California’s Title IV-E Child Welfare Waiver Demonstration Project

Interim Report

December 1, 1998 – May 30, 2001

Submitted to:
California Department of Social Services
Children & Family Services Division

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EXECUTIVE SUMMARY

This Interim Report presents information on California’s Title IV-E Child Welfare Demonstration Project for the period beginning December 1, 1998 and ending on May 30, 2001.

In 1997, the Department of Health and Human Services (DHHS), Administration for Children and Families granted California a Title IV-E Waiver, under section 1130 of the Social Security Act. The purpose of granting Title IV-E waivers was to encourage the implementation of innovative services or service delivery systems in child welfare. Previously, Title IV-E federal funds were to be used exclusively for foster care maintenance. Under the Waiver, the California Department of Social Services (CDSS) is able to spend Title IV-E funds for foster care prevention, as well as for services designed to expedite the establishment of permanency for children currently in its child welfare system. California’s Waiver Demonstration Project was designed to develop and test innovative strategies to reduce foster care placements and improve the well-being of abused and neglected children. California originally intended to implement and evaluate this flexible use of IV-E funds with three new approaches to child welfare services: the Kinship Permanence Component (KPC); the Extended Voluntary Placement Component (EVC); and the Intensive Services Component (ISC).

During the first two years of the project, a number of challenges and unanticipated circumstances led to the redesign of California’s original evaluation plan. The changes were instituted to maintain the integrity and rigor of the research design given unforeseen events that occurred during the initial stages of program implementation. The statewide implementation of the KinGap Program precluded the implementation of the KPC, due to the fact that a true experiment with random assignment was no longer a viable research method for this component. The Waiver Evaluation team submitted a revised evaluation plan to CDSS in April 1999, but to date no decision has been made regarding the viability of this KPC revised evaluation plan. Because of slow implementation and low enrollment, the EVC was phased down, effective August 31, 2000.

California’s Waiver Demonstration Project currently consists of the ISC only and is comprised of four substudies: Family Conferencing (ISFC); Wraparound Services (ISW); Community Mentoring (ISCM); and Shared Family Care (SFC). The specific goals of the Waiver demonstration project include: prevention of out-of-home placement; shorter lengths of stay in substitute care; and, improved child safety and well-being.

The California Child Welfare Waiver Demonstration Project evaluation was charged with completing three component studies; an impact study, a process evaluation, and a cost effectiveness study. The following interim report presents preliminary findings from the process study for the EVC and the ISC for the period beginning December 1, 1998 to May 30, 2001. As of May 30, 2001, San Francisco County continues discussions with CDSS regarding their participation in the Waiver project. Evaluation of Community Mentoring has been part of these discussions. Thus, no process or outcome data on ISCM are available to be included in this report. The Shared Family Care report is
submitted alongside this report and an overview of its highlights pertinent to Alameda and San Francisco counties are included in this interim report. No outcome results will be presented in this report, given the small sample sizes and the recency of program implementation. Although California’s Waiver Demonstration Project officially began on December 1, 1998 with the implementation of EVC, no children entered ISC until June 6, 1999. Since EVC was phased down prematurely, no outcome data are available for that component. Given the slow implementation and low enrollment for the ISC, outcome data also are unavailable for this study component.

Process study findings suggest that the primary reason for the phase down of the EVC component was consistently low enrollment across all EVC counties. At the end of the first year of the project only three children were enrolled and at the time of phase down, no more than ten children were enrolled, only six of whom were Title IV-E (federally) eligible. The remaining four were state eligible.

Five issues consistently were mentioned by EVC county staff when barriers to participant enrollment were explored at site visits, consortium meetings and during provision of ongoing technical assistance regarding the evaluation. These included: (1) county staff concerns regarding the fact that courts did not count the time in voluntary placement in determining when to terminate reunification services and parental rights; (2) difficulty identifying which cases might benefit from an extended voluntary placement; (3) concern regarding the impact of parental liability for costs incurred during voluntary placement on project enrollment; (4) agency problems with staff recruitment, retention and workload and other resource limitations; and (5) an overestimation of existing voluntary placement cases, resulting from county difficulties maintaining accurate CWS/CMS records for children who were voluntarily placed.

As of May 30, 2001, ISFC has a total of 42 IV-E eligible study children enrolled. Enrollment progress in the two ISFC counties continues to be a concern for the ISFC program and evaluation. Both counties have experienced delays in enrollment due to structural barriers. After examining the characteristics of children entering foster care, one county determined that for every forty children screened, only one met their ISFC program enrollment criteria. Additionally, staff from this county reported that they were experiencing a shortage of both foster parents and openings in specially trained foster family homes. This county also had difficulty recruiting child welfare workers for their ISFC program, due to a combination of county program manager reluctance to release staff for the ISFC program, staff shortages and workload issues.

Staff from the other participating ISFC county has attributed their enrollment slow-down to various factors, including a lack of family members available to attend family conferences, an overall slowdown in the number of new referrals to the agency and staff availability during holiday and vacation periods. ISFC program staff reported that they might need to slow their enrollment process down temporarily due to staff turnover and time constraints. A telephone conference was held with county staff, CDSS and the evaluation team in order to solve enrollment problems. During this conference, county program staff requested permission from CDSS and the evaluation team to modify the
selection criteria for the program, eliminating case-specific criteria in order to broaden the pool of eligible cases. These changes were agreed upon.

Changes in both counties are expected to speed up the enrollment process and result in increased family recruitment into the ISFC study. The evaluation team intends to continue to monitor the enrollment progress of both counties and provide technical assistance in collaboration with CDSS as needed.

As of May 30, 2001, there are 271 study children enrolled in the ISW. The majority of study children in the ISW (N=136) were enrolled in one county. The four remaining counties have been slow to implement their programs and to enroll children. County staff 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 implement Wraparound comprehensively presented barriers to implementation. The basic tenets of Wraparound (e.g., strengths-based, community-based, individualized services), while similar to other innovative programs being implemented (e.g., intensive family preservation services, family group conferencing), have not been institutionalized and remain a fairly novel way of thinking about working with children and families. 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, however, has been a difficult and on-going process. For example, in one county child welfare workers view Wraparound as a family reunification program, an anathema due to the recent death of a reunified child.

County staff also indicated the difficult nature of overcoming organizational barriers as public and private agencies, as well as different departments in public organizations (e.g., child welfare, mental health, probation), sought to work together. The collaborative nature of service provision specified by Wraparound brings to the fore philosophical and technical differences. Language, taken for granted by individuals within a department or agency, presents difficulties for those outside of that department or agency. In another example, divisions within a department often are reluctant to alter their standardized practices to accommodate a small demonstration project focused on innovation.

Staff turnover and a shortage of quality candidates also are issues that have had an impact on Wraparound implementation efforts, particularly for private service providers. The intensity of working with a caseload of children and families facing the obstacles outlined in this report has made it difficult for public and private agencies to retain staff. Finding new, qualified staff has been difficult as well due to a scarcity of appropriate candidates. Both situations have been compounded by a robust economy that has made social work positions such as these less attractive.

Finally, ISW county staff have expressed concern about the evaluation and its effect on client enrollment. County staff are particularly distressed about the use of random assignment, deeming it unethical. A number of county staff report widespread dissatisfaction with the possibility that some families may not receive Wraparound and
that referrals to their programs have suffered as a result. Several county staff also report that having to obtain documented consent from children and caregivers to participate in the study has limited their ability to enroll children and families in the study.

The next two and one-half years of the Demonstration Project will provide an opportunity for counties to further develop their programs and to address issues related to slow implementation and low enrollment. The process study will continue to explore issues and barriers related to implementation, as well as the social, organizational and contextual influences on the innovative programs supported by the Waiver. In the next part of the project, the evaluation team will be able to augment the findings from the process study with results from the impact and cost effectiveness studies to better identify important planning, program, and policy implications of California’s statewide Waiver Demonstration Project.
I. INTRODUCTION

A. Overview of the Demonstration

1. Purpose of California’s Child Welfare Waiver Demonstration Project

In 1997, the Department of Health and Human Services (DHHS), Administration for Children and Families granted California a Title IV-E Waiver, under section 1130 of the Social Security Act. The purpose of granting Title IV-E waivers was to encourage the implementation of innovative services or service delivery systems in child welfare. Previously, Title IV-E federal funds were to be used exclusively for foster care maintenance. Under the Waiver, the California Department of Social Services (CDSS) is able to spend Title IV-E funds for foster care prevention, as well as for services designed to expedite the establishment of permanency for children currently in its child welfare system. California’s Waiver Demonstration Project was designed to develop and test innovative strategies to reduce foster care placements and improve the well-being of abused and neglected children. California originally intended to implement and evaluate this flexible use of IV-E funds with three new approaches to child welfare services: the Kinship Permanence Component (KPC); the Extended Voluntary Placement Component (EVC); and the Intensive Services Component (ISC).

During the first two years of the project, a number of challenges and unanticipated circumstances led to the redesign of California’s original evaluation plan. The changes were instituted to maintain the integrity and rigor of the research design given unforeseen events that occurred during the initial stages of program implementation. The statewide implementation of the KinGap Program made legal guardianship subsidies available for all eligible children placed with kin guardians. This precluded the implementation of the KPC, due to the fact that the experimental intervention was now widely available and a true experiment with random assignment was no longer a viable research method for this component. The Waiver Evaluation team submitted a revised evaluation plan to CDSS in April 1999, but as of May 30, 2001, no decision has been made regarding the viability of this KPC revised evaluation plan. Because of slow implementation and low enrollment, the EVC was phased down, effective August 31, 2000. While no new EVC entries into the Demonstration were permitted following that date, CDSS continued to honor executed agreements for those children and families being served in EVC.

California’s Waiver Demonstration Project currently consists of the ISC only and is comprised of four sub-studies: Family Conferencing (ISFC); Wraparound Services (ISW); Community Mentoring (ISCM); and Shared Family Care (SFC). The specific goals of the Waiver demonstration project include: prevention of out-of-home placement; shorter lengths of stay in substitute care; and, improved child safety and well-being.

2. Organization of the Report

The California Child Welfare Waiver Demonstration Project evaluation was charged with completing three component studies; an impact study, a process evaluation, and a cost effectiveness study. The following interim report presents preliminary findings from the process study for the EVC and the ISC for the period beginning December 1, 1998 to May 30, 2001, as
well as an overview of SFC demonstration project activities and findings. No outcome results will be presented in this report. Although California’s Waiver demonstration project officially began on December 1, 1998 with the implementation of EVC, no children entered ISC until June 9, 1999. Since EVC was phased down prematurely, no outcome data are available for that component. Outcome data are also not available for the ISC, given the slow implementation and low enrollment for this study component. The first section of the report presents the background and context, as well as the research design and methods for the EVC and ISC. Since both components required different research methodologies in order to capture appropriately their influences on children and families, the discussion regarding the methodology is divided into two separate sections based upon the waiver component under discussion. The second section provides preliminary process study results for the EVC and for the ISFC and ISW sub-studies of the ISC. During the reporting period San Francisco County representatives, CDSS, and UCB evaluators discussed whether San Francisco would continue to participate in the Waiver, and the evaluation activities were part of these discussions. Thus, no process or outcome data are available on the ISCM component for this report. An overview of the SFC demonstration project for the period June 2000 to May 2001 is provided. Section three summarizes the findings contained in this report. Results from the cost effectiveness study will be presented in the final report, to be submitted in April 2004.

B. Extended Voluntary Placement Component

1. Background and Context

Child welfare experts agree that reducing the legal entanglements of some child welfare involved families should lead to better outcomes for children and families. Yet, in the only comprehensive study conducted on voluntary placement, Yoshikama and Emlen (1983) investigated the state laws, regulations, policies and procedures surrounding voluntary foster care placement in Arizona, Mississippi, Oregon and Tennessee. Through case record review and selected interviews of parents, caretakers and social workers, the authors compared random samples of court-ordered foster care placements (N=188) with those who were voluntarily placed (N=188) in out-of-home care. The study showed a difference between voluntary and court-ordered client characteristics: voluntary placements had a younger cohort of children; family members tended to initiate the placements (rather than law-enforcement or individuals from the community); and they were less likely to be used for abuse or neglect and more likely to be used for family conflict or family conditions such as temporary parental absence, financial hardships, illness, disability or substance abuse. Both voluntary and court-ordered placements tended to occur in a state of emergency without any preplacement services. Within one week of referral, the children were placed with strangers, and a substantial number of those placements were not within close proximity to their families (34% and 40%, respectively, were more than a 30 minute drive away). Further, as many as one-third of the parents interviewed did not know where their children were placed (in both types of placements). Although distinctive in their legal authority, voluntary and court-ordered placements were not different in the degree to which they reflected parental choice--the majority of voluntary placements were coerced or strongly influenced and court-ordered placements tended to be initiated by family members also strongly influencing the decision.
While reunification efforts were similar in both types of placements, more children exited care within six months from voluntary (89%) versus court-ordered (56%) placements. The authors also found that 29 percent of the voluntary placements became court-ordered. This study helps to generate many hypotheses, but its usefulness is diminished by its age. In a more recent study investigating foster care careers of children in California, Courtney’s (1994) findings support Yoshikama and Emlen’s (1983) results on the association between reunification and voluntary placement. Using administrative data from a random sample of 8,748 children (10% of the total population) who entered foster care for the first time between January 1988 and May 1991 in California, Courtney (1994) found that children (excluding infants) who were placed for “other” reasons (primarily voluntary) were considerably more likely to reunify than those placed for reasons of neglect.

Federal statutes limit foster care payments made to children placed voluntarily in foster care to six months. In order to maintain federal eligibility beyond the six month limit, court dependency must be established. If a child is not deemed a dependent of the court, he/she will lose federal eligibility to receive foster care benefits. The EVC of California’s Waiver Demonstration Project was intended to expand county options and allow counties to extend voluntary placements from six to 12 months without a court dependency hearing.

2. Service Intervention Strategy and Current Status

The objectives of extended voluntary placement were to: reduce court costs; remove children from the sometimes traumatic court experience or adversarial juvenile court system; continue to move children toward permanency; and, to reduce children's time in out-of-home care.

The primary reason for the EVC phase down was consistently low enrollment across all EVC counties. During contacts with county staff at site visits, Consortium Meetings and during provision of ongoing technical assistance, five issues regarding barriers to participant enrollment frequently were mentioned by county staff. These included: (1) county concern regarding the fact that courts did not count the time in voluntary placement in determining when to terminate reunification services and parental rights; (2) difficulty with identifying which cases might benefit from an extended voluntary placement; (3) concern regarding the impact of parental liability for costs incurred during voluntary placement on program enrollment; (4) agency problems with staff recruitment, retention and workload and other resource limitations; and (5) an overestimation of existing voluntary placement cases, resulting from county difficulties maintaining accurate CWS/CMS records for children who were voluntarily placed.

3. Methodology

   a. Impact Study Design

In order to evaluate the extended voluntary component, we employed a quasi-experimental design was used, including repeated measures with matched groups as specified in the CDSS Solicitation of Proposals. Children were selected (see selection criteria below) from the available population of children entering voluntary placement to be in the Extended Voluntary Placement group (EVP). The Comparison Voluntary Placement group (CVP) was selected from
comparison counties. Contrasts between the groups were to be made in order to evaluate the effects of the extension using administrative data and case record reviews. Client satisfaction was to be assessed from a smaller random sample of the EVP group (discussed below).

**Sampling Plan**

All children and families who were selected for inclusion in the EVC, using criteria developed by each individual county, were to be included in the EVP (experimental group) for evaluation purposes. The maximum number of participating children was restricted to 500 over the five years of the project. An equal or greater number of comparison children were to be selected each year from comparison counties. Comparison counties were to be selected based on factors such as size of child population, foster care incidence and prevalence rates, the proportion of foster care entries that are voluntary placements, and the proportion of voluntary placements that remain in foster care for longer than six months. The original sampling plan stipulated that after comparison counties were selected, children would be paired with those in the appropriate experimental counties at a ratio of 1:1 matching on characteristics such as age, ethnicity, and placement type. Rather than a 1:1 matching between the experimental and comparison counties, we intended to follow all children in the comparison counties who entered voluntary care.

One hundred case records were to be randomly selected from the 500 children in the EVP group, and 100 case records from the 500 children in the CVP group for case record review. Of the 100 cases in the EVP, a systematic sample of 50 were to be selected for biological parent and foster parent telephone interviews. A description of our sample as described in the original evaluation plan is provided below:

<table>
<thead>
<tr>
<th>Admin Data Analysis / Case Record Review / Telephone Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVP 500 100 50 biological parents</td>
</tr>
<tr>
<td>CVP 500 100 50 foster parents</td>
</tr>
</tbody>
</table>

**Research Hypotheses**

Hypotheses for the EVC were as follows:

1. Expanding the existing county options to include extended voluntary placement from six to twelve months without a court dependency hearing would (a) decrease court costs, (b) increase the percentage of voluntarily placed foster children achieving reunification with their families within the twelve month period, (c) improve levels of child safety, and (c) decrease the prevalence of children in dependency status.

2. Expanding the county options to include an extended voluntary placement from six to twelve months without a court dependency hearing would improve client levels of satisfaction for voluntary placement families pursuing the extension.
3. No extra costs would be incurred as a result of the changes imposed by the voluntary extension in Waiver counties.

**Data Collection**

Outcome Measures

Outcomes for this component were to be assessed primarily through administrative data and case records. Client satisfaction for participants in the experimental group was to be assessed via telephone interviews. Because we would not have direct access to a comparison group of children and caregivers for interviews, comparison data would only be available from administrative databases.

**b. Process Study Design**

The process study for this component was designed to assess a number of process-oriented indicators including organizational, service and contextual factors. **Organizational aspects** were monitored by meeting with program managers and field staff (eligibility workers, social workers, case managers, field supervisors) in each of the counties during the first year and a half of program implementation to track their planning process and any changes in staffing and funding as the voluntary placements became extended. We conducted focus groups with field staff to determine their level of acceptance of this component and its influence on their caseloads and overall satisfaction with extended placements. We also monitored and documented the various project implementation issues involved in the beginning phase of this component.

**Service factors** were assessed through interviews with county program managers, field staff and CDSS foster care policy staff in order to ascertain their roles and responsibilities, training and ongoing feedback mechanisms within the service delivery systems. We conducted focus groups consisting of all involved at the service delivery level within the first three months of program implementation and we endeavored to learn about their various roles during the beginning phases as well as plans for ongoing and/or future training of staff. Interviews with field staff provided information on their satisfaction with this component as well as alerted us to any problems/concerns during the initial period of implementation.

The **contextual aspects** of this process study involved learning about the social, economic and political issues surrounding each county’s proposed project. Interviews were conducted through the duration of the evaluation in order to document issues and changes at the state and county levels. These interviews also served as a time for the evaluation team to provide a feedback mechanism for these key informants to learn about any recent analyses and/or themes emerging from the EVC process study.

**Data Collection**

Please see Section II. A. for a detailed description of the methods and procedures used for process study data collection for the EVC.
c. **Cost Neutrality Study Design**

The cost-neutrality study was to be designed and implemented by CDSS. For all sub-studies, we worked with the CDSS Research Branch to identify a range of service use patterns and potential service use offsets within the purview of participating child welfare agencies that might result from Waiver participation. In the extended voluntary study the key cost-neutrality issues were to involve reducing the costs of court involvement contrasted with the possibility of increasing the eventual costs of longer stays in foster care for children in families receiving extended voluntary services.

d. **Cost Effectiveness Study Design**

We also intended to conduct an in-depth study of the costs and savings involved in implementing and carrying out the EVC, including areas beyond the reach of participating child welfare agencies. We began by collecting cost-related information during the site visits to individual counties. This preliminary information was to help us design this part of the evaluation. Some of the areas we intended to explore for cost differences included: participant selection; provision of family support; court involvement; placement; and exit outcomes. Given the premature closure of the EVC, the cost effectiveness study was not carried out.

4. **Implementation Status**

Seven counties submitted proposals for consideration by CDSS and all 7 counties were granted permission to participate in the Waiver. These counties were: Alameda, Humboldt, Los Angeles, Monterey, Placer, Riverside and San Luis Obispo. Implementation of the EVC component began on December 1, 1998. In April 1999, Riverside County withdrew from the demonstration, followed by Monterey County in September 1999 and Humboldt County in February 2000.

By early December 1999, at the end of the first year of the project, only three children were enrolled in the EVC. No more than ten children were enrolled by completion of the project phase-down on August 31, 2000. Six of the children enrolled in the EVC were Title IV-E (federally) eligible. The remaining four were state eligible. See Section II. A. for a detailed description of EVC enrollments and participant characteristics.

C. **Intensive Services Component**

1. **Background and Context**

The philosophy behind programs designed to provide intensive individualized services to children and families rests on the assumption that, whenever possible, children are best raised in their own homes or in the least restrictive and most family-like settings. A key tenet of intensive service approaches is that children and families have strengths that can be enhanced through targeted interventions. Delivery of services, therefore, should be provided within these stable
settings, utilizing the internal and external resources of families, neighborhoods and communities.

Four approaches to providing intensive services are included in California's Waiver demonstration project: *Family Group Decision Making*, an intervention designed to help improve decision making and service planning and provision; *Wraparound Services* for children in high-end (especially group home) placements in order to help them remain in stable placements or move to permanence; *Shared Family Care* which allows the use of IV-E funds for placements of parents and children together in a single foster or residential placement; and, *Community Mentoring* which provides family mentoring, emergency support, and other services to maintain and/or reunify families. Family Group Decision Making and Wraparound Services currently constitute the most viable and active portions of the Waiver Demonstration Project. The evaluation for Shared Family Care is currently carried out in conjunction with an ongoing evaluation conducted by the National Abandoned Infants Assistance Resource Center (NIARC) at the University of California at Berkeley, with funding from the Stuart Foundations and the Zellerbach Family Fund. The Community Mentoring program is still in its initial design stages and has yet to be fully implemented. Below we provide a summary of the two primary approaches – Family Group Decision Making and Wraparound Services - included in the Waiver demonstration and the related evaluation data.

*Family Group Decision Making*. Beginning in the 1980s, family-based services received federal financial support through Title IV-B of the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and technical assistance and training support through the National Resource Center for Family-Based Services. Family-based services include the continuum of care from placement prevention to reunification of children from out-of-home care. Evaluations of such efforts have only been moderately promising, although far more attention has been given to placement prevention than to family reunification research (Barth, 1997).

One new model of family based services expressly addressed in California’s Demonstration Project is the Family Group Decision Making model, most widely implemented in Oregon and New Zealand and now being applied in at least forty sites worldwide (Jim Nice, personal communication, June 27, 1997). The goal of this model is to empower families to make decisions about their children in order to improve the implementation and outcomes of service plans. Decisions regarding an at-risk family are made through a series of meetings with families, individuals in their community support system who wish to become involved, and child welfare workers. These meetings differ from the traditional case conference in that they: often include more family members, last longer, encourage families to be more proactive in defining the decision making process, and in large part, allow families to determine the decisions made. Family Group Decision Making (FGDM) builds on a long child welfare tradition of involving family and community in assisting families experiencing difficulties (Whittaker & Garbarino, 1983). FGDM has elements of family therapy, community organizing, network therapy, and social networking and apparently emerged simultaneously in New Zealand and Oregon (known there as the "Family Unity Model": Jim Nice, personal communication, June 26, 1997). The approach has been employed to prevent placement, to preempt a long separation of children from their families, and to reunify children after long stays in foster care.
A recent survey of settings using FGDM found that the typical use of FGDM involved placement of children for an average of one month while a family group conference was organized. The initial conference often requires in excess of 20 hours for staff to arrange, and an additional three hours for the meeting itself (American Humane Association, 1997).

Although rigorous outcome evaluations of these programs have not been completed in the U.S., a formative evaluation was conducted in Santa Clara County by the American Human Association in concert with Walter McDonald and Associates. Preliminary evidence from the Santa Clara program indicates that it takes time before the conference convener develops the skills to effectively mobilize the benefits of the approach. This information suggests that the evaluation of FGDM projects should wait until they have the opportunity to achieve a minimal level of maturity.

Wraparound Services. Wraparound is an approach to working with children and families consisting of a collaborative planning process used to guide the development and provision of an individualized, community-based set of services and supports (Goldman, 1999). The planning process provides for extensive child and caregiver participation in defining their goals and services plan. Child and family goals and services plans stress the importance of success at home, school, and community, and a reliance on informal supports in efforts towards those ends. Specific services are integrated and tailored to meet the needs of the child and family. The access to and utilization of flexible funds and funding sources is key to the success of the approach. In California, Wraparound teams comprised of a case manager, community resource specialist, and various family specialists work directly with children and families, and with other service providers and family supports to achieve defined goals. The groups meet routinely with children and families to monitor progress and refine service plans.

Wraparound originated in the field of mental health; subsequently, the bulk of evaluation research has been conducted with families of children with severe emotional disturbances seeking assistance from that service sector. A number of studies (Bruns, Burchard, and Yoe, 1995; Clarke, Schaefer, Burchard, and Welkowitz, 1992; Illback, Nelson, and Sanders, 1998; Yoe, Santarcangelo, Atkins, and Burchard, 1996) found positive changes in child behavior as measured by instruments such as the Child Behavior Checklist (CBCL), the Daily Adjustment Indicator Checklist (DAIC), the Quarterly Adjustment Indicator Checklist (QAIC), and the Self-Control Rating Scale (SCRS).

A number of those same studies (Bruns et al., 1995; Illback et al., 1998; Yoe et al., 1996) assessed the level of restrictiveness of the child’s home environment and found inconclusive results regarding the impact of Wraparound. Yoe et al. found significant decreases in the level of placement restrictiveness and an increase in the use of community-based living arrangements. Bruns et al. found no significant change in level of restrictiveness, while Illback et al. reported mixed results.

Child behavior is the only variable in the studies cited where researchers consistently found Wraparound to be effective. The finding, however, is made suspect by the limited amount of rigor in the evaluations included in this review. All four studies used a pre-experimental one-
group pretest-posttest design that lacked the strength afforded by the use of a comparison group. Additionally, three of the four studies had small sample sizes (N=19, 27, and 40).

Wraparound also has been implemented as a school-based approach. In a study conducted by Eber, Osuch, and Redditt (1996), children receiving Wraparound experienced a decrease in the average number of days in psychiatric hospitalization and average number of placements outside of the home, one year after entering the program. The findings of this study also are limited by the lack of a comparison group and a small sample size (N=20).

Finally, Wraparound has been implemented as an approach to assist children in foster care with emotional/behavioral disturbances. Clark, Prange, Lee, Steinhardt-Stewart, Barrett-McDonald, and Boyd conducted an evaluation of the Fostering Individualized Assistance Program (FIAP) in 1998. Clark et al. used a pretest-posttest control group design with repeated measures and random assignment to either the experimental (Wraparound) or control (standard foster care services) group in order to evaluate the effectiveness of Wraparound (i.e., FIAP) on the permanency status and functioning of children in the foster care system.

The results of the study indicated FIAP was more effective with certain populations. The odds of children receiving FIAP to be in permanency (i.e., living with parents, relatives, or adoptive homes; or living independently) were found to be two times greater than the children receiving standard foster care services. The overall difference was explained by the higher odds of permanency for the older FIAP children. FIAP children were found to have spent significantly fewer days on extended runaway and significantly fewer days incarcerated, than children receiving standard services. While gender did not influence these findings, the study reported that older FIAP participants were less likely than their counterparts receiving standard services to have extreme totals on either of these variables. Results from the CBCL and the Youth Self-Report (YSR) indicated that FIAP was more effective with males.

The study is bolstered by the use of an experimental design, which allows for greater assurance that differences seen between groups can be attributed to the intervention, and not outside influences. The FIAP study was hindered, however, by an intervention weakened by mid-study modifications and by the enhancement of standard practice foster care due to a large influx of funding during the study period. Either event, independently or in tandem, may have influenced the results.

2. Service Intervention Strategy

California’s Waiver demonstration project stipulated that the specific program of services and delivery would vary from county to county depending on the target populations counties chose to serve, resources available in a county, and assessments by agencies and communities of the best way to meet needs of the targeted population. As mentioned earlier in this report, the two primary interventions being implemented and evaluated are Family Conferencing (ISFC) and Wraparound Services (ISW). Shared Family Care (SFC) and Community mentoring (ISCM) are also being evaluated, but with much less rigorous designs as will be further explained below.
3. Methodology

The following section describes the research design and methods for the four sub-studies of the ISC: ISFC; ISW; ISCM; and, SFC.

a. Impact Study Design

The original evaluation plan for the ISC proposed using a true-experimental design with repeated measures between groups. Children in selected counties would be randomly assigned to either the Experimental Intensive Services group (EIS) or the Control Standard Practice Group (CSP) in a ratio of 5:3, EIS group to CSP group. The EIS group would receive flexible, individualized, culturally competent, and cost effective services based on individual needs and delivered in their neighborhood or areas of residence. The CSP group would continue to receive the standard practice services in each of the participating counties.

