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**Family Group Decision Making  
Year 2 Annual Evaluation Report**

**February 1, 2001- August 31, 2002**

**December 2002**

**Prepared for  
Arizona Department of Economic Security**

# Acknowledgments

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## Executive Summary

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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 Arizona Family Group Decision Making (FGDM) Program was originally piloted by the Arizona Department of Economic Security (DES) in 1999 in Districts I (Maricopa County) and IV (Yuma County). The program has expanded statewide to all Districts since October 2001 and includes ten Family Group Decision Making Program Specialists. The program is currently funded from both state and federal sources.

Factors which 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. The purpose of the FGDM program is to prepare and encourage families to develop and carry out 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 availability of services and support for the safe placement of the children outside the home. Included in the 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.

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 is to provide information regarding the implementation and impact of the Family Group Decision Making Program. The first phase of the evaluation effort focused on the initial implementation of the Family Group Decision Making Program and the second phase focuses on the statewide implementation. Evaluation activities have included logic model training; development of evaluation plans for years 1 and 2; development and distribution of data collection forms, participant surveys and 6-month follow-up interview questionnaires; and completion of site visits, key informant interviews (during Year 1) and case studies and additional site visits (during Year 2). This report also includes an update of the enabling legislation, relevant literature, and policy and procedures documents. Descriptive data and preliminary outcomes are also included for cases referred to the program since February 2001.

Results from this year's evaluation reveal both high positive regard for the process from extended family and professionals involved in the meetings, and continued "growing pains" as the program has expanded statewide. Highlights of the results from the evaluation data collection include the following:

- From February 2001 to August 2002, 233 families were referred to the program of which 160 held family group meetings
- 98% of the families which had meetings successfully completed placement plans for the children involved in the case
- Over two-thirds (70%) of the children involved were placed with relatives according to the family plans developed at the meetings
- 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
- 94% of the family members and 95% of the CPS professionals completing meeting surveys were confident that the children would be safe
- Of 31 families included in the analysis, 87% did not have a substantiated CPS report within 6 months of the meeting, which meets the performance goal of 85%
- Of 54 families included in the analysis, 93% did not have a dependency petition filed within 3 months of the meeting, which meets the performance goal of 85%
- Based on a 6-month telephone survey, some family members do not remember being offered follow-up services and of those that did, some reported difficulties in receiving the service

Key issues identified from the process evaluation include the need for continued DES support, refinement of follow-up/monitoring procedures, the ongoing need for clear communication about structure and expectations, and continued training in the FGDM process and co-facilitation.

The recommendations offered include continued development of the co-facilitator pool, creation of additional handouts on resources, increased communication of plan monitor responsibilities, and additional training for both specialists and co-facilitators.

## **In This Report**

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

As noted in the first annual report, it is most appropriate to focus on process and implementation issues in the early expansion of a program life cycle. As the program evolves, and additional data on clients become available, the focus shifts from implementation to outcomes or results of the program. This approach recognizes the developmental stages of programs and encourages focus on data collection that best reflects the most relevant information that can help improve the program. The first year of the evaluation plan for Family Group Decision Making, therefore, highlighted the implementation phase of program development for Districts I and IV.

Subsequent evaluation information, reported this year, includes the expansion of implementation to other districts and includes preliminary outcomes related to reports of subsequent child abuse.

# Program Background

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**Family Group Decision Making (FGDM) is rooted in the belief that families have a shared history, wisdom, untapped resources, and an unrivaled commitment to their children. It is about empowering families and their friends to think and plan creatively for their children, to create community partnerships, and to utilize family strengths to resolve child welfare concerns. It is also an invitation to families to be responsible for the outcomes of a plan of their own creation. (American Humane Association/ National Center for Family Group Decision Making website)**

## *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 (FGDM) 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.

The program philosophy is based on the belief that a family will be more likely to follow through on plan recommendations originating from the family/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. The objectives of the program 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. 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 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.

## ***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 2002) indicated that the Family Group Decision Making Program was to be implemented statewide by October 1, 2001, and that the program is to address eleven different goals. The goals can be organized into two general categories:

- Overarching, agency-level goals that transcend 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 the culture of 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. 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's efforts related to the second set of goals can be addressed by the multi-method strategies included in the evaluation plan. These legislative goals served as the framework for the evaluation plans that were developed and submitted to the Department of Economic Security in 2001 and 2002. Details on which evaluation methods address each legislative goal can be found in Appendix A. More details on the design of the evaluation are described below in the methods sections of this report.

## ***Literature Review Update***

Last year's report (Year 1) 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. This year another literature search was conducted and materials were collected by the statewide coordinator at the annual "Roundtable" meetings sponsored by the National Center on Family Group Decision Making™. This same organization also provides a website and posts summaries of research as well as other family group conference information.

The more recent chapters and articles on family group conferencing (e.g., Pennell and Burford, 2002) site studies previously reviewed and described in the Year 1 report as their main evidence for program effectiveness. The majority of more recent reports, however, still focus on descriptions of how the program is being conducted and the satisfaction of the participants. A few report on outcomes, often for limited numbers of cases served. In general, the reported outcomes have been positive in nature. For example, a Washington State evaluation reports that "the proportion of children living with a parent increased after the family group conference"

(Gunderson, 2000). The Santa Clara project results (Walter R. McDonald & Associates, 2001) show high, consistent levels of satisfaction, and twenty-month outcomes that include a greater number of maltreatment reports for family conference participants, similar placement outcomes, and lower costs per child for the family conference as compared to a sample of children in the system that did not receive the program. However, most of these reports state that more studies are needed to understand the long-term results of the programs.

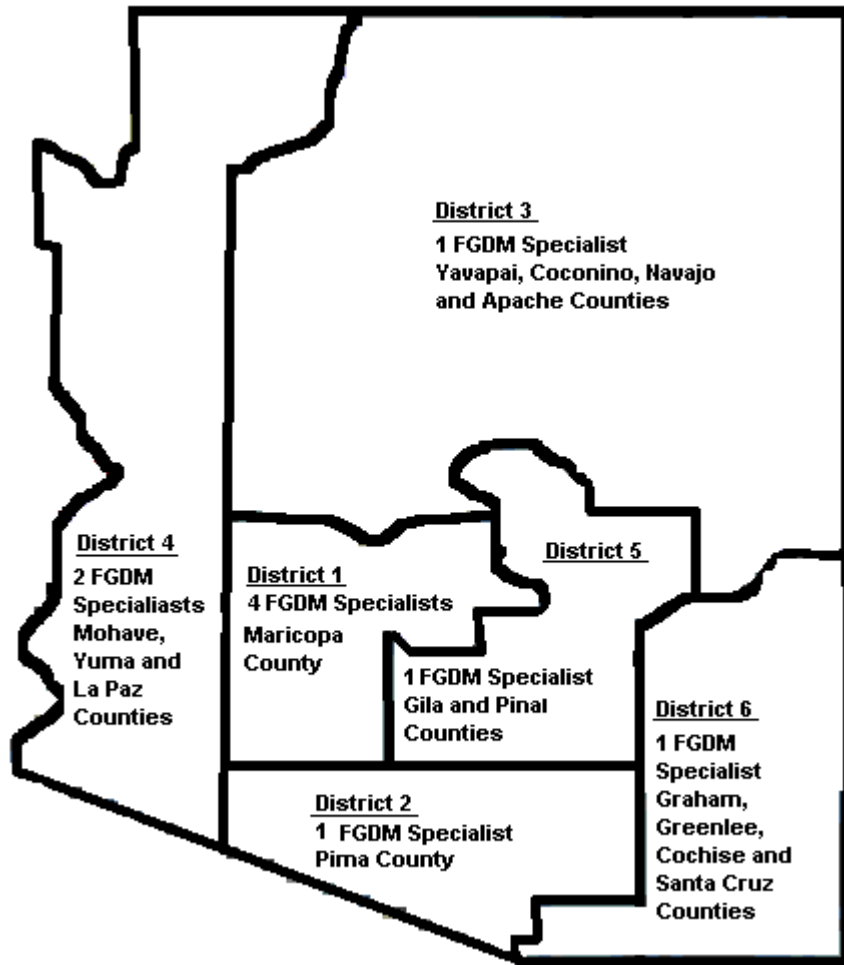
### ***Implementation in Arizona***

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, the Department achieved the statewide implementation through the use of federal funds. The program remains funded through federal monies.

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 (See Exhibit 1). Available data from all districts are included in this report.

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.

**Exhibit 1. Arizona Department of Economic Security District Map**



Arizona’s Children Association (AzCA) was awarded a contract in 1999 to assist the Department of Economic Security (DES) in the project. As of October 2001, AzCA 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 are also contracted to arrange for services for the families during and after the meeting, and to make calls six months after the meeting date to gain information about follow-up services and monitoring activities associated with the developed plans as well as long-term satisfaction with the Family Group Decision Making program and satisfaction with services provided.

## Evaluation Purpose and Design

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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 has been ongoing for the FGDM program since October 2001, caution remains necessary to prevent premature interpretation of outcome results. This is especially true in 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 continued to be built in the Arizona FGDM program during the past year.

The organization of the 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
- Acceptance of the program by caseworkers
- Effectiveness of training and policies related to FGDM

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; Year 2 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).

The specific methods used for the Year 2 program implementation (process evaluation) and outcome evaluation portions are described more completely below.

# Program Implementation Evaluation

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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 case studies, visits and surveys.

## *Evaluation Methodology*

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
3. Review of Materials/Documents
4. Case Studies/Meeting Observations/Interviews

### *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. 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. These forms are currently in use in all districts; continued efforts are being made to ensure that FGDM specialists complete forms for all cases referred to the program. 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.

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-August 31, 2002, the following total numbers of forms and surveys have been received and processed for this report.

**Exhibit 2. Numbers of Forms Received by District**

<b>Numbers of Forms Received</b>					
<b>District</b>	<b>Data Collection Forms</b>	<b>Family Meeting Participant Survey</b>	<b>CPS/FGDM Professional Survey*</b>	<b>Resource Professional Survey</b>	<b>6 Month Follow-up Survey</b>
<b>I</b>	118	284	84	14	132
<b>II</b>	17	60	34	4	6
<b>III</b>	42	274	55	42	26
<b>IV</b>	26	41	27	3	3
<b>V</b>	14	90	40	7	0
<b>VI</b>	16	34	13	3	0
<b>TOTAL</b>	<b>233</b>	<b>783</b>	<b>253</b>	<b>73</b>	<b>161</b>

*\*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 52 surveys from the FGDM specialists and 191 surveys from the CPS case managers/supervisors in the sample.*

***Site visits***

LeCroy & Milligan Associates staff visited five (5) sites where the Family Group Decision Making program was implemented in Year 2:

- District II:
  - Tucson
- District III:
  - Pinetop/Lakeside
- District IV:
  - Yuma (Bullhead City was visited in Year 1)
- District V:
  - Kearney
- District VI:
  - Willcox/Benson

Each site visit included interviews with the FGDM specialist assigned to that site, review of FGDM literature shared with referred families and CPS staff, and interviews with AzCA representatives.

### ***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 this report is 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 includes a common referral form for use in all districts. Because eligibility criteria were changed several times in this short period of program implementation there was some confusion among CPS staff about policies. Several of the staff interviewed during site visits mentioned that the shifting requirements sometimes discouraged referrals.

Additional materials were gathered from the specialists themselves during site visits and meeting observations. 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., a “Ground Rules for Conferences” and “Family Plan Considerations”).

Expenditure reports were collected from DES and AzCA. The costs of the program based on these reports is described at the end of this section.

