

Family Group Decision Making Third Annual Evaluation Report

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Prepared by:
LeCroy & Milligan Associates, Inc.
620 N. Country Club Road
Tucson, AZ 85716
(520) 326-5154
www.lecroymilligan.com

Prepared for:
The Arizona Department of Economic Security
Finance and Business Operations Admin., 940A
1789 W. Jefferson, 3rd Floor SE
Phoenix, AZ 85007

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Table of Contents

Acknowledgments.....	i
List of Exhibits.....	iii
List of Appendices.....	iv
Executive Summary.....	1
Introduction.....	4
In This Report.....	4
Program Background.....	4
Philosophy.....	5
Literature Review Update.....	6
Legislative Requirements.....	6
Implementation in Arizona.....	6
Evaluation Purpose and Design.....	9
Program Implementation Evaluation.....	10
Results of Program Implementation Evaluation.....	10
1. What are the <i>characteristics of the families</i> participating in the FGDM Program?....	11
2. Are the participants <i>satisfied</i> with the FGDM program?.....	13
3. Do the families feel they have a <i>real voice</i> in the process of FGDM?.....	15
4. Does the process reflect the <i>policies and procedures</i> of FGDM?.....	16
5. What have been <i>impediments</i> to program implementation?.....	27
Suggestions from Participant Surveys and Staff Interviews.....	28
Outcome Evaluation.....	31
Conclusions and Recommendations.....	37
References.....	43
Appendices.....	46



List of Exhibits

Exhibit 1. Arizona Department of Economic Security District Map	7
Exhibit 2. Family Group Decision Making Organizational Chart	8
Exhibit 3. Numbers of Forms Received by District.....	10
Exhibit 4. Characteristics of FGDM Referrals	12
Exhibit 5. Do the Families Feel They Have a Real Voice in the Process of FGDM?.....	15
Exhibit 6. Meeting Characteristics.....	17
Exhibit 7. Percent Agreement Responses to “I am confident the children will be safe”	21
Exhibit 8. Percent Agreement Responses to Respect Statements.....	22
Exhibit 9. Percent Satisfied from 6-Month Follow-up Questions	23
Exhibit 10. Suggestions for Program Improvements.....	30
Exhibit 11. Results of Performance Measures.....	32
Exhibit 12. Number of FGDM Meetings Held During 2001-2003.....	38
Exhibit 13. Court-related Staff Interviews	58



List of Appendices

Appendix A: Program Philosophy.....	47
Appendix B: Literature Review Update	49
Appendix C: Legislative Goals and Evaluation Sources.....	52
Appendix D: Evaluation Design and Methods.....	55
Appendix E: Characteristics of FGDM Referrals.....	61
Appendix F: Child Placement for Cases with FGDM Meeting.....	63
Appendix G: Family Demographics for Cases with FGDM Meeting	65
Appendix H: Meeting Participants Survey.....	69
Appendix I: CPS/FGDM Professionals Survey Results.....	73
Appendix J: Resource Professionals Survey Results.....	77
Appendix K: Plan Characteristics That Contribute to Court Acceptance	80
Appendix L: Services Requested and Provided.....	82
Appendix M: Services Being Received by Children at Time of Referral to FGDM.....	85
Appendix N: 6-Month Follow-up Telephone Survey Results.....	87
Appendix O: FGDM Plans from a Court Perspective.....	90
Appendix P: Family Views on Strengths and Concerns	92
Appendix Q: Court-related Staff Strengths and Concerns	94
Appendix R: Description of Constructed Comparison Groups.....	96
Appendix S: Arizona Family Group Decision Making DRAFT Logic Model.....	99



Executive Summary

It opened my eyes as to what needs to be done.

-A Family Group Decision Making father

Results from the third year's evaluation of the Arizona Department of Economic Security's (DES) Family Group Decision Making Program (FGDM) reveal both high positive regard for the process from extended family and professionals involved in the meetings, and additional "growing pains" as the program has continued its statewide implementation. Highlights of the results from the evaluation data collection include the following:

- **Successful completion of meetings**
 - From February 2001 to July 2003, 471 families were referred to the program. Of these, 72% held family group meetings.
- **Successful completion of plans**
 - 97% of the families that held meetings also successfully completed placement plans for the children involved in the case.
- **High levels of relative placement**
 - Over three quarters (75%) of the children involved were placed with relatives according to the family plans developed at the meetings.
- **High levels of satisfaction**
 - 96% of the family members who completed a survey at the meeting felt that the family had an equal part or main role in decision making about the plan development.
- **High confidence that children will be safe**
 - 94% of the family members and 96% of the Child Protective Services (CPS) professionals completing meeting surveys were confident that the children would be safe.
- **High levels of respect**
 - 96% of the family members felt respected by the FGDM facilitator and 94% felt respected by the CPS case manager.
- **Performance goals were exceeded**
 - All legislated goals were exceeded and FGDM outcomes were better than those of a comparison group from Children's Information Library and Data Source (CHILDS).



Legislated Performance Goals	Results	Performance Goals Met?
Do 85% or more of the children whose families participate in FGDM and develop an acceptable family plan NOT receive a substantiated report of child abuse and/or neglect within a six-month period following the FGDM meeting?	96.8%	YES
Do 85% of the participants express satisfaction with the process and outcome in the satisfaction surveys conducted immediately following the meeting?	94%	YES
Do 85% of the families who participate in FGDM services and develop an acceptable family plan NOT have a dependency petition filed on their minor children within three months following the family meeting?	91%	YES
Do 85% of families whose children are wards of the court at the time of the meeting, who participated in FGDM services, develop an acceptable plan approved by the court, and whose petition was dismissed by the court NOT have a dependency petition filed within three months of the dismissal of the dependency petition?	98.7%	YES
Do 85% of the families who participate in the FGDM services, whose children are wards of the court either at the time of the meeting or afterwards, have their family plan accepted by the court and adopted as a part of the case plan developed by CPS?	90%	YES
How does FGDM compare to random sample of CHILDS and cancelled cases?	<i>FGDM Outcomes Better Than Comparison Group</i>	YES

- **Follow-up services are not fully utilized by all participants**
 - Based on a 6-month telephone survey, about one-third of extended family members interviewed did not remember being offered follow-up services and of those who did, half reported difficulties in receiving the service.



The results of the evaluation indicate success in a number of areas as described above. In order to continue to show progress, some key conclusions and recommendations are included to promote program improvement. These include:

- Need for improved DES management support;
- Continued refinement of follow-up/monitoring procedures (e.g., continued and enhanced communication of plan monitor responsibilities procedures);
- Ongoing need for clear communication about the vision and purpose of the program itself;
- Continued development of training and co-facilitator resources;
- Continued review of the draft logic model;
- Specification of outcome goals more closely tied to the FGDM unique effort and purpose.



Introduction

In This Report

This report includes a description of the current legislative requirements, an update of relevant literature, program implementation information based on surveys, site visits and staff interviews, descriptive data, and outcomes about families who have been served thus far by the Family Group Decision Making Program implemented by the Arizona Department of Economic Security.

In February of 2001, LeCroy & Milligan Associates, Inc., was awarded a contract from the Department of Economic Security to conduct an evaluation of Arizona's Family Group Decision Making Program. The overall purpose of the evaluation was to provide information regarding the implementation and impact of the Family Group Decision Making Program.

Program Background

Family Group Decision Making (FGDM) is a model and strategy that focuses on family strengths and capacity for change rather than on problems and deficits. FGDM was first used in New Zealand in 1989 as part of child welfare reform. The basic structure of the model involves bringing together extended family members to decide on a plan of safety and placement for children in families referred to Child Protective Services (CPS).

The purpose of the FGDM program is to prepare and encourage families to develop and carryout their own plans designed to ensure child safety. The program's main strategy is to include extended family (kin and others who care about the children's welfare) in the decision making process, and to facilitate the access to services and support for the safe placement of the children outside the home. Included in the DES program goals are decreased dependency filings, increased permanent placements for children, decreased CPS referrals, and improved family involvement and satisfaction with the plans and with CPS.



The Arizona Family Group Decision Making (FGDM) Program was originally piloted by the Arizona Department of Economic Security (DES) in 1999 in two districts: I (Maricopa County) and IV (Yuma County). The program expanded statewide to all six Districts in October 2001 and, as of late summer 2003, included seven Family Group Decision Making Program Specialists. The program has been funded from federal sources.

Factors that influenced the selection and implementation of the program included increasing numbers of children placed in foster care, length of foster care placements, a need for more permanent placements for children, as well as better adaptation of safety and placement plans to the specific needs of unique family situations.

Philosophy

Many states have implemented reforms as a result of the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) in order to qualify for supplemental federal appropriations. The Omnibus Budget Reconciliation Act (1993) funneled spending toward family support services. In response, Family Group Decision Making is one of the prevention services that has been developed to promote “reasonable efforts” to preserve the family before a child is placed in care other than the home (Pecora, Reed-Ashcroft, & Kirk, 2001).

The Family Group Decision Making model focuses on family strengths and capacity for change rather than problems and deficits. The FGDM model includes the following emphases, which reflect a national philosophical shift in child welfare services (Merkel-Holguin, 1998):

- Family-centered, strengths-based, and solution-focused interventions;
- Shared responsibility for child protection among agencies, community and family;
- Kinship care as a preference for out-of-home placement.

More details about the philosophy of the program are contained in Appendix A.



Literature Review Update

The first year's report (2001) included a full review of the available literature on FGDM and a description of its process. The review noted that many of the reports on existing FGDM programs are found in the "gray literature" and are more practice-based rather than research-based. The second year report included a brief update based on a literature search and materials collected by the statewide coordinator at the 2002 annual "roundtable" meetings sponsored by the National Center on Family Group Decision Making™. This same organization also supports a website and posts summaries of research as well as other family group conference information. The American Humane Association publishes a journal called *Protecting Children*, a recent issue of which was dedicated to evaluations of FGDM programs in the United States and internationally (Merkel-Holguin, 2003). Appendix B briefly reviews main points from the issue. Readers are encouraged to refer to the journal itself for full details. Additional specific results reported in the *Protecting Children* issue are noted in the relevant results section below in order to provide context for the Arizona data.

Legislative Requirements

In accordance with A.R.S. § 8-901, the Family Group Decision Making Program was established in the Arizona DES to provide families with an opportunity to find solutions to problems that threaten their family's stability. The legislation (A.R.S. § 8-1001 current as of September 2003) indicated that the Family Group Decision Making Program was to be implemented statewide by October 1, 2001, and that the program would address thirteen different goals. The goals and evaluation sources used to address their achievement are listed in Appendix C. These legislative goals served as the framework for the evaluation plans that were developed and submitted to the Department of Economic Security in 2001, 2002 and 2003.

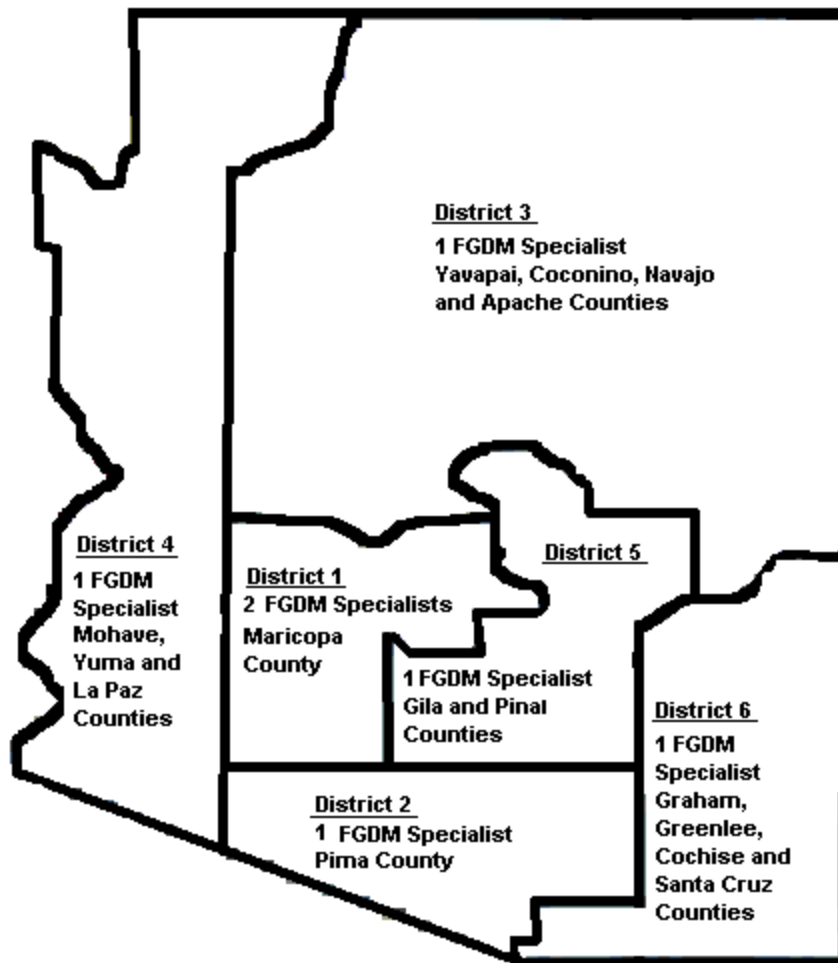
Implementation in Arizona

The Arizona Family Group Decision Making program was originally supported by federal funding beginning in 1999. The Decision Package for budget years 2002 and 2003 submitted by DES requested \$846,000 to implement the comprehensive program statewide by October 1, 2001. The decision packages were not funded by the legislature; however, DES achieved the statewide implementation with federal funds.



The original pilot program was instituted in 1999 in two DES districts: District I (Maricopa County) and District IV (Yuma County). The expansion occurred in late summer 2001, when FGDM specialists had been hired in all six districts, bringing the total number of specialists to ten: Four in District I, two in District IV, and one each in the remaining Districts II, III, V and VI. In 2003, several specialists took other jobs leaving a total of seven in the six DES districts (see Exhibit 1). Available data from all districts are included in this report.

Exhibit 1. Arizona Department of Economic Security District Map

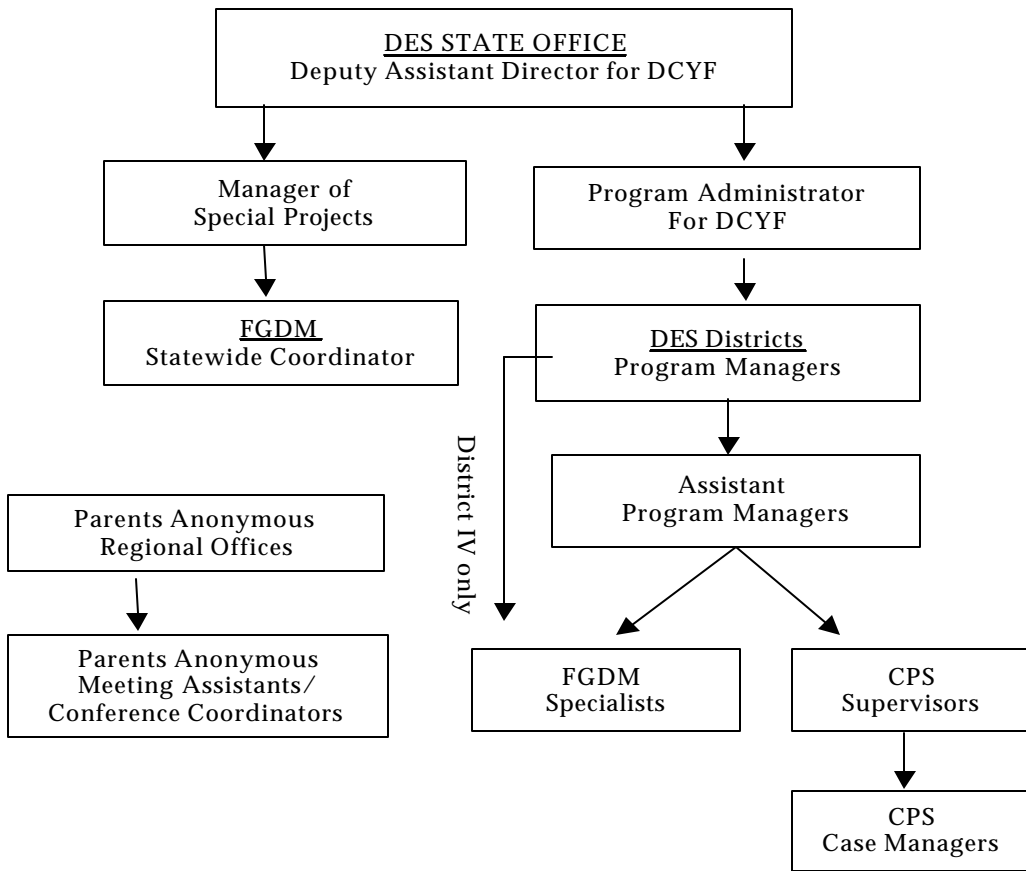


The program has had two interim statewide coordinators. The current permanent statewide coordinator began work with the program in June of 2001. An organizational chart included in the year 1 report broadly mapped out the main DES departments and staff positions that are involved with the



Family Group Decision Making Program. The chart is included below (see Exhibit 2). No changes have occurred in the overall organization of the program.

