Overview

The following report presents results of the Process Study portion of the IV-E Waiver Demonstration evaluation for the period April 1, 2001 – March 31, 2002. Process Study data were collected for the purpose of describing the following domains of Waiver programs: (a) the organizational structure of the programs, (b) service aspects of the programs such as the training and roles of staff and the services they provide, (c) contextual factors that may influence program effectiveness, and (d) resources, services, activities and staffing differences that pertain to the control and experimental groups. The report covers information gathered for the Intensive Services Component that includes the Wraparound, Family Conferencing, and Community Mentoring sub-studies.

Wraparound Services Sub-study

Focus groups were conducted in Alameda, Los Angeles, and Sacramento Counties in-person and in Humboldt and San Luis Obispo Counties by telephone. While the five Wraparound counties are targeting children in, or at risk of entering, RCL 12-14 group homes; two counties also are targeting children in RCL 10-11 group homes. This is a change from the previous process report: one county has refocused its attention on children in RCL 12-14 group homes. All children in the project are involved with the child welfare system; three counties include children involved with their county’s probation system. Representatives of several counties reported using additional criteria, including behavioral problems or a pending crisis, to determine child enrollments. When discussing enrollment concerns, county representatives indicated that one of the primary jobs of Wraparound is to identify support persons for children who can participate in the intensive nature of the program.

County staff described a multi-step process for bringing children and families into the project. A child is usually referred to a county’s project by a child welfare worker or a probation worker. The referral is subject to a screening process determined by the county to determine eligibility. All five counties use a child and family team (CFT) approach as their model for service delivery. Several counties reported that they are still struggling with how to define a closed case for children participating in Wraparound. These decisions are made on a case-by-case basis by counties for a variety of reasons.

In general county staff felt that they received support for Wraparound programs within their agencies. They noted, however, that attitudes of staff in the counties have ranged from complete support, to hesitation about the intervention, to complete rejection of the project. Public agency supervisors and administrators also have varied responses to the program. Representatives from one county reported that the County Board of Supervisors and agency directors have embraced the program, but that they do not fully understand the time and work needed to implement it successfully.

County staff reported improvements in overcoming organizational and departmental barriers such as philosophical and technical differences, however, some challenges continued. Across counties, staff indicated that the paradigm shift required to comprehensively implement
Wraparound continued to present barriers. Additional challenges included tensions around shared decision making with private providers, different cultures between participating agencies, the time intensiveness of Wraparound, and concerns about child safety issues. Large caseloads, heavy paperwork, and other work leave little time for county child welfare workers to refer cases to Wraparound or become involved in the Wraparound team process. High turnover and other staffing problems continued to create difficulties. Generally, county representatives believed that further education was needed to gain full support for the program and create an understanding about the resources required for its effectiveness.

Supervision and monitoring of cases for children in the experimental group continued to be conducted primarily through meetings among the various project participants. In general, counties reported that a more formalized meeting structure had developed over time to monitor and supervise implementation. Monitoring of child and family progress primarily was the responsibility of the private service providers in the four counties using a public-private model. Little monitoring was conducted for children in the comparison group.

All of the counties use a team approach to providing Wraparound. Teams vary in exact membership, but generally include an M.S.W. level facilitator/team coordinator, a B.A. level family specialist/community resource specialist, and a non-degree family partner/support counselor(s). The need for staff training is a continual concern for counties. One county noted the dearth of trainings geared to a more advanced Wraparound staff, an increasing problem as the program matures. Counties agreed that finding and retaining good staff is another major staffing challenge for their programs.

With regard to concerns about fiscal matters, none of the county representatives reported that their staff had a complete understanding of cost-neutrality. Representatives from the county implementing a managed care model expressed concern they had not adjusted the rate of funding for children in Wraparound due to slow implementation of their fiscal process. In addition, public agency staff were concerned the model does not provide incentives for providers to exit children and families from the project. Representatives from other counties noted general difficulties with processing funding for Wraparound children. County representatives reported accessing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), CalWORKS, and MediCal for Wraparound children in the experimental group.

Children in both the experimental and comparison groups receive standard child welfare services. Children and families in the experimental group receive additional services through Wraparound that vary based on the needs and goals of the children but always include intensive case management, on-going child and family team meetings, and access to a flexible pool of funding. Representatives from several counties indicated that children in the comparison group receive almost as many services as children receiving Wraparound, through the use of county-specific intensive services.

A variety of implementation challenges were reported by focus group participants. Clients and communities participating in this project face a variety of problems that impede service delivery. These include poverty, behavioral issues, and the propensity for child/family crises, along with the difficulty of identifying caregivers/family members to participate in Wraparound.
Representatives from three counties described the difficulty of providing services for families with varied ethnic and cultural backgrounds, although one county has overcome this barrier by hiring bi-lingual multicultural staff. Staff from two counties highlighted the negative impact of drug abuse among clients, exacerbated by the lack of accessible treatment. Another county mentioned the difficulty that the program has in reaching families that are involved in the probation system. Community problems such as gangs, lack of public transportation, high unemployment, and lack of available housing additionally create problems for the families being served.

Several county representatives noted the importance of the CDSS’s support. They felt that the CDSS played a positive role; however, staff from several counties noted that there were some areas in which they wanted more assistance. One county specifically addressed the impact of turnover at the CDSS and its unhelpful impact on implementation. In addition, CDSS’s lack of support on training for Wraparound’s fiscal model was discussed. One county noted that their currently strained relationship with the CDSS has made implementation difficult. At the federal level, exclusion of undocumented children from the demonstration project and the fact that federal dollars cannot be used for training were both discussed as barriers to implementation.

In general, Wraparound programs received political support across counties. In two counties, however, the support of the Board of Supervisors was contingent on the project remaining cost-neutral. In one county, the county District Attorney’s requirement that families with children in foster care reimburse the county for the cost of placement had a serious impact on already impoverished families. Staff from several counties noted the negative impact of state budget cuts on implementation.

Finally, county representatives reported serious concerns regarding the evaluation’s random assignment requirement. They believed the requirement had limited enrollments into the project and negatively affected initial implementation. Staff from three counties reported that evaluation data collection requirements had little impact on their ability to implement their Wraparound program; however, staff from two counties indicated that the evaluation had been burdensome to county staff. Staff from another county suggested that the evaluation should track children past the demonstration project end-date to truly measure the Wraparound’s success.

Family Conferencing Sub-study

Process study data discussed in this report include results pertaining to Fresno and Riverside Counties from the April 2001 ISFC Consortium Meeting, focus groups conducted during site visits in Summer 2001 with county program staff, focus groups conducted with county direct service staff in Winter 2001-2002, administrative and line staff focus groups during the current year, and direct observations of three family conferences conducted by the evaluation team in Winter 2001-2002.

The Consortium Meeting highlighted discussion of ongoing efforts in both counties to address slower than expected enrollment rates and staffing challenges that negatively affected program implementation.
During focus groups with agency staff in both counties, implementation challenges and perceived benefits and challenges of the experimental intervention were discussed. County staff were successful in overcoming barriers they had encountered during the prior year, however, additional challenges emerged. Most notably, both counties experienced staffing changes that made it difficult to maintain continuity in program implementation.

The development of collaboration between Waiver program staff and other program staff within the agency also posed challenges in both counties. In one county, cooperation with agency Emergency Response (ER) staff, who were not involved in the Waiver program, was seen by staff as necessary in order to identify the maximum number of children’s cases for the demonstration project. In the other county, court delays impeded the start of intervention services because Waiver staff could not receive primary assignment on the cases until they had been released from other agency divisions. In some cases, families were enrolled for up to five months before experimental services began.

Lower than expected enrollment continued to be a source of difficulty for county program staff as well as evaluators. Attributions for low enrollment include staffing changes in addition to the fact that both counties had targeted families that represented a very small percentage of their child welfare populations. In order to attempt to increase enrollment both counties considered revisions to their enrollment criteria and began accepting cases for whom a successful outcome based on the experimental intervention was less likely. Thus, the design of county programs was inconsistent with the majority of cases served by the agencies as well as with the demands of the demonstration project.

Both counties reported similar socio-economic factors at the client level that influenced program implementation. Low incomes of client families and parental drug abuse were consistently challenging to staff. In addition, the staff of one county reported that the ethnic diversity of the client population made it difficult to provide family conferences because they were challenged to locate conference facilitators who were fluent in languages other than English. This county also indicated that young mothers with multiple children comprised a significant proportion of the county’s child welfare population, and that such families were proving particularly challenging to work with within the Waiver program, especially when the mother’s partner was not related to the children.

Resource gaps such as inadequate childcare and transportation, low employment availability, and limited availability of substance abuse treatment were reported by staff in both counties as negatively affecting program implementation. In both counties, clients living in rural communities had difficulty accessing services. In addition, the demands of substance abuse treatment and the need to be part of the family conference sometimes created conflict for clients.

Both counties reported frustrations with the lack of state guidelines delineating the use of flexible funding and the cost neutrality aspects of their programs. One county had requested that clearer guidelines be provided in writing. Counties noted that the lack of clarity on fiscal questions created accounting difficulties.
Sharing family conferencing experiences between counties had been useful. Contact with other family conferencing programs via the state-sponsored family conferencing consortia, the AHA Roundtable and contact initiated by Waiver counties with each other was reported by both counties to be beneficial for networking, idea sharing and problem-solving.

In terms of agency support for Waiver programs, Fresno County staff reported a great deal of support for the Waiver program. Riverside County, however, reported challenges with obtaining agency support for adequate staffing of their program. In addition, a decision by agency administration to move the program site caused some disruption to the service flow in September 2001.

In general, program staff in both counties felt that the benefits of Family Conferencing for clients and staff outweighed program challenges. They noted that clients and staff experienced challenges such as difficulties with obtaining extended family participation in conferences and the development of new skills required by family members and agency staff to relate to each other in a cooperative and trusting manner. County line staff and managers experienced challenges such as working non-traditional work hours, budgeting for costs associated with the conference, and ensuring adequate staffing for conference coordination and facilitation. In Fresno County, in which the intervention approach includes family alone time, staff emphasized the benefits of family empowerment through use of the conference. Riverside County staff discussed the benefits for family members of collaboration with the professional team. Riverside County’s approach does not include family alone time. Staff in both counties felt that family conferencing provided the following benefits for families: extended family involvement, family accountability regarding child care and safety issues, increased levels of support from the child welfare agency for family and extended family members, more cooperative relationships between family members and the protective services agency, stronger “safety nets” for children, and the opportunity for children to express their opinions and desires regarding their family situations.

County staff generally expressed enthusiasm for the family conferencing intervention. They saw the following benefits for their own work and for the agency: increased access for line staff participating in conferences to information regarding the family, increased job satisfaction, improvements in the agency’s relationship with the surrounding community, and potential agency cost savings as a result of improved family outcomes and staff retention.

Family conference observations conducted by the evaluation team suggested some qualitative differences between conferences that include private family time and those that do not. In the one observed conference that did not include private family time, family members and professionals engaged in a respectful discussion regarding the family and case issues, but professionals retained more traditional roles in determining solutions to the issues raised.

Community Mentoring Sub-study

Three site visit focus groups were conducted in San Francisco County in January, 2002. Participants were 11 individuals representing direct service Community Mentors, Mentor
Supervisors, and managers (the county Special Projects Manager, the county Fiscal Manager, and the Program Coordinator from the lead Community Based Organization).

Results indicated that children and their families in the experimental group have access to 24 hour crisis intervention services, receive case management services in their home twice weekly, and benefit from a flexible fund that provides a host of services to immediately resolve problems. Among other services, the fund offers tutoring, services for family members and caregivers, transportation, and recreational activities. Furthermore, children’s cases in the experimental group are monitored very closely. Staff meet for three hours every week to review cases and weekly and monthly reports are submitted to mentor supervisors, the Special Projects Manager, and the child welfare worker responsible for each child. In contrast, children in the control group receive standard County child welfare services that typically consist of one home visit per month and waiting periods for needed services such as tutoring or transportation.

Children are identified for the program by county social workers and social worker supervisors. Children are then referred to the County Special Projects Manager who further screens their cases for eligibility and appropriateness for the program. Children’s cases that are admitted into the program are then transferred to a social worker who is familiar with the program and who works closely with each child’s assigned mentor. One of the challenges the program has experienced is under-utilization because not all social workers are aware of the program due to high staff turnover and a lack of routine reminders about the program. In addition, some social workers are uncomfortable with the high level of collaboration that is needed to work with a mentor. The program also lacks a full-time director to serve the role of educating and re-educating county staff about the program.

The program also experienced serious challenges during its development that have affected the effectiveness of its implementation. The program was initially envisioned as a community partnership and private agencies had pledged funds for program infrastructure such as computers and office space. Although the program now enjoys a good reputation in the community, these private agencies did not follow-through with their financial commitments. The county now bears a much heavier financial burden than was anticipated and funds have not been made available for some needed office safety and maintenance features. As a result, staff experience low morale. Compounding this situation, program bills frequently are not paid on time resulting in a disruption of services to client families.

Client characteristics and neighborhood and economic factors also have been daunting for the program. Children in the target population generally have been in the foster care system for several years and have lived in a number of different settings. Their biological parents typically have low levels of income and education combined with mental health and substance abuse issues. The community has a very high cost of living yet limited availability of employment opportunities for low-skilled workers that offer sustainable income. In addition, the majority of program services are geographically removed from the community and reliable transportation is problematic.

With regard to children’s outcomes, participants suggested that children served by the program were being placed in permanent homes more quickly than children in the control group.
Participants also believed that caregivers of children in the experimental group were better able to make decisions and care for themselves than control group families. In addition, participants noted that children in the experimental group were performing better academically and maintaining a higher level of stability in school than children in the control group who do not benefit from this program. These results should be interpreted with caution because participants were not knowledgeable about actual outcomes for children in the control group and analysis of administrative data is needed to determine how children and families in both groups performed on these variables.
**Annual Process Study Report-Intensive Services Component**  
**Wraparound Sub-Study**

This portion of the report describes Process Study findings from the Wraparound study in five counties—Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo—from April 1, 2001, until March 31, 2002. By the end of this project period, 269 children were actively enrolled in the Wraparound experimental group with 46 cases considered closed, while 144 children were enrolled in the comparison group with 17 cases considered closed.

**Methods and Procedures**

In-person focus groups were conducted in Alameda, Los Angeles, and Sacramento counties using a semi-structured group interview format. Telephone focus groups were conducted with Humboldt and San Luis Obispo counties using the same format. The interview questions developed by the UCB evaluation team, following the Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines, can be found in Attachment 1. The questions explore the implementation of Wraparound, including the target population, services provided, staffing, supervision and monitoring, attitudes, implementation difficulties, funding, and contextual issues (client and community characteristics; county, state, and federal government characteristics; political factors; economic factors; evaluation factors).

Prior to the focus groups, county representatives were informed of the purpose and nature of the discussion and provided the interview questions for review. County representatives were responsible for organizing the group of individuals that would participate in the focus group. At the beginning of the focus group, all participants were made aware of the purpose and nature of the discussion, and asked to read and sign a consent form allowing their participation. All focus groups were recorded on audiotape, and in all focus groups notes were taken by UCB evaluation staff. Key points and issues were extracted from these notes and summarized in this report.

Los Angeles’s focus group was conducted on November 16, 2001 and consisted of two 2-hour sessions. The first session focused on direct service workers from both the county and outside agencies. The second session included agency directors and senior staff from the county. Alameda County’s focus group was conducted on November 29, 2001 and was divided into two 2-hour sessions. This allowed a range of participants from collaborating agencies and the county. Sacramento’s focus group used a similar format and was conducted on December 17, 2001. Public and private agency representatives attended both sessions. San Luis Obispo’s focus group was conducted through a conference call on February 20, 2002. There was one two-hour session, which included county representatives and the county’s one outside provider. Both administrative staff and direct service staff participated in the phone conference. Humboldt’s focus group also was conducted through a conference call, which took place on February 21, 2002. Since Humboldt’s program does not involve any outside providers, only county representatives participated. Consistent with the other focus groups, both administrative and service staff participated.

The following provides process study results, aggregated across the five participating counties. Information from each individual county can be found in Attachment 2.
Key Features and Implementation Status

Target Populations: The five counties participating in the project are targeting children in RCL 12-14 group homes; two counties also are targeting children in RCL 10-11 group homes. This is a change in emphasis from the previous process report: one county has refocused its attention on children in RCL 12-14 group homes. All children in the project are involved with the child welfare system; three counties include children involved with their county’s probation system. Counties also targeted children at-risk of entering high-level (RCL 12-14) group homes.

Several counties reported using more explicit criteria, including behavioral problems or a pending crisis, to determine which specific children would be enrolled. Representatives from one county indicated that a strong commitment by the family or caregiver, a strong commitment by the child, and the child not being potentially violent were selection criteria. Representatives from another county agreed with the importance of a strong commitment by the caregiver and child, and included that the caregiver commit to treatment efforts if currently coping with substance abuse. Staff from a third county felt that their criteria were not explicit enough and that the individual doing the intake, as well as how familiar that person was with the program, determined who was presented as a candidate for enrollment.

Counties representatives generally agreed that it was not absolutely necessary to have a caregiver identified and committed to the process in order to enroll a child in Wraparound. One county reported that child welfare workers often misunderstand this and do not refer children to Wraparound who do not have an identified family member or caregiver. County representatives indicated that one of the primary jobs of Wraparound is to identify someone to participate in the program, whether it is a family member, extended relative, foster care parent, group home worker, or any other caregiver.

Characteristics of Service Delivery System: Many of the basic components of the service delivery system in each county are the same, despite a considerable amount of variability in the specific areas of program implementation. County child welfare agencies are involved in all five counties. County mental health agencies and probation departments are actively involved in several counties. In two counties, the mental health department has been designated the lead organization for the county’s implementation. One county’s project is led by its child welfare agency, and the remaining two counties have devised a more integrated leadership structure. Private service providers have contracted with the public agencies to provide Wraparound in all but one county. In the fifth county, the public child welfare agency is also the Wraparound provider. Private provider agencies play a major leadership role in two of the counties implementing Wraparound.

County staff reported using a similar multi-step process for bringing children and families into the project. A child is usually referred to a county’s project by a child welfare worker or, in some cases, a probation worker. The referral is subject to a screening process determined by the county to determine eligibility. The process is more formal in some counties than in others. In the majority of counties, a collaborative screening committee normally comprised of a variety of children’s services agencies (e.g., child welfare, probation, mental health, education, community-
based organizations) determines a child’s eligibility for the project. In one county, the screening committee includes parent representatives. If the child is deemed eligible, the referring professional or designated program representative contacts the family to discuss the program and secure consent for participation. Identification and eligibility information and consent documentation are then sent to the UCB evaluation staff for random assignment. UCB evaluation staff relay the group assignment information to the county and the child’s child welfare worker is notified. Service provision continues for children in the comparison group, though counties have moved to provide children in the comparison group with as “Wrap-like” services as possible. In the case of a treatment group assignment, the next step varies based on the number of wraparound providers within a county: in the three counties with multiple wraparound providers, an internal process takes place to determine who will provide Wraparound to the newly enrolled child. In the next step, provider agencies begin attempts to contact identified family member(s) to establish a connection, and to begin services if there is a crisis to be stabilized or to start planning for a meeting. In general, counties indicated that cases were referred to a provider agency and initial contact attempts began within 48 hours of random assignment notification. There is general agreement among counties that service provision begins with the first attempted family/caregiver contacts.