### ***Case Studies/Meeting Observations/Interviews***

During Year 2 of the evaluation, case studies of families participating in FGDM were conducted to gain more information about the families’ perspectives and experiences with the program. In a program such as Family Group Decision Making, where there is tremendous diversity among participants, collection of qualitative data can provide insight into the meaning of individual variation, and generate greater understanding of the experience of program participants (Patton, 2002). Case studies can create a context for understanding the statistical data, and can provide information about hard-to-measure concepts such as family empowerment and involvement (W.K. Kellogg, 1998). In other words (Patton, 2002, p. 152),

“...well-crafted case studies can tell the stories behind the numbers, capture unintended impacts and ripple effects, and illuminate dimensions of desired outcomes that are difficult to quantify (e.g., what it *means* for someone to become “self-sufficient”).“

The goal was to conduct a total of 5-10 case studies. Every attempt was made to include at least one rural and one urban family, as well as a balance of intake and ongoing cases and various ethnicities.

The case study process included the following elements:

- ◆ Preparation of a data collection tool, including open-ended questions regarding the FGDM process and the family's experience with it;
- ◆ A letter to all FGDM specialists, asking them to refer 1-2 families each;
- ◆ Identification of families based on representation of the above mentioned categories, as well as availability and willingness to participate;
- ◆ Observation of the family meeting, including informal discussions with family members and staff;
- ◆ Short discussions with the referring case manager, the FGDM specialist, and the AzCA meeting assistant, regarding the history of the case, the meeting and events following the meeting;
- ◆ Interviews conducted 4-6 weeks following the meeting with at least one member of the family, among the following:
  - Primary care giver at the time of referral;
  - Family monitor chosen during the family meeting;
  - Adult with whom the child was placed.
- ◆ Follow-up interviews conducted by phone, and lasting 20-45 minutes.

As reported in other family conference evaluations (e.g., Walter R. McDonald & Associates, 2001), case studies were challenging to complete. Some of the challenges included low numbers of referrals as appropriate families, families denying permission for a case study observer, last minute cancellations, and inappropriate family dynamics (e.g., mental illness concerns, severe animosity, etc.). In the end, evaluation staff observed seven meetings (See Exhibit 3).

### Exhibit 3. Observations

District/Location	Type of Case	Observation Date
V–Apache Junction	Intake	April 2002
I- Mesa	Ongoing	May 2002
II- Tucson	Ongoing	June 2002
I–Phoenix	Intake/Ongoing	July 2002
I- Mesa	Ongoing	August 2002
I-Phoenix	Intake	August 2002
VI–Willcox	Ongoing	August 2002

### *Challenges and Limitations of Case Studies Method*

Every effort was made to ensure that the families included were typical of those served by FGDM in the district (e.g. ethnicity, primary language, presenting issues). As noted above, identifying appropriate families and scheduling observations proved difficult. Families were selected based on their willingness to have an observer present, and their agreement to a possible interview at a later date, as well as the availability of an evaluator to observe the meeting. These families may not, therefore, be typical of those participating in the FGDM program because of the voluntary nature of the selection process. In addition, only a small number of complete interviews were conducted. Other families may not necessarily share the views of these people. On the other hand, in many ways, there is no “typical” FGDM family – each family is different in some way and each family meeting is unique. Thus, while the sample may not be representative, much can be learned from it.

Interviewing family members presented additional challenges. Informal interviews were held with many family members during the meeting observations. The initial plan called for longer formal interviews with several people from each family, but this was not possible in the existing time frame. Family members can be difficult to reach, did not always return phone calls, and/or did not always wish to be interviewed or have the time to do so. In addition, it was important to wait at least 4-6 weeks following the meeting before contacting the families. This allowed the families’ time to implement their plans, see what was working and what was not, reflect on their experiences, and, in court-involved cases, present their plan to the court for approval. At least one person from each of five families was interviewed, and in one case, two family members were interviewed. This included three primary care givers at the time of referral (two of whom had been reunited with their children), two monitors, and one relative serving as a placement for the children.

Six of the observations and all of the interviews were conducted by one evaluation staff member. A second evaluator observed one of the meetings. This ensured consistency of the observations. Although these were trained observers, it must be noted that the descriptions and interpretations below represent one perspective and thus a slightly different set of conclusions might have been reached had the observations been made by others.

### ***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 quantitative and qualitative data derived from the data collection forms and meeting participant surveys and the second portion will describe perspectives from the case studies. Lastly, a short description of program materials and a summary of participant suggestions for improvement are included. Embedded in relevant sections are data that can serve as indicators of the program's effectiveness in accomplishing broader goals and objectives as noted in the section on the enabling legislation.

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.

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

During the time period from February 2001 to August 2002, 233 families were referred to FGDM. Of these, 73 meeting preparations were cancelled before the meeting could be held. Reasons for cancellation include that the parent chose not to participate (26), issues were resolved (16), safety (7), and other reasons (42). Some of the other reasons described include 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.

**Exhibit 4. Characteristics of FGDM Referrals**

<b>CHARACTERISTICS OF 233 FGDM REFERRALS FEBRUARY 2001- AUGUST 2002</b>		
	<b>Families who completed meetings</b>	<b>Families with cancelled meetings</b>
• <b>Number of Families</b>	160	73
• <b>Type of Referral</b>	INTAKE 48 (34%) ONGOING 94 (66%)	INTAKE 20 (34%) ONGOING 39 (66%)
• <b>Number of Cases with Prior Dependency Records</b>	16 (10%)	6 (9%)
• <b>Number of Cases with Prior CPS Referrals</b>	125 (81%)	45 (73%)

**CHARACTERISTICS OF 233 FGDM REFERRALS  
FEBRUARY 2001- AUGUST 2002**

	<b>Families who completed meetings</b>	<b>Families with cancelled meetings</b>
• <b>Median number of prior CPS referrals</b>	3 (Range 1-39)	2 (Range 1-10)
• <b>Primary Language</b>	144 English (90%) 8 Spanish (5%) 8 Mixed Spanish/English (5%)	66 English (94%) 4 Spanish (6%) 4 Other
• <b>Number completing plans</b>	156 (98%)	NA
• <b>Number of plans accepted by CPS</b>	143 (96%)	NA
• <b>Number of cases closed or with closure imminent</b>	60 (38%)*	NA
• <b>Median length of stay in care for children involved in the case</b>	34 days (NOTE: Just over 1/3 had "0" days in care)	NA

*\*Note that due to a change in policy, all cases referred to FGDM are to remain open for 6 months. Therefore, this variable will not be included in future reports.*

For the cases in which families held a meeting:

- The average number of children was between 1 and 2.
- Slightly over half of the children were male, while slightly under half were female. The ethnicity of the children included **38%** white/Caucasian, **31%** Hispanic, **18%** mixed heritage, **10%** African American, and **3%** Native American.
- Less than half (**42%**) of the children involved in the case were in some kind of **relative placement** at the time of referral to FGDM; **29%** were placed in **foster care** at the time of referral.
- Over two-thirds (**70%**) of children were in **relative placement** based on the family plan (e.g., relative licensed, relative unlicensed, guardianship with kin, in home with original primary care giver). Only **12%** of the children were in **foster care** as a result of the family group plan. See Appendix B for a full list of placement categories.

Other demographic information about the families is included in Appendix C.

### *Perspectives on families from the case studies*

The sample included in these case studies is most likely not representative of all of the families participating in the FGDM program. However, some characteristics of the families can be gleaned from the information gathered. The families in this sample were very diverse (for details, see Appendices D and E). Four families were white, one was Hispanic, and two were mixed white/Hispanic. The African American families who were asked to be part of the case studies chose not to participate. Some family members lived in the same neighborhood, while others were spread out across the country. In some families, paternal and maternal sides were very close to each other; in others they did not know each other or were at odds. The number of children involved ranged from 1 to 4; children's ages ranged from 4 months to 16 years. The children's parents were together in only two of the seven families. In some cases, reunification with biological parents was not an option; in others, it was the goal. Almost all of the families were dealing with issues relating to substance abuse. Some also had a history of mental illness and/or violence.

All of these families had one thing in common. Whether family members were local or out-of-state, all were willing to do what they could to help the children. In addition, the case managers and supervisors working with these families felt that family placement was an option, and were willing to trust the family's decisions. Family members, case managers and supervisors were also all willing to engage in a process of dialogue regarding the children's future.

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

In general, the participants who completed surveys were very satisfied with the program. For example, **93%** of the extended family meeting participants who responded (714) 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 **92%** of the 160 respondents indicating that they were satisfied or very satisfied with the FGDM process. See Appendix F 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 180 CPS professionals (case managers and supervisors) who responded, **94%** 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, **61%** were MORE likely to recommend, **38%** were AS likely, and **less than 1%** were LESS likely to recommend a case to FGDM. The majority of these respondents had also participated in an FGDM conference before (**64%**). This is consistent with an observation made by some of the specialists that if a case manager or supervisor participates at least once in the process, they will better understand the

value of FGDM and will 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 G for the complete results of the CPS/FGDM Professionals survey (reported together as the results on all the remaining questions did not differ between the two groups) and to Appendix H for the Resource Professional survey.

### *Perspectives on satisfaction from the case studies*

In general, interviewees were very satisfied with the Family Group Decision Making process. Most were glad that their families had been given this opportunity, and hoped that the program would continue. For all of the families, the most satisfying outcome of the FGDM process was that they were able to either return the child(ren) to the family or prevent the child(ren) from entering into the foster care system. As one interviewee said:

*We're all just glad they're with us. They kids are more secure now, they're happy all the time. They know they're at home, in a familiar place. We're all more relaxed now, it's just a big relief.*

For most of the family members, the day was stressful and exhausting, yet they were still positive about the experience. One interviewee summarized this well:

*The meeting was very intense. You have to open up and spill out your guts. I made mistakes. I caused the problems, and I had to open up and discuss that with the whole family. But the results made the pain worthwhile.*

Several of the interviewees felt that the meetings were too long. However, they could think of nothing that could have been omitted or shortened. Their only suggestion was to invite fewer people, since they did not feel that everyone who was there was essential to the meeting.

In each family, there was a slightly different reason for appreciating the FGDM meeting. For some, it was the first time that the paternal and maternal sides had met each other and communicated directly about the child(ren). For others, the two sides had been angry at each other. The meeting brought them together and provided a neutral place for them to say difficult things to each other. In one case, the two families were so angry that they had stopped communicating about the children. One family member described the situation as follows:

*[At the meeting,] everyone spoke their mind. Everything was said. They were blaming my daughter, and we were blaming their son. But it was really both of them, now we all agree on that.*

In this case, the children had been cut off from the relatives on one side because of this anger, but visitations resumed after the meeting. A grandmother noted:

*I said some things I've been wanting to say for a long time, but no one would listen. Here everyone had to listen – and we all heard what everyone said, so no one can say afterwards that that didn't happen.*

For some families, the meeting was important because it allowed everything that was happening to be put out in the open. This was particularly true when extended family were not aware either of the extent of a family member's drug use, or of someone's rehabilitation. For some, the involvement of the whole family was one of the most important outcomes of the meeting:

*People understand now that I need help. They weren't that involved before; before they just heard that I was doing this or that, now they're really involved. The meeting catalyzed this, it wouldn't have happened otherwise.*

Another family noted that the meeting gave them a model for a new way of interacting:

*Our family isn't real good at sitting down and talking about issues. People get mad and yell a lot. But the meeting really helped, it planted the seeds and set the foundation for us to talk about things. We come back together, we talk, we confront the issues without getting angry, we remember that we're a team.*

Other family members appreciated the meeting because it allowed them to communicate more clearly with CPS staff. For some, this meant having all the resources in one place (e.g. drug rehabilitation, parent aides, case manager, supervisor), and getting all of their questions answered in one day. For others, it was the first time they had heard CPS acknowledge that their family had strengths:

*For the first time since the case started, it gave me encouragement and support, a little more self-esteem. I felt that the case manager and supervisor appreciated all the work we had done.*

Several people also noted that their relationships with CPS improved following the meeting. They felt that case managers were friendlier, more respectful and more willing to answer their questions.

