

Session 5.08 – Findings From an Evaluation of a Family Group Conferencing Intervention for Dual Involvement Families in CYF and TANF in Jefferson County, Colorado

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Please note: The following is a direct transcription and has not been edited.

Robin Leake: I'm Robin Leake with Butler Institute for Families at the University of Denver. Welcome. I can start we're just doing introductions, so...

Speaker 1: We will be getting past that phase.

Robin Leake: Yeah, I think we're getting past it. We're moving on to the presentation. So, we're going to talk a little bit about a project that we've done for last five years, time has flown by fast. I'm evaluating a collaboration project in Jefferson County between child welfare and TANF services. Okay. So, we're going to talk a little bit about the Jefferson County Connection Project, we call it JCC for short and talk a little bit about the program design and what it was intended to do and then move into the evaluation design and some of our findings to-date and then some of our early experiences using propensity score, score matching, okay.

So, as I said before this is a collaboration project between TANF and child welfare in Jefferson County and the focus was on dual systems family and like a lot of systems, TANF and child welfare, in this case, share a building but never talked with one another shared family as it shared a building and never the two shall meet. So, this was a much needed project to coordinate services and share information and share data and strategies to better serve dual system families.

So, part of the project was the development of a collaborative assessment process and we called it comprehensive family assessment, which I'll talk more about and then the project also involved using family group conferencing methods and parent partner intervention. Okay. So, the principles were very common, a family group decision-making, tight principles that guided this project and that is that all families have strengths, families are the experts on themselves and deserve to be treated with dignity and respect. When supported families can make their own decisions about their case plans and there is better outcomes when families are involved in decision-making and also heavy focus on the team approach.

So, back in the day. Families came in and they either went through CYF or TANF and then they -- and then we both systems would work their magic and hope to see changes and outcomes, which never really worked all that well. So, this project hoped to have more of a coordinated system for dual systems families, and put supports in place to

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promote self-efficacy, problem solving and empowerment of families, better service coordination and access to services. Okay.

This study used a randomized design. So, when families came into the program or were recruited into the program and there was no -- there was a lot of talk at the beginning of the project about which doorway they came through, whether it was TANF or child welfare, whether it was a referral or I mean actual open case, but there was basically no wrong doorway for referrals into the program. They were randomized into one of three groups.

So, group one received a comprehensive family assessment only and I'll talk about what that meant in a minute. And then the second group received comprehensive family assessment and family group conferencing intervention. And then group three received CFA, family group conferencing and were also assigned a parent partner to work with. So, we had so far 160 families have been randomized into the project and you can kind of see down below that we've had 60 -- we've had 44 into group one, 61 into group two and 55 in group three who have been served. Okay.

The comprehensive family assessment, so again everyone who comes into the JCC project gets his battery, this family assessment battery and it includes parents self-reports. So, in that battery, the self-report battery, we have constructs that look at how supported they feel, there we used the family resource scale, scales on parenting views and parenting stress, perceived overall stress and we look at employment status and satisfaction with their job. We in addition to that we also Colorado requires the NCFAS, the North Carolina Family Assessment tool and for this project we used a slightly different version in the NCFAS-G which has additional sub-skills for that look at family well-being.

Because Colorado was using the NCFAS anyway it's required that's the tool that's completed by the case worker and so we wanted this self-report battery to see how parents were reporting their own you know their own well-being outcomes as sort of an alternative measure. In addition, we have the other measures that we use in this project. We have a satisfaction survey with Colorado Works that's the TANF program, the family involvement scale, and then we have client surveys that have to do with the other components of the program, the parent partner program and the family group conferencing.

I realize I might be confusing. It's called -- they call it family group conferencing, but they actually used family group decision-making model. So, they actually had American Humane Association to come in and train them on FGDM, but because of agency politics they couldn't call it that. So, they called it family group conferencing. So, one of the things that we realized really on the purpose of the group one, who received the comprehensive family assessment was the idea was that we would help case workers, CYF case workers and TANF case managers to use this data from these different assessment tools, from these battery of assessment self-reporting the parents, and the

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NCFAS, and NCFAS-G data to guide their case planning. And the idea at the beginning was that there would be a single case plan for families with dual involvement.

So, even though they were required by law to administer the NCFAS at baseline and then every six months and there were some debate as to how, as to whether that was actually followed with fidelity and then there was even a greater sense anecdotally when we began the project that they were actually using this data in any kind of substantive way to make and firm decisions. So, we really wanted to make this data accessible and available and work with them on how to use it to guide decision-making so that they didn't -- so the families just didn't receive this cookie cutter case plan which was often that complaint.

You can't see this very well. It's kind of a screenshot, but what we did, because we have comprehensive family data coming in every six months, you know all of a sudden we had data overload, so we created a program using crystal reports. It's an automated report generator that took each of the scales and color coated it, so they ended up with kind of a two-page snapshot that they could work with. So, case workers and case managers would get this family assessment summary which kind of showed where families were on each of the scales and so and identified concerns pretty quickly. You know where their challenges and strengths were. So, they would know whether resources were an issue or where some of the parenting stress and some of the strengths were coming in, in the idea that this could help them in their planning.

Okay, so everyone in the project got the comprehensive family assessment and their case manager and their case workers would get these automated reports. Now, the folks who randomized to group two also received family group conferences so and these were all done by one facilitator who did all of the -- who conducted all of the conferences for the first two years and they brought in the second facilitator. So, that was really nice from an evaluation of fidelity perspective because we were really working with just two facilitators over the course of the project.

And the facilitator would educate the clients and the participants about the family group conference, talk about issues, barriers, strengths; they would do all of the prep work to identify the people who needed to be at the table and make sure that they were there and paying particular attention to cultural aspects and needs of the families and then sharing information with all the key partners. Here is some fancy animation on this thing.

Female Speaker: Oh, who did this? Not well...

Robin Leake: Well, it's my research assistant. Okay, so for those of you who are familiar with FGDM you know that is characterized by private family time and the family does meet alone for usually at least an hour and one person is kind of assigned to lead the group and then someone else takes notes and they design their own plan. Okay. The third component, so these are the folks that are assigned to group three also received a parent partner they were assigned a parent partner. This is voluntary. If they would like a parent partner they were offered the opportunity to have one.

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And parent partners were former child welfare clients who went through about 30 hours of training and they provided parent mentoring, support and advocacy help for parents. They also attended the family group conferences and in Jefferson County the standard approach is the team decision making meeting which I didn't say, so that's kind of that business as usual is team decision making and then this project brought in this added component of family group conferences on alternative methods, but parent partners could also attend TDMs as well.

