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## Fresno County: Family Conferencing Summary

**From:** April 1, 2002  
**To:** August 31, 2002

### IV-E

<table>
<thead>
<tr>
<th></th>
<th>Activity 04/01/02 to 08/31/02</th>
<th>Cumulative Total at 08/31/02</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Experimental</td>
<td>Control</td>
</tr>
<tr>
<td>Study Open</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Study Closed</td>
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<td>4</td>
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<tr>
<td>Subtotal Study Participants</td>
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<tr>
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<tr>
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<tr>
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<tr>
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</table>

### Total (IV-E and State)

<table>
<thead>
<tr>
<th></th>
<th>Activity 04/01/02 to 08/31/02</th>
<th>Cumulative Total at 08/31/02</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Control</td>
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<tr>
<td>Study Open</td>
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<td>5</td>
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<tr>
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</tr>
<tr>
<td>Sibling Closed</td>
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<td>12</td>
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<tr>
<td>Subtotal Sibling Participants</td>
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<tr>
<td>All Participants Open</td>
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<td>All Participants Closed</td>
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<td>Total All Participants</td>
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<tr>
<td>Total All Refusals</td>
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### Riverside County: Family Conferencing Summary

**From:** April 1, 2002  
**To:** August 31, 2002

#### IV-E

<table>
<thead>
<tr>
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<th>Activity 04/01/02 to 08/31/02</th>
<th>Cumulative Total at 08/31/02</th>
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<tr>
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<td>10</td>
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<tr>
<td>All Participants Closed</td>
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<tr>
<td>Total All Participants</td>
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</tbody>
</table>

#### Total (IV-E and State)

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<th>Activity 04/01/02 to 08/31/02</th>
<th>Cumulative Total at 08/31/02</th>
</tr>
</thead>
<tbody>
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<td>Control</td>
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<td>6</td>
</tr>
<tr>
<td>Sibling Closed</td>
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<td>2</td>
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<tr>
<td>Subtotal Sibling Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Participants Open</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>All Participants Closed</td>
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<td>4</td>
</tr>
<tr>
<td>Total All Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total All Refusals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Family Conferencing Power Analysis

Analysis: Proportions

one-tailed z-statistic
\( \alpha = .05 \)
\( \beta = .2 \)
Power \((1-\beta) = .8\)

Riverside County
What percentage of children will have achieved permanency by 12 months?

(Percentages in the kinship and non-kinship example are based on conversations with Riverside County. The example illustrates the change in sample size due to a change in percentages and effect size.)

<table>
<thead>
<tr>
<th>kinship placement</th>
<th>non-Kinship placement</th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp: 49%</td>
<td>Exp: 54%</td>
<td>Exp: 50%</td>
</tr>
<tr>
<td>Comp: 44%</td>
<td>Comp: 49%</td>
<td>Comp: 30%</td>
</tr>
<tr>
<td>Diff: .05</td>
<td>Diff: .05</td>
<td>Diff: .2</td>
</tr>
<tr>
<td>Table 1231/1231=2462</td>
<td>Table 1231/1231=2462</td>
<td>Table 73/73=146</td>
</tr>
<tr>
<td>N 2050/1231=3281</td>
<td>N 2050/1231=3281</td>
<td>N 120/73=193</td>
</tr>
</tbody>
</table>

Fresno County
What percentage of children will be placed in foster care by 12 months?

(Percentages and effect size in the first example were calculated by averaging the findings from three family preservation evaluations that conducted random assignment. The two other examples illustrate the change in sample size due to a change in percentages and effect size.)

<table>
<thead>
<tr>
<th>family pres studies</th>
<th>example</th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp: 28%</td>
<td>Exp: 30%</td>
<td>Exp: 20%</td>
</tr>
<tr>
<td>Comp: 39%</td>
<td>Comp: 45%</td>
<td>Comp: 40%</td>
</tr>
<tr>
<td>Diff: .11</td>
<td>Diff: .15</td>
<td>Diff: .2</td>
</tr>
<tr>
<td>Table 280/280=560</td>
<td>Table 128/128=256</td>
<td>Table 64/64=128</td>
</tr>
<tr>
<td>N 465/280=745</td>
<td>N 210/128=338</td>
<td>N 107/64=171</td>
</tr>
</tbody>
</table>
Fresno County
What percentage of children who will have at least one maltreatment referral since entering the study?

(The county has predicted percentages based on a review of 22 Family Conferencing cases [11 in each of the two groups]: 3 experimental and 5 comparison children had subsequent maltreatment referrals.)

Exp: 20%
Comp: 35%
Diff: .15
Table 108/108=216
N 180/108=288
California’s Title IV-E Child Welfare Waiver Demonstration Project Evaluation: Assessing Model Fidelity in Family Group Decision Making

Karen L. Thomas, M.S.W.
Pamela Choice, Ph.D.
Center for Social Services Research
UC Berkeley School of Social Welfare

PRESENTATION OVERVIEW

- Model Fidelity
  - What is it?
  - Why do it?
- Existing FGDM model fidelity assessment efforts
- Overview of Waiver Evaluation
- Development of model fidelity assessment instruments for the Waiver
- Early model fidelity results
- Discussion and Conclusions

What does model fidelity mean?

- The extent to which program implementation proceeds in a manner consistent with the previously defined service model it intends to replicate
Research Benefits

- Defines
  - Model components
  - Program variations
- Discriminates from traditional practice
- Links process with outcome
- May clarify essential features

Current Approaches

- Lupton (1998)
  - Extent to which FGC empowers families
    - Family allowed control over process and outcome?
    - Conference observations, key informant interviews and questionnaires
- Vesneski & Kemp (2000)
  - Qualitative analysis of conference plans
    - Family-centered practice?
    - Strengths-based practice?
- Pennell (2001)
  - Defined FGC principles and practices to be used to assess model fidelity

THE WAIVER PROJECT IS COLLABORATIVE
THE WAIVER TESTS
A CENTRAL HYPOTHESIS

The flexible use of IV-E dollars will allow the implementation of "innovative" service delivery models that are:

- At least as effective as traditional child welfare services
- No more expensive than traditional child welfare services

THE EVALUATION CONSISTS OF FOUR SUBSTUDIES

1. Wrap-Around
2. Family Conferencing
3. Community Mentoring
4. Shared Family Care

Will the opportunity to utilize IV-E funds flexibly, to provide...

- Result in better outcomes for children & families?
- Ensure a more satisfactory process?
- Mobilize community supports?
- Achieve cost neutrality?
3 Interrelated Studies
Impact (Outcome) Study
Experimental Design

Process Study
Waiver
Cost Study

WHY RANDOM ASSIGNMENT?

"I think you should be more explicit here in step two."

THE IMPACT STUDY LOOKS AT OUTCOMES

Administrative Data

Child Outcomes
- Safety
- Placement type & level
- Permanence
- Well-being
- Client satisfaction

In-depth Interviews

Family Outcomes
- Caregiver well-being
- Family functioning
- Use of informal supports
- Client satisfaction

Conference-Specific Data
THE PROCESS STUDY PROVIDES CONTEXT

- Organizational Structure
- Service Aspects
- Economic Factors
- Political Climate
- Consortium
- Questionnaires
- Focus groups
- Interviews
- Site visits
- Observation

THE COST STUDY

- Cost Neutrality
  - (California Department of Social Services)
- Cost Effectiveness
  - (University of California at Berkeley)

2 COUNTIES ARE PARTICIPATING

- Fresno
- Riverside

Children maintained in-home, placement prevention

Children in foster care, placement stability and permanence

AHA FGDM Roundtable - June 2-5, 2002
Timelines

- **Fresno**
  - Family conference within 2-3 weeks
  - Plans re-evaluated at 90 days
  - Service provision $\leq$ 6 months

- **Riverside**
  - Family conference within 2 months
  - Follow-up conferences at 4, 6, 9 months from program entry.
  - Children exit program when case is closed to the court and agency

Enrollment Status
(as of 5/20/02)

- **Fresno**
  - 129 children total
  - 47 “study children”
    - 30 experimental
    - 17 control
  - 82 siblings
    - 52 experimental
    - 30 control
  - 66 closed cases

- **Riverside**
  - 101 children total
  - 43 “study children”
    - 29 experimental
    - 14 control
  - 58 siblings
    - 40 experimental
    - 18 control
  - 19 closed cases

2 UNIQUE CONTRIBUTIONS

- Experimental Design
- Model Fidelity Assessment
Developing instruments for the Waiver

- Step 1: What does the literature say?
- Step 2: Define research questions
- Step 3: Operationalize

Dimensions of FGDM

- Philosophies
- Goals
- Structure

Underlying Philosophies

- Families have the most complete information about themselves in order to make well-informed decisions
- Children have the right to safety, knowledge of their familial and cultural heritage and a voice in decisions that affect them
- The long-term protection and welfare of children are best served through collaboration between families and community and agency support systems
Goals of FGDM

- Recognize and respect families, their communities and their cultures
- Include children in the decision-making process
- Increase family support and mobilize extended family and community resources

Structural Components

- Referral
- Preparation and planning
- FGDM meeting
- Follow-up and event planning

2 Major Models

- Family Group Conferencing
  - Private family time
  - No formal strengths assessment phase

- Family Unity
  - Formal strengths assessment phase
  - No private family time

Blended Models
County Models

- Fresno
  - Blended Approach
    - Formal strengths assessment phase
    - Private family meeting time
- Riverside
  - Family Unity
    - Formal strengths assessment phase
    - Family plans are developed and approved by all conference participants

Step 1→2

Philosophy:
Families have the most complete information about themselves to make well-informed decisions

Are family members allowed at least as much say as professionals in formulating the conference plan?

