved from home to ESP Foster home to relative home</td>
</tr>
<tr>
<td></td>
<td>Payment of non-traditional expenses</td>
</tr>
<tr>
<td></td>
<td>The most noted, positive outcomes were that children have gone home. In addition, families are working together to discuss permanence, birth parents are also feeling supported and Foster and Biological parents are working together. Utilizing funds for non-traditional expenses. There have been some negative outcomes such as unplanned moves (of children) due to emergencies. The county is addressing this by trying to identify backup placements for children and conducting background checks on the prospective placements.</td>
</tr>
<tr>
<td>County</td>
<td>IMPLEMENTATION STRATEGIES</td>
</tr>
<tr>
<td>Riverside County</td>
<td>4. Have you made any recent changes to your enrollment process for families enrolling in the Waiver project? (Review enrollment process).</td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Relatives now sign an agreement to participate. The agreement outlines: permanence, training, increased funds, and being part of a team. The county is only serving federally eligible cases.</td>
</tr>
<tr>
<td>County</td>
<td>IMPLEMENTATION STRATEGIES</td>
</tr>
<tr>
<td>Riverside County</td>
<td>5. Have you made any further changes to your family selection criteria for the Waiver project? (Review selection criteria).</td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>No recent changes have been made. Current selection criteria include: age, availability of parent to sign consent, where kids are</td>
</tr>
</tbody>
</table>
Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Second Site Visit

<table>
<thead>
<tr>
<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
<th>6. Have you made any further changes in the intervention provided by your program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
<td>The one change in program intervention has been providing “Family alone time.” This is being added on a case by case basis to conferences that are close to permanency decisions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
<th>7. What is the guiding philosophy of your Waiver Family Conferencing program? Has this changed at all since you began implementation? How does the structure of your Waiver Family Conferencing program reflect this philosophy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
<td>The guiding philosophy has been “Whatever it Takes” and family involvement. This philosophy has remained consistent since initial implementation. The guiding philosophy is reflected in the program’s team approach and emphasis on identifying strengths, concerns and needs of all involved including family and staff, rather than “problems.” These core principles include (in no particular order): The needs of the child are paramount; clear, honest communication at all times (“We do not say what we think others want us to say but what really is.”); eliminate “foster care drift” by minimizing placement changes, utilize concurrent services planning principles; importance of parent partnerships, team approach, family group conferencing is essential, training for all team members, team support for our care providers and staff, and birth and care providers (foster/relative) working together for the child. The team is inclusive of child, parents, child care providers and other program staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
<th>What are your current methods for supervising and monitoring service provision to families who participate in your Waiver Family Conferencing program? Do these methods differ from methods you have used to oversee previous programs? (Describe).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
<td>The current model involves the Clinical Supervisor consulting with child welfare workers and reviewing case records regularly. The clinical supervisor reviews conference summaries to confirm progress, attends some family conferences and receives input from the Program Coordinator. The Clinical Supervisor’s attendance at family conferences and the input from the Program Coordinator are unique aspects of this program as compared with monitoring mechanisms for previous programs.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
<th>When compared to families who do not receive a family conference, what benefits do waiver family conferences...</th>
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9/25/01
<table>
<thead>
<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
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<tbody>
<tr>
<td></td>
<td>When compared to families who do not receive a family conference, what challenges are associated with Waiver family conferences that affect children and their families? Child welfare workers? Your agency?</td>
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<thead>
<tr>
<th>Riverside County</th>
<th>Third Site Visit:</th>
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<tbody>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Some challenges that affect children, families and child welfare workers involved in family conferencing are: increasing family participation, the preparation for conferences as well as the conference itself, working through conflict and establishing trust, getting the family members to attend the conference and building trust between team members. On an agency level challenges have included funding and staffing for conferencing. The Waiver project managers were given permission to conduct an agency wide recruitment for additional ESP program staff, but then the agency wouldn’t release workers requesting to transfer to ESP from other programs. The child welfare supervisor provides much hands on support to the workers, which, although rewarding, is time consuming and “exhausting.”</td>
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<tr>
<th>County</th>
<th>OVERSIGHT AND MONITORING – PROGRAM</th>
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<tbody>
<tr>
<td></td>
<td>Please describe the ways in which community stakeholders have been involved in your Waiver Family Conferencing program. Who are the key community stakeholders for your Waiver Family Conferencing program? How do you envision the ongoing role of community stakeholders in your Waiver Family Conferencing program?</td>
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<tr>
<th>Riverside County</th>
<th>Third Site Visit:</th>
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<tbody>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Community stakeholders helped to write the original proposal and some have attended quarterly advisory committee meetings. Some of these members include but are not limited to: a respite care provider, IV-E Coordinator at Cal State San Bernardino, social work staff, foster parents, Health Department, Mental Health Department, community organizing representative, CBOs, drug counselors, Girl Scouts, Boy Scouts, community college representatives, YMCA/YWCA. All are invited to Quarterly Advisory Committee Meetings but not all attend. The program staff will continue to invite representatives of these groups to quarterly Advisory Committee meetings. There is also interest in inviting some community stakeholders, teachers and school counselors, for example, to participate in conferences. There are no Faith-based representatives currently involved and program staff are not certain how to involve them as a group.</td>
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<tr>
<td>County</td>
<td>PROBLEM RESOLUTION</td>
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<tr>
<td>Riverside County</td>
<td>1. As more families have entered your Waiver Family Conferencing program, what difficulties have you encountered?</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Some of the difficulties encountered have involved issues with scheduling conferences. More specifically: getting hold of all participants, organizing multiple schedules, finding rooms, arranging for food, coordinating with child welfare workers, etc. An additional challenge has been the lack of clerical support for all these processes. “It’s kind of like giving a party three times a week.” Getting care providers and family members involved is also a challenge. Some families/family members sabotage the conference by not coming because they don’t agree with the process. Lastly, there are challenges with tracking when conferences need to be scheduled and tracking services. These tasks were, until recently, handled by the conference coordinator/facilitator who is no longer involved in the program. It was helpful that this person was actually at the conference. Current staff find it challenging to track the services based on the conference summary without having attended the conference.</td>
</tr>
<tr>
<td>2. Have you been able to resolve the challenges you have encountered thus far? You encountered any recent challenges that impact your ability to enroll families in your Waiver Family Conferencing program? (Describe). You been able to resolve the enrollment challenges you have encountered thus far?</td>
<td></td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Approaching all challenges by working “harder” and “smarter” is one universal approach to resolution. Trying to get feedback from families about their experiences is another approach. Emphasis on communication-making sure what the agency says and what the families hear is the same. Some of this remains a “work in progress.” Having conferences closer to where families live, “talking up”/promoting conferences when workers make family visits and providing taxi vouchers to enable transportation also help in ameliorating some of the challenges. Two parents recently declined to sign consent forms. The following reasons were cited by family members as to their refusal to participate: (1) influence by one family member who portrayed Berkeley as “radical;” (2) parent wanted focus on reunification and didn’t want to participate in a study that might detract from that. A third case in the past involved unrealistic expectations of a parent who thought she would have her children back in three days and then she could move out of state. There have also been geographic challenges related to the program’s expansion to the desert area and the three hour round trip involved to recruit families residing there into the program. Increases in staff have helped with enrollment challenges. There is hope that foster parents who are currently involved and have a positive view of the program will spread the word and lead new foster parents to sign up. However staff anticipate that it will continue to be challenging to sift through DI reports and screen cases for inclusion. There is also concern about getting consent from families that is truly voluntary; the county staff is therefore trying not to pressure families into joining the project. Another challenge is that if a family wants to participate in the program and has a large sibling group they won’t be able to place the children together.</td>
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</table>
### LEVEL OF ACCEPTANCE AMONG FIELD STAFF

1. **What benefits do direct service staff report that your Waiver Family Conferencing Program has provided to families on their caseloads?** To child welfare workers?
2. **What new challenges do direct service staff report have been associated with your Waiver Family Conferencing program for families on their caseloads?** Child welfare workers?

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<td>Riverside County</td>
<td>7/23/01</td>
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</table>

The benefits for child welfare workers have been identified as: increased time available to spend with families, more intensive relationships with families are fostered and an increase in funding possibilities for services. Child welfare workers also report that they feel they are doing “real” social work. For families and child welfare workers mutual benefits occur with the availability of relatives as placement and support resources and seeing positive changes occur with the clients. There are no new challenges noted for families. Child welfare workers may feel some frustration about needing to work unusual hours, although workers haven’t mentioned this specifically. Having increased time available to work with families could be challenging for workers, as more issues that need addressing might then become apparent.

### STAFFING STRUCTURE

1. **Have there been any recent changes to the staffing structure of your Waiver Family Conferencing program?**

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</table>

Direct service staff has increased from 1 social worker to four. This has increased the number of cases the program can accept. The conference was previously coordinated and facilitated by one person. These duties are now shared by three staff. One of whom is not part of ESP. This has complicated the duty assignments and required increased coordination among the three staff.