Exhibit 2. Family Group Decision Making Organizational Chart



CPS, as the agency that provides the main context for FGDM's implementation, has experienced a number of stressors in the past several years including increased scrutiny regarding child removal policies and processes (e.g., a governor-appointed CPS Advisory Commission), high staff turnover (particularly in District I), and increased reports of child maltreatment (e.g., 34,000 reports involving 65,000 children). All of these forces can impact the individual programs offered by DES. One example,



discussed below, occurs when FGDM staff have to be reassigned to cover urgent needs of CPS such as investigations for recent referrals.

Parents Anonymous (PA) was awarded a contract in 2002 to assist the Department of Economic Security (DES) in the project. As of October 2002, PA staff in all six districts function mainly as conference coordinators or meeting assistants. They arrange for the logistics of the meetings including meeting location, travel, food, note-taking, and other arrangements necessary to make the meeting run smoothly (e.g., child care). They were also contracted to arrange for services for the families during and after the meeting. Finally, PA is also contracted to make calls six months after the meeting date to gain information about follow-up services and monitoring activities associated with the developed plans. These follow-up interviews also assessed satisfaction with provided services and long-term satisfaction with the Family Group Decision Making program.

Evaluation Purpose and Design

The organization of this report reflects the evaluation design that focuses on the following aspects of the FGDM program in Arizona:

- Overall program structure
- Program implementation
- Demographic data on numbers and characteristics of participating families
- Participant and staff satisfaction with the program
- Effectiveness of the FGDM model in terms of achieving legislated outcomes

More details about the evaluation design and methods are included in Appendix D.



Program Implementation Evaluation

The descriptive data provided in the results section is based on data received from all six DES Districts. During the period of time that the program has been implemented, February 1, 2001 - July 31, 2003, the following total numbers of forms and surveys have been received and processed for this report.

Exhibit 3. Numbers of Forms Received by District

Numbers of Forms Received						
District	Known Referrals	Completed Data Collection Forms	Family Meeting Participant Survey	CPS/FGDM Professional Survey*	Resource Professional Survey	6 Month Follow-up Survey
I	188	147	739	274	44	296
II	45	36	163	72	9	0
III	81	70	465	93	69	71
IV	42	39	87	47	6	8
V	22	17	125	62	8	26
VI	39	32	135	53	10	9
TOTAL	417	341	1714	601	146	410

**CPS staff and FGDM specialists are asked to complete the same survey. To check whether their judgments varied widely, separate analyses were completed for the two groups. As the responses were very similar, with the exception of one question discussed below, the results are reported for the combined groups. There were 151 surveys from the FGDM specialists; 110 from co-facilitators, and 310 from the CPS case managers/supervisors in the sample.*

Results of Program Implementation Evaluation

The key issues addressed by the program implementation evaluation and included in the results are the following:

- *Characteristics of the families*
- *The satisfaction of the participants*
- *Whether families have a real voice in the process*
- *Consistency with policies and procedures (e.g., meeting characteristics and model fidelity)*
- *Impediments to implementation*



Each of these topics is addressed below. The first portion of each section will describe results based on the data collection forms and meeting participant surveys. The second portion of each section will describe relevant perspectives from the key informant interviews. Indicators of the program's effectiveness are noted in relation to the broader goals and objectives as listed in the enabling legislation. Where appropriate, additional references to the current literature on FGDM are included to provide context for Arizona's results.

1. What are the *characteristics of the families participating in the FGDM Program?*

During the time period from February 2001 to July 2003, 417 families were referred to FGDM. Of these, 116 meeting preparations were cancelled before the meeting could be held. Reasons for cancellation included: the parent chose not to participate (46), issues were resolved (22), FGDM was suspended in the district (8), safety (1), and other reasons (74). The most frequently listed "other" reasons included the following: parent agreed to guardianship without the meeting, children were placed with other family members without meeting, adversarial relationship, the child ran away, CPS wanted to try reunification services, charges were dropped, parents vanished, unable to contact more family, CPS chose not to have the meeting, case was transferred to another case manager who did not want the meeting, and family decided to do "wrap."

Exhibit 4 summarizes the characteristics of cases referred to FGDM. Details on the exact numbers on which the percentages listed in Exhibit 4 were calculated are included in Appendix E.¹

¹ Percentages reported in the following sections are based on the actual numbers of responses for each question that may not reflect the total numbers of surveys and forms shown above. Percentages also may not add to 100% due to rounding for ease of understanding and presentation. The data included below contain all information submitted for the evaluation and, although relevant and extensive, do not represent all of the families served by the program.



Exhibit 4. Characteristics of FGDM Referrals

CHARACTERISTICS OF FGDM REFERRALS FEBRUARY 2001- JULY 2003		
	Families Who Completed Meetings	Families with Cancelled Meetings
Number of Families	291 (72%)	116 (28%)
Type of Referral	Intake 33% Ongoing 67%	Intake 32% Ongoing 68%
Cases with Prior Dependency Records	8%	7%
Cases with Prior CPS Referrals	76%	68%
Number of Prior CPS Referrals Per Case	3 (Range 1-39)	2 (Range 1-10)
Primary Language	English 87% Spanish 5% Mixed Spanish/English 8%	English 93% Spanish 6% Other 1%
Families Completing Plans	97%	NA
Plans Accepted by CPS	97%	NA
Length of Stay in Care for Children Involved in the Case	56 days* (NOTE: Just under 31% had "0" days in care)	NA

* Note that only 25% of the cases included completed information on number of days in care.

For the 291 cases in which families held a meeting:

- The average number of children involved in the case was 2.
- Slightly over half of the children (301) were male, while slightly under half (295) were female. The ethnicity of the children included **39%** white/Caucasian, **37%** Hispanic, **14%** mixed heritage, **8%** African American, **2%** Native American.
- Less than half (**47%**) of the children involved in the cases were in some kind of **relative placement** (e.g., relative licensed, relative unlicensed,



guardianship with kin, in home with original primary care giver) at the time of referral to FGDM; **26%** were placed in **foster care** at the time of referral.

- Over three-quarters (**75%**) of children were in **relative placement** based on the family plan. Only **10%** of the children were in **foster care** as a result of the family group plan (see Appendix F for a full list of placement categories).
- The average number of days from referral to FGDM and meeting date was about **two months** (between 54 and 66 days). For cancelled cases, the average number of days from referral to cancellation was slightly less (between 47 and 66 days).

Other demographic information about the families is summarized in Appendix G.

Perspectives on Families from Staff Interviews

The FGDM specialists and court-related personnel both noted that cases referred to family group vary in many ways as indicated by the results described above. Intake/investigation cases and ongoing cases are quite different in that the ongoing families have a longer history with CPS and therefore may be more suspicious of the value of the process. Some caseworkers refer only their most difficult cases to FGDM. This can also affect the length of time it takes to prepare and organize the family group meeting.

2. Are the participants *satisfied* with the FGDM program?

In general, the family participants who completed surveys were very satisfied with the program. For example, **94%** of the extended family meeting participants who responded (1646) agreed or strongly agreed with the statement, “*Overall, I am very satisfied with the FGDM program.*” At the time of the six-month follow-up survey, these ratings were still relatively high, with **90%** of the 410 respondents indicating that they were satisfied or very satisfied with the FGDM process (see Appendix H for specific details on other questions related to satisfaction). These results should not be assumed to represent everyone who participated, as some family members refused to complete surveys, possibly because they were unhappy with the process.



The ratings by professionals were similarly high. Of the 297 CPS professionals (case managers and supervisors) who responded, **95%** agreed or strongly agreed with the statement, *“Overall, I am very satisfied with the FGDM program.”*

The CPS professionals’ survey also included an item that asked, *“Based on your experience with this conference, are you more, less, or as likely to recommend a case to Family Group?”* Of the 118 responses from CPS case managers and supervisors, 60% were MORE likely to recommend, 40% were AS likely, and only 1 was LESS likely to recommend a case to FGDM. The majority of these respondents had also participated in an FGDM conference before (58%). This was consistent with an observation made by some of the specialists that if a case manager or supervisor participated at least once in the process, they better understood the value of FGDM and would be more willing to participate in the future. Note, however, that not all those who turned in a survey responded to this item, so it is possible that the ones who were most dissatisfied may have skipped this question. Refer to Appendix I for the complete results of the CPS/FGDM Professionals survey (both groups’ responses were reported together because results on all remaining questions did not differ between the two groups) and to Appendix J for the Resource Professional survey.

Perspectives on Satisfaction From Staff Interviews

Those interviewed agreed that many families benefited and were pleased with the process and results of their family group meeting. However, individuals may have become disappointed by the process if their expectations were not met. For example, some meeting participants expected to be considered as viable placements whereas the extended family group may have decided on someone else. One of the interviewees mentioned that, in a few cases, children might develop “high hopes” from false promises made by family members during the meeting. Management of these expectations could be addressed by high quality preparation and facilitation on the part of the FGDM specialist and consistent communication among the case manager, FGDM specialist, and the family members.



3. Do the families feel they have a *real voice* in the process of FGDM?

Achieving the legislative goal to “allow shared decision making and shared responsibilities between the family and case manager” is measured in part by responses to the meeting participant surveys. A high rate, **96%** of the family members and **97%** of the CPS professionals, felt that the family played the main role in the decision or had an equally shared role with CPS in the development of the plan. In response to the survey question, those in attendance at the meetings replied as follows:

Exhibit 5. Do the Families Feel They Have a Real Voice in the Process of FGDM?

<i>“Who do you think had the most say about the plan?”</i>	Extended Family (n=1460)	CPS/FGDM Professionals (n=540)
<i>Family had the most say</i>	825 (57%)	374 (69%)
<i>Professionals had the most say</i>	52 (4%)	13 (2%)
<i>Family and professionals had equal say</i>	583 (40%)	153 (28%)

Perspectives from Staff Interviews

An additional benefit of the FGDM process was noted by some of the specialists. When the family became directly involved in the preparation and creation of a plan for the children, some pressure was removed from the case manager. The shared decision making can be a relief for them as well. This, in turn, could potentially decrease burnout on the part of the CPS workers. However, more data on the impact on CPS workers would have to be collected to confirm this perspective.

The court-related personnel offered a different perspective on the issue of shared decision making. When asked if they had any concerns about the program, one of the judges noted that sometimes it seemed as though judges are *expected* to accept the family plan. If a judge had concerns and wanted to alter the plan, or did not observe enough detail in the family plan to support the placement decision, the situation would have disappointed the family. This judge, and several others, noted that the success of a FGDM plan in court depended on the experience and strength of the case manager. On the



positive side, the FGDM plans were seen to result in: better resolutions with enough participation by family members; increased buy-in for decisions reached by the family (vs. “some judge telling them what to do”); and less threatening ways to reach resolution. On the negative end, some case managers were reported as “overly willing” to follow the family plan. Perhaps the family plan did not fully address “alternate” solutions. Placements can fail, with FGDM as well as with standard CPS plans. Appendix K contains a list of plan elements mentioned during the court-related interviews that can increase the likelihood that a judge would accept the FGDM plan.

4. Does the process reflect the *policies and procedures* of FGDM?

This section addresses such questions as the following: Is the program being implemented consistent with the Arizona Family Group Decision Making Policies and Procedures and best practices found in current literature? Does the program address the legislated goals and objectives? Portions of the survey data, supported by key informant interview responses, provide indicators of the program’s progress in reaching these goals (see the Legislative Requirements section above and Appendix C for descriptions of the legislative goals).

➤ *Meeting characteristics*

The PA meeting assistants complete brief forms that relate information about the meeting such as time, location, and number of participants. Meeting forms have been collected for 287 of the meetings that have occurred in the past years. The following descriptions are therefore not based on every meeting, but are to be considered estimates based on available data.



Exhibit 6. Meeting Characteristics

Average Length of Meeting	6 hours
Average Length of Private Family Time	1 ½ hours
Average Number of Adult Participants	12-13 (range of 3-28)
Average Start Time	10 am
Average Finish Time	4-5 pm
Percent of Meetings Held on Weekend Days	59%*

*However, over half of the cases have missing data regarding which day of the week the meeting was held.

Ninety-five percent of the extended family meeting participants felt that the meeting location was easy to travel to and that the time of the conference was convenient. The average distance from the home of the primary care givers was between 5-10 miles.

- *Outline options for services; Assist the family in identifying appropriate resources; Type of services requested and provided*

FGDM specialists facilitate knowledge about services and resources as part of the FGDM preparation, meeting, and follow-up process. Families involved with FGDM request a wide range of services. The most frequently requested services include transportation, housing, resource people, legal information, mental health information, and substance abuse information.

The majority of services requested for the meeting itself were provided (**94%**). However, in total, more services were reported as provided than were explicitly requested by the families. For services requested after the meeting, the pattern is not quite as strong. Of 88 who were surveyed six months after the meeting and who said services were requested, **52%** reported that the requested services were not provided. Furthermore, of the 160 who were reached for the survey, **35%** said that they did not recall being informed of



available services at the FGDM conference. It is important to keep in mind that these questions were asked six months after the meeting and that it is possible they forgot that they were informed about services. This interpretation is supported by the high number (**94%**) who agreed with the statement “*I am aware of the resources available to support the family*” immediately following the meeting. However, the six-month survey results do indicate that, at the time of the interview, some people perceive that the services were not available. This may be evidence that improved follow-up contact with the family is needed.

Appendix L shows a complete list of the requested and provided services and Appendix M lists other services received by the children involved in the case at the time of referral to the FGDM program.

- *Give all participants information about departmental and court processes*

As part of the process of preparation, the specialists ascertained whether a resource person needed to be present during the meeting. In 89 of the 291 cases which held meetings, resource professionals were requested who could provide information on CPS legal issues. In addition, other resources requested and shared with the family included adoption and guardianship procedures. Legal information was provided in at least 84 of the cases and guardianship guidance was frequently requested as follow-up in 93 of the cases. In all of the meetings observed as a part of the case studies in year 2, information was provided about CPS and, when relevant, court procedures. Whenever families had questions about departmental or court processes, attempts were made to answer them at least verbally during the meeting. The specialists indicated that they consistently shared this information with the families, either themselves or through other staff present at the meeting. For example, supervisors are often asked to present the information on CPS and/or court process.

- *Increase plan compliance by encouraging the family to develop their own individual plan; Provide a process to assist families to develop a family action plan to protect children; Assist and facilitate in preparing families to meet to develop a plan adapted to the needs of their family*

Families and professionals consistently describe the development of the family plan as a major strength of the program. There is evidence that plans



were created that addressed the specific needs of the family. As noted in the literature, details were often included in the family plans that may never have been included by CPS staff. For example, some families listed attendance at church or other religious services as part of the plan, which is something the case managers were not allowed to incorporate.

