CalSWEC
California Social Work Education Center

CalSWEC Curriculum Study:

Understanding Reunification Services Delivery Models in California Counties

FINAL REPORT

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A. EXECUTIVE SUMMARY

Introduction

With the Adoption Assistance and Child Welfare Act of 1980, family reunification was identified as one of the primary goals of the child protective services system, and public child welfare agencies were required to make "reasonable efforts" to help families reunify. Public child welfare agencies meet their "reasonable efforts" requirements usually by providing services or referrals to services, such as counseling or drug treatment (Bean, 2005; Kaiser, 2009). These reunification services are the key means by which families' problems are expected to be resolved and families reunified (CWIG, 2006).

Evidence suggests use of treatment services is important for reunifying parents. Critical to consider then is what facilitates parents' use of these services. A body of work on social service use suggests that individual, program, worker, and community characteristics all affect clients' use of services (Daro et al., 2007; Littell, Alexander, & Reynolds, 2001; Littell & Tajima, 2000; McCurdy & Daro, 2001). However, this literature discusses service use in the context of a single service type; influences may be different in the unique context of child welfare reunification, in which parents with many life problems are asked to engage with a variety of service types offered by an array of different providers.

Given reunifying parents' many problems, and the numerous requirements on their case plans, service delivery models that make accessing services easier, by using strategies such as service co-location or service integration, may be more effective at facilitating reunification than service delivery models that do not attempt to do this. However, "…there is a lack of well known, well articulated models of reunification practice that have been implemented in large scale and no single program model has captured the attention of the field as a whole" (2001, 4-7), and very few studies of "models" of reunification services delivery have been conducted. The several studies that exist suggest that programs of intensive, integrated services can improve reunification rates.

Given the shorter timeframes and serious consequences for parents of failing to reunify quickly in the post-ASFA environment, there is a need for studies that can provide information regarding

reunification service delivery models most likely to be effective with child welfare clients, so that parents have the best chance possible to reunify with their children. This two year, three phase study used a state-wide county survey, county outcome data, quantitative analysis, and follow-up interviews and observations in four counties to address this research gap. The purposes of the project were to 1) explore models of reunification services delivery currently in use in California; 2) determine whether any of these approaches were associated with improved reunification outcomes; and 3) provide an in-depth description and examination of promising models and/or model components.

Research Design and Methods

Survey.

The first portion of the study used a survey design and descriptive analyses. The sample consisted of child welfare administrators from California counties. An on-line survey was developed, asking about reunification services interventions, service delivery and organization strategies, as well as barriers to reunification. A link to the on-line survey was emailed to child welfare directors, who forwarded the link to the appropriate individuals within their county. Respondents completed the survey on-line. Data were downloaded into MS Excel, and transferred to SPSS for analysis. Analysis consisted of summary descriptive statistics and cluster analysis to explore models of service delivery in counties.

Case Studies

Phase II used a qualitative case study approach, using interview and focus groups with multiple stakeholder groups within each county. Four counties were selected based on their high usage of interventions from at least one of four "approaches" to reunification service delivery -- *Supportive*, *Linking*, *Assessing*, and *Burden-Easing* -- identified by categorizing interventions identified in the Phase I survey. Six counties were invited and four agreed to participate (Contra Costa, Orange County, Santa Clara, and Santa Cruz). Stakeholder groups interviewed included county social workers working with reunification parents, legal representatives of reunifying parents, providers of reunification services, and agency managers overseeing continuing services units. Overall, there were a total of 47 social workers, 22

attorneys, 37 service providers, and 4 managers interviewed in 11 focus groups and 17 interviews. Interview questions concerned participants' role in reunification; what they considered to be working well, and not well, in their reunification services programs; issues in the environment that affected the process; and their perceptions of major hindrances to reunification. Interviews were conducted in person when that was feasible, and over the phone was it was not. Interviews were recorded using a digital recorder, and transcribed for analysis. Emerging odes were analyzed for thematic relationships, across stakeholders, counties and questions.

Quantitative Analysis

A longitudinal research design using a fixed effects regression modeling approach with bi-annual periods used as observations and controlling for county and time was used to examine the relationship between reunification approaches and outcomes of reunification and reentry. The sample consisted of counties returning completed surveys in Phase I of the study. Data on the independent variables came from the Phase I survey. Data on dependent and control variables came from publically available data on child welfare outcomes provided online by the Performance Indicator Project at U.C. Berkeley, 2012 Q2 extract.

Results

Survey

Survey results provide a glimpse of reunification practice across the state. Commonly used interventions and service delivery strategies include Parent-Child Interaction Therapy (PCIT), Family Maintenance services after reunification, Wrap-Around services, provision of concrete services, Family Team Meetings (or TDMs), formal assessments at the time of case plan development and reunification decisions, in-home services, and co-location of services. Somewhat less common but often used interventions and strategies include Parent Partner or Parent Mentor programs, Drug Courts, service combining, and service staggering. The IFRS program was relatively rare, and not a single county used the Shared Family Care program, in which a foster family hosts both the parent and the child in the home.

Other important aspects of reunification practice include transportation and contracting approaches, and perceived barriers to effective service delivery. The most common general approach to transportation in counties is to provide bus tickets or other compensation to clients. Most counties contract with providers to provide services to reunifying parents, though use of community providers without a contract was fairly common as well; agency staff infrequently provided services to parents. Inadequate funding was most often named as a substantial barrier to reunification, closely followed by the lack of adequate transportation. Lack of substance abuse treatment and mental health treatment services were the next most frequently cited barriers to reunification.