They would accompany families to court if they wanted. We also trained we have this brilliant idea since we're doing so many of these comprehensive family assessments and you know we couldn't send case workers and case managers to do these surveys with the families, so we thought it would be a good use of resources for the parent partners to do this and then also we helped to engage the parent partners in a different way. In the beginning of the program they didn't have a lot to do and they wanted to do more. So, we trained them on how to administer the assessments and they would go out to families' homes and help them complete the surveys.

So, they also served on a number of committees in the county and this has been a nice structural piece to build the parent partner program by getting them engaged in a lot of other areas of services. Okay, so any questions about the project yeah.

Female Speaker: For the parent partner, so was it paid, not paid, how many hours did it work and then it was easy to prepare?

Robin Leake: No. So, it was so like, no it was very -- in the beginning recruitment has been difficult. There are about 15 active parent partners now. There has been about 32, 33 I think throughout the project. As time goes on and you know as they hear more about it more of the -- a lot of the clients who've received -- were assigned to parent partner have said to us that they want to be a parent partner one day, so that's been kind of nice. The pay issue of course is always a big deal and they get gift cards. So, at one point in the project one of the parent partners was actually had a staff position, but that fell through, so there is always issues. But right now that's how they're reimbursed and it's by the hour and I don't know if they have an hour -- how many hours a week they can work, but I know that it's rarely more than 10.

Any other questions about the program?

Female Speaker: The self-reports, the parent self-reports that you had just in evaluation is that something that can be...

Robin Leake: Or the parent partner piece?

Female Speaker: Parent's self-reports. You said you used some to validate some...

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Robin Leake: So that's just for this project. I don't think they're going to continue with the comprehensive family assessments. And I'll talk about that in a little bit when we get to the results. And I'm not sure I think right now the county is really deciding which pieces of the project they want to keep and sustain them which things that they might not continue doing. Yes. So, for the evaluation fidelity should be in all caps that was a big focus of our evaluation throughout the whole thing. Of course we looked at satisfaction with all the services for clients in all three different groups and we also looked at systems infrastructure piece, because this was the collaboration project so we need to see where pieces put in place that actually build the collaboration.

Male Speaker: When you look at fidelity and you consider fidelity to a model, does it necessarily mean it's good or bad? How did you factor in? Did it really get to where you want as far just not said you know we held to this model, we gathered everything exactly the way that we're supposed to, was it the model, did it produce what we really want?

Female Speaker: Okay, with the next piece.

Male Speaker: Now that you...

Robin Leake: Yeah, we do talk about that. I'll talk about that a little more detail. You know it depends on the parts of the program. Family group decision making is pretty structured approach. So, that's a lot more clear cut in terms of you know what does fidelity look like and I'll talk a little bit more about that, but this whole parent partner program had begun. Jefferson County had systems of care grant before that where they developed their parent partner program, but they really changed that program up a lot. And so, when we talk about fidelity with the parent partner program, because it was evolving and growing you know there wasn't -- they hadn't landed on a clear model. So, then it became more of an -- almost like an accountability kind of rather than a fidelity assessment for that piece of it. Does that answer your question?

Male Speaker: Yes. I always consider it not just holding true when we're home, but it is while we're home probably won't work.

Robin Leake: Yes. Yes, so again that means we started to add cups. So, this project also you know because it is a five-year demonstration project we are looking in outcomes for safety and permanency and also on family functioning measures and for cross systems collaboration and community capacity and resources. Okay. So, this is again just some basic descriptives on our service delivery. We have conducted 127 comprehensive family assessments with over 100 families and 54 family group conferences with 30 families and there is 14 parent partner mentors working with 13 families have been assigned although actually now 16, I didn't update the slide. There are three more.

This project is going to continue on it's in the fifth year. They have a no cost extension. So, we continue collecting data till January of this year, of next year, okay. I talked a little bit already about the comprehensive family assessments and how they're administered by the parent partners and the automated reports and in addition, part of our

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evaluation with the CFA component was conducting annual interviews and focus groups with the staff, all the staff who are involved, who really wanted to know their attitudes about you know about the project and the CFAs and how they were using them in their case planning, because that was -- though the point was two-fold and always like when there is you know when you can use things a multiple way.

So, the comprehensive family assessment was a major part of our evaluation because it gave us data over time and we can look at changes in some of these well-being measures, but a primary purpose of it was to guide case planning. So, we really wanted to find out from staff to the extent to which that was actually happening and they were able to use this data to guide their decisions. And then for the outcome assessment, you know again we had clients group, the design was to have clients complete these at baseline and then at six-month intervals, but what we are finding is most cases we're closing within a year and our average time to case closure was eight months. So, we really only had enough data at baseline and six months for CFA, so we only have two data points. And then we also looked at NCFAS data and then general population from our -- from the SACWIS system data.

Okay, our methods to evaluate our family group conferencing component again focusing on fidelity and this was much easier. They set the whole first year planning this project and they brought -- they had a whole work group on the family group conferencing part to decide if they were you know really what the benchmarks were and what aspect what their model was going to look like for and they decided to stick pretty closely with family group decision making model. So, those were benchmarked in all of the observation tools the fidelity measures were mapped to that.

The evaluators, we did conduct observations of family group conferences every month and then everyone who is involved in the conference also completed a survey at the end and the facilitators completed journals and debriefing notes. And in the beginning in the first couple of years and then we brought the new facilitator and we spent quite a bit of time reviewing those notes and meeting really regularly with the facilitators and the whole project team to talk about to troubleshoot issues.

Male Speaker: Did you use facilitator that can surely be able to sort of take them where they need to have best interest they were marked part of system order?

Robin Leake: Yeah, they were. We have one full-time facilitator and then they hired a second one and that was their whole job was just facilitating family group conferences for this project and American Humane Association came in and trained the facilitators and all of the staff on the model and then provided some coaching with them. So that was all they did and it was just their job. So, that was easier for us from an evaluation standpoint too because we had consistency in delivering.

Male Speaker: Sometimes when lead time staff intending to want to get some other notes of subject and then they can't have their own biases instead of similar thing they started point their own.

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Robin Leake: Yeah.

Male Speaker: Content up.

Robin Leake: Yeah, with one of our facilitators that was an issue at the beginning and it was definitely a struggle, but our the process that we had a lot of still -- a lot hurdle identified earlier just through reviewing her meeting you know keeping those meeting journals were invaluable. And they're having her write that up after every session and then really go over together was a very therapeutic process and then she was really able to see okay, this is really where I'm struggling and so there was a couple of families that you know she got a little over involved with and then...