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

The legislative goal to “allow shared decision making and shared responsibilities between the family and case manager” is addressed in part by responses to the meeting participant surveys. A high rate, **96%** of the family members and **97%** of the CPS professionals, felt as though 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>	<b>Extended Family (n= 670)</b>	<b>CPS/FGDM Professionals (n=232)</b>
<i>Family had the most say</i>	376 (56%)	145 (62%)
<i>Professionals had the most say</i>	26 (4%)	7 (3%)
<i>Family and professionals had equal say</i>	268 (40%)	80 (35%)

This is a fairly high percentage who feel the family was involved in the process. It should be noted, however, that **40%** (231) of the meeting participants (family and others) felt that they had NO choice about participating in the meeting. This implies that the process is not always perceived as fully voluntary. This may not be surprising given the number of cases in which the court is involved (**64%** of those who held meetings). If the courts mandate participation, or if the families are told that their children will definitely be removed unless they participate, the voluntary nature of the process is put in jeopardy; this in turn may call into question the family-centered orientation of the FGDM program. In some cases, their feelings about how much say they had in the process may have been determined by the role the court may have played in their case. Some of the families expressed awareness that if they did the program, it would improve their “standing” with the judge and therefore felt that participating in the program was their last chance.

***Perspectives from the case studies***

Most family members felt that their decisions were respected on the day of the meeting, and that CPS listened to them, sometimes for the first time. At the same time, they were mixed about whether they felt that they had a real voice in determining the outcomes of the case. To some extent, this reflects the fact that many could not separate the FGDM process from their overall experience with CPS. This was particularly true for families whose cases have been going on for some time (e.g., a year or more). For these families, the empowering intent of FGDM may be lost in the overall disempowering experience of years of fighting with the system. Several families feared that the meeting would be used to change placements or to remove the child(ren) once again. As one interviewee said:

*That day was the most horrible thing I’ve ever been through. I was terrified. Because of our history, CPS is the enemy. I thought they were going to take the kids away again.*

While it is not clear why they thought this, it appears that at least some of the confusion stemmed from the way the meeting was presented to the family by the specialist. Some families were told that the purpose of the meeting was so that “the family will decide a safe and stable future for the child(ren)” or “whatever the family decides will happen.” In the context of their previous experiences with CPS or of animosity between two families, they worried that this could result in the disruption of a placement that had been worked towards for a year or more.

For other families, the experience of being able to make decisions for themselves was confusing. One interviewee noted that the family had made decisions based on what they knew about each other. Yet they had tried to give this information to CPS earlier, and felt that CPS had not listened. They did not understand why CPS now trusted them to make decisions, but had not previously. This made it difficult for them to trust CPS. Another interviewee noted that CPS did not really do anything at the meeting:

*They just got out of the way and let us decide. Why did we need them there? And why couldn't we do that before?*

There appeared to be some confusion (among both family members and some case managers) as to whether the family plan and the case plan are the same, and thus whether the family plan is a legally binding document. For one family, this was a cause for concern about the FGDM process:

*What we said became legally binding, but we signed it [the plan] without anyone who has legal knowledge being there. This was a two-year process, you don't want to screw the whole thing up by wording it wrong, and then the judge approves something you didn't really mean to say.*

Decisions made later by the courts play a critical role in the family's perspective on whether or not they were really heard through the FGDM process. In cases where the judge accepted the family's plan completely, family members felt that they had regained some control of their lives. However, in at least one case, the judge did not address the family requests regarding visitations and treatment that had been in the family plan. This negated the positive feelings that had followed the meeting:

*My big thing with CPS was feeling irrelevant, that they didn't take me into consideration, even though it was my family. That changed that day – I felt very encouraged. But then it got shot down – the court didn't really look at our plan. Now I'm not sure what to think.*

#### **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 case study examples, provide indicators of the program's progress in reaching these goals. (See the Legislative goals section above and Appendix A for descriptions of the legislative goals).

- *Meeting characteristics*

The AzCA 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 86 of the meetings that have occurred in the past year. 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	7-8 Hours
Average Length of Private Family Time	1 ½ Hours
Average Number of Adult Participants	11-12 (range of 3-28)
Average Start Time	9 am
Average Finish Time	4-5 pm
Percent of Meetings Held on Weekend Days	28%

- *Type of services requested and provided*

A wide range of services are requested by the families involved in FGDM. 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 are provided (**99%**). In fact, more services are reported as provided than are explicitly requested by the families. For services requested after the meeting, the pattern is not as strong. Of 29 who were surveyed six months after the meeting and who said services were requested, **57%** report that the requested services were not provided. Furthermore, of the 160 who were reached for the survey, **38 %** said that they do 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 that they forgot that they were informed about services. However, the results indicate that, at the time of the interview, some people perceive that the services were not available.

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

- Give all participants information about the departmental and court processes

As part of the process of preparation, the specialists ascertain whether a resource person needs to be present during the meeting. In 55 of the 160 cases which held meetings, resource professionals were requested who could provide information on CPS legal issues. In addition to this information, other information included adoption and guardianship procedures. Legal information was provided in at least 62 of the cases and guardianship guidance in 57 of the issues. In all of the meetings observed as a part of the case studies, information was provided about CPS and, if relevant, court procedures. Whenever families have questions about departmental or court processes, attempts were made to answer them at least verbally at the time of the meeting. Families, particularly when under the emotional stress of the meeting, might not always know which questions to ask about these processes.

- ***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 are created that address the specific needs of the family. As noted in the case study description, details are often included in the family plans that may never have been included by CPS staff. For example, some families include attendance at church or other religious services as part of the plan, which is something the case managers are not allowed to include.

Most (96%) of the cases in which a meeting was held resulted in plans acceptable to CPS. The extended family survey responses indicated that 80% thought the plan was realistic (and 18% thought it was “somewhat” realistic). As reported above, for cases with follow-up interviews, 58% of the respondents stated that the family had been following the plan “completely,” 32% said they were “mostly” following the plan, and 10% 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. Refer to Appendix K for a list of the reasons why plans were not developed or accepted.

- ***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 92% (117) of the cases that held a meeting. In 44% of the cases (53), 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

One of the remarks made by a family monitor who was interviewed as part of the case studies illustrates one way the monitoring process can work for the children:

*The [the parents] didn't do what they said they would. We gathered everyone together and confronted them. We went back to that day. We brought out the papers and said, "You agreed to this." We made that the focus—you said you would do this and that. We told them they can't see the kids until they do it. Now they know we won't be lenient.*

The program itself has made efforts to strengthen this aspect. It should be noted that the FGDM policy that requires the case to remain open for 6 months following the meeting is intended to strengthen both the services provided to the families as well as the accountability for plan follow-through.

- ***Provide for care and protection of children***

The program materials, policies and procedures, and presentations made on 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.

**Exhibit 7. Responses to "I am confident the children will be safe"**

<b>Family</b>	n=757	<b>94%</b>
	Agreed	48%
	Strongly agreed	46%
<b>CPS/FGDM Professional</b>	n=237	<b>95%</b>
	Agreed	60%
	Strongly agreed	35%
<b>Resource Professional *</b>	n=69	<b>90%</b>
	Agreed	55%
	Strongly agreed	35%

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

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

Fully **93%** 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 (**93%**) felt they had “*...a better understanding of how the family can ensure the safety of these children.*” Slightly more (**95%**) also said that they had a “*clear idea of the plan for how the children would be cared for.*”

As one family member said:

*We are so thankful for the meeting. It helped us to do what we needed to do. We should have acted sooner, but we didn’t know what to do. Now we know.*

- ***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. Responses to Respect Statements**

“ <i>My family traditions were respected.</i> ”	n=757	<b>93%</b>
	Agreed	57%
	Strongly agreed	36%
“ <i>I felt respected by the facilitator.</i> ”	n=769	<b>96%</b>
	Agreed	50%
	Strongly agreed	46%
“ <i>I felt respected by the CPS case manager.</i> ”	n=762	<b>93%</b>
	Agreed	49%
	Strongly agreed	44%

An additional aspect of “respect” is mentioned both in the open-ended suggestions on the surveys and during the case study interviews by the specialists and other CPS professionals and some of the families: the food provided during the family meeting. Some family members are impressed by the presence of any food at all, while others perceive disrespect when the food is of low quality, late or cold.

- ***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 offers an opportunity to build these relationships and perhaps reduce perceived conflict. At the end of the meeting, **91%** of the meeting participants (683) agreed or strongly agreed with the statement “I feel supported by the CPS Staff.”

The table below summarizes additional responses to questions on the 6-Month interview that address, in part, issues related to conflict. (See Appendix L 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. 6-Month Follow Up Questions** (n= 161 representing 46 cases in 3 Districts)

<p><i>“Overall, how satisfied are you with Child Protective Services”</i></p>	n=129	<b>81%</b>
	Satisfied	63%
	Very satisfied	18%
<p><i>“Overall, how satisfied are you with the FGDM process?”</i></p>	n=137	<b>96%</b>
	Satisfied	52%
	Very satisfied	40%

One indication of an improved relationship with CPS is seen when the client learns empathy for the case manager’s job. As an example, a mother from the case study interviews stated the following:

*I was pretty pushy before. Now I’m not as demanding. I talk to her [case manager] more as a friend now. I say, “I understand you’re overworked, but I still need information about this.” I think we try to be more patient with each other.*

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. It can be difficult to change family and CPS attitudes for cases that have been in the system for more than a short time.

***Additional perspectives on model fidelity from the case studies***

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 being 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.

All of the meetings observed followed the FGDM preparation and meeting outline. Model fidelity appears to be strong. At the same time, each meeting was slightly different, as each facilitator brings his/her own style and experience to the process. Some of the issues affecting model fidelity are described below.

### I. Referral and Preparation Phase:

There were several observations that raised concern regarding policies and procedures. Some case managers and supervisors were not aware of changes that had been made regarding the types of cases that could be referred to FGDM. In at least one case, a case manager believed that he had to file a voluntary foster placement agreement in order to refer to FGDM (which reflects an earlier version of the policy that had been changed by the time of this case study). It should be noted that these were case managers and supervisors who were very supportive of the program, and referred to it regularly.

In other cases, it appeared that referral was based mostly on the personal beliefs of case managers and supervisors regarding the FGDM program. In one situation, a supervisor early in the case had not wanted to refer to FGDM, because he thought the stress of having the family together would cause the mother to relapse. She was not consulted, and a later case manager decided to refer, with great success. CPS staff also told evaluators about numerous co-workers who refused to refer cases because they did not believe in the program.

About half of the case managers and supervisors had previously referred cases to the program; for the others, the meeting observed was their first experience with FGDM. They had a variety of reasons for referring to the FGDM program. Some had seen evidence of a strong family network, and previous family involvement with the children. This usually manifested as extended family members who had been in touch with case managers throughout the removal process and had fought for visitation and/or placement. In some cases, case managers felt the meeting could help obtain family buy-in and support for an existing plan. In other cases, where there was tension between the two sides of the family, or between the family and CPS, case managers felt a FGDM meeting could be helpful in bringing everyone together to address and resolve the issues.

### II. Meeting Phase:

**Strengths and Concerns:** The FGDM model highlights the importance of a strong focus on family strengths and concerns. All of the meetings observed included extensive discussion of family strengths and concerns. Some facilitators prompt family members more frequently, while others allow the family to determine how much to say. This difference in interaction can influence the time it takes to complete this part of the meeting. Family members interviewed at, and following, the meeting, all agreed that the Strengths and Concerns sections played an important role in the meeting. They felt that this laid a foundation from which they could build, and helped to focus the discussion during private family time. Some noted that discussing concerns in this structured way allowed them to express their worries, and then move on to the practicalities that needed to be addressed. Several appreciated the opportunity to address the concerns that same day, so that people left the meeting reassured.

**Case History Information:** The FGDM model recommends adequate coverage of case history and other information sharing. CPS case presentations varied slightly, depending on the individual case manager. Some choose to share more information with the families; some provide only a basic outline. In addition, some case managers use more professional vocabulary, which can leave family members confused and unsure of what they can do, while others use more lay language and spend more time defining terms for the family.