However, the extreme heterogeneity of both intervention model and target population proposed by the counties required the creation of four (4) sub-studies within the Intensive services Component. The sub-studies include:

1) Family Conferencing (ISFC)- Goal: Placement Prevention; Fresno-Placement Stability; Riverside-Movement to Permanence.

2) Wraparound Services (ISW) - Goal: Movement to Permanence: Target Population: Children in or at risk of group care placement at RCL 12-14; counties include: Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo

3) Community Mentoring (ISCM)- Goal: Placement Prevention; Placement Stability/Movement to Permanence; county – San Francisco

4) Shared Family Care (SFC)* - Goal: Movement to Permanence; counties include: Alameda and San Francisco

*Given the small sample size for the SFC sub-study (N=20) and the fact that only two counties elected to implement this initiative, random assignment for this sub-study has been waived. The evaluation will be carried out using a pre-experimental design and in conjunction with an ongoing evaluation conducted by the National Abandoned Infants Assistance Resource Center (NIARC) at the University of California at Berkeley, with funding from the Stuart Foundations and the Zellerbach Family Fund.

The following describes the evaluation design and research hypotheses for the ISFC, ISW and ISCM sub-studies. Materials describing the research protocol for this evaluation have been forwarded previously to CDSS.
**Sampling Plan**

According to the original proposal, in the first year of the study a maximum of 12 counties were to be selected to participate based on their submission of a service delivery plan. The available enrollment slots for selected counties were to be distributed based on county size: five large, five medium, and two small. The ISC is currently comprised of 8 counties. Combining all counties in the study, the number of available enrollment slots is 1,922. We originally planned to have a sample size of approximately 2,665 children over the course of the study. The current projected sample of 835 children is considerably smaller, the result of slow implementation and low enrollment across counties.

The original proposal specified that counties would determine the pool of eligible children and families for enrollment into the ISC based on specific criteria. These criteria included: (a) children who would otherwise be removed from the home; (b) children who could be moved home or to another permanent placement with a relative, guardian or pre-adoptive family; and (c) children in care who would otherwise move laterally, or to a higher level of care. In addition, counties provided unique eligibility criteria that corresponded to the specific requirements of their individual programs.

Each county has a population of eligible children and families who meet the enrollment criteria. Children and families come to the attention of county representatives for participation in the Demonstration Project through referrals, outreach, and word-of-mouth (i.e., a convenience sample). The names of children are sent to evaluation staff to be randomly assigned within sub-study and within county. Children are randomly assigned to the experimental and control groups in a 5:3 ratio. The original evaluation plan stipulated that participants would be added to the sample across three years, starting in Year 1 and extending to the end of Year 3. In order to have a minimum study period of two years per child, no new participants were to be admitted after Year 3. However, due to delays in implementation, enrollment started in Year 3 (1999) and will be added to the sample through the end of the study, or until counties end enrollments to allow for a period of treatment for later enrollees.

According to the original evaluation plan, a smaller random sample of 200 children per year and their caregivers were to be further selected from these experimental and control groups (N=600 children and N=600 caregivers) for more in-depth assessments of child safety and well-being. A power analysis indicated that with a sample size of 480, four factors (Groups, Age, Type of Abuse, and Ethnicity), and one covariate (Baseline scores) we would have a power of .80 or better (at p=.05) to identify medium effects sizes (.25) for each factor. The total suggested intake sample for the in-depth assessments reflects an estimated 20% attrition that will yield a completed sample of 480.

Because of the diversity of the four sub-studies included in this component, we have changed the data collection plan for the in-depth interviews. In order to take full advantage of the data obtained from the in-depth interviews, we will concentrate on the two most homogeneous sub-studies: ISFC and ISW for our data collection. As previously stated, we proposed to randomly select cases for the in-depth interviews. Given the slow implementation, low enrollment and subsequent shortened timeline, we plan to interview every new case in both ISFC counties until
we sample 200 respondents (N=200 children and N=200 caregivers) from the ISFC sub-study experimental and control groups. Likewise, we will interview each case in the ISW counties with the most promising enrollment flow (currently Alameda and Sacramento) until we achieve a sample of 325 respondents (N=325 children and N=325 caregivers) from the experimental and control groups of the ISW sub-study. In order to have a minimum study period for the in-depth interviews of eighteen months per child for ISW and twelve months per child for ISFC, no new participants will be selected for in-depth interviews after March 30, 2002 (Year 5) for ISW and September 30, 2002, for ISFC.

Given the unique nature of ISCM - San Francisco’s community based intervention, a series a process study including a series of focus groups with staff, community mentors and participants will be conducted rather than the somewhat more intrusive in-depth interviews.

**Research Hypotheses**

1. Children who are already in placements out of their home and who receive intensive, individualized services delivered in a flexible manner will (a) be less likely to be moved to a more restricted level of care, (b) have fewer placement changes, (c) have reduced time spent in out-of-home care prior to achieving permanency, (d) have reduced recidivism after moving to a lower level of care, (e) have better child well-being outcomes, and (f) have higher levels of child safety than similar children and families not receiving these intensive services.

2. Children who are in their own homes and receive intensive, individualized services in a flexible manner will have (a) fewer placements, (b) shorter lengths of time spent in out-of-home care, (c) better child well-being outcomes, and (d) higher levels of child safety than similar children and families not receiving these intensive services.

3. Youth and families who receive intensive, individualized services delivered in a flexible manner will have higher levels of client satisfaction than youth and families not receiving these intensive services.

4. No extra costs to the State will be incurred as a result of the changes imposed by the intensive services programs in the experimental counties.

**Data Collection**

Baseline Measures

The purpose of the baseline data instrument is to assess the differences between children assigned to the treatment and control groups to provide a more detailed picture not offered through the singular use of random assignment. Following an extensive search of existing instruments and preliminary work on developing a proprietary instrument, the evaluation staff selected measures the Family Risk Assessment and the child portion of the Family Strengths and Needs Assessment from the California Structured Decision Making System (SDM—Children’s Research Center, 1999) to serve as the baseline data instrument for ISFC and the Child and
Adolescent Functional Assessment Scales (CAFAS) to serve as the baseline data instrument for ISW.

The Family Strengths and Needs Assessment is a four-page tool designed to capture dimensions of individual and family resilience as well as deficits requiring intervention. This tool is consensus-based, and was developed by a work group of child welfare workers and child welfare supervisors from seven California counties who drew upon similar tools used in other locales. The Family Strengths and Needs Assessment has been field-tested and reportedly has good validity and inter-rater reliability (Baird & Wagner, in press). Nine items from this tool will be used to assess several dimensions of child functioning at baseline. The Family Risk Assessment is comprised of two ten-item scales that assess family risk for neglect and maltreatment. This tool utilizes a research-based, actuarial model for risk assessment, which has been shown to have greater reliability and validity than previous consensus-based models for assessing risk.

The CAFAS is used to measure the current disruption in functioning of children between the ages of 7 and 17, with emotional, behavioral, or substance abuse issues. The level of functional impairment is assessed across five psychosocial areas: role performance at school/work, home, and community; behavior towards others; moods and self-harmful behavior; substance use; and thought processes. The CAFAS assesses the child’s functional impairment independent of the history or diagnosis of the mental health issues (Hodges, 1996).

Outcome Measures

Administrative Data Outcomes. Administrative data outcomes include child safety and child placement variables. These include: (1) the number of children placed in group homes; (2) the number of placement changes for a child; (3) length of time a child spends in out-of-home care prior to achieving permanency; (4) child safety as indicated by child abuse and neglect reports, removal from the home, and adjudicated delinquency; and (5) number of children moved to less restrictive environments and to permanence: home, adoption, guardianship, or long-term foster care. Administrative data outcome measures will come from the child welfare longitudinal database in the California Children’s Services Archive. The Archive is administered by the Child Welfare Research Center at the University of California at Berkeley. The primary data included in the Archive are from the Child Welfare Services/Case Management System (CWS/CMS), the information system administered by the CDSS and used by county child welfare workers to manage information related to a child’s involvement with the child welfare system.

Interview Based Outcomes. Child well-being, client satisfaction and some measures related to child safety are being assessed through interviews with youth and caregivers.

The focus of in-depth interviews is on the ISFC and ISW sub-studies. The caregiver battery for both ISFC and ISW includes measures of child and caregiver physical health, measures of child social and behavioral functioning and specifically consists of: the School Success profile (SSP—Bowen, Richman, Bowen, & Chapman, 1997), the Social Skills rating System (SSRS—Gresham & Elliot, 1990), the Ohio Scales (Ogles, Davis, & Lunnen, 1998), Behavioral and Emotional Rating Scale (BERS—Epstein & Sharma, 1997), Problem Oriented Screening (POSIT—
Rahdert, 1998)), and items related to health status (Abt Child Health Status), as well as substance use. The youth instruments include parallel measures. Caregiver interviews were originally to include the Child Behavior Check List and youth were to be given the parallel Youth Self Report (CBCL and YSR—Achenbach, 1991a; Achenbach, 1991b; Achenbach, McConaughy & Howell, 1987). However, after initial pilot testing, it was determined that the response burden that accompanied the extremely lengthy scale (113 items for caregivers and 112 for youth) would prevent reliable and valid data collection. Instead, both the caregiver and the youth instrument will include the Ohio Scales for youth participants age six and older. The Ohio Scales are currently being piloted in several California counties. Only the preschool version of the CBCL (Achenbach, & Rescorla, 2000) will be used, and only for the ISFC, where county target populations include very young children.

In addition to those mentioned above, the ISFC caregiver instrument also includes: the Family Unpredictability Scale (FUS—Ross & Hill, 2000), the Parent-Child Conflict Tactic Scales (Straus, Hamby, Finkelhor, Moore, & Runyan (1998), and the Parenting Checklist (Barber & Delfabbro, 2000), each of which taps various aspects of family functioning, as well as caregiver involvement with the child.

Caregiver satisfaction for ISFC and ISW will be measured using the Client Satisfaction Questionnaire (CSQ-18+ -- Attkisson & Greenfield, 1994) and the Vermont Family Satisfaction Questionnaire (Burchard & Ermond, 1999). For youth in both sub-studies, measures will include the combined Vermont Youth Satisfaction Questionnaire and the Oregon Youth Satisfaction Questionnaire (Stuntzer-Gibson, Koren, & DeChillo, 1995).

Client satisfaction will be measured during a telephone interview at 6 months for ISFC and at nine months for ISW.

Obtaining data from three sources (administrative data, caregiver interviews, and youth interviews) will allow us to gain a more complete understanding of how the ISC affects the lives of the children and families it serves.

Measuring the Experimental Intervention

One of the more ambitious studies to evaluate a child welfare innovation was the study of the Families First Placement Prevention Program in the state of Illinois (Schuerman, Rzepnicki & Littell, 1994). The study design featured the largest randomized experiment in child welfare ever conducted, with extensive sampling from seven sites around the state. Findings were compromised, however, by the variability of interventions implemented across the state.

To address this issue, the California’s Waiver Demonstration evaluation includes measures of model fidelity in its ISFC, ISW and ISCM sub-studies. Using measures specifically designed to assess the effectiveness of the ISFC, caregivers, children and providers will be interviewed immediately following the family conference. Model fidelity for the ISW sub-study will be measured through the Wraparound Fidelity Index 2.0 (Bruns, Ermold, Burchard, & Dakan, 2000), as well as other measures designed by the evaluation team and included in the process study. Model fidelity for San Francisco’s Community mentoring program (ISCM/PP and
PS/MP) will be assessed during the process study portion of the study (see below for a more detailed description of the process study).

In addition to issues related to the heterogeneity of interventions identified by counties, contamination of the control condition has been an ongoing concern of the research team, particularly in the ISW sub-study. The contamination of the control condition is due to the efforts of ISW sub-study counties to access similar programs and initiatives such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT--Medicaid's comprehensive and preventive child health program for individuals under the age of 21), and to the widespread implementation of wraparound services in the California through SB163. In order to detect differences between the experimental and control groups, it is necessary to track the type, frequency, and intensity of services provided to each. To this end, we have developed a services tracking form to be used in both the experimental and control groups in the ISW sub-study. The form was developed through a collaborative process between researchers and providers in Alameda, Sacramento, and Santa Clara Counties and was pilot tested in Los Angeles County.

**Data Collection Schedule**

Baseline data collection will occur at the time a child enters the study. Administrative data associated with a child will be collected continually through county child welfare workers’ use of the Child Welfare System/Case Management System (CWS/CMS). Extracts of CWS/CMS data are updated in the California Children’s Services Data Archive on a quarterly basis. In-depth interviews with children and caregivers will be conducted at the beginning of the study and 12 months later for ISFC / 18 months later for ISW, or when the child exits the study. Model fidelity assessments will be taken after the family conference in the ISFC sub-study, and nine months after a child enters into the study in the ISW sub-study. Services tracking data will be collected periodically for children in the ISW population for the duration of their time in the study.

**Methodological Issues and Limitations**

The evaluation of family-based services is an important challenge that has received considerable attention in recent years (Weiss & Jacobs, 1988; Yuan & Rivest, 1990). The Title IV-E Waiver evaluation provides the opportunity to conduct rigorous research on family-based programs by virtue of the required experimental research design. To do so, however, will require that we adequately address several methodological issues that have plagued evaluators in the past.

One major issue is the degree of heterogeneity of the target population (Bath & Haapala, 1994). Not all children are at equal likelihood of entering care or leaving care. Children of different ages who are in care for different reasons are likely to have different probabilities of out-of-home placement. In addition, the degree of risk a child faces in a current placement is often determined by caseworkers that have idiosyncratic ideas about what constitutes imminent risk. Prevention programs also are differentially responsive to different types of maltreatment. Nevertheless, researchers often treat all cases as if they were of equal risk and when sample sizes are small, the effects on different types of cases cannot be statistically analyzed. The inclusion of selected measures from the California Structured Decision Making System (SDM) to serve as
the baseline data instrument for ISFC, and the Child and Adolescent Functional Assessment Scales (CAFAS) to serve as the baseline data instrument for ISW, is intended to help address this issue.

A related problem is the consistency of the interventions carried out at different treatment sites. Typically, studies must aggregate across sites to maximize statistical power for meaningful analysis. This was the original plan for this evaluation. In order to aggregate results, an assumption of uniformity of treatment must be possible. Different sites, however, rarely implement the same program. Indeed, intensive family-based programs are often defined by the flexibility of their service delivery, as is the case in this demonstration project. While flexibility is a positive characteristic in the field, it is an evaluator's Achilles heel, as it inflates the error variance of a study and obscures "real" change. That is, the discrepancies among the individual programs themselves introduce unwanted variations in outcome measures that can work against finding a single common treatment effect. In addition, when significant gains are found to result from "the treatment," the researcher cannot specify which of the variants were effective. In order to address this issue, the evaluation team intends to analyze results by sub-study where sample sizes permit, and if necessary, by model within sub-study. In order to ascertain homogeneity of interventions within sub-study, the evaluation team has included measures of model fidelity for ISFC and ISW.

As discussed previously, another problem is the contamination of the control condition within the Intensive Services and ISW sub-studies. The services tracking form described below will provide valuable information that will enable us to describe the type, frequency, and intensity of services provided to children and families by participating counties and contracted agencies. This tool, if completed in an accurate and timely manner will help us monitor service elements such as number, duration, and type of contacts between clients and service providers. Such information is not currently available in CWS/CMS. The services tracking form will provide information that is essential if we are to detect differences between the experimental and control conditions within the ISW sub-study. The services tracking form also will provide a level of detail on intensive and wraparound services that has been missing from previous research. The data we gather will be instrumental in describing the unique features of the wraparound models being implemented in the individual counties throughout the state. In the original proposal we intended to minimize the worker burden associated with participation in this study. The services tracking form may impose minimal to significant burden on county child welfare and private service provider staff, yet the information services tracking provides is critical given the heterogeneity of program models and the contamination of the control condition.

Small Sample Size. The number of counties and the number of children from each county entering the study has not met initial projections. The current estimated sample size for each sub-study in the Waiver Demonstration Project is very small (ISFC=161, ISW=6041, and ISCM=70). We therefore have made efforts to concentrate resources on the most viable sub-studies and most viable counties within those sub-studies in order to maximize study results.

1 These estimates are extremely generous and were calculated based upon entry rates in Spring, 2001. As of Fall, 2001, entries to the study have slowed considerably and the total sample size for each of the substudies may be considerably smaller.
b. Process Study Design

Process evaluation is an essential element to the ISC study because of the complexity of the goals, tasks, and activities that are likely to occur (Connell, Kubisch, Schorr, & Weiss, 1995). The nature of the experimental component is such that programs can be expected to change goals, objectives, and daily activities over the course of time in response to changing community needs and family involvement. They may work with a changing group of inside actors (including changing staff and families with different needs over time) and outside actors (possibly including new agencies in the collaborative process). Changes in the primary focus of activity also may occur as staff involved with innovative services may augment work with individual children and families by addressing the outside environment of changing systems. The process evaluation is designed to describe these conditions and shifts in programs. Such a vital process requires a significant level of close involvement by the evaluator to document and respond to the evolutionary operations.

Through the process evaluation we will attempt to uncover the “dimensions of success” that can assist CDSS to implement the successful waiver components throughout the state. In order to assess these issues, the process evaluation focuses on: (1) organizational structure of county programs implementing the intensive services component; (2) service aspects including the training and roles of program staff and the services they provide; (3) contextual factors (social, political and economic) that influence how, and the effectiveness with which, a program implements the demonstration project; and (4) the resources, services, activities and staffing differences that result from participation in the experimental or control component groups.

How and to what extent the intensive service programs delivered in each county meet their proposed models will be addressed extensively in the process study. Data for the process study portion of the study will be collected during focus group meetings within counties to gather information from key informants. We will also coordinate our information gathering efforts with the ongoing semi-annual consortium meetings of county program managers, field staff, CDSS staff and our evaluation team.

Interviews are designed to gather information about the organizational structure from both experimental and (where applicable) control programs regarding (a) the process of planning a project's implementation; (b) existing staffing structure and changes required to implement the experimental proposals; (c) levels of existing funding and changes in their commitment prior to experimental proposal implementation and as a function of implementation; (d) strategies programs followed by implementing experimental proposals; (e) how programs supervise and monitor program implementation; (f) the problems programs encounter in implementing experimental proposals and the structure and strategies they use to solve those problems; and (g) level of acceptance among field staff for the experimental proposals and their implementation.

Information about the service aspects of the experimental and control programs is obtained through questions which specifically address: (a) the roles and training of program field staff; (b) the type and duration of services field staff provided prior to experimental implementation and how this changes as a function of the proposal implementation; and (c) the timeliness and scheduling of services offered by both the experimental and control groups.
Information about contextual factors is gathered with questions administered during focus group meetings directed to both experimental and control programs pertaining to: (a) social factors and economic level of the populations served by the various programs; (b) social and economic factors that affect a program's ability to deliver services; (c) community and neighborhood resources available to the various programs and specifically for experimental implementation; and (d) political factors that affect experimental program implementation and service provision. Questions focus on ways in which state, county and local involvement affected the planning and implementation processes. We are aiming to assess what, if any, barriers are present at the local, county and/or state administrative levels and how this changes over time as a component becomes fully implemented and funding strategies shift. We also endeavor to understand the local decision making processes in each county’s site regarding implementation of intensive services integration and the mechanisms used to increase the efficiency of administering services--including the amount and type of county, local and community involvement. Knowledge gained during the focus group meetings will improve the understanding of changes in outcome indicators that may be obscured or sharpened by external factors not captured in our data analysis models.

Data Collection

Please see Section II. B. for a detailed description of the methods and procedures used for process study data collection for the ISFC and the ISW.

c. Cost-Effectiveness Study

Additional savings or might also accrue from more or less contact with the juvenile justice system, fewer or more emergency medical care visits, and from lower or higher use of mental health services. Higher costs might result if the cost of administering the services is high and the children who receive the services would have been as likely to have achieved the same outcome without them (as demonstrated by similar outcomes to the control groups). Cost questions such as these are to be explored via the in-depth cost-effectiveness study. Additional hypotheses about costs and savings that might result from the experiment will undoubtedly be uncovered during fieldwork. During site visits to the individual counties, we have been exploring possible ways in which a county’s particular intervention model leads to costs and benefits in areas including: participant selection, placement, court involvement, staff workload, and development of informal community resources.

In order to maximize resources, we are concentrating our data collection efforts on one county in the ISFC sub-study (Fresno). Costs which will be examined in the cost-effectiveness study of Fresno County include actual conference costs, direct expenditures paid by Fresno County, value of caseworkers’ time to manage the cases, cost of services received in-house or from outside providers, value of services provided in accordance with the official case plan by family members and friends, expected post-child welfare costs, and, for children who enter foster care placement, foster care payments and costs associated with court proceedings.
Cost data are being drawn from several sources, including (a) CWS/CMS data stored in the Children’s Services Archive at UCB; (b) CWS/CMS data available only at the County level; (c) data incompletely tracked in CWS/CMS (such as some services received by families), which must therefore be collected by County personnel using other methods; (d) data recorded in accounting databases maintained at the County; and (e) cost information not currently known by child welfare personnel (such as the cost of mental health services, the cost of activities of court personnel, and the cost of in-house parenting classes). Each of these categories additionally requires that all data be tracked by date and by individual case, rather than by experimental and control groups.

Once all cost data have been gathered, costs for each family will be compiled to arrive at a total cost for each case. The data can then be analyzed on a pure cost basis or as part of a statistical analysis crossing total costs with other variables such as quantity of services received from family members and friends, age of children, ethnicity, or type of services received. Results for the cost-effectiveness portion of the evaluation will be provided in the final report to be submitted by April 1, 2004.

4. Implementation Status

This section of the report covers implementation progress for the period from December 1, 1998 to May 30, 2001 for ISC substudies including the ISFC, the ISW, as well as the ISCM sub-studies.

Implementation delays and slow enrollment across Waiver counties has been an issue of continuing concern for the evaluation team, a problem that has been well documented in all previous Semi-Annual Progress Reports. At the request of the evaluation team, several meetings have been held with CDSS to address these issues and to propose solutions for increasing enrollment and expediting implementation. Evaluation issues specific to each Waiver county were discussed and specific action items were decided upon. (For a complete description, please see the Summary Table for the May 16, 2000 Meeting contained in the Semi-Annual Progress Report, dated September 30, 2000). In spite of those efforts, slow implementation and low enrollment continue to be issues of serious concern even for those counties that were considered viable during previous reporting periods.

Attachment 1 contains a table that documents Waiver enrollments, across the three sub-studies from June 1, 1999 when the first child entered the ISW sub-study to May 18, 2001. As of May 30, 2001, there were 511 children in the Waiver demonstration and when siblings are excluded, only 357 study children remain. It is important to note that at the end of the study, the sub-studies, as well as counties within sub-studies, will likely be analyzed separately due to differences in intervention, model maturity and target population. As of May 1, 2001, ISFC contains a total of only 42 study children. While ISW has a total of 271 study children, the analysis is likely to be done by county and the power to detect a treatment effect rapidly diminishes when each county is considered separately. Finally, San Francisco’s ISCM has a total of 36 study children.
Attachment 1 also contains a chart that provides another perspective as it traces the progress of enrollments for the entire project by sub-study, for the same period mentioned above. The early, steadier progress for ISW counties is largely accounted for by Alameda – the county which remains the most viable in that sub-study. The sudden increase in January 2001 represents an influx of twenty-nine children in one day from Sacramento County, a response to internal pressure created by staffing and enrollment disparities, and suggestions from CDSS and the evaluators to enroll more children. However, since that time enrollments in Sacramento have been sparse and uneven. While the ISFC counties showed fairly steady enrollment beginning in April 2000, the numbers have slowed and there was no activity between November 2000 and April 1, 2001 in Riverside County. In April and May of this year, enrollments in the ISFC have improved slightly. Finally, as the chart indicates, there have been only 2 new enrollments in San Francisco’s ISCM sub-study since November 2000.
II. PROCESS ANALYSIS - PRELIMINARY RESULTS

A. Extended Voluntary Placement Component (EVC)

Process Analysis

The Process Study component of the evaluation was charged with exploring the implementation and operation of EVC programs, as well as potential influences on the outcome of voluntary placement and EVC programs in all experimental and comparison counties.

The federal Terms and Conditions for the Title IV-E Child Welfare Waiver Demonstration Project specified that the Process Study should address the following areas: (1) the organizational aspects of county programs, including the planning process; staffing structure; funding; level of acceptance by field staff; program monitoring and oversight; and methods for problem resolution; (2) the service aspects, such as the characteristics, roles and training of field staff; type and duration of services provided; and timeliness and scheduling of project components and services; (3) the contextual factors, such as social, economic and political issues that might have an influence on the replicability of experimental interventions and the implementation and effectiveness of the demonstration; and (4) the differences between the experimental and comparison groups, including differences in available resources, services, activities and staffing.

1. Methods and Procedures

   a. Design

Data for the Process Study were drawn from county proposals and addenda; focus groups conducted with agency staff during scheduled site visits; periodic Consortium Meetings with CDSS, UCB and county program staff; a CDSS electronic mail survey regarding EVC implementation; evaluation team telephone contact with EVC counties; and telephone exit interviews with counties withdrawing from the study.

Process Study methods were discussed with experimental county staff at Consortium Meetings and site visits, and county staff were asked to give feedback on the feasibility of proposed methods. County feedback led to the development of a paper and pencil survey for use in gaining child welfare worker perspectives on voluntary and EVC programs and related services when experimental counties raised concerns regarding the difficulties involved in obtaining child welfare worker participation in focus groups. Separate versions for experimental and comparison counties were created. The evaluation team had begun pilot testing the Child Welfare Worker Survey and was in the process of revising it to incorporate the pilot test results and feedback from experimental counties when it became apparent that the EVC would be phased down.
b. Data Collection

A significant portion of each experimental and comparison county site visit was devoted to conducting a focus group for the Process Study. In order to reduce the travel time and expense to the evaluation team and county participants, second “site visits” with two experimental counties were conducted as video conferences. All others were conducted at county agencies. Focus group interview questions were developed and distributed to county staff in advance, and the same set of questions was explored with all experimental or comparison counties participating in a given series of site visits. Focus group questions from the first and second site visits with experimental counties and initial comparison county site visits are included in Attachments 2 through 4.

Experimental county focus group participants included supervisors and managers who were involved in planning and implementing EVC placement programs. Field staff in one county attended the focus group as part of the planning team. On two other occasions, field staff attended the focus group at agency request, in order to provide information on previous voluntary placement services. Comparison county focus groups were similarly comprised of managerial and supervisory staff. Field staff attended the focus group in only one comparison county.

Focus group questions for both experimental and comparison counties were designed to explore the following areas: past and present use of voluntary placement services; staffing issues; services provided to families; funding sources; and the social, economic and political context surrounding county programs. Focus groups in experimental counties also explored the status of EVC program implementation, including participant selection criteria, selection processes; and strategies for program monitoring and problem resolution. All questions were open-ended. Not all questions were asked directly in each county because staff addressed the issue in response to earlier questions or because of time constraints. Time constraints prevented completion of the focus group in one comparison county, and a large number of questions were skipped (unfortunately, evaluators did not have the opportunity to re-visit the skipped questions at another time). Questions regarding contextual factors influencing provision of voluntary and EVC placement services included a number of probes for specific potential influences. In addressing these questions, counties responded only to the probes they found pertinent. All focus group participants were asked to sign a pledge not to share the comments of others outside of the focus group. With participant permission, all focus groups were audio or video taped in order to provide a back up to manually recorded data. Evaluation team staff first recorded verbal data from face meetings and telephone conferences manually. These data were then summarized and distributed to CDSS and county staff, who were invited to provide feedback and corrections.

A separate set of interview questions was developed to explore issues relating to county decisions to withdraw from the demonstration project (Attachment 5). These interviews were conducted as telephone conferences with program staff from the three experimental counties withdrawing from the study.

Nearing the end of the first year of implementation, the CDSS distributed an electronic mail survey to EVC program contacts and evaluation liaisons (Attachment 6). The purpose of this
survey was to gather more complete information on ways to maintain county interest in the EVC and the status of program implementation and case enrollment.

The evaluation team similarly contacted EVC experimental county representatives by telephone in November and December 1999 to survey staff regarding EVC implementation status; shifts in agency culture that had an impact on the EVC; and the prognosis for additional EVC cases.

Data sources for the Process Study included county proposals and addenda, site visit focus groups, consortium meetings, CDSS electronic mail survey, evaluation team telephone survey, and telephone exit interviews. Data collection began in September, 1998 and ended in August 1999.

c. Data Analysis

Most of the data for the Process Study were collected via focus groups with administrative and supervisory staff at experimental and comparison county site visits. Evaluation team staff took notes during the focus group, which were then transcribed. A table summarizing the response to each focus group question was created for individual counties. When clarification of the notes was needed, evaluation team staff consulted backup tape recordings of the focus group session or contacted focus group participants directly. Summary tables were then distributed to corresponding county contacts, who were invited to give feedback. The evaluation team edited individual county summaries to incorporate county feedback and then compiled individual county responses in a table that presented the responses of all counties participating in a given series of site visit focus groups. Responses to each question were analyzed across counties and salient themes were presented in annual Process Study reports.