### SERVICE FACTORS

#### CHARACTERISTICS, ROLES, TRAINING OF STAFF

1. **What staff are involved in providing direct services to families enrolled in your Waiver Family Conferencing program?**
2. **Have you provided specific training for direct service staff involved in your Waiver Family Conferencing program?**

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<tr>
<th>County</th>
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<tbody>
<tr>
<td>Riverside County</td>
<td>7/23/01</td>
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</tbody>
</table>

The staff consists of four direct service providing social workers, one child welfare supervisor who oversees the workers and coordinates conferences, a second child welfare supervisor who facilitates the conferences and a program specialist who tracks statistics. The facilitator is not part of the original ESP staff or planning group and there is concern regarding his level of commitment to ESP. (Note: Neither the child welfare supervisor responsible for conference facilitation nor the program specialist referred to here are currently involved in the program, due to the program specialist’s transfer on 9/19/01 and the program being moved out of the Moreno Valley region on 9/24/01.)
<table>
<thead>
<tr>
<th><strong>Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Second Site Visit</strong></th>
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<tbody>
<tr>
<td><strong>Riverside County</strong></td>
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<tr>
<td><strong>Third Site Visit: 7/23/01</strong></td>
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<tr>
<td><strong>Training</strong> has included: ten week ESP team training series, Wraparound training, one day-long family conference training, on-the-job training, observing family conferences and monthly ESP team support meetings. There are no training plans for direct service staff at this time due to funding constraints. More training on facilitating conferences would be useful and has been requested by some CSWs. The county staff will explore whether the state can support training because the county’s understanding is that training is not already built into program funds and would have to be covered entirely by the county.</td>
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<th><strong>County</strong></th>
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<tbody>
<tr>
<td><strong>CHARACTERISTICS, ROLES, TRAINING OF STAFF</strong></td>
</tr>
<tr>
<td><strong>4.</strong> What staff are involved in coordinating and facilitating family conferences for families enrolled in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td><strong>5.</strong> Have you provided specific training for coordinators and facilitators involved in your Waiver Family Conferencing program? (Describe).</td>
</tr>
<tr>
<td><strong>6.</strong> Do you plan to offer trainings to coordinators and/or facilitators involved in your Waiver Family Conferencing program in the future? (Describe).</td>
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<tr>
<th><strong>Riverside County</strong></th>
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<tbody>
<tr>
<td><strong>Third Site Visit: 7/23/01</strong></td>
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<tr>
<td>Three staff are involved in coordinating and facilitating the family conference. One coordinates conferences, the other facilitates and the third staff tracks statistics. The facilitator attended the 2001 FGDM (Family Group Decision Making) Roundtable training and also attended a one day training with the former coordinator and facilitator for ESP conferences. They have all attended several days of WrapAround training and done observations. They have also watched family conferencing videos. Future training is of interest but nothing is currently scheduled.</td>
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<th><strong>County</strong></th>
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<tbody>
<tr>
<td><strong>CHARACTERISTICS, ROLES, TRAINING OF STAFF</strong></td>
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<tr>
<td><strong>7.</strong> What are the roles of agency staff who attend family conferences for families enrolled in your Waiver Family Conferencing program?</td>
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<th><strong>Riverside County</strong></th>
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<tr>
<td><strong>Third Site Visit: 7/23/01</strong></td>
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<tr>
<td>Agency staff attend conferences and participate as equal partners with the families. They assist with developing conference plans and help with the videotaping of conferences. Aides may help with childcare during the meeting. Other child welfare workers may also observe the conference.</td>
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**Third Site Visit:**

Community stakeholders are participants in the conferences helping to identify strengths, concerns, needs and solutions. They also provide support for families. While specific training has not been provided for stakeholders they are given information on an individual basis. Some may have attended Wraparound training but there is no required training for them. The county has no current plans for training and has not thought about that possibility at the present time.

<table>
<thead>
<tr>
<th>County</th>
<th>TYPE AND DURATION</th>
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<tbody>
<tr>
<td>1.</td>
<td>As more families have enrolled in your Waiver Family Conferencing program, what services have you provided (direct or indirect) to experimental group families? Control group families?</td>
</tr>
<tr>
<td>2.</td>
<td>How do services the services you provide to experimental and control families differ?</td>
</tr>
</tbody>
</table>

**Third Site Visit:**

Services provided to experimental group families have included: recreational programs for kids, educational tutoring for children and/or some caregivers, housing costs (clean and sober housing or hotel to get parent off the street), car repairs, music lessons, storage rental, increased efforts to expedite services, extra therapy, funds to pay for medication, flowers for caregivers, assistance to help parent retain driver’s license, car repairs, pre-employment medical examination, increased rate for foster parents and relative caregivers, respite and child care, educational services (hooked on phonics, educational games, etc.), summer camps, school field trip funds, extra clothing for kids and parents and immediate drug treatment. Control group needs provided by other division, and county representatives don’t know exactly what services are being provided. Some speculate that some services might be the same, while others might not be available. For example, children without ESP might get tutoring from the Office of Education.

Differences exist between control and experimental groups in the way services are identified, by family for experimental group by social worker and foster parents for control group. There are more non-traditional services for experimental group participants in addition to flexible funding. The experimental group also receives basic/traditional services.

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<tr>
<th>County</th>
<th>TYPE AND DURATION</th>
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<tr>
<td>3.</td>
<td>What “unique” services have been provided to experimental group families as a result of Waiver family conferences?</td>
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</table>

**Third Site Visit:**

In addition to those services listed in the prior response, Waiver families receive family conferencing that occurs frequently and at key points in the case. The families receive concurrent planning from the beginning, which may also differ from control
<table>
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<tr>
<th>County</th>
<th>TYPE AND DURATION</th>
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<tr>
<td>Riverside County</td>
<td>4. What services have been provided to client families by family and community support persons attending family conferences?</td>
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<tr>
<td>County</td>
<td>TIMELINES AND SCHEDULING</td>
</tr>
<tr>
<td>Riverside County</td>
<td>1. Since our last site visit, have there been any changes in the timeframe for scheduling family conferences? For finalizing the family plan? For implementing the family plan? (Describe).</td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>The time frame for scheduling family conferences is 30 days post-ESP placement and at key times during the course of the case. The timeline is affected by the timing of court reviews and permanency planning assessments. There is no change in the process of finalizing the family plan, this is done at the family conference. There is also no change in how the family plan is implemented; some things happen immediately, other items take longer to put in place.</td>
</tr>
<tr>
<td>County</td>
<td>TIMESLINES AND SCHEDULING</td>
</tr>
<tr>
<td>Riverside County</td>
<td>2. How long do families receive the experimental intervention before exiting your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Families receive the experimental intervention until the case is closed. So far no experimental cases have been closed. One control child was discharged to his/her father in Mexico.</td>
</tr>
<tr>
<td>County</td>
<td>TIMESLINES AND SCHEDULING</td>
</tr>
<tr>
<td>Riverside County</td>
<td>3. Approximately how many families do you expect to enroll in your Waiver Family Conferencing program by September 2002? September 2003?</td>
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<td>4. What is your plan for reaching these goals?</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>The county expects to have enrolled 75-100 clients by 12/31/2001. The goal is to fill all 204 of the allocated IV-E slots. Unless there is an extension, the county will be “winding down” the waiver program by September 2003. In order to reach these goals county staff will continue to focus on obtaining consents. When case loads of the current four Social Workers are full, program staff expect that the agency will support adding another worker. The current regional manager has stated that the project is a high priority for the department. (Note: The ESP program was moved from Moreno Valley region to Central Riverside on 9/24/01.)</td>
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### CONTEXTUAL FACTORS

<table>
<thead>
<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL</th>
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<tbody>
<tr>
<td></td>
<td>Types of social and/or economic challenges have been experienced by families entering your Waiver Family Conferencing</td>
</tr>
<tr>
<td></td>
<td>Client employment status? Client income level? Other challenges?</td>
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<tr>
<td></td>
<td>Do these social and/or economic challenges impact your agency’s ability to implement your Waiver Family Conferencing</td>
</tr>
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<td></td>
<td>program?</td>
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<tr>
<td></td>
<td>The impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child</td>
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<td></td>
<td>welfare services in general?</td>
</tr>
<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>One of the most overwhelming social and or economic challenges has been drug abuse, a consistent factor in all but one</td>
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<td>case. The families in the program are a mix of single and two-parent families. There are multiple transitions in family</td>
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<td>relationships along with problems of domestic violence. The educational level of the families is high school or below.</td>
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<td>In regards to ethnic/racial diversity there are families from many different populations except Asian, though there is</td>
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<td>a large Hmong population in the Banning area. Many client families are involved in selling drugs although some parents are</td>
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<td>legitimately employed. Most families are on public assistance and/or minimum wage. Another factor for the families to deal</td>
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<td>with is alienation from their extended family due to abuse or neglect. All this considered, there are no differences</td>
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<td>between these families and typical families who receive child welfare services.</td>
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<td></td>
<td>The Waiver Family Conferencing program works to undo family alienation and the conferencing provides an opportunity to</td>
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<td>vent conflict within the family. The program is different in this regard from other child welfare services.</td>
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<thead>
<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL</th>
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<tbody>
<tr>
<td></td>
<td>What types of social and/or economic resources have families brought to your Waiver Family Conferencing program?</td>
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<tr>
<td></td>
<td>Client resourcefulness? Extended family and/or community supports? Client education level? Ethnic and/or cultural</td>
</tr>
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<td></td>
<td>traditions? Client employment status? Client income level? Other resources?</td>
</tr>
<tr>
<td></td>
<td>How do family social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing</td>
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<td></td>
<td>program?</td>
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<td></td>
<td>Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child</td>
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<td></td>
<td>welfare services in general?</td>
</tr>
<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Families have brought attention to several issues such as: the storage of personal possessions (and child’s) rather</td>
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<td>than leaving them behind, how to pay for/help with things, sharing costs and extended family support. One client found</td>
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<td>his/her own drug treatment program, grandparents in one case were able to help financially with child’s education and</td>
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<td>mother’s treatment. Other examples of family resources have included a paternal grandparent paying for private schooling</td>
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<td>and mother’s rent and the...</td>
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agency paying part of rent and family paying the other part. In some instances family cultural heritage is drawn upon to find solutions as with one Native American family where extended family provided financial support.