Male Speaker: You tried to drop...

Robin Leake: You know it doesn't go back.

Male Speaker: Facilitator maybe sometimes get often drag certain direction and should be just drive.

Robin Leake: Right, yes, exactly. And that's you know you're right. I mean you know when you've obviously had a lot of experience with this, but it's much easier said than done when you're in there doing it. So, I think these processes really do help and if they continue with this and our training staff to facilitate these, I think that that fidelity component and that coaching component are both really important to develop their skills. The one time training was great, but it wasn't really sufficient.

For outcome assessment for family group conferencing, we did case studies with several of the FGC families and then of course we looked at all of the survey data and the pre post measures on the CFA and the NCFAS and then our major you know our heavy hitter outcomes are you know safety, permanency and well-being we looked at are state SACWIS data. So, we looked at out of home placements, length of stage, time to case closure, we report substantiation rates all of the usual data elements.

Okay. Our methods for our parent partner component again were very similar. We did focus groups have followed the all of the parent partners each year and then we also did case studies with several of the families who worked with the parent partner and surveys, annual surveys with the clients and the mentors. And our outcome assessments were the same. We looked at our CFA data and the NCFAS data and then our trails data. Okay.

So, I'm going to talk a little bit about our findings, overall satisfaction with the program from baseline to time one. Overall satisfaction was pretty high. We saw some of our more noticeable gains in with the relationships with the TANF program specialist and that's because there is a lot of room to grow. Those baseline measures were pretty low in terms of relationships and supports with their TANF case managers and communications

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with TANF. So, they reported improved relationships to greater participation in the TANF case plan and improved access to services.

We also saw gains in overall satisfaction with CYF services including some of our family engagement measures, cultural responsiveness and feelings of being included in the case planning especially for those JCC families who are in groups two and three. Okay. Some of our cross systems collaboration outcomes, they did a lot of cross systems training especially on inclusivity and cultural competence that have been pretty much woven into the system by now, so they do those fairly regularly. They put together a steering committee with community members. It's probably been the most successful element of the project. Frankly, they've taken out a lot of independent projects and meet fairly regularly, so they've been able to strengthen that that part of and really engage the community in that way.

Although they do report improved communication in data sharing, one of the biggest things or one of the challenges was actually creating a data sharing platform so a way for their two separate data systems to talk to one another and they were unable to do that. So, that is one area of the program where they were not able to be very successful. So, what now they have is you know it really depends on the you know the two people who manage the data really talking to each other. So, you know it's a solution, but not a very permanent one. Okay.

For comprehensive family assessments, you know again we still have a fairly low end and part of their challenge over the next six months of the grant is to really get more assessments in for that second time point. We have 127 baseline comprehensive family assessments but only 47 at six months. And one of our challenges as evaluators is thinking about how do we set these studies up if we know the cases are likely to close in their first year. So, it's more of a time series design. But in any case we're looking at changes from baseline to time one. We do improvements in a lot of the areas although they don't reach statistical significance and really our powers about 25% now. So that could be one of the reasons why, but all their reports family resources social support views about parenting and perceived stress all did improve. You know so we did see gains just not significant ones.

There were significant improvements on all areas of the NCFAS for JCC families and all comparison families. This isn't really surprising because the case workers are the ones that are doing NCFAS and they're also the ones that are closing the cases. So, that's not shocking. Okay. How you can read that? I just wanted to put this up. This kind of shows on the you know we ask them the family resource scale. This is some of the things on there you know do they have enough food, you know we look at food stability, housing, clothing, heating, indoor plumbing, medical care, transportation, phone access, there are some other ones on here, but these are some of the primary ones.

And you see there is not -- there is lot not a lot of improvements from baseline to time one on these and obviously during the main part of the study there has been huge economic challenges and so we saw job, you know we saw employment really take a dive

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for a lot of our TANF families during this time period. I also wanted to show you this data. This is one of the ways in which our TANF case managers have really appreciated the CFA in general and in particular this scale it gives them -- it's given them a lot of talking points with their families and in the past they haven't had any of -- you know they haven't had a lot of data to work with nor do they have a lot of training and family engagement and really understanding families and kind of some of the contextual issues. So, they the TANF managers have really liked the CFA reports that we give them and reported using them quite a bit.

Just as in the side and our CYF case workers, you know have been a little lukewarm. There you know they were brought together and trained on how to use the CFA data and had a lot of discussions with the team about how they would use in a case planning, but a lot of their feedback has to do with timing and we already know this. And we've already done all these interviews with the families. And so, we're getting this data and it comes from where we already know, so it's not terribly helpful for us.

Male Speaker: Workers on both sides, there are two different agencies...

Robin Leake: Yes.

Male Speaker: Okay. Obviously social workers on the child welfare side, what are the background educational on the TANF side, are they social workers also or...?

Female Speaker: I don't relate to your question, no. There are no social workers.

Robin Leake: No, they're definitely not.

Male Speaker: That's why there were settling with two different agency?

Female Speaker: Yeah.

Male Speaker: We got two separate sides help them work concrete that's why you used to thinking...

Female Speaker: Yeah.

Male Speaker: And we're trying to get our TANF worker not to say they need to be case managers and start asking why I am here, not I'm -- you're here you need to work here either your welfare can't go away, why do you hear this I'm wrong, so there is absolutely which are showing them you know how many meals, not housing, all, that's concrete that's what they're used to...

Female Speaker: Right.

Male Speaker: Thinking rather than systemic buying your sorted ideas?

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Female Speaker: Right.

Robin Leake: Although they have appreciated, they've really appreciated the CFA reports which do have to do some of those other measures of parenting stress and overall stress and the feelings about employment, it's -- and I -- and from what we hear from them and our interviews and focus groups with the TANF case managers is that gives them some information about the families that they not only don't have, but they don't really feel it very comfortable getting. You know they don't have those social work skills to engage the families and for a lot of them it never occurred to them to even ask those questions. So that was important in the work about that.

Male Speaker: Or can be workers when we -- as a matter of fact they get their current schedule and field operations just told me this the other day a worker who's been on the family, assisting family support side about 30 years said you need to give me some case management training and he said we've given it to you. You know you said I'm thinking to give it to you. Again you wouldn't know what it was, apparently because you always have it at least once, so the case management is going out and making sure who is living in the home, have you moved, your reported great time...

Robin Leake: Right.

Male Speaker: Those dynamics marked going being able to look at the surroundings and trying to judge what's going on there from a social worker's perspective in that house and what's -- what are the risk factors here in this family.

Robin Leake: Right, but...

Male Speaker: That family.