Most (**97%**) of the cases in which a meeting was held resulted in plans acceptable to CPS. The extended family survey responses indicated that **82%** thought the plan was realistic (and **16%** thought it was “somewhat” realistic). CPS/DES staff perspectives on the same question were **84%** and **14%** respectively. As reported above, for cases with follow-up interviews, **47%** of the respondents stated that the family had been following the plan “completely,” **39%** said they were “mostly” following the plan, and **15%** reported only “a little” or “not at all.” Not all cases have had follow-up interviews, suggesting that this indicator of compliance may not accurately represent a typical response.

Thoennes (2003), in one of the few studies to discuss results about plan compliance, reports that 50% of the mothers, 25% of the fathers and 77% of the family members seem to comply with the case plans developed in family group meetings. These results appear consistent with the information provided in this report.

Plans were usually successfully developed during the family meeting. Reasons given for why a plan was not developed include: family disagreement; family decided they were not as resourceful as they thought; biological grandmother didn't have family support to make a safe plan; and that a mother disrupted the family.

CPS concerns about the plans were infrequent. A few of the concerns noted were: uncertainty about the ability of CPS to follow-up regarding legal placement; a family wanted severance but did not identify a placement for the children; a mother refused to have her stepson stay out of her house; and teachers in one case wanted financial security in order to provide placement for the children.

The specialists believed that plan compliance was usually increased from the FGDM process. By having “everyone on the same page” through sharing the basic facts and issues that needed to be addressed and discussing the plan at the end of the day, families (and CPS) were clearer about their roles and tasks. However, the specialists were not always directly involved in



monitoring the case after the meeting, so this was a difficult question for them to address.

- *Support family in choosing a monitor or monitors from the family who will hold participants accountable for plan follow-through*

Family members were selected as plan monitors in **71%** (206) of the cases that held a meeting. In **24%** of the cases (69), other components were added to the monitoring/follow-up. Examples of these additions include such details as the following:

- case manager will also monitor until case is closed;
- several monitors were selected;
- additional family members will help the monitor;
- guardian *ad litem* will check with monitors before closing the case.

The program itself has made efforts to strengthen this aspect. It should be noted that the FGDM policy that required the case to remain open for six months following the meeting was intended to strengthen both the services provided to the families as well as the accountability for plan follow-through. However, the consistency of the follow-up depended both on the willingness of the plan monitors to contact staff if there were problems with plan compliance, and on the responsiveness of the staff person contacted. In some cases, FGDM specialists were the ones with whom the family maintained contact and in other cases it was the CPS case manager.

The specialists noted that the strength of the plan monitor did vary. Selection of monitors by the family represented one of the ethical difficulties that can arise from the FGDM process. The families were supposed to have the responsibility and freedom to choose the plan monitor(s). Most of the time, in both Arizona and other family group programs, the families chose practical, stable, and sometimes “hard-nosed” people to be monitors. To assist in the selection, the FGDM specialists handed out a list of the monitor’s responsibilities. However, as described by several interviewees, some families selected people for this role who were not one of the most reliable possibilities. If case managers or FGDM specialists interfered with this selection, they would have violated fidelity to one of the core values of the process. In most cases, the specialists have had success with making it clear to the families the expectations for the monitors. This is an area for additional



discussion as it clearly relates to the quality of meeting follow-up and compliance with the plan itself.

➤ *Provide for care and protection of children*

The program materials, policies and procedures, and presentations regarding FGDM emphasize the importance of putting the child’s safety first. For example, the policy states, “...the case shall remain open for follow-up support and contact for at least six months after the child’s placement with the caregiver *to ensure child safety and well-being.*” Directions given to the family about the purpose of the meeting and the guidelines for the family plan further emphasize the centrality of the safety of the child.

After the meeting, participants responded to a question on the survey that addressed the issue of the care and protection of the children. The responses from the various types of participants are shown below. The results in the outcomes section address long-term indicators of child safety.

Exhibit 7. Percent Agreement Responses to “I am confident the children will be safe”

Family	n=1641	94%
	Agreed	47%
	Strongly agreed	47%
CPS/FGDM Professional	n=561	96%
	Agreed	54%
	Strongly agreed	42%
Resource Professional *	n=136	90%
	Agreed	53%
	Strongly agreed	37%

**The resource professionals did not always remain for the entire family meeting and therefore made these judgments typically after hearing the strengths and concerns but not always the family plan itself.*

Clearly, the majority of meeting attendees were confident immediately after the meeting that the children will be safe. Furthermore, the FGDM specialists indicate that the process of the meeting itself (i.e., the sharing of facts and issues and the secrets that get “put on the table”) contributed to the protection of the children in the long run. The court-related personnel also



noted that the plans developed in family group included resources for child protection from the family and community that otherwise might have been missed by the normal process.

➤ *Increase the family’s ability to become self-determined*

Fully **92%** of the extended family participants agreed or strongly agreed with the statement, “*I am aware of the resources available to support the family.*” An equally substantial set (**94%**) felt they had “*...a better understanding of how the family can ensure the safety of these children.*” Slightly more (**96%**) also said that they had a “*clear idea of the plan for how the children would be cared for.*”

The FGDM specialists pointed out that by developing their own plan and including elements that are important to them, the families clearly established a path for self-determination. Some of the families stepped up to this task immediately. Others needed more preparation and support during the meeting. Many were proud of what they accomplished during the meeting.

➤ *Respect and value the culture of families*

Several of the questions on the family satisfaction survey asked about feeling respected during the meeting. The responses are shown below.

Exhibit 8. Percent Agreement Responses to Respect Statements

“ <i>My family traditions were respected.</i> ”	n=1646	95%
	Agreed	58%
	Strongly agreed	37%
“ <i>I felt respected by the facilitator.</i> ”	n=1663	96%
	Agreed	49%
	Strongly agreed	47%
“ <i>I felt respected by the CPS case manager.</i> ”	n=1644	94%
	Agreed	49%
	Strongly agreed	45%

These ratings of respect were gathered at the end of the family group meeting. FGDM specialists have observed that the time spent at the meeting made CPS more aware of the family’s strengths and resources, and



encouraged the family to view the CPS case manager as a real person. These interactions also influenced the next goals of the program.

- *Reduce conflict between the family and case manager*
- *Reduce conflicts between the family and CPS*

The high response rate to the questions about respect (described above) may indicate that the meeting itself offered an opportunity to build these relationships and perhaps reduce perceived conflict. At the end of the meeting, **92%** of the meeting participants (1508) agreed or strongly agreed with the statement “*I feel supported by the CPS Staff.*”

One indication of an improved relationship with CPS was seen when the client learned empathy for the case manager’s job. As an example, FGDM specialists spoke about the value for both CPS and the family members “seeing each other in a different light.” They noted an increased tolerance on the part of CPS and a decreased perception of CPS as the enemy on the part of the family members.

The table below summarizes additional responses to questions on the 6-month interview that address, in part, issues related to conflict (see Appendix N for additional results from the 6-month phone survey). The people successfully contacted for these interviews were mostly current primary care givers, plan monitors, and a few parents who were available and agreed to be interviewed by phone.

Exhibit 9. Percent Satisfied from 6-Month Follow-up Questions
(n= 401 representing 121 cases in 5 Districts)

<i>“Overall, how satisfied are you with Child Protective Services?”</i>	n=396	76%
	Satisfied	59%
	Very satisfied	17%
<i>“Overall, how satisfied are you with the FGDM process?”</i>	n=397	90%
	Satisfied	55%
	Very satisfied	35%



Although there is evidence that the process of FGDM does improve communication and reduce conflict, this is an area for continued improvement as noted in the recommendation section below. The difference between long-term satisfaction with FGDM and satisfaction with CPS indicates the difficulty in sustaining the positive perceptions over time when compared to the satisfaction surveys completed just after the meeting. It can be difficult to change family and CPS attitudes for cases that have been in the system for more than a short time. Further evidence for this view came from additional analyses that showed a significant difference in the perceptions of CPS by ongoing case family members compared with intake/investigation cases. Ongoing cases seem less satisfied with CPS after six months (Chi square 4.18, $p < 0.04$). The follow-up experiences as well as the history of the families, therefore, may influence the maintenance or degradation of the gains made during the meeting itself.

Additional Perspectives on Model Fidelity from Staff Interviews and the Literature

Three key components are critical to maintain fidelity to the FGDM model as outlined in the literature and the DES policies and procedures:

- I. Referral and Preparation Phase
- II. Meeting Phase
- III. Follow-up Phase

In general, it appeared that the policies and procedures as outlined in DES handbooks are being followed. Both intake and ongoing cases are referred to FGDM at a variety of stages. Cases reflect diverse backgrounds. Reasons for holding the meetings ranged from finding a placement for children and obtaining “buy-in” from extended family for the planned placement, to arranging visitation and support within a reunification plan. As noted in the year 2 report, most of the meetings follow the FGDM preparation and meeting outline. Model fidelity appears to be fairly consistent. At the same time, each meeting is slightly different, as each facilitator brings his/her own style and experience to the process and each family’s needs dictate minor

Family Group Conferencing as “Good” Child Welfare Practice

- Self-determination
- Family-centered orientation
- Empowerment of family members
- Safety of children and other family members
- Respect for human diversity
- Starting where the client is
- Collaboration with formal and informal resources

“..the process of family group decision-making challenges the child welfare, legal, and court systems to become less adversarial in child protection cases.”

Maluccio & Daly (2000, p. 71)



alterations of the process. Some of the issues affecting model fidelity are described below.

The FGDM specialists concur with a point made in the literature review: preparation is crucial to the entire process. The private family time is also critical as it becomes clear to the family that they are the ones creating the plan for the children.

I. Referral and Preparation Phase:

The FGDM specialists indicated that, in general, they followed the same process they always have. They reported that they have learned to be more clear and upfront about expectations and resources during the preparation phase. However, recent departmental issues have impacted the number of referrals, the quality of the preparation, and the number and possibly diminished quality of meetings. For example, all of the specialists were told in the past year to do whatever necessary to keep costs down. For rural areas, this meant that specialists traveled less frequently and attempted to do most of the meeting preparation over the phone. Furthermore, due to rumors that the program had been cancelled, all of the specialists experienced decreased numbers of referrals in late spring of 2003. The referrals resumed when it was made clear that the program still existed, but some specialists were also told to limit the number of FGDM meetings to one a month, thus restricting the total number of families that could be served and increasing the time between referral and meeting.

Other noted referral issues indicated that the program still has difficulty with resistance on the part of some CPS staff. FGDM specialists continued to report that numerous case managers and supervisors have refused to refer cases because they did not believe in the program. They also report that they are not consistently included in removal reviews. Because each district governs specifics about the FGDM specialists' time and how the program is used, model fidelity can vary significantly across districts. During interviews, the flow chart developed in year 1 was reviewed with the specialists. There was enough variation in the details of the process that a single update on the flow chart could not be created. For example, one district emphasizes the use of FGDM for intake/investigation cases in an effort to prevent dependencies. A specialist in another district receives referrals mostly from ongoing cases



that are already involved with the courts. Most of the referrals arise from CPS, but sometimes judges refer cases to the program.

II. Meeting Phase:

Meeting Outline

The FGDM specialists indicated that they always use the meeting outline as specified in the policies and procedures (i.e., I: Introductions, Case Background, Strengths/Concerns, Case Planning Guide; II: Private Family Time; III: Discussion of the Plan). A few changes included attempts to shorten the meeting. The FGDM specialists have in some cases shortened the length (reflected in the current average meeting length of six hours) by using handouts to explain roles (e.g., the monitor handout, elements of a case plan), limiting the presentation of case history information to the most relevant details for the case at hand, and not pressing people to share strengths and concerns if they chose not to participate.

Co-facilitators

The lack of trained co-facilitators continued to be an issue for the program. One area where model fidelity was sometimes violated occurred when no co-facilitator was available and the FGDM specialist facilitated the meeting alone.

Family Plans

The specialists developed and used a handout to be clear about the key elements to be included in the family plan. This was shared immediately prior to private family time. The specialists, and court-related staff, recognized the importance for the family to create a back-up plan as well. In fact, many thought the back-up plan was often the stronger, more realistic plan. The staff interviewed noted that the quality of the plans depended greatly on the clarity of the steps, roles, expectations, and accountability for each participant.



III. Follow-up Phase:

The biggest change in the follow-up phase was the decision to keep the case open for 6 months. Sometimes the specialist was the main contact for the families during this phase, and sometimes it was the case manager (this varied by district). Some of the specialists noted that keeping the case open and monitored by CPS was counter to the philosophy of FGDM. If a strong monitor was selected, the follow-up phase could work well. Sometimes, “weak, do-nothing” monitors were picked by the family. As noted previously, this presented a conflict of philosophy and role for the specialists as the staff were not supposed to “drive the process” for the family. The specialists believed that clarity of expectations for the monitors was the best solution to this issue.

Court-related key informants describe the unique characteristics of FGDM plans. These perspectives are summarized in Appendix O.

5. What have been *impediments* to program implementation?

As reported in year 2, the survey data contained hints of issues that might have impeded the implementation of the program. The open-ended comments and suggestions provided by CPS staff and resource professionals included such impediments as the inconvenience of the length of the meeting and the day of the meeting (e.g., *Blowing my Sunday is not cool!*; *Too late in the evening, too long to coordinate*), the comfort of the room and facilities (e.g., size of the room, timing of lunch, quality of food), and the need for clarity of expectations for family and others (e.g., clear instructions given to family before they retire to the private family time to craft the plan, listing services and resources that are available so the families can take the list with them, the need to clarify CPS’s bottom line).

Perspectives on Impediments from Staff Interviews

Some of the impediments identified in the case studies from year 2 were echoed in the key informant interviews from year 3. When asked what they would change about the program, the most frequent responses identified the following changes:

- Improve management/administrative support and caseworkers’ attitudes



- Improve clarity of vision/directives from central office
- Improve isolation/lack of communication among districts and between central office and districts
- Reconsider keeping case open for 6 months
- Increase number of co-facilitators

The specialists also lamented the cancellation of several of the statewide FGDM meetings this past year. The cancellations were due to budget constraints on travel. However, the meetings provided some of the only opportunities for the specialists to have face-to-face discussions with each other and with the statewide coordinator and other central office staff. All of the FGDM staff interviewed reported feeling isolated and “out-of-the-loop” regarding decisions and issues about FGDM.

Training and professional development occurred both in formal settings, such as workshops with invited experts, and through informal observation of meetings and in-house presentations made by the program staff. However, the lack of available training and professional development continued to be voiced as a concern on the part of program staff. Evaluation staff were told again that those CPS case managers and supervisors who had participated in a FGDM meeting were more comfortable referring cases to the program and were more confident in the outcomes. Case managers who had attended previous meetings also better understood their role, and were better able to tailor their presentations to the FGDM setting. However, opportunities for case managers to attend were rare due to heavy workloads, weekend and evening scheduling of meetings, and limitations on overtime. This was further complicated by the fact that not all families were willing to have an observer at their meeting. These limitations also applied to CPS staff serving as co-facilitators in rural districts. There were no formal trainings in FGDM for them to attend, and it was difficult for them to get the time (and approval) to observe meetings in other districts.

Suggestions from Participant Surveys and Staff Interviews

As noted in the year 2 report, open-ended questions on the participant surveys encouraged suggestions for program improvement. Most of the comments provided on the surveys were positive. The families included categories of suggestions that were in many ways similar to those provided by the CPS staff and resource professionals. However, the family comments



included many more emotional issues such as the stress related to the purpose and process of the meeting day.

Overall satisfaction remains high for those who responded to the surveys. This pattern was echoed in the year 3 interviews as well as the open-ended comments on the surveys. The summary that follows represents the most frequently mentioned suggestions for program improvement. A longer list of strengths and concerns from participants are included in Appendix P. Strengths and concerns of court-related staff are listed in Appendix Q.