The evaluation team also made use of information shared by experimental counties at the second and third Consortium Meetings to inform the Process Study. Information from the first Consortium Meeting, held in August 1998, was not included in the Process Study because counties had not begun implementing EVC programs, and the focus of that meeting was on EVC program and evaluation requirements. Evaluation team staff took notes during later meetings which were then categorized by broad content areas, summarized and presented in table format. These data were analyzed across counties and the themes presented in annual reports.

Data collected during telephone interviews with counties exiting the project were handled much like data from site visit focus groups. Evaluation team staff took notes during the interview, which were transcribed and summarized in a table created for each county that withdrew. Responses were then compared across counties, with differences and similarities noted in Process Study reports.

The Process Study also was informed by two surveys regarding experimental county implementation progress. The first survey was initiated by the CDSS immediately prior to the September 1999 Consortium Meeting. Survey questions were distributed by CDSS, and responded to by counties, via electronic mail. The second survey was conducted by the evaluation team a few months following the September 1999 Consortium Meeting. Counties participating in this survey were interviewed by telephone and county responses were
summarized in a table. Comparisons were made across counties for both surveys and the analysis was presented in annual Process Study reports.

Due to the EVC’s early phase down, Process Study data sources are limited to those described above. Direct service staff perspectives on the EVC are presented only as perceived by supervisory and administrative staff that took part in focus group sessions. A planned survey to gather Process Study data from child welfare workers was not implemented due to the EVC’s early close.

2. Key Features and Implementation Status

   a. Target Populations

When asked to describe intended target populations in their proposals, several experimental counties listed specific populations of children and families already being served by their agencies while others focused on the general characteristics of cases that suggested their appropriateness for EVC placements. Table 1 shows the case characteristics and populations discussed by counties in their proposals.
Table 1.

*Populations and characteristics of cases to be considered for EVC placements, as described in county proposals.*

<table>
<thead>
<tr>
<th>Consider</th>
<th>Exclude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific populations:</strong></td>
<td><strong>Specific populations:</strong></td>
</tr>
<tr>
<td>• parents with non-chronic substance abuse problems</td>
<td>• parents with a chronic history of drug and alcohol abuse or failed substance abuse treatment</td>
</tr>
<tr>
<td>• parents with mental health issues or developmental disabilities</td>
<td></td>
</tr>
<tr>
<td>• families with unstable housing</td>
<td></td>
</tr>
<tr>
<td>• teen parents in crisis</td>
<td></td>
</tr>
<tr>
<td>• parents facing six to twelve months of incarceration</td>
<td></td>
</tr>
<tr>
<td>• parents with medical problems requiring hospitalization</td>
<td></td>
</tr>
<tr>
<td>• parents considering relinquishing parental rights</td>
<td></td>
</tr>
<tr>
<td>• minors with mental health or behavioral problems needing residential placement</td>
<td></td>
</tr>
<tr>
<td>• families experiencing parent-child conflict issues</td>
<td></td>
</tr>
<tr>
<td>• families involved in domestic violence</td>
<td></td>
</tr>
<tr>
<td><strong>General characteristics:</strong></td>
<td><strong>General characteristics:</strong></td>
</tr>
<tr>
<td>• all cases currently or newly placed in voluntary placement</td>
<td>• cases involving severe physical abuse</td>
</tr>
<tr>
<td>• cases where provision of in-home services is insufficient to ensure child-safety, but court intervention is not needed</td>
<td>• families with a history involving any of the thirteen non-reunification provisions of WIC 361.5</td>
</tr>
<tr>
<td>• families lacking informal supports to address child care and safety issues</td>
<td></td>
</tr>
<tr>
<td>• families with a cooperative parent and no prior history of failed voluntary placement or history of juvenile court dependency</td>
<td></td>
</tr>
<tr>
<td>• families with a high likelihood for reunification within the extended voluntary placement period (as assessed by the social worker involved in the case or through the use of standard risk assessment tools)</td>
<td></td>
</tr>
</tbody>
</table>

As implementation progressed, several counties appeared to be narrowing their target populations. By late spring and summer 1999, three counties chose to focus on utilizing EVC placement for cases involving mental health concerns. One of these counties expressed interest in using EVC for cases requiring long-term mental health treatment. Another county chose to focus on teenagers as part of the transition to the Independent Living Program (ILP). County approaches to cases involving substance abuse were mixed. Some counties considered these cases appropriate for EVC, although one acknowledged uncertainty as to how to integrate voluntary cases into the county’s drug dependency court. Conversely, one county decided to consider a broader range of cases. This county chose not to specify target populations so that workers would not be discouraged from referring all potentially appropriate cases. All five counties participating in the second series of site visits viewed EVC as a court diversion tool and/or an option for the juvenile court judge even after a petition had been filed.
b. Characteristics of Service Delivery System – Baseline Usage of Voluntary Placement (Experimental and Comparison Counties)

Baseline usage of voluntary placement services was explored during initial site visits with experimental and comparison counties. For experimental counties, these visits occurred in November and December 1998, and January 1999. Comparison county site visits took place approximately one year later, in October and November 1999. Focus group questions explored the extent of use of voluntary placement, usage barriers, and client understanding of voluntary placement. Counties described the criteria used when determining whether to offer voluntary placement and the processes used for intake, placement monitoring, and transitions to dependency. Outcomes for voluntary placement cases also were explored.

**Extent of use:**

Among experimental counties, two counties had offered voluntary placement services on a regular basis, two had offered voluntary placement services on a limited basis, and two had offered voluntary placement to very few families. One experimental county reported not having offered voluntary placement services at all within the past ten years. With the exception of this last county, a similar pattern was noted among comparison counties. Two comparison counties had offered voluntary placement on a regular basis, but one of these counties had recently placed a hold on most types of voluntary placements due to worker shortages and workload issues. Two comparison counties had offered voluntary placement services on a limited basis. One comparison county had seldom offered voluntary placement. While the majority of experimental and comparison counties provided longer-term (i.e., six month) IV-E-funded voluntary placements, one comparison county emphasized short-term voluntary placements of 30 days or less, paid for with non-IV-E funds.

Voluntary placements were used to provide respite care, alleviate short-term crises, and allow parents to focus on personal problems, including medical concerns, substance abuse issues, incarceration, and homelessness. Several experimental and comparison counties also used voluntary placement in cases where parents were considering relinquishing a child for adoption. Barriers to service discussed by counties that had not provided voluntary placement services in the recent past included the limited availability of placement resources, perceived risks to child safety, the perceived advantage of going to court for cases needing placement, worker shortages and workload issues, and financial issues relating to county and parent shares of placement costs. In one county, workers experienced difficulty providing the frequent client contact that voluntary placements required while also attending to the time-sensitive investigation of court-referred cases. Financial issues in another county included several instances of children staying in voluntary placement for months past the six-month time limit at county expense. Rates of current voluntary placement among experimental counties ranged from two to three new cases per month to two or fewer cases per year. Comparison counties reported voluntary caseloads ranging from 3 to 23 cases at the time initial site visits were conducted.
**Selection and intake process:**

Criteria used by both experimental and comparison counties to determine a family’s eligibility for voluntary placement included lack of a prior history in the child welfare system, short-term nature of the family’s presenting problem, lack of a long-term substance abuse problem, lack of any serious child safety concerns, and family strengths, motivation, and cooperation. All seven experimental counties and five comparison counties reported similar intake processes. Requests for voluntary placement came from parents and professionals in the community via phone screeners, or originated from Mental Health and child welfare workers. A case was assessed by either an ER or FM social worker or supervisor, and then recommended for voluntary placement with supervisory approval. Once a case had been approved the social worker either transferred it to a designated voluntary placement social worker or completed the case plan.

**Client understanding of voluntary placement:**

In most experimental and comparison counties, parents understood that the placement process was voluntary. Parents signed a formal agreement indicating that the placement was voluntary and were clearly told that they could remove their children from care at any time. However, parents may not always have realized that the county could choose to file for dependency if the children were removed from care without the county’s agreement. Most counties acknowledged that coercive elements were frequently present in voluntary placements. In some cases these coercive elements were implicit, because families were well aware of the ability of child welfare personnel to remove children. In other cases, coercion could be quite explicit, as in cases where families were told that failure to accept voluntary placement would result in initiation of dependency proceedings.

**Monitoring of placements:**

In most experimental and comparison counties, the duration and progress of voluntary placements were monitored by the social worker in conjunction with his or her supervisor. Formal re-assessments were conducted by workers and their supervisors or a multi-disciplinary team at least once every three to five months in many experimental and comparison counties, while eligibility workers flagged cases at five months in others. Most experimental and some comparison counties conducted a formal re-assessment and case review by six months.

**Outcomes of voluntary placement:**

Two experimental counties and one comparison county lacked detailed outcome information on their voluntary placement programs. In most experimental counties, the majority of children in voluntary placements had returned home by the six-month mark. In these counties, one-third or fewer of the children in voluntary placement transitioned to dependency. This also was the case in several comparison counties. One comparison county, however, reported that more than half of their voluntary placements transitioned to dependency status at the end of the voluntary placement period. In some experimental and comparison counties, cases that were not progressing well were referred to the court process before the six-month placement period expired. Some experimental and comparison counties placed children with relatives on a long-
term, informal basis when reunification was not possible prior to the seventh month. A few experimental counties and one comparison county had extended some voluntary placements beyond six months. Strategies used to extend voluntary placements included: (1) authorization by the Division Director and use of all county funds in rare cases, (2) tapping special funding sources such as grants, or (3) placing the child back with the parent temporarily and then returning the child to the placement for another six months (also rare). Several experimental and comparison counties also indicated that voluntary placements for children with mental health concerns were sometimes extended by transferring responsibility for the case to the Mental Health system, with or without a placement change.

Transitions to dependency:

When cases did transition to dependency, the process in most experimental and comparison counties was much like that experienced by families transitioning from in-home to out-of-home court-ordered services. In some counties, a court social worker handled the transition to dependency, after which the case was returned to the social worker that carried it during voluntary placement. In another county the case transitioned permanently to a new social worker. In other counties, the ongoing worker initiated the court process and continued to handle the case.

Reactions from the court system were similar for experimental and comparison counties. Some courts expressed support and concern for families, and the court process proceeded smoothly. In these instances, the courts acknowledged that extensive services had been provided to keep the case out of court. Other courts chastised social workers and the department for not filing for dependency sooner or for having offered voluntary placement when, in the court’s view, filing for dependency would have been more appropriate.

Similarities and differences in baseline experience with voluntary placement:

For the most part, experimental and comparison counties described similar experiences with voluntary placement in the past. There were no apparent differences between groups in the extent to which voluntary placement services were provided. Experimental and comparison counties reported similar criteria for program eligibility, and similar processes for intake, monitoring, and dependency transitions. While both experimental and comparison counties believed parents understood the voluntary nature of the placement, some experimental and comparison counties reported in the first site visit that implicit or explicit coercive elements were often present in voluntary placement decisions. Most experimental and comparison counties found that the majority of voluntary cases achieved reunification within the voluntary placement period. One comparison county, however, reported a high rate of dependency referrals at six months. Experimental counties and remaining comparison counties may have been quicker to engage the court process when cases were progressing poorly. Both experimental and comparison counties had found ways outside of the demonstration project to extend voluntary placements beyond six months, although in most counties, these methods were rarely engaged.
c. Enrollment Status

By early December 1999, entering the second year of the project, only three children were enrolled in EVC. No more than ten children were enrolled by completion of the project phase-down on August 31, 2000.

Six of the children enrolled in EVC were Title IV-E (federally) eligible. The remaining four were state eligible. Enrollment numbers by county and eligibility status are provided in Table 2 below.

<table>
<thead>
<tr>
<th></th>
<th>Alameda</th>
<th>Humboldt</th>
<th>Los Angeles</th>
<th>Monterey</th>
<th>Placer</th>
<th>Riverside</th>
<th>San Luis Obispo</th>
<th>All Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-E</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>State</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

d. Characteristics of Population Served

Descriptive data regarding the ten children and their families were gathered by surveying county respondents by telephone during the months surrounding the program phase-down. These data are summarized below and in Tables 3 and 4 on the following pages.

Seven of the children in the program were male and three were female. Six of the children were Caucasian, three were Latino/a, and one was African-American. Nine of the ten children were described as having one or more problem characteristics. Nine children had mental health problems, eight had behavioral problems, three had medical problems and one had developmental problems. Six children lived with a single parent prior to entering care, while four had two parents at home. None of the children had siblings who were concurrently in voluntary placement, although seven of the families had a prior history with the child welfare agency. While the age range of the children admitted to the program was broad, ranging from six months to 17 years, most of the children were older latency age and adolescents, with an average age of 12 years.

Children in the program entered voluntary placement for a variety of reasons. The absence of a primary caregiver was either the primary or contributing factor in the child’s entry to care for two of the children. Physical abuse was an issue for two of the children, and of these, one child also experienced emotional abuse. None of the children entered voluntary care for reasons of neglect or sexual abuse. Respondent counties indicated that other factors contributed to the child’s entry to care for nine of the ten children. For seven of these children, mental health and/or behavioral difficulties played at least some part in the child’s entry to care.

Five of the children continued in a child welfare placement after exiting the voluntary placement extension, while reunification was achieved within or at the end of the six-month extended voluntary placement period for only four of the children. One of the reunified children was returned home under court supervision. One additional child transitioned to a mental health
placement and was no longer supervised by child welfare. Most children remained in the voluntary placement extension for close to the maximum period of six months.

### Table 3. Individual and case characteristics of children in the extended voluntary placement component

<table>
<thead>
<tr>
<th>N=10</th>
<th>IV-E Eligible</th>
<th>State Eligible</th>
<th>Total Number</th>
<th>Percent Of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Caucasian</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Latino/Latina</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Child Characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical problems</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Developmental problems</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Family Characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single-parent family</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Two-parent family</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Other children in voluntary</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Previous child welfare history</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Reason for entry into care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Caretaker absence</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Other reason</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Exit outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunified</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Emancipated</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adopted</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Still in child welfare placement</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Mental health placement</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

### Table 4. Child’s age at entry to program and length of time in extended voluntary placement

<table>
<thead>
<tr>
<th>N=10</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Range</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s age (in years)</td>
<td>12.3</td>
<td>13.7</td>
<td>14</td>
<td>16.5</td>
<td>0.5</td>
<td>17</td>
</tr>
<tr>
<td>Months in extended voluntary placement</td>
<td>5.4</td>
<td>5.75</td>
<td>6</td>
<td>2.7</td>
<td>3.7</td>
<td>6.3</td>
</tr>
</tbody>
</table>
e. Implementation Barriers and Attempted Solutions

Initial concerns:

Questions regarding actual or anticipated problems and potential solutions were first explored with counties at initial site visits, just prior to, and during, the first few months of implementation. None of the experimental counties were actively screening cases for project participation at that point, and responses tended to focus on issues that counties thought might become problematic as implementation progressed. Specific issues varied by county. The issue mentioned most frequently was concern regarding project workloads for child welfare workers and program staff. Several counties also anticipated difficulties concerning the shift in agency culture needed to implement a program that sought to divert cases from court, and concerns regarding community perceptions of this shift.

Other concerns related to the reasons and necessity for prescribing family support persons and questions concerning the availability of federal funding for non-federally eligible voluntary placements with kin. Additionally, two counties mistakenly over-projected their study population and indicated that they expected having to turn cases away due to the limited number of participants allowed in the demonstration. One of these counties advocated for study slots that could be re-filled as participating children exited the voluntary placement extension.

As implementation progressed and the large numbers of enrolled children that were anticipated by some counties never materialized, enrollment barriers became a central focus of the Process Study. Five issues were consistently mentioned by experimental counties when barriers to participant enrollment were explored during contacts with county staff at site visits, Consortium Meetings and during provision of ongoing technical assistance regarding the evaluation. These included: (1) county concern regarding the fact that courts did not count the time in voluntary placement in determining when to terminate reunification services and parental rights; (2) difficulty identifying which cases might benefit from an extended voluntary placement; (3) concern regarding the impact of parental liability for costs incurred during voluntary placement on project enrollment; (4) agency problems with staff recruitment, retention and workload and other resource limitations; and (5) an overestimation of existing voluntary placement cases, resulting from county failure to maintain accurate CWS/CMS records for children who were voluntarily placed. Each of these issues, along with issues that contributed to county withdrawals from the demonstration project and other implementation barriers, are summarized below.

Permanency timeline:

The first of these issues concerned the interface of the EVC program with legislated time frames for reunification services and termination of parental rights. As questions surfaced during initial county contacts, CDSS officials directed counties to sections of the California Welfare and Institutions Code (WIC) and Manual of Policies and Procedures that allowed courts to count voluntary placement time toward legislated reunification services time limits. CDSS staff indicated, however, that decisions to extend or terminate reunification services were ultimately
up to the courts. As counties explored the likely response from their juvenile courts to cases that might transition to dependency after twelve months in an EVC placement, it became clear that until dependency was established, the permanency planning “clock” would not start ticking for EVC children.

Counties were concerned about these time clock issues for two reasons. First, there was concern that participation in the demonstration project would delay permanency for children who could not be reunified with their parents, since the time spent in voluntary placement would not count toward permanency planning time lines. This was seen as a direct conflict with recent trends toward swifter action to secure permanency for children, especially young children in care.

Secondly, counties were concerned about potential cost increases for these children, because counties could be obligated to provide reunification services to EVC families for a total of twenty-four to thirty months; a full twelve to eighteen months longer than in cases where dependency was initiated at entry to care. At the same time, Title IV-E funding for social worker salaries was automatically reduced at 18 months under state regulations, to reflect the fact that most cases proceed to permanency planning by this point and the intensity of social worker contact is reduced. Thus, counties faced the possibility of being obligated to provide services to parents over a longer period of time, while paying an increased share of the costs. Alternatively, legal challenges, brought by parent advocates, were anticipated in cases where the county attempted to enforce an 18-month limit on reunification services for EVC cases. These financial concerns were finally resolved at the September 1999 Consortium Meeting, with assurances from CDSS that EVC cases that transitioned to dependency would be fully funded. Concerns regarding the potential for delayed permanency and its effect on children, however, persisted.

County-initiated solutions to these concerns proved problematic. In an effort to address the potential for delayed permanency, at least one experimental county contemplated diverting cases to EVC after a petition was filed, but later reconsidered these plans due to anticipated difficulties with disengaging the court process. This county also expressed plans to apply concurrent planning principles to EVC cases, including placing children in homes that could become permanent if needed, in order to reduce trauma resulting from placement instability in the event formal permanency were delayed. Had this county proceeded, however, they would have faced significant dilemmas in their interactions with birth parents, who likely would have doubted the county staff’s sincere intentions to be helpful.

In addressing county concerns regarding the interface of extended voluntary placements with concurrent planning initiatives and the potential for delayed permanency, it was briefly suggested, by one CDSS representative, that counties consider using EVC in cases where the county was not legally required to offer reunification services due to the family’s prior child welfare services history. In these cases, it was suggested, counties could move more quickly to terminate reunification efforts if the parent failed to reunify prior to the end of the voluntary placement extension. A second strategy suggested by the CDSS to address permanency concerns entailed placing children in prospective adoptive homes in order to protect children from placement instability and send a clear message to parents regarding the consequences of failure to reunify. While these strategies fit with the current emphasis on timely permanence, they were hardly consistent with the family centered, strengths-based philosophy of EVC.
Compounding the time clock issues, it became apparent that there was an initial lack of clarity within CDSS regarding the interpretation of state statute concerning time in voluntary placement vis-à-vis permanency planning time lines. A formal response to county questions and concerns was delayed while official policy was clarified. At the September 1999 Consortium Meeting, the CDSS informed counties that the time in voluntary placement likely would not count, unless forthcoming federal regulations for the Adoption and Safe Families Act (ASFA) indicated otherwise.

The ASFA regulations, when they were issued in early 2000, indicated otherwise. ASFA specified that time in voluntary placement would count toward time frames under which states were obligated to initiate proceedings to terminate parental rights. By this time, however, plans to phase down EVC were already well under way. Thus, the newly arrived ASFA regulations were never tested by EVC.

**Difficulty Identifying EVC Cases:**

Along with concerns about ways in which permanency planning time lines might affect EVC children and county finances, counties had questions about what constituted the “perfect” EVC case when only three cases had been identified by the end of the first year. In selecting cases for the demonstration project, counties had to document that the probability for reunification within the second six months of voluntary placement was high; and that children approved for an EVC placement would otherwise be made juvenile court dependents and remain in out-of-home care. In other words, cases had to be high enough risk after six months in voluntary care that a return home was not advisable, yet low enough risk that a return home was possible within an additional six months.

Use of the original sampling plan, whereby children were to be enrolled at entry to voluntary care, might have addressed some of the difficulty counties experienced with determining which cases to enroll in the program. In this eventuality, enrollment decisions would have been made at the child’s entry to care, rather than at the point where only the toughest cases – children who could not return home at six months – remained. Under the original design, there was a “risk” of offering the intervention to families who would not need it, whose children would return home within the initial six-month period. However, it is similarly possible that some families whose children were returned at six months could have benefited from additional time. Applying the intervention to these families would have required a looser interpretation of the program requirements regarding the probability that dependency would be filed in the absence of the experimental intervention. Instead of only applying the intervention to families where it was not possible to return the child home at six months, counties would have needed to include families where it was possible, but not advisable, to return the child at the end of six months. If additional time in care could secure a more stable reunification and reduce re-entries to care, then a less literal interpretation of the dependency requirement might have been worthwhile. Without the voluntary placement extension, children could only remain in care under dependency status if additional time in care was in their best interest. Use of the sampling plan chosen, whereby children were enrolled immediately prior to the six-month mark, was motivated, at least in part, by concerns of counties that the limited number of EVC slots would quickly be consumed.
Experience indicates that this concern was not warranted. Regardless of the sampling plan used, concern regarding the possibility of delaying permanency for children whose parents were unable to reunify would have continued to exert a dampening effect on enrollment.

Some counties reported early on that an emphasis on voluntary and EVC placement in lieu of court intervention would require a cultural shift in the agency. Indeed, agency culture did contribute to implementation difficulties. Child safety concerns led workers to feel that if the voluntary case couldn’t be resolved within six months, the issues involved were probably significant enough that the agency should file for dependency. At the same time, workers were committed to the initial six-month plan and would try everything to achieve success. These efforts resulted in some cases being resolved just prior to six months. Some of these cases might have benefited from an EVC placement, especially if a premature return home followed by re-entry to care were prevented. In other instances, potential cases were resolved without resorting to placement at all – by providing in-home services or screening cases out of the child welfare system altogether. Because criteria for intervention differ by county, influenced by each agency’s culture, the very cases that were aggressively screened out by one EVC county might be the cases considered for in-home services or voluntary out-of-home placement in another. Representatives from one county with a strong history of providing voluntary placement services suggested that the agency often took action on cases that other counties might screen out. A second county confirmed this impression, reporting that the agency took an aggressive approach to screening out cases that did not meet the agency’s threshold for intervention. One county reported realizing that cases it considered to be appropriate for the EVC program were quite rare due the agency’s preference to file for dependency when more than six months of placement was needed. In these ways, agency culture served to reduce the pool of potential EVC cases.

None of the staff in the experimental or comparison counties participating in this study viewed voluntary placement as a widely applicable intervention. Some, in fact, had recently reduced the number of voluntary placements offered due to staffing and workload issues and child safety concerns. For example, one comparison county had recently placed a hold on most voluntary placements because of higher priority demands on workers, including dependency cases and implementation of CWS/CMS. One experimental county found that the number of voluntary placements provided by the county dropped soon after the EVC program was implemented, due to an increased focus on child safety concerns following the deaths of two children in a neighboring county.

Experimental counties as a whole began implementation with a wide range of target populations. Early in the process, many counties decided to target substance-abusing families with very young children. While this decision reflected a deep understanding of the agency caseload, and of a particularly challenging sub-group of the total child welfare population, it was probably ill conceived as a promising strategy for voluntary placement. Given that safety concerns for these children are high, and voluntary compliance with services would likely be elusive, substance abusing families were poor candidates for extended voluntary care. Over time counties gravitated toward viewing EVC as a tool to use in cases involving older children or children with mental health concerns. Interest in focusing on older children was strongly motivated by the reunification services timeline – an issue that became a central focus of the EVC program. If reunification efforts failed, counties suggested, older children would not be as deeply affected by
permanency delays because termination of parental rights and adoption might not be the preferred plan. It is likely that as EVC was implemented, more counties expressed interest in applying EVC to cases involving child mental health concerns because these types of cases occurred with greater frequency than some of the earlier suggested case profiles (e.g. parents needing temporary out-of-home care for a child while incapacitated due to medical issues) and the safety concerns were likely seen as less serious than in cases where a parent faced incarceration or was engaged in residential substance abuse treatment.

Financial liability of parents:

Another theme to surface early on, when counties were asked about barriers to project enrollment, concerned parental liability for costs incurred during voluntary placement. While the information that some parents might be required by the District Attorney’s office to repay costs related to the child’s placement was not new, there was a general lack of clarity about which parents the rule applied to and how much parents would be asked to pay, along with concerns that parental liability would serve as a disincentive to project participation. At the second Consortium Meeting in March 1999, counties requested clarification from the CDSS regarding which types of costs and under which circumstances the District Attorney was authorized to pursue parents for reimbursement. While acknowledging that the District Attorney historically pursued very few cases, counties were concerned about adequately informing parents of this eventuality and anxious that these requirements would create a disincentive for project participation. In at least one experimental county, some families had refused voluntary placement when informed by the agency that the parent might have to reimburse costs incurred during the child’s voluntary placement. Although the same requirements applied to traditional voluntary and court ordered placements previously offered by EVC counties, county staff responsible for implementing EVC did not appear to have a clear understanding of the process. As the third EVC Consortium Meeting approached and parent liability questions persisted, one county suggested that the CDSS explore whether the reimbursement requirements for parents could be waived or reduced for EVC cases.

CDSS staff ultimately provided clarification regarding parent liability concerns at the third EVC Consortium Meeting in September 1999. The CDSS referred counties to sections of the California Welfare and Institutions Code, state regulations and other guidelines pertaining to parent liability and county responsibility to refer parents to the District Attorney for repayment of costs. The CDSS further clarified that it was not appropriate for child welfare workers to counsel parents regarding their level of liability, since the District Attorney would make this determination. The CDSS also informed counties of the existence of a clause under which counties could specify cases that should not be pursued for reimbursement for “good cause,” including factors such as termination of parental rights and adoption.

Agency Staffing and Other Resource Issues:

All of the experimental counties experienced staffing difficulties that affected EVC implementation. Staffing issues took various forms. Mid-way through the first year of implementation, several counties reported difficulties with staff recruitment and retention that compromised the ability of existing staff to focus on new programs and reduced opportunities to
introduce non-mandatory programs such as EVC into training curricula. At the same time, one county that was experiencing high staff turnover suggested that staff inexperience led workers to file for dependency more often than not, because of perceived risks to child safety involved in voluntary placement.

Although data collection requirements for the evaluation were minimal, and paperwork requirements were reduced by the exclusion of the court process, concerns about potential workload increases were consistently voiced by county staff. Concerns regarding the ability of workers to shift their approach to cases were restated in the context of the overall workload carried by field staff. This perspective was particularly prominent in the largest of the EVC counties where program staff anticipated problems with keeping workers focused on EVC due to the program’s small size.

Two counties were confronted with union issues concerning workloads for field staff that increased in prominence toward the end of the first year of implementation. In one county these issues reached crisis proportions, where, for a period of time, supervisors and non-clinical staff were assigned to supervise cases when union-backed workers refused to increase their caseloads. These concerns were being addressed in both counties by hiring new staff and examining levels of compensation. In both counties however, these issues prevented program staff from focusing needed attention on the EVC program.

In addition to the staffing issues described above, agency reorganizations immediately preceded implementation of the demonstration project in at least three experimental counties. One county indicated that the agency restructuring had affected EVC planning, while in another, the move from central to regionalized management contributed to the agency’s withdrawal from the demonstration. A third county, which also withdrew, reported that the agency restructuring led to a change in the staff involved in EVC between the planning and implementation phases. Two other experimental counties experienced changes in agency leadership that resulted in a shift in agency priorities.

The EVC program was taken on by only seven counties and of these, five simultaneously participated in other Waiver components. While this reflected county administrators’ enthusiasm for experimentation, staff resources were stretched to implement so much innovation. Agency resources also were stretched to accommodate a recent influx of state-sponsored pilots and demonstration projects that were embraced by agency managers.