Step 2→3

Are family members allowed at least as much say as professionals in formulating the conference plan?

Who do you think had the most say in the plan?

- The family?
- The professionals?
- Family and professionals had equal say?
Step 1 \( \rightarrow \) 2

Goal:
- Recognize and respect families, their communities and their cultures

Do family members indicate that efforts were made to adapt the meeting process to fit their needs and preferences for:
- Scheduling?
- Location?
- Language?

Step 2 \( \rightarrow \) 3

Do family members indicate that efforts were made to adapt the meeting process to fit their needs and preferences for:
- Scheduling?
- Location?
- Language?

Yes, was the location, date and time convenient?

Yes, was the conference conducted in a language you understand?

Step 1 \( \rightarrow \) 2

Structure:
- Family Group Conferencing vs.
- Family Unity vs.
- Blended Model

Does the conference structure include Private Family Time?

Are family strengths a focus of the conference discussion?
Step 2→3

- Does the conference structure include Private Family Time?
- Are family strengths a focus of the conference discussion?

Did the conference include Private Family Time during which:
- The family meets in private?
- Non family members attend only if invited?

Which topics were addressed?
- Family strengths
- Family pride

3 Sets of Tools

- Family Conference Surveys
- Follow-Up Survey
- Direct Observation Framework

- Participant perspectives essential
  - family-centered
  - community-based
  - collaboration

- Geographic distance
- Role differences
- Administered immediately following the conference
Follow-Up Survey
- Plan implementation
- Influence on outcomes
- Supplement face interview data
- Mailed 6-months following the conference

Observation Framework
- Intermittent administration
- Supplement and enrich survey data
- Parallel items on conference survey
- Coding by neutral observer

Conference participant survey results
- Data collection: April-01 - April-02
- Fresno: 108 surveys; 17 cases
  Riverside: 36 surveys; 7 cases
- Per conference:
  - 1-11 surveys
  - Average of 6
Structural aspects

- Preparation and planning
  - 95% - Purpose of conference was explained
  - 93% - Reason for participant's presence explained

- Information sharing
  - 95% - Got the information needed to participate

- Plan finalization
  - 98% - How the child would be cared for was clear

Conference model

FGC vs. FUM vs. Blended

- Private Family Time - 76%
  - 89% Strengths addressed: Blended Model
  - 11% Strengths not indicated: FGC Model

- No Private Family Time - 18%
  - 35% Strengths addressed: Family Unity Model
  - 65% Strengths not indicated: Facilitated discussion
Respect for Families, Communities and Culture

<table>
<thead>
<tr>
<th>Family members:</th>
<th>98% Location easy to travel to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97% Convenient time</td>
</tr>
<tr>
<td></td>
<td>98% Understood language</td>
</tr>
<tr>
<td></td>
<td>90% All important participants included</td>
</tr>
<tr>
<td></td>
<td>98% Felt respected</td>
</tr>
</tbody>
</table>

The long-term protection and welfare of children are best served through collaboration between families and community and agency support systems...

Conference Composition

- 70% family
- 13% community
- 11% other
- 6% friends
- Most conferences were attended by family and community members
### Indicators of Collaboration

<table>
<thead>
<tr>
<th>Question</th>
<th>Private Time</th>
<th>No Private Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say what I wanted</td>
<td>88%</td>
<td>96%</td>
</tr>
<tr>
<td>Discussion dominated</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td>Felt unsafe</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Satisfied with plan</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
<td>Conference format helpful</td>
<td>90%</td>
<td>96%</td>
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</table>

### Families have the most complete information about themselves to make well-informed decisions

<table>
<thead>
<tr>
<th>Question</th>
<th>Private Time</th>
<th>No Private Time</th>
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</thead>
<tbody>
<tr>
<td>Professionals invited to attend Private Family Time?</td>
<td>32%</td>
<td>NA</td>
</tr>
<tr>
<td>Family had the most say</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Family and professionals had equal say</td>
<td>32%</td>
<td>69%</td>
</tr>
</tbody>
</table>

### Mobilization of Family and Community Support + Resources

<table>
<thead>
<tr>
<th>Discussion, planning addressed:</th>
<th>Private Time</th>
<th>No Private Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family talking about problems</td>
<td>93%</td>
<td>79%</td>
</tr>
<tr>
<td>Family responsibility</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td>More family support</td>
<td>69%</td>
<td>50%</td>
</tr>
<tr>
<td>More community support</td>
<td>30%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Early Results

- Respondents indicate fidelity to structural components
- Families appear to be highly satisfied with FGDM
- FGDM seems to embrace a high level of collaboration among families and professionals
- FGDM increases the role of families in plans for caring for children

Instrument plusses

- Pilot tested
- Strong face validity
- Easily administered on a broad scale
- Research representatives need not be present
- Inclusive of all participants
- Longitudinal perspective
- Supplemental observational data
- Fine tune to fit a specific program
Instrument drawbacks

- Administration displaced on the conference facilitator or agency staff
- Literacy assumptions
- More testing needed

Opportunities

- Highlight differences between service innovations and traditional practice
- Facilitate replications
- Increase confidence in conclusions
- Policy Advocacy

Conclusions

- Model fidelity assessment ensures that implementation remains consistent with FGDM ideals
- Must reach beyond structural aspects
- Assessing family perspectives is crucial
- Future research is needed to discern which aspects of the FGDM models best serve families and achieve desired results
Questions and Answers
<table>
<thead>
<tr>
<th>FGDM Dimensions</th>
<th>Research Questions</th>
<th>Sample Instrument Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Families have the most complete information about themselves to make well-informed decisions. | ⇒ Are family members allowed at least as much say as professionals in formulating the conference plan? | ⇒ Who do you think had the most say in the plan? (check one)  
__ The family had the most say  
__ The professionals had the most say  
__ The family and the professionals had equal say |
| 2. The long-term protection and welfare of children are best served through collaboration between families and community agency support systems. | ⇒ Does the conference include participants representing the family, community and child welfare agency?  
⇒ Is there evidence of collaboration between family, community and agency participants in formulating the conference plan? | ⇒ Log of conference participants’ relationships to the target child  
⇒ During the discussion, did you have a chance to say the things you wanted to?  Yes __ No __  
⇒ Did any person(s) seem to dominate the decision making process?  Yes __ No __  
⇒ Were the family and professionals able to agree on a plan?  Yes __ No __ |
| Goals           |                    |                         |
| 3. Recognize and respect families, their communities, and their cultures. | ⇒ Do family members attending the conference indicate that efforts were made to adapt the meeting process to fit their needs and preferences, including such issues as the scheduling and location of the conference and the language in which the conference is conducted? | ⇒ Was the location of the conference easy to travel to?  Yes __ No __  
⇒ Was the date of the conference convenient for you?  Yes __ No __  
⇒ Was the time of the conference convenient for you?  Yes __ No __  
⇒ Was the conference conducted in a language you understand?  Yes __ No __  
⇒ Do you think all the people who needed to be included in the decision making process for this family attended the conference?  Yes __ No __ |
| 4. Increase family support and mobilize extended family and community resources. | ⇒ Are the roles of family members in addressing the current concerns explored during the conference discussion and planning?  
⇒ Are the roles of community supports in addressing the current concerns explored during the conference discussion and planning? | ⇒ Which topics were addressed as part of the conference discussion and planning?  
__ Family talking about problems  
__ Responsibility taken by family  
__ More support from family members  
⇒ Which topics were addressed as part of the conference discussion and planning?  
__ More support from people in the community |
| Structure       |                    |                         |
| 5. Family Group Conferencing Model vs. Family Unity Model vs. Blended Model | ⇒ Does the conference structure include Private Family Time?  
⇒ Are family strengths a focus of the conference discussion? | ⇒ Did the conference include private family time during which  
__ The family meets in private to discuss the plan for the child?  
__ Non-family members attend the private family time only if invited to do so by the family?  
⇒ Which topics were addressed as part of the conference discussion and planning?  
__ Family strengths  
__ Family pride |
Selected References


California Title IV-E Child Welfare Waiver Demonstration Project
Intensive Services - Family Conferencing Component

CONSENT FORM

I have read the attached letter and agree to participate, and to allow my child to participate, in the University of California at Berkeley study on families’ experiences with child and family services in Fresno County. I understand that I will be assigned to a group that either receives services funded through the demonstration project or does not receive services funded through the demonstration project. If I am assigned to the group that receives services funded through the demonstration project, I agree to allow the researchers at the University of California at Berkeley to receive a copy of the demonstration project service plan created for my child and me. If I am assigned to the group that does not receive services funded through the demonstration project, I understand that I cannot receive these services from the Fresno County Department of Health and Human Services or Probation Department for four years (the duration of the study). I understand that participation is entirely voluntary and that my child and I are free to discontinue participation at any time. I also understand that there is a chance that we will be asked to participate in interviews. If asked, I agree to participate, and to have my child participate in these interviews. I understand that there will be no identifying information contained in any results of this study, and my family’s confidentiality will be protected to the full extent under the law. If I am interviewed, I expect to be paid $15 for each in-person interview and $10 for each telephone interview. I also expect that my child will receive a gift certificate worth $15 to a local store each time she/he is interviewed in person. I also know that neither my child nor I have to answer every question or complete every interview in order to be compensated for what has already been completed.