This issue of shared information is an important one, both in terms of model fidelity and in terms of family empowerment. If case managers talk too much, it appears that they hold the power at the meeting. If they do not share enough information, the families can feel that they are not being honest. This is especially important when there are legal issues affecting the case outcome, or when CPS has already made some of the key decisions (e.g. placement) prior to the meeting. Based on meeting observations and interviews completed for the case study, it appears that case managers who had previously participated in FGDM meetings appeared to have a better sense of what information families need in order to make decisions and how to communicate with families in this context, which is quite different from their usual encounters with families.

**Co-Facilitation:** The FGDM model promotes the use of two trained co-facilitators during the family meeting. Because the pool of people trained in Family Group Decision Making is small, co-facilitators are frequently CPS staff members who have not been trained in this process. This is particularly true for the rural districts. In District I, FGDM specialists can co-facilitate for each other, although this adds to an already overburdened workload. In Districts I and II, co-facilitators from the Kin-nections program are sometimes available. These options are not available in other districts.

There are many advantages to having two fully trained, experienced facilitators at each meeting. Trained facilitators can better explain FGDM and CPS, and are more comfortable with the process and can more easily put the family at ease. In addition, family members may feel more comfortable with the style of one or the other. When facilitators are not fully trained in the FGDM process, they are more likely to blur the model. For example, they may not write down everything a family says during strengths and concerns, which they are supposed to do according to the model. This can send the message that what was said is not important. Or a co-facilitator may not ask triggering questions in the same way that someone familiar with the process will do.

**Family plans:** An element that is central to the FGDM model is the belief that families know best and that their plans will reflect issues of importance to the family. This was evident in the meetings that were observed. The family plans reflected family members' knowledge of the personalities within their family, as well as other items of importance to them. For example, several families recognized that it was hard for some of their members to ask for help; their plan stated, "family members will initiate contact," thus taking the burden off that person. Other family plans included arrangements for family parties after reunification, birthday and holiday celebrations incorporating both sides of the family, and additional support for monitors.

### III. Follow-up Phase:

Both families and case managers were contacted 4-6 weeks after the FGDM meeting and asked what had happened since the meeting. Five out of the seven families had been following their plan, as decided at the meeting, to some extent. Children had been reunified with parents or placed with relatives as the family had decided, court papers had been filed, and CPS had followed through on services and legal issues. Extended family members had begun visitations; monitors were in touch with each other and with CPS. In one case, problems arose with the placement; the family intervened and moved to their back-up plan. Neither they nor the case manager saw this as a failure of the plan. They felt that the meeting had been very successful, because the family now had the tools to quickly intervene and implement an alternative plan which continued to keep the children safe and within the family.

In two cases, plans created at the meeting had not been implemented. In one case, the placement was changed even before it was implemented, as family members realized within 24 hours of the meeting that they could not take the children. CPS then placed the children with other people. A second case had focused entirely on visitation for the non-custodial family. While the family had created a plan to meet their needs, these family members had not shown up for the arranged visits.

In most of the families, some elements of the plan were not implemented. In several cases, parents who had agreed to drug testing, counseling, or rehabilitation services had not done these things, or had not shown up for visits with their children. Some of those who had agreed to be monitors had not been in contact with other family members. Some of the family members interviewed expressed confusion about what to do under these circumstances. When it had been decided at the meeting that visitations were dependent on completing certain things, it was clear that visitations would be stopped. However, in most cases the elements of the plan that were not implemented were those without direct consequences. Families were unsure whether or not there were implications of not fulfilling these items, and whether these things needed to be reported to CPS.

As one participant said:

*It's not clear how long they [biological parents] have [to implement the plan]. In our mind, if they don't get right on it, they're out. But we didn't put a timeline on it. We didn't understand about the back-up plan; we thought it was what we would do if [the current placement] dies. We didn't realize we could ask for adoption as a back-up plan.*

All of the case managers were contacted 4-6 weeks following the meeting. Almost all were very satisfied with the meetings, and felt comfortable with the meeting's outcome. Several noted that the case outcome (e.g. placement) would have been the same without the meeting, but the family would not have been as comfortable with it. They also noted that they themselves were more comfortable with the children's placement and/or visitation arrangements because now the whole family was aware of all of the issues, and was committed to making the plan for the children succeed. In one case, a case manager felt more comfortable reuniting a child with a parent, because the parent was no longer alienated from the extended family. One case manager was

not sure that the meeting was successful; she noted that the family members had made up their minds previously, and that the meeting did not change anything. However, she felt that the meeting had improved the relationship between CPS and the family, and communication was now much easier.

In one case, placement of the children changed within days of the meeting, and the parents had continued to be noncompliant with treatment and drug testing. However, the case manager reported:

*The conference was great. It did what it was supposed to do. They came up with an alternative to CPS removal, kept the kids safe and with their family. Everyone is communicating now. They understand that they have the power to rule their family, to make the decisions. The meeting wasn't designed to make the parents do the right thing, it was designed to keep the kids safe and with relatives, not in the system.*

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

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., the food, size of the room, timing of lunch, quality of food), 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 meetings from the case studies***

The case studies were able to elaborate on some of the more general points described in the surveys. For example, due to the difficult and challenging nature of the FGDM meeting logistics process, the collaboration between the FGDM staff and AzCA has had several challenges and frustrations. These difficulties have included:

- Short notice on meeting location (e.g., 24-48 hours before the meeting was scheduled) make it difficult to notify all participants.
- Family requests for specific foods were not always met.
- On several occasions, food was not provided for breakfast or for afternoon snacks, which are important when meetings run 8-10 hours long.
- In one case, no airport shuttle or hotel room had been reserved for a family member from out-of-town, despite advance notice.
- Meeting assistants who are less experienced with the program do not record strengths and concerns verbatim; there were also mistakes made in the recording of the plan.

- In one case, the family wished they had a chance to review the written plan before it was signed and submitted to the court; this is an issue of the time the meeting assistant has to finish typing the plan, making copies and sharing with the family.
- Due to the low number of meetings (except in District I) it has been difficult for the contractor to justify hiring a full-time meeting logistics person.
- It is difficult to find a staff person willing to work all of the Saturday meetings.
- Meetings are unpredictable – they are frequently cancelled or rescheduled at the last minute, the number of participants changes, and the length of time ranges greatly. This makes it difficult to buy food and reserve rooms.

Other impediments were identified during the case studies. One of these involved the perceived FGDM/CPS relationship. Several families were told that FGDM is not part of CPS – when they found out it is, they felt manipulated. This was further complicated by the fact that FGDM staff seemed able to pull strings within CPS about certain issues; they moved things through the system more quickly and were able to pay for things that had not been offered previously (e.g. legal fees, counseling). These perceptions may decrease the development of a trusting relationship between the families and CPS/FGDM staff.

A central issue that was mentioned many times is the lack of training in FGDM. Training is an issue for case managers, supervisors, and for co-facilitators, as described above. It occurs 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. Time and again, evaluation staff were told 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 are rare due to heavy workloads, weekend and evening scheduling of meetings, the length of time of the meetings and limitations on overtime. This is further complicated by the fact that not all families are willing to have an observer at their meeting. These limitations also apply to CPS staff serving as co-facilitators in rural districts. There are no formal trainings in FGDM for them to attend, and it is difficult for them to get the time (and approval) to observe meetings in other districts.

### ***Other Implementation Activities: Communication About the Program***

This year new materials have been created to provide consistent information across sites and Districts. The statewide coordinator created a newsletter that serves to increase awareness of the FGDM program internally, a brochure to be given to family members, and other materials to “market” the program to the community. The extent to which these materials have reached their targeted audiences was not assessed in this year’s evaluation plan, but the contents do reflect the goals, strategies and policies of the program efforts. There are differences, however, in how these materials are disseminated. As noted in last year’s report, some specialists provide more materials (e.g., academic articles) at their trainings than do others. Some of the suggestions from family members’ surveys included requests for additional materials, for example, handouts that describe available resources, advice on what to include in the family plan, and specific strategies for coping with substance abuse issues.

Plans have been made for FGDM staff and others familiar with the process to construct a logic model of the program. This model will be completed and included in the Year 3 evaluation report. The model can potentially be used to communicate the purpose and intentions of the program with a variety of groups including CPS and DES staff, community members and the state legislature as well as future potential funding sources. It will also be used to address the program fidelity question in the Year 3 report.

### ***Suggestions from Meeting Participants***

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.

As previously noted, overall satisfaction seems high for those who responded to the surveys. This pattern was echoed in the case studies 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 is included in Appendix M.

***Suggestions for the Overall Program:***

- Develop a reliable pool of co-facilitators in every district.
- Provide additional support for the specialists in the form of training, recognition for extraordinary time and effort in scheduling meetings

***Suggestions for Referrals:***

- 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:***

- Help CPS staff to “appreciate the culture of preparation”
- Let people (especially family members) know in advance how long the day is, so they can prepare themselves.
- Decrease the number of people included, in order to make the meeting length more manageable.

***Suggestions for Meeting Logistics and Facilitation:***

- Allow people time to review a written copy of the plan before signing it.
- Assure adequate space and comfort of room
- Recognize that food delivery is limited in rural areas and allow for alternative sources to provide food
- Provide toys and activities for the children present during the meeting.
- Show consistency in meaning and communication between the specialists and case managers
- Limit side conversations
- Stay on track
- Clarify what “back-up plan” means

***Suggestions for Placements and Follow-up:***

- Clarify the role of the monitors and the expectations for follow-up on the plan
- Clarify all expectations of 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

## ***Costs of the Family Group Decision Making Program***

The FGDM program costs described in this section are based on a 12-month period from October 1, 2001, to September 30, 2002, which reflects a full year of service delivery. Program expenditure cost data from both DES and AzCA were collected and combined for the time period. A total of 135 families were served in a conference, including 1,840 individuals of which 298 were children who received services.

Expenditures were collected from DES that covered direct costs such as personnel costs, employee benefits, professional services (mainly payments to AzCA), travel (both in-state and out-of-state) and other operating expenses (e.g., supplies and non-capitalized equipment). The professional services category includes the fixed rate fees per conference that were paid to AzCA between October 2001 and September 2002. A total of \$648,014.70 reflects the direct costs for the first year of full statewide implementation. A more detailed summary of these costs, itemized by main expense categories, is included below.

### **Exhibit 10. D.E.S. Costs\***

<b>Type of Cost</b>	<b>Total Costs (as reported by DES)</b>
Personnel	\$ 211,793.32
E.R.E.	\$ 48,249.30
Professional Services**	\$ 382,191.85
Travel/Other Operating	\$ 5,780.23
<b>Total</b>	<b>\$ 648,014.70</b>

\* Based on D.E.S. expenditure reports from October 2001 to September 2002.

\*\* Represent DES payments to AzCA only.

Average DES costs per units of program delivery were computed based on total costs and the total number of families and children served according to the monthly AzCA expenditure reports. These costs are presented below. The total average cost per family served (per conference) was \$4,800.11. This amount does not include overhead costs.

### **Exhibit 11. D.E.S. Costs per Family and Child Served\***

<b>Type of Cost</b>	<b>Total Direct Costs</b>
Cost per Family Served	\$4,800.11
Cost per Child Served	\$2,174.55

\* Based on D.E.S. expenditure reports and AzCA reported individuals served and conference hours from October 2001 to September 2002.

It is noteworthy that service delivery was slower during the summer (June, July and August) months, therefore these costs might not reflect an accurate picture of the program in full service mode during a time period of sustained program delivery. Costs per family are likely to be lower when averaged over a full year of sustained program implementation.

# Outcome Evaluation

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## *Evaluation Methodology*

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. Preliminary results are provided below that address the first three questions. Further results will be reported in Year 3 of the evaluation plan on all five of these performance measures.

- 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?
- Do 85% of the participants express satisfaction with the process and outcome in the satisfaction surveys conducted immediately following the meeting?
- 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?
- 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?
- 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?

First, preliminary results on these outcome questions will be presented. The construction of an appropriate comparison group is then addressed. As noted earlier, dependency data is not included in this year's report.