Robin Leake: Yeah, but the outcomes of that is the families don't feel like they are getting the services that they need. They don't feel like they have the access. They don't feel like their questions are being answered that they have any sense of how you know how things are supposed to go in that system. So that is definitely an area where we've seen improvements both on the case manager side and on the family side saying yeah things are you know my case manager...

Male Speaker: That's why I appreciated when we said they -- the clients and when you said they saw an increase in services because at least they must have been that side of the house started asking, are we getting you.

Robin Leake: Yeah.

Male Speaker: It really needs.

Robin Leake: And one of the surprising things for me is I think the TANF managers and the Head of our Colorado Works has been very open to this and really wanting to move

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in this direction and you know like anything you've got your early adopters, but it's a small agency and our early adopter case managers have been very receptive to this and you know it seems that they derive a lot more job satisfaction and building better relationships with their families on their case load. So, that's definitely been one of the successes of this project.

For our family group conferencing, this just shows some of the processed data, our average number of family participants ranges from one to 11 with an average of four again same for our FGC staff and providers. There is an average of two meetings per family and the estimated cost per meeting is \$80. Average length of the meeting is 145 minutes and it takes about nine hours of part time on average. And this fluctuated during the first couple of years, but now the resource piece is pretty stable right now. And this was important for the agency to track they really want to know whether you know if it leads to positive outcomes, if it's also worth the investment and for what families.

Okay, and I talked a lot already about how we ensure fidelity to the FGDM model the benchmarking and training, reviewing the meeting journals and doing observations. We would do drop in observations, so they didn't know when you were coming and then the survey data. Our survey and qualitative findings, survey data was primarily positive. Most of the clients indicated that they liked the conferences. They believe that they had a voice and that their input was considered. Over 80% reported full participation in the process and felt that they could you know they were invited to bring who they wanted to the meetings and that the right people were at the table.

So, again this is our satisfaction measure, but it was also we used it for fidelity measure as well. 90% of the families reported full participation and felt that this was definitely the best way for them to develop their own case plan and let's see, these next few bullets were mostly input from our staff and community providers who were there. You know they were a little less enthusiastic than the families about the family group conferences especially some of the staff who didn't like that they were in the evenings and they had to do this you know in addition to their regular workload.

They did feel like that they were beneficial for certain families especially those with a complex multi-systems issues which you know nowadays is pretty much all of our families. And they really felt that the families had to they had to have a certain level of buy in from families which we did. I mean you know these were voluntary services, so families who agree to do this for those who you know those who were engaged. Okay, and here is just some of the comments from the clients. It's tough all to have all the background about the family and the reason where I need. I felt like I finally have the family value I was dreamed about and it's up to all the parties to do their jobs and not just the parents.

Okay, finding some more parent partner program. In a nutshell I'm going to start off by saying the parent partner program seemed to be very successful for those parents who opted into it. And this was the recruitment was definitely you know not only for the parent partners but for client families to engage with the parent partner who is definitely a

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challenge and only 17 of the 58 families in group three chose to engage with a parent partner. The -- this is one of the problems with the randomization. Some of the parents in the other two groups wanted a parent partner, but we're not assigned to that group. So that was an additional challenge.

The length of the match ranged from one to 14 months with an average of 1.5 months of active involvement, which was shorter than I think the program staff had envisioned. Nonetheless the clients who were accessing the services were satisfied and felt that their parent partner was definitely a resource primarily they report gains in social support and less in advocacy.

Female Speaker: It was the 1.5 months because the client did want to have the parent partners or?

Robin Leake: No, you know it's just kind of yeah and this was pretty active involvement you know. I think for most of them what we can glean from interviews is that things we just sort of peter out. So, you do the match and then you just kind of and you suggest things for them to do together and in ways to interacting that and the parent partners receive all this training, you know but then they kind of have to find their way. You know they have to build that relationship.

Female Speaker: Okay.

Robin Leake: So, from all of our data from the case studies and from all, from our interviews, there is three main benefits of the parent partner program. One is the parent partner is certainly someone who has been there and has been through the system and that's really powerful source of social support. The idea two is that parent partners are in a place that you know where they can advocate for their client families and provide a different perspective. This is an area where I think it's still being under-utilized and so they've taken these evaluation results and have beefed up to the training to help parent partners learn how to advocate a little more and a lot of very victimized by the system. And so, you know I think giving them the skills to those advocacy skills are really important.

And the third benefit is really my favorite and that's the benefit to the parent partner mentors. You know I think being seen as someone as the expert and someone who is bringing something to the table and someone who can give back is really powerful for the parent partners themselves. And then of course there is challenges. We talked about maintaining a pool of trained mentors. You know they really we need to have parent -- our parent partners need to mirror the client population and demographics and in experiences and they need to be and they need to go through the training. So, really finding those parent partners who are -- have gone through the system successfully are stable enough have the time and energy to be able to do this. So, this is challenging especially this is not a paid position.

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They struggled some with the finding what the role of the parent partner mentor is. I talked a little bit about that with some of the challenge of advocacies. You know they can help clients navigate the system. They can just be you know they can just be a sounding board or you know be a source of social support for them, but where should the program really be guiding them to be. How do we define what the role is in a more structured way and you know and should they be staff, you know how should they be compensated for their time.

And then of course I alluded a little bit to the constraints of working within the randomization structure and that was difficult. Some families who were supposed to be working with parent mentors didn't want to and others who were in a different group wanted a parent partner. Okay. And now, yeah.

Male Speaker: I'm sorry. I was a little late coming, but so maybe I you said this about you heard about parent mentors, where did you go yet?

Robin Leake: This is a randomized study. So, when families were referred to the project they were randomly assigned to one of three conditions and the third condition was family group conference -- was comprehensive family assessment, family group conferencing and a parent partner.

Female Speaker: No, he is asking about how you recruit?

Female Speaker: How did you recruit them?

Robin Leake: Oh.

Female Speaker: How did they recruit them?

Robin Leake: Oh, where do we get the parent partners?

Male Speaker: Yes.

Robin Leake: Yes.

Male Speaker: They just like show up or...

Robin Leake: We had -- the county had started a parent partner program in through a systems of care initiative. So, they already had a structure already in place so they already had some parent partners who had been recruited and then they just continue to recruit through mostly through staff you know really connecting with staff to do referrals and other parent partners, so it's mostly informal recruiting.

Male Speaker: And this really don't have anything, there is more fine knowledge, the interaction between those parent mentors, the mentors and the family, is there any

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negative impact I mean the mentors or is it all pretty positive you know that I'll be taking advantage of...

Robin Leake: Right.