____________________________________    ____________________________________
Caregiver signature     Print name

____________________________________    ____________________________________
Relationship to Child     Today’s date

____________________________________    ____________________________________
Home telephone number    Work telephone number

____________________________________    ____________________________________
Child’s/Youth’s signature    Print child’s/youth’s name
INVITATION TO PARTICIPATE IN A RESEARCH STUDY

TITLE: California Title IV-E Child Welfare Waiver Demonstration Project

CO-INVESTIGATORS: Jill Duerr Berrick, M.S.W., Ph.D.; Ed Cohen, M.S.W., Ph.D.

SPONSOR: Center for Social Services Research, University of California, Berkeley.

PURPOSE: To conduct a five-year study to determine the benefits of services that are provided to children and their families. This will be done by comparing two groups of families involved in this study. One group of families will receive the regular services offered to all families and the second group of families will receive services funded through the demonstration project.

PROCEDURE: The Fresno County Department of Health and Human Services (DHHS) or the Probation Department will make an initial evaluation of the possible children, families and/or caretakers who would qualify for this research study. Those selected will be assigned to either a group that receives the regular services that all families receive (this is called the control group) or the group that receives the services funded through the demonstration project (this is called the experimental group). If you are placed in the experimental group, the County will be able to use flexible funds to deliver a variety of services not previously available. If you are placed in the control group, you will continue to be able to use a range of services currently provided by the County.

How individuals are selected for the groups is by using a procedure called "random assignment." This means that the individuals will be selected by chance, almost like flipping a coin. This helps prevent any personal feelings influencing who gets assigned to a group. We also cannot predict what group individuals will be assigned to. We do want to give as many families as possible the opportunity to try the new services and therefore, there is a 62.5% chance of being assigned to the experimental group and a 37.5% chance of being assigned to the control group. In other word, the odds are in your favor. However, we can't predict which group individuals will be assigned, so you still have to be willing to take a chance.
If you are placed in the experimental group, staff from the evaluation team will request a copy of the demonstration project service plan created for your family.

Some of the families assigned to both groups will be interviewed by staff from the evaluation team to ask questions about how the services being provided affected their families. The researchers may also want to talk with the child or youth about their own experiences if they are between the ages of 7 and 17. If you are chosen to be interviewed, we will want to talk with you in person or over the phone 3 to 4 times. This will happen about every twelve months. Each interview will last between 30 minutes and an hour. Each interview with your child will last about 30 minutes. If we talk to you in person, the interview will occur in a place that is most convenient for you and your family. In the interviews, we will ask questions about services and support that you received, your physical and mental well-being, your neighborhood, and your family life.

If you agree to participate in this study, please sign this consent form. If your child is able, we also ask that he/she read and sign the consent form. For children under the supervision of the Juvenile Court, court permission to participate in the study will also be obtained.

**RISKS:** There are no expected risks. If any questions cause psychological discomfort you may choose not to answer the question or ask the interview to stop. If the psychological discomfort becomes overwhelming, referrals will be offered to you to help you with the discomfort.

**BENEFITS:** There is no direct benefit to those assigned to the control group. For those assigned to the experimental group, you may benefit from the extra services. The information obtained from this study may benefit society at large.

**COST/COMPENSATION:** There is no cost to you. For those selected for interviews, you will be paid $15 for each home visit and $10 for each telephone interview. Your child, if interviewed, will receive a gift certificate to a local store worth $15 for each in-person interview. Neither you nor your child need to answer every question or complete every interview in order to be paid for what has already been completed.

**CONFIDENTIALITY:** All information, which identifies you or your child, collected in this study will be entirely confidential and will not influence the services you receive from Fresno County DHHS or the Probation Department. The results of this study may be summarized at scientific meetings and your name/identity will not be revealed. No published materials that result from this study will ever contain identifying information about you or anyone else in your family. Your confidentiality will be protected in-so-far as the law allows. The exception to the protection of confidentiality is if the following information is presented:

1. Suspected abuse or neglect of an adult or child.
2. A person is a danger to self or others or is gravely disabled and unable to care for herself/himself.
If any of the above situations are presented in the interviews, we must contact the Fresno County DHHS or other appropriate agency.

**ALTERNATIVES/RIGHT TO REFUSE OR WITHDRAW:** Your participation in this study is entirely voluntary and you have a right to quit at any time even after agreeing to participate in this study. If you do not participate or quit participation in this study, this will not negatively influence the regular services that you receive from DHHS, the Probation Department or the Juvenile Court. If you are assigned to the group that does not receive the extra services, you cannot receive these extra services from the Fresno County Department of Health and Human Services or the Probation Department for four years (the duration of the study). If you quit the study after participation your child may not be able to continue to receive the extra services if she/he is in the experimental group.

**QUESTIONS:** If you have questions or want to find out more information about this study, you can place a collect call to Jill Duerr Berrick at (510) 642-1899. If you have any questions about your rights or treatment as a participant in this research project, please contact the University of California at Berkeley’s Committee for Protection of Human Subjects at (510) 642-7461, or e-mail subjects@uclink4.berkeley.edu.

Sincerely,

Jill Duerr Berrick               Ed Cohen  
Co-Principal Investigator       Co-Principal Investigator  
Title IV-E Waiver Demonstration Title IV-E Waiver Demonstration  
Evaluation Project              Evaluation Project
California Title IV-E Child Welfare Waiver Demonstration Project
Intensive Services - Family Conferencing Component

CONSENT FORM

I have read the attached letter and agree to participate, and to allow my child to participate, in the University of California at Berkeley study on families’ experiences with child and family services in Riverside County. I understand that I will be assigned to a group that either receives services funded through the demonstration project or does not receive services funded through the demonstration project. If I am assigned to the group that receives services funded through the demonstration project, I agree to allow the researchers at the University of California at Berkeley to receive a copy of the demonstration project service plan created for my child and me. If I am assigned to the group that does not receive services funded through the demonstration project, I understand that I cannot receive these services from the Riverside County Department of Health and Human Services of Probation Department for four years (the duration of the study). I understand that participation is entirely voluntary and that my child and I are free to discontinue participation at any time. I also understand that there is a chance that we will be asked to participate in interviews. If asked, I agree to participate, and to have my child participate in these interviews. I understand that there will be no identifying information contained in any results of this study, and my family’s confidentiality will be protected to the full extent under the law. If I am interviewed, I expect to be paid $15 for each in-person interview and $10 for each telephone interview. I also expect that my child will receive a gift certificate worth $15 to a local store each time she/he is interviewed in person. I also know that neither my child nor I have to answer every question or complete every interview in order to be compensated for what has already been completed.

Caregiver signature
Print name

Relationship to Child
Today’s date

Home telephone number
Work telephone number

Child’s/Youth’s signature
Print child’s/youth’s name
INVITATION TO PARTICIPATE IN A RESEARCH STUDY

TITLE: California Title IV-E Child Welfare Waiver Demonstration Project

CO-INVESTIGATORS: Jill Duerr Berrick, M.S.W., Ph.D.; Ed Cohen, M.S.W., Ph.D.

SPONSOR: Center for Social Services Research, University of California, Berkeley.

PURPOSE: To conduct a five-year study to determine the benefits of services that are provided to children and their families. This will be done by comparing two groups of families involved in this study. One group of families will receive the regular services offered to all families and the second group of families will receive services funded through the demonstration project.

PROCEDURE: The Riverside County Department of Health and Human Services (DHHS) or the Probation Department will make an initial evaluation of the possible children, families and/or caretakers who would qualify for this research study. Those selected will be assigned to either a group that receives the regular services that all families receive (this is called the control group) or the group that receives the services funded through the demonstration project (this is called the experimental group). If you are placed in the experimental group, the County will be able to use flexible funds to deliver a variety of services not previously available. If you are placed in the control group, you will continue to be able to use a range of services currently provided by the County.

How individuals are selected for the groups is by using a procedure called "random assignment." This means that the individuals will be selected by chance, almost like flipping a coin. This helps prevent any personal feelings influencing who gets assigned to a group. We also cannot predict what group individuals will be assigned to. We do want to give as many families as possible the opportunity to try the new services and therefore, there is a 62.5% chance of being assigned to the experimental group and a 37.5% chance of being assigned to the control group. In other word, the odds are in your favor. However, we can't predict which group individuals will be assigned, so you still have to be willing to take a chance.

If you are placed in the experimental group, staff from the evaluation team will request a copy of the demonstration project service plan created for your family.
Some of the families assigned to both groups will be interviewed by staff from the evaluation team to ask questions about how the services being provided affected their families. The researchers may also want to talk with the child or youth about their own experiences if they are between the ages of 7 and 17. If you are chosen to be interviewed, we will want to talk with you in person or over the phone 3 to 4 times. This will happen about every twelve months. Each interview will last between 30 minutes and an hour. Each interview with your child will last about 30 minutes. If we talk to you in person, the interview will occur in a place that is most convenient for you and your family. In the interviews, we will ask questions about services and support that you received, your physical and mental well-being, your neighborhood, and your family life.

If you agree to participate in this study, please sign this consent form. If your child is able, we also ask that he/she read and sign the consent form. For children under the supervision of the Juvenile Court, court permission to participate in the study will also be obtained.

**RISKS:** There are no expected risks. If any questions cause psychological discomfort you may choose not to answer the question or ask the interview to stop. If the psychological discomfort becomes overwhelming, referrals will be offered to you to help you with the discomfort.

**BENEFITS:** There is no direct benefit to those assigned to the control group. For those assigned to the experimental group, you may benefit from the extra services. The information obtained from this study may benefit society at large.

**COST/COMPENSATION:** There is no cost to you. For those selected for interviews, you will be paid $15 for each home visit and $10 for each telephone interview. Your child, if interviewed, will receive a gift certificate to a local store worth $15 for each in-person interview. Neither you nor your child need to answer every question or complete every interview in order to be paid for what has already been completed.