***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 following criteria for case inclusion were used:

- Identify the families which had a meeting and developed a plan
- Select the cases where the meetings occurred 6 months prior to the CHILDS database download (the CHILDS data was current to June 30, 2002; therefore the relevant cases would have had a meeting between February 1, 2001 through December 31, 2001).
- 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 6 months after the FGDM meeting date.

Using these criteria, a total of 31 families were included in the matching process. Of these, 4 (12.9%) had substantiated CPS reports. One additional family had a substantiated report, but it occurred longer than 6 months after the FGDM meeting. This rate is within the range of the performance measure goal.

Caution must be used to avoid over interpretation of this rate as it is based on a small number of cases. The Year 3 report will include additional cases and will therefore present a more representative result.

One of the possible explanations for this relatively high rate of subsequent reports is that the cases referred to FGDM are typically of a more severe nature than the average CPS referral. For example, the FGDM policy states that a family is eligible for referral if a child “is at risk of out-of-home placement, is placed in a licensed facility under a Voluntary Foster Placement Agreement, is a dependent ward of the court and is currently placed in the physical custody of the parent or in out-of-home care.”

Other evaluations have noted higher rates of subsequent reports for related programs. The Santa Clara evaluation report (Walter R. McDonald & Associates, 2001), for instance, notes that possible reasons for higher rates of maltreatment reports could be explained by higher levels of monitoring (a “surveillance effect”), and that the Santa Clara family conference cases were more likely to have suffered neglect, which are more likely to have recurrent reports than cases with physical or sexual abuse.

***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.

### ***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 FGDM cases that held meetings and developed a plan (54), only **7%** (4) had a dependency petition files within three months following the family meeting. The goal of 85% of the families with meetings and plans NOT have filed dependency petitions was exceeded (**93%**) based on this set of cases.

### ***Number of families with acceptable plans for courts***

Of the FGDM cases that held meetings, **64%** (99) also involved the courts. Of these, **37%** (34) had their plans accepted by the court. Only **3%** (3) had plans not accepted by the court. However, **60%** (56) did not report information on the acceptance of plans because the cases were pending at the time of data collection on the case. Therefore, it is not possible to infer whether the performance goal has been met in this case.

### ***Number of families involved in the court with dependency petitions filed***

Only 1 family that was 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 **2%** of the total 44 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”) is not available because CPS does not track cases not officially referred to FGDM (Note: By definition, a referral is not usually made until the primary care giver agrees to participate). The next alternative is to “construct” an appropriate comparison group based on available data. In fact, it is generally suggested that more than one constructed comparison group be used under these circumstances in order to provide stronger inferences based on multiple comparisons. The strategy for constructing such a set of groups is described in Appendix N. The Year 3 report will utilize this multi-level strategy to report outcomes for FGDM in comparison to these constructed comparison groups from the DES CHILDS database.

## Conclusions and Recommendations

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The following section presents a summary of the “lessons learned” from the first efforts of the statewide implementation of this program. As the program continues to evolve, a deeper understanding of program processes will occur. The changes that have occurred in the program that relate to last year’s recommendations are an illustration of this process. Some of those include:

- Changes in program policy which eliminated the need for mandated foster care placement and that are intended to strengthen the provision of follow-up services and the quality of plan monitoring
- Streamlining of referral process to simplify as well as allow cases which have been in the system for longer periods of time
- Development and refinement of brochures and other communication literature to facilitate consistent messages about the program
- Coordination of a working group which will develop an FGDM logic model
- Clarified scope for subcontractor renewal

Some of the recommendation categories for this year are the same as in the Year 1 report. These are areas that, although improvements have been made, deserve continued attention. 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 was expanded statewide for this first time this past year, continues to experience the “growing pains” typical for developing programs. For example, newer specialists express the continued 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. The experiences of Arizona’s Family Group Decision Making appear to be consistent with the circumstances of other programs. For example, the difficulty in overcoming initial 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:

- Continued agency support
- Follow-up procedures
- Clear communication of structure and clarification of expectations
- Staff training

## ***Recommendations Regarding Agency Support***

- Consider the impact on the program when FGDM specialists' are given special assignment duties
- Continue to develop the pool of co-facilitators and work to improve their availability
- Maintain flexibility regarding time invested in preparation and meetings
- Recognize unique difficulties encountered by specialists who serve more rural populations
- Maintain the consistency of current policy and procedures

At the time of this report, two of the ten FGDM specialists were on special assignment that means they do not work on any FGDM cases. During the past year, at least six of the ten have had to decrease their time spent serving FGDM families in order to fill in other areas of CPS during periods of high staff turnover. Each of these situations decreases the number of cases that can be served by the FGDM program and can increase the time it takes to serve those already referred. 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.

One of the most frequently mentioned issues this past year involves the recruitment and development of co-facilitators. Another increasingly mentioned concern is the need for flexibility and support for the specialists when evenings and weekends are used to prepare for and conduct the family group meetings. The time spent to prepare is particularly intensive when rural-based specialists must travel long distances to meet with families and attend meetings. These issues are similar to the first one in that they have occurred mainly from shrinking monetary resources. However, even with these limitations, attention should be given to the very real time requirements for this type of program.

Now that a formal policy has been approved, changes should be limited. It will take time for the consistent message of the new policy to overcome the perceived barriers of staff due to the previously frequently changing policies regarding eligibility for referral, provision of services, and closure of cases.

## ***Recommendations About Follow-up Procedures***

- Make sure families are aware of the services available to them (e.g., provide handouts on resources and services)
- 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)

Although these issues have been addressed in the past year and have been strengthened, there remains a clear need for continued improvement. For example, one of the concerns expressed by all meeting participants has been the issue of who will monitor the monitors. There is also some confusion about the actual authority each monitor has related to the children and the rest of the family. Now that the policy has been 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, this situation may change in the final year of program implementation.

### ***Recommendations for Clear Communication of Structure and Clarification of Expectations***

- Give copies of the plan to the extended family members and structure the meetings so they have time to read it carefully before they leave
- Recognize the varying perceptions from families “new” to the CPS process and those that have “been in the system” for longer periods.
- Make it clear that services and resources are available to the families as early as possible in the process

Although the families express generally high levels of satisfaction with the program overall, one of the areas which is consistently suggested for improvement is their understanding of the plans they development and the roles and responsibilities of the different family members. In particular, families express confusion about several issues. First, they are not always aware of the legal implications of the plan when they sign off on it at the end of a meeting. One of the family members interviewed for the case studies expressed concern over details that were in the written plan which she did not remember actually discussing in the meeting itself. A possible way to increase their understanding of the developed plans is to allow time for the written plans to be reviewed the day of the meeting. Given that the meetings are sometimes lengthy, this may not be an easy task. However, the families who must take their plans back to the court have concerns that the document is accurate.

A second element noted during the case study observations and interviews is the relative difficulty for families, if they have been in the CPS system for awhile (e.g., a year or two), to fully trust the process of FGDM. In some cases, they had an empowering experience but remain somewhat skeptical of the expressed intentions of the program. In another example, the specialist may tell them that the decisions are up to the family, but when they arrive at the meeting they are given a “bottom line” from CPS that then takes away this decision making power. The newer families may have an easier time accepting this process. A third example comes from cases with court involvement. If the families perceive that they “must” attend a FGDM meeting to improve their chances of having the child placed in the family, the fundamental nature of the FGDM process can be undermined.

The third recommendation stems from some frustrations expressed by extended family members when they perceive they have been manipulated when information is withheld until the end of the meeting. This again partly relates to the budget constraints because specialist have been requested to offer particular services only when it is clear that they are needed and that family or

other community resources are not available to meet the needs. This can come across as a very subtle power issue. Another possible way to address this issue is to make it clear to the family that “games” are not being played and that not all services are in fact available to all families. At the very least, meeting facilitators should be aware of how waiting to offer services can be perceived.

### ***Recommendations for Training***

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

The specialists continue to request opportunities to further their training and to enhance the development of co-facilitators. Unfortunately, the state budget cuts have limited 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. Additional training has been planned for the fall of 2002. Furthermore, the statewide coordinator is working on a possible collaborative effort to provide additional training in the spring of 2003.

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# **Appendix A**

## **Legislative Goals/Sources of Information**

## Appendix A. Legislative Goals and Evaluation Methods

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 families to develop family action plans 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>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>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

**Appendix B**  
**Child Placement for Cases with**  
**FGDM Meeting**

**APPENDIX B  
CHILD PLACEMENT FOR CASES WITH FGDM MEETING**

Numbers based on data collection forms received  
February 2001 through August 2002  
n=157 cases with meetings

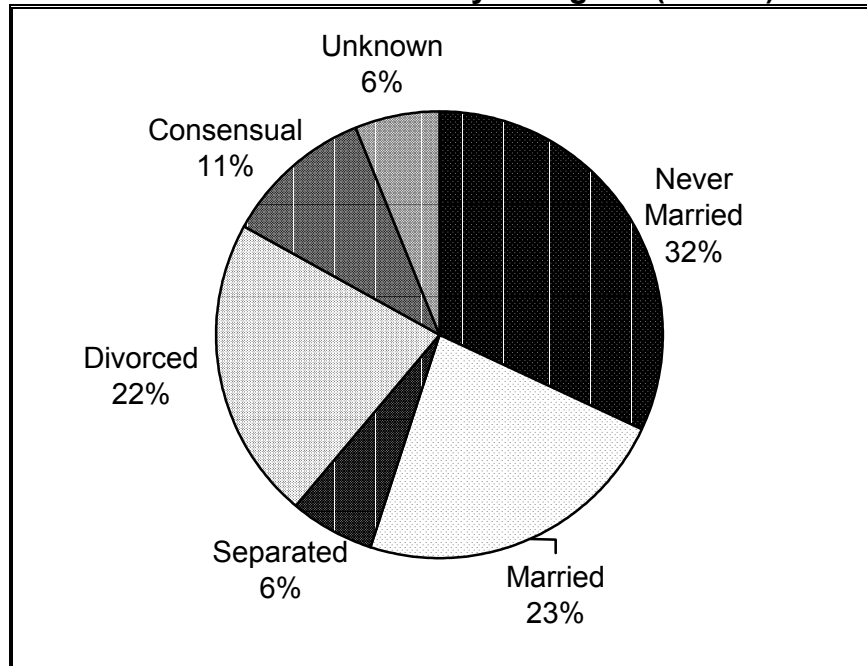
PLACEMENT	At Referral n=378 children		Per Plan n=292 children	
	#	%	#	%
Relative (Licensed)	24	6%	9	3%
Relative (Unlicensed)	83	22%	91	31%
Guardianship with Kin	10	3%	61	21%
Guardianship with Fictive Kin	0	0%	14	5%
In Home with original Primary Care Giver	43	11%	44	15%
Adoption	1	<1%	10	3%
Shelter	50	13%	3	1%
Foster Home	111	29%	35	12%
Therapeutic Foster Home	1	<1%	1	<1%
Development Disability Placement	0	0%	0	0%
Group Home	12	3%	4	1%
Emergency Receiving Home	7	<1%	0	0%
Inpatient Hospital	1	<1%	1	<1%
Juvenile Detention	1	<1%	0	0%
Non-relative	3	1%	6	2%
Other*	31	8%	13	4%