All five counties use a child and family team (CFT) approach as their model for service delivery. CFTs consist of the child and family, professionals, and anyone else that the child and family deems important to the process. The concept of family is broad in this instance. Family may include biological parent(s), extended family relations, foster parent(s), adoptive parent(s), social worker, group home worker, or anyone else the child identifies as family. Professionals include the team of staff from the provider agency as well as the child welfare worker and/or probation worker. Additional professionals such as the child’s therapist also may be part of the team. Additional team members may include concerned friends and neighbors, clergy, school teachers, doctors, and business owners. Ultimately it is up to the child and family to determine the necessary additional members. One county explained that families often have a difficult time identifying additional team members at the beginning, but that the membership often grows as families realize potential resources.

The characteristics of a case determine the first provision of services beyond contact phone calls and the first meeting of the CFT. Generally, the CFT works to bring together individuals deemed important to the family to assess family strengths and needs, to develop a safety/crisis plan, and to develop a case plan to achieve child and family goals. Counties indicated that the first CFT meeting occurred sooner—within a week of provider notification—if the child/family are in crisis, or later if the child/family situation is stable. Time of the first meeting varied by case due to additional factors such as family availability and receptiveness to the process. Services are a mix of formal and informal and vary in type depending on the plan developed by the CFT. Services fall under the categories of concrete services, therapeutic services, and case management services. Each county has a small flexible fund of dollars that can be used to purchase needed goods or services on short-notice and a corresponding procedure for disbursement. Requests that exceed a certain dollar amount (e.g., generally $300) or are ongoing in nature (i.e., rent supplement) require a more stringent review. In all cases, counties reported that they review other avenues for meeting the need prior to the disbursement of funds.
As the project’s implementation has continued, the issue of defining a closed case has arisen. Defining a closed case for the comparison group is primarily the same in all counties: if a child in the comparison group is emancipated or their dependency ends, the case is considered closed. Several counties reported that they are still struggling with how to define a closed case for children participating in Wraparound. Wraparound cases may close for a variety of reasons. A case may close because the needs of the family have been met as decided by the child and family and/or the Wraparound team. The referring worker may also initiate termination, though the conditions under which this occurs have not been clarified. Cases also may be closed if the child has not had contact with the agency for several months, due to AWOL status, psychiatric hospitalization, or juvenile hall. These decisions are made on a case-by-case basis by counties. Their reentry into the study after having been closed is made on a case-by-case basis between county representatives and UCB evaluation staff. In one county, Wraparound is continued even if the child’s county dependency status is terminated.

County estimates of length of Wraparound treatment varied, falling between one year and two and a half years. The variability is due to the individualized nature of Wraparound, making it difficult for counties to standardize or estimate treatment length. In the county using a managed care fiscal model, service provision will continue until the end of the project, even if the child’s dependency ends, providing some children with a treatment length of approximately four years.

**Enrollment Status:** Enrollment status was determined on February 28, 2002. The information is contained in table form in **Attachment 3**.

In Alameda County at the end of this reporting period, 139 children are enrolled in the treatment group and 66 children are enrolled in the comparison group, with 13 closed cases in the treatment group and 7 closed cases in the comparison group. One hundred ten children in the treatment group and 66 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 22 children enrolled in the study in Alameda County, averaging approximately 4 enrollments per month.

In Humboldt County at the end of this reporting period, 6 children are enrolled in the treatment group and 2 children are enrolled in the comparison group, with 1 closed case in the treatment group and 1 closed case in the comparison group. Seven children in the treatment group and 3 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 2 children enrolled in the study in Humboldt County.

In Los Angeles County at the end of this reporting period, 30 children are enrolled in the treatment group and 16 children are enrolled in the comparison group, with 2 closed cases in the treatment group and 2 closed cases in the comparison group. Twenty-eight children in the treatment group and 17 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 13 children enrolled in the study in Los Angeles County, averaging approximately 3 enrollments per month.

In Sacramento County at the end of this reporting period, 90 children are enrolled in the treatment group and 59 children are enrolled in the comparison group, with 28 closed cases in the treatment group and 5 closed cases in the comparison group. One hundred two children in
the treatment group and 61 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 32 children enrolled in the study in Sacramento County, averaging approximately 6 enrollments per month.

In San Luis Obispo County at the end of this reporting period, 4 children are enrolled in the treatment group and 1 child is enrolled in the comparison group, with 2 closed cases in the treatment group and 2 closed cases in the comparison group. Six children in the treatment group and 3 children in the comparison group are considered study children for the purpose of analysis. During this reporting period, 1 child enrolled in the study in San Luis Obispo County.

**Attitudes toward Implementation:** Counties reported mixed attitudes among public agency staff toward the implementation of Wraparound. Attitudes of direct service staff in the counties have ranged from complete support, to hesitation about the intervention, to complete rejection of the project. County representatives suggest that a higher proportion of county child welfare workers seem to favor the program than reject it. Support for the program has increased as child welfare workers see positive results from Wraparound cases. Public agency supervisors and administrators also have varied responses to the program. Counties reported that some administrators have fully embraced the program, while others are wary given the lack of outcome data. In one county, there is some concern among administrators regarding the fiscal model being implemented. Several counties reported that their county had experienced a shift in philosophy that is supportive of Wraparound and other family-oriented programs. One county reported that the County Board of Supervisors and agency directors have embraced the program, but that they do not fully understand the time and work commitment involved to make it a success.

**Implementation Difficulties:** Counties reported that they have encountered an array of difficulties as they have implemented their programs: some of the barriers affect multiple counties; others are unique to a specific county. All counties indicated that the paradigm shift required to comprehensively implement Wraparound continued to present barriers to implementation, although vast improvements had been made as the implementation progressed. The basic tenets of wraparound (e.g., strengths-based, community-based, individualized services), while similar to other innovative programs being implemented in counties (e.g., intensive family preservation services, family group conferencing), have not been fully institutionalized. Generally, the necessary core group in any given county has embraced the innovation; encouraging everyone involved in the implementation of wraparound to embrace the change required continues to be an ongoing process.

While counties reported improvements in overcoming organizational and departmental barriers such as philosophical and technical differences, some counties reported difficulties related to county child welfare workers. Issues included tensions around shared decision making with private providers, different cultures between participating agencies, the time intensiveness of Wraparound, and concerns about child safety issues. Large caseloads, tremendous paperwork responsibilities, and other work leave little time for county child welfare workers to refer cases to Wraparound or become involved in the Wraparound team process.
Staffing continued to be an implementation issue for participating counties. County respondents consistently noted staffing issues as one of the main barriers to implementation, citing the extreme difficulty they experience in finding qualified people, particularly at the master’s level, and adequately training them to provide Wraparound. Training requires a significant time and resource investment. Additionally, staff trained in previous service models may have difficulty adopting the Wraparound philosophy. Staff turnover is common making it difficult for agencies to establish a stable staffing structure.

An additional difficulty with implementation has been marketing the program to a wide enough audience to get full support. In most counties, only a percentage of county workers are familiar with the program and routinely refer clients. High rates of county staff turnover results in a loss of staff maturity regarding the project and that the education process does not develop past a more introductory level. Representatives from one county reported that providers of traditional programs might feel threatened by the Wraparound program and create a barrier to its implementation. Generally, counties agreed that further education was needed to gain full support for the program and create an understanding about the resources required to make it effective.

Organizational Aspects

**Supervision and Monitoring:** Supervision and monitoring of any given county’s implementation continued to be conducted primarily through meetings among the various project participants. In general, counties reported that a more formalized meeting structure had developed over time to monitor and supervise implementation. Three counties reported using a highly formalized arrangement that involved line-staff receiving individual and group supervision within their organizations, public and private agency management staff involved with implementation meeting weekly or bi-monthly to oversee general operations, and a policy/systems-level group meeting monthly to address larger policy issues. Additional public and private agency individuals were included in meetings as needed. The two remaining counties, due primarily to their size and complexity of their implementation, reported using a less formal—though organized and systematic—structure to oversee implementation of the project. All counties continued to use impromptu meetings and informal discussions as needs dictated.

Supervision and monitoring of a county’s implementation, as it related to children and families participating in the project, focused almost exclusively on children and families receiving Wraparound; little monitoring was done of children in the comparison group. Counties again reported that a more formal structure had developed over time to monitor enrollments and the progress of children in the project. Monitoring typically involved tracking each child’s status in the program, but not assessing program outcomes beyond those identified in the child and family’s service plan. Monitoring of child and family progress primarily was the responsibility of the private service providers in the four counties using a public-private model. County representatives reported strong involvement in that process from the public agency partner in three of the four counties. Two counties reported having established internal evaluation processes reviewing model fidelity and a number of client related outcomes, including clinical outcomes and client satisfaction. One county mental health department reported using monthly selected chart reviews to monitor child progress and program implementation. Several counties
reported that they do not have the staff or capacity to comprehensively monitor the implementation of their program as it relates to children and families, and therefore lack the necessary information to assess their program’s process and effectiveness.

**Staffing Structure:** Four of the five counties continued to contract with private agencies to provide Wraparound to children and families. In three of those counties, three private agencies provided Wraparound (in one county, representatives were negotiating contracts with several new providers due to an expansion of county areas involved in the project). The fourth county has contracted with a single Wraparound provider. In the fifth county, public agency staff provide Wraparound to children and families.

All of the counties use a team approach to providing Wraparound. Teams vary in exact membership, but generally include an M.S.W. level facilitator/team coordinator, a B.A. level family specialist/community resource specialist, and a non-degree family partner/support counselor(s). Several providers employ a static team approach where individuals work as a team all the time, while other providers form teams based on the positions. In other words, in the latter model, the same team members do not necessarily have a common caseload; in the former, they do.

The facilitator/team coordinator (FTC) is responsible for case management and coordinating the team of professionals, and provides the point of contact for the child’s child welfare worker, who retains legal responsibility for the child. In one county, the facilitator works with the county social worker to manage the case; however, in the remaining counties, case management is performed by the FTC, excluding writing court reports and representing the family in court. The FTC also may do clinical work with the child or family, unless the child and/or family have a relationship with a therapist. In one county, an FTC from another team serves as the meeting facilitator to provide a level of independence and objectivity, allowing the family’s FTC to focus on safety and service plan development tasks. Clinical program managers typically supervise the facilitators.

The family or community resource specialist is responsible for working to build relationships with the community and improve the family’s access to resources. The family partner or support counselor serves as an advocate for the family, often spending time with the child and/or family providing direct support and modeling various activities. Therapists, doctors, paraprofessionals, teachers, clergy, and neighbors also may serve as part of the CFT. The county child welfare worker also is a member of the team, though he or she may not be able to attend all meetings.

The need for staff training is a continual concern for counties and the process has evolved over time. In the most comprehensive approach (used in several counties), staff training includes an intensive several-month process that involves education, practice, and shadowing experience. The majority of counties have developed an initial training that partners a new staff member with an experienced staff member. Counties routinely conduct in-house trainings for new and existing Wraparound staff, as well as send staff to trainings offered by the CDSS or community groups. One county noted the dearth of trainings geared to a more advanced Wraparound staff, an increasing problem as the program matures. County representatives agreed that finding and retaining good staff is another major staffing challenge for their programs. In one county, a
program using B.A.-level FTCs is being piloted in one of the provider agencies because of the scarcity of job applicants with M.S.W. degrees.

**Funding:** County representatives reported that the non-categorical nature of funding for Wraparound has placed a burden on the fiscal and eligibility staff in county child welfare agencies, while at the same time providing an opportunity to forge new relationships. Fiscal barriers and problems within each county have improved. None of the counties reported that their staff had a complete understanding of cost-neutrality and its calculations.

Representatives from the county implementing a managed care fiscal model expressed concern that they had not adjusted the rate of funding for children in Wraparound due to slow implementation of their fiscal process. In addition, public agency staff were concerned the model does not provide incentives for providers to exit children and families from the project. Other counties noted general difficulties with processing funding for Wraparound children, since the process differs substantially from regular categorical funding streams.

County representatives reported accessing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds to provide mental health services to children in Wraparound and the comparison group. One county reported difficulty accessing those funds for their comparison group due to space availability while another reported difficulty due to problems in their relationship with their mental health department. Several counties also report using funds from CalWORKs and MediCal for Wraparound children. In general, counties reported using categorical sources to serve children in the comparison group (with the prominent exception of EPSDT noted earlier). Counties indicated that the biggest difference in funding for the two groups is the availability of flexible funding dollars for Wraparound children.

Flexible funding pool requests of small dollar amounts (under a few hundred dollars) were allocated to agencies to use at their discretion, although the exact process by which funds are allocated differs from county to county. Larger monetary sums are allocated by agency directors or by a collaborative county/agency team.

**Services Provided:** County staff indicated that children in both the experimental and comparison groups receive standard child welfare services. Children and families in the experimental group receive additional services through Wraparound that vary based on the individual needs and goals of the child but always include intensive case management, on-going child and family team meetings, and access to a flexible pool of funding. Examples of additional services include one-to-one shadowing services, tutoring services, respite care, educational or recreational trips, and music lessons. Several counties indicated that children in the comparison group receive almost as many services as children receiving Wraparound, through the use of county-specific intensive services. One county reported that comparison group services included a family unity meeting—similar to the CFT meeting—and one-to-one shadowing services.

**Contextual Factors**

**Social (client, community):** County staff indicated that clients and communities participating in this project face a variety of problems that impede service delivery. Poverty, behavioral issues,
and the propensity for child/family crises, along with the difficulty of identifying caregivers/family members to participate in Wraparound continued to impact the counties’ work with children. Three counties spoke of the difficulty of providing a program to adequately reach families of varied ethnic and cultural backgrounds, although one county has overcome this barrier by hiring bi-lingual multicultural staff. Representatives from two counties stressed the negative impact of drug abuse among clients, exacerbated by the lack of accessible treatment as a major impediment to the program. Representatives from another county mentioned the difficulty that the program has in reaching families that are involved in the probation system.

Community problems such as gangs, lack of public transportation, high unemployment, and lack of available housing create problems for the families being served. A shortage of crisis centers, mobile crisis support, and substance abuse programs also are cited as community limitations. Counties with rural areas said access to services was particularly difficult for clients living in more remote areas. One county mentioned the community culture of raising marijuana as a particular problem for implementation. In addition, the program has faced some opposition when trying to build resources in the community. Representatives from another county said that the lack of foster homes in the community created a significant problem when trying to move children to a less restrictive living environment.

Staff from a number of counties cited churches, faith groups, community mentors, non-profit organizations, and local businesses as resources for their program.

Institutional (County agencies, CDSS, DHHS): Institutional factors played an important role in the implementation of the Wraparound program. Two counties noted that there has been a shift in the overall philosophy of child welfare within public agencies, focusing more on family strengths and “best practices.” In one county, representatives reported some difficulty in achieving consensus on exactly how different aspects of Wraparound would be implemented, but have found a strong commitment to improving programs to increase child safety. Staff from another county indicated that a strong commitment to the program existed, but that it was difficult to get that support translated into action. Representatives from one county felt that Wraparound did not receive enough prioritization and commitment at the county level. In general, county staff agreed that further education and training was needed to help people to better understand this program. Several representatives across counties reported that an asset of the Wraparound program was its use of collaboration between the agencies, and support from high-level administrators within these agencies. County representatives, in general, felt that the program was well regarded. However, some county representatives felt that the expectations of what Wraparound could achieve were too high. Additionally, representatives from one county noted that their county agency’s non-implementation of a state workload study recommendations resulted in large caseloads and little time for child welfare workers to participate in the Wraparound process.

Representatives from several counties noted the importance of the CDSS’s support and involvement for implementation. Counties felt that the CDSS played a positive role; however, a number of counties noted that there were some areas in which they wanted more assistance. One county specifically addressed the impact of turnover at the CDSS and its unhelpful impact on implementation. Counties cited the CDSS’s lack of support on training for Wraparound’s fiscal
model as an implementation barrier as it related to cost-neutrality requirements. One county noted that their currently strained relationship with the CDSS has made implementation difficult.

Counties mentioned a number of factors at the federal level that impact implementation of the program. The exclusion of undocumented children from the demonstration project and the fact that federal dollars cannot be used for training were both mentioned as barriers to implementation. Counties agreed that the federal funding structure makes it difficult for agencies to provide services. County representatives also felt that the waiver extension request requires significant attention at all institutional levels to ensure its approval.

**Political:** Political factors have impacted implementation in several counties, although, in general, counties felt that Wraparound received tremendous political support. Counties mentioned that the support of judges, Boards of Supervisors, and child advocacy groups have all had a positive impact on implementation. In two counties, however, the support of the Board of Supervisors was contingent on the project remaining cost-neutral. Counties also indicated that county regulations influenced the implementation of the program. In one county, the county District Attorney’s requirement that families with children in foster care reimburse the county for the cost of placement had a serious impact on already impoverished families.

Counties also noted state and federal political factors as important to the successful implementation of the program. First, several counties noted the negative impact of state budget cuts on implementation. Second, one county mentioned the President’s faith-based initiative as a positive influence on the program through partnerships between the community and churches.

**Economic:** Counties did not comment extensively on the impact of the economy on the implementation process. However, several counties noted the lack of available individuals with master level education for jobs in Wraparound, which may be attributable to a healthy economy. In addition, one county did note that the timing of implementation was fortunate, since implementation had begun during good economic times, that starting the program under current economic conditions (i.e., recession) would be significantly more difficult. Another county indicated that the lack of adequate funding for group homes affected Wraparound implementation: ineffective group homes put more children at risk of higher placements, therefore increasing the eligible population.

**Evaluation:** Finally, counties reported severe reservations regarding the evaluation’s random assignment requirement and indicated it had limited enrollments into the project and impacted initial implementation. Three counties reported that evaluation data collection requirements had little impact on their ability to implement their Wraparound program; however, two counties indicated that the evaluation had been a burden on county staff, creating additional work. One county also mentioned that they felt the evaluation should track children longitudinally (past the demonstration project end-date) to truly measure the Wraparound’s success.
Information in this Annual Process Study Report for the Title IV-E Waiver Intensive Services – Family Conferencing Sub-study (ISFC) covers the implementation period from April 1, 2001 to March 31, 2002.

Two counties remain in the study at this time: Fresno and Riverside.

Process study data collected during this period and discussed in this report include: (1) the April 2001 ISFC Consortium Meeting; (2) focus groups conducted during site visits in Summer 2001 with county program staff; (3) focus groups conducted with county direct service staff in Winter 2001-2002; and (4) a synthesis of data regarding the benefits and challenges associated with the experimental intervention, collected during administrative and line staff focus groups during the current year period, as well as line staff focus groups in Winter-Spring 2000-2001; (5) direct observations of family conferences conducted by the evaluation team in Winter 2001-2002.