Exhibit 10. Suggestions for Program Improvements

Suggestions for the Overall Program:

- Believe in and trust the families. They can develop plans that provide for the safety of the children. They have the capacity to understand. Don't sell them short.
- Trust the process but also do the homework (e.g., clarify expectations, do background and safety checks on placements, monitor the monitors).
- Reorganize the structure of the program to incorporate more centralized support and communication among the FGDM staff.
- Develop a reliable pool of co-facilitators in every district.
- Provide additional support for the specialists and CPS workers in the form of training, recognition for extraordinary time and effort in scheduling meetings.

Suggestions for Referrals:

- Offer clear vision and direction from upper administration (central and district offices) that communicates support for the existence of the program.
- Continue efforts to consistently and clearly communicate eligibility criteria to CPS case managers, and roles and expectations to all involved.
- Offer the FGDM process earlier for ongoing cases.

Suggestions for Meeting Preparation:

- Allow the specialists sufficient time and travel to ensure high quality preparation for the meeting.
- Continue to be clear about expectations for the meeting and for the roles of CPS during the meeting.
- Share more information up front with judges involved with the cases.

Suggestions for Meeting Logistics and Facilitation:

- Make sure meeting assistant is adequately prepared for the meeting (e.g., all handouts including surveys).
- Continue to show consistency in meaning and communication between the specialists and case managers.
- Limit side conversations.
- Stay on track.

Suggestions for Placements and Follow-up:

- Continue to clarify the role of the monitors and the expectations for follow-up on the plan.
- Continue to emphasize the importance of the "back-up plan."
- Emphasize expectations for plan follow-up and monitoring.
- Provide more information on resources (e.g., a handout for the families).
- Continue attempts to strengthen the quality of follow-up by CPS/FGDM staff.



Outcome Evaluation

Outcome Evaluation Methods

The outcome evaluation results are based on data from the forms created for the FGDM program (e.g., family data collection forms and participant surveys). Specific outcomes related to the performance measures (e.g., CPS reports) were obtained from the DES CHILDS statewide database.

The main questions addressed by the outcome evaluation were based on the legislative and program goals and covered the following basic points:

- What are the outcomes for the families and how do they compare with families who chose not to participate?
- Is the FGDM program meeting the objectives outlined in the enabling legislation?
- Has the program been successful in achieving the program goals specified?
- Has the program provided for the care and protection of the child?

In particular, five questions were included in the original program plan to address outcomes. Exhibit 11 summarizes these results.



Exhibit 11. Results of Performance Measures

Legislated Performance Goals	Results	Performance Goals Met?
Do 85% or more of the children whose families participate in FGDM and develop an acceptable family plan NOT receive a substantiated report of child abuse and/or neglect within a 6-month period following the FGDM meeting?	96.8%	YES
Do 85% of the participants express satisfaction with the process and outcome in the satisfaction surveys conducted immediately following the meeting?	94%	YES
Do 85% of the families who participate in FGDM services and develop an acceptable family plan NOT have a dependency petition filed on their minor children within three months following the family meeting?	91%	YES
Do 85% of families whose children are wards of the court at the time of the meeting, who participated in FGDM services, develop an acceptable plan approved by the court, and whose petition was dismissed by the court NOT have a dependency petition filed within three months of the dismissal of the dependency petition?	98.7%	YES
Do 85% of the families who participate in the FGDM services, whose children are wards of the court either at the time of the meeting or afterwards, have their family plan accepted by the court and adopted as a part of the case plan developed by CPS?	90%	YES
FGDM compared to random sample of CHILDS and cancelled cases	FGDM outcomes are better than those of each comparison group	YES



First, results on these outcome questions will be presented. Included in the results are comparison estimates for a randomly drawn sample of families not served through FGDM. Finally, caveats will be discussed to address the limitations of the data sources for these results.

Number of Families Served By FGDM with Plans that have Substantiated CPS Reports Within 6 Months of the Meeting

In order to calculate the number of family cases on which to base a response to this question, the criteria for case inclusion were created and are included at the end of Appendix D.

Using these criteria, a total of 254 families were included in the matching process. Of these, 8 (**3.2%**) had substantiated CPS reports. (Note that these 8 include the 4 that were discussed in the year 2 evaluation report). This rate (**96.8%**) exceeded the performance measure goal of 85%. Twelve additional families (7.9%) had a substantiated report, but these occurred longer than six months after the FGDM meeting. The rate at the longer timeframe also exceeded the performance goal. The rate for the twelve-month interval was computed to facilitate comparison with results from other FGDM programs. The Arizona FGDM re-referral rate appears similar to results from other FGDM programs.

Results from other programs show similar, but somewhat higher, patterns.

- Wheeler and Johnson (2003) noted that 90% of the FGDM families had no substantiated reports within 8 months of the meeting and that 70% had 2 or fewer court hearings after the meeting.
- Gunderson, Cahn & Wirth (2003) reported a 6.8% re-referral rate (vs. 8.1% Washington statewide average re-referral rate) in a 12-month period.

Number of Participants that Express Satisfaction with FGDM Process and Outcomes

Based on the available satisfaction data presented in the previous results section, relatively high levels of satisfaction have been expressed by the meeting participants. These levels exceed the performance goal of 85% (and in fact exceed **90%**) of the participants. It should be noted that satisfaction forms were received for **87%** of all meetings held since the forms were available (Fall of 2001).



Number Of Families with Acceptable Plans for Courts

Results from other programs are consistent with those reported above.

- Thoennes (2003) estimated a 64% court-acceptance rate of plans, 32 % with minor revisions, and a 4% rejection rate. The rejection rate was much higher (25%) when relatives where child was to be placed were not present at the family group meeting when the plan was formed.
- Litchfield, Gatowski & Dobbin (2003) related that the court approved 92% of the case plans generated by FGDM.

Based on 122 cases that held meetings, were involved in the courts, and for which information about court acceptance was available, **91%** (111) had plans accepted by the court. According to the follow-up phone interviews, only 4% reported that the court did NOT accept the plan. Both of these results meet the level of the performance goal. However, 37% of the cases (71 of 193 involved with the court) did NOT have information available regarding the acceptance of plans because the court case notes in CHILDS were either missing or did not clearly indicate acceptance and were therefore “unable to be determined.” Therefore, a caveat should be noted that this result does not cover all relevant cases. In support of the high

rate of acceptance, the specialists noted that the court acceptance rate was probably quite high as they believed they would have heard about cases if there were problems once they went to court.

Number of Families with Dependency Petitions Filed

In order to answer this question, a matching process similar to the one used for the substantiated CPS reports was initiated. Of the 90 FGDM cases with meetings and developed plans that were NOT involved with the court, only 10% (9) had a dependency petition filed within three months following the family meeting.

Number of Families Involved in the Court with Dependency Petitions Filed

Only two families that were involved in the court, held a meeting, and created a family plan, had a dependency petition filed within three months of the meeting. This represents **1.3%** of the total 152 cases that fit the criteria for inclusion in the calculation. This level *exceeds* the performance goal based on the available case data.



Comparison of Outcomes with a Similar Group

The comparison group identified by the enabling legislation (“those who chose not to participate in the program”) was not available because CPS does not track cases not officially referred to FGDM.² The next alternative is to “construct” an appropriate comparison group based on available data. The strategy used for the constructed comparison group is described in detail in Appendix R.

A comparison group drawn from CHILDS (n=249) yielded 19 (7.6%) cases that had substantiated reports within six months of a comparative referral date and an additional six substantiated reports that fell beyond the 6-month-time period (10%). This is a rate significantly *higher* than that of the FGDM group (3.2% within 6 months and 7.9 % within one year) who had meetings and developed plans (Chi square = 7.22, p < 0.005).

Limitations of the Specified Outcomes

The legislated performance measures were intended to identify relevant outcomes that could show whether the FGDM program was effective in keeping children safe. Substantiated reports of abuse or neglect and dependency petitions filed against parents are commonly used to assess child welfare programs. However, it is important to keep in mind three key points:

- These outcomes are gross estimates of effectiveness and may not be sensitive to program effects or may not fully describe the possible benefits of the program.
- The source of these outcomes (mostly the statewide CHILDS database) is not entirely reliable for the best information about the outcomes. For example, there were a number of cases that were supposed to have court dates following the FGDM meeting for which there were no court notes in CHILDS. Furthermore, not all information entered in CHILDS is of consistent quality.
- The timeframes specified may not be realistic given the time it takes to complete some processes. For example, it typically takes longer than three months to file dependency petitions. Therefore, the results reported here for dependencies may imprecisely estimate the effect of the program.

² By definition, a referral is not usually made until the primary care giver agrees to participate.



Merkel-Holguin, Nixon and Burford (2003b) summarized the challenges and future directions for FGDM research and evaluation with the following points:

- *Keep realistic expectations*
 - “One single family meeting cannot be expected to produce lasting and substantive changes in family functioning.” (p. 133).
- *Redefine outcomes*
 - “Child safety and permanency are the primary goals of Family Group Conferencing (FGC) in child protection work....Child welfare professionals need to avoid romanticizing notions of families and remain clear on the purposes.” (p. 133).
- *The challenge of comparisons*
 - “Current practices in child welfare should be the standard against which newer practices like FGDM are compared. In other words, FGDM should not be held to some lofty ideal... when compared with current practices... these newer approaches are often seen as better options for children and families.” (p. 134).



Conclusions and Recommendations

The following section presents a summary of the “lessons learned” from the three years of the implementation of this program. Some of the recommendation categories for this year are the same as in the year 1 and year 2 reports. These are areas that deserve continued attention although some improvements have been noted. The conclusions and recommendations presented in the final part of this section must be considered in the context of the following main points or “themes.”

- This program, as it expanded statewide two years ago, continues to experience the “growing pains” typical for developing programs. For example, specialists continue to express the need for training and development and the difficulty in creating changes in the perceptions of other CPS staff about the value of the program.
- The issues presented here continue to be similar to those encountered by other Family Group Decision Making programs in the United States. For example, the difficulty in overcoming resistance to change (e.g., as evidenced by the lower than expected referral rates) and the need for clearer expectations regarding follow-up procedures and monitoring are commonly described in the literature.

The main conclusions and recommendations based on all the information presented in this report revolve around the following issues:

- Improved agency support
- Follow-up procedures
- Program vision and purpose
- Staff training and professional development
- Specification of meaningful program outcomes

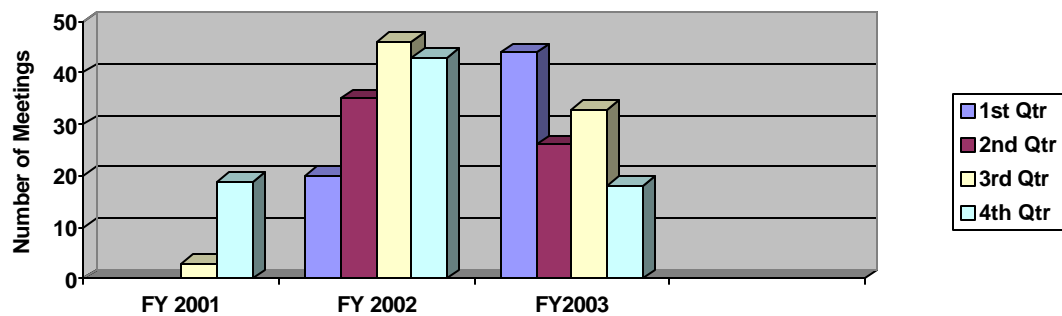
Improve Agency Support for the Family Group Decision Making Program and Staff

- Program effectiveness is decreased when staff are reassigned to other duties
- Limited availability of trained co-facilitators can influence the quality of meetings
- Quality preparation requires time and resources for contact with families
- Specialists in rural areas continue to encounter logistical issues due to distance
- Changes in policy can alleviate one issue and create new barriers at the same time



In the past year, all of the FGDM staff were assigned other duties or were on special assignment, which meant they had to limit their work on FGDM cases. During the past year, at least six of the ten specialists had to decrease their time spent serving FGDM families in order to fill in other areas of CPS during periods of high staff turnover. Three of the ten left for other positions. As of the writing of this report, only one of these vacancies was filled and that specialist had not yet held any FGDM meetings. Each of these situations decreased the number of cases that could be served by the FGDM program and increased the time it took to serve those already referred (see Exhibit 12 for a chart reflecting the number of meetings held). At the very least, judgments about the number of cases served, the time it takes to serve those cases, and the quality of the program need to take into account the splintering of crucial resources when staff are pulled to work on other issues.

Exhibit 12. Number of FGDM Meetings Held During 2001-2003.



In addition to the on-going need for trained co-facilitators, one of the most frequently mentioned issues this past year, as in previous years, involves the need for flexibility and staff support, such as flex-time adjustments and over-time wages, when evenings and weekends are used to prepare for and conduct the family group meetings. The time spent to prepare FGDM meetings is especially intensive when rural-based specialists travel long distances to meet with families and attend meetings. Recognition should be given to the very real time requirements for this type

García, Sivak, and Tibrewal (2003) discussed factors that may inhibit success of family group decision making programs. These include:

- Agency/management and supervisors support of FGDM
- Incentives to workers in the form of overtime pay
- Number of referrals and participation in FGDM as part of employee evaluation
- Worker belief in the process



of program and the diminished quality of preparation when phone conversations are used as substitutes for face-to-face meetings. This is particularly important as budget cuts and staff turnover present continuing outside pressures that can affect program quality.

The decision to keep FGDM cases open for six months arose in response to recommendations to more carefully monitor cases during the follow-up phase. One result of this policy change has been further reluctance to refer on the part of some case managers, particularly those involved with intake/investigation cases. The hope for some case managers is that FGDM can speed case closure by bringing more resources to the table to address placement and safety plans. The mandatory policy for keeping the case open directly contradicts the need to close cases quickly to move on to other cases that need

Other programs have also encountered difficulties in implementing FGDM. Ainsworth (2002) described several challenges when they attempted to measure family empowerment and quality decision making in FGDM in a hospital setting. They attributed most of the implementation delays to logistical barriers in a “large, bureaucratic” setting.

attention. Therefore, policy decisions that are made in the best interests of one aspect of the program can actually interfere with the program in other respects.

Refine Follow-up Procedures

- Discuss and provide handouts that make clear the specific expectations of CPS and family monitors after the meeting (e.g., specify the services to be provided by the family and by CPS, list the contact timetable for monitoring phone calls by CPS).
- Offer specific follow-up support to plan monitors to increase their capacity to serve the family plan.
- Make sure families are aware of the services available to them (e.g., provide handouts on resources and services).

Although these issues have been addressed in the past year and have been strengthened, there remained a clear need for continued improvement. For example, one of the concerns expressed has been the issue of who will monitor the monitors. There was also some confusion about the actual authority each monitor has related to the children and the rest of the family. This situation does not appear to have improved in the past year of program implementation even though the policy was changed to keep the case open in order for families to be eligible for continued service and to provide support



for additional monitoring of the case. The cases that were not court involved showed a higher dependency-filing rate than those that were court involved. The family monitors may have been capable of responsible completion of their duties, but some appeared to need additional support to do so.

Clearly Communicate the Vision and Purpose of the Program

- Make sure everyone involved in FGDM clearly understands the distinction between Child and Family Teams (CFTs) that use wraparound strategies and the FGDM process.
- Administrative support should include the awareness and ability to speak clearly to internal and external audiences about the program.
- Continue to refine the logic model by reviewing the draft with other stakeholders.

As described above, there was some confusion about the role of CFTs, and the relationship between wraparound services and Family Group Decision Making. Perhaps FGDM staff can facilitate discussions about the differences between the efforts. A related recommendation suggests that administrators other than the statewide coordinator should be fully able to speak about the program's goals, vision, purpose, successes, and plans for improvement. A common point made during the key informant interviews was an uncertainty regarding the true understanding by upper management of the program's values. A key request by all of those interviewed was the need for clear direction and information from the central and district offices.

One strategy that could be used to encourage such communication and understanding is to review the logic model (see Appendix S) with key stakeholders such as families, case managers, unit supervisors, central office administrators, and others. The process of developing the model allows examination of the core assumptions and values, and makes it easy to spot gaps or needs in resources that can affect program outcomes. Simplified versions of the model can also be shared with internal and external audiences to help communicate the purposes and efforts of the program.