**CONFIDENTIALITY:** All information, which identifies you or your child, collected in this study will be entirely confidential and will not influence the services you receive from Riverside County DHHS or the Probation Department. The results of this study may be summarized at scientific meetings and your name/identity will not be revealed. No published materials that result from this study will ever contain identifying information about you or anyone else in your family. Your confidentiality will be protected in-so-far as the law allows. The exception to the protection of confidentiality is if the following information is presented:

1. Suspected abuse or neglect of an adult or child.
2. A person is a danger to self or others or is gravely disabled and unable to care for herself/himself.

If any of the above situations are presented in the interviews, we must contact the Riverside County DHHS or other appropriate agency.
**ALTERNATIVES/RIGHT TO REFUSE OR WITHDRAW:** Your participation in this study is entirely voluntary and you have a right to quit at any time even after agreeing to participate in this study. If you do not participate or quit participation in this study, this will not negatively influence the regular services that you receive from DHHS, the Probation Department or the Juvenile Court. If you are assigned to the group that does not receive the extra services, you cannot receive these extra services from the Riverside County Department of Health and Human Services or the Probation Department for four years (the duration of the study). If you quit the study after participation your child may not be able to continue to receive the extra services if she/he is in the experimental group.

**QUESTIONS:** If you have questions or want to find out more information about this study, you can place a collect call to Jill Duerr Berrick at (510) 642-1899. If you have any questions about your rights or treatment as a participant in this research project, please contact the University of California at Berkeley’s Committee for Protection of Human Subjects at (510) 642-7461, or e-mail subjects@uclink4.berkeley.edu.

Sincerely,

Jill Duerr Berrick  
Co-Principal Investigator  
Title IV-E Waiver Demonstration Evaluation Project

Ed Cohen  
Co-Principal Investigator  
Title IV-E Waiver Demonstration Evaluation Project
Proyecto de Demostración y Dispensa del Bienestar del Niño
Título IV-E de California
Componente de Conferencia Familiar

FORMA DE CONSENTIMIENTO

He leído la carta adjunta y estoy de acuerdo en participar, y dejar que mi hijo/a participe, en el estudio de la Universidad de California en Berkeley sobre las experiencias de las familias con los servicios de niños y familias en el Condado de Fresno. Comprendo que seré asignado/a a un grupo que ya sea reciba servicios pagados por el proyecto de demostración o que no recibe servicios pagados por el proyecto de demostración. Si estoy asignado(a) al grupo que recibirá servicios pagados por el proyecto de demostración, estoy de acuerdo a permitir que los investigadores de la Universidad de California en Berkeley reciban una copia del plan de servicio del proyecto de demostración creado para mi hijo(a) y para mí. Si soy asignado/a al grupo que no recibe los servicios pagados por el proyecto de demostración, yo comprendo que no puedo recibir estos servicios del Condado de Fresno, del Departamento de Servicios Sociales o del Departamento de Probación por cuatro años (la duración de este estudio). Comprendo que la participación es completamente voluntaria y que mi hijo/a y yo somos libres de descontinuar la participación en cualquier momento. También entiendo que hay una posibilidad de que se nos pida que participemos en entrevistas. Si me lo piden, yo estoy de acuerdo en participar, y permitir que mi hijo/a participe en estas entrevistas. Comprendo que no habrá información que nos identifique contenida en cualquiera de los resultados de este estudio, y que la confidencialidad de mi familia será protegida en toda su extensión bajo la ley. De ser entrevistado/a, anticipo que se me pague $15 por cada entrevista en persona y $10 por cada entrevista telefónica. También anticipo que mi hijo/a recibirá un certificado de regalo por un valor de $15 para una tienda local cada vez que el/ella sea entrevistado/a en persona y un certificado de regalo por un valor de $10 para una tienda local cada vez que el/ella sea entrevistado/a por teléfono. También sé que ni mi hijo ni yo tenemos que contestar cada pregunta o completar cada entrevista para poder ser compensados por lo que ya ha sido completado.

__________________________   _____________________________
Firma del proveedor del cuidado   Nombre en letra de molde

__________________________   _____________________________
Relación con el Niño/a    Fecha de hoy

__________________________   _____________________________
Teléfono de la casa    Teléfono del trabajo

__________________________   _____________________________
Firma del niño/a o del/la joven   Nombre del niño/a o del/la joven en letra de molde
INVITACION PARA PARTICIPAR EN UN ESTUDIO DE INVESTIGACION

**TITULO:** Proyecto de Demostración y Dispensa del Bienestar del Niño Título IV-E de California.

**INVESTIGADORES:** Jill Duerr Berrick, M.S.W., Ph.D. y Ed Cohen, Ph.D.

**PATROCINADOR:** Centro de Investigación para Servicios Sociales de la Universidad de California, Berkeley.

**PROPOSITO:** Conducir un estudio de cinco años para determinar los beneficios de los servicios que son proveídos a los niños y sus familias. Esto será hecho comparando dos grupos de familias envueltas en este estudio. Un grupo de familias recibirá servicios regulares ofrecidos a todas las familias y el segundo grupo de familias recibirá servicios pagados por el proyecto de demostración.

**PROCEDIMIENTO:** El Departamento de Salud y Servicios Humanos (DHSS) del Condado de Fresno o el Departamento de Probación harán una evaluación inicial de los posibles niños, familias y/o proveedores del cuidado que califiquen para este estudio de investigación. Los que sean seleccionados serán asignados ya sea a un grupo que reciba los servicios regulares que todas las familias reciben, (esto se llama el grupo de control) o el grupo que recibe los servicios pagados por el proyecto de demostración (esto se llama el grupo experimental). Si usted es colocado/a en el grupo experimental, el Condado podrá usar fondos flexibles para dar una variedad de servicios no disponibles anteriormente. Si usted es colocado/a en el grupo de control, usted continuará siendo capaz de usar una variedad de servicios actualmente proveídos por el Condado.

La manera cómo los individuos son seleccionados para los grupos es usando un procedimiento llamado “asignación al azar.” Esto significa que los individuos serán seleccionados por casualidad, casi como tirar una moneda al aire. Esto ayuda a prevenir cualquier sentimiento personal que pueda influir quién será asignado a un grupo. Tampoco podemos predecir a cual grupo los individuos serán asignados. Queremos dar a cuantas familias sea posible la oportunidad de probar los nuevos servicios y por lo tanto, hay un 62.5% de posibilidad de ser asignado al grupo experimental y un 37.5% de posibilidad de ser asignado al grupo de control. En otras palabras, las probabilidades
están a su favor. Sin embargo, no podemos predecir a cual grupo los individuos serán asignados, así es que usted todavía debe estar dispuesto/a a probar suerte.

Si usted está en el grupo experimental, personal del equipo de evaluación le pedirá una copia del servicio del plan del proyecto de demostración creado para su familia. Algunas familias asignadas a ambos grupos serán entrevistadas por los consejeros del equipo de investigación para hacerle preguntas acerca de cómo los servicios siendo proveídos afectaron a sus familias. Puede que los investigadores también quieran hablar con el niño o el/la joven acerca de sus propias experiencias si ellos están entre las edades de 7 y 17 años. Si es escogido para ser entrevistado, deseariamos hablar con usted en persona o por teléfono de 3 a 4 veces. Esto ocurrirá alrededor de cada doce meses. Cada entrevista durará entre 30 minutos y una hora. Cada entrevista con su niño/a durará alrededor de 30 minutos. Si hablamos con usted en persona, la entrevista ocurrirá en el lugar que sea más conveniente para usted y su familia. En las entrevistas, le haremos preguntas acerca de los servicios y del apoyo que usted recibió, su bienestar físico y mental, su vecindario, y su vida familiar.

Si usted desea participar en este estudio, favor de firmar la forma de consentimiento. Si su hijo/a es capaz, también le pedimos que el/ella lea y firme la forma de consentimiento. Para los niños que están bajo la supervisión de la Corte Juvenil, el permiso de la corte para participar en el estudio será también obtenido.

RIESGOS: No hay riesgos anticipados. Si alguna de las preguntas le causa incomodidad psicológica, usted puede escoger no responder a la pregunta o pedirle al entrevistador que pare. Si la incomodidad psicológica llega a ser intolerable, referencias serán ofrecidas para ayudarle con el malestar.

BENEFICIOS: No existe beneficio directo para los que sean asignados al grupo de control. Para los que sean asignados al grupo experimental, ustedes podrán beneficiarse de los servicios extras. La información obtenida por este estudio puede beneficiar a la sociedad en general.

COSTO/COMPENSACION: No hay ningún costo para usted. Para los que sean seleccionados para las entrevistas, serán compensados con $15 por cada visita en el hogar y $10 por cada entrevista telefónica. Su hijo/a, de ser entrevistado, recibirá un certificado de regalo para una tienda local por un valor de $15 por cada entrevista en persona y un certificado de regalo para una tienda local por un valor de $10 por cada entrevista telefónica. Si usted ni su hijo/a necesitan contestar todas las preguntas o completar todas las entrevistas para que se le pague por lo que ya haya sido completado.

CONFIDENCIALIDAD: Comprendo que toda la información, la cual me identifique, colectada en este estudio será completamente confidencial y no influirá en los servicios que yo recibo del Condado de Fresno DHHS o del Departamento de Probación. Los resultados de este estudio pueden ser resumidos en juntas científicas y su nombre/identidad no será revelado. Ningún material publicado que resulte de este estudio jamás contendrá información identificando a usted o a cualquiera en su familia. Su confidencialidad será pretegida en cuanto la ley lo permita. La excepción a la
protección de la confidencialidad es si la siguiente información es presentada:
1. Sospecha de abuso o negligencia de un adulto o un niño.
2. Que una persona sea un peligro a sí mismo/a u otros o está gravemente desabiltitada e incapaz de cuidarse a sí mismo/a.