Limited placement resources were an issue for EVC as well; few counties had sufficient resources to meet placement demands for higher priority dependency cases. In at least three of the seven experimental counties, the EVC program was seen as expanding the demand on these scarce resources. In one county, program staff were denied access to existing shelter and foster care beds. While staff in this county ultimately won approval to access foster family agency placements, the dilemma points to the confusion over which cases might be appropriate for EVC. Agency staff appeared reluctant to consider whether EVC cases might be no different from some current dependency cases for which relative placements were not available.
Information Automation Issues:

Once EVC implementation was underway, counties and the evaluation team discovered data entry errors in CWS/CMS that confused efforts to identify voluntarily placed children who might be eligible to participate in EVC. Two of the larger EVC counties indicated that data entry errors had led these counties to significantly overestimate the number of voluntary placement cases in the county. One of the two counties ultimately withdrew from the demonstration, citing a lack of voluntary placement cases as a contributing factor. The larger county had estimated that more than two hundred children were voluntarily placed, but ended up reducing this estimate to fewer than fifteen upon discovery of the data entry errors.

Further exploration by the county and evaluation team suggested that, in the majority of cases, agency staff had neglected to update the CWS/CMS system when children transitioned from voluntary placement to dependency. In other cases, the child was discovered to have passed the six-month mark in voluntary placement and the agency was no longer receiving federal and state participation in paying for the placement. In this county, program emphasis abruptly shifted from EVC implementation to CWS/CMS training and efforts to increase voluntary placement referrals.

The data entry errors were not limited to these two counties. An analysis of CWS/CMS data for the month of March 1999 indicated that inaccurate reporting of voluntary placement cases was in fact a problem shared by many California counties. Of 5274 children reported in the California Children’s Services Archive as voluntarily placed during March 1999, only 762 (14%) were participating in the “family reunification” program. The majority (3989) were flagged as “permanency planning” cases. While a very small percentage of voluntary placement cases may legitimately be flagged as such (permanently planned children whose placements disrupt or children relinquished for adoption, for example), it is highly unlikely that the majority of the 3989 cases would have proceeded to permanency planning prior to the end of the six-month voluntary placement period. CWS/CMS data on the number of voluntarily placed children receiving family reunification services in EVC counties also was at odds with voluntary placement estimates given by county contacts.

Discovery of the data entry errors in CWS/CMS set back implementation of the EVC program and evaluation on a variety of levels. First, staff in the larger counties, whose reliance on CWS/CMS as a source of information regarding the agency’s use of traditional voluntary placement was increased, were misled regarding the level of need for the EVC program in their agencies. Although many cases that were incorrectly flagged in CWS/CMS had started out as voluntary placements, some had been closed or transitioned to dependency as many as 18 months prior to discovery of the data entry errors. The data entry errors also complicated the evaluation team’s efforts to track comparison cases, requiring comparison counties, in addition to experimental counties, to place an additional marker on voluntary placement cases so that the cases could be accurately identified within CWS/CMS. Moreover, the data entry errors interfered with the evaluation team’s ability to provide technical assistance to counties regarding cases that might be appropriate for EVC, as it was impossible to discern the legitimate voluntary placement cases from the ones that were no longer in voluntary status or, perhaps, had never been. In the larger EVC counties, where voluntary placement cases were widely distributed.
throughout the agency, the data entry errors further challenged agency efforts to identify children for whom the EVC program might be appropriate.

Responsibility for maintaining accurate records in CWS/CMS clearly resided with the counties. However, given the repeatedly relayed concerns of EVC program staff regarding the workload burden of implementing CWS/CMS, the reliance of the program and evaluation on CWS/CMS for information regarding a little used, non-mandatory program was unrealistic.

Other implementation barriers:

County MOU’s with CDSS

One large and one small county also reported difficulties related to finalizing their Memorandum of Understanding (MOU) with the California Department of Social Services. The complexity of the counties contributed to this difficulty as well as a need to clarify issues at each approval level (County Risk Manager, County Council, and Board of Supervisors). The larger of the two counties was ultimately able to finalize the MOU in October 1999, while the smaller county withdrew from the project before the MOU was in place.

CDSS and Evaluation Team Staffing

Although the primary focus of the Process Study was on county perspectives and factors having a direct impact on program implementation, issues concerning management of the demonstration project and evaluation, that may have indirectly influenced the success of the project, also deserve consideration.

Within both the CDSS and the evaluation team, there were numerous staffing changes during the program development and implementation periods.

Changes within CDSS included the departure, a few months after implementation, of the Waiver program manager who had been involved in the developmental phase of the project. The second program manager left the project less than a year after assuming leadership, and was replaced by the program manager who remained on the project through completion of the phase down. The CDSS bureau chief overseeing the Title IV-E Waiver project also changed twice during the early and later implementation phases. The first year of EVC implementation coincided as well with the transition from a Republican to a Democratic gubernatorial administration, resulting in turnover in some higher level positions within CDSS. The impact of the latter changes primarily was felt during the period of time when these higher level positions remained vacant, and in the need to orient newly appointed staff to the Waiver project.

Evaluation team staffing changes included the principal investigator’s departure and replacement during the final phases of program development. The original EVC evaluation coordinator also left the project prior to implementation and was replaced by the evaluation coordinator who remained responsible for coordinating this component through the end of the phase down.
Staffing changes within both organizations may have affected the extent to which the demonstration project remained a consistent priority within counties and may have led to delays in addressing implementation issues that were the responsibility of project leadership.

**County Withdrawals**

Due to the implementation barriers they faced, three counties withdrew from the demonstration project. The first county to withdraw made its decision in April of 1999, while the second county did not finalize its withdrawal until September of the same year. The third county finalized its decision in February 2000. Telephone exit interviews were conducted with each county to explore factors surrounding the county decisions to withdraw. These interviews took place in August 1999, November 1999 and May-June 2000.

Each of the three counties cited several factors leading to their withdrawal from EVC. All three counties indicated that limited agency resources contributed to decisions to withdraw. Two counties emphasized the impact of a shortage of child welfare workers; limited availability of administrative staff due to countywide structural changes; and county financial liability for EVC cases extending beyond the 18-month limit on family reunification services. One of the two stated that they also were challenged to meet evaluation requirements for EVC due to continued CWS/CMS implementation difficulties and a shortage in the programming staff needed to link CWS/CMS and the Machine Budgeting System (MBS). The other county indicated that changes in child welfare programming originating from the state resulted in competing priorities at the county level and that the county was not able to commit to all programs. The third county reported that travel costs and staff time expended were not justified by program returns and that a county-wide shortage of placement resources further contributed to concerns regarding resources required to implement EVC.

All three counties indicated that perceived philosophical conflicts between concurrent planning and extending voluntary placements played a substantial role in county decisions to withdraw. One county reported realizing that cases it considered to be appropriate for EVC were quite rare due the agency’s preference to file for dependency when more than six months of placement was needed.

The decision to withdraw from EVC was made in consultation with a wide range of county staff, including assistant directors, supervisors, child welfare workers, regional or program managers, fiscal managers, and EVC evaluation staff. Possible implementation solutions suggested by the three counties included giving greater attention to reconciling apparent philosophical conflicts between efforts to shorten time frames to permanency and authorizing extended placements; lifting the financial burden imposed on counties when EVC cases that have transitioned to court reach the 18-month family reunification services limit; reducing travel costs; more advice from the state level regarding where to focus programming energy; and connecting EVC services with family conferencing. The first two counties stated that issues surrounding withdrawal from EVC were discussed for over a month before a final decision was reached. The third county considered withdrawing from EVC for more than three months but might have made the decision sooner, had the EVC program coordinator not been out on leave.
Response to Implementation Barriers:

Over time, as counties began to withdraw and implementation progress stalled, evaluation team priorities shifted from ensuring county compliance with evaluation requirements to partnering with the state to resolve barriers impeding implementation progress. In addition to the strategies to address specific implementation barriers discussed above, the CDSS and evaluation team attempted to assist counties with program implementation and client enrollment in a number of other ways.

Third EVC Consortium Meeting

The third EVC Consortium Meeting, held on September 21, 1999, was seen by both the CDSS and evaluation team as a critical opportunity to address barriers to implementation progress. At this meeting, the CDSS provided counties with clarification regarding the parent liability and time clock issues discussed above. EVC counties were asked to give updates on implementation progress and all counties were encouraged to brainstorm solutions to implementation barriers. The evaluation team presented information from a recent literature review on factors predictive of successful reunification and reduced rates of re-entry to care, in order to facilitate identification of cases likely to reunify within the 12-month voluntary placement extension period. The evaluation team also facilitated a brainstorming session with county representatives on the characteristics of prospective EVC cases.

Voluntary Placement Telephone Survey

In August 1999, the evaluation team embarked on a telephone survey of selected California counties regarding the characteristics of recent voluntary placement cases. The intent of the survey was to provide technical assistance to EVC counties regarding the child, family and case characteristics of cases that might be appropriate for EVC. A second goal was to confirm the accuracy of CWS/CMS data with respect to voluntary placement cases. Twenty-five counties were selected as respondents and were mailed the survey request. These counties were chosen because they were participating in the EVC experimental or comparison group or appeared to have five or more children in voluntary placement during the month of March 1999 according to CWS/CMS data. Nine additional counties were mailed the survey in January 2000. Although these counties reported fewer than five voluntary placement cases in March 1999, they had initially expressed interest in the EVC program when contacted by the CDSS regarding prospective Waiver interventions. The survey questions are included in Attachment 7.

As a technical assistance strategy, the voluntary placement telephone survey was not successful. Data collection proceeded slowly, due to the fact that very few counties contacted had any experience tracking voluntary placement cases separately from other types of cases, and few had the resources or expertise to query CWS/CMS directly. Thus, county staff found it difficult to respond to questions regarding the frequency with which voluntary placement services were offered and the characteristics of voluntary placement cases. In some counties, fiscal data provided the most reliable indicator of the agency’s voluntary placement caseload for a given month. Further, laborious manipulation of these data were required in order to estimate the number of voluntary placement cases served by the agency during the prior year. Likely due to
staffing issues and difficulty with responding to the survey questions, some counties simply did not return phone calls.

While data collection was underway, the plans to phase down EVC were initiated. Thus, the usefulness of the survey as a means of providing technical assistance to experimental counties was limited, almost from the outset. Twenty-six of the 34 counties contacted responded to the survey by the end of the year-long data collection period. While analysis of these data are not yet complete, the survey did confirm that the CWS/CMS data covering the survey period consistently overestimated the actual number of voluntary placement cases served by respondent counties.

**Recruiting additional Experimental Counties**

In order to address the withdrawal of several EVC counties and extremely low project enrollment, the evaluation team explored the possibility of inviting additional experimental counties to join EVC. Based on contacts with county staff and available data regarding county history with providing voluntary placement services, a list of prospective experimental counties was prepared for CDSS review.

Several of the proposed counties were subsequently contacted and invited to participate in the voluntary placement telephone survey described above (Attachment 7). The survey results were expected to further assist the CDSS and evaluation team in weighing the pros and cons of inviting participation from additional experimental counties. Survey responses from prospective EVC counties as of early November 1999 were summarized and shared with the CDSS. Responses from prospective counties generally suggested that several were equipped to identify EVC children. However, the survey results did not indicate that any county was exempt from the barriers to selecting EVC children experienced by experimental counties, nor did it suggest that any of the prospective counties would be able to identify large numbers of EVC children.

The list of prospective EVC counties prepared by the evaluation team also included several counties that expressed interest in EVC but did not submit proposals. In November 1999, the CDSS and evaluation team agreed that the evaluation team would contact the most promising of these counties to gather information on reasons why counties opted not to submit proposals, changes in these factors, and level of interest in EVC placements. Five counties were contacted in December 1999 and January 2000. Reasons given for county decisions not to take part in EVC included staffing challenges and few voluntary placements. These barriers remained unchanged at the time county respondents were interviewed. Several counties also reported a misperception that random assignment was required for EVC, and indicated that random assignment requirements contributed to the agency’s decision not to participate. None of the counties contacted appeared likely to make extensive use of EVC, if invited to participate.

**Other strategies**

Other methods of encouraging greater numbers of participating children included two information-sharing strategies launched by the CDSS and evaluation team. In December 1999, the CDSS released the first version of the EVP News Flash, a quarterly newsletter distributed via
f. Implementation Objectives Achieved

Four of the original seven EVC experimental counties implemented their programs as planned. However, the number of enrolled children was extremely low and the prospects for increasing enrollment were not favorable, given county concern regarding the possibility of delaying permanency for children who could not be returned home following the voluntary placement extension and other implementation barriers (discussed above). Solutions briefly explored by CDSS and the evaluation team to increase the number of enrolled children, such as inviting additional counties to implement EVC, were not expected to greatly increase enrollment. The solution ultimately chosen by CDSS was to phase down the EVC on August 31, 2000.

3. Organizational Aspects

a. Program Oversight and Monitoring – Experimental Counties

EVC planning:

As of December 1998, planning for the experimental program had begun in each of the seven original experimental counties. Several counties reported that planning began soon after the invitation was issued by CDSS in January 1998. All seven counties included department administrators and program supervisors in their planning groups. However, less than half recruited members from among social work staff or outside agencies, such as public health, school, probation, or court systems. After the official implementation date of December 1, 1998, while counties continued to plan their programs, three counties withdrew from the component. Planning proceeded with the four remaining counties until December 1999, by which time each of the four counties had enrolled one or more child participants.

Program marketing:

Efforts by counties to market EVC within their agencies took the form of notification of supervisors, presentations to workers, training sessions, and dissemination of written policies, procedures, and program eligibility checklists. Most smaller and medium-sized counties had already informed workers of the program during staff meetings by the time of the initial site visits in late 1998. Larger counties, which planned to rely more on written materials due to larger numbers of affected workers, had made good progress in preparing necessary materials by September 1999. By this time, almost all counties were actively engaged in providing presentations and training sessions to educate workers about the program. Despite low numbers
of referrals to the program, most of the counties remained optimistic about implementation in September 1999.

Enrollment process and program monitoring:

EVC enrollment and monitoring processes were similar among the counties with some minor differences. In three counties, screening for initial voluntary placement was handled by the Emergency Response Unit. In one county, a Service Review Team composed of knowledgeable community members and county case workers evaluated cases, while in another county, a team or the case manager and supervisor screened potential cases. Two counties planned to permit an optional family conference at the initiation of services. All counties permitted movement to voluntary placement prior to court involvement. One county hoped to be able to file a petition and then divert the case to voluntary placement without acting on the petition; another county was unsure whether such a procedure would be feasible. In one county, referral also could come from a Court Dependency Mediation program.

Staffing and approval of EVC placements were handled by a review team in four counties, while in another county these functions were handled by the case manager and supervisor. In one county, higher risk cases required the court’s approval before proceeding to the voluntary placement extension. In one county, an optional family conference was available before moving into the extension. In two counties, final approval for participation in the extension was given by the division director and manager. Final approval for the extension was given by a multi-disciplinary team in one county, by the regional administrator in one county, and by the Children’s System of Care supervisor in another county.

All five counties reported having guidelines and mechanisms in place to supervise and monitor their voluntary placement cases by the second site visit. Three counties had an individual coordinator who was responsible for overseeing the program and tracking all voluntary placements from the assignment of slots to eligibility for EVC. All counties reported having an outcomes review team that monitored the ongoing progress of voluntary placements and aided in determination of eligibility for EVC placement as these cases reached the six-month mark. Re-assessment for EVC could occur as early as four months after placement in one county, but typically occurred by the sixth month of placement.

Two counties reported making minor changes to their screening process and selection criteria following initial site visits. One county streamlined their selection process, making it more similar to current practices. Another instituted a pre-screener used by the Assessment Review Team (ART) to decide on the appropriateness of voluntary placement with particular cases.

Training offered/needed:

By June 1999, a majority of counties had instituted some sort of training program for direct service staff who would be involved with EVC. In two counties, comprehensive training on the project was given only to workers who were designated to work with the program. In one of these counties, this training was explicitly provided on a one-on-one basis. This was likely the case in the second county, as well, since only two designated workers were involved. Two
counties planned to provide, or were providing, orientation to EVC services to new workers before orienting most of the existing direct service workers. In two counties, training was not yet taking place as of the second site visit. In one case this was due to unsettled staffing patterns. In the other case, this was due to an emphasis on marketing the program to regional administrators and supervisors first in order to obtain broader agency support. Two counties planned to provide broader training programs in the future.

Provisions for family support persons:

In their proposals, two counties planned first to utilize persons identified by the families to serve as family support persons. For families in these counties who were unable to identify a family support person, and for all voluntary placement families in the remaining counties, family support persons would be recruited from the community, usually through various community organizations. By the second site visit, an additional county planned to begin with family recommendations. Among the community organizations mentioned as potential sources for family support persons were Healthy Start, Family Preservation Program peer support groups and collaboratives, Public Health, CASA, and various programs designed to support kinship foster families.

Provisions for kinship and community-based placements:

In their proposals, counties described a variety of strategies for locating kinship and community-based placements. Only half of the counties specifically mentioned kinship placements in their proposals. Possible strategies for identifying potential relative placements included sending a standardized letter to relatives, soliciting potential placements during family conferences, approaching the issue through the risk assessment process, and training workers on outreach to relatives. One county planned to utilize two Neighborhood Units to identify community-based placements. Another county had established a Community-Based Placement Project to facilitate placing children in their own communities.

Funding issues:

County responses to questions regarding planned funding structures were varied. These questions were explored during initial site visits. Two counties anticipated no substantial changes to their funding structures. One county reported that most children in voluntary placement, like those in court-adjudicated placement, were federally eligible. This county noted that relatives needed more resources than licensed foster parents, but nonetheless the county did not expect to use any significant amount of county funds to meet those needs. On the other hand, another county expected to supplement IV-E funds with county funds to meet needs for front-end resources. One county anticipated only bookkeeping changes. Cases would be claimed in the same way but using a different code, and foster care maintenance payment claims were expected to change from monthly to quarterly.
b. Staffing Structure – Experimental counties

Implementation of EVC either caused or was affected by staff changes in several of the original seven experimental counties. Two counties assigned new staff to serve as EVC Evaluation Liaison as a result of in-house reorganizations. At the time of initial site visits, three counties planned to either designate or hire social workers specifically for the purpose of carrying EVC cases. Three counties reported that staffing changes were not needed in order to implement the EVC program.

The five counties that participated in a second site visit reported utilizing different staffing configurations to deliver voluntary placement services to their clients. Two of the counties had designated one or two social workers to handle all voluntary and/or EVC placements, while the other three intended to assign voluntary placement cases in all appropriate county divisions. In one county, child welfare workers, or line staff, were the only workers who provided direct services to clients involved in EVC. All other counties, however, reported varying degrees of collaboration between line workers and other county workers such as vocational assistants, public health staff, eligibility workers, and mental health workers.

b. Services Provided – Experimental and Comparison counties

Most of the experimental and comparison counties provided services to families of voluntarily placed children that were similar to those offered to families with children in adjudicated placements. Specific services were designated in the family’s case plan. These services could include counseling, parenting classes, drug and alcohol treatment, referrals to mental health or domestic violence services, respite services, intensive family preservation services, psychological evaluations, therapy, and housing assistance. In some experimental and comparison counties, voluntary cases, including in-home cases, received more agency contact than court-involved families.

c. Timelines – Experimental and Comparison counties

The Process Study sought to explore similarities and potential differences in the way in which juvenile court timelines were applied to voluntary and court-ordered placements. Experimental counties consistently indicated that the reunification time clock started ticking at the detention hearing for both voluntary and adjudicated placements. Comparison county responses were more varied. Two comparison counties provided the same response as that given by experimental counties. Two more indicated that the clock began with the disposition hearing. This was true even in the case of court delays, which were a common occurrence due to contested hearings. In another comparison county, the clock started with either the jurisdiction hearing or sixty days after removal from the home, whichever came first. One comparison county did not provide information on this issue. In all experimental counties and two comparison counties, time spent in voluntary placement did not count toward legislated time frames for family reunification. The remaining comparison counties were uncertain as to whether or not voluntary placement counted toward family reunification timelines.
B. INTENSIVE SERVICES COMPONENT - FAMILY CONFERENCING (ISFC)

Process Analysis

1. Methods and Procedures

Data for the ISFC Process Study were drawn from focus groups conducted with agency staff during scheduled site visits and an annual Consortium Meeting with CDSS.

An initial series of site visits was conducted with three of the four original ISFC counties in August and October 1999, while second site visits were conducted with the two counties that remained in the ISFC in July and September 2000. During these site visits, focus groups were conducted with county program staff to collect process study data on the organizational structure of county ISFC programs, as well as service and contextual factors affecting program implementation. Program staff attending these focus groups included county fiscal staff, unit directors, ISFC program managers, family conference coordinators and facilitators, and child welfare worker supervisors. Each focus group lasted approximately 2 hours.

Interview questions for the focus groups were developed by CSSR evaluation team staff, following federal Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines. The interviews contain items exploring the organizational structure of family conferencing programs, including implementation strategies, program oversight and monitoring, methods for obtaining informed consent and maintaining control group integrity, problem resolution, staff acceptance, and staffing structure; 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 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 participants, each focus group interview was recorded on an audio cassette tape, and notes were taken by CSSR evaluation team staff in attendance. Evaluators’ notes were then transcribed and key points and issues were extracted and summarized. When needed, evaluators referred to the back-up audio tape for clarification. Site visit summaries were subsequently sent to county administrative staff for review. Once available, county feedback was incorporated into the final draft. Finally, key themes were compared across counties and presented in annual reports to the state.

Focus group questionnaires for initial and second ISFC site visits are included in Attachments 8 and 9.

Focus groups also were conducted with child welfare workers from the two current study counties in December 2000 and February 2001. During each of these focus groups, child welfare workers and social worker aides were asked to give their perspectives on the organization of, and service and contextual factors, affecting program implementation. Data collection and analysis for these groups was conducted in a manner similar to that described above, with the exception that workers also were asked to complete a paper and pencil questionnaire regarding their level
of experience and training in providing family conferencing and related services. Copies of the child welfare worker focus group questionnaires can be found in Attachment 10.

The evaluation team also made use of information shared by experimental counties during the April 2000 Consortium Meeting to inform the Process Study. Three counties remained in the ISFC at that time and representatives from each of these counties were in attendance. Representatives from the CDSS and evaluation team also were present.

2. Key Features and Implementation Status

   a. Target Populations

Both of the counties participating in ISFC are implementing programs that are engaged at the front end of child welfare services, soon after a protective services referral is made to the agency and the need for intervention is substantiated. The specific populations that are the focus of each county’s program, however, differ substantially.

Riverside County’s program is aimed at enhancing the placement stability and timely permanence (by reunification, adoption and guardianship) of children placed in relative and non-relative care. Children ages 2 to 12, who are likely to remain in care for a period of time and are considered to be at risk of being moved to another foster care arrangement or placed in a higher level of care, are eligible for Riverside County’s Waiver program.

Fresno County is utilizing the Waiver to provide Family Group Decision Making in conjunction with voluntary in-home services. Children who are assessed as being at moderate to high risk for further maltreatment, utilizing California’s Structured Decision Making Family Risk Assessment tool, are eligible for the program. Additional criteria for inclusion are: (1) the family is eligible for voluntary in-home services, following agency guidelines; (2) parents are not actively abusing drugs or alcohol; and (3) the family is able to identify at least three family support persons willing to attend a family conference.

   b. Characteristics of Service Delivery System

The structures of ISFC county service delivery systems vary according to county philosophies and program goals. One ISFC county (Fresno) plans to utilize family conferencing as a means of preventing foster care placement for high-risk families who receive Voluntary Family Maintenance (VFM) services. The other ISFC county (Riverside) intends to devote their family conferencing resources to increasing placement stability and timely permanence for children in long-term foster care.

Family conferences in the ISFC county with a placement stability focus are conducted according to the Family Unity Meeting model. Extended family members, community support persons, and agency professionals are invited to these meetings, and participate in both formal strengths assessment and facilitated family deliberation phases. Family plans are devised and approved in consultation with all conference participants.
The placement prevention focused county, on the other hand, utilizes a family conferencing structure that blends elements of both the New Zealand Family Conferencing and Family Unity Meeting models. Extended family members, community support persons, and agency professionals participate in a formal strengths assessment phase. However, the client family is allowed to meet in private to deliberate and construct a family plan. Community support persons and agency professionals take part in the deliberation phase only when invited by client families to do so.

Both counties attempt to provide all services requested in client family plans.

c. Enrollment Status

As of May 30, 2001 in Riverside County, 58 children were enrolled. Among the 58 children, 50 were Title IV-E eligible. The remaining 8 were state eligible. Seventeen of the 58 children are experimental group children, 19 are experimental group siblings, 9 are control group children and 13 are control group siblings. In total, 26 study children (experimental and control group) were enrolled.

As of May 30, 2001, 57 children were enrolled in Fresno County, including 16 experimental group children, 23 experimental group siblings, 8 control group children and 10 control group siblings. Of these, 46 were Title IV-E eligible and 11 are state eligible. A total of 24 study children were enrolled as of May 30. Among the 57 enrolled children, 18 have had their cases closed. As a result, 15 study children (experimental and control) and 24 siblings of these children remain active in Fresno County’s program. Some cases were closed because the family situation stabilized and services were no longer deemed necessary. Other cases were closed to the Waiver project because families have refused services. In one instance, the child’s case was closed when the child was placed out of home with a relative.

The table in Attachment 11 shows the month-by-month enrollment progress and summary statistics for Fresno and Riverside, from the first month a child was enrolled (April 2000) through March 15, 2001. Neither county has maintained a consistent enrollment pattern. Each county has enrolled an average of five children per month, including two study children and three siblings (IV-E and state eligible). However, no children were enrolled during the months of September and October 2000 in Fresno County, while Riverside County did not enroll a single child during the month of June 2000, or the months from November 2000 through March 2001. The figure in Attachment 12 shows enrollment progress for family conferencing overall, from April 2000 to March 15, 2001, including study children and siblings.

d. Characteristics of Population Served

Descriptive data are available for study children who were entered in the CWS/CMS system on or before October 1, 2000. These data are provided by the Children’s Services Archive, a longitudinal database that includes CWS/CMS data and is developed and maintained by staff at the Center for Social Services Research, UC Berkeley. Data entered in CWS/CMS later than October 1, 2000 were not available due to the fact that CWS/CMS data are made available by
CDSS on a quarterly basis, and due to the extensive programming required to link the data to the longitudinal database.

Data are reported for the ISFC as a whole for the purposes of this report, despite dissimilarities in the target populations served and programs provided by the two counties, because the number of children enrolled on or before October 1, 2000 is quite small. Future reports will examine the data by county.

As shown in Table 5 below, included in this sample are 19 experimental and 13 control group children (N=32). Data regarding the age, gender, ethnicity and reason for removal for 7 (22%) of the 32 children were unavailable due to inaccurate reporting of the identifiers used to extract the data from CWS/CMS. These children are included as missing values in the descriptive statistics. The evaluation team is coordinating with county staff to correct errors in the identifiers.

<table>
<thead>
<tr>
<th>Table 5. Individual and case characteristics of children entered in CWS/CMS on or before 10/1/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group (N=32)</td>
</tr>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Gender (N=32)</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Missing</td>
</tr>
<tr>
<td>Ethnicity (N=32)</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Missing</td>
</tr>
<tr>
<td>Removal Reason (N=32)</td>
</tr>
<tr>
<td>Absent/Incapacitated</td>
</tr>
<tr>
<td>Emotional Abuse</td>
</tr>
<tr>
<td>General Neglect</td>
</tr>
<tr>
<td>Law Violation</td>
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<tr>
<td>Severe Neglect</td>
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<tr>
<td>Sexual Abuse</td>
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<tr>
<td>Missing</td>
</tr>
</tbody>
</table>

Thirty-eight percent of the children are Hispanic, 28% are white, and nine percent of the children are African American. The most frequent placement reasons for these children were parental absence or incapacitation (19%) and general neglect (35%). A smaller number of children were placed for reasons of emotional abuse (6%), law violation (3%), severe neglect (6%) or sexual abuse (9%).
The average age of children, for whom these data were available, is 5.4 years, and ranges from less than one year to age 13, as shown in Table 6.

**Table 6. Age at Entry**

<table>
<thead>
<tr>
<th>Age in Years (N=25)</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Range</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.4</td>
<td>6</td>
<td>multi</td>
<td>13</td>
<td>&lt;1</td>
<td>13</td>
</tr>
</tbody>
</table>

A total of 8 study children exited the program prior to the end of this reporting period, while the majority of children remained active in the program as of 3/30/01. The average number of months in the program for children who exited prior to 3/30/01 was 3, with a range from less than one month to 5 months. Among children who remained active in the program on 3/30/01, the average stay in the program was seven months, and ranged from five to 11 months. These data are summarized in Table 7.

**Table 7. Number of months in the program – children who remained in the program as of 3/30/01 vs. children who exited prior to this date**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Range</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining children (N=24)</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Children who exited (N=8)</td>
<td>3</td>
<td>3.5</td>
<td>5</td>
<td>5</td>
<td>&lt;1</td>
<td>5</td>
</tr>
</tbody>
</table>

**e. Implementation Barriers and Attempted Solutions**

A number of issues have challenged ISFC implementation. Factors that led two counties to withdraw from the study and barriers faced by counties that continue to participate are discussed below.