One challenge in all this is that GAIN is not a viable resource when parents do not have their children with them. Clients must find their own employment. But the Waiver brings additional resources for a family. Because of funding flexibility, ESP is able to act on services suggested by clients faster than with traditional services. Flexibility is advantageous. This can help fund service more easily. Families are told about flexible funding in advance and therefore may be more inclined to bring their own ideas about what they need to child welfare workers. Collaboration is impacted by the working style of the individual social worker.

State

COMMUNITY AND NEIGHBORHOOD RESOURCES

What types of social and/or economic challenges are evident in the communities served by your Waiver Family Conferencing program? Employment availability? Access to affordable childcare? Access to convenient, reliable transportation? Safety concerns? Other difficulties?

How do these social and/or economic challenges impact your agency’s ability to implement your Waiver Family Conferencing program?

Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child welfare services in general?

Riverside County

Third Site Visit: 7/23/01

Social and Economic challenges are the same as in other counties. Families don’t have access to GAIN if children are not with parents. There is also a lack of childcare providers available outside of traditional hours. Lastly it is difficult to access resources, jobs and childcare if you live outside of downtown Riverside. These factors can make it more of a challenge to deliver services but these are the same factors whether a case is Waiver or not. With the Waiver program there is a positive impact because flexible funding allows solutions to some of the above issues i.e. car repairs, taxis etc. to address the transportation issues faced by all families involved in child welfare services.

Community

COMMUNITY AND NEIGHBORHOOD RESOURCES

What types of social and/or economic resources are available in the communities served by your Waiver Family Conferencing program? Employment opportunities? Affordable childcare? Convenient, reliable transportation? Safe neighborhoods? Other resources?

How community social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?

Does the impact of these factors on your Waiver Family Conferencing program differ in any way from their impact on child welfare services in general?

Riverside County

Third Site Visit: 7/23/01

Jobs are available for parents who take initiative. Entry-level jobs are available if training, clothes, transportation and childcare are provided/accessible. Neighborhood safety is not a pressing issue. There are some pockets of neighborhoods that are unsafe, but nothing that compares to Oakland or Los Angeles.
There is a challenge in the ability to implement a family plan when resources are limited. For example, childcare outside of traditional work hours. This requires some brainstorming to address but the impact of these types of challenges is no different with the Waiver program than with child welfare services in general.

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<thead>
<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS</th>
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<tbody>
<tr>
<td></td>
<td>Have your agency’s policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?</td>
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<tr>
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<td>Might these policies and procedures affect future implementation of your Waiver Family Conferencing program?</td>
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<th>Riverside County</th>
<th>Third Site Visit:</th>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Staff has been limited, but there appears to be more of a commitment within the agency now to staffing the program. Other policies and procedures affecting the implementation of the program are mostly around fiscal issues. The fiscal department wants things in writing from the state because CDSS can sometimes give instructions and then change them later. Fiscal staff are aware that they have not been able to be as flexible as the program would like. Turn around for funding has been very satisfactory and a facilitating factor for program implementation.</td>
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<td>A potential challenge for the county with implementation could be the OASIS plan for Riverside, which is currently in the planning stages. Under this plan purchases over $200.00 must be approved in advance during planning stages. There is a concern that this may lead to unmanageable delays in utilizing flexible funding for Waiver project cases.</td>
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<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS</th>
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<td>On-IV-E funding sources been used to implement your Waiver Family Conferencing program? If so, what sources have been used?</td>
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<tr>
<th>Riverside County</th>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Funding sources that have been utilized other than IV-E funds are Cal Works and regular CWS funding. These funds have been used for expenses like bus passes. Some cases that were later identified as non-federal after enrollment utilize non-IV-E funds. The agency and state agreed, however, that once federal eligibility is established for a case, this won’t change based on information that later becomes available.</td>
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<td>4. How have you used Title IV-E flexible funding to implement your Waiver Family Conferencing program?</td>
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<td>5. How do you plan to use Title IV-E flexible funding in the future?</td>
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<td>6. What are your plans for funding your Waiver Family Conferencing program after September 2003?</td>
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<tr>
<th>Riverside County</th>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>Title IV-E funds have been used for: space rental, food, foster parent training and recruitment. In addition, half of the child welfare workers’ salaries come from Waiver funds because staff have ½ the regular caseload. In addition to case-specific funding needs, the county will make plans for future spending at quarterly advisory board meetings. Holiday events and/or</td>
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9/25/01
recognition meetings are a possibility to aid with recruiting caregivers. The county has sometimes found it necessary to set limits with families regarding use of IV-E flexible funds. After September 2003 the county plans to use monies that are already in the trust fund and will continue to do this in the future. This will be augmented if the state approves submitting a revised claim up to three quarters later. The program staff and supervisors want to continue the program but there are no specific plans at this time. Funding will affect this and perhaps grant funding from outside corporations will be secured.

**County**

**SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS**

ave CDSS policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?

**Riverside County**

**Third Site Visit: 7/23/01**

CDSS staff have been supportive and creative in brainstorming solutions. It was their suggestion to expand the program to relative caregivers. CDSS policy and procedures are a challenge in one particular area: lack of response to fiscal questions. Written responses to county questions were requested last year and they are still not forthcoming.

**County**

**SOCIAL AND ECONOMIC FACTORS AT THE COUNTY, STATE, AND FEDERAL LEVELS**

as contact and/or collaboration with Family Conferencing program coordinators in other California counties affected the implementation of your Waiver Family Conferencing program?

**Riverside County**

**Third Site Visit: 7/23/01**

Contact with other counties has given staff the opportunity to learn about how family conferencing works elsewhere. Staff went to observe Fresno conferences to get information about how these conferences work. Collaboration also lends support for the model. Networking with Fresno and thinking about pre-juris/dispo conferences (avoiding court involvement) has also been beneficial.

**County**

**POLITICAL FACTORS**

1. As implementation of your Waiver Family Conferencing program has progressed, what types of political issues have arisen? Mandated issues? Your agencies relationship with CDSS? Your county Board of Supervisors? The courts? Other political forces, such as organized labor, the media, or other political groups? Racial issues? Other political issues?

2. How have these political issues affected implementation and maintenance of your Waiver Family Conferencing program?

**Riverside County**

**Third Site Visit: 7/23/01**

The CWLA audit and political maneuvering by Deputy Assistant Director for County helped to gain Board of Supervisors support for program. One criticism that came from the CWLA audit was that families weren’t involved. This is being partially addressed by ESP which is becoming a “best practice.” The Waiver Family Conferencing is a family-centered practice that provides a “safety net” for children in need of out-of–home placement.
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<th>County</th>
<th>POLITICAL FACTORS</th>
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<tr>
<td>Third Site Visit</td>
<td>3. How have the requirements for the demonstration project and evaluation impacted the implementation of your Waiver Family Conferencing program?</td>
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<td>4. How do you expect these requirements to affect your Waiver Family Conferencing program in the future?</td>
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**Riverside County**

| Third Site Visit: 7/23/01 | Requirements for the demonstration project and evaluation have been more work than staff anticipated. The whole program has been more work-not just the requirements for UCB or CDSS. It is time intensive to gain informed consent from families. It is harder for one supervisor now that there are four workers instead of one. Staff anticipate that the program will require more work in the future because the program will continue to grow and additional staff may be added. |
Second Focus Group/Interview(s) with Child Welfare Workers

**Implementation**

1. Please describe your current role in the case selection and enrollment process for families involved in your agency’s Title IV-E Waiver Family Conferencing program.

2. Please describe your role in obtaining informed consent from families who enroll in your agency’s Title IV-E Waiver program.

3. What impact (if any) have case selection, enrollment and informed consent procedures for the Waiver project had on your ability to provide services to Waiver project clients?

4. How soon after the case is referred to your agency do you become involved in the case?

**Timeliness and Scheduling**

1. Once a family is referred for a Waiver family conference, what is the timeframe for convening the conference?

2. How does this timeframe affect your ability to provide services to Waiver experimental group families?
Type and Duration

1. What types of services have you helped families involved in the Waiver program to access within the past year?
   a. General services? (including case management, visitation coordination and monitoring)
   b. Childcare?
   c. Concrete services? (including food, clothing, household necessities, toys)
   d. Health and disability services? (including routine medical care, hearing, vision, and dental services)
   e. Education and employment services?
   f. Housing services?
   g. Life skills and support services?
   h. Therapeutic services?
   i. Substance abuse services?
2. (If applicable) How do the services you provide to families participating in the Waiver experimental group (the group that receives the family conference) differ from the services you provide to families on your caseload who are participating in the Waiver control group?

3. What “unique” services (if any) have been provided to Waiver experimental group families as a result of the family conference(s)?

4. What services have family and community support persons provided to families in the Waiver program thus far?

   a. Do the services provided by family and community support persons differ for families involved in the experimental vs. control group?

   b. If so, how?