Si cualquiera de las situaciones anteriores son presentadas en las entrevistas, debemos contactar al Condado de Fresno DHHS u otra agencia apropiada.

**ALTERNATIVAS/DERECHO A NEGARSE O RETIRARSE:** Su participación en este estudio es completamente voluntaria y usted tiene el derecho de negarse a participar en cualquier momento aún después de haber estado de acuerdo en participar en este estudio. Si usted no participa o retirara su participación en este estudio, esto no influenciará negativamente los servicios regulares que usted recibe del DHHS, del Departamento de Probación o de la Corte Juvenil. Si es asignado/a al grupo que no recibe los servicios suplementarios, usted no puede recibir estos servicios suplementarios del Departamento de Salud y Servicios Humanos del Condado de Fresno o del Departamento de Probación por cuatro años (la duración del estudio). Si se retira del estudio después de la participación, su niño quizá no pueda continuar recibiendo los servicios suplementarios si el/ella está en el grupo experimental.

**PREGUNTAS:** Si tiene preguntas o si quiere saber más información acerca de este estudio, puede llamar por colectar a Karen Thomas al (510) 642-5041. Si Ud. tiene preguntas cualquier pregunta acerca de sus derechos o el tratamiento como un participante en este proyecto de investigación, favor de ponerse en contacto con la Universidad de California al Comité de Berkeley para la Protección de Sujetos Humanos en (510) 642-7461 o por correo electrónico a subjects@uclink4.berkeley.edu.

Sinceramente,

Jill Duerr Berrick, M.S.W., Ph.D.  
Co-Investigadora Principal  
Proyecto de Demostración y Dispensa  
del Bienestar del Niño  
Título IV-E de California

Ed Cohen, M.S.W., Ph.D.  
Co-Investigador Principal  
Proyecto de Demostración y Dispensa  
del Bienestar del Niño  
Título IV-E de California
CENTRAL FOR SOCIAL SERVICES RESEARCH

SCHOOL OF SOCIAL WELFARE
120 HAVILAND HALL # 7400
BERKELEY, CALIFORNIA 94720-7400
(510) 642-1899
(510) 642-1895 (FAX)

Proyecto de Demostración y Dispensa del Bienestar del Niño
Título IV-E de California
Componente de Conferencia Familiar

FORMA DE CONSENTIMIENTO

He leído la carta adjunta y estoy de acuerdo en participar, y dejar que mi hijo/a participe, en el estudio de la Universidad de California en Berkeley sobre las experiencias de las familias con los servicios de niños y familias en el Condado de Riverside. Comprendo que seré asignado/a a un grupo que ya reciba servicios pagados por el proyecto de demostración o que no reciba servicios pagados por el proyecto de demostración. Si estoy asignado(a) al grupo que recibirá servicios patrocinados por el proyecto de demostración, estoy de acuerdo a permitir que los investigadores de la Universidad de California en Berkeley reciban una copia del plan de servicio del proyecto de demostración creado para mi hijo(a) y para mi. Si soy asignado/a al grupo que no recibe los servicios pagados por el proyecto de demostración, yo comprendo que no puedo recibir estos servicios del Condado de Riverside, del Departamento de Servicios Sociales o del Departamento de Probación por cuatro años (la duración de este estudio). Comprendo que la participación es completamente voluntaria y que mi hijo/a y yo somos libres de descontinuar la participación en cualquier momento. También entiendo que hay una posibilidad de que se nos pida que participemos en entrevistas. Si me lo piden, yo estoy de acuerdo en participar, y permitir que mi hijo/a participe en estas entrevistas. Comprendo que no habrá información que nos identifique contenida en cualquiera de los resultados de este estudio, y que la confidencialidad de mi familia será protegida en toda su extensión bajo la ley. De ser entrevistado/a, anticipo que se me pague $15 por cada entrevista en persona y $10 por cada entrevista telefónica. También anticipo que mi hijo/a recibirá un certificado de regalo por un valor de $15 para una tienda local cada vez que el/ella sea entrevistado/a en persona y un certificado de regalo por un valor de $10 para una tienda local cada vez que el/ella sea entrevistado/a por teléfono. También sé que ni mi hijo ni yo tenemos que contestar cada pregunta o completar cada entrevista para poder ser compensados por lo que ya ha sido completado.

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Firma del proveedor del cuidado   Nombre en letra de molde

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Relación con el Niño/a    Fecha de hoy

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Teléfono de la casa    Teléfono del trabajo

__________________________   _____________________________
Firma del niño/a o del/la joven    Nombre del niño/a o del/la joven en letra de molde
INVITACION PARA PARTICIPAR EN UN ESTUDIO DE INVESTIGACION

TITULO: Proyecto de Demostración y Dispensa del Bienestar del Niño Título IV-E de California.

INVESTIGADORES: Jill Duerr Berrick, M.S.W., Ph.D. y Ed Cohen, Ph.D.

PATROCINADOR: Centro de Investigación para Servicios Sociales de la Universidad de California, Berkeley.

PROPOSITO: Conducir un estudio de cinco años para determinar los beneficios de los servicios que son proveídos a los niños y sus familias. Esto será hecho comparando dos grupos de familias envueltas en este estudio. Un grupo de familias recibirá servicios regulares ofrecidos a todas las familias y el segundo grupo de familias recibirá servicios pagados por el proyecto de demostración.

PROCEDIMIENTO: El Departamento de Salud y Servicios Humanos (DHSS) del Condado de Riverside o el Departamento de Probación harán una evaluación inicial de los posibles niños, familias y/o proveedores del cuidado que califiquen para este estudio de investigación. Los que sean seleccionados serán asignados ya sea a un grupo que reciba los servicios regulares que todas las familias reciben, (esto se llama el grupo de control) o el grupo que recibe los servicios pagados por el proyecto de demostración (esto se llama el grupo experimental). Si usted es colocado/a en el grupo experimental, el Condado podrá usar fondos flexibles para dar una variedad de servicios no disponibles anteriormente. Si usted es colocado/a en el grupo de control, usted continuará siendo capaz de usar una variedad de servicios actualmente proveídos por el Condado.

La manera como los individuos son seleccionados para los grupos es usando un procedimiento llamado “asignación al azar.” Esto significa que los individuos serán seleccionados por casualidad, casi como tirar una moneda al aire. Esto ayuda a prevenir cualquier sentimiento personal que pueda influir quién será asignado a un grupo. Tampoco podemos predecir a cual grupo los individuos serán asignados. Queremos dar a cuantas familias sea posible la oportunidad de probar los nuevos servicios y por lo tanto, hay un 62.5% de posibilidad de ser asignado al grupo experimental y un 37.5% de posibilidad de ser asignado al grupo de control. En otras palabras, las probabilidades
están a su favor. Sin embargo, no podemos predecir a cual grupo los individuos serán asignados, así es que usted todavía debe estar dispuesto/a a probar suerte.

Si usted está en el grupo experimental, personal del equipo de evaluación le pedirá una copia del servicio del plan del proyecto de demostración creado para su familia. Algunas familias asignadas a ambos grupos serán entrevistadas por los consejeros del equipo de investigación para hacerle preguntas acerca de cómo los servicios siendo proveídos afectaron a sus familias. Puede que los investigadores también quieran hablar con el niño o el/la joven acerca de sus propias experiencias si ellos están entre las edades de 7 y 17 años. Si es escogido para ser entrevistado, deseariamos hablar con usted en persona o por teléfono de 3 a 4 veces. Esto ocurrirá alrededor de cada doce meses. Cada entrevista durará entre 30 minutos y una hora. Cada entrevista con su niño/a durará alrededor de 30 minutos. Si hablamos con usted en persona, la entrevista ocurrirá en el lugar que sea más conveniente para usted y su familia. En las entrevistas, le haremos preguntas acerca de los servicios y del apoyo que usted recibió, su bienestar físico y mental, su vecindario, y su vida familiar.

Si usted desea participar en este estudio, favor de firmar la forma de consentimiento. Si su hijo/a es capaz, también le pedimos que el/ella lea y firme la forma de consentimiento. Para los niños que están bajo la supervisión de la Corte Juvenil, el permiso de la corte para participar en el estudio será también obtenido.

RIEZGOS: No hay riezgos anticipados. Si alguna de las preguntas le causa incomodidad psicológica, usted puede escoger no responder a la pregunta o pedirle al entrevistador que pare. Si la incomodidad psicológica llega a ser intolerable, referencias serán ofrecidas para ayudarle con el malestar.

BENEFICIOS: No existe beneficio directo para los que sean asignados al grupo de control. Para los que sean asignados al grupo experimental, ustedes podran beneficiarse de los servicios extras. La informacion obtenida por este este estudio puede beneficiar a la sociedad en general.

COSTO/COMPENSACION: No hay ningún costo para usted. Para los que sean seleccionados para las entrevistas, serán compensados con $15 por cada visita en el hogar y $10 por cada entrevista telefónica. Su hijo/a, de ser entrevistado, recibirá un certificado de regalo para una tienda local por un valor de $15 por cada entrevista en persona y un certificado de regalo para una tienda local por un valor de $10 por cada entrevista telefónica. Ni usted ni su hijo/a necesitan contestar todas las preguntas o completar todas las entrevistas para que se le pague por lo que ya haya sido completado.