Increase Training and Professional Development Opportunities

- Continue to seek out opportunities for training for specialists and co-facilitators.



The specialists, for the third year, continued to request opportunities to further their training and to enhance the development of co-facilitators. Unfortunately, the state budget cuts continued to limit the ability of the program to fund such experiences. Therefore, it becomes even more important for the existing specialists to be able to support each other with internal training and continued sharing and observations. Training related to the program was often via a separate grant and included:

- *What's Your Role in FGDM?* held by Jim Nice, Family Unity Project, presented in Phoenix, October 2001.
- *Family Group Conference Facilitator Training* held by Mary Crozier and Kay Wright, Family Group Institute, October 2002.
- *Motivational Interviewing: How to help clients want to change*, Dr. Hal Arkowitz, April 2003.
- *Creating Permanency for Kids with Complex Issues: Engaging Relatives and Others*, Robert G. Lewis, September 2003.

Specify Meaningful Outcomes

- Follow-up with additional sources of meaningful long-term outcomes information
- Specify timeframes for expected outcomes that match realistic conditions to complete processes associated with the program

As discussed in the outcome evaluation section, the performance goals specified in the original grant were addressed using data from the statewide child abuse registry, CHILDS. This source, considered the best available at this time, is not always accurate nor complete. For example, long-term placement information was not readily available. Therefore, other sources of data may need to be explored in the future to address specific questions. Furthermore, the outcomes delineated for this program (CPS substantiated reports, dependencies filed) may not tell the whole story of the impact of the program. For example, any changes in the family's ability to come together to make other decisions about the children after their FGDM involvement is over cannot be illuminated by the presence or absence of a CPS report. Another example of possible outcomes to examine could be the impact of FGDM on CPS workers. Perhaps the logic model draft and discussions can be used to select additional outcomes that reflect the complexities of the FGDM program.



A related suggestion about going beyond the legislated outcomes focuses on the time frame of the expected changes. One of the court-related staff interviewees pointed out that it can take longer than three months for a dependency petition to be filed. Therefore, limiting the outcomes to this time constraint may not accurately show the effects of the program. Also, the FGDM cases remain open for six months following the meeting, a change in policy that was not in place when the timeframes were initially included. It may be more realistic to look at the outcomes for at least one year after the meeting to allow more time for the families to be “on their own” after case closure.



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Appendices

Appendix A Program Philosophy



Appendix A: Program Philosophy

The program philosophy is based on the belief that a family will be more likely to follow through on plan recommendations originating from the extended family itself. The program is designed to minimize or eliminate court involvement whenever possible, decrease assistance from DES, and assist families in developing their own plans for long-term protection and care for their children. According to a brochure developed by the Arizona Department of Economic Security (DES), “The Family Group Decision Making meeting is a tool for families to solve their problems based on a simple, traditional belief: the family has the strengths and resources to keep children safe and well cared for.” The objectives of the program, as stated in program materials, include:

child safety, accountability for plan follow through, shared decision-making, reduced conflicts between the family and CPS, and an increased sense of self-determination on the part of the family.

The family meeting represents the primary focal activity of FGDM and its purpose is to draw together extended family and other people who know and care about the children to work together to develop a plan for their protection and care.



Appendix B

Literature Review Update



Appendix B: Literature Review Update

Many of the FGDM studies report process results that are consistent with the way in which the program has occurred in Arizona. Merkel-Holguin, Nixon, & Burford (2003a) discussed in their overview that many of the FGDM programs report similar process information findings. For example, *preparation* was seen as one of the most vital steps of the process. The preparation of participants is crucial to the success of the conference (including case managers and resource professionals). As the meeting date approaches, setting the stage for a *climate of safety* ensures that the family and other attendees feel comfortable discussing the sensitive issues presented at the meeting. The professionals need to be represented at the meeting, but cannot dominate. Therefore, *private family time* during the meeting is also an essential element. They also noted that, across the U.S. and other countries, *families can fully participate and produce safe plans*. For example, across the studies, 95% of the plans are acceptable to the agency authority. Furthermore, the plans blend formal services with family resources, provide stability, and are “rich, diverse and original” (p. 7). Programs also consistently report *high satisfaction with the meeting*. Extended family members also feel that they *have a real voice* in the process and in decision making. Merkel-Holguin, et al., expressed disappointment in noting the absence of children in the process. They felt that *children’s participation has been an untapped resource*. Children’s participation in the conference itself has been difficult in cases where the children are very young or when the meeting facilitators or case managers believe that the children may be harmed if they are prematurely included in the case review or concerns portion of the meeting. On the other hand, they point out a positive trend: *Fathers and paternal relatives have an opportunity to participate*. Although this is in an area where improvement can be made, they noted that the values and structure of FGDM allowed for them to be included. Unfortunately, the number of families receiving FGDM remained rather low overall.

Regarding outcomes, Merkel-Holguin, et al., noted some difficulties when attempting to summarize across the evaluations and studies. First, *inconsistencies in how outcomes are reported* limit the inferences that can be made about broader patterns of results. For example, several studies have found an increase in abuse and neglect reports as a result of the FGDM program, but included all reports as opposed to substantiated reports. Second, *child and family well-being are not well-documented*. Many of the studies



did not include any measures of well-being, and most have not included or have not yet had time to report long-term outcomes. As noted previously, meeting *follow-up* has been one of the most difficult stages of FGDM to implement and measure. Despite these difficulties, Merkel-Holguin, et al., noted that most FGDM studies report *cost savings or cost neutrality for most programs*. Unfortunately, a number of these results do not include staff time in their estimates and therefore underestimate the true costs of the program. As described in the year 2 report, Arizona has experienced similar difficulties in determining costs. In order to calculate the true costs of the program, precise data on staff's percent effort as well as accurate documentation of related costs for all services in the program need to be included.

A topic not fully addressed in the *Protecting Children* volume is an issue pertinent in Arizona: the confusion of FGDM with other family-centered practices, such as child/family teams (CFT) that use “wraparound” services to help children in need of mental/behavioral-health resources in addition to other social service programs. This past year, staff have indicated that they were confused and not sure of the difference between CFTs and FGDM. FGDM Program staff need to develop and deliver clear messages about the similarities (e.g., shared values) and differences (e.g., intensity of meetings, family role in the “driver’s seat”) between these two efforts. One example from the literature, Burchard and Burchard (2000), noted that wraparound and FGDM may share some guiding principles such as strengthening and empowering families, involving relatives in decision making, providing service and supports in the community, and preventing placement of children in more restrictive, i.e., substitute, care. However, there are differences resulting from the fact that they were designed for different purposes. FGDM’s ultimate output is an alternative case plan instead of exclusive reliance on a case manager or supervisor plan. Wraparound was created by the mental health system with a child/family-centered focus to integrate an approach for services to adolescents with multiple emotional and behavioral problems. In FGDM, the family is the team. The case manager is not present during private family time when the family constructs its plan for the child. In wraparound, the family and other agencies are the team. There can be overlap in the populations served and the two processes can be complimentary, particularly when the strengths of both are combined to serve a family. For example, wraparound could enhance FGDM follow-up and wraparound could benefit from the more concentrated effort of an FGDM meeting.



Appendix C

Legislative Goals and Evaluation Sources



Appendix C: Legislative Goals and Evaluation Sources

Legislative Goal	Evaluation Method
<i>Provide for care and protection of children</i>	Review of subsequent CPS reports; post-meeting data collection
<i>Provide a process to assist a family to develop a family action plan to protect children</i>	Key informant interviews; post-meeting data collection
<i>Give participants information about the departmental and court processes</i>	Key informant interviews; satisfaction surveys
<i>Outline options for services</i>	Specialist data collection forms; policies/procedures document review
<i>Assist and facilitate in preparing families to meet to develop a plan adapted to the needs of their family</i>	Key informant interviews; post-meeting data collection
<i>Assist the family in identifying appropriate resources</i>	Specialist data collection forms; case studies; meeting observations
<i>Respect and value the culture of families</i>	Satisfaction surveys; case studies
<i>Support family in choosing a monitor or monitors from the family who will hold participants accountable for plan follow-through</i>	Key informant interviews; post-meeting data collection; 6-month follow-up surveys
<i>Increase plan compliance by encouraging the family to develop their own individual plan</i>	Key informant interviews; post-meeting data collection; 6-month follow-up surveys, case studies
<i>Allow shared decision making and shared responsibilities between the family and case manager</i>	Satisfaction surveys; key informant interviews; case studies
<i>Reduce conflict between the family and case manager</i>	Satisfaction surveys; key informant interviews; case studies
<i>Reduce conflicts between the family and CPS</i>	Satisfaction surveys; key informant interviews; case studies
<i>Increase the family's ability to become self-determined</i>	Satisfaction surveys; case studies



The goals can be organized into two general categories:

- Overarching, *agency-level goals* that are appropriate for all CPS/DES programs that address child welfare and extend beyond the specific FGDM program services (e.g., provide for care and protection of the children, increase the family's ability to become self-determined, respect and value the culture of families);
- *Program-specific goals* that more closely address key elements of the FGDM program (e.g., development of the family plan; provision of information about CPS and court processes; support for plan monitor selection and shared decision making and responsibilities; and respect and value of the culture of FGDM families).

The first set of goals represents a broader perspective that cannot be exclusively addressed by the program or within the scope of this program evaluation. In other words, the attainment of these goals depends in large part on agency-wide factors that are not the subject of this evaluation. However, some of the results reported below can serve as indicators of the program's efforts to reach the larger goals. The effectiveness of the program related to the second set of goals can be addressed by the multi-method strategies included in the evaluation plan.



Appendix D

Evaluation Design and Methods



Appendix D: Evaluation Design and Methods

LeCroy & Milligan Associates incorporated both process and outcome features in the evaluation design. The year 1 report focused chiefly on the initial program implementation in two districts and did not include outcome data due to the early stage of program development. Because statewide implementation--ongoing for the FGDM program since October 2001-- has been interrupted by statewide budget and staffing pressures on CPS, the outcomes reported here do not represent the program at full capacity. This is especially important for a program such as Family Group Decision Making where the process of implementation is critically important to achieving desired outcomes. Pennell and Weil (2000) point out that Family Group Decision Making "...is about building partnerships within and around families to protect child and adult family members and advance their well being" (p. 254). These partnerships, as in the past two years, continued to be built in the Arizona FGDM program.

Both qualitative and quantitative evaluation methods have been utilized to develop a multi-faceted description of the program. These methods include:

- Review of program materials (ongoing);
- Site visits to all sites implementing the program (year 1 for Districts I and IV; years 2 and 3 for remaining Districts);
- Key informant interviews with program staff, including FGDM specialists, referring case managers, unit supervisors, and program supervisors (year 1 report);
- Post-meeting data collection, including demographic information on the family, CPS history, and plan developed (ongoing);
- Satisfaction surveys to be completed by all meeting participants (ongoing);
- 6-month follow-up phone interview with all families (ongoing);
- Case studies of several participating families (year 2 report);
- Key informant interviews with FGDM specialists, central office staff, and court-related personnel such as judges, lawyers, court-appointed special advocates (CASAs), and attorney general staff (year 3 report).



PROGRAM IMPLEMENTATION DESIGN AND METHODS

The specific methods used in year 3 for the program implementation (process evaluation) and outcome evaluation portions are described more completely below.

In this section, a brief description of each of the data collection methods is described first. The combined results and perspectives from the different methods are presented following these introductory paragraphs. Embedded in each of the results sections are suggestions for program improvement provided by the staff and families from the interviews, visits and surveys.

For this report, data used to assess program implementation were gathered through four methods:

1. Family Data Collection Forms and Meeting Participant Surveys
2. Site Visits and FGDM Specialist Interviews
3. Review of Materials/Documents
4. Interviews with Court-Related Personnel

Family Data Collection Forms and Meeting Participant Surveys

Family data collection forms were developed in year 1 and include demographics on the families referred, details about placements, acceptance of plans by staff and courts, and other process and outcome variables. All forms were developed with input from an evaluation advisory group comprised of the statewide coordinator, DES central office staff, FGDM specialists, meeting coordinators, and district supervisors. Meeting participant surveys were also created for family members, extended family members, and CPS and Resource Professionals who attend the family group meetings. These surveys include satisfaction-related questions, open-ended questions for suggestions for program improvement, as well as demographic information. Spanish translations of all forms have been available and have been used from the beginning. These forms are currently in use in all districts. The results of a descriptive analysis of all cases referred since the beginning of the project are included and provide a basic picture of the families served by the program.



Site visits

LeCroy & Milligan Associates interviewed staff from seven sites where the Family Group Decision Making program was implemented in year 3. Site visits were also conducted for areas with currently active FGDM specialists (noted with an asterisk below):

- District I: Tempe* and Glendale*
- District II: Tucson*
- District III: Pinetop/Lakeside*
- District IV: Yuma
- District V: Kearney*
- District VI: Willcox*

Each site visit included interviews with the FGDM specialist assigned to that site, review of FGDM literature shared with referred families, and review of court-related cases and collection of court-related staff referrals for phone interviews.

Review of Materials and Documents

The Policy and Procedures Manual for the Family Group Decision Making program was initially developed in December of 2000 and was officially approved in June of 2002. The information included in the year 2 report was based on the version dated June 2002. Revisions were made to the original documents with the goal to craft a single Family Group Decision Making policy and procedures document for all the Districts. This included a common referral form for use in all districts.

Additional materials were gathered from the specialists themselves during site visits. These included training materials distributed to Case Managers and Supervisors (program descriptions, articles on family-centered work, etc), program brochures, and materials distributed at family meetings. The specialists also shared with each other documents they had developed to facilitate the process and communication with families (e.g., “Ground Rules for Conferences” and “Family Plan Considerations”).



Key Informant Interviews with Court-related Personnel

During year 3 of the evaluation, key informant interviews were also conducted with court-related staff familiar with FGDM. The interviews illuminated a “court” perspective and experience with the program. In a program such as Family Group Decision Making, where there is tremendous diversity among participants, collection of such qualitative data can provide insight into the meaning of contextual forces and can generate greater understanding of the experience of program participants (Patton, 2002).

Evaluation staff completed interviews with twelve individuals (see Exhibit 13) with 1-2 from each district and representing a variety of court-related roles. The interviews were conducted by phone and, on average, lasted 20-25 minutes. Counties represented by those interviewed included Maricopa, Pima, Coconino, Yavapai, Navajo, Yuma, Pinal, and southeastern Arizona (Cochise/Santa Cruz/Graham/Greenlee). One attorney was also a guardian *ad litem* (both roles are listed in the table).

Exhibit 13. Court-related Staff Interviews

Role	Number
Judge	2
Commissioner <i>pro tem</i>	1
Attorney General’s Office	4
Contract Attorney	3
Guardian <i>ad litem</i> (GAL)	1
Court Appointed Special Advocate (CASA)	3

Those interviewed were asked to rate themselves on familiarity with FGDM. The majority (7) said they were “very familiar” with Family Group Decision Making. Four claimed they were “somewhat familiar” and one felt “completely familiar.”



OUTCOME EVALUATION DESIGN AND METHODS

Criteria for inclusion in CHILDS Outcome Data Match:

- Identify the families that had a meeting and developed a plan
- Select the cases where the meetings occurred six months prior to the CHILDS database download (the CHILDS data was current to June 30, 2003; therefore the relevant cases would have had a meeting between February 1, 2001 through December 31, 2002).
- Match the FGDM cases with the CHILDS data based on case number.
- Count the number of cases with substantiated reports and a priority code of 1, 2 or 3 with a report-received date within six months after the FGDM meeting date.