Case Studies

In this section, themes emerging from the qualitative interviews with stakeholder groups of social workers, service providers, attorneys, and managers in the four counties are presented. In general, themes were noted when comments reflecting common ideas were identified across counties and/or stakeholder groups.

Financial challenges: Multiple counties reported difficulties related to a lack of resources and budget cuts. Reductions in staff complicated the work of the social worker, and reduced the quality of service provision. Resource restrictions also have reduced service availability.

We don't have a "reunification program": Interview data suggested that stakeholders did not think of reunification as a particular programmatic effort. None of the counties articulated a defined "model" of reunification practice. Frequently, respondents would say, "we don't have a reunification services program." What they had were *continuing services units*, and workers in those units served families of different sorts – families at risk, families in family maintenance, and reunifying families. Workers referred these families to various providers in the community that often served an even broader array of families, including families not involved with child welfare.

Problems with case plans: Most stakeholders were concerned about case plans, feeling either that they were not sufficiently tailored to meet the needs of families, or that they included too many service requirements. There was a broad consensus across all stakeholder groups and all counties that the

required efforts are overwhelming and logistically daunting. In fact, a recurring concern was that putting too much on case plans was "setting parents up to fail;" that given reunifying parents' social and economic circumstances, the number of things on the case plan was *undermining* their reunification efforts. Finally, a clear indication that stakeholders feel case plans are overloaded was the recurrent refrain, "I couldn't do it." Although interviewees were often highly educated and trained professionals, they often reflected that what was asked of reunifying parents was a task they weren't confident they themselves could accomplish.

Strategies for addressing case plan problems: A number of different strategies for dealing with the problem of the number of services on case plans were discussed. A number of counties reported staggering case plan service requirements to avoid giving a parent too much to do at any one time. However, in one county, workers were concerned that attempts to stagger services would be interpreted by attorneys and the court as the agency's failure to meet reasonable efforts responsibilities. A second strategy for dealing with the number of services on case plans was co-locating or combining services. Residential drug treatment services were popular with social workers because many of these incorporated other services into the treatment or on the location, such as parent treatment, anger management, or counseling.

Other promising interventions: Other interventions that were often mentioned as helpful included Team Decision Making or Family Team meetings, WrapAround services, and Parent Partners. In particular Parent Partners were considered to be a tremendous asset to the array of services available to reunifying parents.

Quantitative Analysis

Variables representing different approaches to reunification service delivery – Assessing, Burden-easing, Linking, and Supportive – were tested in multivariate models regarding their association with child welfare outcomes of *reunification at 18 months* and *reentry within 12 months*. None of the approaches were found to be associated with reunification, though the Assessing approach was positively

associated with reunification for low reunification rate county periods. Burden-easing and Supportive variable were found to be associated with reduced reentry rates.

Discussion

Looking across findings from the three stages of the study, a set of primary issues emerges. First, funding problems are causing tremendous stress on the system. Staffing cuts limited the amount of time workers could spend with families, reducing the quality of the case work and intensifying the stress on workers. Fewer services were available in the community, and waiting lists and reduced time for clients in services were problematic. Funding limitations and lack of service availability were reported to be primary barriers to reunification.

Second, current practice in case plan development combined with legal time constraints create significant hurdles for reunifying parents. Stakeholders repeatedly stressed concerns about the number of services reunifying parents had to comply with on their case plans, and the logistical hurdles they had to overcome to access those services. Survey data also supported the notion that logistical challenges were problematic, as transportation was identified by survey respondents as a primary barrier to reunification. Additionally, reunifying parents were described by interviewees as suffering from long-term, serious social and emotional problems that were in themselves overwhelming. In fact stakeholders considered the numerous and complex problems of reunifying parents one of the main hindrances to their ability to reunify.

A sort of "perfect storm" is created when these extraordinary difficulties bump up against the intensive demands of reunification case plans, and the timelines tightened by ASFA and California legislation. When funding troubles are factored in to the understanding of what reunifying parents are confronting, the storm grows even more serious, as these troubled parents are attempting their challenging task in an environment in which case workers have a reduced ability to help them, services are less available, and funding to pay for services is limited or non-existent. Given this, it is somewhat surprising that the various reunification approaches, particularly the burden-easing approach, did not appear to have an effect on the likelihood of reunification. On the other hand, findings suggest that using a high number

of Burden-easing interventions in reunification services programs reduces the likelihood of *re-entry*. It may be that when parents' energies are less burdened with the logistical challenge of accessing multiple services, they may have more energy and time left to absorb information from the services they do use, as several stakeholders suggested; thus, when they reunify, those placements are more "sturdy" and less likely to result in re-entry.

Lastly, no fully conceptualized models of reunification service delivery were identified, but the need for such models is great. The high level of needs exhibited by parents, the degree to which their social and economic problems are likely to hamper their ability to access services, the tendency for child welfare case plans to consist of long lists of service "tasks" to complete, the logistical challenge involved in accessing such a set of services for impoverished parents in counties with limited public transportation, together suggest a new approach is needed. If our goal is to increase reunifications, and to increase the percentage of those reunifications that last, an approach that provides intensive, integrated, comprehensive supports and reduces logistical hindrances to accessing services, is critically needed.

Policy and Practice Implications

Study findings suggest a number of implications for policy, practice and education. Suggestions for reducing the stress and workload for workers include changing caseload accounting to focus on number of families or parents, rather than number of children; and providing trainings for attorneys, the court, and social workers to clarify the need for simplified or staggered case plans, and assist workers' to effectively justify this strategy to parties at court. Suggestions for enhancing partnership with parents include ensuring the development by workers of tailored case plans (perhaps using TDMs or checklists as tools to facilitate this), and expanding the universally admired Parent Partner programs. Suggestions for re-conceptualizing "reunification services" included developing funding avenues for implementing specialized reunification service programs, focusing service units on the specific work of reunification, co-locating services based on logistical and clinical considerations, and holding service coordination meetings for relevant providers and other stakeholders.