Themes extracted from the data collected during each of these activities are discussed, in turn, below.

**ISFC Consortium Meeting**

The fourth annual ISFC Consortium Meeting was convened by CDSS on April 24, 2001 and was attended by program, fiscal and line staff from Fresno and Riverside counties, CDSS Waiver staff, and UC Berkeley evaluation team staff.

Members of the evaluation team took notes throughout the meeting. These notes were subsequently compiled and key themes were extracted and summarized. Copies of the Consortium Meeting summary were sent to all Consortium participants for review and comment via the ISFC electronic mailing list. The final version of the Consortium Meeting summary is included in Attachment 4.

Consortium Meeting topics included CDSS presentations on cost neutrality and fiscal claiming, county implementation updates and ongoing implementation challenges and potential solutions. Among the problems and solutions discussed were ongoing efforts to address slower than expected enrollment rates in both counties and staffing challenges.
Enrollment issues: As of the April 24, 2001 Consortium Meeting, both counties had made changes to their enrollment criteria in an effort to increase the pool of potential Waiver cases. One county had softened the limits on enrolling parents with a history of substance abuse in their voluntary in-home services-based program. The other county had lowered the minimum age for child participants from age four to two in their program focused on increasing placement stability and timely permanence. In addition, the county’s focus on children placed with non-related caretakers had shifted to include children placed with relatives. For children who could not be placed with relatives, the minimum number of pre-placement matches between the child and available non-relative Waiver program caretakers who could serve as the child’s permanent placement was reduced from four to two.

In addition, the need to coordinate with other agency divisions to conduct enrollment procedures and begin serving cases had raised challenges for both counties. In one county, program staff reported that cases that had been screened and enrolled in the Waiver project frequently took more than one month to exit the agency’s Emergency Response unit and formally be assigned to a Waiver program social worker. Thus, cases were enrolled for a period exceeding 30 days before the full range of Waiver services could be initiated. In the other county, active efforts were underway to coordinate with Emergency Response staff responsible for screening new agency referrals in order to identify the maximum number of families appropriate for Waiver enrollment. This county also had plans to increase the number of Waiver staff trained to screen cases in order to ensure that a member of the Waiver staff was available to attend ongoing Emergency Response staffings regarding the disposition of cases.

Staffing challenges: Both counties reported on a number of staffing issues that were having an impact on program implementation. In one county, a new Assistant Director had recently been hired and staffing changes affecting the Waiver program’s conference facilitation resources had been initiated by agency management. Further staffing changes were anticipated as the County Board of Supervisors was meeting the same day to consider a proposed reorganization for the county Department of Public Social Services. Two additional social workers had been added to this county’s Waiver program, while one was expected to leave the program voluntarily (due to a promotion). Despite the net gain, program staff in this county were eager to ensure that agency management was made fully aware of the Waiver program goals and implementation requirements as a strategy to ensure future adequate staffing. Some apprehension on the part of Waiver staff regarding future staffing levels was due to the fact that line staff dedicated to the Waiver drew down only half as much caseload-based funding from the state as non-Waiver workers, due to their caseloads being half the size of the standard caseload. Plans were laid at the Consortium Meeting for CDSS, county staff and the evaluation team to collaborate to address the areas that could be impacted by seeking clarification regarding state policy and outreach to the county’s upper level management. The other county had recently hired a new Deputy Director, who was expected to oversee the Children and Family Services Division, until such a time as a new director for this division could be hired. This county expressed confidence in continued support for the Waiver program from upper level management, but was also grappling with resource issues at the line staff level. This county’s Waiver program primarily employed line staff with an undergraduate-level education and staff reported that a large number of the current workers were expected to leave the agency in Fall 2001 to pursue graduate-level training. Thus, the county was faced with the challenging task of recruiting additional workers who had
some experience in working with the high-risk population served under the Waiver program. Staff in this county were preparing a formal presentation regarding the Waiver program design to be used to educate the new agency administration.

Focus Groups with County Program Staff

Focus groups with county program staff in Riverside and Fresno counties were conducted to collect data for the Process Study on July 23, 2001 and August 27, 2001, respectively. Program staff attending these groups included agency subdivision managers, ISFC program coordinators, family conference coordinators and facilitators, and child welfare staff supervisors. Each focus group lasted approximately 2 hours.

Similar to previous focus groups conducted for the ISFC, interview questions for the focus groups were developed by CSSR evaluation team staff, following federal guidelines for the IV-E Waiver Process Study. The interview schedule (Attachment 5) contains items exploring (1) the organizational structure of family conferencing programs, including implementation strategies, program oversight and monitoring, problem resolution, staff acceptance and staffing structure; (2) service factors within each agency, such as characteristics, roles, and training of staff, type and duration of services offered, and timelines and scheduling of program services; and (3) contextual factors, including social and economic factors at the client, county, state and federal levels, community and neighborhood resources, and political factors.

Once informed consent was obtained from all focus group members, each focus group interview was recorded on an audio cassette, and notes were taken by all CSSR evaluation team staff in attendance. Evaluation team staff notes were then transcribed and key points/issues were extracted and summarized. Site visit summaries were subsequently sent to county administrative staff for review. If county feedback was made available, it was then incorporated into the final draft. Final versions of the focus group summaries for both study counties are included in Attachment 6. Key themes from the focus groups with county program staff are summarized below.

Program implementation status: Both counties were actively enrolling children into the study at the time site visits were conducted in July and August 2001. Some experimental and control cases had been closed by that time. In one county, where line staff served both experimental and control cases, program staff discussed their perceptions regarding case outcomes, but did not differentiate between the two study groups. County staff indicated that some children had been returned home or were successfully maintained at home through the provision of ISFC services. Among 16 closed experimental and control cases in this county, with an emphasis on placement prevention, 7 included children who remained at home with their biological caregiver and needed no further intervention. Nine study cases were closed when the family refused ISFC services. However, this county noted that court intervention was avoided in these cases as well. How many of the stabilized vs. non-compliant families represented experimental vs. control cases was not clarified by county staff. In the other county, staff reported on perceived outcomes for experimental cases only, due to their lack of contact with control cases served elsewhere in the agency. In this county, families were already involved with court proceedings and project goals were to promote timely permanence and decrease placement instability. Outcomes
included three families who had reunified with their children; two families in which the child moved from relative care to specialized (ESP) foster care; and one family where the child moved from specialized (ESP) foster care to relative care. No comparison to control group outcomes was provided by program staff in this county.

Counties noted the influence of the philosophies guiding their Waiver programs on their respective teams and agencies at large. One county reported that the philosophy of their Waiver family conferencing program was pervasive throughout the agency. The approach of this county’s program was stated as, "let the families decide what they need and want to the fullest extent possible and allow the social workers to be open to that." This county reported that there had been a recent dramatic increase in the number of non-Waiver family conferences convened throughout the agency and that more active efforts were underway to engage the community in the agency’s family conferencing efforts. The other county characterized their program philosophy as, “Whatever it Takes,” to support the program goals of placement stability and timely permanence. This county indicated that an emphasis on identifying strengths, concerns and needs of all involved, including family and staff, was a key feature of their program approach. In addition, the county provided a written list of core program principles that included emphasizing active family participation, viable long-term solutions for child placement, clear and honest communication and addressing the needs of the child as the highest priority.

Counties reported implementing programs that had changed little over the past year. However, since the last Annual Process Study Report was submitted, one county that was implementing a model of family conferencing that did not include family alone time had added this option. This county had begun offering family alone time during conferences that focused on permanency planning in order to support families in clarifying the permanent plans they preferred for their children. Both counties currently include family alone time in some or all of their Waiver program conferences. Both reported that this has led to positive outcomes for the families involved.

**Screening process and eligibility criteria:** The most noted change was with one county’s more stringent requirements for screening and obtaining the participation of relative care providers. This county had introduced a county-specific document, completed prior to program enrollment, that required relative caregivers to indicate their commitment to care for the child permanently in the event reunification was not possible (Attachment 7). When relatives were not available or appropriate to serve as potentially permanent placements for Waiver children, county staff continued to seek to identify at least two specialized non-kin (ESP) homes that could serve as permanent placements prior to enrolling the child. This county noted that although their initial program design was to enroll children who could not be placed with relatives, an overwhelming majority of the enrolled children were currently placed with kin caregivers. This shift started in April 2000, when the county changed their design to include kinship caregivers in order to boost the program’s overall enrollment numbers.

One study county had focused their attention on the specific criteria for enrollment. This county had begun to evaluate the thoroughness of the family assessment conducted by the agency’s Emergency Response unit (ER) as a factor in screening cases for the Waiver. The county reported that this emphasis was due to the fact that serious concerns that would indicate that
Waiver program services were not appropriate for the family were sometimes overlooked by ER in their reporting. As discussed in the accompanying Semi-Annual Progress Report, the county further proposed to eliminate criteria mandating a brief voluntary placement prior to starting in-home voluntary services for experimental and control cases and also was considering enrolling children rated on the SDM Family Risk Assessment tool as being at “very high risk” for repeat abuse or neglect. As a result of consultations with evaluation team staff following the August 27, 2001 site visit, the county decided to drop the requirement that parents consent to an initial 7-day voluntary placement, in order to avoid eliminating families who could not identify a suitable relative placement. The county opted not to enroll “very high risk” children, however, due to questions raised about the prognosis for a successful outcome for these families with provision of Waiver services. In addition, this county indicated plans to train social work staff in the Waiver program to screen incoming cases so that a larger number of staff would be available to handle this task. At the time the focus group was conducted, the program coordinator was solely responsible for all enrollment procedures. This change had been implemented by the time the focus group with line staff (discussed in the next section) was conducted in November 2001.

Program oversight and monitoring: Both counties had similar formal structures in place for program oversight and case monitoring. However, each county emphasized different aspects of their oversight and monitoring systems in their focus group responses. One county focused on their utilization of a clinical supervisor to consult with the child welfare workers in reviewing cases regularly. The clinical supervisor also reviewed follow-up conference summaries to confirm case progress. In response to questions in this area, the other county focused more on the role of child welfare workers in monitoring case progress and the high frequency of contact between workers and families that facilitated the monitoring process. This county also acknowledged the role that the program coordinator plays as a resource to families who have questions or concerns throughout their participation in the program.

Counties were queried regarding the extent of community stakeholder involvement in their Waiver programs and the past and future roles of community stakeholders. One county emphasized the role of community-based organizations (CBO’s) in providing resources to address family issues and the ways in which relationships between the Waiver program and key service providers have been cultivated to facilitate access to services for Waiver families. This county had developed a specialized contract for the Waiver with a CBO that provides support with family visitation, parent training, case support and monitoring. CBO representatives in this county were also encouraged to attend family conferences and contribute to the family plan as part of their role in the conference. The other study county noted that a number of community stakeholders were involved in planning the county’s Waiver program and that some had continued to participate in quarterly, advisory committee meetings. The county did not give any specific examples of how this was impacting their Waiver program overall.

Benefits and challenges of the experimental intervention: Program administrators in both counties reported a high level of acceptance for their respective Waiver programs among line staff. Positive impacts on social work staff, discussed by program administrators, included a heightened sense of success and the capacity to do “real” social work. Both counties noted that the increased contact between families and case workers had facilitated more positive
relationships between the parties. Counties reported that conferencing contributed to more open communication, which was a benefit to all involved.

One county emphasized the benefit to families and the agency of having additional services provided by families and their extended family members. The county observed that families identified their own resources and that family conferences helped to mobilize family support. This was illustrated through examples where relatives allowed a family to move in with them, childcare and babysitting was provided in-kind by extended family and money for rent was given to a family by relatives as well.

Building more positive relationships between families and the social services agency had, in turn, had a positive influence on the agency’s relationship with the surrounding community. One county referred to a recent newspaper article highlighting their efforts to assist families in need. The other county anticipated that the positive influence of the Waiver program on the agency’s relationship with the surrounding community would facilitate foster parent recruitment and retention.

One county acknowledged that family conferencing, and their voluntary services-based program in general, was not effective with every family that met their enrollment criteria. Staff in this county were working to clarify the characteristics that might distinguish which families were least likely to benefit from program services. For example, staff reported diminished success with families comprised of young, single-mothers with multiple young children and a partner who was not related to the children.

Counties reported that promoting collaboration based upon effective communication and trust was an additional challenge associated with the family conferencing model. One county stressed that many families were not skilled at open communication. Language, like the word, “concern,” that was familiar to the professional community and often used in conferencing, could be confusing for family members who had not previously been exposed to such language. One county reported that for some families, the conference was one of few instances in which the family had been given some power by system authorities over what was happening to them and family members appeared unsure as to what to do with this responsibility. The other study county acknowledged the importance of building trust among family members and members of the professional team. These issues were not seen as insurmountable, but were noted as challenges.

Finally, the unusual work hours that family conferencing sometimes required was described by county staff as a challenge for some workers. In the other county, the issue of unusual work hours was framed as a fiscal challenge, due to the agency’s commitment to providing overtime pay.

**Staffing structure:** Both counties reported significant changes in program staffing over the past year. One county reported chronic difficulties with high staff turnover. At the time this information was gathered, one county, that had anticipated the loss of several workers to graduate school, had seen this change occur. The child welfare supervisor for the program had
also been transferred to another division, and a new supervisor had been brought in to fill the vacancy.

The other county experienced staffing changes that had some significantly positive and negative impacts on their ability to convene conferences and track and monitor cases. Some of the changes were reported by staff participating in the focus group interview, while other changes did not take place until after the focus group and were later reported directly to the evaluation team by key county staff. By the time of the focus group interview, in July 2001, the social work staff assigned to the program had increased from one to four workers. Staff in this county were optimistic that the increased staff would facilitate their ability to serve more Waiver cases. Due to an agency-wide restructuring, however, the conference coordinator and facilitator had been reassigned to another agency division and this person’s duties were spread among existing staff within, and outside of, the Waiver program. This structure lasted for approximately five months, at which point, further changes were made. At this later date, the Waiver program coordinator also was reassigned to duties outside of the Waiver program and the program itself was physically moved to another location, away from the staff that had been providing conference facilitation on an interim basis. For a period of about one month following the physical relocation of the program, no staff was assigned to coordinate and facilitate conferences for Waiver children. By November 2001, a new conference coordinator/facilitator was assigned to the Waiver program to work in conjunction with the social work supervisor and line staff. The effect of all the staffing changes in this county on program enrollment was that while the county was able to enroll 15 study children (36 children, including siblings) during the five months from April 2001 through August 2001, only two study children (seven children total, including siblings) were enrolled during the five months from September 2001 through January 2002.

Staff training:  Training for facilitators, coordinators and direct service workers continued to be provided in both counties on an ongoing basis and had consisted of both formally planned sessions and informal, experiential learning. In both counties, social workers had been given an overview of the Waiver program. The extent of specialized training regarding family conferencing varied by county, with one county providing a great deal of on the job training, instructional videos and opportunities for conference observation. This county noted that direct service staff could benefit from additional specialized training but had concerns about finding ways to fund this. This county was able to send one staff member to the 2001 AHA FGDM Roundtable. This individual was among the staff whose involvement in the Waiver program ended with the agency reorganization. The other study county had provided formal training for one facilitator/coordinator who was responsible for training approximately twenty social workers to serve as facilitators. This county had provided for the one facilitator/coordinator to attend the 2001 AHA FGDM Roundtable and training with Jim Nice.

The level of staff experience and “buy-in” in conjunction with staffing levels was noted as influencing overall program success. Counties emphasized the importance of: (1) adequate staffing to implement their family conferencing programs and (2) staff investment in the Waiver program and family conferencing philosophy. In one county, chronic turnover among line staff had increased the pressure on program managers to locate more experienced workers to fill vacancies. Counties indicated that staff commitment to the Waiver program and underlying philosophies was also important in order to make their programs work. One county noted that
not having a conference facilitator who was dedicated to the Waiver program was problematic, in that the commitment level of conference facilitation staff to the Waiver program was questionable. On the other hand, high levels of commitment to the family conferencing model produced tensions within at least one county agency, due to the limited availability of the intervention. One program administrator stated, “you want them to believe in the model, but now they believe in the model so much that they want it all the time.”

Both counties expressed interest in providing family conferencing training for community stakeholders. One county expressed a desire to train CBO representatives on the family conferencing process in order to promote their involvement as resource providers and to serve as conference facilitators. While both counties were reaching out to involve community groups and CBO’s in their Waiver family conferencing programs, they also noted challenges with compensating the community staff for their time and/or providing training for them through current funding streams. One county reported that at least one community participant in their Waiver program had benefited from participation in wrap-around training.

**Service type and duration:** There were differences reported between counties regarding their approach to providing control and experimental group services. One county reported that program staff had little contact with families in the control group and was therefore unable to provide much information regarding similarities or differences in the services provided to these families, as compared with experimental group families. While they did list a myriad of services provided to the experimental group, they could only speculate as to the services received by the control group (i.e. noting that student tutoring was probably provided through the Office of Education instead of paid for with Title IV-E funds, as for experimental group cases). Staff speculated, however, that concurrent planning was emphasized earlier and implemented more consistently for experimental group families than for control cases. Another difference suggested by this county was that services for control group families were likely to be identified by the social worker, with minimal family input. In contrast, families in the experimental group received frequent family conferences and thereby played an active role in identifying and determining supports and ancillary services that would augment those already specified in the court-ordered case plan. In the other county, social work caseloads for Waiver program workers were comprised of both control and experimental cases. Staff in this county reported that services between groups were very similar. The primary difference in service delivery noted by staff was the lack of access to family conferences for the control group and access to more flexible funding for experimental group cases. Both counties noted the flexible funding as a benefit for experimental group families. In both counties flexible funding was used to provide needed family care items such as: baby strollers, food, diapers and cleaning supplies. It was also identified as a source for providing emergency rent payments, completing car repairs and buying children's furniture.

The average duration of the experimental intervention was reported by one county as 3-4 months. The other county indicated that the experimental intervention would last as long as the case remained open to court-ordered child welfare services in the agency.

**Timelines and scheduling:** Targeted timelines for scheduling initial family conferences varied from seven days following program enrollment in one county to thirty days following placement
of the experimental group child in a Waiver concurrent planning home in the other county. Timeframes reportedly varied for individual families and were influenced by family cooperation and staff availability. Timeframes for follow-up conferences convened by one county were also influenced by the timing of court reviews and permanency planning assessments. Both counties reported that family plans became effective immediately upon conclusion of the family conference and implementation of the plans began at once.

Problem resolution: Both counties were actively working to address implementation challenges that had arisen. One county stated that they were approaching all challenges by, “working harder and smarter.” Ensuring consistent enrollment of children into the program had been problematic for both counties. Eligibility criteria and staff availability to screen and/or manage cases was part of the challenge. As earlier noted, one county was evaluating whether to modify program eligibility criteria in order to increase enrollment. The other county expected that a recent increase in social work staff dedicated to the program would improve the program capacity to screen and enroll families. This county also had been trying to avoid unplanned placement moves for experimental group children by clarifying family commitment to the goal of permanency in placement up-front. The county was addressing this challenge by having prospective kinship caregivers sign a pre-enrollment agreement to this effect and by working with kin caregivers to identify emergency alternative placements within the family.