Appendix E

Characteristics of FGDM Referrals



Appendix E: Characteristics of FGDM Referrals

CHARACTERISTICS OF 417 FGDM REFERRALS FEBRUARY 2001- JULY 2003		
	Families who completed meetings	Families with cancelled meetings
Number of Families (n=407)	291 (72%)	116 (28%)
Type of Referral	INTAKE 82 (33%) ONGOING 164 (67%) n=246	INTAKE 30 (32%) ONGOING 64 (68%) n=94
Cases with Prior Dependency Records	22 (8%) n=268	7 (7%) n=104
Cases with Prior CPS Referrals	205 (76%) n=270	71 (68%) n=104
Median Number of Prior CPS Referrals per Case	3 (Range 1-39)	2 (Range 1-10)
Primary Language	238 English (87%) 14 Spanish (5%) 22 Mixed Spanish/English (8%) n=274	100 English (93%) 7 Spanish (6%) 1 Other (1%) n=108
Completing Plans	261 (97%) n=268	NA
Plans Accepted by CPS	244 (97%) n=251	NA
Median Length of Stay in Care for Children Involved in the Case	56 days* (NOTE: Just under 31% had "0" days in care)	NA

* Note that only 25% of the cases included completed information on number of days in care.



Appendix F

Child Placement for Cases with FGDM Meeting



Appendix F: Child Placement for Cases with FGDM Meeting

Numbers based on data collection forms received
February 2001 through July 2003
n=259 cases with meetings

PLACEMENT	At Referral n=605 children		Per Plan n=439 children	
	Number	Percent	Number	Percent
Relative (Licensed)	24	4%	19	2%
Relative (Unlicensed)	176	29%	143	33%
Guardianship with Kin	13	2%	74	17%
Guardianship with Fictive Kin	0	0%	1	3%
In Home with original Primary Care Giver	73	12%	80	18%
Adoption	1	<1%	18	4%
Shelter	79	13%	3	<1%
Foster Home	159	26%	46	10%
Therapeutic Foster Home	4	<1%	1	<1%
Development Disability Placement	0	0%	0	0%
Group Home	24	4%	6	1%
Emergency Receiving Home	18	3%	0	0%
Inpatient Hospital	2	<1%	1	<1%
Juvenile Detention	2	<1%	1	<1%
Non-relative	3	<1%	4	<1%
Parent	4	<1%	8	2%
Other*	15	2%	18	4%

* e.g., AWOL/Detained

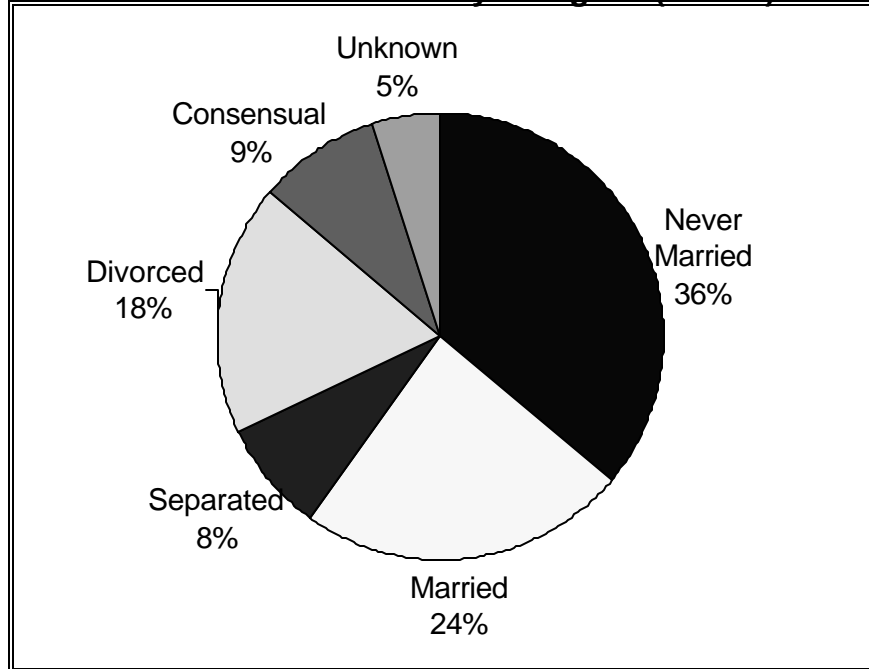


Appendix G
Family Demographics for Cases with
FGDM Meeting

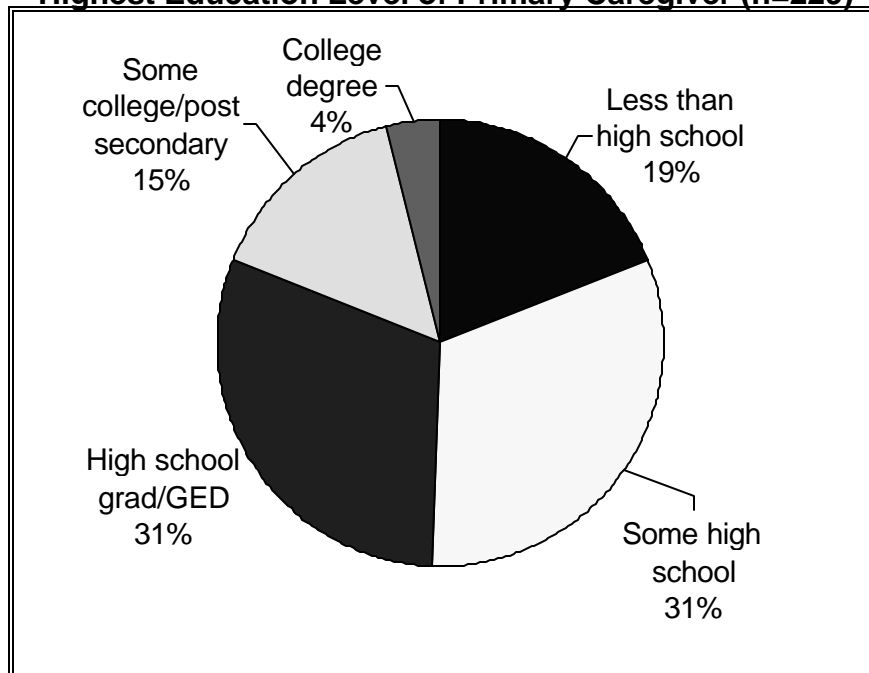


Appendix G: Family Demographics for Cases with FGDM Meeting

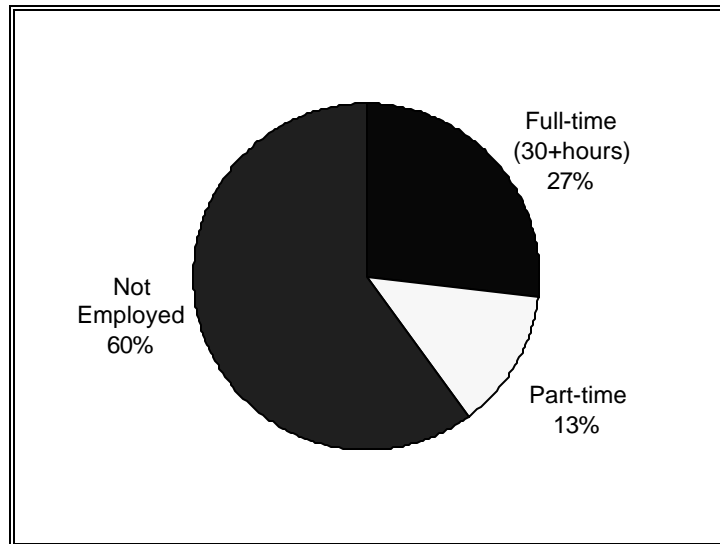
Marital Status of Primary Caregiver (n= 250)



Highest Education Level of Primary Caregiver (n=229)

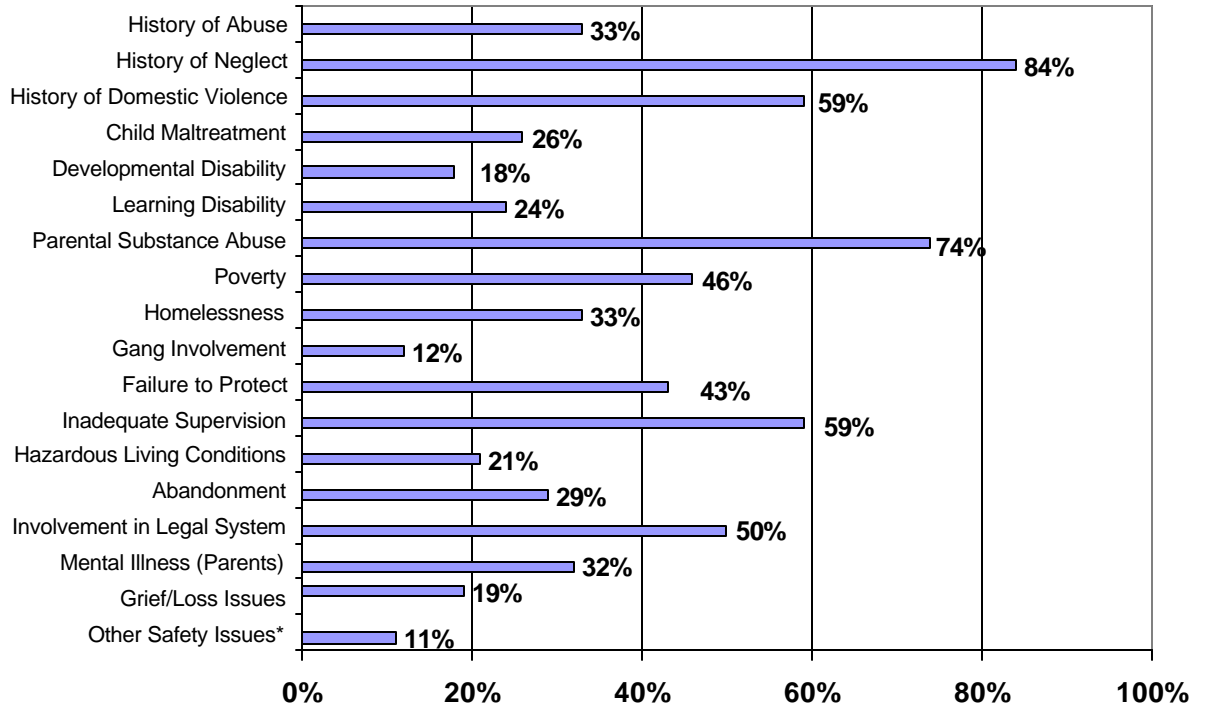


Employment of Primary Caregiver (n=256)



Current Family Issues

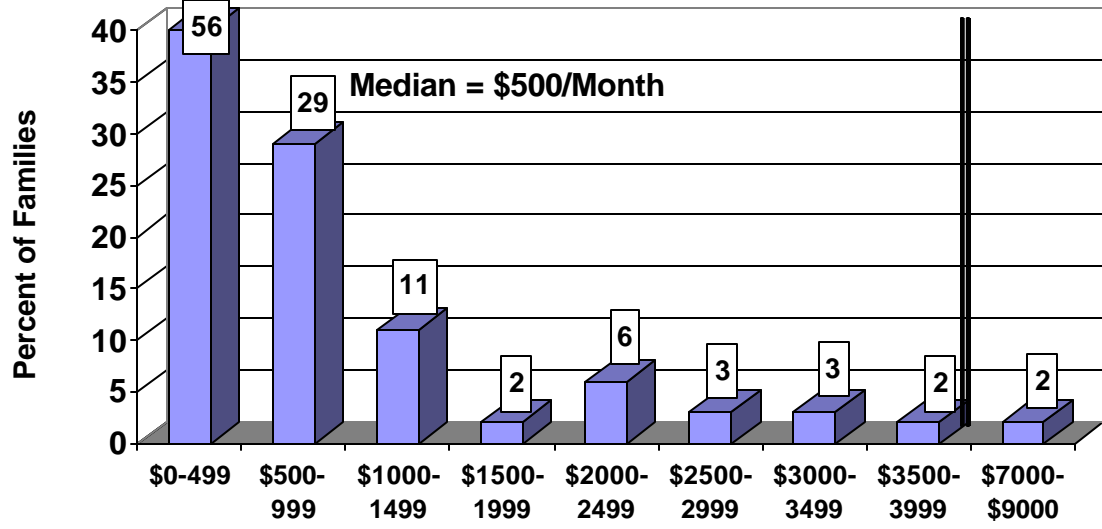
(n range 259-291)



* (e.g., alleged sexual/physical abuse, drug trafficking, guns in home, lice not treated, medical needs/neglect, boyfriend abuses children, mother licensed to carry weapon, use of drugs in home).



Monthly Income (n=115)



Appendix H

Family Satisfaction Survey Results



Appendix H: Family Satisfaction Survey Results

Family Group Decision Making
Meeting Participants Survey
Extended Family
(N=1714)

By filling out this survey, you can help us learn what parts of our program are most helpful to you and what we can do to better help other families. Please answer each question on the following pages as best you can. As you fill out this survey, please keep in mind:

- We are interested in your opinion. There are no right or wrong answers.
- Your answers are confidential. Only the staff directly involved in the evaluation will see your survey.
- Put completed survey in the envelope provided.

THANK YOU! YOUR OPINIONS ARE APPRECIATED!

ABOUT YOU (n=1648)

Family Role (check one):

10% Mother	6% Father	3% Friend of child/youth	<1% Godparent
10% Maternal grandparent	7% Paternal grandparent	<1% Step-sister/brother	<1% Neighbor
14% Maternal aunt/uncle	12% Paternal aunt/uncle	2% Foster parent	
1% Mother's domestic partner	<1% Father's domestic partner	6% Family friend	
4% Child of the family	2% Step-parent	<1% Representative of faith community	
7% Sister/brother	5% Other biological family	11% Other (describe): e.g., <i>cousin, Big Brother, in law, other family member</i>	

I am (check one): n= 1688 **33% Male** **67% Female**

I am ___ **years of age** (fill in): Average age 38 years

I describe my ethnic background as... (check one): n=1690

- 53% White, Caucasian, Anglo, European American; not Hispanic
- 32% Hispanic or Latino/a, including Mexican American, Central American, and others
- 6% Black or African American
- <1% Asian or Asian American, including Chinese, Japanese, and others
- 4% American Indian/Native American
- 4% Mixed; Parents are from different groups
- 1% Other (describe): (e.g., *citizen of the US, eastern/Indian Arabian, human, I don't ascribe to racist distinctions, Scottish/Hispanic, multi-cultural*)



ABOUT THE CONFERENCE

	Yes	No
1. Was the location of the conference easy to travel to? n=1689	95%	5%
2. Was the time of the conference convenient? n=1688	95%	5%
3. Was the conference conducted in a language (e.g., English, Spanish) you understand? n=1672	99%	<1%
If no, was a translation provided? n=231	87%	13%
4. Before attending, did someone explain the purpose of the conference? n=1683	95%	5%
5. Before attending, did someone explain the reason for your presence at the meeting? n=1667	95%	5%
6. Do you think all the people who needed to be included attended the conference? n=1632	79%	21%
7. During the conference did you get all the information regarding the family situation that you needed to participate in the discussion? n=1660	95%	5%
8. By the end of the conference, did you have a clear idea of the plan for how the child(ren) would be cared for? n=1669	96%	4%

Read each statement and indicate how much you disagree or agree. (Cronbach's Alph: 0.96)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware of the resources available to support the family. n=1644	3%	5%	61%	31%
2. The family's strengths were clearly described. n=1672	3%	2%	55%	40%
3. The family's needs were clearly identified. n=1657	2%	3%	57%	38%
4. My family traditions were respected. n=1646	3%	3%	58%	37%
5. I felt respected by the facilitator. n=1663	2%	2%	49%	47%
6. I felt respected by the CPS case manager. n=1644	4%	3%	49%	45%
7. I felt I had NO choice about participating. n=1642	36%	33%	20%	12%
8. The conference was well-organized. n=1666	3%	3%	55%	39%
9. The facilitator was very knowledgeable. n=1662	2%	2%	53%	43%
10. The facilitator was very clear. n=1664	3%	2%	53%	42%
11. I feel I fully participated in the process. n=1655	2%	3%	54%	40%
12. I am very satisfied with the placement of the child(ren). n=1611	4%	5%	49%	42%
13. I have a better understanding of how the family can ensure the safety of this/these child(ren). n=1650	3%	3%	53%	41%
14. I am very satisfied with the plan that was made. n=1636	4%	4%	52%	40%
15. I felt I was able to say what was on my mind. n=1657	3%	5%	52%	41%
16. I feel supported by the CPS staff. n=1639	4%	5%	53%	39%
17. I am confident that the child(ren) will be safe. n=1641	3%	3%	47%	47%
18. Overall, I am very satisfied with the Family Group Decision Making program. n=1646	3%	3%	49%	45%



1. How did you first learn about Family Group Decision Making? (Check one): **n=1620**
41% CPS Case Manager **16%** FGDM Specialist **2%** Court **30%** Family Member
5% Friend **6%** Other(describe): (e.g., GAL, counselor, attorney, bus driver)

2. Was a plan for the child(ren) created? **n=1586** **98%** Yes **2%** No
If Yes, who do you think had the most say about the plan? **n= 1460**
57% Family had the most say
4% Professionals had the most say
40% Family and professionals had equal say

Do you feel the plan is realistic? **n=1612** **82%** Yes **16%** Somewhat **2%** No

If No, Why not? (e.g., *concerns about contract, family does not agree, person needs counseling, plan could not be compromised into one, some family members had too much influence, Who monitors mothers progress?, haven't gone to court yet*)

3. How helpful do you feel this conference was for this (these) child(ren)?

1% Not at all helpful **3%** Mostly unhelpful **31%** Mostly helpful **64%** Very helpful

4. How helpful do you feel this conference was for this family?

1% Not at all helpful **3%** Mostly unhelpful **34%** Mostly helpful **62%** Very helpful

5. What, if anything, would you have changed about the meeting?

e.g., Respondents had mostly nothing to suggest or made positive comments. Some suggestions included: Make sure the room is comfortable and large enough to fit, be more positive with family members, explain what is acceptable, provide more information on resources (e.g., to keep family off drugs, prevent abuse), spend more time to go over concerns with everyone involved, offer the meeting sooner in the CPS process, shorten the meeting, have toys for the kids present

6. Is there anything else you would like to tell us about your experience? This information will help us to better serve other families.

e.g., Respondents made mostly positive comments, with the next most often mentioned phrase referring to the long length of the day, some comments about CPS including that the decision looked like it had been pre-determined.