CONFIDENCIALIDAD: Comprendo que toda la información, la cual me identifique, colectada en este estudio será completamente confidencial y no influirá en los servicios que yo recibo del Condado de Riverside DHHS o del Departamento de Probación. Los resultados de este estudio pueden ser resumidos en juntas científicas y su nombre/identidad no será revelado. Ningún material publicado que resulte de este estudio jamás contendrá información identificando a usted o a cualquiera en su familia. Su confidencialidad será protegida en cuanto la ley lo permita. La excepción a la
protección de la confidencialidad es si la siguiente información es presentada:
1. Sospecha de abuso o negligencia de un adulto o un niño.
2. Que una persona sea un peligro a sí mismo/a u otros o está gravemente
desabilitada e incapaz de cuidarse a sí mismo/a.
Si cualquiera de las situaciones anteriores son presentadas en las entrevistas, debemos
contactar al Condado de Riverside DHHS u otra agencia apropiada.

ALTERNATIVAS/DERECHO A NEGARSE O RETIRARSE: Su participación en
este estudio es completamente voluntaria y usted tiene el derecho de negarse a participar
en cualquier momento aún después de haber estado de acuerdo en participar en este
estudio. Si usted no participa o retirara su participación en este estudio, esto no
influenciará negativamente los servicios regulares que usted recibe del DHHS, del
Departamento de Probación o de la Corte Juvenil. Si es asignado/a al grupo que no
recibe los servicios suplementarios, usted no puede recibir estos servicios suplementarios
del Departamento de Salud y Servicios Humanos del Condado de Riverside o del
Departamento de Probación por cuatro años (la duración del estudio). Si se retira del
estudio después de la participación, su niño quizá no pueda continuar recibiendo los
servicios suplementarios si el/ella está en el grupo experimental.

PREGUNTAS: Si tiene preguntas o si quiere saber más información acerca de este
estudio, puede llamar por colectar a Karen Thomas al (510) 642-5041. Si Ud. tiene
preguntas cualquier pregunta acerca de sus derechos o el tratamiento como un
participante en este proyecto de investigación, favor de ponerse en contacto con la
Universidad de California al Comité de Berkeley para la Protección de Sujetos Humanos
en (510) 642-7461 o por correo electrónico a subjects@uclink4.berkeley.edu.

Sinceramente,

Jill Duerr Berrick, M.S.W., Ph.D.            Ed Cohen, M.S.W., Ph.D.
Co-Investigadora Principal                Co-Investigador Principal
Proyecto de Demostración y Dispensa       Proyecto de Demostración y Dispensa
del Bienestar del Niño                    del Bienestar del Niño
Título IV-E de California                 Título IV-E de California
REQUEST FOR PERMISSION TO OBSERVE AND/OR VIDEOTAPE FAMILY CONFERENCE

You and your child have previously agreed to participate in the Title IV-E Child Welfare Waiver Demonstration Project. In this study, we are interested in learning about the benefits to children and their families of family conferences arranged by Fresno County Department of Children and Family Services.

We request your permission to:
- Videotape
- Observe

the family conference arranged by Fresno County Department of Children and Family Services for your family and your child, in order to learn more about the family conference process.

As described in the attached consent form, your family’s confidentiality will be strictly protected and your decision to allow (or not allow) your conference to be observed or videotaped will not affect the services you receive from Fresno County Department of Children and Family Services.

If you have questions about this request or the study, you may call Karen Thomas toll free at 1-800-887-7232.

Sincerely,

Jill Duerr Berrick
Co-Principal Investigator
Title IV-E Waiver Demonstration Evaluation Project

Ed Cohen
Co-Principal Investigator
Title IV-E Waiver Demonstration Evaluation Project
California Title IV-E Child Welfare Waiver Demonstration Project

CONFERENCE OBSERVATION CONSENT FORM

I agree to allow researchers from the University of California at Berkeley, Title IV-E Child Welfare Waiver Demonstration Project to observe the family conference arranged by Fresno County Department of Children and Family Services for my family and my child. I understand that the researchers will take notes regarding the family conference process during the conference, and that this information will be used in the Title IV-E Child Welfare Waiver Demonstration Project evaluation. I understand that no identifying information regarding my family or my child will be reported in the research results, and that my family’s confidentiality will be protected to the full extent of the law. I am aware that I may refuse to allow the researchers to observe the conference for my family and my child at any time, and that this will in no way affect the services I or my child receive from Fresno County Department of Children and Family Services.

________________________________________  ____________________________
Signature                                    Date

________________________________________
Print Name

_______________________________________
Telephone Number
California Title IV-E Child Welfare Waiver Demonstration Project

CONSENT FORM FOR VIDEOTAPING AND VIEWING FAMILY CONFERENCE

I agree to allow the family conference arranged by Fresno County Department of Children and Family Services for my family and my child to be videotaped, so that the conference may be viewed by researchers from the University of California at Berkeley, Title IV-E Child Welfare Waiver Demonstration Project. I understand that the researchers will take notes regarding the family conference process while viewing the videotape, and that this information will be used in the Title IV-E Child Welfare Waiver Demonstration Project evaluation. I understand that no identifying information regarding my family or my child will be reported in the research results, and that my family’s confidentiality will be protected to the full extent of the law. I also understand that the videotape will be destroyed on or before April 1, 2004 (end of the Title IV-E Child Welfare Waiver Demonstration Project), unless I have signed a separate written agreement that states otherwise. I am aware that I may refuse to allow the conference for my family and my child to be videotaped and/or viewed by the researchers, and that this will in no way affect the services I or my child receive from Fresno County Department of Children and Family Services.

______________________________  _______________________
Signature                        Date

______________________________  _______________________
Print Name                       Telephone Number
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Co-Principal Investigator
Title IV-E Waiver Demonstration Evaluation Project

Ed Cohen
Co-Principal Investigator
Title IV-E Waiver Demonstration Evaluation Project
California Title IV-E Child Welfare Waiver Demonstration Project

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Signature ___________________________ Date ________________
Print Name ___________________________ Telephone Number ________________
California Title IV-E Child Welfare Waiver Demonstration Project

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______________________________  ______________________________
Signature                          Date

______________________________  ______________________________
Print Name                          Telephone Number
SOLICITUD PARA PERMISO PARA OBSERVAR Y/O GRABAR A VIDEO LA CONFERENCIA DE LA FAMILIA

Usted y su niño previamente estuvieron de acuerdo a tomar parte en el Proyecto de Demonstración del Title IV-E Child Welfare Waiver. En este estudio, nosotros somos interesados en aprender acerca de los beneficios a niños y sus familias de conferencias de familia arregladas por el Departamento de Servicios Sociales del Condado de Fresno.

Nosotros solicitamos su permiso a:
- Grabar a video
- Observar

la conferencia de la familia arreglada por el Departamento de Servicios Sociales del Condado de Fresno para su familia y su niño, para aprender más acerca del proceso de conferencia de familia.

Como es descrito en la adjunta forma de consentimiento, la confidencialidad de su familia será protegida estrictamente y su decisión de permitir (o no permitir) su conferencia a ser observado o grabado a video no afectará los servicios que usted recibe del Departamento de Servicios Sociales del Condado de Fresno.

Si usted tiene preguntas acerca de este pedido o el estudio, usted puede llamar a Karen Thomas sin cargo al 1-800-887-7232.

Sinceramente,

Jill Duerr Berrick
Co-Investigadora principal
Evaluación del Proyecto de
Demonstración del
California Title IV-E Waiver

Ed Cohen
Co-Investigador principal
Evaluación del Proyecto de
Demonstración del
California Title IV-E Waiver
FORMA DE CONSENTIMIENTO DE LA OBSERVACION DE LA CONFERENCIA

Estoy de acuerdo a permitir investigadores de la Universidad de California en Berkeley, Proyecto de Demonstración del Title IV-E Child Welfare Waiver a observar la conferencia de la familia arreglada por el Departamento de Servicios Sociales del Condado de Fresno para mi familia y mi niño. Entiendo que los investigadores tomarán notas acerca del proceso de la conferencia de la familia durante la conferencia, y que esta información será usada en el Proyecto de Demonstración del Title IV-E Child Welfare Waiver. Entiendo que ninguna información de identificación con respecto a mi familia o mi niño será informado en los resultados de investigación, y que la confidencialidad de mi familia será protegida a la extensión repleta de la ley. Estoy enterado que puedo negar a permitir que los investigadores observan la conferencia de mi familia y mi niño a cualquier tiempo, y que esto en ninguna manera afectará los servicios que yo o mi niño recibimos del Departamento de Servicios Sociales del Condado de Fresno.

Firma          Fecha

Nombre Escrito       Número Telefónico
Proyecto de Demonstración del California Title IV-E Child Welfare Waiver

FORMA DE CONSENTIMIENTO PARA GRABAR A VIDEO PARA OBSERVAR LA CONFERENCIA DE FAMILIA

Estoy de acuerdo a permitir que la conferencia de familia arreglada por el Departamento de Servicios Sociales del Condado de Fresno para mi familia y mi niño sea grabado a video, para que la conferencia pueda ser considerada por investigadores de la Universidad de California en Berkeley, Proyecto de Demonstración del Title IV-E Child Welfare Waiver. Entiendo que los investigadores tomarán notas acerca del proceso de la conferencia de familia mientras ver al video grabado, y que esta información será usado en la evaluación del Proyecto de Demonstración del Title IV-E Child Welfare Waiver. Entiendo que ninguna información de identificación con respecto a mi familia o mi niño será informado en los resultados de investigación, y que la confidencialidad de mi familia será protegida a la extensión repleta de la ley. Yo entiendo también que el video grabado será destruido en o antes del 1 de abril de 2004 (el fin del Proyecto de Demonstración del Title IV-E Child Welfare Waiver), a menos que yo haya firmado un acuerdo escrito separado que indica de otra manera. Estoy enterado que yo puedo negar a permitir que la conferencia de mi familia y mi niño sea gravada a video y/o considerada por los investigadores, y que esto de ninguna manera afectará los servicios que yo o mi niño recibimos del Departamento de Servicios Sociales del Condado de Fresno.