Male Speaker: A family that.

Robin Leake: You know we did not see any of that at all. We did not get any reports of that. I think what happened if the relationship was negative, I think it just sort of ended you know because it was voluntary. That's what I'm guessing happened, but all of the reports that we received were either neutral or positive.

Male Speaker: Thank you.

Male Speaker: There are other families where the child is still an owners of the right kids actually share...

Robin Leake: Some of them are in out of home placement and some of them, but the majority of families were kids on the home.

Male Speaker: And then it's a different impact on families that are actually had taken care versus...

Robin Leake: You know there are so few of our families with kids in out of home care and it's difficult because sometimes that happened in the middle of the project, so we haven't looked at the data that way, but it's a really good question. So, you know we've kind of you know we've looked at it in terms of you know where they in the home the whole time or they out of the home whole time or did that happen sometime ago, but that is one way that we're going to need to look at that data.

Female Speaker: and of course.

Male Speaker: I'm sorry. After case closures you follow up with families where they asked to participate in a survey or anything to seek down the road after everybody is involved into family was staying back on its own?

Robin Leake: They were not except with administrative SACWIS data, so we do know the river ports, you know so we kind of know what happened to them only in terms of did they enter back into the system.

Male Speaker: Well that's usually what happened that's pretty usual.

Robin Leake: Yes. And that's a drawback to this, to the project.

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Male Speaker: Well, you talked to this again I would think other than asking to anticipate long term in the survey is understanding six months, a year, year and a half, two years even after you've gotten this help, what is happened to provide quality life...

Robin Leake: Yeah.

Male Speaker: What can we learn from your experience now on your own and we could have maybe had incorporated back here or is there something we miss...

Robin Leake: Yes.

Male Speaker: That you've already found out, but we could never know that must be the design or try to get their buying you know upfront, would you be willing to a year from now?

Robin Leake: Yes that would have been a really great thing to.

Female Speaker: And this is one of the issues for us as evaluators as we're designing these evaluations for these demonstration projects is once you get into longitudinal follow-up for folks who are outside the system, then you're getting into some significant cost to find them, survey them, and that sometimes on these demonstration projects the evaluation budget you know only lets you do so much, because typically people would put 10%, maybe 15% of their demonstration project budget into evaluation so.

Male Speaker: Right.

Female Speaker: So, \$250,000 a year project, then you might have \$30,000 worth of evaluation time, which is sounds like a huge amount of money, but turns out not to be so much if you're going to be following people. One of the things we really notice before I do this extra little piece is that because this project had a lot of embedded evaluation that evaluation did provide a lot of the impetus to try to keep them moving on things. So, one of the things they struggled with was recruiting into the project, doing the random assignment and then actively trying to encourage those folks to receipt of the services, because the folks were court ordered into the second and third groups and so you see with that you know without -- that's one of the implementation challenges I think for this one is that while they may have done a great number of the assessments, they were not as successful in really pulling people into the services once they were randomly assigned. So, we don't have a failure of random assignment, but we have a bad attrition, you know a bad missing data problem and so, the random assignment has been defeated just by the voluntary nature of what happens next.

Male Speaker: Could you able to determine when they did want to participate gather any data as to show okay a particular...

Female Speaker: That would have been great too.

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Male Speaker: Oh no.

Female Speaker: And we could probably look at -- I mean we could probably look at SACWIS data you know around basic demographics in that regard.

Male Speaker: Well, it's again the education.

Female Speaker: Yeah.

Male Speaker: Obviously this is a part they have certain education level, because the likely understanding of what was being offered what their resistance, some people caution you biased and anybody helping them...

Robin Leake: Right.

Male Speaker: You know what preventative...

Female Speaker: Right.

Robin Leake: Right.

Male Speaker: So you could design something...

Female Speaker: Right and in a lot of ways putting time and energy into those kinds of implementation processing kinds of questions before without before you know even leap to thinking about outcomes would be a lot smart, would be smart.

Robin Leake: Yeah.

Female Speaker: And yet we tend to spread our money across that whole continuum and then sometimes we end up that being able to interpret the outcomes very well...

Male Speaker: Well.

Female Speaker: Because we have not done the piece.

Male Speaker: It's quite normal yeah, with all the outcomes we may look at that question why didn't happen there.

Female Speaker: Right, exactly.

Male Speaker: Probably be knowing, yeah.

Female Speaker: Yeah.

Robin Leake: Yeah.

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Female Speaker: Yeah.

Male Speaker: Was the -- by the regular assessment that is with the county, with the staff, which got to do work around that or right open and you could decide a couple work about...

Robin Leake: Yeah.

Female Speaker: Yeah.

Male Speaker: By you.

Female Speaker: Yeah, then...

Robin Leake: Yeah. This is a whole like I said this is a whole planning year. So, they brought staff in multiple levels for, these are couple other workers that have an executive team and have these different workers to kind of determine what the process would look like, what the randomization would look like, even then recruitment was in the first year was decimal. They were supposed to serve you know I said you spend 170, I think right now supposed to be 300 over the course of the project, but there were so few referrals, but catch me out of it is too small and then we widened it the whole county and then you know even then getting case workers and case managers to refer families into the programs.

Female Speaker: But how do we do this?

Robin Leake: Is difficult.

Female Speaker: How did they do the randomization? Did it happen at the county? Didn't they call us?

Robin Leake: We did the randomization.

Female Speaker: We did the randomization.

Robin Leake: Yeah. So, they were just referred to the project.

Female Speaker: And we would do the randomization process and tell them what group the client was in.

Robin Leake: There is a lot of resistance around this family group conferencing model from the staff and we will do it from a lot some of the leadership as well. And so because there was a likelihood that they refer a family they would be, they would get a family group conferencing that was going to involve the case worker to a certain extent in that process. So, in a way at the beginning of the project before they had bind there was the

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distance enough I think to the for families projects and that's a huge barrier. So, it was less the random assignment and more I think the intervention. And it didn't the binding they needed for the intervention. It took them longer, it took them almost two years to do it.

Male Speaker: That's something we can experience too. If we top bind this and there to the directive and you're going to get to resist it so if you can't get the leaders bind and why we're doing as we're spending as much charger, but if it's a negative contention here it's going to carry.

Female Speaker: It does filter down and then it's you know it's 10 times the work to filter up good experiences so that that was referrals come more quickly.

Robin Leake: Right.

Female Speaker: Yeah, it becomes a little bit of it's probably not the way we're better. It's a little bit of a guerilla operation working inside the agency...

Robin Leake: Right.

Female Speaker: Where they are you know they're carving up their place and they're building the relationships and they're slowing building the ability to pull.