With regard to overall project timelines, both counties indicated that they were expecting to fill all of the allocated study slots (204/116 experimental/control) by the target date of September 30, 2003. Given that informed consent is needed for Waiver study participation, an emphasis on obtaining consent from as many prospective study families as possible was an integral part of one county’s strategy for reaching the desired goal. The other county was in the process of training additional staff to screen and enroll cases in an effort to increase the number of families accepted into the program. These responses reflected a level of county optimism regarding project enrollment, however, that is not reflected in current enrollment rates.

Scheduling and setting up conferences was a challenge reported by both counties that involved contacting multiple prospective participants and coordinating diverse schedules. One county referred to the conference coordination and scheduling process as, “throwing a party every few weeks.” This county struggled with meeting targeted timelines for convening conferences and tracking conference statistics, due, in part, to the loss of a staff person who had been designated to do this. The other county reported that the goal it had set to convene conferences within seven days of study group assignment was difficult to meet due to the time needed to contact prospective participants and clarify a time and date that would work for most participants. Efforts to facilitate family cooperation and participation in one county had included promoting conferences with families by talking about them in advance, meeting at the family’s home or closer to the family residence and providing taxi vouchers to enable transportation. In addition, there were challenges associated with the scheduling flexibility of community professionals (Department of Mental Health representatives, for example). Community professionals often were not available for meeting times in the evenings and on weekends, times that were typically preferred by family members. Scheduling for community and agency representatives attending family conferences was further complicated by compensation issues.
Contextual factors - Social and economic factors at the client level: Both counties reported similar socio-economic factors at the client level that were having an influence on implementation. The most consistently challenging factors reported by counties were the low incomes of client families and parental drug abuse. One county reported impressions for experimental cases only and noted that substance abuse was a reason for intervention in all but one such case. Although the impact of these issues on county programs was similar to their impact on child welfare services in general, these county staff indicated their view that family conferencing might be particularly effective in assuaging the family tensions and alienation that arise from a family history of substance abuse. In the other county, the ethnic diversity of the client population was having an impact on implementation of the family conference, in that the agency was challenged to locate conference facilitators who were fluent in languages other than English. This county also indicated that young mothers with multiple children comprised a significant proportion of the county’s child welfare population, and that such families were proving particularly challenging to work with within the Waiver program, especially when the mother’s partner was not related to the children.

Both counties reported that some families were identifying their own resources and utilizing extended family members to address issues specified in their case- and family conference plans. One county reported examples of extended family members who had provided financial support for rent, education and even private substance abuse treatment. Families were able to provide childcare during meetings, freeing up social work aides for other tasks. Family cultural heritage was also drawn upon to find solutions, as with one Native American family where extended family provided monetary support. One county had shared costs with families; agreeing to pay part of the rent while the family covered the rest.

Contextual factors - Community and neighborhood resources: Resource gaps reported by both counties as having an impact on program effectiveness included inadequate child care and transportation resources, low employment availability and the limited availability of substance abuse treatment. One county reported that employment availability was low overall and that typically there were long wait lists for affordable child care. CalWORKS was noted as a potential resource for employment and child care supports, but not all project families were eligible. The other county stressed that GAIN (i.e., CalWORKS) was not a viable resource for families in their experimental program due to the fact that the child was in foster care and not living with the parent. Both counties noted that the geographic location of community resources was urban-centered. Moreover, transportation was problematic in both counties for families living outside of the metropolitan area. Both counties indicated that rural community access to services and transportation impacted the number and range of available treatment options. In at least one county, the demands of substance abuse treatment and the need to be part of the family conference were at times in conflict. Parents were sometimes unable to participate in both simultaneously due to limits imposed by treatment programs on contact with individuals outside the program during the initial treatment period. In addition, this county pointed to conflicts between childcare demands and substance abuse treatment attendance, noting that the former is often a hurdle to successfully completing the latter.

Little elaboration was given by either county regarding the ways in which community and neighborhood resources were facilitating implementation. One county did report, however, that
the Waiver program's relationship with a specific CBO was particularly effective in accessing parenting services for clients. In addition, the location of the program within the same agency division as the Neighborhood Resource Centers (NRC) was noted to facilitate access to NRC services for clients.

Contextual factors - Social and economic factors at the county, state and federal levels: Counties were using a combination of Title IV-E flexible funding and traditional child welfare funding streams to address Waiver program costs. Title IV-E flexible funding was used to cover the costs of family conferences and elements of family conference plans that could not be supported by traditional funding sources. One county, whose Waiver social workers maintained caseloads that were reportedly half the size of the agency norm, paid half of the workers’ salary cost with flexible IV-E funds. Counties also relied upon Medi-Cal, Title XX, Family Preservation, general Child Welfare and Child Welfare Augmentation funds and CalWORKs funding to support client services, transportation and staff overtime.

Both counties reported frustrations with the state guidelines, or lack thereof, for the use of flexible funding and the cost neutrality of their respective programs. One county had requested that clearer guidelines be put into writing. Similarly, the other county had submitted questions to the state during the prior year and had not received a response by the July 2001 site visit. Counties noted that the lack of clarity on such fiscal questions was difficult from an accounting perspective.

Sharing family conferencing experiences between counties had been useful. Contact with other family conferencing programs via the state-sponsored family conferencing consortia, the AHA Roundtable and contact initiated by Waiver counties with each other was reported by both counties to be beneficial for networking, idea sharing and problem-solving. One county specifically noted that the opportunity to observe conferences in the other Waiver county had helped to expand county views on implementation strategies for their non-Waiver family conferencing program.

Contextual factors - Political: In response to probes regarding political influences on implementation, both counties discussed themes of acquiring support from the larger county administration and county supervisory boards. The level of support for the Waiver program throughout county agencies varied by locale. One county had been faced with budget cuts that threatened the Waiver program, due to the program’s non-mandatory status. When this threat was imminent, county staff appealed to the county Board of Supervisors to help build support for the IV-E program. In general, however, this county reported a great deal of support for the Waiver program within the agency. The other county reported challenges with obtaining agency support for adequate staffing of the Waiver program. In addition, a decision by higher level agency administration to move the program site caused some disruption to the service flow in September 2001. Staff stressed the positive contributions of the Waiver program to the agency image outside of the county, however. Program staff indicated that implementation of family conferencing was helpful with the county’s participation in the Child Welfare League of America (CWLA) audit, particularly in the area of “family involvement.” In addition, staff reported their perception that participation in the Waiver had enhanced the agency’s relationship with CDSS.
The need to preserve the demonstration project evaluation design, with its random assignment requirement, had caused some tension within the agency in at least one county, where workers wanted to include more families they deemed would benefit from family conferencing. This county also reported some tension around the court mandating family participation in family conferencing. Staff in this county suggested that it would be more helpful for courts to mandate an assessment of whether family conferencing was appropriate for individual families and was working to address this with court staff.

*Focus Groups with Line Staff*

Waiver staff attending these focus groups included four child welfare workers, one social worker aide and one graduate student intern in one ISFC county, and five child welfare workers and five social worker aides (including one undergraduate student social worker) in the other. Each focus group lasted approximately 2 hours.

A similar process to that used during focus groups with county program staff (described above) was used to record and analyze the data collected during these focus groups. Similar to previous focus groups conducted for the ISFC, interview questions for the focus groups were developed by CSSR evaluation team staff, following the federal Title IV-E Child Welfare Waiver Demonstration evaluation guidelines. The interview schedule (*Attachment 8*) contains items exploring (1) the organizational structure of family conferencing programs, including implementation strategies, program oversight and monitoring, staff acceptance and staffing structure; (2) service factors within each agency, such as type and duration of services offered and timelines and scheduling of program services; and (3) contextual factors, including social and economic factors at the client, county, state and federal levels, community and neighborhood resources, and political factors. In addition, data regarding the characteristics, roles and training of staff were collected via a self-administered questionnaire (*Attachment 9*). Single-county summaries of the focus group and self-administered questionnaire data are provided in *Attachments 10 - 11*.

In one county with an emphasis on promoting permanency and placement stability for court-dependent children, staff limited their responses to experiences with experimental group cases. Control cases were carried by multiple non-Waiver workers throughout the agency. Thus, Waiver workers could not comment on issues affecting these cases. In the other county, workers provided voluntary in-home services to experimental and control cases, alike, and tended not to differentiate between the two study groups. A summary of data collected in both counties via the self-administered questionnaire is presented in Tables 1 - 2 below.
Table 1. Line Staff Roles/Job Titles, Experience in Role and Agency, Reported Caseload

<table>
<thead>
<tr>
<th>Domain</th>
<th>Fresno (N=9)</th>
<th>Riverside (N=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role in Agency [Job Title]</td>
<td>Child Welfare Worker: Case carrying social worker in VFM, working with families to provide for protection and stability of children. [Social Worker Social Worker II (n=3)]</td>
<td>Child Welfare Worker: Case carrying Social Worker in adjudicated services, working with families to provide for protection and stability of children. [Social Worker III (n=1), Social Worker V (n=3)]</td>
</tr>
<tr>
<td></td>
<td>Case Manager: Provide case management to families in VFM. [Social Work Practitioner (n=2)]</td>
<td>Student Intern: Assist and coordinate ESP support group meetings. assist in advisory meetings and provide support with administrative issues. [Social Work Intern (n=1)]</td>
</tr>
<tr>
<td></td>
<td>Social Work Aide: Assist the social workers with caseloads, motivate clients in a supportive way, access community resources for clients. [Social Worker Aide(n=3), Student Social Worker(n=1)]</td>
<td>Social Worker Aide: Assist Social Workers with their caseloads. [Community Service Assistant (n=1)]</td>
</tr>
<tr>
<td>Years in Agency</td>
<td>Range: 0 years, 8 months to 6 years, 2 months (n=9)</td>
<td>Range: 3 years, 8 months to 8 years, 1 month (n=6)</td>
</tr>
<tr>
<td></td>
<td>Average: 2 years, 3 months (n=9)</td>
<td>Average: 5 years, 9 months (n=6)</td>
</tr>
<tr>
<td>Years in Current Role</td>
<td>Range: 0 years, 4 months to 3 years, 6 months (n=9)</td>
<td>Range: 0 years, 6 months to 1 year, 7 months (n=6)</td>
</tr>
<tr>
<td></td>
<td>Average: 1 year, 4 months (n=9)</td>
<td>Average: 0 years, 10 months (n=6)</td>
</tr>
<tr>
<td>Current Caseload</td>
<td>Child Welfare Worker (n=3), Case Manager (n=2)</td>
<td>Child Welfare Worker (n=4)</td>
</tr>
<tr>
<td></td>
<td>Range: 16 to 39 children</td>
<td>Range: 10 to 15 children</td>
</tr>
<tr>
<td></td>
<td>Average: 28 children</td>
<td>Average: 13 children</td>
</tr>
<tr>
<td></td>
<td>Social Worker Aide (n=4)</td>
<td>Social Worker Aide (n=1)</td>
</tr>
<tr>
<td></td>
<td>Range: 2 to 20 children</td>
<td>No response</td>
</tr>
<tr>
<td></td>
<td>Average: 14 children</td>
<td></td>
</tr>
<tr>
<td>Waiver Experimental Group Children on Caseload</td>
<td>Child Welfare Worker (n=3), Case Manager (n=1)</td>
<td>Child Welfare Worker (n=4)</td>
</tr>
<tr>
<td></td>
<td>Range: 1 to 6 children</td>
<td>Range: 10 to 15 children</td>
</tr>
<tr>
<td></td>
<td>Average: 4 children</td>
<td>Average: 13 children</td>
</tr>
<tr>
<td></td>
<td>Social Worker Aide (n=3)</td>
<td>Social Worker Aide</td>
</tr>
<tr>
<td></td>
<td>Range: 2 to 15 children</td>
<td>No response</td>
</tr>
<tr>
<td></td>
<td>Average: 8 children</td>
<td></td>
</tr>
<tr>
<td>Waiver Control Group Children on Caseload</td>
<td>Child Welfare Worker (n=1)</td>
<td>Child Welfare Worker (n=4)</td>
</tr>
<tr>
<td></td>
<td>Case Manager (n=1)</td>
<td>Range: 0 children</td>
</tr>
<tr>
<td></td>
<td>Range: 2 to 4 children</td>
<td>Average: 0 children</td>
</tr>
<tr>
<td></td>
<td>Average: 3 children</td>
<td>Social Worker Aide</td>
</tr>
<tr>
<td></td>
<td>Social Worker Aide (n=1)</td>
<td>No response</td>
</tr>
<tr>
<td></td>
<td>45 children</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Line Staff Level of Education, Training and Experience with Family Conferencing

<table>
<thead>
<tr>
<th>Domain</th>
<th>Fresno (N=9)</th>
<th>Riverside (N=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Experience with Family Conferencing</td>
<td>Respondents varied in their level of involvement with FC and the families who have participated in them. Four reported having good experiences with FC and that they had attended at least one FC. One respondent noted working with FC as a facilitator during four conferences. Two respondents reported having no prior experience at all. One noted only having contact with FC while serving in the capacity of translator.</td>
<td>Respondents noted relatively new experiences with family conferences. Two respondents reported that they had only participated in three conferences. All three conferences were part of their recent experiences with FC through the ESP program.</td>
</tr>
<tr>
<td>Highest Level of Education and Year Completed</td>
<td><strong>Child Welfare Worker:</strong> Masters Degree (n=2) -completed 2001, 2000 Bachelors Degree (n=1) -date not recorded</td>
<td><strong>Child Welfare Worker:</strong> Masters Degree (n=3) -completed 1998, 1996, date not recorded Bachelors Degree (n=1) -completed 1974</td>
</tr>
<tr>
<td></td>
<td><strong>Case Manager:</strong> Bachelors Degree (n=2) -completed 1999, 1997</td>
<td><strong>Student Intern:</strong> Bachelors Degree (n=1) -date not recorded</td>
</tr>
<tr>
<td></td>
<td><strong>Social Worker Aide:</strong> Associates Degree (n=2)-completed 1997, 1996 Post High School Training (n=1) -date not recorded High School Diploma (n=1) -date not recorded</td>
<td><strong>Social Worker Aide:</strong> Associates Degree (n=2) -dates not recorded</td>
</tr>
<tr>
<td>FC Trainings Completed</td>
<td><strong>Child Welfare Worker:</strong> - 3 day training on FGDM with Jim Nice (n=1) - County program manager and conference facilitator presentation (n=2)</td>
<td><strong>Child Welfare Worker:</strong> - 10 week ESP training (n=3) - 2 days of wraparound training and FC training (n=3)</td>
</tr>
<tr>
<td></td>
<td><strong>Case Manager:</strong> - In service training on Waiver program by county program manager (n=2)</td>
<td><strong>Student Intern:</strong> - Reported that no training had been completed</td>
</tr>
<tr>
<td></td>
<td><strong>Social Worker Aide:</strong> - Observed several family conferences (n=1) - Program overview training by county program manager (n=1)</td>
<td><strong>Social Worker Aide:</strong> - No response recorded</td>
</tr>
<tr>
<td>Future Participation in FC Trainings</td>
<td>Staff were unaware of any training to be provided in the future, but would attend if it was offered.</td>
<td>None that staff were aware of.</td>
</tr>
</tbody>
</table>
Enrollment process: Line staff responsibilities for enrollment and case selection differed between the two counties. In one study county social workers were not involved in case selection and enrollment. Workers were instead assigned cases by the program supervisor after the enrollment process was completed. In the other study county, social workers began attending some staffings outside of their program area to screen cases for the Waiver in November 2001. Prior to November 2001, this process was handled exclusively by the Waiver program coordinator. In addition, social workers had started obtaining informed consent and identifying conference participants. Related to these responsibilities, workers highlighted the importance of explaining the purpose of the research to families and helping families to anticipate what might be expected of them, taking the varying literacy levels of family members and their lack of exposure to terms like, “Title IV-E,” into account. These responsibilities represented a change in the roles of child welfare workers, who only obtained informed consent in the past when the program coordinator was unable to do so. Social workers in this county reported the expectation that their more active involvement in the screening and enrollment process might prevent confusion that had arisen in the past among family members regarding the roles of the program coordinator vs. the child welfare worker. Staff in this county also reported that, in terms of case selection, the process was not very different from that used to screen and select cases for the Voluntary Family Maintenance (VFM) program, within which the Waiver program was located.

Timelines and scheduling: The timeline under which line staff involved in the Waiver program would typically become involved in a case assigned to the experimental group varied by county. In one county, workers indicated that their initial contact with a case began prior to project enrollment, at the time a police hold on the child was initiated. Formal work with the case began once the case was assigned to the Waiver project, a juvenile court petition had been filed and the case had been transferred from Emergency Response to the VFM unit, typically within 7 days. Social workers in this county would sometimes assist families with referrals to outside support agencies even before the case was formally transferred to the VFM unit. In the other county, cases were typically assigned to a Waiver (ESP program) social worker, as the primary worker, only after the jurisdiction/disposition juvenile court hearing. Prior to this point, Waiver social workers were assigned as secondary workers on experimental cases and would sometimes provide services in collaboration with staff who held primary responsibility for the case. Workers indicated that their ability to become actively involved as the secondary worker was influenced by the level and/or intensity of their caseload at a given point in time. The specific time frame for primary assignment to the Waiver program depended on the approach of the assigned court worker and whether the court case was contested. Workers in this county indicated that one recent case took five months to emerge from the court process and receive primary assignment to the Waiver program. Staff reported their impression that this was not an altogether atypical timeframe.

Each county had set different goals and timelines for conference completion. One county reported that conferences were convened post-jurisdictional/dispositional hearing, within 30 days from the date of internal assignment to the Waiver program, as discussed above. Waiver social workers had typically already had some contact with families prior to completion of the conference and discussed one of the functions of the conference as identifying additional services that could benefit the child and family. The other county’s goal was to convene the conference within one week of program acceptance and assignment to the experimental group.
Workers in this county indicated their view that it was best for families if conferences occurred as quickly as possible, in order to take maximum advantage of family motivation to address the issues at time of referral to the agency. Line staff indicated their perception that when there was less immediacy, there was less motivation to follow through. However, staff also noted that there was typically some delay in getting services started.

Type and duration of services: Both counties reported providing a wide variety of services to experimental and control group families, including: case management, visitation, coordination and monitoring, childcare assistance, food, clothing and housing support, health and disability services, education and employment services, life skills training, substance abuse treatment and therapeutic services. In one county, where line staff only worked with experimental group cases, staff also noted providing families with budgeting assistance, independent-living skills training, respite care, transportation support and individualized child/adolescent activities (dance lessons, summer camp and basketball). The other study county reported utilizing flexible Waiver funds to provide some unique services and resources for experimental group families that included childcare, infant equipment, diapers for a special needs child, pest control and child furniture.