B. INTRODUCTION / LITERATURE REVIEW

With the Adoption Assistance and Child Welfare Act of 1980, family reunification was identified as one of the primary goals of the child protective services system, and public child welfare agencies were required to make "reasonable efforts" to help families reunify. While the emphasis in recent decades has shifted to focus on children's need for timely permanence, the responsibility of child welfare agencies to provide reunification services remains; in fact, reunification remains the most common outcome for the majority of children placed in foster care (Akin, 2011; CWIG, 2006; Wulcyzn, 2004). Public child welfare agencies meet their "reasonable efforts" requirements usually by providing services or referrals to services, such as counseling or drug treatment (Bean, 2005; Kaiser, 2009). These reunification services are the key means by which families' problems are expected to be resolved and families reunified (CWIG, 2006).

However, only about half of parents succeed in their reunification efforts (Wulcyzn, 2004). According to a recent published report assessing state performance on federal child welfare outcomes, the median percentage of children reunified within 12 months from removal was just over 40% (Childrens Bureau, n.d.). The most recent data from California shows a similar 12 month reunification rate, increasing to about 60% by 24 months and then leveling off (Needell et al., 2012). Additionally, about 10% children who have been reunified return to foster care due to subsequent allegations or instances of maltreatment within 12 months (Needell et al., 2012).

Improving the reunification rate is an important goal of the child welfare system, and states are required to report their progress on this outcome, as well as others, to the federal government through the Child and Family Service Review reporting system (Childrens Bureau, n.d.). Stakeholders believe that services play an important role in reunification: A qualitative study of social worker perceptions in cases involving domestic violence found that respondents identified parents' engagement and participation in services as a "major component" in successful reunification (Cole & Caron, 2010); and in final reports submitted by states for the first round of the federal Child and Family Service Review process, at least 10

states reported that the availability and coordination of services were "factors important to the achievement of reunification" (CWIG, 2006, p. 4). Presumably then, improving the reunification rate involves improving reunification services, and/or improving the delivery of reunification services, since these are the aspects of the reunification process over which a child welfare agency has some control.

Despite the fundamental role of services and service use in reunification, there is surprisingly little empirical research on the topic, as many have noted (Alpert, 2005; Lewandowski & Pierce, 2004; Maluccio & Ainsworth, 2003; Miller, Fisher, Fetrow, & Jordan, 2006; Smith, 2003; Wulcyzn, 2004). However, an increasing number of researchers are turning their attention to the issue. Studies have focused on parents with substance use problems and, for the most part, have found that parents' use of treatment services targeted at this problem has facilitated reunification. Greater time in substance abuse treatment (Green, Rockhill, & Furrer, 2007) and substance abuse treatment completion or compliance (Green et al., 2007; Grella et al., 2009; Smith, 2003) have been found to increase the likelihood of reunification for substance abusing reunifying parents. Additionally, the receipt of other services beyond substance abuse treatment may be important for families with substance abuse issues: substance-abusing mothers with a mental health, family counseling, or housing need were more likely to reunify if they received services targeting that need (Choi & Ryan, 2007).

A few studies have considered the effect of other kinds of services on reunification. A study that examined an intensive, interactive, experiential parenting program found that families receiving the program had a higher reunification rate than the comparison group of families not receiving the program (Brook, McDonald, & Yan, 2012); another study found full participation in parent training classes and counseling increased the likelihood of reunification for parents (D'Andrade & Nguyen, unpublished manuscript).

Overall, the weight of evidence suggests use of treatment services is important for reunifying parents. Critical to consider then is what facilitates parents' use of these services. A body of work on social service use suggests that individual, program, worker, and community characteristics all affect clients' use of services (Daro et al., 2007; Littell, Alexander, & Reynolds, 2001; Littell & Tajima, 2000;

McCurdy & Daro, 2001). However, this literature discusses service use in the context of a single service type; influences may be different in the unique context of child welfare reunification.

In the case of reunification, parents are asked to engage with a variety of service types offered by an array of different providers. "Case plans typically require that parents complete substance abuse treatment, attend parenting classes, consistently attend visitations, meet with caseworkers, complete job training if needed, and have safe and stable housing" (Stromwall et al., 2008, p.99). Case plan requirements for an intensive reunification program treating substance using clients included substance abuse treatment, employment services, case management, parent training, domestic violence counseling, family therapy, and trauma counseling, for a total of 22-26 hours per week of service use (Brook & McDonald, 2007). Another recent study examining reunification case plan requirements in one California county found that parents were ordered to receive an average of 7 different services on their reunification case plans, some of which required attendance multiple times per week. To fully comply with the case plan, the average parent would need to attend almost 8 service events per week (D'Andrade & Chambers, 2012). Understanding what affects service use in this context – in which multiple services are required, and often multiple providers are involved - is a critical and unexplored question in the reunification literature (Brook et al., 2012; Smithgall, DeCoursey, Yang, & Haseltine, 2012).