An exit interview to explore Stanislaus County’s reasons for withdrawing from the Waiver was conducted in October, 1999. Alameda County staff completed a similar exit interview in February, 2001.

Implementation barriers common to both of these counties included: (1) difficulties that concerned the target population selected by the county; (2) concerns regarding staff and family acceptance of the random assignment requirement, in light of family conferencing (FC) services available to clients elsewhere in both agencies without random assignment. Solutions other than withdrawal were discussed among staff in both counties, however, staff concluded that these alternative strategies were either not feasible or not supported within the demonstration project.

Differences between the two agencies in terms of the contributions of specific factors to the agency’s decision to withdraw included: (1) staff acceptance of the project was viewed as having a significant impact on this decision in one county, while it was viewed as having a minimal impact in the other; (2) agency financial resources and the opportunity to conduct research without random assignment had an impact on the withdrawal decision in one county; and (3) one of the two counties had concerns regarding their ability to meet cost neutrality requirements for the Waiver.
A number of issues also have challenged implementation in the two remaining ISFC counties. Even though both counties had been exposed to the family conferencing intervention several years prior to the Waiver and had previously implemented non-Waiver family conferencing programs, considerable planning time was needed prior to initial implementation. Both counties had begun planning their ISFC programs by spring 1999; nonetheless, no children were enrolled until a full year later. Staffing issues affected the timing of ISFC implementation in both counties. These issues included excessive staff workloads, inadequate numbers of child welfare and conference coordinating staff and child welfare and administrative staff turnover. In addition, delays in finalizing county MOUs with the state and an office remodel contributed to the delayed implementation in one of the two counties.

Several enrollment challenges affected initial implementation and the rate at which children entered the project once implementation had begun. After examining the characteristics of children entering foster care, one county determined that for every forty children screened, only one met their ISFC program enrollment criteria. Additionally, this county reported that they were experiencing a shortage of both foster parents and openings in specially trained foster family homes. Staffing issues have continued to affect enrollment progress in this county. The county has had difficulty recruiting child welfare workers for their ISFC program, due to a combination of county program manager reluctance to release staff for the ISFC program, staff shortages and workload issues.

Technical assistance was offered to this county during two telephone conferences. This county has since lowered the minimum age of child participants to two years old, and is considering lowering it even further. Pre-placement matching between children and foster care providers will be limited to two, instead of the original four, foster homes. Further, children placed with relative caregivers also will be eligible for enrollment in the ISFC program.

The other participating ISFC county has attributed their enrollment slow-down to various factors, including a lack of family members available to attend family conferences, an overall slowdown in the number of new referrals to the agency and staff availability during holiday and vacation periods. ISFC program staff reported that they might need to reduce their enrollment rate temporarily due to staff turnover and time constraints. A telephone conference was held with county staff, CDSS and the evaluation team in order to problem solve enrollment issues. During this conference, county program staff requested permission from CDSS and the evaluation team to modify the selection criteria for the program, eliminating case-specific criteria in order to broaden the pool of eligible cases. These changes were agreed upon.

Changes in both counties are expected to facilitate the enrollment process and result in increased family recruitment into the ISFC study. The evaluation team intends to continue to monitor the enrollment progress of both counties and provide technical assistance in collaboration with CDSS as needed.

Other implementation challenges were reported by counties once implementation was underway. One county discussed difficulties encountered between the initial ISFC meeting and the first follow-up conference. In two cases, substance-abusing mothers were not able to follow through with tasks recorded in their family plans. Several “typical developmental issues” were reported
by the other ISFC county, including confusion among ER workers regarding enrollment procedures, the timing of eligibility determination, conflicts with CalWorks programming, and child welfare worker concerns regarding random assignment.

ISFC study counties have formulated, and are implementing, solutions to the challenges described above. The first county reports that they will continue to initiate the process of matching children with foster homes prior to the family conference. If a child must be moved from an ISFC placement or a parent cannot follow through on the family plan, the child can be placed with a family whom they’ve already met. The second county reports that they intend to address a substantial proportion of their “developmental issues” through training and communication with staff. The county also plans to coordinate with CalWorks to improve client access to services and support and reduce potential conflicts between child welfare and CalWorks requirements for parents.

f. Implementation Objectives Achieved

The two ISFC counties have fully implemented their programs in a manner that is, for the most part, consistent with their original plans. In addition to the changes to the selection criteria utilized by each county, discussed above, the placement prevention-focused county revised the design of their program prior to implementation to offer voluntary in-home services to control group as well as experimental group families, in lieu of filing for dependency for control group children. This change was motivated by objections from the court and ethical dilemmas.

3. Organizational Aspects

a. Program Oversight and Monitoring

Supervision and monitoring of county ISFC programs occurs on multiple levels. In both ISFC study counties, social work supervisors monitor ISFC cases. The program coordinator in one county keeps track of all children, experimental and control, participating in the ISFC program. The other county reports that ISFC cases are monitored more closely than other child welfare cases, due to their high-risk nature. The program coordinator, in this county, oversees services and availability, and meets with child welfare workers on a weekly basis to review cases. Child welfare workers in this county keep a master log of ISFC cases and provide weekly updates to case management supervisors.

Child welfare workers in each county identify ISFC cases to other professionals and maintain more frequent contact with outside agencies. In one county, this included follow-up with therapists and drug counselors, and participation in separate team staffing meetings around specific concerns. Child welfare workers in the other ISFC county contacted agency service providers regularly to monitor service completion.

In one ISFC county, follow-up conferences are scheduled at four, six and nine months post-entry. Follow-up conferences are provided in the other participating county as needed. Some of these follow-up conferences are planned at the outset, while others may be the result of family concerns that develop after the initial conference has been completed.
Neither ISFC county has a formal process in place for including family members and community participants in oversight or monitoring of their ISFC programs. However, both continue to make efforts to educate and enlist the support of relatives and local service providers. During the initial planning phase, one county met with community-based organizations (CBOs) to gain their acceptance of the ISFC program. This county has since developed an agreement with service providers to give IV-E Waiver cases priority. The county plans to continue educating service providers about their ISFC program, and gain increased CBO support. The other ISFC county reports that they hold quarterly advisory group meetings, to which service providers often are invited. Additionally, CBOs are involved in trainings for new foster parents, providing them with information regarding community programs and services available to children.

b. Staffing Structure

Staffing is tight in both ISFC study counties and child welfare worker caseloads are an ongoing concern. Full-time program coordinators have been added in both counties. However, the composition of ISFC program teams differs substantially by county. The larger of the two programs originally intended to devote 4 Emergency Response (ER) workers and four Voluntary Family Maintenance (VFM) workers to their ISFC program team. The team now has been expanded to include all 14 ER crisis workers, and all VFM workers may carry ISFC program cases. Several social worker aides who are being hired for other projects also will work part-time on ISFC cases. The smaller of the ISFC programs consists of one CPS supervisor, one child welfare worker, and a case assistant. Additional CPS supervisors and child welfare workers will be hired as the caseload warrants. There is reluctance on the part of other program managers in this county to release staff to work on the ISFC program due to staff shortages and workload issues.

c. Services Provided

Services offered as part of the ISFC intervention varied by county. One ISFC county reported that they provide families with “whatever it takes,” (all services identified in the family conference) while the other study county reported that the only difference in services provided to ISFC and non-ISFC families was the family conference itself.

Child welfare workers in both counties provide case management, concrete services, life skills training and support services, and referrals for mental health and substance abuse treatment to families participating in their ISFC programs. Child welfare workers and social worker aides in one county provide two home visits per week, while the child welfare worker in the other participating county visits ISFC families twice monthly, for the duration of their involvement in the ISFC program.

When asked whether families in the experimental group would receive “unique” services generated by the family conference, each county listed specific services intended for both biological and foster parents in the experimental group. One county reported that they provide extensive training and supports to experimental group foster parents, as well as respite care and transportation assistance to dual earner foster families who are unable to drive foster children to
after school activities. As of May 30, 2001, the other ISFC county is not certain as to whether families in the experimental group will receive unique services. However, this county has been considering using funds creatively to aide experimental group families with housing needs. This county also was providing some enhanced services to control group families, including daily transportation to and from treatment for a control group client in a neighboring county.

ISFC counties anticipated that family and community support persons also would provide some services to experimental group families. These services were expected to include enrolling children in recreational activities such as dance lessons or little league, transportation, childcare, and emotional support. Family and community supports in both counties have provided childcare, assistance locating affordable housing, transportation for children to and from school and medical appointments, and monitoring and oversight.

Services provided to families in county Waiver ISFC programs differ from those provided to families involved in non-Waiver ISFC programs. In one county, the difference lies in the focus and structure of the family conference itself. Non-Waiver family conferences include family alone time and are strictly child focused, while Waiver family conferences are family focused, and include staff involvement in the construction of a family plan. Child welfare workers in the other participating county report that Waiver ISFC cases are given priority. Program managers find a way to ensure that these families receive recommended services.

c. Timelines

Counties report that conferences typically take place within two to four weeks after a participating family has been assigned to the experimental group, and family plans are finalized the same day. One county reported that their goal was to hold family conferences within seven days after a family had been referred to the ISFC program. However, a number of factors, including an occasional two-day delay in study group assignment from the evaluation team, the availability of family conferencing facilitators, and family preferences for weekend conferences, have made this goal difficult to achieve. The other participating county reported that family conferences are scheduled as soon as possible, based on court timelines and parent availability. If a parent is incarcerated, the county may wait for that parent to become available before holding the family conference. The current goal in this county is to convene the conference within 8 weeks of enrollment.

Timelines for conference scheduling observed by the evaluation team are consistent with the reports of one county. In this county, the average length of time from enrollment to conference has been 13 days for experimental group children enrolled between February and November 2001. In the other county, only six of ten children who were enrolled between May and August 2001 had received a conference as of December 15, 2001. Among children who received conferences, the average length of time from enrollment to conference has been more than 5 months, with the shortest being 2 months and the longest, nearly 7 months. In this county, conference scheduling has been significantly negatively impacted by the loss of two key Waiver staff in April and September 2001, along with difficulties related to filling their positions and/or reassigning their duties.
One ISFC county reported that timelines for the family conference had no effect on service provision. Because family conferences were often held prior to child welfare workers receiving the case, services had already been identified at the time that social workers began working with the family. Timelines for court, however, did have an impact in the other participating county. If a family conference was scheduled prior to the court hearing, the role of the ISFC social worker involved explaining ISFC and obtaining cooperation from the ER worker, as well as anticipating court outcomes. If a family conference was scheduled after the court hearing, the case was automatically transferred to the ISFC child welfare worker, who could then focus solely on service provision to the family.

Reported timelines for exiting the ISFC intervention differed by county. One county had originally intended to complete services to experimental group families within 90 days. However, this county now plans on six months of service provision due to the high-risk nature of their ISFC program cases. These cases receive a formal re-evaluation at the 90-day mark. Should the family be out of compliance with VFM services, the county may choose to file for dependency. A timeline for service provision was not specified by the other ISFC county. Instead, ISFC staff indicated that children exit the experimental intervention when the case is closed to the court and the agency.

4. Contextual Factors

a. Social and Economic

While one county specified several social and economic factors that influenced the implementation of their ISFC program, the other county stated that they viewed themselves as a “typical county with typical clients.” Barriers and client needs are identified early on and planned for accordingly. The only client level factor mentioned by this county was a high number of large sibling groups, which can present an impediment to keeping siblings together. Client level social and economic factors reported in the first county included cultural barriers and language issues, undocumented immigrant status, low family incomes, lack of services for families living in rural areas, and multiple moves among client families. Large sibling groups were a challenge to this county as well.

Social and economic factors at the community and neighborhood levels differentially affected each county’s ability to provide ISFC services. While one county did report the presence of drug labs, community factors did not have an impact on the agency’s ability to provide services to families participating in their ISFC program. In contrast, community factors did affect the other county’s ability to provide services. That county stated that they possessed insufficient childcare capacity when all family babysitters attended a family conference. Additionally, the county had to contend with issues related to families’ geographical distance from services, including travel time, transportation, and limitations on child welfare worker caseloads due to the amount of time needed to drive to distant corners of the county for weekly family supervision. This county is working to make connections with service providers in locations closer to geographically isolated families.
Many community and neighborhood services were available to ISFC families living in urban environments, including substance abuse treatment and testing, mental health services, childcare, parenting classes, food pantries, and housing assistance. One participating ISFC county reported that their agency organized a regularly scheduled resource night as part of their foster parent training program. Community resources represented at this event included the YWCA, Boy Scouts, Girl Scouts, Boys and Girls Club, and an Alternatives to Domestic Violence program. Some services, including transportation and counseling, were not readily available in the more rural areas of both counties. One of the counties also reported a general lack of services that did not coincide with parental work schedules.

b. Political

Political issues have had both positive and negative effects on the ISFC programs in both counties. Each county specifically cited the potential role of media influences due to the high-risk nature of ISFC cases. This is particularly true for one of the counties, which experienced two recent child deaths in foster family homes. While the media coverage of these deaths was largely negative, increased extended family involvement in child welfare services was a positive result of this attention. Other political factors cited by ISFC counties included the support and encouragement of the court system, positive relationships with the state and the County Board of Supervisors, and African-American and Hispanic families’ appreciation of the more inclusive view of the extended family offered through family conferencing.

Child welfare workers in one ISFC county report that, while the County Board of Supervisors has traditionally been fiscally conservative, a new board recently was elected, which may lead to positive changes. The child welfare worker in the other participating county reports that child welfare workers have been including summaries of family conferences in court reports. This practice has received positive feedback from attorneys and one skeptical family court judge, who is slowly gaining a favorable perception of ISFC. Recently the media also has taken an interest in this county’s ISFC program, inviting county representatives to share the program with the community through a local cable access station.

The design of the ISFC evaluation has also caused some tension in both ISFC counties. Each county cited different aspects of random assignment as problematic. In one county, staff was concerned that families might not agree to random assignment. In the other, staff experienced a delay in receiving family assignments to either the control or the experimental group for a brief period of time, until the issue was brought to the attention of the research team. One county also reported that a better understanding of the evaluation process, particularly its benefits, would be helpful for training county staff.

c. Institutional

Each ISFC county reported a unique agency culture. One of the agencies was redesigned two years ago and many staff, from the agency director down to the ISFC program manager, joined the agency recently. The new agency director is interested in providing more early intervention and prevention services and has developed a new unit within the agency for these purposes. Similarly, the other ISFC study county reports that their agency culture is “ever changing and
accepting of change.” This county is viewed as a “blended family,” containing different ethnic cultures, socioeconomic levels, and philosophies of child welfare services.

The culture of each agency has affected implementation of their ISFC programs in predominantly positive ways. One county’s ISFC program is housed in their VFM unit, which is pro-family and prevention oriented. Staff attitudes are positive and child welfare workers feel that they are doing “real” social work. Staff in the other ISFC county report that they have to do a lot of educating and communicating throughout the agency in order to ensure that staff feel safe and comfortable with the ISFC program. This agency is allowing staff time to adjust to the philosophy of prevention, rather than emergency response. Within the ISFC program itself, team decisions mirror the ISFC model, providing everyone involved with a sense of “voice, choice, and ownership.”

New programs and resources continue to have positive effects on ISFC program implementation. ISFC staff in one county reported that the successful implementation of a previous family conferencing program had “paved the way” for their Waiver ISFC program. Child welfare workers in the other county were going to be issued Quick Pads, hand held computers that would allow them to write narratives in the field and then download narrative and contact data directly into CWS/CMS. However, child welfare workers in this county did report challenges involving inter-agency collaboration. Several families are enrolled in both ISFC and CalWorks. These families feel that their CPS case plan interferes with their participation in CalWorks and vice versa. Child welfare workers suggested that they will need to collaborate with CalWorks staff in order to ensure that families are able to fulfill both case plans.

Non-IV-E funding sources were being used to implement Waiver ISFC programs. Family preservation funds and EPSDT managed care dollars were being tapped by one county to cover case management and rehabilitation services. This county had not yet accessed IV-E dollars. Traditional CWS funds also were being drawn upon in the other participating ISFC county, as not all cases qualified for IV-E funding.

Staff from each ISFC program reported specific concerns within the agency and county that affected their ability to implement ISFC services. Economic factors within the agency were of greatest concern to one county, particularly their ability to continue to expand staffing for the Waiver ISFC program. However, this county has nine new VFM workers and reported that they will be hiring ER staff later in the year. The other county reported several county specific factors, including staff availability, a shortage of foster parents, a high number of sibling groups, and a young child welfare population as impediments to continued implementation of their ISFC program.

Each county reported plans for long-term expansion of their non-Waiver ISFC programs. This included opening one family conferencing program to lower risk families, as well as providing more family conferences to cases in the county’s concurrent planning and long-term foster care units. The ISFC program director in the other participating county was recently appointed interim assistant director of Children and Family Services, causing ISFC staff to speculate that the agency culture was now favorable to implementing ISFC county-wide, and on a more permanent basis. Implementation would consist of training family conferencing facilitators in
each region of the county and implementing the Waiver ISFC model for all cases going to out-of-home care, with the goal of providing a family conference whenever a transition was needed.

5. Summary of Key Implementation Issues and Contexts

Table 8 presents a summary of data on key implementation issues and contexts by county, through 5/18/01.

| Table 8. Characteristics of County ISFC Programs and ISFC Implementation Contexts |
|-----------------------------------|-----------------------------------|
| **Target Population**              | **Riverside**                     |
| • Children are between 0 and 18 years old. | • Children are between 2 and 12 years old. |
| • Child is eligible for voluntary Family Maintenance services. | • Child is placed in foster family or relative care. |
| • Parents are recently clean and sober. | • Child at risk of being moved to another foster care arrangement or placed in a higher level of care. |
| • The family is at moderate to high risk for child abuse or neglect. |                                   |
| • The family has at least three family support persons able to attend the family conference. |                                   |
| **FC Model Description**            | **FC Model Description**           |
| • Placement prevention focus.       | • Placement stability focus.       |
| • Family conferencing plus services. | • Family conferencing plus services. |
| • Family conference includes formal strengths assessment phase and private family time. | • Family conference includes formal strengths assessment phase and facilitated family deliberation. |
| **Total # of Children Enrolled**    | **Total # of Children Enrolled**   |
| 47 children:                       | 48 children:                      |
| 16 experimental group;             | 17 experimental group;            |
| 8 control group;                   | 9 control group;                  |
| 23 experimental group siblings;    | 19 experimental group siblings;    |
| 10 control group siblings.         | 13 control group siblings.         |
| **Implementation Barriers**         | **Implementation Barriers**        |
| • May need to slow enrollment process due to staff turnover and time constraints. | • Delay in child enrollment due to small number of children meeting county enrollment criteria. |
| • County still working on finalizing MOU with state. | • Shortage of foster parents and openings in specially trained foster homes. |
| • Inadequate number of child welfare workers to handle new cases. | • Inadequate number of child welfare workers to handle new cases. |
| **Staffing Structure**             | **Staffing Structure**             |
| • County has hired full-time program coordinator. | • County has added a project coordinator. |
| • Social worker aides are assisting with ISFC cases. | • The program has one designated CPS supervisor and three child welfare workers. |
| • All VFM social workers can carry ISFC cases. | • Additional supervisors and child welfare workers may be hired as the caseload warrants. |
| **Services Provided**              | **Services Provided**              |
| • Standard services.               | • “Whatever it takes.” County will provide whatever services are identified at the family conference. |
| • Unsure whether experimental group children will receive unique |                                   |
services. County may help this group with housing issues.
- Both groups given voluntary Family Maintenance services
- Unique services include extensive training and supports for foster parents, respite care for foster parents, transportation assistance for foster parents, twice monthly home visits with child welfare worker.

| Timelines | Family conferences occur within 2 to 3 weeks of referral from ER.  
- Family plan finalized the day the family conference takes place.  
- Family plans are formally re-evaluated at 90 days.  
- Service provision lasts approximately 6 months. |
| - Family conferences are scheduled within 2 months of experimental group designation.  
- Family plan is finalized at the end of the family conference.  
- Follow-up conferences are scheduled at 4, 6 and 9 months from time of entry to the program  
- Children exit the intervention when the case is closed to the court and the agency. |

| Client Factors Affecting Implementation | Client factors include client income, geographic distance from services, and multiple moves among client families.  
- “Typical county with typical clients.”  
- Large sibling groups, which are hard to keep together. |

| Community and Neighborhood Factors Affecting Implementation | Possible language limitations working with Southeast Asian communities.  
- Neighborhood Resource Center (NRC) component is not as strong as the agency would like. Need to add resources.  
- The agency does not have sufficient childcare.  
- Lack of services in rural areas and transportation are also issues.  
- Available community and neighborhood resources include substance abuse treatment and mental health programs.  
- County has more African-American and Latino foster homes than Caucasian ones  
- Lack of translators  
- Families with cultural beliefs contrary to U.S. law (i.e., spousal abuse as an accepted practice)  
- Drug labs are a concern.  
- Available community and neighborhood resources include the YWCA, Boy Scouts, Girl Scouts, Boys and Girls Clubs, and an Alternatives to Domestic Violence program. |

| Factors Affecting Implementation at the County, State, and Federal Levels | Agency recently redesigned. Staff from director down to program manager all new.  
- Concern regarding ability to continue expanding staff to serve the ISFC program.  
- Case managers will have Quick Pads to write narratives in the field that can be downloaded into CWS/CMS.  
- ISFC program staff must do a lot of educating and communicating within the agency.  
- Lack of foster parents.  
- Young age of children in the county’s child welfare population. |

| Political Factors Affecting Implementation | Court is now supportive and encouraging.  
- Potential for media influence due to enrollment of higher risk cases.  
- County has a positive relationship with the State, the county Board of Supervisors, and the courts.  
- African-American and Latino families have appreciated family conferencing and its inclusive view of the extended family.  
- Negative media attention has been focused on the agency due to two recent deaths in county foster homes. |
C. INTENSIVE SERVICES COMPONENT - WRAPAROUND STUDY (ISW)

Process Analysis

This portion of the report examines the implementation of the ISW in five counties—Alameda, Humboldt, Los Angeles, Sacramento and San Luis Obispo, from June 1, 1999 to May 18, 2001.

1. Methods and Procedures

Focus groups were conducted in each county using a semi-structured group interview format. Attachment 13 contains the interview questions that were developed by CSSR evaluation team staff, in accordance with federal Title IV-E Child Welfare Waiver Demonstration Project evaluation guidelines. The questions explore the structure and implementation of wraparound programs, including the county’s target population; types of services rendered; implementation strategies, barriers and solutions; staffing; funding; and contextual factors (social, economic, political), at the client, community, state, and federal levels.

Prior to the focus group, county representatives 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 group, participants were again informed of the purpose and nature of the discussion and were asked to read and sign a consent form allowing their participation. Once documented consent was obtained, focus groups were recorded on audio tape (with one exception), and notes were taken by CSSR evaluation staff. Evaluators’ notes were transcribed and key points and issues were extracted and are summarized in this section of the report.

Alameda County’s focus group was conducted in March, 2001, and was divided into two sessions to allow for the attendance of a broad range of participants. Fiscal staff from the public and private agencies and senior private agency representatives attended one session, while supervisors and managers from the public and private agencies, as well as line-staff from both types of organizations, attended a second session. Humboldt County’s focus group was conducted in March, 2001. It was attended by public agency representatives from child welfare, mental health, and probation (no private providers are part of Humboldt County’s effort). Los Angeles County’s site visit was conducted in March, 2001. Public and private agency line-staff, supervisory, and senior administrative staff participated in the focus group. Sacramento County’s focus group was similar in format and participation to Alameda County’s, and was conducted in February, 2001. San Luis Obispo County’s focus group was conducted in March, 2001, was attended by public and private agency representatives.

The following provides preliminary process study results for ISW, aggregating findings across the five participating counties. Attachment 14 summarizes the information provided below for each of the five counties in the ISW.
2. Key Features and Implementation Status

a. Target Populations

The five counties participating in the project are targeting children in RCL 12-14 group homes and children at risk of placement in RCL 12-14 group homes; three of the five counties extended their group home target population to include RCL 10 and 11 in response to recent state legislation. All the children in the study are involved with the child welfare system; three counties include children dually involved with child welfare and probation in their target population. Some counties were more explicit in their use of selection criteria, which may include severity of behavior, location of placement at time of referral, or the presence and availability of a “family” member willing to participate in the process of planning and service receipt. The criteria of family member availability severely limited the size of the available target population and its use was eventually discontinued in the county in which it had been an eligibility criterion. Counties were in agreement that the high level of need displayed by children in the target population, and the belief in the potential success of an intensive service provided through flexible funding, was the driving force behind the focus on this group. Two counties expressed the desire to reduce the out-of-county and out-of-state placement of children in their county child welfare system as an important factor in determining the target population.

b. Characteristics of Service Delivery System

There is a certain degree of variability across counties in their service delivery system. Public child welfare departments are involved in all five counties. In one county the child welfare department is the initiative’s lead organization, in another county the mental health department is the lead organization. Leadership roles are more integrated in the remaining three agencies. Probation departments are involved in three of the five county initiatives. Private service providers have been contracted with the public agencies to provide wraparound in all but one of the counties. In the fifth county, the public agency is the wraparound provider.

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 determines should be part of 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 probation worker (if the child is dually involved). 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, schoolteachers, doctors, business owners; ultimately it is up to the child and family to determine the necessary additional members.

Counties 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 goes through a screening process determined by the county to determine eligibility (the process is more formal in some counties than in others). In the third step, a project representative meets with the child and family to explain the project and
the study and to obtain documented consent. Eligibility information and consent documentation are then sent to CSSR evaluation staff for random assignment. CSSR evaluation staff relay the group assignment information to the county and the family’s child welfare worker is notified. Service provision begins as it normally would for children in the comparison group. 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 next child. Once random assignment has occurred, the private provider begins 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 the CFT. There is general agreement among counties that this first contact with families is the beginning of service provision.

The characteristics of the case determine the first provision of services 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. 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. Examples include individual therapy, transportation, documentation, and one-on-one support counseling. Each county has a small 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., $300) or are on-going 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.

c. Enrollment Status

Attachment 15 contains a table that shows enrollments (study children and siblings), beginning in June 1999, for the five wraparound counties. Sacramento County began implementing their wraparound services program in June 1999, and by May, 2001, 75 children (66 study, nine siblings) were enrolled in the treatment group and 38 children (37 study, one sibling) were enrolled in the control group. Alameda County also began implementing wraparound services in June 1999, and by May, 2001, 119 children (85 study, 34 siblings) were enrolled in the treatment group and 56 children (51 study, five siblings) were enrolled in the control group. Humboldt County began implementing wraparound services in June 2000, and by May 18, 2001, six children (six study, no siblings) were enrolled in the treatment group and one child (one study, no siblings) in the control group. Two children had been in the control group for a period of time until they were removed from the study due to contamination issues and an agreement between representatives from CDSS, Humboldt County, and UCB. San Luis Obispo County began implementing wraparound services in September 2000, and by May, 2001, three children (three study, no siblings) were enrolled in the treatment group and one child (one study, no siblings) in the control group. Los Angeles County began implementation of their wraparound program in November 2000. By May, 2001, 16 children (13 study, three siblings) were enrolled in the treatment group and nine children (eight study, one sibling) in the control group.
Attachment 16 contains a chart graphically showing trends in enrollments for the ISW counties. Alameda County has had consistent enrollments since the start of the study. Sacramento County has struggled with consistency and with the total number of enrollments per month. The spike in January 2001 is due to a one-day enrollment of 29 children. Both Humboldt County and San Luis Obispo County have had severe problems with enrollment consistency and with the number of children entering the study per month. Los Angeles County’s enrollment pattern is not evident at the end of this reporting period.

**d. Characteristics of Population Served**

Counties reported that children and families served by their programs face serious difficulties. Children accepted into the project are poor, have severe emotional and/or behavioral difficulties, and are involved with the child welfare system due to abuse or neglect. Many of the children have been involved with the child welfare system for several years. A number of the children served by counties also are involved with county probation departments. Examples of behavior problems include conduct disorders, sexual acting out, and fire-starting. Examples of emotional problems include depression, anxiety, and post-traumatic stress disorder.

A more focused, preliminary examination of descriptive data was conducted in Alameda County based on enrollments through January, 2001. Variables of focus included group assignment (treatment or comparison), gender (male or female), ethnicity (Black, Hispanic, Samoan, White), removal reason (parental absence/incapacitation, general neglect, physical abuse, severe neglect, sexual abuse, voluntary placement, conversion), age, and time in program.

**Table 9** below, shows the frequencies for each of the variables. Sixty-one percent of the sample is receiving wraparound and 39% are receiving traditional child welfare services. Males make up 60% of program participants. African-American children account for three-quarters of the sample, with the remainder divided between White (16%), Hispanic (8%), and Samoan (1%) children. Forty-five percent of children were removed (most recent removal) from their homes due to parental absence/incapacitation. General neglect (21%) and physical abuse (17%) were followed by sexual abuse (8%) and severe neglect (7%) as reasons for removal.