THANK YOU!



Appendix I

CPS/FGDM Professionals Survey

Results



Appendix I: CPS/FGDM Professionals Survey Results

Family Group Decision Making Meeting Participants Survey CPS and FGDM Professionals* N= 601

By filling out this survey, you can help us learn what parts of the Family Group Decision Making (FGDM) program are most helpful and what we can do to better help other families. Please answer each question on the following pages as best you can.

As you fill out this survey, please keep in mind:

- We are interested in your opinion. There are no right or wrong answers.
- Your answers are confidential. Only staff directly involved with the evaluation will see the survey.
- Put completed survey in the envelope provided.

THANK YOU! YOUR OPINIONS ARE APPRECIATED

Primary Professional Role: **n=574**

34% CPS Case Manager **20%** CPS Supervisor **27%** Family Group Specialist **19%** Co-facilitator

How many years have you been employed in your current position? **Median= 3 Years or Less**
n=576

How long have you been involved in social services? **Median= 10 Years**
n=586

I am (check one): **25%** Male **75%** Female
n=592

I describe my ethnic background as... (check one):
n=584

61% White, Caucasian, Anglo, European American; not Hispanic

24% Hispanic or Latino/a, including Mexican American, Central American, and others

12% Black or African American

1% Asian or Asian American, including Chinese, Japanese, and others

2% American Indian/Native American

1% Mixed; Parents are from different groups

<1% Other (describe): _____

**A separate analysis of the CPS vs. FGDM responses showed no differences in all but one of the items; therefore their combined responses are reported here.*



MEETING CHARACTERISTICS

	<u>Yes</u>	<u>No</u>
1. Was the time of the conference convenient? n=581	95%	5%
2. Before attending, did someone explain the purpose of the conference? n=578	98%	2%
3. Before attending, did someone explain the reason for your presence at the meeting? n=575	97%	3%
4. Do you think all the people who needed to be included attended the conference? n=572	77%	23%
5. During the conference, did you get all the information regarding the family situation that you needed to participate in the discussion? n=573	97%	3%
6. By the end of the conference, did you have a clear idea of the plan for how the child(ren) would be cared for? n=572	98%	2%

Read each statement and indicate how much you agree or disagree. (Cronbach's alpha: 0.97)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The family is aware of the resources available for their support. n=571	4%	2%	60%	34%
2. The family's strengths were clearly described. n=577	4%	1%	43%	52%
3. The family's needs were clearly identified. n=575	4%	2%	50%	45%
4. The family's traditions were respected. n=572	4%	<1%	51%	45%
5. The conference was well-organized. n=576	4%	1%	50%	45%
6. The facilitator was very clear. n=577	4%	1%	48%	48%
7. I feel I fully participated in the process. n=570	4%	1%	49%	47%
8. I am very satisfied with the placement of the child(ren). n=566	4%	1%	49%	46%
9. I have a better understanding of how the family can ensure the safety of this/these child(ren). n=568	4%	2%	55%	39%
10. I am very satisfied with the plan that was made. n=565	4%	2%	54%	40%
11. I am confident that the child(ren) will be safe. n=561	3%	1%	54%	42%
12. Overall, I am very satisfied with the Family Group Decision Making program. n=572	4%	1%	40%	56%

1. Was a plan created? (n=565) 99% Yes <1% No

If Yes, who do you think had the most say about the plan? (n=540)

- 69%** Family had the most say
- 2%** Professionals had the most say
- 28%** Family and professionals had equal say



Are you satisfied with the plan? n=574 **85% Yes 13% Somewhat 2% No**

If No, Why not? Examples include: *Placement was not within the family, permanent placement remains ambiguous, need for more explanation of guardianship/power of attorney, better if family would have agreed to plan without help, concerns of the severity of the suicide attempts by the children, domestic violence and sexual abuse of daughter was not addressed, returning child to dad without rectifying issues.*

Do you feel the plan is realistic? n=576 **84% Yes 14% Somewhat 2% No**

If No, Why not? Examples include: *older children will probably be severed, barriers were discussed with family, case will go to severance and she will not get the kids back, CPS plan was restrictive, depends on the judge, difficulty with compliance in the past, family dynamics*

2. How helpful do you feel this conference was for this (these) child(ren)? n=579

<1% Not at all helpful 2% Mostly unhelpful 35% Mostly helpful 63% Very helpful

3. How helpful do you feel this conference was for this family? n=579

<1% Not at all helpful 1% Mostly unhelpful 38% Mostly helpful 61% Very helpful

4. Have you participated in a Family Group Decision Making Conference before? n=580

73% Yes 27% No

If yes, how many times? **Median= 1 Time**

If you have participated in a FGDM Conference before, compared to other FGDM conferences, was this one...

More or less effective?

(check one): **6% Less effective 67% Similar to others 28% More effective**

More or less stressful?

(check one): **24% Less stressful 56% Similar to others 20% More stressful**

5. Based on your experience with this conference, are you... (check one): n= 553

<1% less likely to recommend families to Family Group Decision Making

31% as likely to recommend families to Family Group Decision Making

69% more likely to recommend families to Family Group Decision Making

6. What, if anything, would you have changed about the meeting?

e.g., most of the suggestions revolved around the timing of the meeting and the comfort of the room/quality of the food; several mentioned the need to occupy young children elsewhere and making sure everyone is present who needs to be (e.g., case manager)

Other Comments/Suggestions (continue on back if necessary):

e.g., Mostly positive comments were written (e.g., Good work!, Excellent facilitators); turning off cell phones; timing of meeting was inconvenient; length of time to plan; food could be improved, toys/books for kids

THANK YOU!



Appendix J

Resource Professionals Survey Results



Appendix J: Resource Professionals Survey Results

Family Group Decision Making Meeting Participants Survey Resource or Other Professionals N=146

By filling out this survey, you can help us learn what parts of the Family Group Decision Making (FGDM) program are most helpful and what we can do to better help other families. Please answer each question on the following pages as best you can.

As you fill out this survey, please keep in mind:

- We are interested in your opinion. There are no right or wrong answers.
- Your answers are confidential. Only staff directly involved with the evaluation will see the survey.
- Put completed survey in the envelope provided.

THANK YOU! YOUR OPINIONS ARE APPRECIATED

Primary Professional Role (check one): n=143

15% Foster/Group Home Manager	<1% Day-care provider	1% Probation Officer
10% CASA	9% Attorney	39% Other (describe):
12% Counselor	0% Doctor	DDD Case Manager, Foster Parent,
2% School Personnel	12% Therapist	AZCA Family Resource Specialist,
		BSW intern/observer, interpreter,
		parent aide, school resource
		officer, social worker, substance
		abuse case manager, tribal social
		services

How many years have you been employed in your current position? Median = <4 years

How long have you been involved in social services? Median = 10 years (Range 0-30)

I am (check one): n=146 18% Male 82% Female

I describe my ethnic background as... (check one): n=145

78% White, Caucasian, Anglo, European American; not Hispanic

11% Hispanic or Latino/a, including Mexican American, Central American, and others

6% Black or African American

1% Asian or Asian American, including Chinese, Japanese, and others

3% American Indian/Native American

1% Mixed; Parents are from different groups

0% Other (describe): _____



MEETING CHARACTERISTICS

	Yes	No
1. Was the time of the conference convenient? n=145	90%	10%
2. Before attending, did someone explain the purpose of the conference? n=142	97%	3%
3. Before attending, did someone explain the reason for your presence at the meeting? n=140	96%	4%
4. During the conference, did you get all the information regarding the family situation that you needed to participate in the discussion? n=141	97%	3%

Read each statement and indicate how much you agree or disagree. (Cronbach's alpha: 0.94)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The family is aware of the resources available for their support. n=140	3%	4%	59%	34%
2. The family's strengths were clearly described. n=141	1%	1%	45%	53%
3. The family's needs were clearly identified. n=140	1%	5%	55%	39%
4. The conference was well-organized. n=143	1%	1%	38%	60%
5. The facilitator was very clear. n=142	1%	1%	33%	65%
6. I feel I fully participated in the process. n=141	1%	1%	45%	53%
7. I am very satisfied with the whole process for determining placement of the child(ren). n=140	3%	4%	49%	44%
8. I have a better understanding how the family can ensure the safety of this/these child(ren). n=138	1%	8%	53%	38%
9. I feel supported by the CPS staff. n=139	1%	5%	36%	58%
10. I am confident that the child(ren) will be safe. n=136	1%	9%	53%	37%
11. Overall, I am very satisfied with the Family Group Decision Making program. n=140	3%	1%	41%	54%

1. How helpful do you feel this conference was for this (these) child(ren)? n=139
0% Not at all helpful **3%** Mostly unhelpful **33%** Mostly helpful **53%** Very helpful

2. How helpful do you feel this conference was for this family? n=140
0% Not at all helpful **2%** Mostly unhelpful **36%** Mostly helpful **61%** Very helpful

3. What, if anything, would you have changed about the meeting?
e.g., timing of meeting not convenient, clarity of expectations for family regarding resources and acceptable options

Other Comments/Suggestions:

e.g., Mostly positive comments were written; limit side conversations; staying on track

THANK YOU!



Appendix K
Plan Characteristics That Contribute to
Court Acceptance



Appendix K: Plan Characteristics That Contribute to Court Acceptance

PLACEMENT ELEMENTS	PLAN ELEMENTS
Viable placement (responsible individual w/o criminal history who is able to protect the child)	Identification of assistance and support and evidence that the family is willing to participate
Home study/background checks completed	Addresses safety issues (e.g., recognition of problems and specifics of how to address them such as remedial measures)
Appropriate monitor selected with enough interaction and practical plans for monitoring	Overall agreement (family as well as CPS case worker and lawyers all saying this is appropriate for this child)
Needs a back-up plan in case family members are not compliant with details of first plan	Plan is "Realistic"—reasonable—workable
	Legally authorized and within legal bounds
	Run by the judge first to find out boundaries and get judge buy-in early



Appendix L

Services Requested and Provided



Appendix L: Services Requested and Provided

****Cases with Completed Data Collection Forms
February 1, 2001 – July 31, 2003**

<i>Types of Services Requested for the Meeting</i>	Requested Services	Provided Services	
		Total Provided	Number Provided that Were Requested
Translation	35	29	29
Day Care	58	56	53
Special Diet	7	9	6
Legal Information	81	84	80
Transportation	112	132	107
Substance Abuse Info	91	92	88
Mental Health Info	96	104	95
Housing	105	120	99
Reimbursement for Day's Pay	10	10	9
Reimbursement for Food Expense	13	13	10
Resource People	97	148	89

<i>Topics Requested of Resource People</i>	Requested Services
substance abuse	82
CPS legal issues	89
domestic violence	46
criminal issues	24
child development	46
mental health	83
other/fetal alcohol syndrome	1
other/letter to employer	1
other/power of attorney	1
other/telephonic attendance from prison	1
other/probation office	1
other/parent skills dev	1
other/pediatric physician	1
other/traditional Navajo case manager	1
other/sexual perp tx & legal issues	1
other/Dept. of Developmental Disabilities(DDD)	1
other/Indian Child Welfare Act (ICWA)	1
other/Juvenile probation issues	1
other/legal adoption subsidy, guardianship, Health Issues Program (HIP)	1
other/church, Health Start	1



Type of Follow-up Services Requested	Requested Services
Substance Abuse	101
Mental Health	115
Guardianship Guidance	93
Dom. Viol. Counseling	41
Parenting Classes	86
Parent Aide	38
Utility Subsidy	4
All Other	64
Other/Anger Mgmt	3
Other/Interstate Compact on the Placement of Children (ICPC)	3
Other/Case Management	3
<i>OTHER—All listed below were listed once each:</i>	
Adoption by family friend; Activities for children in semester and summer; marital therapy; medical training; transportation; counseling; family counseling; urinalysis (Uas); follow-up meeting; County Health Dept.; child development; adoption assistance/counseling; transportation/airfare for adoption family; psych eval/home study; parent aide; referral to Big Brothers Big Sisters (BBBS), referral to multi-agency team; speech therapy; transitional Navajo services; phone cards; adoption assistance counseling; assistance with Family Assistance Administration (FAA) services; bonding assessment; checking into available services in Brazil; Dept. of Developmental Disabilities (DDD); public housing; physical evaluation; power of attorney; mediation for parents; \$ for child care; medical care; KPS Health Plan; and adoption subsidy	1 each

6-month Follow-up Survey Questions About Services (n=410, representing 121 cases)

	<u>YES</u>	<u>NO</u>
“At the conference, were you informed of available services?”	260 (66%)	137 (34%)
“Did the family request services as part of your plan?”	88 (23%)	301 (77%)
“If services were requested, were they provided?” Of the 88 who requested services	42 (48%)	46 (52%)



Appendix M
Services Received by Children at Time
of Referral to FGDM



Appendix M: Services Received by Children at Time of Referral to FGDM

TYPE OF SERVICE	Percentage (Number) of Cases with Meeting*	Percentage (Number) of Cases with Cancelled Meetings*
Juvenile Probation	17% (40)	11% (11)
Adult Probation	5% (11)	1% (1)
DES other than CPS	21% (51)	11% (11)
Behavioral Health	48% (115)	41% (41)
Insurance <ul style="list-style-type: none"> • AHCCCS 	68% (167) • 62% (147)	69% (70) • 60% (55)
Other	30% (70) <i>e.g., adoption subsidy, Arizona School for the Deaf and Blind, Comprehensive Medical Dental Plan (CMDP), Indian Health Service, Foster care, in home support for grandparents, medical, Medicaid, switched from CMDP to Arizona Health Care Cost Containment System, Veterans Affairs benefits, Value Options; Dept. of Developmental Disabilities (DDD); Physical Therapy (PT); Supplemental Security Income (SSI), Military</i>	23% (20) <i>e.g., Comprehensive Medical Dental Plan, Drug Treatment, Family Preservation, Indian Health Service, Model Court, Renewing Arizona Family Traditions supervised probation</i>

*Percentages are based on cases for which data were reported. The numbers on which the percentages were calculated varied with a range from 231 to 291.