Complicating the situation is the reality that reunifying parents struggle with many life problems. Studies of this population find rates of substance use between 36% and 79% (Besinger, Garland, Litrowik, & Landsverk, 1999; D'Andrade & Chambers, 2012; Marcenko et al., 2011; Wells & Shafran, 2005); rates of domestic violence between 30- 40% (D'Andrade & Chambers, 2012; Marcenko et al., 2011); and rates of mental health problems at about 25% (D'Andrade & Chambers, 2012; Wells & Shafran, 2005). Many reunifying families are poor: one study found that just over 80% of a sample of reunifying parents were living in extreme poverty [at less than half the poverty level] (Wells & Shafran, 2005); another study of reunifying mothers found almost half had no income (Choi & Ryan, 2007). Housing difficulties (Choi & Ryan, 2007; Courtney et al., 2004; D'Andrade & Chambers, 2012) and

incarceration (D'Andrade & Valdez, 2012; Ross, Khashu & Wamsley, 2004) are also common among reunifying parents.

A variety of delivery 'models' or approaches might be used to organize how public agencies deliver reunification services to facilitate service use in this context. Given reunifying parents' many problems, and the numerous requirements on their case plans, service delivery models that make accessing services easier, by using strategies such as service co-location or service integration, may be more effective at facilitating reunification than service delivery models that do not attempt to do this. In spite of the potential for service delivery models to affect parents' access and use of services, and thus reunification, there is surprisingly little research considering the topic. A study by Westat & Chapin Hall for the U.S. Department of Health and Human Services took an important step by examining 25 states, and identifying both specific components of reunification services programs as well as special reunification programs that agencies were using to facilitate reunification. First, it must be noted that they state the following: "…There is a lack of well known, well articulated models of reunification practice that have been implemented in large scale and no single program model has captured the attention of the field as a whole" (2001, 4-7). As Fred Wulczyn states, "…Over the past 20 years, little progress has been made in defining and implementing meaningful reunification programs" (2004).

However, some reunification services programs, and program components, have been identified. Programs identified in the Westat/Chapin Hall (2001) report included drug court, residential treatment programs that incorporate additional services for substance abusers, wrap-around services, community-based models, and family preservation intensive in-home services. In California, the Linkages programs increases coordination between CalWORKs and child welfare reunification services (Reed & Karpilow, 2009). *Components* of reunification services programs that have been identified include family conferencing, intensive visitation, and foster parent mentoring, cultural sensitivity, and aftercare services (Westat & Chapin Hall, 2001; Wulczyn, 2004). The Westat/Chapin Hall study also articulated a set of *dimensions* upon which reunification services programs varied; for instance, programs varied in their intensiveness, program theory, use of community resources, target groups, use of foster parents, time

point of emphasis, use of concurrent planning, auspices (public agency or private contractors), and use of various program components (Westat/Chapin Hall, 2001).

Very few studies of "models" of reunification services delivery have been conducted. The several studies that exist suggest that programs of intensive, integrated services can improve reunification rates. 'Family centered' services -- in which workers had caseloads of 12 families, held regular and frequent team meetings, and encouraged the family to be active participants in reunification process (Lewandowski & Pierce, 2004) -- and in-home, intensive services (the "Homebuilder" model) (Fraser, Walton, Lewis, Pecora, & Walton, 1996) have both been found to be associated with an increased likelihood of reunification. In another study, substance-abusing mothers receiving substance abuse treatment services in programs that also provided a high level of "family-related" or "educational/employment" services were more likely to reunify than those receiving services in programs that provide a low level of such services (Grella et al., 2009).

Given the shorter timeframes and serious consequences for parents of failing to reunify quickly in the post-ASFA environment, there is a need for studies that can provide information regarding reunification service delivery models most likely to be effective with child welfare clients, so that parents have the best chance possible to reunify with their children. This two year, three phase study used a state-wide county survey, county outcome data, quantitative analysis, and follow-up interviews and observations in four counties to address this research gap. The purposes of the project were to 1) explore models of reunification services delivery currently in use in California; 2) determine whether any of these approaches were associated with improved reunification outcomes; and 3) provide an in-depth description and examination of promising models and/or model components.

C. RESEARCH DESIGN AND METHODS

Survey

Research design

This portion of the study used a survey design and descriptive analyses.

Sample description

The sample consisted of child welfare administrators from California counties. Of the 58 counties in California, 8 did not return a survey, and one county returned a survey but it had almost no data, leaving a total of 49 participating counties, an 85% response rate. Most respondents were Department Directors or Program Managers (n=32). A smaller percentage were Social Work Supervisors or Social Workers (n=9), while a small minority held other positions (n=6) or did not respond to the question (n=2).

Sampling procedures

A list of child welfare directors was obtained from CDSS/CalSWEC. Directors were sent an informational introductory letter from CWDA, introducing the study and urging their participation. Next, a link to the survey was emailed to all California county child welfare directors, also from CWDA, with the request to forward to the appropriate individual in the county who would best be able to answer the survey questions regarding reunification services. A series of up to three email reminders was emailed by the researcher to non-respondents over a period of several weeks.

Measures and instrumentation

The survey design and content was modeled after other surveys conducted nationally and statewide on child welfare practices. A preliminary literature review was conducted to identify known reunification services programs and components. An initial hard-copy version of the survey was drafted and given to members of the Advisory Board who provided feedback that resulted in merged sections, simplified language, reduced length, adding components, and eliminated redundancies. An on-line version of the survey was developed, using survey software with security precautions. Skip-jump mechanisms were employed to reduce respondent burden. The on-line survey was pilot tested by 5-6

individuals, including several professional members of the Advisory Board and Dr. Jill Duerr Berrick, a consultant on the study. The survey asked about interventions and services in the county's reunification services program, service delivery and organization strategies, as well as barriers to reunification. A hard copy final version of the survey in MSWord is included as Appendix A.

Data collection procedures

IRB approval was received prior to administering the survey. A link to the on-line survey was emailed to child welfare directors, who forwarded the link to the appropriate individuals within their county. Respondents completed the survey on-line. Data were downloaded into MS Excel, and transferred to SPSS for analysis.