When asked specifically about service differences for control and experimental group families, both counties indicated that there were marked differences between the two groups. Staff in one county indicated that the level of face-to-face and phone contact that workers were able to provide to experimental group cases was greatly increased from the agency norm; typically involving two in-person visits per month and interim phone contact. Due to their exclusive assignment to experimental group cases, workers in this county compared their practice to perceptions about what the control group might be receiving, based upon workers’ prior experiences with supposedly typical agency services. Also purportedly differing from the norm were worker reports that efforts were made to include experimental group families as part of the case planning/intervention team. Further, access to flexible funding gave workers the opportunity to provide more services. Lower caseloads meant that workers had more time to see families and could be more proactive in addressing case issues. For example, staff reported feeling that they were able to take more time and care in placing experimental group children in foster care homes. Staff indicated that experimental group families had commented on the availability of social workers, saying things like, “Gee, no other social worker did this before.” In the other study county, line staff reported being limited to standard agency resources for control group families. Unlike with experimental group cases, workers could not simply go out and buy a toy for a control group child who did not have appropriate toys at home. Due to the flexible funding, staff indicated that they were able to be more creative in addressing the needs of experimental group cases. They noted that while the client’s own resources were always explored first; the agency could utilize IV-E funds to pay for concrete items and services for experimental group families. For example, if pest control was a need and the client was renting the home, the client was expected to contact the landlord to attempt to address this before IV-E funds would be utilized.

Line staff also reported their perceptions regarding the types of services being provided by family and community members for control and experimental group cases, and differences between the groups. In one county, staff focused exclusively on the services provided to experimental group cases by family members, due to the workers’ lack of contact with control
cases. Among the services provided by family were transportation, childcare and respite care. Staff further indicated their perception that the family members of experimental group participants were far more involved in helping to complete case plans than was typical outside of the Waiver program. Staff in this county believed that experimental group families received a higher level of support from extended family as a result of Waiver participation. In the other study county, line staff reported that extended family in both groups had assisted in areas similar to those reported by the first county. The services provided by family members included assistance with childcare, transportation, provision of temporary residence/housing, baby supplies, furniture, quarters for laundry, and storage spaces. Especially in experimental cases, as a result of conference participation, extended family suggested service needs and resources that the worker may not have been aware of and generally seemed more likely to help with case-related issues. Community support persons attending conferences in one county were sometimes able to provide resources as soon as the need was identified. Staff gave the example of a substance abuse counselor who provided information and resources to a family during the conference. The other county reported that church members had provided some services to experimental group families, which included transportation, coordinating childcare, providing beds, locating a bigger home, and supporting clients to utilize their own resources.

Oversight and monitoring: One county reported that ongoing case monitoring was conducted by social workers and aides through home visits, telephone calls and other contacts, such as during transport to meetings and services. The frequency of home visits for families in both groups in this county was determined by the family’s score on the SDM Family Risk Assessment. The other study county reported that their use of follow-up conferences provided a way to redirect participants, clarify outcomes, discuss problems and review goals. In addition to these internal case monitoring methods, the roles of extended family, community professionals and community members were all identified as valuable components in monitoring the progress of cases. In one county, staff reported that the extent to which extended family members in experimental group cases were engaged in Waiver family monitoring differed from prior monitoring methods. The role of extended family in monitoring experimental group cases was described as additional, “eyes and ears,” informing the social worker of case progress. The other county discussed the role of extended family in monitoring cases in both groups in similar terms. Staff in this county indicated that families sometimes had better rapport with the case aide than the social worker, which led to a more complete exchange of information. Due to extended family participation in family conferences in the experimental group, staff indicated that the number of individuals reporting to the social worker was increased in experimental cases. Staff reported feeling limited by their inability to promote a similar level of information sharing from family members in control group cases due to confidentiality issues. Staff in both counties commented on the roles of foster parents and other public and community agency professionals as being similar to the roles of extended family in reporting on case status. One county specifically noted that foster parents associated with the Waiver program were especially skilled in working with families and reporting their observations, both positive and negative, to the social worker.

Benefits and challenges associated with the experimental intervention: Both counties discussed a variety of benefits of participation in Waiver family conferences for children and families involved in their experimental group. Despite differences between the design of county programs and target populations, responses from staff in both counties were very similar.
Among the benefits for target parents and their extended family was the opportunity to provide greater input and exert a higher level of control over the case planning process. Waiver family conferences were additionally perceived to facilitate family support; open up lines of communication within families and between family members and the agency; empower families to make decisions about their own lives; increase the accountability of clients to their families, as well as the agency; enhance client self-esteem and/or family pride; and increase client and family motivation to address case issues. Social workers in one county discussed their role to facilitate goals identified by the family at the conference instead of dictating the tasks that clients and family members should address. Staff in both counties further suggested that family conferencing might have more lasting benefits for client families than traditional case planning approaches if families were empowered to engage in the problem-solving methods modeled by the family conference at a later date, on their own, and due to efforts during the conference process activate informal supports and mobilize family and community resources.

Both counties suggested that the conference process provided some unique benefits for children and adolescents. Both counties discussed the role of the conference in strengthening the “safety net” for children, by including extended family in the case planning process and reinforcing the role of family in the care and protection of minors within the family. Exposure to positive family problem-solving methods, discussion of the positives about children’s families and the opportunity for children to give their own input regarding family issues were additional reported benefits of child participation in family conferences.

Line staff in both counties were enthusiastic about the family conference process and their respective Waiver programs. They indicated that the conference process delivered benefits to them, as well, in fulfilling the responsibilities of their work. Line staff reported developing greater rapport with clients and families and that the tone of their work was far more collaborative as a result of conference participation. They further elaborated on the ways in which the benefits previously discussed for client families were a help to them in fulfilling their work responsibilities. For example, social workers indicated that the inclusion of extended family and efforts to promote more open communication provided them with more complete and accurate information about the family. They gained a view, for example, of the parent within the context of the parent’s family and community, which, in turn, helped them to understand whether the parent was isolated or supported. Efforts to bolster informal supports and draw upon indigenous resources were reframed as potentially lessening the burden on agency staff. Case aides, for example, noted that family or community members attending conferences sometimes volunteered to provide transportation – a task that might otherwise fall to them to provide. Along with these shifts in their practice, staff reported experiencing greater job satisfaction. Workers in one county, for example, reported feeling that they were viewed as, “a real person,” by client families, not just an agent of CPS.

In addition to the advantages of the flexible IV-E funding previously discussed by both counties, workers from one county highlighted other benefits of their Waiver program that were not directly linked with the family conference. One worker indicated that in non-Waiver programs in their agency, workers could have up to 60 cases, which only allowed for what one worker called, "drive-by" visits. Waiver program social workers, by contrast, had caseloads reportedly one quarter this size (13 cases, on average), which allowed them to provide better quality visits.
The reduced caseloads for social workers in this study county were partially supported by the flexible IV-E funds. In addition to this benefit to families and social workers, staff commented on the benefits of Waiver program involvement for foster parents, indicating that foster parents looked forward to their involvement in monthly Waiver program support meetings.

Staff in both counties reported on the benefits to their respective agencies that emerged from a more collaborative process that was inclusive of extended family. Among these benefits was fostering a more positive, family friendly image for child welfare agencies within their surrounding communities. Line staff further believed that family conferencing might lead to an overall cost savings for child welfare agencies, due to potentially improved family outcomes. Positive feedback from families and the community helped to build agency morale and was suggested to potentially have a positive impact on staff retention.

Challenges associated with family conferencing that had an impact on client families, line staff and county agencies were each discussed by line staff, in turn. In one county, staff spoke about the challenge for family members that working together, perhaps for the first time, presented. In the other county, staff reported more specific challenges for families that included that family members sometimes failed to show up for conferences, failed to follow through on commitments made at the family conference or reinforced the parent's denial about the issues of concern to the child welfare agency.

Reported conference challenges for direct service staff included significant difficulties with conference scheduling and coordination. Considerable time and effort was expended in locating extended family members and then coordinating their attendance at conferences. In both counties, families and agency staff often had different preferences for the time of day and day of week for conference scheduling. This frequently required workers to make adjustments in their work schedules and sometimes sacrifice personal commitments in order to accommodate the conference scheduling. In addition, the schedules of extended family and professionals from other agencies further complicated the scheduling process. While staff generally perceived the contact with extended family as a benefit, staff in one county indicated their perception that, at times, family members acted entitled to receive full disclosure of information, even after the conference, which was in conflict with the worker’s obligation to preserve client confidentiality. In a similar vein, social workers in this county reported that their case management workload was increased when more people (family members) were reporting on family progress as a result of their participation in the family conference.

Some administrative and agency challenges were also noted by staff. Staff in one county reported that it was difficult for their agency administration to locate and retain adequate numbers of facilitators, especially when the majority of facilitators were case carrying social workers who had committed to facilitating conferences in addition to their regular work. Staff also shared their view that the shift in agency culture that they felt implementation of family conferencing required had not occurred at some higher levels of the agency, where some staff remained skeptical about the value of the conference process, particularly when multiple levels of family dysfunction were involved. Staff in the other county reported that they felt it was a challenge for agency administration to locate appropriate conference meeting spaces, since conferences were often held during evenings and weekends, but county facilities were not
accessible at these times. A number of fiscal issues that pertained to family conferencing were also raised by direct service staff. In one county, the staff reported that ensuring a fiscal commitment from the agency administration to preventative programs like the Waiver family conferencing program was a challenge within the agency. The other study county staff shared their view that budgeting related to their Waiver program was posing some difficulty for agency administration, due to their perception that family conferencing and accompanying services initially cost more than traditional services and that only half of the program costs were being paid for with Waiver IV-E funds.

**Contextual factors – Social and economic factors at the client level:** Contextual factors discussed by line staff in both counties were quite similar to issues previously raised by staff filling administrative roles. The majority of contextual factors raised by line staff were fairly generic and could be expected to have equal impacts on control and experimental cases, along with child welfare cases in general. At the client level, line staff reported challenges associated with high levels of substance abuse in their respective regions. Staff in one county referred to the county as the, "methamphetamine capitol of the world," in describing the high rate of substance abuse within their client population. The other study county also reported having severe substance abuse problems within their child welfare population. Social workers indicated that it was especially challenging to work with families when both parents were involved in abusing substances, but that complications could also arise when one parent entered recovery and the other did not. In general, the tenacity of substance abuse problems was presented as preventing social workers from effectively addressing other family issues.

Family structure was reported by staff as a significant factor affecting service delivery in one county. This county discussed the difficulties created by the absence of a second parent when working with single parents (mothers, fathers, grandparent caregivers). Staff reported that addressing case plan requirements was especially challenging for single-parent families of infants, due to the need to balance the importance of parent-child relationship issues and other, competing demands, such as attending doctor's appointments and participating in parenting classes.

Low income and low educational levels were noted to affect service provision in both counties. One county reported that low literacy levels among clients affected many levels of the case plan, including the client’s ability to work and participate meaningfully in parenting class. The other county reported that client educational levels typically fell at approximately the sixth grade level. Low client incomes and high levels of unemployment in the county further challenged clients’ ability to address case issues. Staff remarked that, "clients are really struggling." Workers in this county also reported that a high number of experimental group clients had been incarcerated or otherwise involved with the criminal justice system, but did not compare rates to control or other agency caseloads. This required an additional level of case coordination between the child welfare agency and the justice system. Similarly, in the other county, staff indicated that, “clients live so close to the edge,” that their agency didn't have sufficient resources to address all of the issues faced by clients, especially client needs for concrete and/or economic assistance.

Each county further discussed the ways in which family and ethnic diversity were factors that had significant impacts on client service provision. One county reported that the undocumented
status of parents created many challenges for client families, especially in terms of their legal vulnerabilities. This was illustrated by one case example, where law enforcement officials in one part of the county took a punitive approach toward an undocumented mother, arresting her because her children were not in school. Of five social workers participating in the focus group, one worker reported that only one of her current cases involved undocumented parents while another social worker reported having had two such cases out of a total of 8-10 cases. The other county presented issues related to family culture in which traditions regarding the roles of authority figures created challenges for workers. An example was provided of a case where the worker was trying to promote change for a family member who had no authority within the family system.

Contextual factors – Community and neighborhood resources: Geographic location was identified as having a significant impact on client access to services in both counties. One county acknowledged that while the transit system for clients within the metropolitan area of the county was quite good, those living in rural areas had much more limited access to both transportation and resources. Similarly, workers in the other county reported that because of the limited resources in the more rural areas, the wait lists for these resources were particularly long. Poor transportation in the rural areas of the county further compounded problems with resource access for rurally located families. Both counties discussed that it generally took more effort on the part of workers to identify viable resources in these areas of the county or link families with resources outside their area. One worker, for example, reported driving one hour and 40 minutes to pick up a client who had to travel outside of her community to access drug testing because there were no Spanish-speaking facilities within her rural community. Staff in this county noted, however, that the availability of substance abuse treatment in rural areas of the county had been improving. Services for "out of control" teens continued to be lacking in this county. Services were extremely limited, both in terms of the number or location of agencies offering them, and the frequency with which these agencies made the resource available, as in the case of teen groups that were offered only twice per year.

Useful resources accessed by workers in one county included community centers in resource-poor areas that sometimes enabled workers to identify childcare and employment leads for clients. Staff in this county also discussed the opportunity to access C.H.A.T., a collaborative staffing that brought together a TANF eligibility worker, a GAIN worker, child welfare and childcare representatives to address resource access in cases where the expertise of each representative was relevant. Local Departments of Parks and Recreation, for child-focused activities, and the ROP (Regional Occupational Training) program were listed as other, frequently accessed resources. The latter was discussed as being particularly useful for young parents with limited job skills. The other county reported that in spite of resource limitations, there was better access to community-based services for both experimental and control IV-E cases, as compared with other agency cases. Providers made an extra effort to accommodate Waiver families, with workers noting, “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.” Staff indicated however, that housing was one area where inclusion in the Waiver program did not increase access, due to long wait lists for housing resources. In this county, staff had also had success with accessing donations for control and experimental group clients from local businesses. Local Toys ‘R’ Us and Target stores had donated beds and other goods. At the time of the interview, the county
was waiting to hear about the outcome of a proposal for a $10,000 grant from Toys ‘R’ Us. Line
staff in this county also reported that periodic donations of clothing, baby bottles and other
supplies were made by staff and colleagues.

Contextual factors – Social and economic factors at county, state and federal levels: Staff in
both counties highlighted the difference between the culture of the agency as a whole, and that of
their Waiver program. Staff in one county discussed the philosophy of their experimental
program as, "anything you can do to make it work," to promote reunification, family stability
and child safety. Along with this philosophy, workers reported believing that they had greater
access to quality resources than was true in other agency programs. Staff were also acutely
aware of the program status as a demonstration project and conveyed their perception that more
attention and higher expectations were being focused on the program – from within the agency,
as well as from evaluation team staff – as a result. One worker commented, "I don't know how it
will be when UCB pulls out." In the other county staff noted that the culture in the immediate,
Waiver program area was very supportive. Outside of the immediate program area, they
believed that the agency was very focused on identifying cost savings and justifying
expenditures. Workers felt that preventative programs, such as theirs, were especially vulnerable
to this scrutiny due to their non-mandated status. Other cultural differences reported by staff in
this county included staff perceptions, within, and outside of, the Waiver program, that there was
not as much pressure placed on Waiver/VFM social workers as compared to court-involved areas
of the agency. Within VFM, it was reported, workers had more time to do “real” social work as
opposed to fulfilling paperwork and other agency-directed requirements. In addition, staff
reported that the office space for VFM was physically separated from court-related areas of the
agency. These differences were perceived to provoke some misgiving among workers elsewhere
in the agency, who had commented on the VFM space as being more pleasant and the workers
themselves as "(having) it easy." While potentially difficult on a personal level, staff did not
elaborate on the ways in which these tensions within the agency might facilitate or hinder
Waiver program implementation.

State budgetary constraints and agency fiscal management were themes discussed by staff in
both counties as having potentially powerful impacts on implementation. In one county, staff
reported that while the program was protected from the more difficult effects of a recent agency
reorganization, because of its status as a demonstration project, staff believed the program would
have been the focus of budgetary cuts if not for the program’s unique funding structure. Staff in
this county noted that the events of 9/11/01 had a reverberating impact on the agency budget, but
that the Waiver program was not directly affected, due to the flexible IV-E funding. Agency
administration in this county was reportedly examining ways to contract out more of the services
to CBOs. Again, staff felt that the Waiver program was not likely to be affected by any
forthcoming changes in this area, due to the unique status and funding of the program. Line staff
for the other study county contrasted the resources available to clients in their program area to
those available in court-related areas. Workers noted that CalWORKS and MediCal paid for
many of the services for voluntary cases, but that court cases might have additional funding
options. Due to the emphasis in their county on mandated programs, workers believed that
funding for preventative services was not guaranteed. Workers also expressed that a recent 5%
statewide budget cut had led the agency to require workers to keep more detailed statistics in an
effort to justify preventative programs to their county administration. There were, however,
some federal and state-level funding resources that workers viewed as being highly useful for their clients, despite an overall climate of resource contraction. These resources included the Victims of Crime program and the state Proposition 10 monies that funded some community-based agencies.

At the federal and state levels, staff in one county indicated that the legislated timeframes for provision of family reunification services presented them with challenges. Social workers in this county expressed some concern that the 6-18 month time frames, determined by the child's age and family progress on the court-ordered case plan, were very short and did not mesh well with timeframes needed to address parental substance abuse problems.

**Contextual factors – Political factors:** Line staff in both counties reported on various challenges they had encountered with regard to the juvenile court and court mandates. Workers in one county indicated that they had received about a two-week notice, in October 2001, regarding changes in the law, emanating from ASFA, requiring kinship placements to meet the same licensing standards as those required of non-related foster parents. While workers felt that implementing the law was an enormous challenge by itself, due to substantial economic differences between most relative caregivers and foster parents, their task was further complicated by court demands that at times seemed to contradict the agency’s obligation to implement the law. For example, the court had, on occasion, ordered a child to be placed with a relative without allowing sufficient time for the licensing standards – such as completion of a criminal background check and/or administrative approval for the child to be placed in the home in the event that a criminal history was discovered – to be met. Workers reported feeling confused over which authority (the law vs. court mandates) superseded the other. In the other county, line staff reported that the VFM program was poorly understood by some DA's and other court staff who, they felt, did not believe in the efficacy of the program. They also gave an example of a case in which the court had attempted to order VFM. Staff noted that while they agreed with the court’s intention to keep families out of the court system, when possible, attempts to mandate families to participate in a voluntary service violated the voluntary nature of the service. Staff felt encouraged, however, by the court considering implementation of a "drug-court," which, workers felt, was evidence of the court’s support for preventative approaches due to the emphasis of the “drug court” model on more frequent monitoring of parent progress on case plan completion, acknowledgement of successes and earlier consequences for non-compliance.