\* e.g., AWOL/Detained

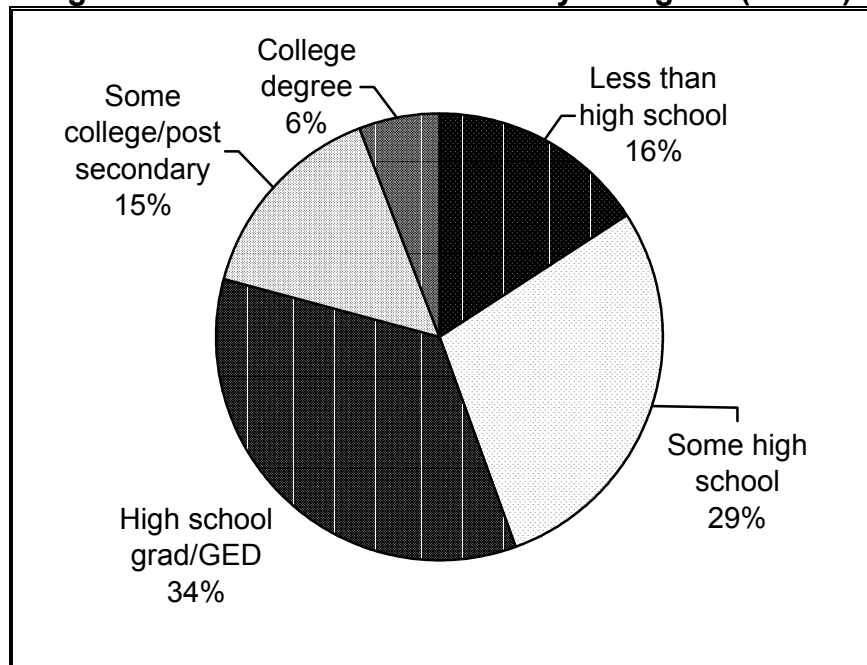
**Appendix C**  
**Family Demographics for Cases with FGDM**  
**Meeting**

## Appendix C: Family Demographics for Cases with FGDM Meeting

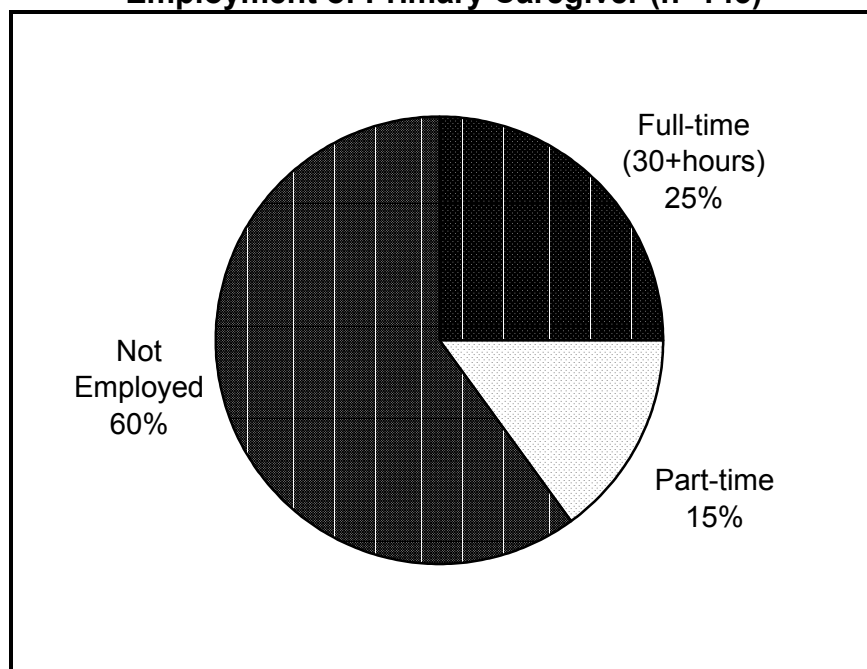
### Marital Status of Primary Caregiver (n= 138)



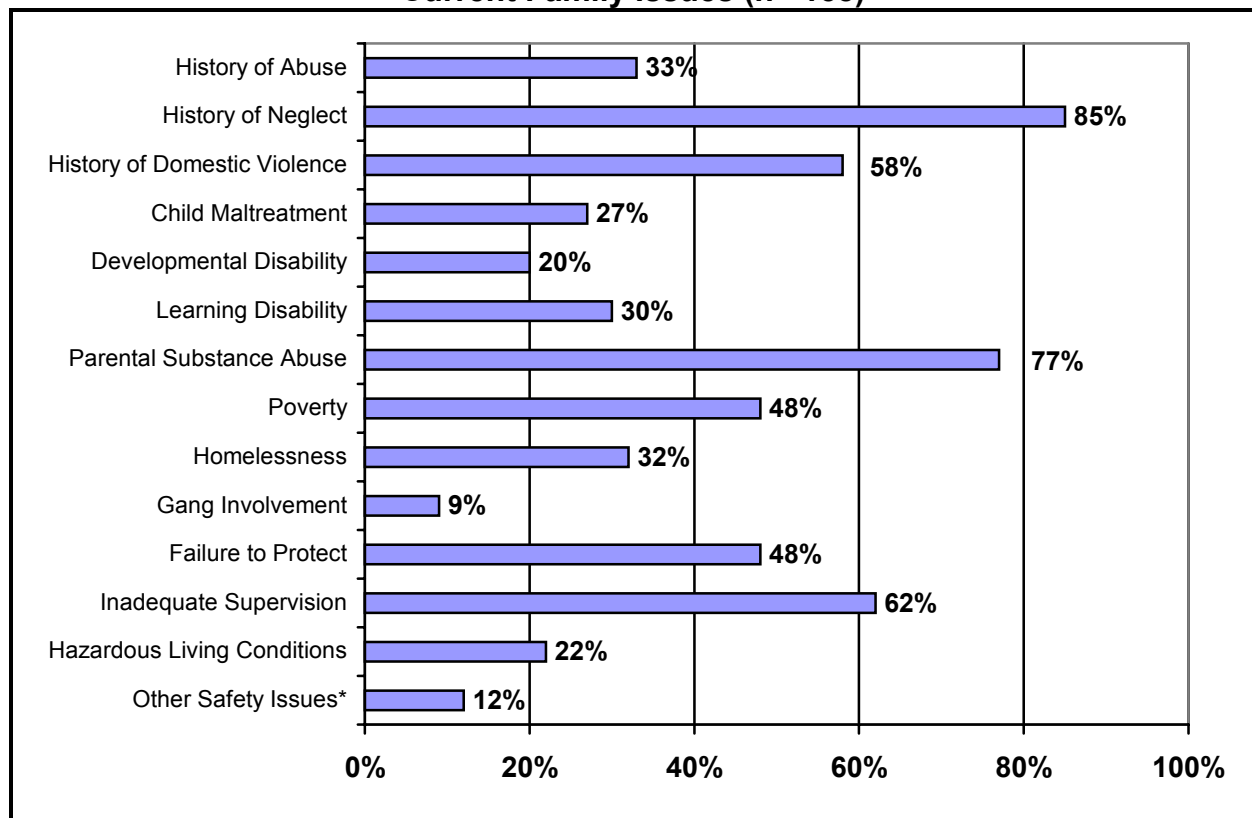
### Highest Education Level of Primary Caregiver (n=127)



### Employment of Primary Caregiver (n=143)

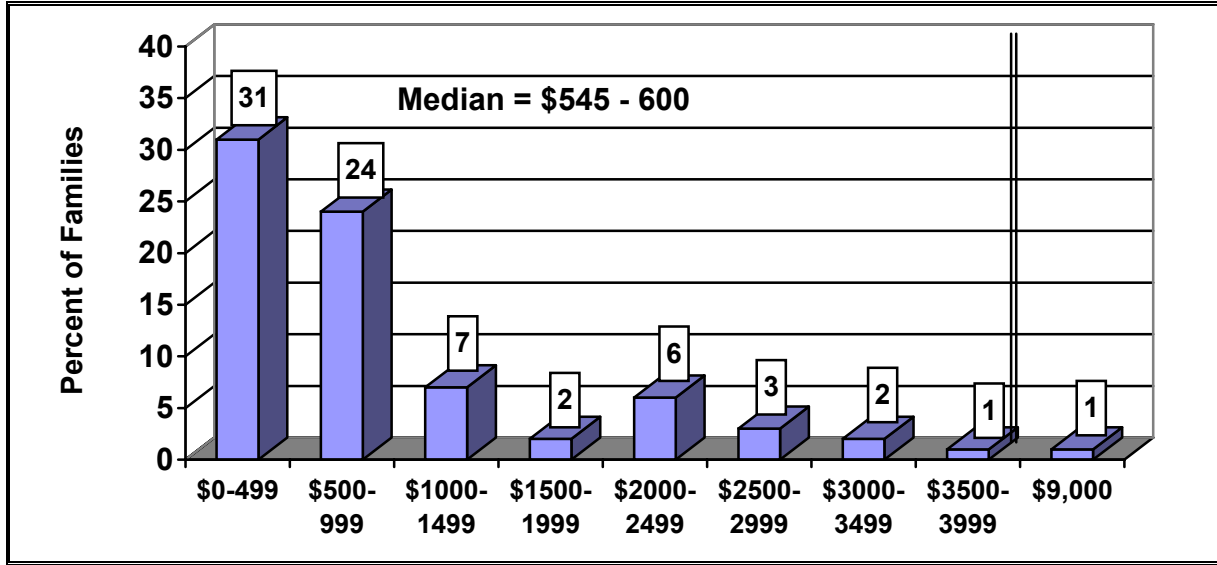


### Current Family Issues (n~ 158)



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

### Monthly Income (n=77)



# **Appendix D**

## **Case Study Family Characteristics**

## Appendix D Case Study Family Characteristics

<b>Ethnicity</b>	<b>Parents marital status</b>	<b>Children's ages</b>	<b>Location of extended family</b>	<b>CPS History</b>
White	Separated, parental rights have been severed	9-14 years 4 children	Biological mother is in city; Extended family from out-of-state (western U.S.).	Parental rights had been severed in 1994 due to drug abuse and neglect, and children had been adopted by paternal grandmother. Grandmother died in earlier this year. Placement needed to be found for the children. Biological mother, who is now drug-free, is seeking to renew relationship with the children. Father's location unknown. Several teachers had come forward and offered themselves as placement for the children.
White	Separated from step-father, biological father is not involved.	6 years	In-state, Out-of-state (western U.S.)	This child and another half-sibling have been removed from the parents several times over the last few years, due to drug use and neglect. The original case plan was to reunify with the biological mother. Mother has not complied with case plan; the child is currently placed with her stepfather, who also had custody of the younger brother. Although the case was referred to FGDM earlier in its history, the mother only recently agreed to participate. Prior to the meeting, CPS determined that permanent guardianship would be with stepfather. The meeting was held to gain support for this arrangement.
White	Mother living as married with stepfather. Charges pending against baby's biological father (involvement with a minor).	18 months to 16 years 2 children	In the same city	Teenage mother and her infant son had been removed from the home 1 year prior and placed in foster care, following physical and verbal abuse. Infant was later removed to a separate foster home, due to neglect. After the (grand)mother participated in counseling and parenting services, the teenager was returned to the home. The FGDM meeting was court-ordered in order to plan for the return of the infant to the family. However, the teenager failed to abide by the rules of the home, and several days prior to the meeting, it was decided that she would again be removed from the home. The meeting was held to determine what could be done about reunification and visitation with the infant under these circumstances.
Hispanic	Separated	4 months to 7 years 4 children	Both paternal and maternal families live in the same neighborhood	Both parents are using drugs. Within the last year, the father lost his job, and their cars and house have been repossessed. The parents are separated, and the mother is currently homeless. Several reports of neglect were previously filed, and the baby was born substance-exposed. The children were removed from their mother at the time of the baby's birth; the two older children were placed with paternal grandmother. The two babies were placed in foster care. The family is seeking the return of the youngest two to the family's care.
White/ Hispanic	Never married. Father and mother live out-of-state	5 years	In city, west and east coast	The child was removed from mother's care 20 months ago, and placed in a foster home, following allegations of substance abuse, neglect and domestic violence. The mother is now drug-free, is living and working in California, and CPS is ready to reunify the child with her.