Data analysis procedures

Analysis consisted of summary descriptive statistics to identify interventions and strategies of reunification services delivery, and various forms of cluster analysis to explore models of service delivery in counties.

Case Studies

Research design

Phase II used a qualitative case study approach, using interview and focus groups with multiple stakeholder groups within each county.

Sampling procedures

Four counties were selected based on their high usage of interventions from at least one of four "approaches" to reunification service delivery. Approaches were identified by categorizing interventions identified in the Phase I survey. The *Supportive* approach included interventions providing supportive assistance of various kinds to reunifying parents: money, peer support, gender-specific services, additional case managers, etc. The *Linking* approach included services that were strategies for connecting and coordinating services efficiently – programs to connect TANF and child welfare, liaisons, or formal opportunities for service coordination. The *Assessing* approach included assessment strategies such as using formal tools to systematize the process of assessment at different points throughout the case. The

Burden-Easing approach included services that seemed intended to make accessing reunification services easier for parents, through one-stop shopping (services provided through a package approach [ITFC] or at court), or giving reunifying clients priority for service access. Figure 1 shows the interventions/strategies included each approach. Six counties were invited to participate and four agreed to participate (Contra Costa, Orange County, Santa Clara, and Santa Cruz).

Figure 1 – *Interventions categorized by approach*

SUPPORTIVE **1. Additional after care services provided** **2. Parents' Anonymous available** **3. Parent Partner/Parent Mentor programs available.** **4. WrapAround services provided** **5. Additional case manager provided through Drug Dependency Court** **6. Family team meetings held** **7. IceBreaker meetings done by policy** 8. FM services provided as long as needed 9. Foster parent mentors available 10. Concrete services provided 11. Ethnic-specific services available 12. Gender-specific services available	LINKING **1. County has LINKAGES program** **2. Service providers attend DDC hearings** **3. Service providers coordinate efforts via DDC** **4. Service liaisons provided** 5. Service coordination (distinct from DDC and LINKAGES) occurs
ASSESSING **1. Formal needs assessment done** **2. Formal reunification assessment done** **3. Children assessed for likelihood of reunification** **4. Visitation used as assessment opportunity/Therapeutic Visitation program**	ACCESS-EASING **1. County uses Intensive Family Reunification Services** **2. Services available at Drug Dependency Court** **3. CPS clients have priority status** 4. Services are co-located 5. In-Home services are available 6. Combined services are used 7. Staggered services are used 8. Transportation to services provided when needed

Stakeholder groups to be interviewed included county social workers working with reunification parents, legal representatives of reunifying parents, providers of reunification services, and agency managers overseeing continuing services units. The process for the selection of these groups varied across the four counties. In Contra Costa county, I was given contact information for a continuing services manager and the head of the organization providing parents' attorneys, and these individuals arranged for

me to attend and conduct interviews with groups of social workers and attorneys. In Orange county, a primary contact person arranged groups of workers, service providers, and attorneys, and an interview with the continuing services manager on my behalf. In Santa Clara county, flyers were posted about the opportunity to participate in the study, and an email invitation was sent to workers to participate in a focus group on a particular date; however only two workers were interviewed through that process. So in addition, I was invited to attend two different unit meetings of reunification services workers and interviewed social workers at each. In the same county, I was given contact information for contracted reunification service providers and a continuing services manager, and I contacted these individuals and arranged individual interviews with them. I was given the contact information for the head of the organization of parents' attorneys, and this individual arranged for me to attend a regular meeting of the group of attorneys to explain the study and invite their participation at a focus group, held on a subsequent date. I also conducted an individual interview with one attorney who wasn't able to attend the focus group meeting but who wanted to share her experience and thoughts on the issue. In Santa Cruz county, I was invited to attend a unit meetings of reunification services workers and interviewed them there; I was given contact information for contracted providers of reunification services, a manager of a continuing services unit, as well as the primary attorney representing parents, and I contacted these individuals and arranged individual interviews with them.

Sample description

Four counties participated in the qualitative analysis: Contra Costa, Orange, Santa Clara, and Santa Cruz. All of these counties were fairly large and urban. Within each county, three stakeholder groups (parents' attorneys, service providers, and social workers) and one manager from each county made up the sample. Overall, there were a total of 47 social workers, 22 attorneys, 37 service providers, and 4 managers interviewed in 11 focus groups and 17 interviews. See Figure 2 for a breakdown of stakeholder groups, and number of interviewees, by county.

Figure 2 – *Stakeholder groups and interviews by county*

	Attorneys	Service Providers	Social Workers	Managers
Contra Costa	1 focus group (n=6)	2 focus groups (n=10) 1 interview (n=2)	1 focus group (n=7)	1 interview (n=1)
Orange	1 focus group (n=8)	1 focus group (n=15)	1 focus group (n=15)	1 interview (n=1)
Santa Clara	1 focus group (n=6) 1 interview (n=1)	4 interviews (n=5)	2 focus groups (n=10) 2 interviews (n=2)	1 interview (n=1)
Santa Cruz	1 interview (n=1)	4 interviews (n=5)	1 focus group (n=10)	I interview (n=1)

Measures and instrumentation

A semi-structured interview protocol was used to conduct both interviews and focus groups. Protocols for all groups were very similar, with questions concerning participants' role in reunification; what they considered to be working well, and not well, in their reunification services program; issues in the environment that affected the process; and their perceptions of major hindrances to reunification. In addition, each group was asked questions about the interventions included the reunification approach that was the basis of their county's selection into the study. In addition, some groups, and all managers, were also asked about the organizing philosophy or mission statement of the reunification program. The interview protocol is attached as Appendix B.