<table>
<thead>
<tr>
<th>Demographic Information*</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group (N=122)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>75</td>
<td>61</td>
</tr>
<tr>
<td>Comparison</td>
<td>47</td>
<td>39</td>
</tr>
<tr>
<td><strong>Gender (N=122)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>73</td>
<td>60</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>40</td>
</tr>
<tr>
<td><strong>Ethnicity (N=121)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>91</td>
<td>75</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Samoan</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td><strong>Removal Reason (N=121)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent/Incapacitated</td>
<td>54</td>
<td>45</td>
</tr>
<tr>
<td>Voluntary Placement</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Category</td>
<td>Count</td>
<td>Period</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>General Neglect</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Severe Neglect</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Conversion</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>


Table 10 provides a summary of child age and months in the program. The average age of the children in the sample is 11 years, with the youngest being four and the oldest 17. The majority of children are between the age of 11 and 14 years old and they have been in the program between a minimum of one month and a maximum of 21 months. Children spent an average of 11 months in the program.

Table 10
Demographic Information*

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Range</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N=122)</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Months in Program (N=122)</td>
<td>11</td>
<td>12</td>
<td>multi</td>
<td>20</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>


e. Implementation Barriers

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 presented barriers to implementation. The basic tenets of wraparound (e.g., strengths-based, community-based, individualized services), while similar to other innovative programs being implemented (e.g., intensive family preservation services, family group conferencing), have not been institutionalized and remain a fairly novel way of thinking about working with children and families. 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 has been a difficult and on-going process. For example, in one county child welfare workers view wraparound as a family reunification program, an anathema due to the recent death of a reunified child.

Counties also indicated the difficult nature of overcoming organizational barriers as public and private agencies, as well as different departments in public organizations (e.g., child welfare, mental health, probation), sought to work together. The collaborative nature of service provision specified by wraparound brings to the fore philosophical and technical differences. Language, taken for granted by individuals within a department or agency, presents difficulties for those outside of that department or agency. In another example, divisions within a department are often reluctant to alter their standardized practices in order to accommodate a small demonstration project focused on innovation.

Staff turnover and a shortage of quality candidates also are issues that influenced wraparound implementation efforts, particularly for private service providers. The intensity of working with a caseload of children and families facing the obstacles outlined previously in this report has been high.

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2 Conversion refers to information no longer identifiable after CWS/CMS was implemented.
made it difficult for public and private agencies to retain staff. Finding new, qualified staff has been difficult as well due to a scarcity of appropriate candidates. Both situations have been compounded by a robust economy that has made social work positions such as these less attractive.

Finally, ISW counties have expressed concern about the evaluation and its impact on client enrollment. Counties are especially distressed about the use of random assignment, deeming it unethical. A number of counties report widespread dissatisfaction with the possibility that some families may not receive Wraparound and that referrals to their programs have suffered as a result. Several counties also report that having to obtain documented consent from children and caregivers to participate in the study has limited their ability to enroll children and families in the study.

Other issues are germane to individual counties. In one county, for example, the use of a capitated rate in their intervention’s funding structure has presented issues within the public department involved, as well as requiring on-going negotiations between the public and private entities participating in the project. In another county, the public agency is the provider of traditional services (i.e., comparison group) and the provider of wraparound (i.e., experimental group). This has created issues within the agency such as caseload variation (project caseload—smaller vs. traditional caseload—larger) and keeping services distinct between the two groups. Finally, one county’s view of their target population severely limited the availability of candidates. For most of the study, the county had required that children have an identified family to “wrap” services around before they would be considered for the project; the effect was elimination from consideration of approximately 80% of their target population, ultimately limiting enrollments.

f. Implementation Objectives Achieved

Counties varied in the status of their implementation, and none indicated they felt their programs were fully implemented. Two counties felt they were still “ramping-up,” in the early stages of implementation where roles, responsibilities, and relationships were still being solidified. The three remaining counties felt they had an established process in place while they worked on issues and glitches to implementation. Two of those counties felt that organizations within their specific programs were at different stages of implementation. This is most evident in a county whose private providers had previously implemented their wraparound intervention as part of a pilot project arising from state legislation. The lessons learned from the first endeavor not only helped to lay the groundwork internally for the private provider’s current efforts, but also helped in the overall implementation effort, benefiting their public agency partner.

3. Organizational Aspects

a. Program Oversight and Monitoring.

Supervision and monitoring of any given county’s implementation is conducted primarily through meetings among the various project participants. One county reported a relatively formal structure of meetings, in addition to informal meetings called as needs arose. The formal
structure consists of 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 participate in meetings as needed. Other counties reported a less formal structure of meetings conducted weekly, bi-monthly, or monthly, with core individuals attending the more frequently occurring meetings. Meeting participants vary depending on agenda topics. Meetings that address fiscal issues and policy issues also occur on a regular basis.

Counties, in addition to individual and group supervision of line-staff, reported using client satisfaction surveys, chart reviews, or other assessment tools already instituted as part of other service efforts to review information on client progress and satisfaction with the project. The implementation of this portion of program oversight was less systematic.

b. Problem Resolution

Another function of regularly scheduled program oversight and monitoring meetings has been to provide a forum for problem resolution, including technical issues and issues between agencies/organizations involved in implementation. Counties have sought to achieve solutions to the difficulties they have encountered through on-going meetings where individuals and agencies are able to discuss and develop responses to the issues. However, not all problems are handled in this manner; some may be resolved through the interaction of the individuals most responsible for the issue at hand. For example, an issue surrounding the billing for a particular service may be resolved directly by the relevant public and private fiscal departments. Counties also have spent time educating and training their wraparound staff and peripheral agency staff through informal efforts, and through training sessions organized in-house, provided by the CDSS, or provided by private consultants.

c. Staffing Structure

Four of the five counties in the project have contracted with private agencies to provide wraparound to the county’s target population. In general, the private providers and the one public child welfare agency use a team approach to provide wraparound. The two counties that have been implementing wraparound for the longest period of time employ a team approach that includes defined responsibilities, though in practice they sometimes overlap. Teams generally include an MSW-level case manager, BA/S-level family specialist and community resource specialist, and non-degreed paraprofessionals. Case managers provide professional oversight to the CFT plan and, in some cases, therapeutic services. Family specialists provide one-on-one support to the families, while community resource specialists locate sources of tangible and intangible supports. Paraprofessionals may act as parent partners, shadow the child at school, or take the child on outings. In one of the counties, the case manager serves as the CFT meeting facilitator while in the other county, a second MSW-level case manager not involved with the child and family in question is responsible for CFT meeting facilitation. Public agency staff (child welfare, and probation as warranted) are involved with the CFT (and retain responsibility for the child in all counties) but are not directly involved with the work of the team. In the third county, the structure is the same with but with greater integration between private agency staff
and public agency staff; public agency staff serve as the case managers. One county also is able to access the resource departments within the private agencies. In the fourth county, the team structure is less specific and team members do not have the same caseload, allowing for coverage of cases in the event of a staff departure from the team. In the final county, the approach is more eclectic, with wraparound providers playing multiple roles on any given case.

d. Services Provided

Services tracking began in September 2000. As of May, 2001, services data have been tracked and entered into a newly constructed longitudinal services tracking form database for 112 children, representing 177 individual weekly services tracking periods. This is a combined total, including treatment and control and many children have been tracked for more than one period. In general, the counties and private providers have been very cooperative with service tracking. The response rate is 90% for the experimental group tracking, which is conducted primarily by private providers. The UCB Services Tracking Team also has been successful at data collection in the control group, with a response rate nearing 100%.

The following section describes preliminary results obtained from Services Tracking completed in Alameda, Humboldt, Los Angeles, and San Luis Obispo Counties between Sept. 2000 and March 2001. A strong word of caution is in order here. In essence, the following summaries are derived from a longitudinal database that is still under construction and awaits sufficient data in order to become fully functional. Despite the existence of 177 separate data collection points, these data can only be analyzed by collection period. A sizeable number of service tracking forms have yet to be entered. Data collection began after a substantial proportion of children had already entered the study, and children and families enter the study at different times. Thus, all children have not had data collected at all points in time. Only those children who entered the study after Sept. 01, 2000 have complete data, and these children are at various stages of collection and data input (at best, six months of full data exist for a very small number of children). Due to small numbers at each collection period, statistical tests are limited. In many instances, sufficient statistical power is not present to determine whether differences exist between the experimental and control groups. Where sufficient numbers were present, simple bivariate calculations were made (t-tests, chi-squares). These associations may or may not be maintained under more rigorous multivariate analyses which will be reanalyzed when a sufficient number of children and families have had their services tracked for longer periods of time.

Services have been tracked and processed for 112 children representing 177 separate data collection points (see table 1). Due to the sampling procedure and that data collection began after the start of the study, more children have been tracked at baseline and the earlier collection points than children at the later points. Children at the 6-month and later periods are routinely missing earlier data points. This imbalance will be extended to later and later collection points as the study continues and more recent entries begin to reach later milestones.
Table 11
Completed STF Collections
(09/2000 - 03/2001)

<table>
<thead>
<tr>
<th>Collection</th>
<th>Treatment</th>
<th>Comparison</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>26</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>2 Months</td>
<td>19</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>3 Months</td>
<td>22</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>6 Months</td>
<td>16</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td>12 Months</td>
<td>22</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>18 Months</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>111</strong></td>
<td><strong>66</strong></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>

The services tracking form contains 72 possible services. These services were summed over all collection periods and the 12 most frequent services utilized by both treatment and comparison groups are displayed in Table 12. The third and fourth columns (%Exp, %Control) describe the percentage of services accounted for by each service type within the entire range of services provided to children and families in each group (e.g., individual therapy accounted for 5% of all of the services provided to children in the experimental group and 6% of all the services provided to children in the control group).

Table 12
Total Services By Group

<table>
<thead>
<tr>
<th>Service Type</th>
<th>N</th>
<th>%Exp</th>
<th>%Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>349</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Recreational / Social / Special Interest</td>
<td>200</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Documentation</td>
<td>166</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>127</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>One-on-One Support Counseling</td>
<td>106</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Linkage / Systems Coordination</td>
<td>95</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Case Conference - No Family Present</td>
<td>92</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>92</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Travel</td>
<td>86</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Tutoring / Educational Support</td>
<td>86</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Case Conference - Family Present</td>
<td>78</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1477</td>
<td>54</td>
<td>69</td>
</tr>
</tbody>
</table>

Children and families in the control group had a higher percentage of (1) transportation, (2) recreational/social/special interest activities, (3) group therapy, and (4) tutoring/educational support. If more children in the comparison group were in group care, the first three categories are not surprising as they represent mandatory services received by children in residential care. Tutoring/educational support also may be included as part of the residential care experience. Children in the experimental group were provided with a higher percentage of (1)
documentation, (2) one-on-one support counseling, (3) linkage / systems coordination, (4) case conferences both with (including child and family team meetings) and (5) without family members present, and (6) travel by caseworkers. The types of services received by the experimental group also were much more varied. While these top 11 categories accounted for 69% of the services received by children in the control group, only 54% was accounted for in the experimental group. This primary funding is consistent with the expectation that children receiving wraparound receive a wider variety of services.

Time spent providing services was averaged across all data collection periods and compared by group (see Table 13). Visitation was excluded, as it would bias such services in favor of children in more restrictive levels of care who went on home visits to family or extended family members' homes. There were no significant differences in mean service time between treatment and control groups at any collection stage. Although children and families in the experimental group received a greater variety of services, these service incidents were no longer than discrete services provided to children in the comparison group.

<table>
<thead>
<tr>
<th>Collection</th>
<th>Exp</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>736</td>
<td>864</td>
</tr>
<tr>
<td>2 Months</td>
<td>1641</td>
<td>828</td>
</tr>
<tr>
<td>3 Months</td>
<td>984</td>
<td>638</td>
</tr>
<tr>
<td>6 Months</td>
<td>1045</td>
<td>857</td>
</tr>
<tr>
<td>12 Months</td>
<td>1089</td>
<td>1270</td>
</tr>
<tr>
<td>18 Months</td>
<td>746</td>
<td>768</td>
</tr>
</tbody>
</table>

*Significant at p<.05

Services were collapsed into three broad categories: Concrete, Therapeutic, and Case Management, and these were compared by group assignment (see Table 14). All by-group comparisons were statistically significant (p < .05), meaning that the service mix provided to each group was different. At every collection period, children in the experimental group received a higher percentage of case management services than children in the control group, and children in the control group received a higher percentage of concrete services than children in the experimental group. At baseline and the two month mark, children in the experimental group received a higher percentage of therapeutic services than children in the control group. At the three month mark, both groups received equal percentages of therapeutic services, and at six months children in the control group received more therapeutic services. At 12 months, both groups were equal and at 18 months the experimental group received more therapeutic services. As data collection continues, perhaps this trend will further solidify. Figure 1 and 2 (below) separately highlight the trends for concrete and case management services visually.
### Table 14

#### Service Categories By Group

<table>
<thead>
<tr>
<th>Collection</th>
<th>%Concrete</th>
<th>%Therapeutic</th>
<th>%Case Mgt</th>
<th>%Concrete</th>
<th>%Therapeutic</th>
<th>%Case Mgt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline*</td>
<td>23</td>
<td>26</td>
<td>51</td>
<td>71</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>2 Months*</td>
<td>22</td>
<td>33</td>
<td>45</td>
<td>61</td>
<td>27</td>
<td>13</td>
</tr>
<tr>
<td>3 Months*</td>
<td>22</td>
<td>35</td>
<td>43</td>
<td>46</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>6 Months*</td>
<td>21</td>
<td>26</td>
<td>53</td>
<td>53</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>12 Months*</td>
<td>24</td>
<td>34</td>
<td>43</td>
<td>56</td>
<td>34</td>
<td>10</td>
</tr>
<tr>
<td>18 Months*</td>
<td>26</td>
<td>33</td>
<td>41</td>
<td>75</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>

* Significant at p<.05

### Figure 1

**Concrete Services by Collection Period**

- **Experimental**
- **Control**

Collection Period:
- Baseline*
- 2 Months*
- 3 Months*
- 6 Months*
- 12 Months*
- 18 Months*
Services also were categorized by whether they were provided by formal or informal providers (see Table 15). Visitation was excluded for the reasons noted above. There were some differences in later collection points, but these were mixed. For both groups at all points in time, an overwhelming majority of services provided were formal in nature. (e.g., provided by agency representatives or other institutional professionals as opposed to community members or family/extended family). The first two months saw no differences between groups. At three months, the control group received a slightly higher percentage of informal services. At six and 12 months, this trend reversed itself and the experimental condition received a higher proportion of informal services. The 18-month mark showed another reversal, with control children and families receiving a larger proportion of informal services. However, it should be noted that this last collection point only has a few subjects. Ignoring the final collection period, these findings indicate that informal services are slow to develop, but may be somewhat more prevalent in the experimental condition.
Service recipient also was an important construct. For the purposes of this report, data were collapsed into services provided to the child only versus "variety" of services providers, which is defined as: 1) services provided to the child and at least one other recipient or 2) services provided to someone other than the child (see Table 16). All between group differences were significant. The identified child was almost the exclusive recipient of services in the control group, while a variety of family members and/or caregivers received services in the experimental group. This finding may reflect wraparound's flexible, family-centered focus, and also may reflect the confines of menu-driven service provision in the control group.

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Location of service provision was also quite different between the two groups. Table 17 shows the location type of service provision by group, and, again, controls for visitation, travel, and transportation by excluding them. Children and families in the experimental group were much more likely to receive services at their residence, while children in the comparison were more likely to receive services at a formal agency. This may be a reflection of the flexibility of the wraparound approach, a greater proportion of children residing with their biological or foster parents, or a combination of both.
Table 17

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Experimental</th>
<th>N</th>
<th>% Total Exp</th>
<th>Control</th>
<th>N</th>
<th>%Total Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>535</td>
<td>43</td>
<td></td>
<td>389</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Family Residence</td>
<td>167</td>
<td>14</td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>238</td>
<td>19</td>
<td></td>
<td>125</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>294</td>
<td>24</td>
<td></td>
<td>44</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>600</strong></td>
<td><strong>272</strong></td>
<td></td>
<td><strong>272</strong></td>
<td><strong>8</strong></td>
<td></td>
</tr>
</tbody>
</table>

Overall p<.01

In summary, the services tracking form was designed and implemented in the field in order to contend with a major threat of contamination in the control group. It is too early to tell whether contamination is occurring. It also is too early to use the tool as an instrumental variable, assisting the evaluation team to tease apart those who received wraparound or "wrap-like" services from those who did not. This will be a long process requiring larger amounts of services data and other information. However, this first look at services provided to children and families has revealed several interesting findings, which may or may not hold up as more data is gathered. Children in the experimental group have a wider variety of services, both groups receive about the same overall service time, children and families in the experimental group tend to receive fewer concrete services and more case management services, data on the formal/informal split are equivocal, services to children and families in the experimental group are provided to a wider mix of recipients (and this mix more often includes family and extended family members), and services in the experimental group are more likely to occur at the family residence than services in the control group.

e. Timelines

Three timelines warrant discussion. The first is the timeline of the onset of service provision. Counties indicated that the process to (1) contact families to schedule the first face-to-face visit and (2) secure the necessary internal consents (separate from consent to participate in the study) to work with families usually begin within 48 hours of a child’s enrollment into the project. Counties have indicated a similar set of service provision start dates (i.e., first extensive phone or in-person contact): two counties—within seven days of referral to wraparound provider; one county—within 14 days of referral to wraparound provider; one county one to 42 days from referral to wraparound provider; and one county—within seven to 14 days of enrollment.

The second important timeline is the total time of service provision. Generally, counties feel involvement of the wraparound teams will last between 16 to 18 months. At that time, families will have the informal supports in place to preclude further need for ongoing wraparound team assistance. One county, as part of their project fiscal structure, provides wraparound team assistance from the time of enrollment until the end of the project.

The third important timeline is the end date of the project and how it affects service provision. The project ends September 30, 2003, and no waiver funds may be used after that date. This
means that counties will need to determine the minimal number of months they will provide wraparound and end enrollments accordingly. Counties are in the process of defining their project phase-down plans.

4. Contextual Factors

   a. Social (client, neighborhood/community)

   Counties indicated that the issues faced by children, families, and communities participating in the project were daunting. Children in this target population have generally been in the foster care system for several years or more and have lived in a number of different foster homes before residing in a group home environment. Biological family relations often are non-existent and identifying extended family is difficult. Identifying foster families able to sustain the commitment to the wraparound process also has been difficult. Among biological parents, low income and education levels combine with a high prevalence of mental health issues and substance abuse to present barriers that are challenging at best. Children often are placed in group homes outside of their home counties making continued contact with family difficult and the provision of services problematic.

   Community issues, according to county staff, also are ubiquitous and resources often are limited. Rural and urban counties alike face limitations, systemic poverty being the most predominant. In general, the cost of living is high and there are a limited number of employment opportunities for low-skilled workers that offer a sustainable income. Communities face a dearth of quality childcare and public transportation, as well as a limited number of programs providing mental health, substance abuse, and other social services.

   At the same time, several counties (particularly those farther along in their implementation) reported that some communities had identifiable resources and the capacity for social support. This view may be the result of efforts by the programs themselves to identify resources for the families they serve.

   b. Economic

   As previously mentioned, counties indicated the negative impact of poverty on families, communities, and in some cases, even county governments. Conversely, the recent robust economy has provided greater opportunities for individuals with a master’s-level education, thereby reducing the pool of qualified candidates for public and private agencies alike. Several counties mentioned the long-term problem of the California energy crisis, and looming economic crisis, as having a potentially negative impact on the children and families they serve.

   c. Political

   Political factors were evident in all counties with influence felt from judges and the courts, boards of supervisors, community advocacy groups, CDSS, and specific rules and regulations. Two counties reported a tentative relationship with the court system and judges, primarily due to the existence of the project as a demonstration project with an evaluation component, hampering judges’ ability to order service. One county reported that their courts, along with their larger
political structure, were questioning wraparound as part of their overall unease with family reunification efforts. Boards of Supervisors were generally supportive of the project, though again, one county reported reluctant support from their board due to the general de-emphasis on reunification. In the two counties that discussed the role of child advocacy groups, one reported the groups were supportive, while the other county indicated that child advocacy groups were concerned for child safety and cautious in their support of the project. Generally, counties reported that CDSS is supportive and helpful to county efforts mainly through the provision of trainings and technical assistance. However, several counties felt that CDSS did not fully understand the difficulty of implementing wraparound and the viability of various models. Finally, one county noted that holding families of formerly dependent children potentially accountable for the cost of care had a negative impact on the families and hampered the county’s efforts at assisting the family in keeping the child at home.

d. Institutional (County, State, Federal level)

Agency factors play an important role in county implementation of wraparound. Several county child welfare agencies were concerned about audits, or had been found to be out of compliance with child welfare codes and were focused on meeting reform requirements. Labor issues and caseload counts also were mentioned by two counties as concerns affecting county agency involvement. In one county, the impact of a recent agency restructuring was still being felt as individuals and departments adjusted. Other county child welfare agencies reported that altering workers’ way of thinking—moving to a strengths-based approach—was a long process. Additionally, a child’s death, whether at home after reunification or in care, can cause the agency to emphasize one philosophy of care over another.

Several state factors were noted by counties. A number of counties discussed the impact of state legislative action, including the passage and implementation of SB 163 (wraparound for children eligible for state foster care payments), the unlikely increase in child welfare funding in state budget proposals, and state law that increased the number of situations where a judge could rule against proceeding with reunification efforts. Several counties also found that the billing requirements for funding sources utilized by wraparound programs run counter to the wraparound philosophy in their focus on deficits, thereby forcing counties to do the same in order to comply.

Finally, several counties were concerned about the recent change in the federal administration and its potential long-term impact on the availability of funding (IV-E waiver extension and additional outside sources) and overall policy tone and tenor. They cited the emphasis on juvenile adjudication versus reunification and expressed apprehension over the impact of impending TANF time limits.
D. Intensive Services Component—Community Mentoring

San Francisco County’s two sub-studies (ISCM) continued to operate during this project period, however San Francisco County and CDSS had discussions, which have yet to be resolved, regarding San Francisco’s continuing participation in the Waiver demonstration project. Thus, no process or outcome data from this county are available. By the end of this project period, 14 children (six study, eight siblings) were enrolled in the treatment group and five children (three study, two siblings) were enrolled in the control group in the placement prevention program. In the placement stability/movement to permanence sub-study, 33 children (17 study, 16 siblings) were enrolled in the treatment group and 20 children (ten study, ten siblings) were enrolled in the control group.
E. Intensive Services Component—Shared Family Care

The Annual Report on Shared Family Care: Progress and Lessons Learned (June 2000 to May 2001) is being submitted alongside this Waiver interim report. The Shared Family Care report was prepared by Jeannine E. Guarino and Amy Price of the National Abandoned Infants Assistance Resource Center of the School of Social Welfare at UC Berkeley. The report was funded by the Zellerbach Family Fund and the Stuart Foundation. This section of the Waiver interim report is drawn from the Shared Family Care report, personal communication with Amy Price, and additional materials available from Amy Price. Wherever possible, information specific to Alameda and San Francisco Counties is summarized below, otherwise information is summarized across all the counties participating in the shared family care demonstration.

The report documents program progress and findings from the shared family care (SFC) demonstration projects in three California counties (Alameda, Contra Costa, and San Francisco) and in Colorado Springs, Colorado. Data-based findings in the report reflect activity from March 1997 through May 2001; however, the report highlights program progress made during June 2000 through May 2001.

Shared Family Care is a model for serving children and parents “in which an entire family is temporarily placed in the home of a host family who is trained to mentor and support the biological parent(s) as they develop skills and supports necessary to care for their child(ren) and move toward independent living.” The model is considered an alternative to traditional child welfare services in that it promotes the safety of children while preventing separation from their parents. The long-term intended benefits of the program are child safety, greater stabilization and self-sufficiency among participating families, and improved well-being of participating children and families.

1. Methods and Procedures

Evaluators used both qualitative and quantitative sources of data to investigate progress toward stated program outcomes. Mentors were interviewed using a structured interview protocol immediately when families were placed, at three and six months during placement, and upon placement termination. Participant families were interviewed using a similar instrument and the same interview schedule with the addition of interviews that occurred three, six, and twelve months after placement had ended. In addition, all staff and county child welfare workers involved with the program were interviewed once per year. Interview data were then summarized.

Quantitative sources of data included notes from planning meetings and conversations with project staff; project plans, budgets, and contracts; quarterly reports; mentor applications and interviews; participant intake forms; individualized family plans and monthly team meeting reports; monthly service and progress reports; participant questionnaires; mentor weekly logs; staff time sheets, project financial statements, and termination reports. In addition, child welfare records were inspected for recidivism of re-entry into the child welfare system. Summary statistics from these instruments were prepared using SPSS.
2. Key Features and Implementation

a. Target Populations

Alameda County’s shared family care program primarily was designed to serve children and families receiving reunification services. All families with an open child welfare case, however, were eligible to participate in the program. San Francisco County’s program was designed to target families affected by substance abuse, however, eligibility later changed to incorporate all families.

b. Enrollment Status

Between the Spring of 1997 and May 2001, 80 families were referred to Alameda County’s shared family care program, with 64 of those families completing an application to participate. As of May 2001, one family was currently in placement, six families successfully had graduated from the program, eight families had been terminated, and 49 families had never been placed. No families were pending placement. In San Francisco county, during the same project period, 24 families had been referred to the program with nine of them completing applications. As of May 2001, two families were currently in placement, two families successfully had graduated, no families had been terminated, one family was pending placement, and four families had never been placed. For both programs, most families who were never placed chose not to participate or were determined inappropriate for the program for a variety of reasons such as unwillingness to work toward goals.

c. Characteristics of Populations Served

Across the four counties participating in the SFC demonstration project, nearly all participant families were single women with children. Program applicants and participants had an average of 1.0 children with an average age of 4.4 years. The mean age for applicants was 26 years, however, almost one-third of applicants were age 18 or younger. Teen parents represented 60% of all applicants during the project period, a dramatic increase from the previous year (13%). One-third of applicants reported a criminal history, and approximately one-half of them had a history of substance abuse. Graduated families had spent more time in recovery than terminated and never placed families. With regard to formal educational levels, less than half of the applicants had a high school diploma. The majority of applicants had monthly incomes below the poverty rate and less than 20% of families entered the program with a job. In San Francisco families stayed in placement an average of 12 months, the highest of any participating county, due to the lack of affordable housing in that county for program graduates. A figure presenting additional demographic details about the SFC population appears on p.12 of the SFC report.

d. Implementation Barriers

Across all SFC demonstration counties, findings suggest that the development of SFC programs require considerable input of time and resources, as well as agency commitment and interagency collaboration. Program challenges include funding, mentor recruitment, and housing for families
who graduate from the program. Challenges specific to Alameda and San Francisco counties are summarized below.

During the project period Alameda County had contracted with Family Support Services of the Bay Area (FSSBA) to administer their SFC program. Administrative changes and decisions at Alameda Social Services Agency, however, “made it difficult and, ultimately, impossible to move forward with the program. For example, the county liaison, who had been assigned to SFC and pre-screened all clients referred from child welfare workers, resigned from her position with the county. Because the county did not replace her, and was extremely short-staffed in general, FSSBA stopped receiving new referrals. Once FSSBA informed child welfare workers (and other agencies, e.g., drug treatment programs) that they could refer families directly to the program, more families were referred. Unfortunately, just as the number of referrals started to pick up, the county made an administrative decision to discontinue the Shared Family Care program.”

In San Francisco County, during the project period, the SFC program was designed to be administered jointly through collaboration between the county and the Epiphany Center. “Confusion around roles, responsibilities and accountability, and the ubiquitous problems of housing and mentor recruitment, remained challenging to the programs in San Francisco. The Epiphany Center and the Department of Human Services (DHS) continued to operate separate but linked programs which proved inefficient and confusing, particularly when neither had a sufficient pool of mentors or client referrals. Additionally, the few families that were placed in San Francisco stayed in care much longer than the anticipated time due to the lack of affordable housing, as well as the complexity of issues facing the families. While the SFC staff continue to try to make linkages with housing agencies and resources in San Francisco, they do not have enough staff to adequately address this daunting issue. Currently, DHS and the Epiphany Center are in the process of consolidating the two SFC programs into one, although it remains to be seen how this will play out.”

e. Implementation Objectives Achieved

In Alameda County, FSSBA spent considerable effort on recruiting mentors and at the end of the project period they had a solid pool of mentors. In addition they developed excellent mentor and mentee program manuals, as well as extensive mentor and mentee screening procedures.

Across all SFC demonstration counties, “SFC can be a cost-effective strategy for helping families reunify, remain intact, or make other permanent arrangements for their children, and move toward self-sufficiency.” “SFC appears to be more cost-effective than treatment foster care, and may be more cost-effective than basic foster care in the long run for families who successfully complete the program.” Families who successfully completed SFC generally had higher incomes and were more likely to live independently than when they entered the program. Children from families who graduated from SFC were less likely to re-enter foster care than children who reunified after regular foster care, or children whose families did not graduate from SFC. Across all SFC demonstration counties, all children re-entering the child welfare system came from Alameda County. Although reasons for this finding are unknown, it is possible that Alameda families had more challenging problems or that screening procedures for families
entering the program could have been developed more fully. Families most likely to succeed generally were motivated and ready to make changes in their lives. In addition, the mentor/mentee relationship was an important component of a family’s success.