<b>Ethnicity</b>	<b>Parents marital status</b>	<b>Children's ages</b>	<b>Location of extended family</b>	<b>CPS History</b>
White	Living as married	4 months to 5 years 3 children	Both paternal and maternal families live in the same neighborhood, some extended family is in northeastern U.S.	Children were removed from the home in June, following multiple reports of neglect. Conditions in the home were unsafe, and the children were not cared for properly. Several of the children were born substance-exposed. Previous reports to CPS were unsubstantiated, as the parents would not cooperate with the investigations. Parents are both substance abusers and have criminal records for fraud and theft; the home has also been under investigation by the Narcotics Task Force.
White/ Hispanic	Unmarried, sometimes together	2 to 3 years 2 children	Both paternal and maternal families live in the same city; father is in treatment out-of-state	Children were removed from the home approximately 1.5 years ago, following mother's threats to kill herself and the children while intoxicated. Both parents have a history of substance abuse, and have left treatment without completion several times. There is also a history of serious domestic violence, with police and court involvement. Both parents have been diagnosed with depression. The children were originally placed with maternal grandmother, and were later removed and placed with paternal grandparents.

# **Appendix E**

## **Case Study Meeting Characteristics**

## Appendix E

### Case Study Meeting Characteristics

Type of Case	Number of Children	Reasons for Meeting	Number of maternal participants	Number of paternal participants	Other participants	Number of out-of-state participants	CPS/DES staff present	Meeting length (hours)	Outcome
Intake	4	Adoptive mother (paternal grandmother) died; placement needed for children	2	6	Possible placements	5	Case manager, 2 Resource people – adoption subsidies, legal issues	8.5	Children placed with cousins at meeting; the next day, cousins retracted; children were placed with back-up (non-relative) placement
Ongoing	1	Plan for permanent guardianship of child with step-father	4	16	Therapists, probation officer	13	Case manager, unit supervisor, visit supervisor	8	Placement with step-father, plan created for visitations
Ongoing	2	Discuss placements for teenage child and her infant son	3	0	0	0	Case manager, unit supervisor	7.5	Teenage mother placed in group home; placement of infant to be determined based on compliance with plan.
Intake/ Ongoing	4	Arrange placement within the family for the children	13	7		1	Case manager, unit supervisor, 3 parent aides, 1 resource person – substance abuse	9	All four children placed with maternal grandmother
Ongoing	1	Plan for return of child to her mother's care	9	6	Foster mother	14	Case manager, unit supervisor, ASU intern (intake worker on case), visit supervisor, 1 Resource person – substance abuse and domestic violence	0.5	Child returned to her mother
Intake	3	Arrange placement within the family for the children	2	8	Children's older brother	2	Case manager, unit supervisor, 1 Resource person – substance abuse and domestic violence	9	Children placed with paternal grandmother
Ongoing	2	Arrange visitation for parents and non-placement grandmother	4	7	0	0	Case manager	6	Visitation plan developed for both parents, maternal grandmother, and half-siblings

# **Appendix F**

## **Family Satisfaction Survey Results**

Family Group Decision Making  
**Appendix F. Meeting Participants Survey**  
**Extended Family**  
**(N=783)**

*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=748)

Family Role (check one):

10% Mother	5% Father	2% Friend of child/youth	<1% Godparent
10% Maternal grandparent	6% Paternal grandparent	<1% Step-sister/brother	<input type="checkbox"/> Neighbor
13% Maternal aunt/uncle	10% Paternal aunt/uncle	3% Foster parent	
1% Mother's domestic partner	<1% Father's domestic partner	5% Family friend	
5% Child of the family	2% Step-parent	<1% Representative of faith community	
9% Sister/brother	6% Other biological family	12% Other (describe): e.g., <i>cousin, Big Brother, in law, other family member</i>	

**I am (check one): n= 775      34% Male      66% Female**

**I am \_\_\_ years of age (fill in): Average age 36 years**

**I describe my ethnic background as... (check one): n=774**

54% White, Caucasian, Anglo, European American; not Hispanic  
 28% 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  
 5% American Indian/Native American  
 5% Mixed; Parents are from different groups  
 2% 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=776).....	92%	8%
2. Was the time of the conference convenient? (n=778).....	95%	5%
3. Was the conference conducted in a language (e.g., English, Spanish) you understand? .....	99%	<1%
If no, was a translation provided? (n=48).....	73%	27%
4. Before attending, did someone explain the purpose of the conference? (n=773).....	95%	5%
5. Before attending, did someone explain the reason for your presence at the meeting? (n=775).....	95%	5%
6. Do you think all the people who needed to be included attended the conference? (n=755)	80%	20%
7. During the conference did you get all the information regarding the family situation that you needed to participate in the discussion? (n=771) .....	94%	6%
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=767).....	95%	5%

Read each statement and indicate how much you disagree or agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware of the resources available to support the family. n=759 .....	3%	4%	62%	31%
2. The family's strengths were clearly described. n=773.....	3%	2%	56%	39%
3. The family's needs were clearly identified. n=768 .....	4%	3%	58%	37%
4. My family traditions were respected. n=757 .....	3%	4%	57%	36%
5. I felt respected by the facilitator. n=769 .....	2%	2%	50%	46%
6. I felt respected by the CPS case manager. n=762 .....	3%	4%	49%	44%
7. I felt I had NO choice about participating. n=759.....	36%	34%	20%	11%
8. The conference was well-organized. n=769 .....	4%	3%	56%	37%
9. The facilitator was very knowledgeable. n=767.....	3%	2%	54%	41%
10. The facilitator was very clear. n=769 .....	3%	2%	54%	41%
11. I feel I fully participated in the process. n=766 .....	3%	4%	54%	39%
12. I am very satisfied with the placement of the child(ren). n=740 .....	5%	7%	50%	38%
13. I have a better understanding of how the family can ensure the safety of this/these child(ren). n=766 .....	3%	4%	54%	39%
14. I am very satisfied with the plan that was made. n=755 .....	4%	4%	54%	38%
15. I felt I was able to say what was on my mind. n=768.....	3%	5%	52%	40%
16. I feel supported by the CPS staff. n=755.....	4%	6%	53%	38%
17. I am confident that the child(ren) will be safe. n=757 .....	3%	3%	48%	46%
18. Overall, I am very satisfied with the Family Group Decision Making program. n=744.....	3%	4%	48%	45%

1. How did you first learn about Family Group Decision Making? (Check one):

**41%** CPS Case Manager    **16%** FGDM Specialist    **1%** Court    **34%** Family Member  
**3%** Friend    **6%** Other(describe): (e.g., GAL, counselor, attorney, bus driver)

2. Was a plan for the child(ren) created?    **98%** Yes    **2%** No

If Yes, who do you think had the most say about the plan?

**56%** 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?    **80%** Yes    **18%** 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)?

**2%** Not at all helpful    **3%** Mostly unhelpful    **36%** Mostly helpful    **59%** Very helpful

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

**1%** Not at all helpful    **4%** Mostly unhelpful    **38%** Mostly helpful    **58%** 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 the long length of the day, some comments about CPS including that the decision looked like it had been pre-determined.*

THANK YOU!

# **Appendix G**

## **CPS/FGDM Professionals Survey Results**

**Appendix G**  
**Family Group Decision Making**  
**Meeting Participants Survey**  
**CPS and FGDM Professionals\***  
**N= 253**

*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=243**

**34%** CPS Case Manager    **19%** CPS Supervisor    **21%** Family Group Specialist    **25%** Co-facilitator

How many years have you been employed in your current position? **Median= 2 Years or Less**  
**n=241**

How long have you been involved in social services? **Median= 10 Years**  
**n=248**

I am (check one):            **23%** Male    **77%** Female  
**n=248**

I describe my ethnic background as... (check one):  
**n=249**

- 65%** White, Caucasian, Anglo, European American; not Hispanic
- 22%** Hispanic or Latino/a, including Mexican American, Central American, and others
- 9%** 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
- 0%** 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=248.....	<b>95%</b>	<b>5%</b>
2. Before attending, did someone explain the purpose of the conference? n=245.....	<b>96%</b>	<b>4%</b>
3. Before attending, did someone explain the reason for your presence at the meeting?n=242 ..	<b>96%</b>	<b>4%</b>
4. Do you think all the people who needed to be included attended the conference? n=242 .....	<b>73%</b>	<b>27%</b>
5. During the conference, did you get all the information regarding the family situation that you needed to participate in the discussion? n=241 .....	<b>96%</b>	<b>4%</b>
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=243.....	<b>99%</b>	<b>1%</b>

***Read each statement and indicate how much you agree or disagree.***

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. The family is aware of the resources available for their support. n=242 .....	<b>3%</b>	<b>3%</b>	<b>64%</b>	<b>30%</b>
2. The family's strengths were clearly described. n=244 .....	<b>3%</b>	<b>&lt;1%</b>	<b>50%</b>	<b>47%</b>
3. The family's needs were clearly identified. n=242.....	<b>3%</b>	<b>2%</b>	<b>56%</b>	<b>40%</b>
4. The family's traditions were respected. n=240 .....	<b>4%</b>	<b>0%</b>	<b>66%</b>	<b>36%</b>
5. The conference was well-organized. n=244 .....	<b>3%</b>	<b>2%</b>	<b>55%</b>	<b>40%</b>
6. The facilitator was very clear. n=244 .....	<b>3%</b>	<b>1%</b>	<b>55%</b>	<b>41%</b>
7. I feel I fully participated in the process. n=241 .....	<b>3%</b>	<b>2%</b>	<b>56%</b>	<b>39%</b>
8. I am very satisfied with the placement of the child(ren).n=240....	<b>3%</b>	<b>2%</b>	<b>52%</b>	<b>43%</b>
9. I have a better understanding of how the family can ensure the safety of this/these child(ren).n=239 .....	<b>4%</b>	<b>2%</b>	<b>63%</b>	<b>31%</b>
10. I am very satisfied with the plan that was made.n=238.....	<b>3%</b>	<b>3%</b>	<b>59%</b>	<b>35%</b>
11. I am confident that the child(ren) will be safe. n=237.....	<b>3%</b>	<b>2%</b>	<b>60%</b>	<b>35%</b>
12. Overall, I am very satisfied with the Family Group Decision Making program. n=242.....	<b>4%</b>	<b>1%</b>	<b>46%</b>	<b>49%</b>

**1. Was a plan created? (n=242)            99% Yes   <1% No**

**If Yes, who do you think had the most say about the plan? (n=232)**

- 63%** Family had the most say
- 3%** Professionals had the most say
- 35%** Family and professionals had equal say

**Are you satisfied with the plan? n=243**      **82% Yes 16% 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=242**      **82% Yes 16% 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=245**

**0% Not at all helpful 4% Mostly unhelpful 37% Mostly helpful 60% Very helpful**

**3. How helpful do you feel this conference was for this family? n=244**

**<1% Not at all helpful 2% Mostly unhelpful 40% Mostly helpful 57% Very helpful**

**4. Have you participated in a Family Group Decision Making Conference before? n=245**

**69% Yes 30% No**

If yes, how many times? **Median= 1-2 Times**

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

More or less effective?

(check one): **7% Less effective 64% Similar to others 19% More effective**

More or less stressful?