Robin Leake: Right.

Female Speaker: Pull folks in it. It's a good example of implementation failures where you just don't hand the leadership side of that known triangle if we were going to be at the known triangle.

Robin Leake: Right. Well, there is two leadership on state that could be convinced where unless you're referring clients and project, you know we don't have enough data and we don't have the data soon enough too and that's another kind of implementation challenges. We're five years of the project and we're going to be lucky at the end if we have enough data you know with the power to really show with these aspects of these program influenced for successful and they want to answering that, they're like show me now. You got to show me now that this is working. And so you know the process piece is the process data and self-reports are all went good that's you know the data that they want to really you know base the decisions on them you're going to report funding.

Male Speaker: So, is this a project then for okay, who wanted the project?

Robin Leake: Well that's an interesting question Tim. Yeah, it's if you got a small group of people who might write a grant and then you know and then the grant gets funded then it's an agency wide.

Male Speaker: So...

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Female Speaker: And they're actually I mean I probably shouldn't say this, but there was binding at the very top and there was resistance at a couple of key levels below.

Male Speaker: That's what I was wondering to start and kind of child welfare side they understand resistance from TANF.

Robin Leake: The TANF yeah.

Female Speaker: TANF is much more excited about this and child welfare.

Male Speaker: Okay, so...

Female Speaker: Which is not what you would kind of think but that's how you know it's how played in.

Male Speaker: I would think that.

Female Speaker: You would think that.

Male Speaker: Well, we call this...

Female Speaker: Child welfare people.

Male Speaker: And I heard you say that and you told them it's like we only know.

Female Speaker: Yeah.

Male Speaker: You know we're not really you know you're not telling something or not even aware it's only thing I would need to be about this family and...

Female Speaker: Yeah.

Male Speaker: They've been there, work that's been paying. So, I could see that not being as...

Female Speaker: As exciting right.

Male Speaker: Efficient.

Female Speaker: Right.

Male Speaker: With focus, show me what's benefits it's like we do, when we did these projects it's been our experience that they have to sort that growing level with leadership together. Our home leadership with this forum, this is the leadership payment. We're all there when we start these and we have the lowest level where it rather means the road

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that they see and we build that up and this is why this is important. This is what it will do for you. This is what we're trying to get to and they try to get that ownership from any point that's going to be making your referrals or providing the information and which is really important because it only takes a few level to...

Female Speaker: Yeah.

Male Speaker: Sour the whole level, back that with the whole bump.

Robin Leake: You know they'll talk about it.

Female Speaker: And you can't underestimate the number of models related to decision making that are floating out there.

Robin Leake: Yeah.

Female Speaker: Team decision making, family group conferencing, family group decision making and there are several others and you do get people who love one and don't love another one and it's very hard to get an entire county on board with something and once they're on board with something...

Robin Leake: Then they try.

Female Speaker: Then they try you know the new way. So, this grant sort of came in at a time where when it was written there was openness to this, then they settled on a particular team decision making model that did not involve private family time and family decisions. And then this was having to kind of push against this and so it really in that being created in a kind of a space in the agency but not the whole agency of that. I think who is that that talks about ghost systems. It's that they're known people do talk about. You know sometimes good things hide in the system and part of the reason they are successful as they do their thing is that they are a little, you know they are a little bit hidden. This one was hidden and trying to break out and getting push back on that thing. That's about eight metaphors in one. It's enough I think.

Robin Leake: Well, the family group...

Female Speaker: Yeah.

Female Speaker: The family group conferencing, the preparation time the nine hours is that from the child welfare that wasn't from TANF where they work together?

Robin Leake: That was our facilitator or their facilitator prep time.

Female Speaker: Oh yes, thank you.

Female Speaker: So, getting in touch will all the...

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Robin Leake: Family.

Female Speaker: Getting the information and getting in touch with families...

Robin Leake: Bring in.

Female Speaker: Or bringing them in, interviewing people, so it's setting up the system.

Female Speaker: That's actually pretty minimum, don't you guys think?

Female Speaker: They come out of it.

Female Speaker: No matter of where it's been.

Female Speaker: Really.

Female Speaker: It takes a lot longer.

Female Speaker: Yeah.

Robin Leake: Yeah, it did take longer at the beginning and then it went down enough to kind of settle there. So, again because of two people who would do them that could be a kind of got it down.

Male Speaker: And the favor is we're getting case managed from both agencies.

Female Speaker: Yeah.

Female Speaker: Yes.

Male Speaker: Say TANF.

Female Speaker: Yeah.

Robin Leake: Yeah, so, there was and again this is one of the systems pieces of it that suppose the goal of the brand was for them to have a single case plan for dual system families and that didn't I mean that never happened.

Male Speaker: So, it is that the person responsibility deal they should be trying to outline some of those.

Female Speaker: So, it ended up being that more of that partnership piece.

Male Speaker: We shouldn't be trying to do it.

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Female Speaker: Yeah.

Male Speaker: By that one is barrier to self sufficiency what's causing them not be able to sustain...

Female Speaker: Yeah.

Male Speaker: This one.

Robin Leake: Right.

Male Speaker: Supposedly.

Robin Leake: And they were able to do that I think they were able to do that more with the data that they received and some of the skills that they received and engaging families at least on TANF side.

Male Speaker: That's why we got beneficial to the things that be up in social, the social work I mean the social work will have been.

Female Speaker: Right, yeah.

Female Speaker: So, let me do this little propensity score matching piece how many of you are just real data nerds, stat nerds you're just really excited about propensities for matching. Okay.

Male Speaker: That's why you put the data.

Female Speaker: Yeah. You know look she is sitting over here too. I didn't know what is that about? We are -- we have just identified our matching group and we haven't really used that comparison group to do you know strong comparisons we still really have enough in our three groups to compare them to anyone, but I thought I just illustrate this is a way of some of the upsides of using this kind of procedure to create a strong comparison group for the group that you're actually serving as opposed to comparing the group you're serving to everybody who's being served by child welfare and so, if I am not explaining clearly you look right it. Okay, have full permission to co-present I'm not doing a huge statistical discussion here.

So, basically propensity score matching takes looks at what kinds of variables help predict being a member of the subgroup that you're serving of the big group. So, you have the big group of everyone served. You're serving a subgroup. What kinds of variables that you have in your data system about everyone can help you predict being in the treatment group. Does that make sense? So, it starts with some uses some variables we have on everyone to help you understand to create I'm not even saying this well, from your, you have your service group and it helps you create a comparison group out of the

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big group that's similar to your service group on those characteristics. And you know in child welfare people are just all over the place, so.