Direct service staff in both counties indicated that participation in the demonstration project and external control of treatment decisions was challenging for them personally. Staff in one county perceived the limits placed on them by random assignment to be a disadvantage to families, who could benefit from receiving experimental group services. Workers reported that they would like to see more parents be allowed to participate in the experimental program because they believed it was a good program. In the other county, staff indicated that while they hoped the research would validate the benefits they believed the program provided, the timeframe needed to complete the research was difficult, due to their interest in seeing the program become more widely available. With regard to the impact of other evaluation requirements on line staff workloads, one county worker volunteered that a recent survey requested by UCB was easily completed, although it took some time.
Benefits and challenges associated with Waiver family conferences
– A synthesis of county staff perceptions at three points in time

Table 3 presents a synthesis of the benefits and challenges associated with family conferencing, as compared with traditional child welfare services, reported by administrative and line staff since December, 2000. Focus groups with line staff were held in Fresno 12/4/00 and 12/14/01, and in Riverside 2/6/01 and 1/14/02. Focus groups were held with administrative staff in Fresno 8/27/01 and Riverside 7/23/02. Although direct service staff perceptions were collected at two different points in time in both counties, there was little to no consistency in respondents from one data collection point to the next. Nonetheless, responses from direct service staff were strikingly similar between the two time periods. Moreover, few substantive differences emerged between the responses given by direct service staff and those provided by administrative staff. In one county, direct service staff indicated that they felt it was challenging for their agency administration that some administrative staff had raised questions regarding the applicability of the family conferencing intervention to the full range of families served by the agency, while they, themselves, believed that this indicated a lack of faith that all families can make positive changes when empowered to do so. While line staff seemed focused on the philosophical aspects of this dilemma, administrative staff, in turn, appeared more concerned with cost-effectiveness. They had, in fact, begun to examine whether the case outcomes seen with certain types of families would help them understand which families might benefit most/least from the experimental intervention. Not surprisingly, direct service staff in both counties tended to elaborate more on the benefits/challenges experienced at the client and line staff levels, while administrative staff provided less detail in these areas. Themes shared by the differing levels of agency staff were, for the most part, consistent with each other. The content shared between counties was also very similar. In the table below, themes discussed by county staff that were nearly identical to those provided by staff in the other county are italicized and bolded.
Table 3. Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for client family members, as compared with traditional child welfare services

<table>
<thead>
<tr>
<th>Fresno</th>
<th>Riverside</th>
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<tr>
<td><strong>Client families</strong></td>
<td><strong>Reported benefits:</strong></td>
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</tbody>
</table>
| Fresno | • Facilitates family communication  
| | • Promotes family involvement in family matters  
| | • Empowers families to develop their own solutions to issues that are a priority for the family, based on family members’ intimate knowledge about the family  
| | • Increases family motivation to address problematic issues  
| | • Holds family members accountable to one another  
| | • Models a method for resolving client problems using the client’s own resources  
| | • Increases the level of support and/or resources available to family members from the child welfare agency and other agencies represented at the conference  
| | • Provides a forum for family members who are not the focus of the child welfare case plan to identify and receive support for their own needs  
| | • Promotes less adversarial, more cooperative relationships with the protective services agency  
| | • Strengthens the “safety net” for the child  
| | • Exposes children to a positive method for resolving family problems  
| | • Gives children an opportunity to indicate their wishes regarding the family situation  
| | • The process may promote more lasting change, in that family members may be empowered to engage in more effective problem-solving in the future  
| | **Reported challenges:** |
| | • Participant no shows  
| | • Not effective when an insufficient number of participants (less than 3) whom the focus parent(s) considers to be “family” are available to attend the conference  
| | • Not effective when all available “family” members are actively engaged in activities similar to those that brought the focus parent(s) to the attention of the protective services agency (i.e. substance abuse) and/or when family members reinforce the focus parent’s denial regarding the severity of the case issues  
| | • Failure of some family members to follow through on commitments made at the conference  
| | • The process, with its emphasis on cooperation and collaboration and its efforts to empower families, is unfamiliar, and therefore uncomfortable, for many families  
| | • Discomfort on the part of family members with identifying concerns openly and seeking help from others  
| Riverside | • Includes family members in the decision-making process as part of a team with child welfare professionals  
| | • Provides family members with an opportunity to provide their input in the case planning process  
| | • Increases family involvement in examining and addressing case issues  
| | • Gives family members an opportunity to confront issues within the family at a point when the issues are highly relevant  
| | • Promotes the early resolution of barriers to case plan completion  
| | • Encourages parents to take responsibility for their actions  
| | • Promotes a sense of accomplishment among family members and/or satisfaction in having participated in the process  
| | • Promotes a focus on family strengths by family and professionals  
| | • Increases the level of support available from the child welfare agency to family members and/or foster parents  
| | • Promotes more positive, less adversarial relationships between family members and agency professionals  
| | • Validates and promotes the ongoing role that extended family members have in the care and protection of minors within the family  
| | • Children who participate in conferences receive reassurance that their needs are important and will be addressed  
| | • Children participating in conferences are exposed to positive messages about their family via discussions regarding family strengths  
| | • Communicates to children that their opinions and desires matter by encouraging their active participation in the process  
| | **Reported challenges:** |
| | • Gaining extended family attendance at the conference  
| | • Increases potential for family conflict because difficult issues are discussed openly  
| | • The emphasis on working together, establishing trust among family members and between family and the child welfare agency and the structure imposed by the conference process are foreign to many families  

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Table 3. Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for direct service staff, as compared with traditional child welfare services

<table>
<thead>
<tr>
<th>Line staff</th>
<th>Fresno</th>
<th>Riverside</th>
</tr>
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<tbody>
<tr>
<td>Reported benefits:</td>
<td>Promotes less adversarial, more cooperative relationships with client families</td>
<td>Promotes less adversarial, more cooperative relationships with client families</td>
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<tr>
<td></td>
<td>Increased access to information regarding the family, including family strengths and limitations</td>
<td>Access to more complete and accurate information about the child and the family system, its strengths and limitations</td>
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<td></td>
<td>Improved ability to address all relevant issues as a result of better information regarding family needs</td>
<td>Increased job satisfaction</td>
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<td></td>
<td>Family members commit to addressing issues that otherwise would fall to agency staff to address</td>
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<td></td>
<td>Increased job satisfaction</td>
<td></td>
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<tr>
<td>Reported challenges:</td>
<td>Conference scheduling sometimes conflicts with personal engagements</td>
<td>Non-traditional work hours</td>
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<td></td>
<td>Pressure from some family members to continue to share confidential information regarding family members on an ongoing basis, after the conference</td>
<td>Arranging compensatory time off for attendance at conferences scheduled outside of regular work hours (no overtime pay available)</td>
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<td></td>
<td>Reduction in the extent to which family members remain involved in addressing case issues as the length of time from the conference date increases</td>
<td>Coordinating the conference: locating and contacting prospective participants, coordinating multiple, differing, schedules, etc.</td>
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<td></td>
<td>The case management workload is increased when more family members and/or professionals call the social worker to report on case progress</td>
<td>Committing to non-traditional approaches to family problem-solving</td>
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<tr>
<td></td>
<td>Engaging family members in the process</td>
<td>Requires increased flexibility on the part of agency staff</td>
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<td></td>
<td>Requires increased skill on the part of staff facilitating conferences to manage clinical issues (working with “blaming” families, for example)</td>
<td>Increasing family participation</td>
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<td></td>
<td>Helping families to identify their strengths</td>
<td>Promoting cooperation and collaboration within the family and between family and the child welfare agency</td>
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### Table 3. Administrative and line staff perceptions regarding the benefits and challenges associated with Waiver family conferences for child welfare agencies, as compared with traditional child welfare services

<table>
<thead>
<tr>
<th>Child welfare agency administration</th>
<th>Fresno</th>
<th>Riverside</th>
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<tbody>
<tr>
<td><strong>Reported benefits:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Promotes family involvement in addressing case issues</td>
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<td></td>
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<tr>
<td>• Results in “better” case plans</td>
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<tr>
<td>• Reduces frequency of court intervention</td>
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<tr>
<td>• May empower family members to engage in future, more effective problem-solving, thereby preventing future abuse and neglect</td>
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<tr>
<td>• <em>Implements the image of the child welfare agency in the surrounding community</em></td>
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<tr>
<td>• Improved communication with CBO’s participating in family conferences; increased access to CBO services for agency clients</td>
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<tr>
<td>• <em>Saves money – as a result of improved family outcomes, services provided by family members instead of the agency and/or improved staff satisfaction and retention</em></td>
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<tr>
<td><strong>Reported challenges:</strong></td>
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<tr>
<td>• Tensions between staff who believe in the model and those who are skeptical regarding its value</td>
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<tr>
<td>• Lack of clarity among agency staff regarding the characteristics of families for whom the model may be less effective</td>
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<tr>
<td>• <em>Budgeting for overtime pay</em></td>
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<tr>
<td>• <em>Difficultly locating adequate numbers of trained facilitators, especially facilitators fluent in languages other than English</em></td>
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<td><strong>Reported benefits:</strong></td>
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<tr>
<td>• <em>Improved case outcomes (i.e. quicker reunifications)</em></td>
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<tr>
<td>• <em>Improves the image of the child welfare agency among client families and in the surrounding community</em></td>
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<tr>
<td>• May facilitate such issues as foster parent recruitment via improved agency-community relations</td>
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<tr>
<td>• Professionals within the agency find the approach appealing and express interest in becoming involved</td>
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<tr>
<td>• Improved staff morale</td>
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<td>• <em>Improved staff retention, as a result of increased job satisfaction</em></td>
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<tr>
<td>• <em>Possible cost savings</em></td>
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<tr>
<td><strong>Reported challenges:</strong></td>
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<tr>
<td>• Lack of consistency in conference participants from the initial conference to follow-up conferences and resulting shifts in the focus and dynamics of later conferences</td>
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<tr>
<td>• <em>Budgeting funds for family conferences, which initially cost more than traditional child welfare services</em></td>
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<tr>
<td>• <em>Ensuring adequate staffing for conference coordination and facilitation</em></td>
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<tr>
<td>• Reduced access to agency facilities for evening and weekend conferences/identifying appropriate conference facilities outside of traditional work hours</td>
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Family Conference Observations

Three family conferences were observed by evaluation team staff during the period covered by this report. Two conferences were observed in one county in November 2001. One conference was observed in the other county in early March 2002. Observations were recorded using a framework developed by UCB Waiver staff (Attachment 12).

General Conference Characteristics: All conferences were conducted at the homes of immediate and/or extended family members. In one county, one of the two conferences was held during weekday evening hours. The other conference was held during the day on a Saturday. In the other county, the conference took place on a weekday morning. Each conference lasted approximately four hours. None of the observed conferences opened with a family or cultural ritual, although refreshments were provided, either by family members or the county agency. Participants in each conference included immediate and extended family members, family friends, the agency caseworker and, in one conference, the child. No professionals representing community-based organizations or other community members were involved in the meetings observed during this reporting period. Both of the conferences observed in November 2001 had more maternal relatives in attendance. In the other county, the majority of conference participants represented the paternal side of the family. Observed conferences in one county utilized two facilitators, while only one facilitator was employed in the other county’s conference.

Conference purpose: The purpose of the November 2001 conferences was stated by the conference facilitator(s) in a manner that was consistent with this county’s program goals: (1) to ensure child safety; (2) avoid juvenile court dependency; (3) maintain placement of the child within the biological family. All conference participants appeared to understand the purpose of the meeting and none made further inquiry about the goal of the conference. In contrast, the purpose of the March 2002 conference was not clarified by the conference facilitator at the conference outset. Although the social worker assigned to the case gave an overview of the juvenile court process, it was not clear to evaluation team observers how the specific goal of the conference related to this. It was not until one family member asked for clarification that the facilitator explained that the parents would have the opportunity to reunify with the child during the next 12-month period and that, in order to avoid permanent placement of the child outside of their custody, they would have to address the issues at hand within that timeframe. The facilitator further stated that the immediate goal was to, “provide for the concerns of the children and meet family needs in order to keep the children safe and cared for.” The county program goals to ensure placement stability and timely permanence were not more specifically stated.

Family strengths assessment: A family strengths assessment was conducted at each of the conferences. Members of the child’s family actively participated in the process, along with the professionals in attendance. In at least one of the conferences, family members seemed reluctant to share their ideas until professionals had contributed theirs. In this way, it appeared that the contributions made by professionals set the tone for family members, who then began to generate strengths for the list. The ways in which the family strengths phase may have facilitated the goals of each of the conferences, however, was not readily apparent. No specific reference was made to strengths reported for each family during later observed portions of any conference. Evaluation team observers attended the entire conference convened in one county, but did not
attend the private family time portion of the conferences convened by the other county. Thus, if family members made specific use of the strengths discussed during the private family time, this information was not made available to conference observers.

Family plan discussion and development: Family needs and concerns were discussed by participants at each conference. During one of the November 2001 conferences, most of the needs and concerns were generated by family members, the maternal grandmother in particular. The professionals attending the conference agreed with all of the concerns noted by the family, but also suggested some additional needs. Specifically, professionals stressed the importance of substance abuse treatment for the young parents. One of the facilitators at this conference reiterated the importance of this to the entire family, perhaps to ensure that the family would include substance abuse treatment in the family plan. In all conferences, family plans were created with the input of family members. Both November 2001 conferences, including this one, utilized private family time, during which the family was left alone for approximately two hours while they responded to the list of needs expressed during prior discussions with the facilitator, child welfare worker and other conference attendees. Despite the emphasis placed on substance abuse treatment, the family did not include this element in their final family plan. Instead, during the private family time, the family decided to address the parents’ substance abuse by specifying that: “(the parents will) refrain from substance abuse and domestic violence by relying upon natural supports and avoiding alcohol.” Despite the discrepancy between solutions suggested by professionals and those preferred by family members, all those who attended the conference agreed to approve the plan and no modifications were made when the meeting was reconvened after the private family time. In this way, the family demonstrated a dominant role in drafting the family plan.

In a similar fashion, family members and professionals both contributed to the discussion regarding the family needs at the other November 2001 conference. The professionals first identified a number of resources that had previously been discussed with the children’s parents. Family members then identified areas that they thought important to address in the family plan. Two maternal relatives – the child’s voluntary placement caregivers – were particularly vocal during this phase. During this phase, as well as the earlier strengths assessment, the young parents tended to speak only when encouraged to do so by the conference facilitators. When the family presented their plan to the entire group, upon reconvening after the family time, the child welfare worker queried the family regarding a need that had earlier been identified by professionals but had not been addressed by the family in their plan. This led to further negotiation regarding the family plan. In this instance, it appeared that the omission was due to a misunderstanding on the part of family members regarding resources that had earlier been explained by the child welfare worker. When the information was clarified, family members readily agreed to incorporate the suggested resource – services to address the child’s developmental needs – into the family plan.

The March 2002 conference, in the other county, did not include private family time. Instead, family members in this county participated in a discussion led by the conference facilitator. While professionals involved in this meeting were very receptive to the concerns expressed by family members, they appeared to retain greater control over the decision-making process than professionals attending the November 2001 conferences did. Moreover, some needs identified by family members were not specifically addressed in the final family plan. For example, during
discussion of the family needs, information regarding domestic violence that was occurring between family members was shared by one family member. This appeared to be new information to the child welfare worker and facilitator. No services to specifically address the domestic violence were requested or suggested by any of the conference participants, however. Anger management services and various forms of therapy were discussed, but the link between these services and the domestic violence was not made explicit. Further, while most family members expressed a desire for individual therapy, the professionals at the meeting additionally suggested family and couples therapy. Some family members expressed reluctance to include family therapy in the family plan. Despite their discomfort, family therapy was added to the family plan. In this way, creation of the plan appeared to be controlled more by the professionals attending the conference than family members. At another point in the conference, several family members identified the financial status of the parents as an area of great concern. The parents were struggling financially and were ineligible for public assistance due to their criminal histories. In this instance, however, neither the family nor professionals identified strategies that might address this issue. Some tension between family members and the child welfare agency regarding the level of support provided by the agency also arose and was addressed. The child’s relative caregivers requested assistance with childcare and transportation, alleging that they received inadequate financial support from the agency due to their “de-valued” status as kinship caregivers. The conference facilitator suggested that some support for childcare and transportation be included in the plan and indicated that their status as kinship caregivers had no bearing on the child welfare worker providing support for them in this area. In this way, the facilitator avoided a protracted, probably unproductive, discussion regarding the levels of compensation provided to kin and non-kin foster care providers and kept the focus of the meeting on areas that the meeting attendees had some power to influence.

General observation impressions: Each of the observed conferences were similar in a number of ways that have been highlighted above. Each also represented a process that may differ from traditional child welfare case planning in its inclusion of extended family members. In addition, there appeared to be an emphasis at all three conferences on the family’s responsibility for ensuring child safety. While definitive conclusions cannot be drawn on the basis of three conference observations, the specific family conferencing model chosen by each county appeared to have a strong influence on the way in which planning proceeded. Program staff in one county made a conscious choice not to utilize private family time in the majority of conferences, believing that a facilitated format would best promote the program goals of placement stability and timely permanence for dependent children. The conference observed in this county generated a discussion regarding family strengths, needs and concerns to which family and professional participants all contributed. Decisions regarding the ways in which identified issues would be addressed, however, were principally made by professionals attending the conference. The other county opted to include private family time in conferences for the demonstration project, in order to facilitate the program’s goal of preventing placement for non-dependent children. Family members attending these conferences played a principal role in defining the ways in which family concerns would be addressed. Professionals, on the other hand, offered consultation; advising the family regarding resources and making suggestions regarding specific issues they considered important to address in the family plan, but generally allowing family members to make the final decisions. While these are some initial impressions, ongoing conference observations in both counties are expected to provide more complete
information regarding the similarities and differences between conferences in each county and the strengths and liabilities of the conference process, as implemented by the two study counties.

**Discussion/Conclusions**

Two years following initial enrollment of children, the programs implemented by Fresno and Riverside had reached a level of maturity, with few changes made to the program design during the year period covered by this report. Despite obvious differences between the counties in their program designs and target populations, many similarities emerged during focus groups with varying levels of agency staff regarding implementation challenges and staff perceptions regarding the benefits and challenges associated with the experimental intervention.

Counties experienced success with implementing strategies intended to resolve implementation barriers they had encountered during the prior year. Solutions first suggested by counties in April 2001 were carried out later in the year. However, additional challenges surfaced that were not immediately under the control of staff implementing the Waiver programs. Staffing issues that had earlier delayed overall program implementation emerged in another form to shift staff focus from ongoing implementation to addressing turnover and altered staffing levels that were the result of one agency’s reorganization. The difficulty of ensuring continuity in implementation, within a shifting agency landscape that included changes in higher level agency management – with accompanying shifts in agency priorities and reorganizations – and chronic turnover among line staff, was a consistent theme between counties.

Interactions between the design of Waiver programs and other aspects of the overall agency context also raised challenges for both counties. In one county, coordinating with agency Emergency Response (ER) staff, who were not involved in the Waiver program, was seen by staff as a critical step toward identifying the maximum number of cases for the demonstration project. In the other county, court delays translated to delays in starting the intervention, since Waiver staff could not receive primary assignment on cases until the cases had been released from the agency divisions that held them while the court process was ongoing. In the prior year’s Process Study results, staff also indicated some preference to wait until after the jurisdictional/dispositional hearing to convene the family conference, in order to first clarify that the case would remain in Family Reunification. In the first county, the need to coordinate with ER presented another layer of program management that was further complicated by chronic staff turnover. The coordination difficulties experienced by the other county had a more extreme impact on service provision, where, in some cases, families were "enrolled" for up to five months before the experimental intervention actually began.