**Oversight and Monitoring**

1. How do you monitor the progress of families enrolled in the Waiver program once a family plan has been put into place?
2. What role do family members, family friends, community members, or other professionals play in the monitoring process?

   a. For experimental group families?

   b. For control group families?

3. Do these methods differ from previous methods you have used to monitor the progress of families on your caseload? How?

**Level of Acceptance Among Field Staff**

1. When compared to families who do not receive a family conference, what benefits do Waiver family conferences offer to:


   c. Your agency? (Explain)
2. When compared to families who do not receive a family conference, what challenges are associated with Waiver family conferences that affect:


   c. Your agency? (Explain).

3. When compared with services provided to families in the control group, are there other aspects of your agency’s Waiver experimental program that are beneficial or challenging to:


   c. Your agency? (Explain).
Contextual Factors

Social and Economic Factors at the Client Level

1. Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your ability to provide services to families involved in your agency’s Waiver program? Is the impact positive or negative?

   For example:

   a. Client presenting problem?

   b. Client family composition?

   c. Client education level?

   d. Ethnic and/or cultural issues?

   e. Client employment status?

   f. Client income level?

   g. Other factors?
Community and Neighborhood Resources

1. Do the social and/or economic characteristics of the communities you serve have an impact on your ability to provide services to families in your Waiver program? Is the impact positive or negative?

   For example:

   a. Employment availability?

   b. Access to affordable childcare?

   c. Access to convenient, reliable transportation?

   d. Safety concerns?

   e. Other factors?

2. Please describe the community and neighborhood resources that are available to support families in your agency’s Waiver program?

3. How does the availability of community and neighborhood resources impact families in your agency’s Waiver program?
Social and Economic Factors at County, State, and Federal Levels

1. Can you describe the culture of your agency?

2. How does the culture of your agency influence service provision to families in your agency’s Waiver program?

3. Are there any other social or economic factors within your agency or county that have an impact on your ability to provide services to families in the Waiver program? *(For example, funding or other organizational issues?)*

4. Are there any social or economic factors at the state or federal levels that have had an impact on your ability to provide services to families in the Waiver program?
**Political Factors**

1. As implementation of your agency’s Waiver program progresses, are there any political issues that are positively or negatively impacting your ability to provide services to families involved in the Waiver program?

   For example:

   d. Any mandated issues?

   e. The courts?

   f. Racial or ethnic issues?

   g. Political issues at the county or state level?

   e. Other political forces, such as organized labor, the media, or other political groups?

2. Are there any issues related to the design of the demonstration project and evaluation that have an impact on your ability to provide services to families in the Waiver program?
Child Welfare Staff Survey

Please take a few moments to complete this questionnaire regarding child welfare staff roles, experience, and training in your county. Your perspective on the Family Conferencing program and the services provided by your agency is invaluable to the Title IV-E Child Welfare Waiver evaluation effort. No identifying information will be reported in the analysis of the research findings. We appreciate your time in helping us to gather this important information.

1. What is your current job title? (Please specify).

2. What is your current role in your agency? (Describe).

3. How long have you worked for your agency? _____________ years, _____________ months

4. How long have you been practicing in your current role in your agency?
   _____________ years, _____________ months

5. How many children do you currently follow on your caseload? ________________

6. How many of the children you currently follow are involved in your agency’s Waiver program in the experimental group (the group that receives a family conference)?
   __________

7. How many of the children you currently follow are involved in your agency’s Waiver program in the control group (the group that does not receive a family conference)?
   __________
8. Please describe the extent of your experience with providing services to families who have participated in a family conference through your agency.

9. Highest level of education and year completed:

   ____ High school graduate                      Year completed
   ____ Associate’s degree                     _________
   ____ Bachelor’s degree                     _________
   ____ Master’s degree                      _________
   ____ Ph.D.                                 _________
   ____ Trade school                        _________
   ____ Other (specify): __________________________  _________
   ____ License (if any) Type: ________________________  _________

10. Have you completed any training that is specifically related to your agency’s Waiver program? (Describe).

11. Are there any trainings related to your agency’s Waiver program that you plan to attend in the future? (Describe).

12. Are there any other comments regarding your agency’s Waiver program or family conferencing efforts that you would like to share with the research team? (Explain).
Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

Fresno – 12/14/01

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<tr>
<th><strong>Organizational Structure/Service Factors</strong></th>
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<tr>
<td><strong>Implementation</strong></td>
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<tr>
<td>1. Please describe your current role in the case selection and enrollment process for families involved in your agency’s Title IV-E Waiver Family Conferencing program.</td>
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<tr>
<td>Case staffing meetings are currently utilized to assess the appropriateness of a family for the Waiver program and VFM. The CWW’s began attending some non-VFM staffings to screen cases for the Waiver/VFM in November 2001. This was previously handled exclusively by the Waiver program coordinator. In addition, CWW’s will discuss the program with new families, obtain informed consent and identify conference participants.</td>
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<td>2. Please describe your role in obtaining informed consent from families who enroll in your agency’s Title IV-E Waiver program.</td>
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<td>Until November 2001, the program coordinator or conference facilitator obtained informed consent from families. CWW’s have recently begun to obtain informed consent as part of their regular responsibilities. In the past they only did this when the coordinator or facilitator was not available to do so.</td>
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<tr>
<td>3. What impact (if any) have case selection, enrollment and informed consent procedures for the Waiver project had on your ability to provide services to Waiver project clients?</td>
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<td>In terms of selection, the process is not that different from that used to screen and select cases for VFM. In addition, there is a need to explain the purpose of the research and help families understand what to expect. Often, clients do not read and write well. Things need to be explained, like what Title IV-E means. When the program coordinator does the assessment, he sometimes finds that families are confused about who their contact person is, who to call, etc. Now that the CWW conducts the assessment and obtains consent this is less confusing.</td>
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<td>4. How soon after the case is referred to your agency do you become involved in the case?</td>
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<td>Anytime there is a police hold, a petition is filed within 48 hours of the hold. Workers have initial contact with the family when the hold occurs. The case is then staffed and contact occurs again with the family post-staffing. If accepted into VFM and IV-E, the ER worker has five days to transfer the case to VFM. VFM staff begins formal work with the family at that point. VFM workers may assist families with referrals to outside support agencies are even before the case is formally transferred to the VFM unit.</td>
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<tr>
<td><strong>Timeliness and Scheduling</strong></td>
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<tr>
<td>1. Once a family is referred for a Waiver family conference, what is the timeframe for convening the conference?</td>
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<td>The goal is to convene the conference within one week of case acceptance and assignment to the experimental group. The schedules of all conference participants do not always mesh, which can lead to delays. Staff try to be very flexible about scheduling and supportive of family members needs.</td>
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<td>2. How does this timeframe affect your ability to provide services to Waiver experimental group families?</td>
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<td>A lot of referrals are made during staffing meetings. Many referrals get started as soon as a family is identified at the initial case staffing. CWW’s indicate that it is a priority for them to attend family conferences on a regular basis. However, families and CWW’s have</td>
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different preferences for conference times, requiring CWW’s to make adjustments and/or sacrifices in their personal lives to accommodate the conference scheduling. Families often prefer weekends, which are off days for the workers. Workers acknowledge that it is best for families if the conference occurs right away, in order to take maximum advantage of family motivation to address the issues immediately following referral to the agency. When there is less immediacy, there is less motivation to do follow through. When they start quicker, “(families) are motivated and committed to services.” Actually getting services into place takes longer, however.

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<th>Type and Duration</th>
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<tr>
<td>1. <strong>What types of services have you helped families involved in the Waiver program to access within the past year?</strong></td>
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<td>Overall services offered include: general services (case management, visitation, coordination and monitoring), childcare, concrete services (food, clothing, household necessities, toys), health disability services, education and employment services, housing services, life skills and support services, therapeutic services and substance abuse services. Childcare has been arranged through community resources or county funds while IV-E funds are used for such items as: security/baby gate for child safety, diapers for special needs child, double stroller; pest control; beds for children sleeping on mats, etc. Families prioritize their needs at the FGC and workers organize their work according to these priorities. The client’s own resources are explored before the agency agrees to tap IV-E funds. For example, if pest control is a need and the client doesn’t own the home, they are expected to contact the landlord to address this.</td>
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| 2. **(If applicable) How do the services you provide to families participating in the Waiver experimental group (the group that receives the family conference) differ from the services you provide to families on your caseload who are participating in the Waiver control group?** |
| There is better access to community-based services for both experimental and control IV-E cases. Providers make an extra effort to accommodate Waiver families. “If you tell a CBO that (you need services) and it’s a (Waiver) case, they will find an opening in an otherwise full program.” With housing though, it doesn’t matter if a family is in the Waiver program or not because the wait list is so long. For experimental group cases, concrete items are paid for by IV-E flexible funds. This means greater flexibility in accessing services for experimental cases as well. Experimental group services can be put into place more quickly because of family participation (or participation of other supports to parent) in providing services – help with transportation, funding housing, providing household items, etc. For control families, CWW’s have to work with standard agency resources. For example: not enough toys in the home for a child but the worker can’t just buy a toy for a control case. With experimental cases, workers are able to be more creative. |

| 3. **What “unique” services (if any) have been provided to Waiver experimental group families as a result of the family conference(s)?** |
| See response to above question #2. |

| 4. **What services have family and community support persons provided to families in the Waiver program thus far? Do the services provided by family and community support persons differ for families involved in the experimental vs. control group? If so, how?** |
| Family members suggest service needs and resources that the worker may not be aware of. Families participating in conferences have a lot of input into the FC plan. The family may assist with child care, transportation, providing temporary residence, baby supplies, furniture, quarters for laundry, storage areas/spaces, etc. Church members have helped in: driving, childcare, providing beds, locating a bigger home, supporting clients to utilize their own resources. One client was able to stay with a friend they hadn’t talked to in a long... |
Second Focus Group/Interview(s) with Child Welfare Workers

Fresno – 12/14/01

time instead of having to stay in a shelter. Services provided by family and community supports do differ for experimental and control families. The family is likely to help more in cases that receive a family conference. Client is more likely to turn to family or community for support or assistance. Issues get discussed for families in FC, with one family member saying, “If you’d only told me before, I would have helped you with this.” The agency can’t facilitate the exchange of information for control families because of confidentiality. Families who participate in FC can be involved in monitoring parent progress. It can be difficult because the agency is confronting parents in front of family members regarding their past behavior. Some parents are good at covering up and family members are not aware of their issues prior to the conference. This can be shaming for parents and can create tension. However, it also makes the client accountable to family members. Many clients really care about what their family thinks of them. There is a big impact on follow-through. Extended family is there to support lasting change in a way CWW’s won’t be.