Appendix N

6-Month Follow-up Telephone Survey

Results



Appendix N: 6-Month Follow-up Telephone Survey Results

Family Group Decision Making Program Participant Follow-Up Telephone Interview 6 months after FGDM Conference N=410 (121 cases)

Staff Member conducting interview (name): _____

Case Name: _____

Hello, I'm calling from _____. Remember that on _____ (enter date of conference) you participated in a Family Group Conference for _____? (enter name of family) We'd like to ask you some follow-up questions about the plan that was developed and about your perceptions of the process. This information will be used to help us make this program better. And of course, everything you tell us is confidential. In other words, only our staff and the outside evaluators will know your answers, and your name will not be used in any written report. This will only take a few minutes. Do you have a few minutes now to talk about this? (If not, when is a good time to call again? What number should we call?)

1. What is your relationship to the child(ren) involved in this case? **n=402**
 - 46% Current Primary Care Giver (where child was placed as a result of the conference)
 - 10% Parent (mother/father)
 - 44% Plan Monitor selected during the conference
2. Has the family been following the plan agreed on at the conference? **n=403**
 - 10% Not at all 5% A little bit 39% Mostly 47% Completely
3. Were any changes made to the plan that was developed at the meeting? **n=386**
 - 23% Yes 77% No

If Yes, describe: e.g., *went to back-up plan, mother not compliant, child ran away, child put into professional foster care instead, mother pulled child out of school, PCG/current placement is not cooperative, sister has not been able to take custody, visitations not going smoothly, counseling stopped, dropped backup plan due to her losing her license, children were moved due to outburst, placement died*

If there were changes, why? **n=78**

- 4% Court didn't accept the plan
 - 6% Safety concerns for the child(ren)
 - 33% Family members were not complying with the plan
 - 56% Other (describe): e.g., *child was uncooperative, CPS interfered/backup plan was not approved, CPS involved, CPS not complying, family death, family illness, mother murdered father, circumstances changed, caregiver not ready*
4. At the conference, were you informed of available services? **n= 397** 66% Yes 34% No
 5. Did the family request services as part of your plan? **n=389** 23% Yes 77% No
 - If services were requested, were they provided? **n=88** 48% Yes 52% No
 - If NO, which ones were NOT provided and why?

e.g., *3 CPS workers in 6 months/West Yavapai Guidance Clinic has not complied; all family uses services except mother, child not in counseling, mother not compliant, no longer feels a need, parents refused, services denied because child is from Arizona.*



6. Were you aware that services could be provided after the conference? **n=400**

62% Yes 38% No

If services WERE requested and provided, have all follow-up sessions been provided? **n=53**

40% Yes 60% No

7. Were you aware that the family could request a follow-up conference? **n=402**

63% Yes 37% No

If yes, Have you requested a follow-up conference? **n=347** **7% Yes 93% No**

If yes, Have you had a follow-up conference? **n=51** **45% Yes 55% No**

8. Overall, how satisfied are you with the Family Group Decision Making process? **n=397**

5% Very Unsatisfied 5% Unsatisfied 55% Satisfied 35% Very Satisfied

9. Overall, how satisfied are you with Child Protective Services? **n=396**

7% Very Unsatisfied 16% Unsatisfied 59% Satisfied 17% Very Satisfied

10. Do you have any other comments about the process? Your comments will help us make the process better for other families.

e.g., agencies have not followed through/no contact with kids, caseworker is prejudice against caretakers due to their age, CPS does not need to be involved/kids need to grow up, CPS doesn't follow though, FGDM does not work, CPS was slow to get things done, did not attend meeting, did not feel it works, family does not have phone and we lost contact, family was not present, I have not hand any visits with my daughter/caseworker is not helpful, parents don't seem to care about getting kids back, child has been put up for adoption

Before we finish, I just have a couple of questions about you. Again, this information is only for reporting purposes.

11. Are you....**n=404**

32% Male? or 68% Female?

12. How do you describe your ethnicity? (Choose one): **n=396**

55% White, Caucasian, Anglo, European American; not Hispanic

29% Hispanic or Latino/a, including Mexican American, Central American, and others

8% Black or African American

<1% Asian or Asian American, including Chinese, Japanese, and others

1% American Indian/Native American

7% Mixed; Parents are from different groups

0% Other (write in): _____



Appendix O

FGDM Plans from a Court Perspective



Appendix O: FGDM Plans from a Court Perspective

FGDM plans are different because....

- **More resources are brought to the table; More resourceful, comprehensive**
- **Consider contingencies**
- **Fact-specific, individualized (vs. generic)**
- **More relative placement**
- **At minimum acquiescence and, perhaps, active participation by both parents**
- **Family buy-in**
- **More accountability for CPS**
- **More long-term incorporation of resources/functions of other relatives**
- **Broader issues discussed**
- **More relatives are involved/more extended family**
- **Quicker than comparable outcomes going the normal route (e.g., avoiding foster care)**
- **More in-depth than regular case plans**
- **Not as “cut and dry” as CPS--- less pre-ordering**

FGDM plans are similar to “normal” plans because....

- **They cover the same issues but just use a different process**
- **They shouldn't be different from normal since CPS should be investigating all the options the way FGDM does**
- **Case managers think about these things anyway, so you get similar results**

FGDM plans could be improved by.....

- **Including more process for safety assurance and follow-up regarding placement decisions**
- **Give more information to the judge ahead of time**



Appendix P

Family Views on Strengths and Concerns



Appendix P: Family Views on Strengths and Concerns

Family Views on Strengths and Concerns about Family Group Decision Making

Strengths*	Concerns
<ul style="list-style-type: none"> Everything went well—everybody explained things very well 	<ul style="list-style-type: none"> It seemed rushed at the end
<ul style="list-style-type: none"> Both sides cooperated 	<ul style="list-style-type: none"> I did not fully understand what “the plan” was
<ul style="list-style-type: none"> Thanks for CPS stepping in where needed 	<ul style="list-style-type: none"> CPS should have [kept] both families better informed
<ul style="list-style-type: none"> I feel more open and positive with this program 	<ul style="list-style-type: none"> Sadly, I didn’t understand last half of the meeting
<ul style="list-style-type: none"> Difficult but it had good results 	<ul style="list-style-type: none"> It was a long day; Time should have been monitored
<ul style="list-style-type: none"> Thanks for helping us work together 	<ul style="list-style-type: none"> Amazed at how long the process took
<ul style="list-style-type: none"> I felt I had a say in the placement of the child 	<ul style="list-style-type: none"> Decision looked like it had been pre-determined
<ul style="list-style-type: none"> Atmosphere was very relaxed for us to communicate 	<ul style="list-style-type: none"> CPS needs to be revamped
<ul style="list-style-type: none"> I was able to voice my opinions 	<ul style="list-style-type: none"> Explain on what is acceptable
<ul style="list-style-type: none"> Very careful planning for children and mother 	<ul style="list-style-type: none"> Most important is to give love and compassion to family
<ul style="list-style-type: none"> Wonderful opportunity for families to make choices for children 	<ul style="list-style-type: none"> This program should be offered at an earlier stage of the conflict
<ul style="list-style-type: none"> Your specialist was a great help 	<ul style="list-style-type: none"> Not much good, listen more to the children than to the parents
<ul style="list-style-type: none"> I felt it dealt very well with the group 	<ul style="list-style-type: none"> Not real sure why family is making suggestions
<ul style="list-style-type: none"> It will be a blessing to all of us 	<ul style="list-style-type: none"> Our options of caregivers was limited
<ul style="list-style-type: none"> If meeting is offered, don’t hesitate to attend 	<ul style="list-style-type: none"> Some things are very overwhelming
<ul style="list-style-type: none"> I thank CPS for getting our family together/Excellent program 	<ul style="list-style-type: none"> Very confusing!
<ul style="list-style-type: none"> I learned that my family is very strong and that we stick together 	<ul style="list-style-type: none"> CPS worker and facilitator need to explain to mother her duties
<ul style="list-style-type: none"> I learned I am not able to care for my kids/I agree with CPS 	<ul style="list-style-type: none"> Long and difficult case—find a way for a more rapid solution

*The majority (3/4) of the comments written in response to the open ended questions were positive (e.g., Excellent job, Great idea, Positive experience, Thank you for your help, Very well organized, It does bring families together). The comments listed are intended as examples and should not be interpreted as a complete list. The most frequently suggested change had to do with length of the meetings.



Appendix Q

Court-related Staff

Strengths and Concerns



Appendix Q: Court-related Staff Strengths and Concerns *

STRENGTHS OF FGDM	CONCERNS ABOUT FGDM
Increased buy-in	None with post court involvement
Make good decisions for their children	Placement decisions
Better approach for parents	More risk w/o court involvement
Plane tickets are cheaper than foster care	Can cost too much (big room, fancy lunch)
Excellent idea—especially with divorced parents	Being pushed to use it
Well-organized and well-facilitated meetings	How long it can take to get going
Availability of resources	Inappropriate cases (e.g., extreme abuse/safety issues)
Shows that many answers can be generated from within the family	Careful documentation regarding placements (esp. out-of-state)
Family has lots of collective wisdom that can get lost in the normal process	CPS “unconsciously” already considers all possibilities... FGDM just formalizes this process
Family-based solutions	I hear rumors that it’s not going to continue
Who wouldn’t like to be involved?	Extent of follow-up re: placement and safety
Showing kids their families	
Holds family accountable to each other	
Family available to help	
Families from both sides can participate	
Not externally imposed authority	
Control—empowerment for the family	
OTHER COMMENTS:	
“When it was first suggested I thought it was crazy... now I’m sold 100%”	
“I love the program but it’s gotta be the right case at the right time.”	
“I fully support the program and hope it continues”	
“I’m stunned how much DES spends on dependency cases”	
“CPS shouldn’t end the program but be more selective”	

*Source: court-related personnel key informant interviews.



Appendix R

Description of Constructed Comparison Groups



Appendix R: Description of Constructed Comparison Groups

Evaluation of the Family Group Decision Making (FGDM) program precluded the use of random assignment of subjects to either a control or experimental (program) group. One reason for this was the ethical concern of refusing access to families that may have benefited from the service. Therefore, a quasi-experimental evaluation was used to test for a causal link between participation in FGDM and a reduced probability of a substantiated CPS complaint within six months.

The crucial methodological issue involved the generation of a comparison group of families who were similar to FGDM families with the exception of participating in FGDM. The evaluation literature includes four general methods to create control groups for this type of design. These include regression-discontinuity designs, matched “constructed” control groups, statistically equated constructed controls and generic outcome measures as controls³. The approach adopted for this evaluation was the matched “constructed” group because...

Typically in this design a group of targets is selected to receive an intervention, usually through normal program processes. To provide estimates of what their outcomes would be without intervention, the evaluator selects matching, unserved targets as controls who resemble the treated targets as much as possible in relevant ways. Relevant resemblance, in this case, refers to similarity on variables with important relationships to the selected outcome variables. (Rossi, Freeman and Lipsey, p.265).

In this evaluation, the FGDM families were the “target” and the control group families were selected from the CHILDS database. The relevant variables used to “match” the control and target group included program date, age of primary care giver, primary care giver role and CPS district. The most important variable to match was program date. The dependent variable for this evaluation was the number of families who were the subject of a substantiated CPS report within six months of the FGDM meeting or cancellation date. Hence it was imperative that the control group have similar “start” dates to determine if there was a substantiated complaint to CPS within 6 months of their pseudo – program date (i.e., most recent CPS referral date).

A cross tabulation of month by year was generated for FGDM meeting or cancellation dates. The distributions by year for this group were as follows: 93 cases in 2001, 132 in 2002, and 27 in 2003. This totaled 252 cases.

³ Rossi, Freeman & Lipsey (1999) A Systematic Approach, 6th Edition. (p.265) Thousand Oaks, CA: Sage Publications.



A function within SPSS™ was used to randomly select approximately 93 cases from CHILDS with a referral date within in 2001, 132 within 2002 and 27 within 2003. Upon selection of these cases, a similar cross tabulation was generated to see whether the two groups were comparable on the relevant variables. Although there were random fluctuations within month of referral as compared to the month within year for the FGDM group, these slight fluctuations did not represent a significant bias in the control group.

The next step in the process involved testing the similarity of the groups. The control group was merged with the FGDM database for the matching variables of age of primary giver, primary care giver role and CPS district. Cross tabulations and chi square analyses were performed on this data with group (FGDM or control) categorized in the columns and variable values as the rows. Results of these analyses revealed no significant difference for district and primary care giver role. There was a difference in age categories ($p = .025$). Review of the difference between expected and actual count yielded two categories which accounted for the significant difference. There were slightly less observed values for FGDM (48 actual versus 59.6) in the 20 – 29 year old category. Conversely, there were more than expected in this category for the control group (102 actual versus 90 expected). Comparison of expected to actual for all other age categories, however, were similar.

Given the results described above, the control group was considered a close approximation of the FGDM group, and, therefore, could be used as a comparison to the FGDM group. The final step of comparing the outcomes of the two groups mirrored the CPS match description contained in the body of this report.



Appendix S
Arizona Family Group Decision Making
Draft Logic Model



Appendix S: Arizona Family Group Decision Making DRAFT Logic Model

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	
			Short-term	Long-term
<p>People Family/Extended Family FGDM specialists (facilitators) and co-facilitators CPS case managers CPS unit supervisors Meeting support staff (PA) Resource professionals Interpreters Statewide coordinator</p> <p>Financial resources overtime for weekends/ evenings co-facilitator's time resource people's time</p> <p>Meeting Facilities Room Food Day care Office supplies (flip charts, markers, labels, laptop, printer)</p> <p>Training (esp. meetings for FGDM specialists and co-facilitators, e.g., AHA roundtables)</p> <p>OTHER Referrals Commitment/Buy-in (from Administration and Frontline Staff) Support from Central and District Offices</p>	<p>Referrals Staffing</p> <p>Preparation Family CPS Meeting logistics</p> <p>Meeting Intro Background Strengths and Concerns Private Family Time Review of plan</p> <p>Follow-up Monitor (per plan) 6 month case open (case manager) Services provided up to 1 year</p> <p>Other Training Presentations to CPS units and others Co-facilitator recruitment Special requests (other duties as assigned)</p>	<p>Original goal to serve over 300 families per year based on policy which states 3 meetings/month/specialist</p> <p>In 2003, 7 specialists (vs. original 10)</p> <p>Not all doing FGDM full- time... some only do 1 meeting per month</p> <p>Outcomes are based on "enough" families</p>	<p>Children</p> <ul style="list-style-type: none"> ↑ concrete plan for future ↑ placed safely w/family ↑ recognition that family cares <p>Communication</p> <ul style="list-style-type: none"> ↑ within family ↑ btwn family and CPS ↑ skills ↑ patterns of good decision making ↓ conflict (w/in and btwn) <p>Families</p> <ul style="list-style-type: none"> ↑ knowledge of CPS/Court processes ↑ knowledge of issues ↑ awareness of ability to use strengths and resources to keep children safe ↑ confidence and pride ↑ sense of responsibility <p>CPS</p> <ul style="list-style-type: none"> ↑ trust of family ↓ time to case closure ↑ shared responsibility for plan ↓ amount of work on case ↑ direction toward permanency 	<p>Children</p> <ul style="list-style-type: none"> ↑ safety ↓ foster care ↑ stability w/extended family ↑ positive relationship w/ extended family <p>Families</p> <ul style="list-style-type: none"> ↑ problem solving skills ↑ empowerment to make decision in the best interest of the children ↓ involvement with CPS ↑ ability to raise a child w/o CPS ↑ family identity <p>Community</p> <ul style="list-style-type: none"> ↑ trust and understanding among CPS and families and community ↓ child abuse and neglect

*Constructed by a team comprised of FGDM specialists and CPS supervisors, and reviewed and revised in consultation with all FGDM staff and other stakeholders.