Lower than expected enrollment continued to trouble county program staff and evaluators alike. County staff continued to project enrollment rates that invariably proved to be too optimistic (see accompanying Semi-Annual Progress Report – October 1, 2001-March 31, 2002 for further detail regarding county enrollment status). A lack of access to good data, or failure to utilize available data, regarding the prevalence of chosen target populations among families served by the agency may have contributed to county optimism. While enrollment was definitely affected by the staffing challenges that each county experienced, the low enrollment also reflected the fact that both counties had targeted families for their programs that represented a very small percentage of their child welfare populations to begin with: non-dependent children maintained
in home in one county; and court-dependent toddlers and latency aged children who were not expected to immediately return home in the other. Interest in increasing enrollment for the demonstration project, to some degree, compelled counties to consider revisions to their enrollment criteria and begin accepting cases with which they were less assured of being successful. During the prior year, for example, one county had lowered the minimum age for child participants to two. In so doing, staff acknowledged that two-year olds were at lowered risk for placement instability to begin with, but that the permanency goal was highly relevant for these children, while it was less appropriate or attainable for youth exceeding the upper age limit of 12, imposed by the program. Similarly, in the other county, staff started the project intending to accept only those substance abusing parents whose problems were more recent in origin, since they expected parents with a lengthier history of substance abuse and failed treatment to be less compliant with the voluntary in-home services provided by their program. Staff later eliminated this criterion, concluding that it excluded too many families, due to the high rate of substance abuse among families referred to the agency. During the period covered by this report, staff in this county additionally considered enrolling families scored as “very high risk” on the Structured Decision Making Family Risk Assessment instrument, as a possible avenue of increasing project enrollment. In this instance, staff decided not to pursue the proposed change after considering whether there was reason to expect that “very high risk” families in the experimental group would achieve more successful outcomes than controls. In these ways, the design of county programs was mismatched not only with the vast majority of cases served by the child welfare agencies, but also with evaluation demands for greater numbers of enrolled children. Ongoing problems with enrollment have further compounded the mismatch, placing pressure on counties to stretch their enrollment criteria in ways that reduce the potential of finding clear differences between the experimental and control groups.

When asked specifically about challenges that they felt were uniquely tied to the family conferencing intervention, administrative and line staff in both counties raised similar issues.

Among the challenges affecting client families and direct service staff were:

- difficulties with obtaining extended family participation in conferences; and
- the shifts in relationships, practice and skills required of family members and agency staff to implement a process that asks participants to cooperate, collaborate and trust one another.

As represented by agency staff, family conferencing requires agency and family representatives, alike, to be open to engaging in a process that is substantially different from the traditions familiar to each, and to trust that there may be some benefit in doing so.

Within county agencies, the challenges experienced by line staff and agency management included:

- the non-traditional work hours that were often required when conferences were scheduled to fit the preferences of family and extended family members;
- budgeting for the variety of non-traditional costs associated with the conference; and
- ensuring adequate staffing for conference coordination and facilitation.

The sentiments of one program administrator that, “the gains outweigh the challenges,” appeared to be shared within varying levels of county staff and between county programs. Staff in both counties agreed that the conference process provided unique benefits to families, workers and child welfare agencies, when compared with traditional child welfare services. Both counties
discussed the benefits of the family conference process in roughly similar terms, colored by the specific conferencing models implemented by each county. In one county, the family conferencing model included family alone time. Benefits reported by staff in this county emphasized family empowerment to develop solutions to issues that are a priority for the family, based on family members’ intimate knowledge about the family. In the other county, where a family unity model that included an explicit discussion of family strengths but no family alone time was utilized, staff discussed the benefits for family members of collaboration with the professional team. Beyond these differences, staff in both counties indicated their belief that family conferencing promoted a variety of benefits for client families participating in conferences that included:

- extended family involvement in addressing issues that affect family members;
- family responsibility and accountability regarding child care and safety issues;
- increased levels of support from the child welfare agency for family and extended family members;
- less adversarial, more cooperative, relationships between family members and the protective services agency;
- stronger “safety nets” for children; and
- the opportunity for children to express their opinions and desires regarding the family situation.

Enthusiasm for the family conferencing intervention was particularly high among direct service staff in one county, where staff indicated their hope that family conferencing might promote more lasting positive change for families, since the conference provided a model of more effective problem solving that could be replicated by family members at a later date.

The following additional benefits were suggested by both counties as affecting staff within the agency and/or the agency as a whole:

- increased access for line staff participating in conferences to information regarding the family, its strengths and limitations;
- increased job satisfaction for line staff;
- improvements in the agency’s relationship with the surrounding community; and
- potential agency cost savings, as a result of improved family outcomes, mobilized natural supports; and improved staff satisfaction and retention.

Family conference observations conducted by the evaluation team have suggested some qualitative differences between conferences that include private family time and those that do not. These initial impressions are consistent with differences in the ways in which county staff articulated their perceptions regarding the benefits of the conference process for client families. In the conferences where family alone time was a part of the process, greater emphasis was placed on allowing family members the final say in constructing the conference plan. In the one observed conference that did not include private family time, family members and professionals all engaged in a respectful discussion regarding the family and case issues, but professionals retained more traditional roles in determining solutions to the issues raised.

Future conference observations may confirm whether these initial impressions bear out over time. In addition, data gathered via future focus groups with staff involved at various levels in implementing the Waiver programs is expected to yield further information regarding program
design and implementation considerations and the relative merits of the family conferences and accompanying services provided by each county.
Annual Process Study Report-Intensive Services Component
Community Mentoring Sub-Study

This section describes process study findings for San Francisco’s Community Mentoring program for the period October 1, 2001 – March 31, 2002.

Methods and Procedures

Three focus groups were conducted on-site in January, 2002. Focus group participants were four program mentors, four mentor supervisors, and three executive managers (i.e., the county special projects manager, the county fiscal manager, and the program coordinator from the lead CBO who supervises the mentor supervisors and manages the program’s daily activities). Separate focus groups were conducted with each category of staff. Prior to the focus groups, participants were informed of the purpose and nature of the discussion and were provided with the interview questions for review. At the time of the focus groups, participants were again informed of the purpose and nature of the discussion and were asked to read and sign consent forms allowing their participation. Once documented consent was obtained, focus groups were audio tape-recorded and two researchers compiled field notes, recorded personal reflections, and collected contact summary sheets. Personal reflections were recorded to document the culture and context of each group (e.g., individuals’ tones, perceived tension or harmony among participants). These data were used to make any researcher biases explicit, thereby creating the opportunity to incorporate them as sources of data that might influence study findings. Contact summary forms contained a brief questionnaire and participants’ addresses so that the researchers could conduct a “member check.” The member check involved asking representative focus group members to review preliminary findings and their feedback was incorporated into this report. The member check was used to ensure that key themes identified by the researchers were corroborated by participants (Lincoln and Guba, 1985). The audio-tape was used as a back-up to the researchers’ notes. All data were summarized and key themes were sought using the constant comparative method of qualitative data analysis (Glauser and Strauss, 1967; Goetz and LeCompte, 1984).

Attachment 13 contains the semi-structured interview protocol developed by UCB evaluation team staff in accordance with federal Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines. The questions explore (a) the organizational structure of the program, (b) service aspects of the program such as the training and roles of staff and the services they provide, (c) contextual factors that may influence program effectiveness, and (d) resources, services, activities and staffing differences that pertain to the control and experimental groups.

Key Features and Implementation Status

Target populations. Executive managers and mentor supervisors described the target population of the community mentoring program as consisting of children who are at risk of high cost placements. These children may be at risk of out-of-home placements, currently in long-term placements, or involved in family reunification plans. All children served by the program reside in a geographic target area of San Francisco consisting of three Southeastern neighborhoods: Potrero Hill; Bayview Hunter’s Point; and Visitation Valley.

Community mentors (who serve as the front-line workers for the program and provide direct services to children and families) described the target population as consisting of children who reside in the target geographic area who are involved in the child welfare system. The mentors did not appear to be informed about any unique characteristics of the children that made them eligible for participation in this program.

Characteristics of the service delivery system. The program is a collaboration of community based organizations and San Francisco County Department of Human Services. The program is administered by three community based organizations (San Francisco League of Urban Gardeners which is considered the lead agency, and Together United Recommitted Forever as well as Potrero Hill Neighborhood House) under contract agreements with the county. The program is designed to provide a wide variety of services including educational advocacy and tutoring, transportation, 24 hour crisis intervention, parenting classes, substance abuse services, clothing, food, funds for home and car repairs, respite care, recreational activities, and court advocacy. A hotline clerk is available to offer referral services and is able to contact mentors 24 hours a day in order to assist client families. The essence of the program was captured by a mentor supervisor who stated that “we become a member of the family.”

According to the executive managers, children are identified for the program by county social workers and social worker supervisors. Children are then referred to the program director who further screens the cases for eligibility and appropriateness for the program. Children’s cases that are admitted into the program are then transferred to a social worker who is designated to serve cases of children in the program and who works closely with each child’s assigned mentor. The child welfare worker meets with the child and family to explain the demonstration project and to obtain documented consent. Eligibility information and consent documentation are then sent to UCB evaluation staff for random assignment. UCB evaluation staff relay the group assignment information back to the worker who enrolled the child. Service provision begins immediately or within 24-48 hours of referral for enrollment. Focus group participants could not provide any information about the service delivery system for children in the control group.

At the start of service provision, the mentor, mentor supervisor and child welfare worker meet with the family to assess family strengths and needs and to develop a case plan to achieve child and family goals. The goals and objectives for the family are developed together. The mentor then meets with the family 2-5 times a week to help the family achieve its goals.

Enrollment status. At the time of data collection (January, 2002) UCB records indicated that 45 children were receiving program services (experimental group, including siblings) (plus 16
closed cases) and an additional 31 children (including siblings) constituted the control group. By the end of February, 2002, 61 no additional children had enrolled in the study.

Characteristics of population served. According to the executive managers and mentor supervisors, most children in the experimental group were placed with relative caregivers or still lived with their biological families. They said that most caregivers of these children were grandparents: the youngest caregiver was 41 years old. They further noted that the dominant ethnicity for children in the experimental group was African American, which is consistent with the demographic make-up of the program target area.

Members of all three focus groups reported that children and families served by the community mentoring program face serious difficulties. Children enrolled in the program are poor, have severe emotional and/or behavioral difficulties, and are involved with the child welfare system due to abuse or neglect. Focus group participants said that many of the children have been involved with the child welfare system for several years and that parents of the children have substance abuse problems, are manipulative, and have a long history of involvement with the county social services agency.

Enrollment barriers. Focus group participants reported an array of difficulties associated with program implementation. The greatest difficulties, according to both the mentors and the mentor supervisors, have been tied to fiscal matters. The mentors discussed not having enough office supplies, no working computer printers, no drinking water or cups, no petty cash, no name badges, no business cards, bills not paid on time (resulting in disruption of services to clients such as when emergency pagers are inoperative), and no cleaning staff. In addition, there appeared to be poor communication within the program regarding how workers were supposed to be reimbursed for expenses (such as mileage and petty cash) and which individuals should be present during meetings with fiscal implications. Furthermore, executive managers described the initial vision of the program as having a strong focus on children, leading to a problem in how to pay for the additional costs of providing services to other family members in order to support the children.

The initial vision of the program also included a stronger community partnership and private agencies had pledged funds for program infrastructure such as computers and office space. Although the program now enjoys a good reputation in the community, these private agencies did not follow-through with their financial commitments. The county now bears a much heavier financial burden than was anticipated and funds have not been made available for some needed office safety and maintenance features. As a result, staff experience low morale and do not feel valued by their employer.

Members of all three focus groups believed that staff turnover and a shortage of quality candidates have had undesirable effects on program implementation. One of the challenges the program has experienced is under-utilization because not all social workers are aware of the program due to high staff turnover and a lack of routine reminders about the program. The program also lacks a full-time director to serve the role of educating and re-educating county staff about the program. In addition, some social workers are uncomfortable with the high level of collaboration that is needed to work with a mentor. The lack of child enrollments into the program and low pay has made it difficult to retain mentor staff.
Finally, the mentors and mentor supervisors believed that UCB evaluators were responsible for referring children into the program. With such low numbers of children in the program, they held the evaluators responsible for their predicament.

Implementation objectives achieved. Members of all three focus groups described their perceived outcomes of the program with regard to improving the quality of life for children and families. Participants suggested that children served by the program were prevented from out-of-home placements and were being placed in permanent homes more quickly than children in the control group. They also believed that caregivers of children in the experimental group were less dependent on “the system” and better able to make decisions and care for themselves than control group families. For example, participants thought that experimental group families had a better knowledge of community resources than control group families and were moving toward self-sufficiency. In addition, participants noted that children in the experimental group were performing better academically and maintaining a higher level of stability in school than children in the control group who did not benefit from the program. Mentor supervisors and executive managers also indicated indirect benefits of the program such as improved relationships between client families and the county social services department.

Executive managers noted an unanticipated by-product of the program. They reported that the program was having a positive effect on the lives of the staff mentors in terms of increased feelings of self-worth and self-esteem. According to managers, mentors have created new hopes, dreams, and goals of helping their community.

Organizational Aspects

Program oversight and monitoring. Children’s cases in the experimental group are monitored very closely. Staff meet for three hours every week to review cases and daily debriefing occurs on an as-needed basis. Weekly and monthly reports are submitted to mentor supervisors, the program director, and the child welfare worker responsible for each child.

Program coordination is provided by a special projects manager from the county social services department and a program coordinator who directs the daily needs of the community based organization collaboration via a contract agreement. Program development was overseen by a steering committee composed of the directors of the community based organizations and the county special projects manager. An additional oversight committee was envisioned but did not come to fruition due to the failure of an independent contractor who was supposed to serve as a community outreach coordinator.

Problem resolution. Mentors predominantly discussed problem areas relevant to fiscal matters and the fiscal agent. They said that problem resolution is usually handled through regular meetings, although they also have addressed problems in writing to their supervisors or senior program administrators. While mentors said that problems typically were resolved through meetings, they also noted that they felt intimidated and uncomfortable by administrators in working on problem resolution. The mentors and the mentor supervisors believed that having their own fiscal agent would solve many of their problems. All three groups discussed low enrollment in the program as problematic.
Staffing structure. The program is staffed by eleven mentors who provide direct services to families. Originally twenty-one mentors were employed by the program but only eleven remain. There are four mentor supervisors: one for each zip code served by the program and the fourth mentor supervisor staffs the hotline. The hotline is used to link clients to their mentors during an emergency and also to provide referrals for clients. All of the mentors and mentor supervisors live in the communities in which they serve.

In addition to the mentor supervisors, program administration is provided by the county special projects manager and the program coordinator from the lead CBO. Thus, there is a 1:2 ratio of supervisors to direct service mentors. The maximum caseload for mentors is 8 client children and mentor supervisors also carry cases. The caseload maximum is based on the number of client children, thus, if four siblings participate in the program, a mentor might only be responsible for two families. Due to low enrollment, all mentors do not carry a full caseload.

Five child welfare workers have been designated to carry children’s cases referred into the program: two in the long-term placement/relative caregiver unit; two in the family services unit; and one in the family preservation unit.

The community mentoring staff described receiving nine months to almost a year of daily extensive training on a variety of issues including advocacy, child abuse and neglect, domestic violence, substance abuse, team building, boundaries, personal safety, ethics, nutrition, parenting classes, CPR, time management, conflict resolution, first aid, and cultural competency. In addition, the mentors attend community meetings that involve issues that may affect their clients. When queried about training they may have received about serving grandparents caring for grandchildren, focus group participants indicated that they had received none, despite the program’s large population of grandparents.

Services provided. Children and their families in the experimental group have access to 24 hour crisis intervention services, receive case management services in their home twice weekly, and benefit from a flexible fund that provides a host of services to immediately resolve problems. Among other services, the fund offers tutoring, services for family members and caregivers, transportation, counseling, and recreational activities. Children in the control group do not have access to the flexible fund and the wide variety of services it provides. Typically, control group children and families are visited by their social worker much less frequently than experimental group children and families interact with their mentor. Control group children and families usually have to wait for services such as transportation or tutoring that are provided to experimental families almost immediately.

Timelines. Services for experimental group children usually begin within 1-2 days of a child’s enrollment into the program. According to mentor supervisors and executive managers, the involvement of community mentors in a child’s case generally lasts between 8 and 12 months. Mentors, however, thought client families tended to stay in the program for 18 months to two years, or as determined by the courts. The mentors indicated that control group children typically utilize county services for two years or longer. Control group children typically receive county services for six months to a year.
**Contextual Factors**

**Social (client, neighborhood/community.** Client characteristics and neighborhood and economic factors have been daunting for the program. Children in the target population generally have been in the foster care system for several years and have lived in a number of different settings. Their biological parents typically have low levels of income and education combined with a high prevalence of mental health issues and substance abuse. The community has a very high cost of living yet limited availability of employment opportunities for low-skilled workers that offer sustainable income. Focus group participants agreed that the light rail being brought into the community would negatively affect the most vulnerable members of the community as gentrification increases. Exacerbating these problems, the majority of program services are geographically removed from the community and reliable transportation is a problem.

The community in which the mentor program is implemented, however, has many assets. It is rich in availability of quality childcare as well as programs providing mental health, substance abuse, and other social services. The mentors assist client families in identifying and accessing these community resources. Furthermore, the mentors believe that the program is strengthening the community. They feel they have a good reputation in the community and often have community members walk in off the streets asking if they can be assigned a mentor. Community members are asking for program services even if they are not clients of the county social services department.

**Economic.** The negative impact of poverty on client families and the service area was discussed during the focus groups. The current economic crisis was viewed as having a potentially negative impact on the children and families they serve.

**Political.** Focus group members felt that the county and the board of supervisors and the mayor generally were supportive of the program. Participants were less confident about support from judges, courts, or the community advocacy groups.

**Institutional (county, state).** The executive management team made references to good relationships between the county social services agency and the community mentoring program, however, it appeared that communication and/or frequency of contact between these two parties could be strengthened. Executive managers also referred to the recent loss of funding to continue the program.

With regard to state level factors, executive managers discussed the negative impact on the program of recent state legislative action and budget cuts. Billing discrepancies and confusion concerning fiscal rules for the IV-E Waiver also were cited.
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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?
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 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.
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.

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.
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.

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 problem 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

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<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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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

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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 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.
### 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.
team initially meets 1X/week or 1X/2 weeks, but after the first few months reduces to 1X/month. 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.
## 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 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.

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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.
### 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 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.

### IX. State Factors

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

The budget crisis has affected the implementation 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?

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

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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.
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.

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**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?

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?
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 on 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.
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 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 case? 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 drive 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.
**Status**

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 lead 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.