The SFC report provides a fuller description of findings across 22 anticipated outcomes of SFC such as parents’ and children’s emotional and physical well-being; income, employment, and housing; families’ progress toward goals, and mentor-mentee relationships. Case examples, a summary of lessons learned, and qualitative and cost information from a study of Shared Family Care programs in St. Paul, MN and Philadelphia, PA also are included.

3. Organizational Aspects

a. Staffing Structure and Program Oversight

In Alameda County, FSSBA assigned a referral worker who was dedicated to the program full-time. Within the county, child welfare workers who wished to refer a case to SFC notified this central person. The program had two full-time staff members, one for the mentors and one for the mentee families. Staff met with participant families on a weekly basis. County child welfare workers continued to carry cases of children who were participating in SFC. A county supervisor provided program oversight. San Francisco county lacked the capacity to sufficiently build the program. One child welfare worker handled the cases of all children who participated in SFC. If San Francisco County continues to operate the program (or even a part of the program) internally, it will be the only SFC program to be implemented directly through a public child welfare agency.

b. Services Provided

Key elements of SFC services include mentors, a matching process, a rights and responsibilities agreement, a family support team and interagency collaboration, intensive services, and housing and aftercare. The matching process refers to efforts to match participant families to mentors that will be maximally helpful to them in meeting their goals. Mentors and mentee families are encouraged to meet each other prior to placement. The rights and responsibilities agreement refers to a contract signed by each member of the family regarding house rules during placement. The family support team consists of the family, the mentor, a case manager, the county worker, and other professionals requested by the family such as a substance abuse counselor. The charge of the family support team is to help the family develop an individualized plan to meet their goals. Intensive services generally include referrals for all needed services. Such services could include access to assistance in any of the following areas: job, education, housing, parenting, household management, budgeting, self-care, childcare, and intensive case management. In Alameda County a contractor called “Family Reclaim” provided reunification aftercare services. In San Francisco County, families continued to receive substance abuse services after program completion through the Epiphany Center.
III. Summary

Although California’s Waiver Demonstration Project officially began on December 1, 1998 with the implementation of EVC, no children entered ISC until June 6, 1999. Since EVC was phased down prematurely, no outcome data are available for that component, and outcome and process data are unavailable for San Francisco’s Community Mentoring Component. Given the slow implementation and low enrollment for the ISC, outcome data also are unavailable for this study component.

Results from the process study nevertheless are helpful in illuminating some of the issues and barriers related to slow implementation and low enrollment across the ISC sub-studies. With regard to shared family care, the programs in San Francisco and Alameda counties both lacked necessary support from the counties to develop sufficiently. The most salient program challenges were difficulty recruiting mentors and finding affordable housing for program graduates. Despite these challenges, evaluation findings suggest that SFC may be a cost-effective strategy for helping children and parents stay together and attain family self-sufficiency.

ISFC process study findings indicate that for both Fresno and Riverside, delays in enrollment have been largely due to structural barriers, such as only very few children meeting program enrollment criteria. This county also had a shortage of appropriately trained foster families and had difficulty recruiting child welfare workers to the program, due to a combination of county program manager reluctance to release staff for the ISFC program and staff shortages.

The other participating ISFC county attributed their enrollment slow-down to factors including a lack of family members available to attend family conferences, an overall slowdown in the number of new referrals to the agency, and staff availability. Both counties are implementing changes designed to increase the enrollment of children into the study. During the next two and one-half years of the Demonstration Project, the evaluation team will to continue to monitor the enrollment progress of both counties and provide technical assistance in collaboration with CDSS as needed.

ISW counties also experienced several difficulties implementing their programs. All counties indicated that the paradigm shift required to implement wraparound comprehensively presented barriers to implementation. The basic tenets of wraparound are still considered a new way of thinking about working with children and families. While the necessary core group in each county has embraced wraparound, encouraging everyone involved in the implementation of the program to embrace the change required has been a difficult and on-going process.

ISW counties also indicated the difficult nature of overcoming organizational barriers such as forming collaborations between public and private agencies, as well as different departments in public organizations. The cooperative nature of service provision specified by wraparound highlights philosophical and technical differences. For example, language, taken for granted by individuals within a department or agency presents difficulties for those outside of that department or agency.
ISW county staff also reported that staff turnover and a shortage of quality candidates were issues that have had an effect on wraparound implementation efforts, particularly for private service providers. The intensity of working with a caseload of children and families facing the obstacles outlined in this report has made it difficult for public and private agencies to retain staff. Finding new, qualified staff has been difficult due to the lack of appropriate candidates.

Finally, ISW county staff have concerns about the evaluation and its impact on client enrollment. County staff are distressed about the use of random assignment because they believe it is unethical. County staff are disappointed with the possibility that some families may not receive Wraparound and that referrals to their programs have suffered as a result. County staff also report that having to obtain consent from children and caregivers to participate in the study has limited their ability to enroll children and families in the study.

The next two and one-half years of the Demonstration Project will provide an opportunity for counties to further develop their programs and to address issues related to slow implementation and low enrollment. The process study will continue to explore issues and barriers related to implementation, as well as the social, organizational and contextual influences on the innovative programs supported by the Waiver. In the next part of the project, the evaluation team will be able to supplement the findings from the process study with results from the impact and cost effectiveness studies to more fully describe important policy, planning and program implications of California’s statewide Waiver Demonstration Project.
IV. REFERENCES


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Attachment 5 ............EVC: Telephone Survey Questions to Experimental Counties Withdrawing from the Study
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Attachment 8 ............ISFC: Focus Group Questions from Initial Site Visit – Process Study
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## California IV-E Waiver Enrollment

**June 1, 1999 - May 18, 2001**

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* Sum (to nearest whole number) of mean number of enrollments per month in each county since month of first enrollment in county. Some values and totals may appear inaccurate due to rounding.

** Includes siblings of SB163 and Project Destiny (PD) participants admitted under special arrangement: 1 SB163 Sibling (Experimental), 1 PD Sibling (Experimental).

*** Includes State eligible participants: 1 Study (Control), 1 Sibling (Experimental).
IV-E Waiver Enrollment (June 1, 1999 - May 18, 2001)

# of Enrollments (By Month-Columns)

# of Enrollments (Cumulative-Line)

- **FC**
- **Wraparound**
- **SF (PP & MtP/PS)**
- **Cumulative Total**
- **Monthly Total**
Initial Site Visit

Process Study – Your Program Planning and Implementation Process
(Focus Group/Interview with Planning Team and Program Staff involved in early stages of implementation)

Service Factors

2. Previous voluntary services (type and duration)

S2-1. Did your county offer voluntary placement services to families prior to implementation of the Extended Voluntary Placement Component? (If no, skip to question S2-11.)

S2-2. How did your county decide which families would be offered voluntary placement?

S2-3. Why did you choose those families instead of others?

S2-4. Describe your intake process for children entering six-month voluntary placements.

S2-5. Describe the services to families.

S2-6. Did clients understand that the process was voluntary?
S2-7. How did you monitor the duration of voluntary placements (strictly vs. loosely)?

S2-8. What did you do when cases began to approach six months?

S2-9. What outcomes were reached at six months?

S2-9.A. Did children return home?

S2-9.B. Did children transition to dependency status?

S2-9.C. Were informal placement arrangements made?

S2-9.D. Did you find ways to extend the voluntary placement beyond six months? How?
S2-10. How did you handle transitions to dependency?

S2-10.A. Was there a change in worker?

S2-10.B. How did the court respond to these cases?

S2-11. If your county has not provided voluntary placements prior to implementation of the Extended Voluntary Placement Component, what are the reasons why this type of placement was not offered?

Organizational Structure

1. Implementation planning

O1-1. Please describe your Extended Voluntary Placement Program planning group:

O1-1.A. Who makes up your planning group?

O1-1.B. Did this planning group exist prior to your planning for the Extended Voluntary Placement Component?
O1-1.C. Is this planning group involved in planning other programs in your county?

O1-1.D. How do you select membership of this planning group?

O1-1.E. Have there been any changes in the make-up of your planning group since planning for this Component began? (Describe.)

O1-2. Where are you in the planning process?

O1-2.A. When did planning for the Extended Voluntary Placement Component begin?

O1-2.B. How many meetings have you had to date?

O1-2.C. How often do you meet to plan for this project?

O1-3. When did (will) your funding for the Extended Voluntary Placement Program begin?
O1-4. When did (will) implementation begin?

O1-5. When do you anticipate assigning your first case to the Extended Voluntary Placement Component?

O1-6. What steps are you taking to integrate the Extended Voluntary Placement Program in your agency?

O1-7. How did you select your target population for this Component?

O1-7.A. What are the criteria for selection? (Compare with eligibility check lists developed from county proposals).

O1-7.B. What are your reasons for targeting these families?

O1-7.C. Do these families differ from families who have received voluntary placement services in your county in the past? (Explain.)
4. Implementation strategies

**HOLD UNTIL PROGRAM ELIGIBILITY TRACKING DISCUSSION**

O4-1. Please describe in detail the process you will use to enroll families in the Extended Voluntary Placement Component (Compare with flow chart developed from county proposals).

O4-2. How does this process differ from the way children were previously brought into voluntary placement?

**CONTINUE FROM HERE**

O4-3. Please describe your Extended Voluntary Placement Program’s connection to court.

O4-4. What efforts have you made to develop your program’s connection to court?

O4-5. Describe your current resources for recruiting volunteer family support persons.

O4-6. What efforts have you made to develop your resources for family support persons?
O4-7. Describe your current resources to recruit relative and community-based placements.

O4-8. What efforts have you made to develop your resources for relative and community-based placements?

2. Staffing structure

O2-1. Has implementation of the Extended Voluntary Placement Component required any staffing changes in your agency?

O2-1.A. What changes were made?

O2-1.B. Why were these changes made?

3. Funding committed

O3-1. What is your current funding structure for children in voluntary placement?

O3-1.A. For federally eligible children?

O3-1.B. For non-federally eligible children?
O3-2. What changes to your funding structure will occur with implementation of the
Extended Voluntary Placement Component?

O3-3. Do you anticipate using other funding sources to supplement the Title IV-E funds for your Extended Voluntary Placement Program? If so, please describe your alternative funding sources and ways in which these alternative funds will be used.

5. Oversight and monitoring

O5-1. How do you plan to supervise and monitor program implementation?

O5-2. Will this differ from ways you have supervised previous programs?

O5-3. What staff will you use to supervise programs?

O5-4. How do you plan to monitor what occurs at six and twelve months of voluntary placement?

6. Problem resolution

O6-1. Do you think the plans for this project are realistic and/or practical? Why?
O6-2. Have you encountered any problems during your planning phase of this project?

O6-3. How did you (do you plan to) solve those issues?

O6-4. What future problems do you anticipate as implementation progresses?

O6-5. What steps are you taking to find solutions to these anticipated problems?

**Contextual Factors Influencing Implementation**

4. **Political factors**

C4-1. Are there any political issues that impact your agency’s ability to implement this program? (Explain.)

C4-2. Are there any mandated issues that interfere with implementation of your program? (Explain.)
C4-3. Does your agency’s relationship with the California Department of Social Services in any way influence your program implementation? How?

C4-4. Does your agency’s relationship with the county Board of Supervisors have an impact on your agency’s ability to implement this program? How?

C4-5. How does your agency’s relationship with the courts influence your program implementation?

C4-6. 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 political groups?

C4-7. Do racial issues in any way impact your agency’s ability to implement this program?

4. Implementation strategies – CWS/CMS implementation status

O4-9. Describe your agency’s history with using the CWS/CMS system.

O4-10. Describe efforts to further integrate use of CWS/CMS in your agency.
Second Site Visit
(6 months after implementation)

Focus Group/Interview(s) with Program Administrators

Organizational Structure

4. Implementation strategies

O4-11. What is the current status of your Extended Voluntary Placement Program implementation?

O4-1.A As implementation of your Extended Voluntary Placement Program progresses, have you
needed to revise your selection process for families entering the voluntary placement
extension? (Review flow chart discussed with county program staff at last site visit).

O4-1.A.i Why were these changes made?

O4-1.B Have you revised your selection criteria since our last site visit? (Refer to county participant
eligibility check list) (to O1-7.A.)

O4-1.B.i Why were these changes made?
5. **Oversight and monitoring**

*O5-1.A. What are your current methods for supervising and monitoring implementation of your Extended Voluntary Placement Program?*

6. **Problem resolution**

*O6-6. As you have begun to implement your Extended Voluntary Placement Program, what difficulties have you encountered?*

O6-3.A. Have you been able to resolve the difficulties you have encountered thus far?

O6-3.A.i If so, how?

O6-3.A.ii If not, how do you plan to address the difficulties you have encountered?

*O6-7. Have you encountered any difficulties that have impacted the timing of your program implementation, such as issues relating to your MOU or other difficulties?*

O6-7.A. If so, please describe.

O6-7.B. How did you (do you plan to) resolve the issues?
Service Factors

1. Characteristics, roles, training of staff

S1-1. What staff are involved in providing direct services to clients involved in your Extended Voluntary Placement Program?

S1-2. What are the typical roles of staff who provide direct services to clients involved in your Extended Voluntary Placement Program?

S1-2.A. Child Welfare Workers?

S1-2.B. Eligibility Technicians?

S1-2.C. Other direct service staff?

S1-3. Have you provided any specific training for direct service staff who will be involved your Extended Voluntary Placement Program? (Describe.)

S1-4. Do you plan to provide any training in the future to direct service staff involved in your Extended Voluntary Placement Program?
S1-5. What ongoing training is available to direct service staff involved in your Extended Voluntary Placement Program?

Organizational Structure

7. Level of acceptance among field staff

07-1. What are your observations about the level of acceptance among direct service staff for the Extended Voluntary Placement Component?

O7-1.A. What issues or concerns have direct service staff raised about this Component?

O7-1.B. What barriers have direct service staff suggested that may get in the way of program success?

O7-1.C. What benefits have direct service staff suggested that the Component will bring to participating children and families or the agency?

O7-1.D. Do you have any concerns about the level of acceptance among direct service staff for this Component?
Contextual Factors Influencing Program Implementation/Effectiveness

1. Social and economic factors at the client level

C1-1. Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your county’s ability to implement the Extended Voluntary Placement Program?

For example, do any of the following factors have a significant positive or negative impact on your Extended Voluntary Placement Program?

C1-1.A. Client presenting problem(s)?

C1-1.B. Client family composition?

C1-1.C. Client education level?

C1-1.D. Ethnic and/or cultural issues?

C1-1.E. Client employment status?

C1-1.F. Client income level?

C1-1.G. Other factors?
2. Community and neighborhood resources

C2-1. Do the social and/or economic characteristics of the communities you serve have an impact on your county’s ability to implement the Extended Voluntary Placement Program?

For example, do any of the following factors in the communities you serve challenge or enhance the implementation of your Extended Voluntary Placement Program?

C2-1.A. Employment availability?

C2-1.B. Access to affordable child care?

C2-1.C. Access to convenient, reliable transportation?

C2-1.D. Safety concerns?

C2-1.E. Other factors?

C2-2. Please describe the community and neighborhood resources that are available to support your Extended Voluntary Placement Program.

C2-3. How does the availability of community and neighborhood resources impact your Extended Voluntary Placement Program?
2. Social and economic factors at county, state and federal levels

C3-1. Can you describe the culture of your agency?

C3-2. How does the culture of your agency influence implementation of your Extended Voluntary Placement Program?

C3-3. Are there any new programs or resources available within your agency that have an impact on your Extended Voluntary Placement Program? (Describe.)

C3-4. Are there any other social or economic factors within your agency or county that impact on your ability to implement this new program?

C3-5. Are there any other social or economic factors within your agency or county that impact on your ability to provide services to your target population?

C3-6. Are there any social or economic factors at the state or federal levels that have had an impact on your Extended Voluntary Placement Program to date?

C3-7. Are there any social or economic factors at the state or federal levels that you expect will have an impact on your Extended Voluntary Placement Program in the future?
3. **Political factors**

*C4-1.A. As implementation of your Extended Voluntary Placement Program progresses, are there any political issues that are positively or negatively impacting your program?*

For example, do any of the following political factors or forces have an impact on your program implementation?

**C4-1.A.i.** Any mandated issues?

**C4-1.A.ii.** Your agency’s relationship with California Department of Social Services?

**C4-1.A.iii.** Your county Board of Supervisors?

**C4-1.A.iv.** The courts?

**C4-1.A.v.** Other political forces such as organized labor, the media, or other political groups?

**C4-1.A.vi.** Racial issues?

**C4-1.A.vii.** Other political issues?
C4-9. How does the court calendar currently operate for children in adjudicated placements?

C4-9.A. What event starts the clock ticking?

C4-9.B. What happens when the time runs out?

C4-10. How does the court calendar currently operate for children who transition from voluntary placement to adjudicated placements?

C4-10.A. What event starts the clock ticking?

C4-10.B. What happens when the time runs out?

C4-11. Are there any issues relating to the design of the demonstration project and evaluation that have an impact on your Extended Voluntary Placement Program implementation?

C4-11.A. For example, does the number of slots allotted to your county in any way influence your program implementation?

C4-11.B. Are there any other program or evaluation requirements that currently impact your program implementation?

C4-12. Are there any issues relating to the design of the demonstration project and evaluation that you expect will have an impact on your Extended Voluntary Placement Program as implementation progresses?
4. **Type and duration**

The following questions pertain to families who have received voluntary placement services from your agency within the past few years:

**S2-12.** *To what extent have the families of voluntarily placed children been self-referred (as opposed to identified by agency staff)?*

**S2-13.** *What would the outcome have been in the majority of cases if families had not been willing to accept voluntary placement services?*
Initial Process Meeting with Comparison Counties

Service Factors

2. Type and duration

[C] S2-1.A. Please describe your county’s recent history (within the past 10 years) with providing voluntary placement services.

[C] S2-1.B. Please describe your current voluntary placement services.

[C] S2-1.C. How does your county decide which families will be offered voluntary placement?

[C] S2-3.A. How do these families differ from families receiving court ordered services?

[C] S2-5.  Describe the services to families.

[C] S2-6.  Do clients understand that the process is voluntary?

[C] S2-12. To what extent have the families of voluntarily placed children been self-referred (as opposed to identified by agency staff)?

[C] S2-13. What would the outcome have been in the majority of cases if families had not been willing to accept voluntary placement services?

[C] S2-7.  How do you monitor the duration of voluntary placements (strictly vs. loosely)?

[C] S2-8.  What do you do when cases begin to approach six months?
[C] S2-9. *What outcomes are reached at six months?*

[C] S2-9.A. Do children return home?

[C] S2-9.B. Do children transition to dependency status?

[C] S2-9.C. Are informal placement arrangements made?

[C] S2-9.D. Have you ever found ways to extend the voluntary placement beyond six months? How?

[C] S2-10. *How do you handle transitions to dependency?*

[C] S2-10.A. Is there a change in worker?

[C] S2-10.B. How does the court respond to these cases?
Contextual Factors

4. Political Factors

[C] C4-9. How does the court calendar currently operate for children in adjudicated placements?

[C] C4-9.A. What event starts the clock ticking?

[C] C4-9.B. What happens when the time runs out?

[C] C4-10. How does the court calendar currently operate for children who transition from voluntary placement to adjudicated placements?

[C] C4-10.A. What event starts the clock ticking?

[C] C4-10.B. What happens when the time runs out?
Service Factors

2. Type and Duration

[C] S2-11. For what reasons are voluntary placement services not more fully utilized in your county?

1. Characteristics, roles, training of staff

[C] S1-1. What staff are involved in providing direct services to clients in your voluntary placement program?

[C] S1-2. What are the typical roles of staff who provide direct services to clients involved in your voluntary placement program?

[C] S1-2.A. Child Welfare Workers?

[C] S1-2.B. Eligibility Technicians?

[C] S1-2.C. Other direct service staff?
[C] S1-3. **What training is available to direct service staff who provide voluntary placement services?**

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**Organizational Structure**

7. Level of acceptance among field staff

[C] O7-1. **What are your observations about the level of acceptance among direct service staff for voluntary placement services?**

---

3. Funding committed

[C] O3-1.A. **What funding sources do you currently use to pay for voluntary placements and accompanying services to families?**

[C] O3-1.B. **For federally eligible children?**

[C] O3-1.C. **For non-federally eligible children?**
Contextual Factors

1. Social and economic factors at the client level

[C] C1-1.  Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your county’s ability to provide voluntary placement services?

For example, do any of the following factors have a significant positive or negative impact on your county’s ability to provide voluntary placement services?

[C] C1-1.A.  Client presenting problem(s)?

[C] C1-1.B.  Client family composition?

[C] C1-1.C.  Client education level?

[C] C1-1.D.  Ethnic and/or cultural issues?

[C] C1-1.E.  Client employment status?

[C] C1-1.F.  Client income level?

[C] C1-1.G.  Other factors?
2. Community and neighborhood resources

[C] C2-1.  *Do the social and/or economic characteristics of the communities you serve have an impact on your county’s ability to provide voluntary placement services?*

For example, do any of the following factors in the communities you serve challenge or enhance your county’s ability to provide voluntary placement services?

[C] C2-1.A.  Employment availability?

[C] C2-1.B.  Access to affordable child care?

[C] C2-1.C.  Access to affordable, reliable transportation?

[C] C2-1.D.  Safety concerns?

[C] C2-1.E.  Other factors?

[C] C2-2.  *Please describe the community and neighborhood resources that are available to support your voluntary placement program.*
How does the availability of community and neighborhood resources impact your county’s ability to provide voluntary placement services?

3. Social and economic factors at county, state and federal levels

Can you describe the culture of your agency?

How does the culture of your agency influence your agency’s ability to provide voluntary placement services?

Are there any new programs or resources available within your agency that have an impact on your voluntary placement program? (Describe.)

Are there any other social or economic factors within your agency or county that impact on your agency’s ability to provide voluntary placement services?

Are there any social or economic factors at the state or federal levels that have an impact on your agency’s ability to provide voluntary placement services?
4. Political factors

[C] C4-1. Are there any political issues that positively or negatively impact your agency’s ability to provide voluntary placement services? (Explain.)

[C]C4-1.A.i. Any mandated issues?

[C]C4-1.A.ii. Your agency’s relationship with California Department of Social Services?

[C]C4-1.A.iii. Your county Board of Supervisors?

[C]C-4.A.iv. The courts?

[C]C-4.A.v. Other political forces such as organized labor, the media, or other political groups?

[C]C-4.A.vi. Racial issues?

[C]C-4.A.vii. Other political issues?
Exit Interview

What are the factors that contributed to your agency’s decision to withdraw from the Extended Voluntary Placement Component?

• Political factors?

• Social factors?

• Economic factors?

How did the culture of your agency influence the decision to withdraw from the EV Component?

How did staff acceptance of the EV Component impact your agency’s decision to withdraw?

How did the availability of resources within your county or agency impact on your agency’s decision to withdraw?
How did issues at the state or federal levels influence your agency’s decision to withdraw?

To what extent did issues relating to the design of the demonstration project and evaluation impact on your agency’s decision to withdraw from the EV Component?

When was the decision to withdraw from the EV Component made?

What agency staff was involved in the decision to withdraw?

How long did your agency consider withdrawing before the final decision was made?

What other potential solutions were discussed?

What steps could CDSS and/or the evaluation team have taken to assist your agency with resolving the barriers to your agency’s participation in the EV Component?
Are there any suggestions you would like to make regarding implementation and evaluation of the EV Component?

Any final comments?
From: Janet Garland, Social Service Consultant III
IV-E Waiver Unit
Extended Voluntary Placement Component
(916) 322-5366 E-Mail –jgarland@dss.ca.gov.

To: Program Contact-Extended Voluntary Placement Component

Message: I am doing a survey prior to our next consortium meeting. It is very important that you assist CDSS with the information provided below. Additionally, I would like to explore with you the feasibility of a line child welfare worker attending the upcoming meeting as a direct resource as to how workers are approaching parents with the voluntary placement agreement, etc. Have the worker share with you if possible what the barriers are in reality. Please review these issues and respond back to me either by e-mail or by phone by Thursday, September 2, 1999. Your assistance will be greatly appreciated.

Questions:

1. How can CDSS maintain the counties interest in the Project?
2. What does your county think are the barriers which are preventing the workers from selecting cases for voluntary placement consideration?
3. Since your county has had approximately six months or more to plan for this component (implementation was 12/1/98), how does your team/committee/staff now determine which cases are going to be appropriately referred as an extended voluntary placement case?
4. What approach are the line workers using or will use when they discuss the voluntary placement agreement? Discuss/state exactly what the workers are saying to the parent(s).
5. Hopefully, you have personally spoken to or plan to speak with some of your line staff directly prior to the next consortium meeting with a better understanding about their understanding of this component. Why do you think the staff has not been using the component since the Project started?
6. How do you think your county can make this component work?

Thank You.
1. In March 1999, our data show that your agency handled 23 voluntary placement cases. Is this number accurate? If not, how many voluntary placements do your agency records show for the month of March 1999?

2. How many voluntary placement cases did your agency handle in total in the calendar year 1998?

3. Tell me about the last 5 voluntary placement cases your agency handled:
   - What were the child’s characteristics?
     - Age?
     - Gender?
     - Ethnicity?
     - Medical, developmental or behavioral problems?
     - Other characteristics?
   - Family characteristics?
     - Single parent vs. two parent?
     - Other children in voluntary care?
     - Previous child welfare history?
     - Other characteristics?
   - Reason for entry to care?
     - Neglect?
     - Physical abuse?
     - Sexual abuse?
     - Caretaker absence? Reason?
     - Other reason?
   - Reason for exit from care?
     - Reunification?
     - Emancipation?
     - Adoption?
     - Other?
   - How many months was the child in voluntary placement? How many months in placement, in total?
   - Who initiated the placement?
     - Family contacted agency?
     - Agency investigated family?

4. Have any of your voluntary placement cases continued in care beyond six months? How many in the 1998 calendar year? Tell me about the last such case your agency handled:
   - What characteristics distinguish this case from those in shorter-term care?
   - What characteristics distinguish this case from those that are referred to court at the outset?
   - What other characteristics describe this case? (See Question #3 prompts).

5. On the whole, have the voluntary placement services provided by your agency been successful? Explain.
A. IMPLEMENTATION STATUS

1. When did (will) implementation begin?

2. When did you assign (when do you anticipate assigning) your first case to the Family Conferencing component?

B. FAMILY CONFERENCING UNDER THE WAIVER

1. What is your target population?

   a. At what point in the intervention process is the model used?

   b. Who do you intend to bring into the study (the target child, all the children in the family)?

2. Please describe in detail the process you will use to enroll families in the Family Conferencing Study.

3. What is your intervention: Family Conferencing or Family Conferencing plus services?
4. When does a child exit the study?

5. What services do you plan to provide (either directly or through referral) as a result of your agency’s participation in Family Conferencing?

   a. Do you expect that the experimental group will receive “unique” services generated by the family conference? Can you give us some examples?

6. What outcomes of the Family Conference do you anticipate (e.g. reunification, placement with kin, long-term foster care, etc)?

C. LEVEL OF COURT INVOLVEMENT AND ACCEPTANCE

   1. Please describe your Family Conferencing program’s relationship with the court.

   2. What efforts have you made to develop this connection?
3. Is the court receptive to the study?

4. How will potential conflicts with the court be resolved?

D. FUNDING COMMITTED

1. When did (will) your funding for the Family Conferencing component begin?

2. What is your current funding structure for Family Conferencing services?
   a. For federally eligible children?

   b. For non-federally eligible children?

3. What changes will occur to your funding structure with implementation of the Family Conferencing Component?
4. Do you anticipate using other funding sources to supplement Title IV-E funds for your Family Conferencing program? (describe)

E. COST BENEFIT/COST NEUTRALITY

1. See Cost Worksheets.

F. PHILOSOPHY OF THE CURRENT MODEL

1. What is your model’s statement of purpose or mission?

2. What is the philosophical basis of your family conferencing model?

3. What is the model’s theory of change?

4. What definition of “family” does the model employ?

G. LOGISTICS

1. Who arrangements the conference?

2. How are potential participants identified, contacted and prepared?
3. Who facilitates the conference?

4. How much time is allocated for each conference?

5. How many conferences is a family allowed to have? (i.e. if one conference fails to reach an agreement, is another scheduled)?

6. Where are the conferences held?

7. At what time of day are the conferences held?

8. Do you observe cultural rituals? How?

9. Do you offer refreshments?

H. CONFERENCE PARTICIPATION

1. Who is included/excluded from the conference?

2. Who has final say regarding participation?
3. Is participation voluntary or mandatory (For family members? For professionals? For community members?)