(check one): **26% Less stressful 50% Similar to others 24% More stressful**

**5. Based on your experience with this conference, are you... (check one): n= 229**

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

**36% as likely to recommend families to Family Group Decision Making**

**63% 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 H**

## **Resource Professionals Survey Results**

**Appendix H**  
**Family Group Decision Making**  
**Meeting Participants Survey**  
**Resource or Other Professionals**  
**N=73**

*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=71**

16% Foster/Group Home Manager	0% Day-care provider	1% Probation Officer
10% CASAS	10% Attorney	36% Other (describe):
10% Counselor	0% Doctor	DDD Case Manager, Foster Parent,
1% School Personnel	17% 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 = <5 years**

**How long have you been involved in social services? Median = 11 years (Range 1-30)**

**I am (check one): n=73 22% Male 78% Female**

**I describe my ethnic background as... (check one): n=72**

82% White, Caucasian, Anglo, European American; not Hispanic  
 11% Hispanic or Latino/a, including Mexican American, Central American, and others  
 4% Black or African American  
 0% Asian or Asian American, including Chinese, Japanese, and others  
 3% American Indian/Native American  
 0% Mixed; Parents are from different groups  
 0% Other (describe): \_\_\_\_\_

## MEETING CHARACTERISTICS

	Yes	No
1. Was the time of the conference convenient? n=73 .....	90%	10%
2. Before attending, did someone explain the purpose of the conference? n=71 .....	97%	3%
3. Before attending, did someone explain the reason for your presence at the meeting? n=71.....	98%	3%
4. During the conference, did you get all the information regarding the family situation that you needed to participate in the discussion? n=72.....	96%	4%

***Read each statement and indicate how much you agree or disagree.***

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The family is aware of the resources available for their support. n=70	3%	1%	57%	39%
2. The family's strengths were clearly described. n=71 .....	0%	3%	45%	52%
3. The family's needs were clearly identified. n=69 .....	0%	7%	55%	38%
4. The conference was well-organized. n=72.....	0%	1%	46%	53%
5. The facilitator was very clear. n=72 .....	0%	1%	35%	64%
6. I feel I fully participated in the process. n=72.....	0%	3%	48%	49%
7. I am very satisfied with the whole process for determining placement of the child(ren). n=72.....	3%	7%	50%	40%
8. I have a better understanding how the family can ensure the safety of this/these child(ren).n=69 .....	0%	15%	54%	32%
9. I feel supported by the CPS staff. n=69 .....	0%	7%	40%	54%
10. I am confident that the child(ren) will be safe. n=69.....	0%	10%	55%	35%
11. Overall, I am very satisfied with the Family Group Decision Making program. n=71 .....	3%	0%	45%	52%

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

0% Not at all helpful    4% Mostly unhelpful    39% Mostly helpful    56% Very helpful

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

0% Not at all helpful    3% Mostly unhelpful    40% Mostly helpful    57% 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 I**

## **Services Requested and Provided**

**APPENDIX I**  
**Services Requested and Provided**  
**\*\*Cases with Completed Data Collection Forms**  
**February 1, 2001 – August 31, 2002**

<i>Types of Services Requested for the Meeting</i>	<b>Requested Services</b>	<b>Provided Services</b>
Translation	17	15
Day Care	36	36
Special Diet	6	9
Legal Information	59	62
Transportation	72	81
Substance Abuse Info	55	57
Mental Health Info	64	72
Housing	74	80
Reimbursement for Day's Pay	8	8
Reimbursement for food expense	11	11
Resource People	68	89

<i>Topics Requested of Resource People</i>	<b>Requested Services</b>
substance abuse	54
CPS legal issues	55
domestic violence	31
criminal issues	18
child development	31
mental health	52
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/DDD	1
other/ICWA	1
other/Juvenile probation issues	1
other/legal adoption subsidy, guardianship, HIP	1

<i>Type of Follow-up Services Requested</i>	<b>Requested Services</b>
Substance Abuse	61
Mental Health	65
Guardianship Guidance	57
Dom. Viol. Counseling	25
Parenting Classes	51
Parent Aide	28
Utility Subsidy	3
All other	45
Other/activities for children in semester and summer	1
Other/Adoption by family friend	1
Other/Anger Mgmt	3
Other/Marital Therapy	1
Other/Medical Training	1
Other/Transportation	1
Other/counseling	1
Other/family counseling	1
Other/UAs	1
Other/Follow-up Meeting	1
Other/County Health Dept.	1
Other/Child Development	1
Other/ adoption assistance/counseling	1
Other/transportation/airfare for adoption family	1
Other/referral to BBBS	1
Other/psych eval/home study	1
Other/parent aide	1
Other/referral to BBBS, referral to multiagency team	1
Other/speech therapy	1
Other/transitional Navajo services	1
Other/Phone cards	1
Other/adoption assistance counseling	1
Other/assistance with FAA services	1
Other/bonding assessment	1
Other/checking into available services in Brazil	1

<b>6-month Follow-up Survey Questions About Services</b> (n=161, representing 46 cases)		
	<u>YES</u>	<u>NO</u>
“At the conference, were you informed of available services?”	99 (62%)	61 (39%)
“Did the family request services as part of your plan?”	29 (18%)	124 (77%)
“If services were requested, were they provided?” Of the 29 who requested services,	13 (45%)	17 (57%)

# **Appendix J**

## **Services Received by Children at Time of Referral**

## Appendix J: Services Being Received by Children Time of Referral to FGDM

<b>TYPE OF SERVICE</b>	<b>Percentage (Number) of Cases with Meeting</b>	<b>Percentage (Number) of Cases with Cancelled Meetings</b>
Juvenile Probation	18% (25)	9% (8)
Adult Probation	6% (8)	2% (1)
DES other than CPS	23% (32)	8% (5)
Behavioral Health	52% (72)	38% (24)
Insurance <ul style="list-style-type: none"> <li>• AHCCCS</li> </ul>	68% (94) <ul style="list-style-type: none"> <li>• 60% (81)</li> </ul>	63% (41) <ul style="list-style-type: none"> <li>• 49% (28)</li> </ul>
Other	31% (41) <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</i>	71% (35) <i>e.g., Comprehensive Medical Dental Plan, Drug Treatment, Family Preservation, Indian Health Service, Model Court, Renewing Arizona Family Traditions supervised probation</i>

# **Appendix K**

## **Plan Characteristics**

## Appendix K: Plan Characteristics

Reasons why plan was <u>NOT</u> satisfactory (from CPS/FGDM Survey)	Reasons Why the plan was <u>NOT</u> realistic (from CPS/FGDM survey)	Changes Made to the Plan (Family Demographics Data Collection Form)
<ul style="list-style-type: none"> <li>• Better if family would have agreed to plan without help</li> <li>• Child remains immature about goals</li> <li>• Concerns of the severity of the suicide attempts by the children</li> <li>• Crisis 2 days prior to meeting made situation worse</li> <li>• Didn't come up with placement within the family</li> <li>• Domestic violence and sexual abuse of daughter was not addressed</li> <li>• Guardianship and power of attorney could have been explained</li> <li>• Mother said she would not follow the plan</li> <li>• Permanent placement remains ambiguous</li> <li>• Plan for child remains up in the air</li> <li>• Returning children to dad without dad rectifying the situation</li> <li>• There is still some unknown about the placement</li> <li>• There wasn't a decision made about who it would be</li> </ul>	<ul style="list-style-type: none"> <li>• 2 older children will probably be severed</li> <li>• Barriers were discussed</li> <li>• Case will go to severance and she will not get back the kids</li> <li>• Concerned about [name deleted]</li> <li>• CPS plan was restrictive</li> <li>• Depends on the judge</li> <li>• Difficulty with compliance in the past; hope parents can meet the goal</li> <li>• Family dynamics make possibility of plan less</li> <li>• I hope family can continue discussions</li> <li>• Mother may still not get it</li> <li>• Mother will not comply</li> <li>• Plan "B" more realistic</li> <li>• Very strict for parents</li> </ul>	<ul style="list-style-type: none"> <li>• Additional information added regarding medical needs for children</li> <li>• Agreed to change services to an agency that was ready; discussed other services</li> <li>• Clarification of timeframes and responsibilities, e.g., how long CPS to remain involved</li> <li>• Required Urine Analysis on father</li> <li>• Children may go with father in summer</li> <li>• CPS told family that maternal grandmother not suitable—vetoed plan</li> <li>• Dad didn't agree, family called in facilitator 4 times because of disagreements</li> <li>• Discussions around placements and visitations details</li> <li>• Family was unable to agree to plan</li> <li>• First plan didn't comply with CPS</li> <li>• Family plan didn't satisfy teachers invited, back-up plan required</li> <li>• Family wanted time to explore adoption options</li> <li>• Legal custody to father rather than delegation of power</li> </ul>

# **Appendix L**

## **6-Month Follow-up Telephone Survey Results**

## APPENDIX L

### Family Group Decision Making Program Participant Follow-Up Telephone Interview 6 months after FGDM Conference N=161 (46 cases)

AzCA Staff Member conducting interview (name): \_\_\_\_\_

**Case Name:** \_\_\_\_\_

Hello, I'm calling from Arizona's Children Association. 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=160

46% Current Primary Care Giver (where child was placed as a result of the conference)

6% Parent (mother/father)

48% Plan Monitor selected during the conference

2. Has the family been following the plan agreed on at the conference? n=161

5% Not at all 5% A little bit 32% Mostly 58% Completely

3. Were any changes made to the plan that was developed at the meeting? n=149

26% Yes 74% 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=31

0% Court didn't accept the plan

3% Safety concerns for the child(ren)

42% Family members were not complying with the plan

55% 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= 160 62% Yes 38% No

5. Did the family request services as part of your plan? n=153 19% Yes 81% No

If services were requested, were they provided? n=30 43% Yes 57% 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=160**  
57% Yes 43% No

If services WERE requested and provided, have all follow-up sessions been provided? **n=19**  
42% Yes 58% No

7. Were you aware that the family could request a follow-up conference? **n=160**  
66% Yes 34% No

If yes, Have you requested a follow-up conference? **n=141** 8% Yes 92% No

If yes, Have you had a follow-up conference? **n=25** 44% Yes 56% No

8. Overall, how satisfied are you with the Family Group Decision Making process? **n=160**  
2% Very Unsatisfied 6% Unsatisfied 53% Satisfied 40% Very Satisfied

9. Overall, how satisfied are you with Child Protective Services? **n=159**  
3% Very Unsatisfied 16% Unsatisfied 63% Satisfied 18% 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=161**  
34% Male? or 66% Female?

12. How do you describe your ethnicity? (Choose one): **n=158**

- 48% White, Caucasian, Anglo, European American; not Hispanic
- 32% Hispanic or Latino/a, including Mexican American, Central American, and others
- 11% Black or African American
- <1% Asian or Asian American, including Chinese, Japanese, and others
- 1% American Indian/Native American
- 8% Mixed; Parents are from different groups
- 0% Other (write in): \_\_\_\_\_

# **Appendix M**

## **Family Views on Strengths and Concerns**

**Appendix M:  
Family Views on Strengths and Concerns about Family Group Decision Making**

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

\*The majority 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.

# **Appendix N**

## **Description of Constructed Comparison Groups**

## **Appendix N: Description of Constructed Comparison Groups**

One possible comparison group could be the cases which are referred to FGDM but whose meetings have been cancelled. There are likely to be systematic differences, however, that would make some of those cases that held meetings substantially different in nature from cases for which meeting plans were cancelled. This in part rules out the entire set of “cancelled” cases as an appropriate comparison group. However, a smaller set of the cancelled meetings could be used for comparison to the FGDM cases. For example, those for whom the reasons for cancellation were “not enough family” or “child ran away” would be excluded whereas reasons such as “parent agreed to guardianship” or “issues were resolved without a meeting” could be included.

A second comparison group can be constructed based on the CHILDS database. A goal of the Year 2 evaluation plan was to define the strategy for such a comparison group. The original plan was to match on characteristics of the program participants. Given that the eligibility for the program is broadly defined, a more appropriate strategy is to narrow the “eligible” pool of cases from CHILDS by excluding cases which would not likely have been referred to FGDM. For example, unsubstantiated reports, sexual abuse cases, and “potential risk” priorities would be automatically eliminated. Cases with CPS reports exclusively occurring to prior to the implementation of FGDM (2001) would not be included. A stratified random sample from the remaining cases would be drawn based on the following characteristics that reflect the families who have held FGDM meetings to date:

- Prior CPS reports (75% have prior reports)
- Reasons for report (75% neglect, 25% abuse)
- Priority of CPS substantiated report (33% each, priority 1, 2, 3)
- Type of case (33% Intake, 66% Ongoing)

Additional demographic characteristics to ascertain about the sample would include:

- Ethnicity (33% Caucasian, 33% Hispanic, 18% Mixed Heritage, 10% African American, 5% Native American)
- Education level of PCG (less than 50% have completed 12<sup>th</sup> grade/GED)
- Monthly Income (median of less than \$600 per month)

The Year 3 report will utilize this multi-level strategy to report outcomes for FGDM in comparison to these constructed comparison groups from the DES CHILDS database.