Data collection procedures

Procedures for identifying and connecting with stakeholder groups is detailed above. Interviews were conducted in person when that was feasible, and over the phone was it was not. A semi-structured interview protocol was used, which enabled variation in follow-up questions, but kept a clear focus on reunification services Most interviews took between 45 and 75 minutes. Interviews were recorded using a digital recorder, and transcribed for analysis.

Data analysis procedures

Data were input into NVivo, a qualitative software analysis program. A thematic analysis was conducted (Lacey & Luff, 2007), in which a priori conceptualizations were used as initial codes. Emergent themes were also coded, and a process of iterative review and revision of codes continued until

no new codes emerged and saturation was believed to have been reached. Codes were analyzed for thematic relationships, across stakeholders, counties and questions.

Quantitative Analysis

Research design

A longitudinal research design using a fixed effects regression modeling approach was used to examine the relationship between reunification approaches and outcomes. Dummy variables for county controlled for static, unique county characteristics; dummy variables for bi-annual time period controlled for time trends. County-level, time-varying covariates representing ethnicity and foster care entry rates (for reunification) and prior period reunification rates (for re-entry) were included as control variables.

Sample description

The sample consisted of counties returning completed surveys in Phase I of the study. Observations for this phase of the study consisted of bi-annual time periods, by each county over a ten and a half year period from the first half of 2001 through the first half of 2010. County periods during which fewer than 20 children entered care were not included in the analysis, due to the small denominator creating instability in the measures.

Sampling procedures

See procedures in survey section.

Measures and instrumentation

Data on the independent variables came from the Phase I survey. Data on dependent and control variables came from publically available data on child welfare outcomes provided online by the Performance Indicator Project at U.C. Berkeley, 2012 Q2 extract (see Needell et al., 2012).

Dependent variables. The *reunification* variable was the percentage of children entering care in a 6 month period (first entries to care, in care 8 or more days) who reunified with a parent within 18 months. The *re-entry* variable was the percentage of children (first entries to care, in care 8 or more days)

reunified from foster care in a 12 month period who re-entered foster care within 12 months. Re-entry rates were available in rolling years, two rates per year.

Independent variables. Each independent variable representing a reunification service delivery "approach" was a time varying variable measured two ways. First, as a count of the number of interventions or strategies in that approach category used by a county in a particular biannual period; and second, as a dichotomous variable indicating high use of the approach [use was in the top 30% of all county-periods]. For these analyses, interventions included were restricted to just those implemented by policy, upon a specific date, for the majority of clients in a jurisdiction. This are indicated in Figure 2 in bold font. Rates for dependent variables and time-varying covariates were calculated for each county bi-annual period.

Control variables. For reunification, *entry rate into care* was included in the model as a control variable. *Entry rate* was the number of children entering foster care for the first time in a one year period per 1000 children in the population. Rolling years were not available, so rates were repeated in each year to complete the biannual period dataset. For re-entry, the *reunification rate* was included in the model as a control variable. The reunification rate was the percentage of children reunifying from foster care within 12 months of entering care (first entries to care, in care 8 or more days).

Data collection procedures

Data from the U.C. Berkeley Performance Indicators Project was downloaded from the public website in Excel, and merged with the reunification approach measures from the survey data into a combined SPSS dataset.

Data analysis procedures

The analysis used a fixed effects regression model with bi-annual periods used as observations. A multivariate fixed effects model was run for each dependent variable. Two dependent variables were examined: reunification rate at 18 months, and re-entry rates at 12 months. For the model examining reunification, control variables included the percentages of children entering care during the period who were black, Latino, Asian, and Native American, as well as the rate of entry to foster care per 1000

children in the population for the period. For the model examining re-entry, control variables included percentages of children entering care during the period who were black, Latino, Asian, and Native American, as well as the 12 month reunification rate. For the analysis on re-entry, controls and IVs were lagged by one time period; re-entry rates are based on an exit cohort, thus the interventions likely to affect exits in a particular year would be those occurring in the prior year.

A number of assumptions were made in regards to survey data. If a respondent did not know whether or not the county used a particular intervention, it was assumed that the intervention was not used. If a respondent knew that the county did use an intervention but had no idea when use was initiated, that intervention was coded as being in use for the entire timespan. If respondent did not know whether or not use of an intervention was required by agency policy, it was assumed it was not. While these assumptions could be incorrect in any particular case, they are reasonable assumptions that allow a systematic and conservative approach to avoiding missing data.

D. RESULTS

Survey

Survey results provide a glimpse of reunification practice across the state. In this section I present summaries of the data, and briefly discuss the results. A detailed accounting of survey results is available as Appendix C.

Reunification Interventions

See Figure 3 for the proportion of counties using each intervention.

Parent training programs. Respondents were asked which if any of four formal parent training programs were used in the county: Parent-Child Interaction Therapy (PCIT), Nurturing Parent Program, Triple P Parenting Program, and The Incredible Years. Of the four parent training programs on the survey, Parent-Child Interaction Training was most commonly used; two-thirds of counties indicated they used this approach. For all approaches, contractors were the most common provider of these parenting classes.

Aftercare programs. Counties were asked whether they provided any services after reunification. Two aftercare options were listed on the survey: Family Maintenance services, and "other" after care service. Virtually all counties reported providing Family Maintenance services after reunification, though for varying lengths of time; the largest proportion of counties reported they were provided as long as necessary. Less than half of counties provide additional aftercare services; in most cases, these were provided by a contractor, delivered upon the child's placement in the home with the parent, and prior to the formal dismissal of the case.