__________________________________________  ____________________________
Firma                                          Fecha

__________________________________________  ____________________________
Nombre Escrito                                  Número Telefónico
SOLICITUD PARA PERMISO PARA OBSERVAR Y/O GRABAR A VIDEO LA
CONFERENCIA DE LA FAMILIA

Usted y su niño previamente estuvieron de acuerdo a tomar parte en el Proyecto de
Demonstración del Title IV-E Child Welfare Waiver. En este estudio, nosotros somos
interesados en aprender acerca de los beneficios a niños y sus familias de conferencias de
familia arregladas por el Departamento de Servicios Sociales Públicos del Condado de
Riverside.

Nosotros solicitamos su permiso a:

☐ Grabar a video
☐ Observar

la conferencia de la familia, arreglada por el Departamento de Servicios Sociales
Públicos del Condado de Riverside para su familia y su niño, para aprender más acerca
del proceso de conferencia de familia.

Como es descrito en la adjunta forma de consentimiento, la confidencialidad de su
familia será protegida estrictamente y su decisión de permitir (o no permitir) su
conferencia a ser observado o grabado a video no afectará los servicios que usted recibe
del Departamento de Servicios Sociales Públicos del Condado de Riverside.

Si usted tiene preguntas acerca de este pedido o el estudio, usted puede llamar a Karen
Thomas sin cargo al 1-800-887-7232.

Sinceramente,

Jill Duerr Berrick
Co-Investigadora principal
Evaluación del Proyecto de
Demonstración del
California Title IV-E Waiver

Ed Cohen
Co-Investigador principal
Evaluación del Proyecto de
Demonstración del
California Title IV-E Waiver
Proyecto de Demonstración del California Title IV-E Child Welfare Waiver

FORMA DE CONSENTIMIENTO DE LA OBSERVACION DE LA CONFERENCIA

Estoy de acuerdo a permitir investigadores de la Universidad de California en Berkeley, Proyecto de Demonstración del Title IV-E Child Welfare Waiver a observar la conferencia de la familia arreglada por el Departamento de Servicios Sociales Públicos del Condado de Riverside para mi familia y mi niño. Entiendo que los investigadores tomarán notas acerca del proceso de la conferencia de la familia durante la conferencia, y que esta información será usada en el Proyecto de Demonstración del Title IV-E Child Welfare Waiver. Entiendo que ninguna información de identificación con respecto a mi familia o mi niño será informado en los resultados de investigación, y que la confidencialidad de mi familia será protegida a la extensión repleta de la ley. Estoy enterado que puedo negar a permitir que los investigadores observan la conferencia de mi familia y mi niño a cualquier tiempo, y que esto en ninguna manera afectará los servicios que yo o mi niño recibimos del Departamento de Servicios Sociales Públicos del Condado de Riverside.

Firma          Fecha

Nombre Escrito       Número Telefónico
Proyecto de Demonstración del California Title IV-E Child Welfare Waiver

FORMA DE CONSENTIMIENTO PARA GRABAR A VIDEO PARA OBSERVAR LA CONFERENCIA DE FAMILIA

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Firma

Fecha

Nombre Escrito

Número Telefónico
Technical Team Update: Family Conferencing Substudy
Bill Dawson, Meghan Howe
04/01/02 to 09/30/02

1. Supported current data collection and data management efforts; provided technical support and training to team members
   - Assisted team members in use of existing data collection and management tools (Enrollment spreadsheets, In-depth Interview databases, Family Conferencing (FC) baseline database, FC conference instruments database); cleaned, appended, and backed up data
   - Created database tracking mechanisms and financial reports to monitor interview participation reimbursement account

2. Began construction of an analysis dataset integrating data from enrollment spreadsheets and supplementary databases with data from California Children’s Service Archive (the Archive)
   - Used CWS/CMS xTools software to convert test county client numbers from 22-character display format to 10-character internal CWS/CMS format
   - Developed SAS code to link enrollment spreadsheet data to corresponding records in Enhanced Longitudinal File (ELF) dataset (using child client number)
   - Developed SAS code to display test dataset to confirm and count matched ELF records
   - Drafted plan for locating records that do not match on child client number

3. Modified, maintained, and supported use of the FC contact database
   - Met with team members to review suggestions and questions
   - Modified database per decisions from meeting
   - Reviewed documentation and practices with primary users

4. Modified, maintained, and supported use of the FC Conference Instruments database
   - Trained users in use of database
   - Added additional instrument to database
   - Restructured database for all instruments due to new information about the relationships between number of participant entries per instrument
   - Assisted users in use of the database

5. Maintained network installation of Cardiff Teleform (for processing of In-depth Interviews)
   - Trained users in procedures for verification of In-depth interviews
   - Modified In-depth interview field constraints as requested by users
Focus Group/Interview(s) with Program Administrators

– Time 4 –

Organizational Structure

Implementation Status, Strategies

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

2. a. What is the current status of your non-Waiver Family Conferencing program?

b. How are you ensuring that families assigned to the Waiver project control group do not receive a family conference?
3. Some families entered the Waiver program more than a year ago… What outcomes are you now seeing for these families?

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

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

7. a. Has the intervention provided by your program changed in any way during the past year?
   b. If so, what changes were made?

8. How would you describe the guiding philosophy of your Waiver Family Conferencing program?

9. a. Has the guiding philosophy of your program changed at all since implementation began?
   b. If so, how?
10. How does the structure of your Waiver Family Conferencing program reflect the program philosophy?

11. What factors do you feel facilitate the conferencing process for families receiving a Waiver family conference?

12. What factors make the conferencing process more challenging?
13. What do you perceive to be the unique advantages of the specific family conferencing model you have chosen for your Waiver Family Conferencing program, as compared with other available models?

14. What are your perceptions about the model’s disadvantages?

15. How does the family conference facilitate the goals of your Waiver program? (Explain.)
Funding

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

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

3. a. Have non-IV-E funding sources been used to implement your Waiver Family Conferencing program?

   b. If so, what sources have been used? How?
Oversight and Monitoring

1. a. Have there been any changes in the methods you use to supervise and monitor service provision to families who participate in your Waiver Family Conferencing program? (Explain).

   b. If so, do your current methods differ from methods you have used to oversee previous programs? (Describe).

2. Please describe the ways in which community stakeholders have been involved in your Waiver Family Conferencing program.

3. Who are the key community stakeholders for your Waiver program?
4. How do you envision the ongoing role of community stakeholders in your Waiver Family Conferencing program?

**Problem Resolution**

1. What implementation challenges have you encountered, if any, during the past year?

2. a. Have you been able to resolve the challenges you have encountered thus far?
   
   b. If so, how?

   c. If not, how do you plan to address the challenges you have encountered?
3. Have you encountered any recent challenges that impact your ability to enroll families in your Waiver Family Conferencing program? (Describe).

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

**Staffing Structure**

1. a. Have there been any recent changes to the staffing structure of your Waiver Family Conferencing Program?
   b. If so, how were changes made?
   c. What impact, if any, do you expect these changes to have on your Waiver Family Conferencing program?
Service Factors

Characteristics, Roles, Training of Staff

1. What staff are currently involved in providing direct services to families enrolled in your Waiver Family Conferencing program?

2. Have direct service staff involved in your Waiver Family Conferencing program received any training related to the experimental intervention? (Describe).

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

4. What staff are involved in coordinating and facilitating family conferences for families enrolled in your Waiver Family Conferencing program?
5. Have you provided specific training for coordinators and facilitators involved in your Waiver Family Conferencing program? (Describe).

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

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

8. What are the roles of community stakeholders who attend family conferences for families enrolled in your Waiver Family Conferencing program?
9. Have you provided specific training for community stakeholders involved in your Waiver Family Conferencing program? (Describe).

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

**Type and Duration**

1. How do the services provided to experimental and control families differ? (Describe.)

2. What “unique” services have been provided to experimental group families as a result of their participation in your Waiver program?
3. What services have been provided to client families by family and community support persons attending family conferences?

4. a. In what ways are family plans generated at Waiver family conferences similar to the case plans of participant families?

   b. In what ways are family plans and case plans different?

5. How long do families receive the experimental intervention before exiting your Waiver Family Conferencing program?
Timeliness and Scheduling

1. Once a family is assigned to the experimental group, when do Waiver program services begin?

2. Once a family is assigned to the experimental group, how soon is the family conference scheduled?

3. What factors have an influence on the timing of Waiver service provision and conference scheduling?
Contextual Factors

Social and Economic Factors at the Client Level

1. How do the social and/or economic challenges experienced by families participating in the Waiver program impact your ability to deliver the experimental intervention?

2. What social and/or economic resources do family members bring to their participation in the Waiver program that have an impact on your ability to deliver the experimental intervention?

3. Does the impact of these challenges and/or resources on the experimental intervention differ in any way from their impact on child welfare services in general?
Community and Neighborhood Resources

1. How do the social and/or economic *challenges* that are evident in the communities you serve influence your ability to deliver the experimental intervention?

2. How do the social and/or economic *resources* available in the communities you serve have an impact on your ability to deliver the experimental intervention?

3. Does the impact of these challenges and/or resources on the experimental intervention differ in any way from their impact on child welfare services in general?
Social and Economic Factors at the County, State, and Federal Levels

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

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

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

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

1. What types of political issues have arisen in the past year that have had an impact on your ability to deliver the experimental intervention?