<table>
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<th>Services</th>
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<td>11. Describe the services received by children in wraparound.</td>
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<tr>
<td>12. Describe the services received by the control group.</td>
</tr>
<tr>
<td>13. How long do you expect children to be in wraparound?</td>
</tr>
</tbody>
</table>

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 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. **Attitudes**

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 issue 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, 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?

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 affects 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.
<table>
<thead>
<tr>
<th>XIV. Conclusion</th>
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<tbody>
<tr>
<td>43. Is there anything else you feel should be discussed that was not covered in questions?</td>
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</tbody>
</table>

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)

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* study/siblings

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#### Wraparound Enrollment Patterns (02.28.02)

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<td><strong>17</strong></td>
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* study/siblings
TITLE IV-E CHILD WELFARE WAIVER DEMONSTRATION PROJECT EVALUATION

FAMILY CONFERENCING CONSORTIUM MEETING

April 24, 2001

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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<td>Leadership</td>
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<td>Politics</td>
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<td>Infrastructure</td>
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<td>Fiscal</td>
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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?
Title IV-E Waiver – Family Conferencing Component – Process Study

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?
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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<thead>
<tr>
<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
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<tbody>
<tr>
<td><strong>1. What is the status of your Waiver Family Conferencing program?</strong></td>
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**Fresno County**

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

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.

| **2. Since you began enrolling families approximately one year ago, what outcomes have you seen for families enrolled in the experimental group?** |

**Fresno County**

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

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.
Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Third Site Visit

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<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
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<td>Fresno 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>
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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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<td>Third Site Visit: 8/27/01</td>
<td>5. Have you made any further changes to your family selection criteria for the Waiver project? (Review selection criteria).</td>
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<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>Third Site Visit: 8/27/01</td>
<td>6. Have you made any further changes in the intervention provided by your program?</td>
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<tr>
<td>Third Site Visit: 8/27/01</td>
<td>No changes reported.</td>
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<td>Third Site Visit: 8/27/01</td>
<td>7. What is the guiding philosophy of your Waiver Family Conferencing program? Has this changed at all since you began implementation?</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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<th>IMPLEMENTATION STRATEGIES</th>
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<td>8. How does the structure of your Waiver Family Conferencing program reflect this philosophy?</td>
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<th>Oversight and Monitoring – Program</th>
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<tr>
<td>1. What are your current methods for supervising and monitoring service provision to families who participate in the program?</td>
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and a constant problem.
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<th>Fresno County</th>
<th>Third Site Visit: 8/27/01</th>
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<td><strong>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.</strong></td>
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<th>Fresno County</th>
<th>Third Site Visit: 8/27/01</th>
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<td><strong>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’.”</strong></td>
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<td><strong>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.</strong></td>
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<tr>
<td>County</td>
<td>OVERSIGHT AND MONITORING – PROGRAM</td>
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<tr>
<td>5.</td>
<td>Please describe the ways in which community stakeholders have been involved in your Waiver Family Conferencing program.</td>
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<td>6.</td>
<td>Who are the key community stakeholders for your Waiver Family Conferencing program?</td>
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<tr>
<td>7.</td>
<td>How do you envision the ongoing role of community stakeholders in your Waiver Family Conferencing program?</td>
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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.

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

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<tr>
<th>County</th>
<th>PROBLEM RESOLUTION</th>
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<tbody>
<tr>
<td>2.</td>
<td>Have you been able to resolve the challenges you have encountered thus far?</td>
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<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>
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Fresno County Third Site Visit: 8/27/01

The program coordinator is not able to attend all the staffings where cases are screened for the 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.

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<thead>
<tr>
<th>County</th>
<th>LEVEL OF ACCEPTANCE AMONG FIELD STAFF</th>
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<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>Fresno County</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>
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</table>

Third Site Visit: 8/27/01
See responses recorded under Oversight and Monitoring – Program, questions 3 and 4 (page 3).

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<tr>
<th>County</th>
<th>STAFFING STRUCTURE</th>
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<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>
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</tbody>
</table>

Third Site Visit: 8/27/01
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**

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<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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<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>
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</table>

Third Site Visit: 8/27/01
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.

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<tbody>
<tr>
<td>Fresno County</td>
<td>2. Have you provided specific training for direct service staff involved in your Waiver Family Conferencing program?</td>
</tr>
<tr>
<td>Fresno County</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>
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<tr>
<td>Fresno County</td>
<td>Third Site Visit:</td>
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<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>
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<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>
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<tr>
<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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<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>
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<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>
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<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>
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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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<tr>
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<tbody>
<tr>
<td>Third Site Visit: 8/27/01</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>
</tbody>
</table>
### 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? Control group families?

**Fresno County**

Third Site Visit: 8/27/01

No response recorded.

### Type and Duration

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?

**Fresno County**

Third Site Visit: 8/27/01

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).

### Type and Duration

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

**Fresno County**

Third Site Visit: 8/27/01

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.

### Timelines and Scheduling

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).

**Fresno County**

Third Site Visit: 8/27/01

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,
<table>
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<tr>
<th>County</th>
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<tbody>
<tr>
<td>Fresno County</td>
<td>2. How long do families receive the experimental intervention before exiting your Waiver Family Conferencing program?</td>
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<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>
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<tr>
<td>Fresno 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>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>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.</td>
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**CONTEXTUAL FACTORS**

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<tr>
<th>County</th>
<th>SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL</th>
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<tbody>
<tr>
<td>Fresno County</td>
<td>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?</td>
</tr>
<tr>
<td>Third Site Visit: 8/27/01</td>
<td>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...</td>
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</table>
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.

### SOCIAL AND ECONOMIC FACTORS AT THE CLIENT LEVEL

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?

5. **How do family social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?**

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?**

### 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.

### COMMUNITY AND NEIGHBORHOOD RESOURCES

1. **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?

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

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.
### 2. How do community social and/or economic resources 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:**

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.

#### County

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

1. How have your agency’s 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?

#### Fresno County

**Third Site Visit:**

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.

#### County

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

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

#### Fresno County

**Third Site Visit:**

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.

#### County

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

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 September 2003?
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.

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

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

Fresno County

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.

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

#### 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?

Fresno County

State-sponsored (non IV-E) Family Conferencing consortia have been helpful for networking. The Roundtable is also helpful. The county has also met with representatives from the Riverside IV-E Waiver program.

### POLITICAL FACTORS

#### 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?

Fresno County

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.
### Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Third Site Visit

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<tr>
<th>Fresno County</th>
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<td><strong>Third Site Visit:</strong></td>
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<td>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.</td>
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### ORGANIZATIONAL STRUCTURE

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<thead>
<tr>
<th>County</th>
<th>IMPLEMENTATION STRATEGIES</th>
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<tbody>
<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>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td><strong>Third Site Visit:</strong></td>
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<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>
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### Riverside County

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

**County staff provided a formal, written update, attached (portions with confidential information have been omitted).**

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:

- 3 families-child now living with parents
- 2 families-child moved from relative placement to ESP Foster Placement
- 1 family child moved from home to ESP Foster home to relative home
- Payment of non-traditional expenses

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.

#### COUNTY IMPLEMENTATION STRATEGIES

1. What is the current status of your Waiver Family Conferencing program?
2. Since you began enrolling families approximately one year ago, what outcomes have you seen for families enrolled in the experimental group?
3. Is your Waiver Family Conferencing program supporting the outcomes you hoped to see?
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<tr>
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<tr>
<td>Riverside County</td>
<td>6. Have you made any further changes in the intervention provided by your program?</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>
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<td></td>
<td>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?</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>
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<tr>
<td>Riverside County</td>
<td>What are your current methods for supervising and monitoring service provision to families who participate in your Waiver Family Conferencing program? Are these methods different from methods you have used to oversee previous programs? (Describe).</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>
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9/25/01
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<tr>
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<tr>
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<td><strong>OVERSIGHT AND MONITORING – PROGRAM</strong></td>
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<tr>
<td>Third Site Visit: 7/23/01</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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<tr>
<td><strong>Riverside County</strong></td>
<td><strong>Third Site Visit:</strong></td>
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<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>
<td><strong>County</strong></td>
<td><strong>OVERSIGHT AND MONITORING – PROGRAM</strong></td>
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<tr>
<td>Third Site Visit: 7/23/01</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>
<td><strong>Riverside County</strong></td>
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<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><strong>County</strong></td>
<td><strong>PROBLEM RESOLUTION</strong></td>
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<tr>
<td>Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Second Site Visit</td>
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<tr>
<td><strong>1. As more families have entered your Waiver Family Conferencing program, what difficulties have you encountered?</strong></td>
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| **Riverside County**  
**Third Site Visit: 7/23/01** |
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. |
| **County**  
**PROBLEM RESOLUTION**  
2. Have you been able to resolve the challenges you have encountered thus far?  
ou encountered any recent challenges that impact your ability to enroll families in your Waiver Family Conferencing program? (Describe).  
ou been able to resolve the enrollment challenges you have encountered thus far? |
| **Riverside County**  
**Third Site Visit: 7/23/01** |
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. |
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<tr>
<th>County</th>
<th>LEVEL OF ACCEPTANCE AMONG FIELD STAFF</th>
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<tbody>
<tr>
<td></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>
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<td></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>
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<tr>
<th>Riverside County</th>
<th>Third Site Visit:</th>
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<tr>
<td>Third Site Visit:</td>
<td>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.</td>
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<tr>
<th>County</th>
<th>STAFFING STRUCTURE</th>
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<tr>
<td></td>
<td>1. Have there been any recent changes to the staffing structure of your Waiver Family Conferencing program?</td>
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<tr>
<th>Riverside County</th>
<th>Third Site Visit:</th>
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<tr>
<td>Third Site Visit:</td>
<td>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.</td>
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**SERVICE FACTORS**

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<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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<tbody>
<tr>
<td></td>
<td>1. What staff are involved in providing direct services to families enrolled in your Waiver Family Conferencing program?</td>
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<th>Riverside County</th>
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<tr>
<td>Third Site Visit:</td>
<td>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.)</td>
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<th>County</th>
<th>CHARACTERISTICS, ROLES, TRAINING OF STAFF</th>
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<td></td>
<td>2. Have you provided specific training for direct service staff involved in your Waiver Family Conferencing program?</td>
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<tr>
<td>County CHARACTERISTICS, ROLES, TRAINING OF STAFF</td>
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<td><strong>3. Do you plan to offer trainings to direct service staff involved in your Waiver Family Conferencing program in the future? (Describe.)</strong></td>
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**Riverside County**

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

Training 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.

**County**

**CHARACTERISTICS, ROLES, TRAINING OF STAFF**

<table>
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<tr>
<th>4. What staff are involved in coordinating and facilitating family conferences for families enrolled in your Waiver Family Conferencing program?</th>
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<tr>
<td><strong>5. Have you provided specific training for coordinators and facilitators involved in your Waiver Family Conferencing program? (Describe).</strong></td>
</tr>
<tr>
<td><strong>6. Do you plan to offer trainings to coordinators and/or facilitators involved in your Waiver Family Conferencing program in the future? (Describe).</strong></td>
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**Riverside County**

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

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.

**County**

**CHARACTERISTICS, ROLES, TRAINING OF STAFF**

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

**Riverside County**

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

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.

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Title IV-E Waiver, Family Conferencing Placement Component – Process Study, Second Site Visit
### CHARACTERISTICS, ROLES, TRAINING OF STAFF

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 program? (Describe).

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

### COUNTY

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<tr>
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<tr>
<td>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.</td>
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### 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? Control group families?

2. How do services the services you provide to experimental and control families differ?

### COUNTY

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<tr>
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<tr>
<td>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.</td>
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### COUNTY

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<td>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</td>
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### TYPE AND DURATION

3. What “unique” services have been provided to experimental group families as a result of Waiver family conferences?
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<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>
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<tr>
<td>County</td>
<td>TIMESLINES AND SCHEDULING</td>
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<tr>
<td>Riverside County</td>
<td>2. How long do families receive the experimental intervention before exiting your Waiver Family Conferencing program?</td>
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<tr>
<td>County</td>
<td>TIMESLINES AND SCHEDULING</td>
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<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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**Riverside County**

- **Third Site Visit: 7/23/01**
  - The county is not currently tracking the services provided by family and community support persons. The program coordinator may be able to provide this at a later date.
  - 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.
  - 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.
  - 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.)
### 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>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>
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<td>How do family social and/or economic resources impact your agency’s ability to implement your Waiver Family Conferencing program?</td>
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<td>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>
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<tr>
<th>Riverside County</th>
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<td>One of the most overwhelming social and or economic challenges has been drug abuse, a consistent factor in all but one case. The families in the program are a mix of single and two-parent families. There are multiple transitions in family relationships along with problems of domestic violence. The educational level of the families is high school or below. In regards to ethnic/racial diversity there are families from many different populations except Asian, though there is a large Hmong population in the Banning area. Many client families are involved in selling drugs although some parents are legitimately employed. Most families are on public assistance and/or minimum wage. Another factor for the families to deal with is alienation from their extended family due to abuse or neglect. All this considered, there are no differences between these families and typical families who receive child welfare services.</td>
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The Waiver Family Conferencing program works to undo family alienation and the conferencing provides an opportunity to vent conflict within the family. The program is different in this regard from other child welfare services.

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<td>Families have brought attention to several issues such as: the storage of personal possessions (and child’s) rather than leaving them behind, how to pay for/help with things, sharing costs and extended family support. One client found his/her own drug treatment program, grandparents in one case were able to help financially with child’s education and mother’s treatment. Other examples of family resources have included a paternal grandparent paying for private schooling 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.

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<tr>
<th>County</th>
<th>COMMUNITY AND NEIGHBORHOOD RESOURCES</th>
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<tr>
<td></td>
<td>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?</td>
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**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.

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<td></td>
<td>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? 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>
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**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.

County

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

1. Have your agency’s policies and procedures affected implementation and maintenance of your Waiver Family Conferencing program?
2. Might these policies and procedures affect future implementation of your Waiver Family Conferencing program?

Riverside County

Third Site Visit: 7/23/01

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.

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.

County

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

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 September 2003?

Riverside County

Third Site Visit: 7/23/01

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
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.

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<td>Riverside County</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>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</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>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.</td>
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<th>County</th>
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<td>Riverside County</td>
<td>Third Site Visit:</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>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.</td>
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<td>County</td>
<td>POLITICAL FACTORS</td>
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<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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<tr>
<td>Riverside County</td>
<td>Third Site Visit:</td>
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<tr>
<td>Third Site Visit: 7/23/01</td>
<td>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</td>
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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?
Title IV-E Waiver – Family Conferencing Component – Process Study

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:
   
<table>
<thead>
<tr>
<th>Level</th>
<th>Year completed</th>
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<tbody>
<tr>
<td>High school graduate</td>
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<tr>
<td>Associate’s degree</td>
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<td>Bachelor’s degree</td>
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<td>Trade school</td>
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<td>Other (specify):</td>
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<td>License (if any) Type:</td>
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</table>

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

**Organizational Structure/Service Factors**

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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>
</tr>
<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>
</tr>
<tr>
<td>2. Please describe your role in obtaining informed consent from families who enroll in your agency’s Title IV-E Waiver program.</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>4. How soon after the case is referred to your agency do you become involved in the case?</td>
</tr>
<tr>
<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 even before the case is formally transferred to the VFM unit.</td>
</tr>
</tbody>
</table>

**Timeliness and Scheduling**

| 1. Once a family is referred for a Waiver family conference, what is the timeframe for convening the conference? |
| 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. |
| 2. How does this timeframe affect your ability to provide services to Waiver experimental group families? |
| 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...
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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<tbody>
<tr>
<td><strong>1.</strong> What types of services have you helped families involved in the Waiver program to access within the past year?</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td><strong>2.</strong> (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?</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>3.</strong> What “unique” services (if any) have been provided to Waiver experimental group families as a result of the family conference(s)?</td>
</tr>
<tr>
<td>See response to above question #2.</td>
</tr>
<tr>
<td><strong>4.</strong> 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?</td>
</tr>
<tr>
<td>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</td>
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</table>
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 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.

<table>
<thead>
<tr>
<th>Community and Neighborhood Resources</th>
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<tbody>
<tr>
<td><strong>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?</strong></td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td><strong>2. Please describe the community and neighborhood resources that are available to support families in your agency’s Waiver program?</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>3. How does the availability of community and neighborhood resources impact families in your agency’s Waiver program?</strong></td>
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</table>
**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**
## 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>Question</th>
<th>Answer</th>
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<tr>
<td><strong>provide services to families in the Waiver program?</strong></td>
<td>One worker did the follow up survey requested by UCB saying it was, “no problem,” although it took some time.</td>
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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

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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

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positions. 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.

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

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.”

**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?

   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.

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?

   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.
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 can offer more services because the funding is more flexible. Foster parents also report that they enjoy coming to the monthly meetings.

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?
See response to question #1.

<table>
<thead>
<tr>
<th><strong>Social and Economic Factors at County, State, and Federal Levels</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> 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>
</tbody>
</table>

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

| **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?) |
| 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. |

| **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? |
| 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. |

<table>
<thead>
<tr>
<th><strong>Political Factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> 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>
Riverside – 1/14/02

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</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.
Title IV-E Waiver – Family Conferencing Process Study

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? _____Yes _____No

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.

5.

6.

7.

8.

9.

10.

11.

12.

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. 
5. 
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. 
6. 
7. 
8.

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

What questions did the family ask?
<table>
<thead>
<tr>
<th>Attendees</th>
<th>Example: ATTENDED</th>
<th>ABSENT BUT VIEWS REPRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/youth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-mother /girlfriend (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step-father /boyfriend (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Grandmother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Grandfather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Aunt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Uncle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Cousin</td>
<td></td>
<td></td>
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<tr>
<td>Paternal Grandmother</td>
<td></td>
<td></td>
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<tr>
<td>Paternal Grandfather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Aunt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Uncle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Cousin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Godparent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coach/mentor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend of child/youth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Representative of the faith community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster sibling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>Conference coordinator</td>
<td></td>
</tr>
<tr>
<td>Conference facilitator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFS caseworker</td>
<td></td>
<td></td>
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<tr>
<td>Attorney</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School counselor</td>
<td></td>
<td></td>
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<tr>
<td>Medical doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist</td>
<td></td>
<td></td>
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<tr>
<td>Psychiatrist</td>
<td></td>
<td></td>
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<tr>
<td>Daycare provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent’s probation officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth’s probation officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Caseworker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent’s drug/alcohol counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth’s drug /alcohol counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</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

CSSR
**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
- Child’s/youth’s safety
- Professionals’ respect for family
- Family Strengths
- Family pride
- Family tension
- Family secrets
- Responsibility taken by family
- More support from people in the community
- More support from family members
- Child’s/youth’s feelings about self
- Parental decision-making
- Family’s feelings of being alone
- Other (specify)
<table>
<thead>
<tr>
<th>Element of plan:</th>
<th>Proposed by:</th>
<th>Did other parties agree?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>□ Yes □ No □ Mixed</td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td>□ Yes □ No □ Mixed</td>
</tr>
<tr>
<td></td>
<td>Other/Explain</td>
<td>□ Yes □ No □ Mixed</td>
</tr>
</tbody>
</table>

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?