Oversight and Monitoring

1. How do you monitor the progress of families enrolled in the Waiver program once a family plan has been put into place?

Ongoing case monitoring is conducted by social workers and aides at home visits, TC’s and other contacts (during transportation for example). Requirements for frequency of home visiting are formally determined by a risk assessment tool. In addition, family members inform social workers of problems as they come up. There are even more check-ins from a lot of people, “more eyes and ears in the home.” Public Health Nurses and community agencies also give input regarding family progress. Sometimes families tell case aides more than they tell the social worker.

2. What role do family members, family friends, community members, or other professionals play in the monitoring process? For experimental group families? For control group families?

See previous response to question #1 for experimental families. Control families play the same role in case monitoring, but it is frustrating for social workers not to be able to contact family members in control cases. There is less involvement from extended family and community. CWW’s and clients have to work more with CBO’s because family and friends are not involved.

3. Do these methods differ from previous methods you have used to monitor the progress of families on your caseload? How?

The agency had planned for workers to have more contact with Waiver cases than regular VFM cases, but the level of contact is currently determined by the SDM Family Risk Assessment. Generally, there is less family involvement in non-Waiver cases. Some families are more involved, some less.

Level of Acceptance Among Field Staff

1. When compared to families who do not receive a family conference, what benefits do Waiver family conferences offer to: Children and their families? Child Welfare Workers/Aides? Your agency?

Conferences facilitate family support. Flexible funds increase the range of resources to address family issues. Empowering families, via the conference, to make decisions about their own lives increases client and family motivation. CWW role is then to facilitate what the family said they want to do instead of “telling them” what to do. It teaches the client how to problem-solve with their own resources and in this way, potentially has more lasting benefits. For family members, participating in conferences sometimes helps them to identify
needs they have in addition to the identified clients’ needs for services and gets these additional needs addressed. Conferencing promotes self-esteem and control for clients and their families. For children, it strengthens their safety net: there are more people they can turn to. It also models positive problem solving and gives children an opportunity to provide their input. For the Child Welfare Workers, families commit to do things that would otherwise fall to the worker or the agency to address. Social Workers feel more welcomed as a helper by the family. CWW’s enjoy coming to work, “it makes you feel better.” The conference provides workers with more information about the family. Social Workers also have the opportunity to see the parent in the context of their family and community and gain an understanding of whether parents are isolated or supported. The agency saves money overall and the image of CPS in the community improves.

2. When compared to families who do not receive a family conference, what challenges are associated with Waiver family conferences that affect: Children and their families? Child Welfare Workers/Aides? Your agency?

Challenges for families and workers include that sometimes participants do not show up for conferences. Some family members act entitled, demanding to be informed of everything that’s going on despite issues of confidentiality. In addition, sometimes extended family won’t do what they said they would in the FC or the parent's denial is reinforced by family members. The workload for social workers is increased when more people (family members) are reporting on family progress as a result of the family conference. CWW’s find themselves managing not only more people but also answering more phone calls, dealing with scheduling conflicts that affect their own personal plans and more overall case management efforts. At the agency level, it is difficult to locate and retain adequate numbers of facilitators, especially when the majority of facilitators are case carrying social workers who commit to facilitating conferences in addition to their regular work. Believing in, and supporting, the philosophy that families can make positive changes when empowered to do so can also be challenging for the agency. Workers perceive some skepticism at higher levels of the agency regarding the value of family conferencing, especially when there is multi-generational dysfunction. Ensuring a fiscal commitment to preventative programs such as the Waiver’s family conferencing program is also a challenge for agency administration.

3. When compared with services provided to families in the control group, are there other aspects of your agency’s Waiver experimental program that are beneficial or challenging to: Children and their families? Child Welfare Workers/Aides? Your agency?

CWW’s and Aides find it challenging to wait for program results/research to find out how things are going.

**Contextual Factors**

**Social and Economic Factors at the Client Level**

1. Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your ability to provide services to families involved in your agency’s Waiver program? Is the impact positive or negative?
Presenting problems: Severe substance abuse problems have an impact, especially when both parents are involved in abusing substances. This is the biggest client-specific problem. 85% of the county’s child welfare cases have some level of substance abuse involvement. This makes it harder for social workers to address issues other than the parent’s substance abuse. It’s also difficult when the case involves a single parent (mothers, fathers, grandparent caregiver) – where is the other parent? In 2-parent families, it’s especially problematic if only one parent agrees to enter recovery because the program is a voluntary program. Education levels: Clients with low literacy levels are also difficult to work with, as this affects many levels of their case plan, including the ability to work and participate meaningfully in parenting class, for example. Ethnic/cultural issues: The client’s undocumented status creates many challenges (see case example in following section). When asked about the frequency of such cases, one worker indicated that she and a coworker each have one current case where this is an issue. Another worker had 2 in the past, at a time when she carried 8-10 cases total. Income level: “Clients live so close to the edge that we can’t address all of the issues.” The agency doesn’t have the resources to address all the issues, especially client needs for concrete assistance. This is hard for workers – identifying the needs, but not being able to address them. Family composition: Addressing case plan requirements is especially challenging for parents of infants. Workers acknowledge that the parent-child relationship is important and wish to support this, but parents must fulfill other requirements that take time away from 1:1 time with the infant, such as attending doctor’s appointments and participating in parenting class.

Community and Neighborhood Resources

1. **Do the social and/or economic characteristics of the communities you serve have an impact on your ability to provide services to families in your Waiver program? Is the impact positive or negative?**

   Transportation is problematic. The geographic distance of clients in one rural area of the county from central Fresno is challenging for workers and for the clients who cannot access services in their own communities. One client, for example, takes three buses to go one way just to get treatment. It can take all day for a family to access one service. One worker gave a compelling example of a case where the parent has undocumented status, no phone, lives in a rural area that is 1 hour and 40 minutes away from the social worker’s office, lives in substandard housing and speaks no English. The worker goes to pick her up and take her to drug testing, as there are no Spanish-speaking facilities that do this in her community. In addition, law enforcement in the client’s community takes a punitive approach, arresting this mother because the kids were not in school. This was especially difficult due to the mother’s undocumented status. The expectations for parents are overwhelming and unrealistic sometimes, due to the lack of community resources. There is also a lack of services for “out of control” teens and the services that do exist are not offered with adequate frequency (groups offered only a couple times per year, for example).

2. **Please describe the community and neighborhood resources that are available to support families in your agency’s Waiver program?**

   In addition to the responses noted above, workers indicated that Toys ‘R Us and Target Stores have donated beds and other goods for clients. $10,000 grant from Toys ‘R Us is currently pending. CWW’s also periodically donate clothing and bottles, etc., to address client needs.

3. **How does the availability of community and neighborhood resources impact families in your agency’s Waiver program?**
Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

Fresno – 12/14/01

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### Social and Economic Factors at County, State, and Federal Levels

1. **Can you describe the culture of your agency?**

   The culture in the immediate program area is very supportive. Outside of the immediate program area, it is necessary to justify everything. This is especially true when compared to work in mandated areas. The agency emphasis is on “how much money saved?” The agency administration changed recently and IV-E staff is hopeful that the new director will be supportive of preventative services. There is high turnover among staff. It is challenging for remaining staff when quality staff leave the agency. It can be “sad,” as when when one well-respected trainer left the team. On the positive side, some of the workers who leave are pursuing graduate degrees in social work. Within the VFM area, workers have more time to do social work with clients. There is not as much pressure on CWW’s as in court areas. There are different stresses. Some DA’s and other court staff believe that VFM does not work. There can be envy among workers. The office space is also separate and some of the court workers even perceive the VFM office space as being nicer than what they have. In other areas of the agency, the VFM workers are perceived as “(having) it so easy.”

2. **How does the culture of your agency influence service provision to families in your agency’s Waiver program?**

   See response to question #1 above.

3. **Are there any other social or economic factors within your agency or county that have an impact on your ability to provide services to families in the Waiver program? (For example, funding or other organizational issues?)**

   Welfare-to-Work and MediCal pay for many services for voluntary cases. Workers perceive this as somewhat limiting and that court cases may have additional funding options. Monies from Victims of Crime services is another option and can be utilized for accessing things like family counseling.