2. Does the impact of these political factors on the experimental intervention differ in any way from their impact on child welfare services in general?

Factors Related to the Demonstration Project

1. How have the guidelines for the demonstration project and evaluation impacted the implementation of your Waiver Family Conferencing program?
2. How do you plan to approach the fiscal, staffing and service issues that may arise as the conclusion of the demonstration project approaches?

3. a. Do you plan to continue your experimental program after the demonstration project concludes? If so, how?

   b. If not, why?

This marks the end of our focus group. Thank you!
PRELIMINARY ANALYSIS FOR COST STUDY

Cases to be included for report: All cases for which six months have passed since enrollment (therefore, enrolled by September 30, 2002)

Can control by:
- One or two parent family
- Number of children
- Age (parent, youngest child, oldest child, average age of children)
- Other demographic variables available from impact study data

Questions:
1. What percentage of cases refused services, used some services but for less than a month, and used services for more than one month? How do these percentages compare between the experimental and control groups?
2. What was the average cost of a family conference in this experiment?
3. Do the quantity of [successful] worker contacts vary between the groups? Do the number of [successful] worker visits vary between the groups?
4. How do the groups compare in their usage/attendance of various services?
   - Parenting classes
   - Anger management classes
   - Domestic violence classes
   - Mental health counseling/therapy
     - Per parent
     - Per child
     - Family (family counseling)
5. How do costs of above services received compare between groups?

**TIMELINE**

<table>
<thead>
<tr>
<th>Task</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify cases with six months completed since entry by March 31, 2003</td>
<td>January 15, 2003</td>
</tr>
<tr>
<td>Identify cases which have refused services</td>
<td>January 15, 2003</td>
</tr>
<tr>
<td>Identify cases which have used some services but for less than one month</td>
<td>January 15, 2003</td>
</tr>
<tr>
<td>Identify cases which have used services for more than one month</td>
<td>January 15, 2003</td>
</tr>
<tr>
<td>Code or program control variables</td>
<td>January 22, 2003</td>
</tr>
<tr>
<td>Analyze data to answer question 1 above (all cases will have completed more than six weeks in program by December 31, 2002)</td>
<td>January 31, 2003</td>
</tr>
<tr>
<td>Analyze data to answer question 2 above (all cases will have received family conference within first two weeks, well before December 31, 2002)</td>
<td>February 15, 2003</td>
</tr>
<tr>
<td>Pre-program for analysis of question 3</td>
<td>March 31, 2003</td>
</tr>
<tr>
<td>Pull service and contact data from Fresno County through March 31, 2003</td>
<td>April 7, 2003</td>
</tr>
<tr>
<td>Clean data</td>
<td>April 17, 2003</td>
</tr>
<tr>
<td>Complete first data analysis run</td>
<td>May 7, 2003</td>
</tr>
<tr>
<td>Complete first draft of “Preliminary Analysis Report”</td>
<td>May 22, 2003</td>
</tr>
<tr>
<td>Produce final “Preliminary Analysis Report”</td>
<td>June 30, 2003</td>
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</table>
Wraparound Enrollment Totals and Patterns

### Wraparound Enrollment Totals (08.31.02)

<table>
<thead>
<tr>
<th>Counties</th>
<th>Study</th>
<th>Sibs</th>
<th>Total</th>
<th>Closed*</th>
<th>Study</th>
<th>Sibs</th>
<th>Total</th>
<th>Closed</th>
<th>Total/sibs</th>
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<tbody>
<tr>
<td>Alameda</td>
<td>109</td>
<td>43</td>
<td>152</td>
<td>17/2</td>
<td>69</td>
<td>7</td>
<td>76</td>
<td>9</td>
<td>178+26</td>
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<tr>
<td>Humboldt</td>
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<td>1</td>
<td>9</td>
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<td>2</td>
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<td>60</td>
<td>8</td>
<td>32</td>
<td>1</td>
<td>33</td>
<td>2</td>
<td>87+10</td>
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<tr>
<td>Sacramento</td>
<td>91</td>
<td>15</td>
<td>106</td>
<td>29/2</td>
<td>67</td>
<td>4</td>
<td>71</td>
<td>10</td>
<td>158+39</td>
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<tr>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4+6</td>
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<tr>
<td>All Counties</td>
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<td>64</td>
<td>330</td>
<td>60/4</td>
<td>171</td>
<td>12</td>
<td>183</td>
<td>25</td>
<td>437+85</td>
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</table>

* study/siblings

### Wraparound Enrollment Patterns (08.31.02)

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<thead>
<tr>
<th>Counties</th>
<th>April 2002</th>
<th>May 2002</th>
<th>June 2002</th>
<th>July 2002</th>
<th>August 2002</th>
<th>Total</th>
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<td>7</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>26</td>
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<tr>
<td>Humboldt</td>
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<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Los Angeles</td>
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<td>11</td>
<td>7</td>
<td>5</td>
<td>11</td>
<td>47</td>
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<tr>
<td>Sacramento</td>
<td>14</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>San Luis Obispo</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>All Counties</td>
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<td>28</td>
<td>11</td>
<td>14</td>
<td>21</td>
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## Wraparound Data Collection Activities

<table>
<thead>
<tr>
<th>Counties</th>
<th>Client Enrollment</th>
<th>Baseline (CAFAS)</th>
<th>Services Tracking</th>
<th>In-Depth Interviews</th>
<th>Wraparound Fidelity</th>
<th>Administrative Data</th>
</tr>
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<tbody>
<tr>
<td>Alameda</td>
<td>County/UCB</td>
<td>Countty</td>
<td>Exp: Providers Ctrl: UCB (September 2000)</td>
<td>UCB (October 2000)</td>
<td>UCB (July 2001)</td>
<td>County/UCB</td>
</tr>
<tr>
<td></td>
<td>(June 1999)</td>
<td>(October 2000)</td>
<td></td>
<td></td>
<td></td>
<td>(June 1999)</td>
</tr>
<tr>
<td>Humboldt</td>
<td>County/UCB</td>
<td>County</td>
<td>Exp: Providers Ctrl: UCB (September 2000)</td>
<td>NA</td>
<td>NA</td>
<td>County/UCB</td>
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<tr>
<td></td>
<td>(June 2000)</td>
<td>(November 2000)</td>
<td></td>
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<td>(June 2000)</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>County/UCB</td>
<td>County</td>
<td>Exp: Providers Ctrl: UCB (December 2000)</td>
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<td>County/UCB</td>
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<tr>
<td></td>
<td>(December 2000)</td>
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<td></td>
<td></td>
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<td>(December 2000)</td>
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<tr>
<td>San Luis Obispo</td>
<td>County/UCB</td>
<td>County</td>
<td>Exp: Providers Ctrl: UCB (May 2001)</td>
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<td>NA</td>
<td>County/UCB</td>
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<tr>
<td></td>
<td>(September 2000)</td>
<td>(October 2000)</td>
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<td>(September 2000)</td>
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### CAFAS Data Collection

<table>
<thead>
<tr>
<th>County</th>
<th>Start Date</th>
<th>End Date</th>
<th>Eligible</th>
<th>CAFAS*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Experimental</td>
<td>Comparison</td>
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<tr>
<td>Alameda</td>
<td>10/01/00</td>
<td>08/31/02</td>
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<tr>
<td>Humboldt</td>
<td>11/01/00</td>
<td>08/31/02</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>12/01/00</td>
<td>08/31/02</td>
<td>60</td>
<td>32</td>
</tr>
<tr>
<td>Sacramento</td>
<td>05/01/01</td>
<td>08/31/02</td>
<td>58</td>
<td>42</td>
</tr>
<tr>
<td>SLO</td>
<td>10/01/00</td>
<td>08/31/02</td>
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<td>3</td>
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</table>

*Children ages 7 and older as of August 31, 2002. (n) = percent of eligible
## Services Tracking Data Collection

<table>
<thead>
<tr>
<th>County</th>
<th>Service Weeks Tracked*</th>
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</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>775</td>
</tr>
<tr>
<td>Humboldt</td>
<td>63</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>171</td>
</tr>
<tr>
<td>Sacramento</td>
<td>500</td>
</tr>
<tr>
<td>SLO</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1549</strong></td>
</tr>
</tbody>
</table>

*Service weeks tracked and entered into the services tracking database as of August 31, 2002*
## WFI Data Collection

<table>
<thead>
<tr>
<th>County</th>
<th>Start Date</th>
<th>End Date</th>
<th>Eligible</th>
<th>WFI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Treatment</td>
<td>Comparison</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td>49</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>49 (76)</td>
<td>21 (72)</td>
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</tbody>
</table>

(n) = percent of eligible
Wraparound In-Depth Interview Data Collection Activity
April 1 – September 30, 2002 and Cumulative to Date

WRAP Collected Interviews through March 31 2002

<table>
<thead>
<tr>
<th>Baseline Caregiver</th>
<th>Baseline Youth</th>
<th>18 Mo. Caregiver</th>
<th>18 Mo. Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>42</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

Interviews Completed April 1 – August 30 2002

<table>
<thead>
<tr>
<th>Baseline Caregiver</th>
<th>Baseline Youth</th>
<th>18 Mo. Caregiver</th>
<th>18 Mo. Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>7</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

Interviews Pending Collection (Due by September 30 2002)*

<table>
<thead>
<tr>
<th>Baseline Caregiver</th>
<th>Baseline Youth</th>
<th>18 Mo. Caregiver</th>
<th>18 Mo. Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>6</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note: Due dates have a two month window for data collection.