Parent support programs. Counties were asked whether they used any of three possible parent support programs they provided. Parent support programs listed on the survey were Foster Parent Mentors, Parents' Anonymous, and Parent Partner/Parent Mentor programs. Only about a quarter of counties had Foster Parent Mentor programs, and less than 10% indicated a Parents' Anonymous program was available to clients. On the other hand, over half of counties reported having a Parent Partner or Parent Mentor program, although some counties noted they were just beginning their program, or had very limited availability through their existing program.

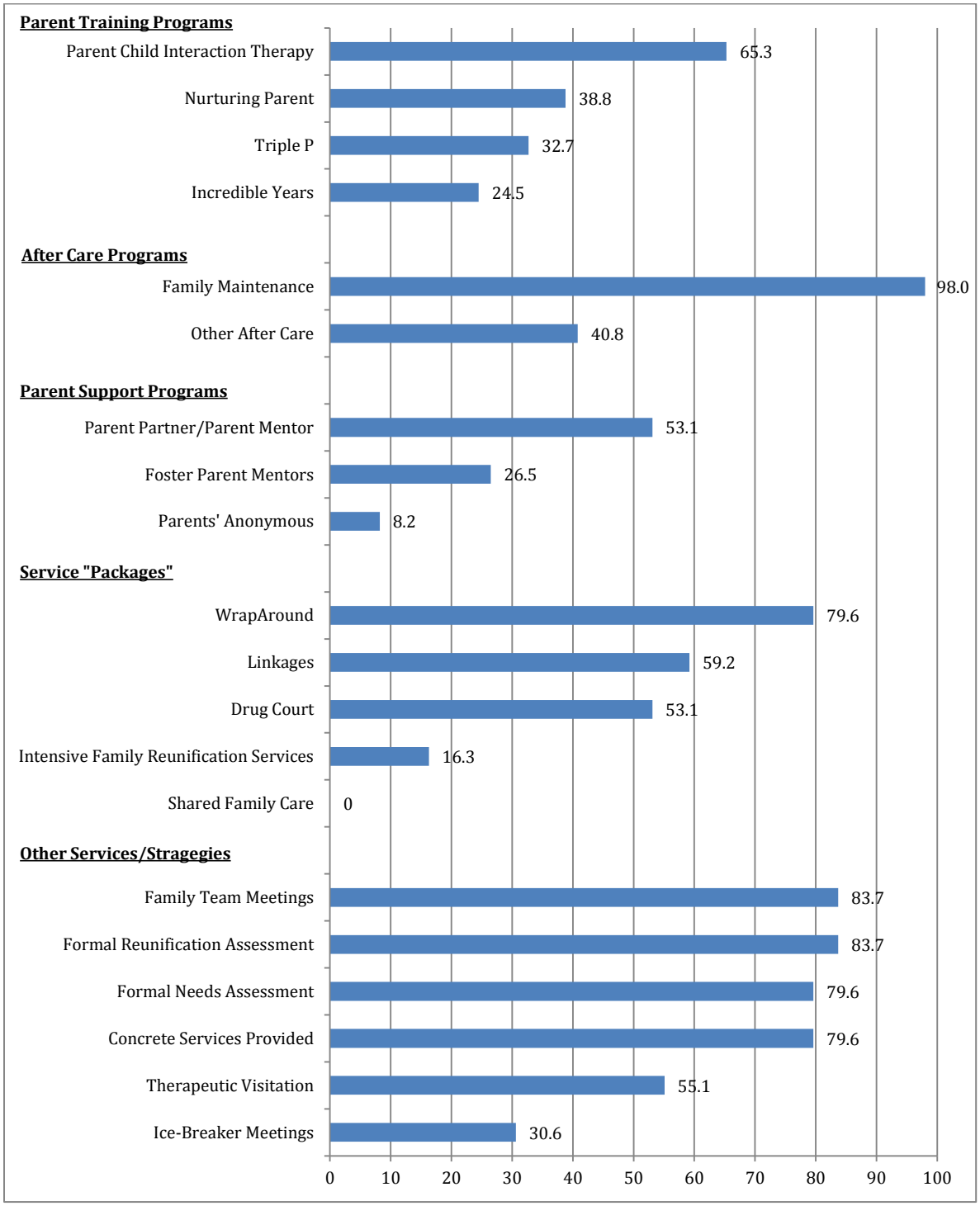
Larger-scale reunification approaches. Counties were asked whether they used any of five possible "reunification approaches." These were articulated programs for providing improved service to reunifying families either described in the research literature, or known to be in use in California counties. They included Drug Courts, Intensive Family Reunification Services (IFRS), Linkages, Shared Family Care, and Wrap-Around services. Most commonly used was Wrap-Around, with almost 80% of counties reported using these services, either throughout the reunification process or directly prior to reunification, most often provided by a contractor. Linkages was used by almost 60% of counties, for those parents with TANF as well as reunification case plan requirements. Just over half of counties reported using Drug Courts. The survey asked about various aspects of drug court implementation, as this can vary from court to court. Most drug court counties reported that service providers had an organized coordination process, a second case manager was assigned, and a single judge heard both the child welfare and the drug court case. The IFRS program was relatively rare – only 8 counties reported using this program. Not a single

county used the Shared Family Care program, in which a foster family hosts both the parent and the child in the home.

Other reunification services. Additional reunification services listed on the survey included Family Team Meetings and/or Team Decision Making meetings (meetings in which extended family members and community support figures are invited to participate in case planning and placement decision-making), formal reunification assessment (assessment of family readiness for reunification is done using structured validated assessment instruments), formal needs assessment (assessment of clients' treatment needs is done during case plan development using structured validated assessment instruments), provision of concrete services (transportation, cash assistance, clothes, food, household repairs, or other direct tangible assistance), use of Therapeutic Visitation (a program in which parent-child visits are used as part of the on-going assessment and treatment process toward family reunification), and Ice Breaker meetings (a structured meeting between foster and birth families shortly after a child is placed in out-of-home care to encourage positive partnership between families).