4. **Are there any social or economic factors at the state or federal levels that have had an impact on your ability to provide services to families in the Waiver program?**

   Statewide there is a 5% budget cut and workers now need to keep more detailed statistics to help justify preventive programs.

### Political Factors

1. **As implementation of your agency’s Waiver program progresses, are there any political issues that are positively or negatively impacting your ability to provide services to families involved in the Waiver program?**

   Some DA’s and other court staff believe that VFM does not work. In at least one instance, however, the court has attempted to order VFM. Workers believe that it does not make sense to mandate a voluntary service. The court’s intent was to keep the family out of the court system, but it defeats the purpose of having a voluntary program. The county is exploring the implementation of a “drug-court”; evidence that the court is supportive of a more preventive approach. On the county/state level, funding is a primary issue. Due to the emphasis on mandated services, funding for preventive services is not guaranteed. The existence of Prop 10 funds is seen by workers as very positive. CBO’s can access these funds and, in turn, provide services to clients.

2. **Are there any issues related to the design of the demonstration project and evaluation that have an impact on your ability to**
<table>
<thead>
<tr>
<th>provide services to families in the Waiver program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>One worker did the follow up survey requested by UCB saying it was, “no problem,” although it took some time.</td>
</tr>
</tbody>
</table>
**Implementation**

1. **Please describe your current role in the case selection and enrollment process for families involved in your agency’s Title IV-E Waiver Family Conferencing program.**
   
   The CWW’s are not involved in case selection and enrollment. The Program Supervisor takes care of the selection and enrollment process. The case is then handed over to the CWW.

2. **Please describe your role in obtaining informed consent from families who enroll in your agency’s Title IV-E Waiver program.**
   
   Informed consent is obtained by the Program Supervisor before turning the case over to the CWW.

3. **What impact (if any) have case selection, enrollment and informed consent procedures for the Waiver project had on your ability to provide services to Waiver project clients?**
   
   There is no impact noted in this area.

4. **How soon after the case is referred to your agency do you become involved in the case?**
   
   Cases are typically assigned to an ESP worker after the juris-dispo hearing. The staff may start working with the family as a secondary worker on the case even before the case is formally assigned to the ESP program. The ability of workers to become actively involved as the secondary worker is influenced by worker caseload levels. The specific time frame for primary assignment to ESP depends on the approach of the assigned court worker and whether the case is contested. Workers indicated that one recent case took five months to reach ESP assignment and that this was not an altogether atypical timeframe.

**Timeliness and Scheduling**

1. **Once a family is referred for a Waiver family conference, what is the timeframe for convening the conference?**
   
   Workers reported that conferences are convened within 30 days of internal assignment to the ESP program.

2. **How does this timeframe affect your ability to provide services to Waiver experimental group families?**
   
   Workers start work with the family before the conference is scheduled, sometimes before formal assignment to ESP (see above response regarding the timeframe for ESP assignment). Workers are able to provide additional services that are identified during the family conference, upon completion of the conference.

**Type and Duration**

1. **What types of services have you helped families involved in the Waiver program to access within the past year?**
   
   Families in the Waiver program receive all of the following services: case management, childcare assistance, food, clothing and housing support, health and disability services, education and employment support, life skills training, therapeutic services and substance abuse treatment. In addition, child welfare staff noted that they provide respite care, independent living-skills training, transportation support and budgeting assistance. Lastly, they noted the provision of individualized child/adolescent activities such as: dance lessons, summer camp and basketball.

2. **(If applicable) How do the services you provide to families participating in the Waiver experimental group (the group that receives...**
the family conference) differ from the services you provide to families on your caseload who are participating in the Waiver control group?

CWW’s report their perception that there is a “huge” difference between ESP families and those in other programs. One CWW said, “First of all, we get to see them more often,” usually twice per month, with additional telephone contact. In addition, workers reported that families are included as part of the case planning/intervention team and that having flexible funding gives workers the opportunity to provide more services.

3. What “unique” services (if any) have been provided to Waiver experimental group families as a result of the family conference(s)?

Workers have more time to see families. Families have commented on the availability of ESP workers, saying things like, “Gee, no other social worker did this before.” In addition, extracurricular activities for the children are routinely offered. Due to increased time and resources, workers can be more proactive. Staff reported that they feel they are able to take more time and care in placing children, for example. ESP workers believe they are able to address issues that families present more quickly than when working in other programs. The monthly foster parent meetings are also unique to the ESP program. The meetings provide a venue for caregiver problem solving, networking and support. Caregivers can air issues openly and the workers can support the foster parents as “experts.”

4. What services have family and community support persons provided to families in the Waiver program thus far? Do the services provided by family and community support persons differ for families involved in the experimental vs. control group? If so, how?

The family members of experimental group participants are far more involved with helping to complete case plans. Transportation, child care and respite are all types of services that family members help to provide. There is more family support and more “family unity” for the experimental families. Most families appreciate the conferences. Community support persons who attend conferences are sometimes able to provide resources as soon as the need is identified, as in the case of one substance abuse counselor who attended a conference and was able to provide information and resources on the spot.

Oversight and Monitoring

1. How do you monitor the progress of families enrolled in the Waiver program once a family plan has been put into place?

The plan is reviewed with the family and other conference participants periodically to ensure that follow through occurs. One worker discussed convening a “mini-conference” to re-direct participants, clarify outcomes, discuss problems and review goals. A “mini-conference” was defined as being of shorter duration than the initial family conference and with less formal structure.

2. What role do family members, family friends, community members, or other professionals play in the monitoring process? For experimental group families? For control group families?

Family members, family friends, community members, and other professionals are the “eyes and ears” for the child welfare worker. Teachers, schools and foster parents, for example, provide information to the child welfare worker about case issues. Family members also report back to the social worker. When family members have participated in a conference, they tend to report more, are more engaged and give more appropriate input. ESP foster parents are skilled in working with families and reporting back on how things are going. The workers reported some observations about control group families based on their experiences with other programs and past
Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

Riverside – 1/14/02

<table>
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<tr>
<th>Title</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Positions</strong></td>
<td>Workers suggested that control group families were not as “friendly” with the CWW, and family members were not as willing to discuss issues with the CWW. In contrast, workers suggested that families participating in the experimental group seemed to develop a better understanding of role of the court and CPS and to consider themselves part of a team, working together with the CWW’s.</td>
</tr>
<tr>
<td><strong>3. Do these methods differ from previous methods you have used to monitor the progress of families on your caseload? How?</strong></td>
<td>The extent to which extended family members are engaged in the ESP program differs from prior monitoring methods. One worker stated, “(extended family members) go the extra mile to help (clients) be successful.”</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Level of Acceptance Among Field Staff</strong></th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>1. When compared to families who do not receive a family conference, what benefits do Waiver family conferences offer to:</strong></td>
<td>CWW’s commit to finding a solution to problems that arise. The families are also more involved in the solution process. Families aren’t just being told what to do by the courts, they have a “say” in their lives and are helping in the process. It is a team approach that is inclusive of the family. The relationship is not adversarial. There is improved rapport between workers and families. Workers and families look together at family strengths. Children then hear positive things about their own family. FC takes the children out of the “object” role and provides the child with a voice about what they want to have happen. The FC process helps families feel a sense of accomplishment and satisfaction. In non-ESP programs, workers can have up to 60 cases, which only allows for “drive-by” visits to children (“You’re breathing… That’s good.”). The ESP families get more quality visits. Workers noted that they have been able to close some cases and they believe that this is related to their responsiveness to families. Families say things like, “It’s not bad to use CPS.” Families also benefit from the consistency of care provided by one CWW, who is involved over the long term. Workers feel that they are viewed as a “real person,” not just an agent of CPS. In one instance, a family used to announce that, “CPS is here, CPS is here,” but now they say, “(Worker name) is here.” CWW’s note that they enjoy their work on the Waiver project more than they have with other agency programs. The CWW leaves the family conference with a tremendous sense of job satisfaction. This likely leads to better worker retention for the agency. Workers believe that reunifications are happening more quickly under ESP and that family outcomes are better. There could be possible cost savings if cases close sooner. FC also helps to take away the negative image of CPS. The positive feedback from the community helps to build morale.</td>
</tr>
<tr>
<td><strong>2. When compared to families who do not receive a family conference, what challenges are associated with Waiver family conferences that affect:</strong></td>
<td>For family members, coordinating times to meet can be difficult. Working together, perhaps for the first time, or with more structure imposed, can also be challenging for families. Challenges for workers include coordinating the conferences and locating extended family members. Working hours outside of the normal day is another challenge for workers. Conferences sometimes require evening and weekend work. The time is flexed and no overtime is paid. Workers have to think outside of the box and more flexibility is required of them. For the agency, locating conference sites is a difficulty, especially on weekends or in the evenings. Budgeting is also a challenge for the agency. Family conferencing and accompanying services cost more than traditional services, only half of the program is paid for with Waiver IV-E funds.</td>
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CSSR 2/22/02 - 3
Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

Riverside – 1/14/02

### Contextual Factors

#### Social and Economic Factors at the Client Level

1. Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your ability to provide services to families involved in your agency’s Waiver program? Is the impact positive or negative?