So, it's a way of creating a better comparison group than just saying okay, have my group versus everybody else so the short version. So, it constructs a set of match treatment and control cases so that you have a person you're serving and you have a person that's identified as a close match to that person on some key variables. So, what we're going to do today is just I'm just going to show you a little bit about how the -- our treatment group different from the whole group, what it looked like after propensity score matching and how it helps us look at something like case, time to case closure in a way that gets those groups closer together.

So, the predictors that we used to construct the propensity scores were multi-system involvement, family that's involved in TANF, food stamps, Medicare, some combination of multiple systems, the complexity, severity of the case as measured by core development, out of home placement, risk of abuse where there is a risk score for abuse in the risk score for neglecting their risk assessment, minority stat, status we used, a timing variable just because greater numbers were assigned into JCC later in the program, so we looked at what year people came in as one of those predictor variables in, yeah, and you have a question.

Male Speaker: Yes, two things. You meant kind of presuming any Medicaid.

Female Speaker: Yeah, we do.

Male Speaker: Okay.

Female Speaker: Yeah, yeah.

Male Speaker: It's all.

Female Speaker: Really elderly group you are talking.

Male Speaker: Yeah. You jump when you're left home.

Female Speaker: Right. It's right. It could be grandparents you know. It's grandparents...

Male Speaker: It was off that okay.

Female Speaker: That should be better okay.

Male Speaker: Risk state or safety state for there like our child welfare laws.

Female Speaker: Oh.

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Male Speaker: In other words West Virginia we're safety. You know we look risk, but risk is not a reason for removal.

Female Speaker: Right. We are a safety...

Male Speaker: Right.

Female Speaker: We're a safety state for decision making removal, but we do our risk assessment that was developed as -- through that actuarial, you know it's an actuarial process instrument developed in our state and then we have a safety assessment that they use that ties into safety planning and removal decision making and then they also do the North Carolina Family Assessment scale, those are the three...

Male Speaker: That's why we're not asking, because I guess depending on how much efficiency grew on risk...

Female Speaker: Right.

Male Speaker: Urban groups, you know some maybe and some maybe out in the less risk.

Female Speaker: Yeah. What we're trying to do here is just sort of use these variables to help us characterize our treatment group and then use the propensity score that's created from those variables together to find a good match in the bigger dataset. So, these are some of the variables that were in our system that we used. If you look here I don't know if you can see this, but if you look at that these are all normal measures, so standardized difference in means it's like the percent difference between our group and the bigger population in child welfare.

So, if you see that on all of these we have right on food stamps because our group was selected to be dual system involved et cetera, et cetera, there is like 56% difference between the percentages in the big group better on food stamps and the percentage in our service group that are on food stamps. So, we have -- we can see all these variables that we're using to help characterize our group that we have pretty big differences between the group we served and the larger population in child welfare and we won't talk about skewness and stuff like that of that you might be excited if we talk about it.

So, what you do is you rather you use logistic regression to predict in the data, in the larger dataset to see whether these how these variables predict, whether the -- a person is involved in JCC or not. Now, we did not have good ability in this model to classify cases mainly because we had such small numbers of folks being served in JCC, so those of you who know logistic regression means it's very hard to get significance if you're trying to predict something that only happens like 3% of the time. Most rebuttals will tell you nobody got some adjacencies. I needed to predict that.

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So, we used all of these. We didn't eliminate non-significant predictors. We used them all. You say what's called the probabilities and that's your propensity score. Then you look at where the folks that you're serving like we have a whole list of everybody you served propensity scores, you have the person you served and they come in right here and you say what's their nearest neighbor in the biggest group, in the big group of everybody and then that becomes the match.

So, what it does is it selects out a group of folks who are more like your service group. So, if you look at these first one is what those pivots and names before matching and they're like those difference in means after matching. So, we're not getting complete success down here, but we're going from 66% difference to 17% and most things we're getting you know much closer match between the group we served and the group we've selected out to be the comparison group and keep going like this like we're grabbing that out.

So, and let me just show you then let me just show you what it looks like if you look at time to case closure for our group versus the new comparison group. And this is one of those things we're to well, well I'll talk about it in a minute. If you look at the entire dataset I don't know whether you're mostly probably you don't read Cox regressions but this is the Cox regression predicts not whether your case closes but how fast does it close, so it makes sense. So, it's time to the event not just did the event happened but what's the time to the event and you can see it before, if you just compare the JCC folks to everybody else, this one, you would conclude that JCC that JCC folks have longer cases than everybody else.

When you go with the comparison with the propensity score matching comparison group on the right side, you can see they're really virtually the same. So, it selected a group out with a similar time to case closure. Now, that's a good way to illustrate this. It's not a fabulous outcome because we would like to close the JCC cases closer faster than our comparison group and we're clearly not closing them faster than the comparison group, but it is not true that they are longer cases than similar cases that are being served.

So, if you just used your whole SACWIS system data to compare to, you would draw revenues conclusion about the difference between the folks you served and everybody else. Does that make any sense at all? Anyway.

Male Speaker: And if I'm understanding that your process is because you haven't tried to match them...

Female Speaker: You haven't got a good match.

Male Speaker: Good amount of it so.

Female Speaker: Yeah.

Male Speaker: Okay.

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Female Speaker: Yeah. And so what you need is and I think I won't do this next piece there couple of other statistical methods you could use that get you close to the same kind of outcome, but I think we'll skip that part and just stay with this. So, what you need if you're interested in doing propensity score matching which is a good way to use your SACWIS data for these smaller programs, then what you need is a stating out from your local university, put in a plug for your local child welfare statistics nerd. And you all have some. They're everywhere. They're in all your states. So, I think we'll end there. We have to flash the time matters here right.

Robin Leake: You got 15 minutes.

Female Speaker: Just about to. Okay. Any discussion further discussion or things you'd like to talk about as a group or questions you have for us? Yeah.

Female Speaker: You made reference for your own that there was several different action and group normally, which one do you guys use?

Robin Leake: They used let me, they used family group decision making but they called it family group conference.

Female Speaker: Is that the Mallory model?

Female Speaker: The FGDM is the Mallory model, right, yeah. And the difference between those two, I mean there are a lot of differences in how they actually get done, but the main difference is do you give the family private time to work together with that facilitation.

Robin Leake: To develop their case.

Female Speaker: And to develop their case plan which you're going to actually use as a part of what the agency's case plan for them.

Female Speaker: And did you find in your experience that once they did the family group conferencing that your social workers accepted the family's plan as a result of that process? I mean did they engage the match?