4. Are there certain individuals who must be present to proceed?

5. How do you handle “no-shows” or cancellations? (family members, professionals, community members?)

6. Do children participate? If not, can she/he send a representative (e.g. a therapist or attorney)?

I. ROLE OF PROFESSIONALS

1. What role(s) do participating professionals play in the conference?

2. What kind of information are professionals expected to provide to the family?

3. Does the model include a formal “strengths assessment” phase?

4. Do participating professionals make recommendations to the family?
J. FAMILY DELIBERATION

1. Does the model include a private family deliberation phase? If no, please explain why not.

2. Are professionals ever allowed in the private family deliberation phase, e.g., facilitator, therapist, probation officer, attorney, etc.?

3. Who has final say regarding the acceptability of the family plan?

4. What role, if any, do conference participants play in oversight and monitoring of the plan?

5. What happens if the plan “fails?” (e.g. a new report of abuse, disruption of a placement, etc.) Is the conference reconvened?

K. VULNERABLE POPULATIONS

1. Do you plan to use family conferencing with cases of incest or child sexual abuse?
2. Do you plan to use family conferencing with families affected by domestic violence?

3. Do you plan to use family conferencing with participants who have developmental disability or serious mental health issues?

L. OBSERVATION

1. Would you be willing to allow us to observe some family conferences?

M. HISTORY OF FAMILY CONFERENCING SERVICES IN COUNTY (PRE-WAIVER)

1. How were you introduced to Family Conferencing as an intervention?

2. Did your county offer Family Conferencing services to families prior to implementation of this IV-E Waiver Family Conferencing project?

   a. What are the reasons why this type of service was not offered?
3. If “yes” to #2: What Family Conferencing model did you use (e.g., target population, methods)? Did your county adopt or develop a specific model? Did you develop written protocols? (May we have a copy?)

4. Who, if anybody on your staff, has received training in this model (e.g. case managers, eligibility workers, conference coordinators, management)? Please describe the training.

5. If “yes” to #2: Did you conduct an evaluation of your earlier program? If so, would you share the results with us? If not, what were your impressions of the program’s successes and challenges?

6. In what ways do you believe Family Conferencing can help your clients?

7. What is your vision of the long-term role of Family Conferencing as an intervention in your county?
8. What barriers do you expect to encounter that may affect your ability to provide appropriate services to clients receiving the Family Conferencing study?

9. What other basic information about Family Conferencing do you feel we should know at the outset of this study?

N. STAFFING STRUCTURE

1. Has planning and/or implementation of the Family Conferencing study required any staffing changes in your agency? If no, skip to #3. If yes, in what ways?

2. Why were these changes made?

3. How do you anticipate the staffing structure may change over the course of the IV-E project?
4. How are direct service staff responding to the Family Conferencing study?

5. Have they raised issues or concerns? If so, what?

6. Would you be willing, at a later date, to allow us to conduct a focus group with some of the involved direct service staff?

O. IMPLEMENTATION PLANNING

1. When did planning for the Family Conferencing Component begin?

2. Do you have an internal planning group? If yes, answer questions 3-10 below. If not, what process have you used to make decisions and develop this program?

3. Who makes up your planning group and how did you select the membership?
4. Did this group exist prior to your planning for the Family Conferencing Component of the IV-E Waiver Project? If no, skip to Section C.

5. Is this group involved in planning other programs in your county? If so, which ones?

6. How often does the group meet to plan this project and how many meetings have you had so far?

7. How have planning group members responded to the Family Conferencing Project?

8. Have there been any changes in the make-up of your planning group since planning for this Component began?
9. Have there been any problems in your group process? What steps have you taken to address such problems?

10. Will this group play an ongoing role in the program after implementation?

P. LEVEL OF COMMUNITY INVOLVEMENT IN THE PLANNING PROCESS

1. Has the Family Conferencing Project used, or is it planning to use, a community-based planning or advisory group? If so, who makes up that group? If not, skip to Section E.

2. How did you select the members of this planning group?
3. Did this planning group exist prior to your planning for the Family Conferencing study?

4. Is this group involved in advising or planning other programs in your county?

5. What kinds of decisions has this group made? How much power do they have?

6. Have there been any changes in the make-up of this group since planning for the study began? If so, explain how.

7. Have there been any problems in your group process? If yes, what steps have you taken to address such problems?
Q. LEVEL OF GENERAL COMMUNITY INVOLVEMENT AND ACCEPTANCE

1. Have you done education or outreach, or sought feedback from other community-based organizations regarding the Family Conferencing Component? If no, skip to #5.

2. If yes, have they raised issues or concerns?

3. What benefits do they think the Component will bring to participating children and families or the agency?

4. What barriers have you heard them suggest that may get in the way of the project’s success?

5. How do community and neighborhood resources impact ability to implement your program?
6. Do racial issues impact your agency’s ability to implement the program?

7. Would you be willing, at a later date, to allow us to conduct a focus group with some involved community members?

R. OVERSIGHT AND MONITORING OF THE PROCESS

1. How do you plan to supervise and monitor program implementation?

2. Will this differ from ways you have supervised previous programs?

S. PROBLEM RESOLUTION

1. Do you think the plans for this project are realistic and/or practical? Why?
2. What future problems do you anticipate as implementation progresses?

3. What steps are you taking to find solutions to these anticipated problems?

T. CWS/CMS STATUS

1. Describe your agency’s history with using the CWS/CMS system.

2. Describe efforts to further integrate use of CWS/CMS in your agency.
Second 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 implementation?

2. Is implementation on schedule? If no, why not?

3. Have you made any recent changes to your enrollment process for families enrolling in the Waiver project? (Review enrollment process).
   a. What changes were made?

4. Have you made any recent changes to your family selection criteria for the Waiver project? (Review selection criteria).
   a. What changes were made?

5. Have you made any recent changes to the intervention you plan to deliver?
   a. What changes were made?
Oversight and Monitoring - Program

1. What are your current methods for supervising and monitoring implementation of your Waiver Family Conferencing program?

2. How are family plans monitored once they have been put into place?

3. What role, if any, do community participants play in guiding your Waiver Family Conferencing program?

4. Do these methods differ from methods you have used to oversee previous programs? (Describe.)

Oversight and Monitoring - Evaluation

1. What are your current methods for obtaining informed consent?

2. What steps are you taking to ensure that families in the control group do not receive a Family Conference at any time before the project ends in December 2003?
3. What are your plans for long-term monitoring of control group integrity?

**Problem Resolution**

1. As you have begun to implement your Waiver Family Conferencing program, what difficulties have you encountered?

2. 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?

3. Have you encountered any difficulties that have impacted the timing of your Waiver Family Conferencing program implementation?
   a. If so, please describe.
   
   b. How did you (do you plan to) resolve these issues?
Level of Acceptance Among Field Staff

1. What are your observations about the level of acceptance among direct service staff for your Waiver Family Conferencing program?

2. What issues or concerns have direct service staff raised about this component?

3. What barriers have direct service staff suggested that may get in the way of program success?

4. What benefits have direct service staff suggested the program will bring to participating children and families or the agency?

5. Do you have any concerns about the level of acceptance among direct service staff for this program?

Staffing structure

1. Has planning and/or implementation of your Waiver Family Conferencing program required any staffing changes in your agency? (Describe.)
   a. If so, how were changes made?
Title IV-E Waiver – Family Conferencing Component – Process Study

Service Factors

Characteristics, roles, training of staff

1. What staff are involved in providing direct services to clients involved 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 provide any training in the future to direct service staff involved in your Waiver Family Conferencing program? (Describe.)

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

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

6. Do you plan to provide any training in the future to facilitators involved in your Waiver Family Conferencing program? (Describe.)
Type and duration

1. What services are you providing (direct or indirect) as a result of your agency’s Waiver Family Conferencing program?

2. How do services for experimental and control families differ?

3. Will the experimental group be receiving “unique” services generated by the family conference?
   a. If so, what are these “unique” services?
   b. Have experimental group families received any “unique” services thus far? (Describe.)

4. What services do you anticipate being provided to client families by family and community support persons attending family conferences?
   a. What services have family and community support persons provided to experimental group families thus far?
Timelines and scheduling

1. Once a family has been identified as appropriate for your Waiver Family Conferencing program, what is the timeframe for scheduling the conference?

2. How soon after a family conference is the family plan
   a. Finalized?
   b. Implemented?

3. When do children exit the experimental intervention?
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 county’s ability to implement your Waiver Family Conferencing program?

   Is the impact positive or negative?

   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 factors?
Community and neighborhood resources

1. Do the social and/or economic characteristics of the communities you serve have an impact on your county’s ability to implement your Waiver Family Conferencing 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 your Waiver Family Conferencing program.

3. How does the availability of community and neighborhood resources impact your Waiver Family Conferencing 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 implementation of your Waiver Family Conferencing program?

3. Are there any new programs or resources available within your agency that have an impact on your Waiver Family Conferencing program? (Describe.)

4. Will non-IV-E funding sources be used to implement your Waiver Family Conferencing program? If so, what are these sources?

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

6. Are there any other social or economic factors within your agency or county that impact on your ability to provide services to your target population?
7. What is the current status of your Family Conferencing program implementation outside of the Waiver project?

8. About how many non-Waiver Family Conferences has your agency provided to date?

9. Describe your future plans for implementing non-Waiver Family Conferences in your agency.

10. Are there any social or economic factors at the state or federal levels that have had an impact on your Waiver Family Conferencing program to date?

11. Are there any social or economic factors that you expect will have an impact on your Waiver Family Conferencing program in the future?

**Political Factors**

1. As implementation of your Waiver Family Conferencing program progresses, are there any political issues that are positively or negatively impacting your program?

For example:

a. Any 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. Are there any issues related to the design of the demonstration project and evaluation that have an impact on your Waiver Family Conferencing program implementation?

3. Are there any issues related to the design of the demonstration project and evaluation that you expect will have an impact on your Waiver Family Conferencing program as implementation progresses?
Initial 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 Family Conferencing program.

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

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

**Timelines and Scheduling**

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

2. How does this timeframe affect your ability to provide services to Waiver Family Conference clients?
Type and duration

1. What types of services have you helped families involved in the Waiver Family Conferencing program to access within the past year?

   a. General services? *(including case management, visitation coordination and monitoring)*

   b. Childcare?

   c. Concrete services? *(including food, clothing, household necessities, toys)*

   d. Health and disability services? *(including routine medical care, hearing, vision, and dental services)*

   e. Education and employment services?

   f. Housing services?

   g. Life skills and support services?
h. Therapeutic services?

i. Substance abuse services?

2. How do the services you provide to families participating in Waiver family conferences differ from the services you provide to families on your caseload who are participating in the Waiver control group?

3. What types of services do you anticipate being provided to client families by family and community support persons attending Waiver family conferences?

   a. What services have family and community support persons provided to families in the Waiver Family Conferencing program so far?

4. How do the services you provide to families participating in Waiver family conferences differ from the services you provide to other families on your caseload who have received a family conference through your agency’s non-Waiver family conference program?
Oversight and Monitoring

1. How do you monitor the progress of families enrolled in the Waiver Family Conferencing 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?

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 Group Conference, what benefits do Waiver Family Group Conferences offer to:
   b. Your agency? (Explain)
2. When compared to families who do not receive a Family Group Conference, what problems are associated with Waiver Family Group Conferences that affect:


   b. 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 child welfare workers’ ability to provide services to the experimental group families in your county’s Waiver Family Conferencing 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 child welfare workers’ ability to provide services to the experimental group families in your Waiver Family Conferencing 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 the families in your county’s Waiver Family Conferencing program?

3. How does the availability of community and neighborhood resources impact families in your county’s Waiver Family Conferencing 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 experimental group families in your county’s Waiver Family Conferencing program?

3. Are there any other social or economic factors within your agency or county that impact on your ability to provide services to the experimental group families in your county’s Waiver Family Conferencing program?
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 the experimental group families in your county’s Waiver Family Conferencing program?

5. Are there any social or economic factors that you expect will have an impact on your ability to provide services to the experimental group families in your county’s Waiver Family Conferencing program in the future?

**Political Factors**

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

   For example:

   a. Any 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. 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 experimental group families in your Waiver Family Conferencing program?

3. Are there any issues related to the design of the demonstration project and evaluation that you expect will have an impact on your ability to provide services to experimental group families in your Waiver Family Conferencing program as implementation progresses?
Child Welfare Staff Survey

Please take a few moments to complete this questionnaire regarding child welfare worker 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 many years have you worked for your agency?

4. How many years have you been practicing in your current role in your agency?

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

6. How many of your current cases are involved in your agency’s Waiver family conferencing program in the experimental group?
7. How many of your current cases are involved in your agency’s Waiver family conferencing program in the control group?

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

9. What is your highest level of education?

10. In what year did you complete your formal education?

11. Have you completed any specific training for your agency’s Waiver Family Conferencing program? (Describe).

12. Do you plan on attending trainings on Family Conferencing in the future? (Describe).
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* Mean number of enrollments per month (to nearest whole number) since month of first enrollment in county.

“All Family Conferencing” represents sum of means for participating Family Conferencing counties. Some values and totals may appear inaccurate due to rounding.
Wraparound Component

I. Target Population

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

2. Is this a different target population from your original target population?

3. What are the criteria for their selection?

4. Why are you targeting this group?

II. Services (linked to Section V; and #35)

5. Describe in detail your wraparound intervention, including the services you will be providing.

6. Describe the services received by the comparison group.

7. How long do you expect children to be in wraparound?

8. How long do you expect children to receive comparison group services?

III. Implementation

Status

9. What is the current status of your implementation?

Process

10. Describe the process that takes place when a child enters the project.

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

12. Describe the membership of the children and family team.

13. Describe the role and process of the children and family team.


15. Describe the level of integration between the children and family team and the child welfare worker.
16. Describe the process for developing a crisis/safety plan for children and families.

17. Describe the process for developing a services/support plan for children and families.

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

**Difficulties/Solutions**

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

20. 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?

21. Have you encountered any difficulties that have impacted the timing of your program implementation, such as issues relating to your MOU or other difficulties?

   a. If so, please describe.

   b. How did you (do you plan to) resolve the issues?

**Supervising and Monitoring**

22. What are your current methods for supervising and monitoring implementation of your program?

   a. What are some of the barriers, issues, and/or concerns you’ve encountered?

   b. What strategies have you employed to overcome the barriers?

**Staff Attitudes (wraparound providers, child welfare workers, and direct service staff)**

23. What are your observations about the level of acceptance among direct service staff for the program?

   a. What issues or concerns have direct service staff raised about this program?

   b. What barriers have direct service staff suggested that may get in the way of program success?

   c. What benefits have direct service staff 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?

IV. Staffing

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

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

26. Have you provided any specific training for direct service staff who will be involved in your program? (Describe.)

27. Do you plan to provide any training in the future to direct service staff involved in your program?

28. What ongoing training is available to direct service staff involved in your program?

V. Funding (linked to Section II; and #35)

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

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

31. 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)?

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

VI. CWS/CMS Compliance

33. Describe your agency’s compliance with the CWS/CMS system: (1) general and (2) Phase I Data Needs.

34. What are the primary barriers, if any, related to compliance with the CWS/CMS system?

35. How are you addressing/overcoming barriers and facilitating the use of the CWS/CMS system as it relates to Waiver Project.
VII. Client Characteristics

36. Do the social and/or economic characteristics of your county’s child welfare client population in any way impact your county’s ability to implement the program?

37. 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

38. Do the social and/or economic characteristics of the communities you serve have an impact on your county’s ability to implement your program?

39. 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?

40. Please describe the community and neighborhood resources that are available to support your program.
41. How does the availability or community and neighborhood resources impact your program?

IX. Agency/County Factors

42. Can you describe the culture of your agency?

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

44. Are there any new programs or resources available within your agency that have an impact on your program? (Describe.) (linked to Section II, V; and #35)

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

46. Are there any other social or economic factors within your agency or county that impact on your ability to provide services to your target population?

X. State Factors

47. Are there any social or economic factors at the state level that have had an impact on your program to date?

48. Are there any social or economic factors at the state level that you expect will have an impact on your program in the future?

XI. Federal Factors

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

50. Are there any social or economic factors at the federal level that you expect will have an impact on your program in the future?

XII. Political Factors

51. As implementation of your program progresses, are there any political issues that are positively or negative impacting your program?

52. Are there any mandated programs, regulations, etc. that interfere with implementation of your program?
53. Does your agency’s relationship with the CDSS in any way influence your program implementation? How?

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

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

56. 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?

57. Do unique demographic factors (e.g., language needs, etc.) of client populations in any way impact your agency’s ability to implement this program?

XIII. Evaluation Factors

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

   a. For example, does the number of slots allotted to your county in any way influence your program implementation?

   b. Are there any other program or evaluation requirements that currently impact your program implementation?

59. Are there any issues relating to the design of the demonstration project and evaluation that you expect will have an impact on your [Intensive Services] program as implementation progresses?

XIV. Conclusion

60. Are there any issues/barriers that you see for the next six months to a year? Solutions?

61. Is there anything you feel should be discussed that was not covered in the questions?
**Intensive Services-Wraparound: Implementation issues and contexts**

<table>
<thead>
<tr>
<th><strong>Target Population</strong></th>
<th><strong>Alameda</strong></th>
<th><strong>Humboldt</strong></th>
<th><strong>Los Angeles</strong></th>
<th><strong>Sacramento</strong></th>
<th><strong>San Luis Obispo</strong></th>
</tr>
</thead>
</table>
| ƒ Children in RCL 12-14, or at risk of placement into RCL 12-14.  
  ƒ Children from the child welfare system. | ƒ Children in RCL 12-14, or at risk of placement into RCL 12-14.  
  ƒ Children from the child welfare system. | ƒ Children in RCL 12-14, or at risk of placement into RCL 12-14.  
  ƒ Children from the child welfare system. | ƒ Children in RCL 10-14, or at risk of placement into RCL 10-14.  
  ƒ Children from the child welfare and probation systems. | ƒ Children in RCL 10-14, or at risk of placement into RCL 10-14.  
  ƒ Children from the child welfare and probation systems. |

<table>
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<tr>
<th><strong>Wraparound Model Description</strong></th>
<th><strong>Alameda</strong></th>
<th><strong>Humboldt</strong></th>
<th><strong>Los Angeles</strong></th>
<th><strong>Sacramento</strong></th>
<th><strong>San Luis Obispo</strong></th>
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</thead>
</table>
| ƒ Child and family team approach.  
  ƒ Team members include individuals determined by the child/family and professionals.  
  ƒ Facilitation and case management provided by private wraparound providers.  
  ƒ Services depend on the child and family’s needs.  
  ƒ Strengths-based, flexible use of funding. | ƒ Child and family team approach.  
  ƒ Team members include individuals determined by the child/family and professionals.  
  ƒ Facilitation and case management provided by county child welfare and mental health.  
  ƒ Services depend on the child and family’s needs.  
  ƒ Strengths-based, flexible use of funding. | ƒ Child and family team approach.  
  ƒ Team members include individuals determined by the child/family and professionals.  
  ƒ Facilitation and case management provided by private wraparound providers.  
  ƒ Services depend on the child and family’s needs.  
  ƒ Strengths-based, flexible use of funding. | ƒ Child and family team approach.  
  ƒ Team members include individuals determined by the child/family and professionals.  
  ƒ Facilitation and case management provided by private wraparound providers.  
  ƒ Services depend on the child and family’s needs.  
  ƒ Strengths-based, flexible use of funding. | ƒ Child and family team approach.  
  ƒ Team members include individuals determined by the child/family and professionals.  
  ƒ Facilitation and case management provided by private wraparound providers.  
  ƒ Services depend on the child and family’s needs.  
  ƒ Strengths-based, flexible use of funding. |

<table>
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<tr>
<th><strong>Total # of Children Enrolled (study &amp; siblings)</strong></th>
<th><strong>Alameda</strong></th>
<th><strong>Humboldt</strong></th>
<th><strong>Los Angeles</strong></th>
<th><strong>Sacramento</strong></th>
<th><strong>San Luis Obispo</strong></th>
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</thead>
</table>
| Total (study & sibs): 173  
  Experimental Study: 85  
  Experimental Sibs: 34  
  Control Study: 51  
  Control Sibs: 5 | Total (study & sibs): 7  
  Experimental Study: 6  
  Experimental Sibs: 0  
  Control Study: 1  
  Control Sibs: 0 | Total (study & sibs): 25  
  Experimental Study: 13  
  Experimental Sibs: 3  
  Control Study: 8  
  Control Sibs: 1 | Total (study & sibs): 113  
  Experimental Study: 66  
  Experimental Sibs: 9  
  Control Study: 37  
  Control Sibs: 1 | Total (study & sibs): 4  
  Experimental Study: 3  
  Experimental Sibs: 0  
  Control Study: 1  
  Control Sibs: 0 |

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<th><strong>Implementation Barriers</strong></th>
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<th><strong>Los Angeles</strong></th>
<th><strong>Sacramento</strong></th>
<th><strong>San Luis Obispo</strong></th>
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</table>
| ƒ Staff turnover and the dearth of replacements.  
  ƒ Various issues regarding the use of a capitated rate for funding. | ƒ Issues around the county being the service provider for both groups.  
  ƒ Philosophy, language, and connection barriers between the public agencies involved. | ƒ Finding staff that “fit” the wraparound approach has been difficult.  
  ƒ Trainings have not been offered regularly. | ƒ Initially requiring that children have a family to go home to eliminated approximately 80% of the target population.  
  ƒ Staff turnover and the dearth of replacements.  
  ƒ Educating staff and families on the use of flexible-funds. | ƒ Education and training for the “paradigm” shift.  
  ƒ Managing the expectations versus reality. |
### Staffing Structure

- **Alameda**
  - Wraparound providers use a team approach, with each provider having several teams.
  - Generally, teams include and MSW case manager, a community resource specialist, and support staff.
  - CFT facilitation is provided by another team’s case manager.
  - Each agency has a program manager and clinical supervisor.

- **Humboldt**
  - The program is staffed by child protective services and mental health services social workers and supervisors who are assigned to the program.

- **Los Angeles**
  - Wraparound providers use a team approach, although team members do not have the same caseload—this is to allow for staff replacement without loss of service to the child and family.

- **Sacramento**
  - Wraparound providers use a team approach.
  - Teams usually consist a case manager, family specialists, and parent partners.

- **San Luis Obispo**
  - A team approach is used combining public and private service providers.
  - Teams usually consist of case managers (public), facilitators, in-home counselors, community resource coordinators (all private).

### Services Provided

- **Alameda**
  - Services are individualized and vary as determined by the plan developed by the Child and Family Team.
  - Formal and informal services fall under the rubrics of concrete, therapeutic, and case management services.

- **Humboldt**
  - Services are individualized and vary as determined by the plan developed by the Child and Family Team.
  - Formal and informal services fall under the rubrics of concrete, therapeutic, and case management services.

- **Los Angeles**
  - Services are individualized and vary as determined by the plan developed by the Child and Family Team.
  - Formal and informal services fall under the rubrics of concrete, therapeutic, and case management services.

- **Sacramento**
  - Services are individualized and vary as determined by the plan developed by the Child and Family Team.
  - Formal and informal services fall under the rubrics of concrete, therapeutic, and case management services.

- **San Luis Obispo**
  - Services are individualized and vary as determined by the plan developed by the Child and Family Team.
  - Formal and informal services fall under the rubrics of concrete, therapeutic, and case management services.

### Timelines

- **Alameda**
  - Service provision usually begins within 7 days of referral to provider.
  - Once children are enrolled, they continue to receive services until the end of the demonstration project.

- **Humboldt**
  - Service provision usually begins within 7 to 14 days of referral.
  - There is no expected timeline for length of service provision.

- **Los Angeles**
  - Service provision begins between 1 and 14 days of referral to provider.
  - There is no expected timeline for length of service provision.

- **Sacramento**
  - Service provision begins between 1 and 14 days of referral to provider.
  - The expected timeline for service provision is 18 months.

- **San Luis Obispo**
  - Service provision usually begins within 7 days of referral to provider.
  - The expected timeline for service provision is 18 to 24 months.

### Client Factors Impacting Implementation

- **Alameda**
  - The difficulty in identifying family to include in the process.
  - The high-level of disorders and difficulties children face.
  - Children are dependents so services are not really voluntary—this creates resistance to the services.

- **Humboldt**
  - Children are often in out-of-county placements making family contact and service provision difficult.
  - Low education levels.
  - The high-level of disorders and difficulties children are facing.

- **Los Angeles**
  - Language barriers exist between the children and families and providers.
  - Families socio-economic status.

- **Sacramento**
  - The difficulty in identifying family to include in the process.
  - The chaotic nature of families.
  - The high-level of disorders and difficulties children face.
  - The frequent movement of children between placements.

- **San Luis Obispo**
  - Methamphetamine use by parents and children.
  - The high-level of disorders and difficulties children face.
  - Parents emotionally disturbed as well as children.
<table>
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<th>Community and Neighborhood Factors Impacting Implementation</th>
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<th>Los Angeles</th>
<th>Sacramento</th>
<th>San Luis Obispo</th>
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<td>The expense of living in the Bay Area: housing, food, transportation.</td>
<td>The county is one of the poorest in the state—population and government.</td>
<td>Lack of community resources.</td>
<td>Housing expense and availability.</td>
<td>Lack of treatment facilities.</td>
<td>Lack of quality childcare.</td>
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<tr>
<td>There are often neighborhood safety concerns for the child and family.</td>
<td>There are no high-end group homes in the county.</td>
<td>Safety concerns for the children and families and service providers.</td>
<td>Lack of quality childcare.</td>
<td>The high cost of living expenses.</td>
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<td>Lack of quality public transportation.</td>
<td>Limited public transportation.</td>
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<tr>
<td>Tensions between the intervention model for federally eligible children and the model for state eligible children regarding the capitated rate and cost-neutrality.</td>
<td>Families are required to pay for care after reunification.</td>
<td>Effects of TANF timelimits are starting to impact families.</td>
<td>The community, including the courts and children advocacy groups, view attempts at reunification as risky.</td>
<td>California energy crisis.</td>
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<tr>
<td>Educating the courts and board of supervisors is an ongoing requirement.</td>
<td>A recent agency restructuring has altered roles and responsibilities and created tensions.</td>
<td>There is concern the change in the federal political environment will impact the availability of IV-E waivers.</td>
<td>Billing requirements for many services run counter to wraparound philosophy.</td>
<td>Additional funding sources have been helpful but categorical with many requirements for compliance.</td>
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### California IV-E Waiver
### Intensive Services Enrollment
### June 1, 1999 - May 18, 2001

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California IV-E Waiver
Intensive Services Enrollment
June 1, 1999 - May 18, 2001
## California IV-E Waiver

### Intensive Services Enrollment

**June 1, 1999 - May 18, 2001**

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### Intensive Services Enrollment

**June 1, 1999 - May 18, 2001**

| County                     | Participant Status | Month     | Exp | Con | Exp | Con | Exp | Con | Exp | Con | Exp | Con | Exp | Con | Exp | Con | Exp | Con | Exp | Con |
|----------------------------|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| **Alameda**                | Study              | Dec-00    | 4   | 1   | 6   | 4   | 3   | 1   | 5   | 2   | 1   | 1   | 1   | 0   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 4   | 1   | 6   | 4   | 3   | 1   | 5   | 2   | 1   | 1   | 1   | 0   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
| **Humboldt**               | Study              | Dec-00    | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 4   | 1   | 6   | 4   | 3   | 1   | 5   | 2   | 1   | 1   | 1   | 0   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
| **Los Angeles**            | Study              | Dec-00    | 3   | 1   | 1   | 2   | 0   | 0   | 3   | 2   | 5   | 3   | 0   | 0   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 1   | 0   | 0   | 1   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 4   | 1   | 1   | 3   | 1   | 0   | 4   | 2   | 5   | 3   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
| **Sacramento**             | Study              | Dec-00    | 3   | 1   | 24  | 14  | 3   | 0   | 3   | 1   | 2   | 1   | 5   | 2   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 0   | 0   | 2   | 1   | 1   | 0   | 1   | 0   | 2   | 0   | 1   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 3   | 1   | 26  | 15  | 4   | 0   | 4   | 1   | 4   | 1   | 6   | 2   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
| **San Luis Obispo**        | Study              | Dec-00    | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
| **San Francisco**          | Study              | Dec-00    | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            | Sibling            | Jan-01    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Feb-01    | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Mar-01    | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | Apr-01    | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |
|                            |                    | May-01    | 0   | 3   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |

### Notes
- Exp: Exploitation
- Con: Confrontation
## California IV-E Waiver
### Intensive Services Enrollment
#### June 1, 1999 - May 18, 2001

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* Mean number of enrollments per month (to nearest whole number) since month of first enrollment in county. Some values and totals may appear inaccurate due to rounding.
** Includes sibling of Project Destiny (PD) participant admitted under special arrangement: 1 Sibling (Experimental).
*** Includes sibling of SB163 participant admitted under special arrangement: 1 Sibling (Experimental).
**** Includes State eligible participants: 1 Study (Control), 1 Sibling (Experimental).