   The county has a very high substance abusing population. Workers report that the greater Riverside area is the “methamphetamine capitol of the world.” Client educational levels are typically low, at approximately the sixth grade level. The county has a large Hispanic/Latino population. Issues related to family culture, such as traditions regarding the roles of authority figures, can create challenges for families and workers, as in one case where the worker was trying to promote change for a family member who had no authority within the family. There is a high level of unemployment and income levels are low, “clients are really struggling.” There is also a high number of ESP clients who have been incarcerated and have involvement with the criminal justice system. This requires coordination between CPS and the criminal justice system. Overall parent motivation impacts workers’ ability to facilitate change.

#### Community and Neighborhood Resources

1. Do the social and/or economic characteristics of the communities you serve have an impact on your ability to provide services to families in your Waiver program? Is the impact positive or negative?

   Childcare that is available is very costly for families with low SES. The transit system within metropolitan Riverside is really good but in rural areas like Hemet, Nuevo and Paris it is lacking. Most of the services are located in central Riverside. There are long wait lists for services in the rural areas in particular because of limited resources. The availability of substance abuse treatment in rural areas has been improving, however. In general, it takes more outreach on the part of the worker to uncover resources in these areas. One worker noted that she accesses community centers sometimes on her own to find childcare and employment options, etc. for clients. There is a collaborative staffing that workers can access called C.H.A.T., which brings together a TANF eligibility worker, a GAIN worker, CPS and child care representatives to address case issues in all of these areas.

2. Please describe the community and neighborhood resources that are available to support families in your agency’s Waiver program?

   In addition to those already described, workers have helped clients access services through the Parks and Recreation Department, community centers and the ROP (Regional Occupational Training) program in Riverside. Often young parents lack marketable job skills and ROP can help in this area.

3. How does the availability of community and neighborhood resources impact families in your agency’s Waiver program?

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<table>
<thead>
<tr>
<th>3. When compared with services provided to families in the control group, are there other aspects of your agency’s Waiver experimental program that are beneficial or challenging to: Children and their families? Child Welfare Workers/Aides? Your agency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWW’s can offer more services because the funding is more flexible. Foster parents also report that they enjoy coming to the monthly meetings.</td>
</tr>
</tbody>
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Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

Riverside – 1/14/02

<table>
<thead>
<tr>
<th>Social and Economic Factors at County, State, and Federal Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can you describe the culture of your agency?</td>
</tr>
<tr>
<td>ESP culture is different from the agency as a whole. There is more financial support for ESP. One CWW stated, “The culture is different; as a FM worker I didn’t have the same services to access.” More attention is focused on ESP- from the UCB staff for example. In the opinion of one CWW, the expectations for the program seem higher as a result. “I don’t know how it will be when UCB pulls out?”.</td>
</tr>
<tr>
<td>2. How does the culture of your agency influence service provision to families in your agency’s Waiver program?</td>
</tr>
<tr>
<td>ESP emphasis is on, “anything you can do to make it work” – to promote reunification, family stability and child safety. Workers perceive that in ESP, “We have more latitude,” to find ways to promote these outcomes than is available throughout the agency.</td>
</tr>
<tr>
<td>3. Are there any other social or economic factors within your agency or county that have an impact on your ability to provide services to families in the Waiver program? (For example, funding or other organizational issues?)</td>
</tr>
<tr>
<td>ESP is protected from the more difficult effects of the agency reorganization because of the IV-E funding. Workers believe the program would have been cut if not for the program’s unique funding structure. The agency as a whole is currently looking for ways to contract out more of the services to clients. Restructuring reduced the number of regions from 6 to 5 and a large number of staff have been moved to areas they were not previously working in. The county is aiming for consistency across the regions, despite many demographic differences between the regions.</td>
</tr>
<tr>
<td>4. Are there any social or economic factors at the state or federal levels that have had an impact on your ability to provide services to families in the Waiver program?</td>
</tr>
<tr>
<td>The legislated 6-18 month timeframes, determined by the child’s age, have a direct impact on the services workers can provide. The timeframes are very short, especially for parents with substance abuse problems, which frequently take longer to resolve. Workers also note that the events of 9/11/01 had an impact on the agency budget, but that the Waiver program was not directly affected.</td>
</tr>
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<table>
<thead>
<tr>
<th>Political Factors</th>
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</thead>
<tbody>
<tr>
<td>1. As implementation of your agency’s Waiver program progresses, are there any political issues that are positively or negatively impacting your ability to provide services to families involved in the Waiver program?</td>
</tr>
<tr>
<td>Requirements for relatives to be licensable, despite great economic differences between relative caregivers and foster parents, have had an impact on services to clients. Workers have tried to help relatives meet the requirements in order to avoid having to move the child. “We have to move mountains with some families,” in meeting this mandate, one CWW noted. The impact of this change was felt in October of 2001. Workers report that they received only 2 weeks advance notice. In addition, the court is not always in sync with the agency and may order placement of a child with a relative before the licensing standards can be met. For example, the court may order the child placed in a kinship home within 1-2 days, which is not sufficient time for the criminal background check to be completed nor time for the worker to obtain administrative approval for the child to be placed in the home in the event a criminal history is discovered. Workers are then left with confusion about which authority (the law vs. the court mandates) supercedes the other.</td>
</tr>
</tbody>
</table>
Title IV-E Waiver – Family Conferencing Component – Process Study

Second Focus Group/Interview(s) with Child Welfare Workers

**Riverside – 1/14/02**

<table>
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<tr>
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<th>Are there any issues related to the design of the demonstration project and evaluation that have an impact on your ability to provide services to families in the Waiver program?</th>
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<tbody>
<tr>
<td></td>
<td>Workers perceive the limits on families that can receive experimental group services, specifically the random assignment ratio, as somewhat restrictive. Workers would like to see more parents be allowed to participate in the experimental program because they believe it is a good program. “I wish I could offer these services to my clients in FM.”</td>
</tr>
</tbody>
</table>
Child Welfare Staff Survey
Fresno County

Please take a few moments to complete this questionnaire regarding child welfare staff roles, experience, and training in your county. Your perspective on the Family Conferencing program and the services provided by your agency is invaluable to the Title IV-E Child Welfare Waiver evaluation effort. No identifying information will be reported in the analysis of the research findings. We appreciate your time in helping us to gather this important information.

Nine staff responded to the survey.

1. What is your current job title? (Please specify).
   - (3) Social Worker Aide
   - (1) Student Social Worker
   - (2) Social Work Practitioner
   - (1) Social Worker
   - (2) Social Worker II

2. What is your current role in your agency? (Describe).

<table>
<thead>
<tr>
<th>Title</th>
<th>Function/Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Aide</td>
<td>to assist the Social Workers with their caseloads, motivate clients in a supportive way, access community resources for clients.</td>
</tr>
<tr>
<td>Student Social Worker</td>
<td>to assist the Social Workers with their caseloads, motivate clients in a supportive way, access community resources for clients.</td>
</tr>
<tr>
<td>Social Work Practitioner</td>
<td>provide case management to families in VFM.</td>
</tr>
<tr>
<td>Social Worker, Social Worker II</td>
<td>case carrying social worker in VFM, working with families to provide for protection and stability of children.</td>
</tr>
</tbody>
</table>

3. How long have you worked for your agency? average: 2 years, 3 months (n=9)
   range: 0 years, 8 months to 6 years, 2 month (n=9)

4. How long have you been practicing in your current role in your agency?
   average: 1 years, 4 months (n=9)
   range: 0 years, 4 months to 3 years, 6 months (n=9)
5. How many children do you currently follow on your caseload? (9 total respondents)

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker Aides (n=3)</td>
<td>2 to 20 children</td>
<td>14 children</td>
</tr>
<tr>
<td>Student Social Worker (n=1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work Practitioner (n=2)</td>
<td>16 to 39 children</td>
<td>28 children</td>
</tr>
<tr>
<td>Social Worker (n=1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker (n=2)</td>
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</table>

6. How many of the children you currently follow are involved in your agency’s Waiver program in the experimental group (the group that receives a family conference)? (7 total respondents)

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker Aides (n=2)</td>
<td>2 to 15 children</td>
<td>8 children</td>
</tr>
<tr>
<td>Student Social Worker (n=1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work Practitioner (n=1)</td>
<td>1 to 6 children</td>
<td>4 children</td>
</tr>
<tr>
<td>Social Worker (n=1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker (n=2)</td>
<td></td>
<td></td>
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</tbody>
</table>

7. How many of the children you currently follow are involved in your agency’s Waiver program in the control group (the group that does not receive a family conference)? (3 total respondents)

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Social Worker (n=1)</td>
<td>n/a</td>
<td>45 children*</td>
</tr>
<tr>
<td>Social Work Practitioner (n=1)</td>
<td>2 to 4 children</td>
<td>2 children</td>
</tr>
<tr>
<td>Social Worker II (n=1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*should be interpreted with caution due to limited response

8. Please describe the extent of your experience with providing services to families who have participated in a family conference through your agency.