Robin Leake: They did.

Female Speaker: Right into it.

Robin Leake: Yeah, they did. There were -- there was a lot of concerns on the front end from case workers that whether or not families have the ability and wherewithal to develop effective case plan, but then the team kind of comes back together too and they tweak the case plan. So, even there was the family's case plan, they might you know the team kind of comes together and might work with the family to define elements on that.

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So, I think it's helpful when they're there for that process, but there was yeah there was resistance around at the beginning that's gotten better over time although not completely resolved about whether the families should be developing their own case plans and then a lot of it's on their own resources, staff resources to do this, not just the facilitator time to plan but time for the case workers to actually do their outside work.

Female Speaker: Or have their work organized.

Robin Leake: Right.

Female Speaker: To include that which is something that agency has moved forward with in some other areas around more flexible approaches to work time, but this is not one of the areas that they've really gotten go down.

Robin Leake: Why, because they haven't adopted this. You know there they do team decision making which is a much different approach and there is not a lot fidelity to that model. So, we did I didn't present this here, but we didn't look at their team decision making and we observed some of those meetings and we also did surveys of clients who right there were team decision making and compared in their satisfaction range so much lower. And there is a lot of variability on how those meetings work, put together, planned and you know sometimes you know group of people would meet in the hallway and talk about a case and power TDM. It's not quite that bad, but you know it's there is a lot less attention to the structure of the team decision meetings.

Female Speaker: My experience in filter I was maybe I conducted those things I've spoken about. Let me think HDM or whatever model you use really embrace engage the family I think TDM the power control is clearly agency control.

Robin Leake: Really right.

Female Speaker: That's only the flip side.

Robin Leake: Right. The parents might sit there and not say a word.

Female Speaker: Yeah.

Robin Leake: Yeah, the whole meeting and not ever be invited to support.

Female Speaker: Yeah.

Female Speaker: Yeah. And that is the cultural struggle in the agency. And really it's the cultural struggle in child welfare a grand family engagement. We want to engage families so long as that means we engage them to do what we tell them to do. But that's not that's compliance actually that's...

Female Speaker: Yeah.

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Female Speaker: That's not engaging that and I think the reason I was confused compliance with engagement once you're engaged your things get a little messier for everybody because there are multiple perspectives on the table that people have to pay attention to. It's hard.

Robin Leake: Yeah.

Female Speaker: We've actually been experimenting the HDM tribal with our tribal meeting.

Female Speaker: Yeah.

Female Speaker: And those are very well with them.

Female Speaker: Yeah. That's a really good cultural fit, yeah.

Robin Leake: Because it's something a lot of types just do anyway really we're calling and that.

Female Speaker: Right and that's a good sense. All these years of practice and take all the time using probably actually.

Female Speaker: Right.

Robin Leake: Of course we're involved.

Female Speaker: Did you ever know a woman named Carol Attneave who taught at the University of Washington, she developed a thing called network therapy. She is probably not still living. I took a course with her, but she was Native American psychologist who taught at University of Washington. She took like the FGDM notion bigger. So, you didn't just bring your family, you brought your employer, you brought your neighborhood, you brought your bulling league, you brought and they would rip a high school gym and put teams of people to work developing a plan for you.

Male Speaker: For your support.

Female Speaker: This huge group it was called network I think she called it network therapy and they were doing it in Seattle in the 70s and it was built on her experience of what her tribe would do if a person was in trouble. You know you wouldn't be able to tell who the family was. It would be like everybody to some degree you know who interacts with this family. And that it's sort of just win away, but when FGDM came out there is a lot of similarities to that, indigenous approach yeah.

Male Speaker: So, some told we're now the home placing and did the family engagement what all if any did foster parents claim in the engagement?

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Robin Leake: I need to go and look back at the families who had the FGDMs at what time points their kids were in out of home, because it wasn't very meaning, it's most like referral candidates with their kids that are still in the home.

Female Speaker: Yeah.

Robin Leake: But I know they were binding. I know that that was there.

Female Speaker: Foster parents were invited to do the FGDM.

Male Speaker: Yeah, I just yeah.

Robin Leake: But I don't know how many times that actually happened and I'd have to go look at the attendants.

Male Speaker: I just wanted because that that man who is involved you know the interaction between biological parent, foster parent.

Robin Leake: Right.

Male Speaker: Obviously depending on how long the child's been with them. They have some insight foster parent expected to train...

Female Speaker: No.

Male Speaker: The behaviors of the child. What's different among different...

Female Speaker: Yeah.

Male Speaker: Just wondered how much they could play with them.

Robin Leake: Right.

Female Speaker: Yeah.

Robin Leake: And I know that their approach is an individualized approach so, what worked for that family rather than like just set a list of people, right I think are supposed to, right.

Female Speaker: Did you have a question?

Male Speaker: Yeah, well this was voluntary just vision kind of that to let the core of family group decision making and is that kind of transfer the powers of involving family. You said that is instituting your results with beginning where that power might not be as much to a larger participant where if you're applied to do a case management...

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Female Speaker: Right.

Male Speaker: But shifting towards the family prospective that might be a you know some...

Female Speaker: You might actually see a bigger, the people who self-selected in, we were to have had perhaps better skills that relationship building already and be more open whereas if we had it more truly involuntary, population being randomized, you might actually see bigger bang for your buck around engagement. I think that's a very reasonable hypothesis.

Robin Leake: There was a lot of randomization process. That's one of them.

Female Speaker: Yeah.

Robin Leake: But it's voluntary, so in fact people opt didn't even they are assigned to a condition, the other issue is that it relied with referrals from staff, so staff might refer families based on what staff thought families would benefit from the program or families which seems to be the case more likely the families who were more difficult to work with and needed extra services and that had all the case for a while. So, they also weren't referred a case openly you know at the beginning of their...

Female Speaker: Right.

Robin Leake: Involvement of the agency and that was absolutely messy.

Male Speaker: So, there was a I'm sorry there was a defined process for case referral that could have been biased depending on worker.

Female Speaker: Yeah, it probably was.

Robin Leake: Yeah.

Female Speaker: You know and that's where you get into where the research nerds start talking about why some kind of random selection is a really that if you don't have the random selection to go with the random assignment, then you do have a little, you have some things to think about there to.

Robin Leake: Right. That's why we needed this, that's why the propensity score matching is especially useful because we have a feeling that there were randomization issues.

Female Speaker: Okay. You have stuck with us. Thank you so much right after much.

Male Speaker: Thanks.

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Female Speaker: And we will send our slides to whoever the appropriate person is and have them posted if like to call them off.