Respondents varied in their level of contact with FC and families who have participated in them. Several respondents reported having good experiences with FC and that they have had attended at least one FC (4). One respondent noted working with FC as a facilitator during four conferences. Some respondents reported having no prior experience at all (2) and one noted only having contact while serving in the capacity of translator. One participant gave no response to this question.
9. Highest level of education and year completed:

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Highest Level of Education</th>
<th>Year Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker (n=1)</td>
<td>-Bachelors (n=1)</td>
<td>-date not recorded</td>
</tr>
<tr>
<td>Social Worker II (n=2)</td>
<td>-Masters (n=2)</td>
<td>-2000, 2001</td>
</tr>
<tr>
<td>Social Work Practitioner (n=2)</td>
<td>-Bachelors (n=2)</td>
<td>-1997, 1999</td>
</tr>
<tr>
<td>Student Worker (n=1)</td>
<td>-High School Diploma (n=1)</td>
<td>-date not recorded</td>
</tr>
<tr>
<td>Aides (n=3)</td>
<td>-Associates (n=2)</td>
<td>-1996, 1997</td>
</tr>
<tr>
<td></td>
<td>-Post High School Training (n=1)</td>
<td>-dates not recorded</td>
</tr>
</tbody>
</table>

10. Have you completed any training that is specifically related to your agency’s Waiver program? (Describe).

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Training Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Practitioner (n=2)</td>
<td>In service training on Waiver program by county program manager (n=2).</td>
</tr>
<tr>
<td>Case Carrying Social Worker (n=3)</td>
<td>3 day training on FGDM with Jim Nice (n=1)</td>
</tr>
<tr>
<td></td>
<td>Presentation by county program manager along with county facilitator (2).</td>
</tr>
<tr>
<td>Student Worker (n=1)</td>
<td>Observed several family conferences. (n=1)</td>
</tr>
<tr>
<td>Aide (n=3)</td>
<td>County program manager overview of Waiver project (n=1).</td>
</tr>
</tbody>
</table>

11. Are there any trainings related to your agency’s Waiver program that you plan to attend in the future? (Describe).

Staff reported that they were unaware of any training that would be provided in the future but noted that they would attend trainings if they were offered.

12. Are there any other comments regarding your agency’s Waiver program or family conferencing efforts that you would like to share with the research team? (Explain).

FGC coordinator for the county is doing a great job. One survey participant reported that the benefits far outweigh the costs in terms of job duties and thinks it is very beneficial to be in touch with Berkeley and attend the focus groups.
Framework for Observing a Family Conference

Child Name: ___________________________ Child Client Number: ___________________________

General Conference Characteristics

Date of the conference (mm/dd/yy) ___________________

Location of the conference:
   _____ County building _____ Place of worship _____ Community center
   _____ School _____ Family home _____ Other (specify) __________________________

Time(s) of day the conference was held:
   _____ Morning(7am–12pm) _____ Afternoon(12pm–5pm) _____ Evening(after 5pm)

How long did the conference last? _____ hours _____ minutes

Did the conference include a cultural ritual(s) or refreshments? _____Yes _____No

   Describe.

What language was the conference conducted in? ___________________________

Was the language used understood by all family members? _____Yes _____No

   If no, was interpretation provided? _____Yes _____No

Was the purpose of the conference explained? _____Yes _____No

   By whom? Family member (specify): ___________________________

   Professional (specify title): ___________________________
What explanation regarding the conference purpose was given?

How was the problem defined?

How was the information regarding the problem presented to the family?

Was a family strengths assessment conducted?  

Who participated in the family strengths assessment?

Who did not participate in the family strengths assessment?
What strengths assessments were made?

1.
2.
3.
4.
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13.
14.
15.
What needs or concerns did professionals volunteer during the facilitated discussion? (prior to Private Family Time, if used). Include specific service recommendations/requests and suggested plan elements.

1.
2.
3.
4.
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6.
7.
8.

What needs or concerns did family members volunteer during the facilitated discussion? (prior to Private Family Time, if used). Include specific service recommendations/requests and suggested plan elements.

1.
2.
3.
4.
5.
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7.
8.

Was the family given the opportunity to ask questions? _____Yes _____No

What questions did the family ask?
## Attendees

<table>
<thead>
<tr>
<th>Siblings</th>
<th>ATTENDED</th>
<th>ABSENT BUT VIEWS REPRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Friends</td>
<td>ATTENDED</td>
<td>ABSENT BUT VIEWS REPRESENTED (by whom)</td>
</tr>
<tr>
<td>Child/youth</td>
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<tr>
<td>Biological mother</td>
<td></td>
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<tr>
<td>Biological father</td>
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<tr>
<td>Step-mother /girlfriend (circle one)</td>
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<tr>
<td>Step-father /boyfriend (circle one)</td>
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<tr>
<td>Siblings</td>
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<tr>
<td>Maternal Grandmother</td>
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<tr>
<td>Maternal Grandfather</td>
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<td>Maternal Aunt</td>
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<td>Maternal Uncle</td>
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<td>Maternal Cousin</td>
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<td>Paternal Grandmother</td>
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<td>Paternal Cousin</td>
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<tr>
<td>Godparent</td>
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<tr>
<td>Coach/mentor</td>
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<tr>
<td>Family friend</td>
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<tr>
<td>Friend of child/youth</td>
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<tr>
<td>Neighbor</td>
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<tr>
<td>Representative of the faith community</td>
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<tr>
<td>Foster parent</td>
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<tr>
<td>Foster sibling</td>
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<tr>
<td>Other</td>
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<tr>
<td>Service Providers</td>
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<td>Conference facilitator</td>
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<td>CFS caseworker</td>
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<td>Teacher</td>
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<tr>
<td>School counselor</td>
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<td>Therapist</td>
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<td>Psychiatrist</td>
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<tr>
<td>Daycare provider</td>
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<tr>
<td>Parent’s probation officer</td>
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<tr>
<td>Youth’s probation officer</td>
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<tr>
<td>TANF Caseworker</td>
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<tr>
<td>Parent’s drug/alcohol counselor</td>
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<tr>
<td>Youth’s drug /alcohol counselor</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
Models: Facilitated Family Discussion vs. Private Family Time

Indicate which conference structure was followed:

_____ Private family time
   • The family meets in private to discuss the plan for the child.
   • Non-family members, including professionals, attend the Private Family Time only if invited to do so by the family.

_____ Facilitated family discussion
   • The family and all other conference participants meet together for the duration of the conference.
   • The discussion is led by a professional.

_____ Neither (explain the structure that was followed)______________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
PRIVATE FAMILY TIME

To be filled out only if the family met in private to discuss the plan for the child, or non-family members, including professionals, attended the Private Family Time only if invited to do so by the family.

IF PRIVATE FAMILY TIME WAS NOT USED,
Skip to the next page and complete the questions for ALL CONFERENCES.

Who was present during this part of the conference?
_____ Family only
_____ Family and community professionals invited by the family (describe professional roles below)
____________________________________
____________________________________
____________________________________

How long did the family meet in private? _____ hours _____ minutes

Did the family ask for professional mediation during this time? _____ Yes _____ No

If yes, who joined the family to mediate? _____________________________________
Position title/Relationship to child

How long did this person stay with the family? _____ hours _____ minutes

Did the family generate a family plan? _____ Yes _____ No

If no, what was the outcome?
_____ Another conference was scheduled
_____ Plan preferred by family was approved
_____ Plan preferred by professionals was approved
_____ Family was referred to court
_____ Other (specify) ____________________________________________________________

Did the professionals present immediately accept the plan? _____ Yes _____ No

Explain:

Did further discussion and/or negotiation (between family and professionals, for ex.) regarding the family plan take place?
_____ Yes _____ No Explain:

Did the child attend the Private Family Time? _____ Yes _____ No
COMPLETE PAGES 8-10 FOR ALL CONFERENCES:

Did the child have input into the plan?  
[ ] Yes  [ ] No

Explain:

Were the family and professionals able to agree on a plan?  
[ ] Yes  [ ] No

If no, what was the outcome?
[ ] Another conference was scheduled
[ ] Plan preferred by family was approved
[ ] Plan preferred by professionals was approved
[ ] Family was referred to court
[ ] Other (specify) ____________________________

Did the family appear to be satisfied with the plan?  
[ ] Yes  [ ] No

If no, what reasons were given?
[ ] Concerns that the plan will not keep the child safe
[ ] Concerns that the plan will not provide for the well-being of the child
[ ] Concerns that the plan will be too expensive
[ ] Concerns that participants may not be able to do what they promised to under the plan
[ ] Family recommendations were not followed.
[ ] Other (specify) ____________________________

Did the professionals appear to be satisfied with the plan?  
[ ] Yes  [ ] No

If no, what reasons were given?
[ ] Concerns that the plan will not keep the child safe
[ ] Concerns that the plan will not provide for the well-being of the child
[ ] Concerns that the plan will be too expensive
[ ] Concerns that participants may not be able to do what they promised to under the plan
[ ] Professional recommendations were not followed.
[ ] Other (specify) ____________________________

In your opinion, which topics were addressed as part of the conference discussion and planning for the child?
[ ] Family talking about problems  [ ] Responsibility taken by family
[ ] Child’s/youth’s safety  [ ] More support from people in the community
[ ] Professionals’ respect for family  [ ] More support from family members
[ ] Family Strengths  [ ] Child’s/youth’s feelings about self
[ ] Family pride  [ ] Parental decision-making
[ ] Family tension  [ ] Family’s feelings of being alone
[ ] Family secrets  [ ] Other (specify) ____________________________
<table>
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<tr>
<th>Element of plan:</th>
<th>Proposed by:</th>
<th>Did other parties agree?</th>
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<tbody>
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<td>□ Yes □ No □ Mixed</td>
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<td>□ Other/Explain:</td>
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Notes:
Observer Impressions:

- What was the tone of the conference – at the beginning, middle, end?
- What factors facilitated the process (or made the process more difficult)?
- Did any individuals seem to control the process more than others?
- Other impressions?