Many of the services listed in the section were used by almost all counties. About 80% of counties reported providing some level of *concrete services* to reunifying parents, with transportation, food, and clothing most commonly provided. About the same percentage reported offering *Family Team Meetings* (or TDMs). Most counties reported using these at placement decisions, with a somewhat smaller percentage – about half of counties using FTMs – reporting using them throughout reunification, or at case plan development. When asked whether parents or the agency held the primary responsibility for decision-making in these meetings, counties were split: just over a third reported the agency was the primary decision-maker with family input, and the same proportion reporting decision-making responsibility was split 50/50 between the family and the agency. A slightly smaller percentage reported the family was the primary decision-maker, with agency input.

Figure 3 - *Proportion of counties using reunification interventions*



About 80% of counties reported using both assessment strategies. Most reported these were done by agency staff via formal policy, and in comments on the survey many counties described using SDM

tools provided by CRC for these assessments. About half of the counties reported using Therapeutic Visitation, and less than a third reported using "Ice Breaker" meetings between foster care providers and birth parents. Therapeutic visitation was most often done at worker discretion rather than by agency policy, while Ice Breaker meetings, when held, were more often ordered by agency policy (see Figure 3 for the proportion of counties using each intervention).

Delivery and Organization Strategies

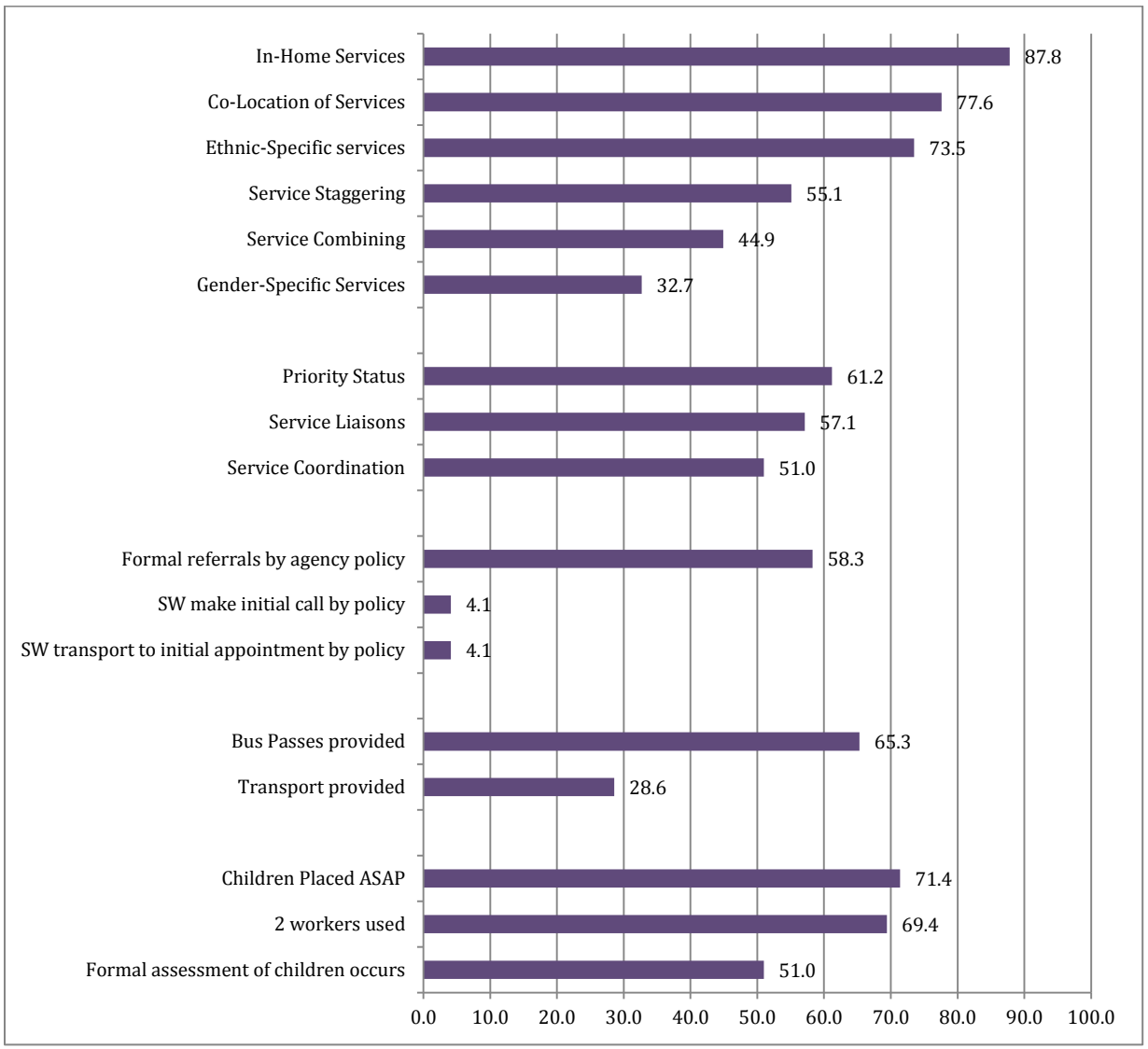
Counties were asked about ways in which they delivered reunification services to clients. For most of the strategies below, Figure 4 shows the proportion of counties using each.

Service delivery strategies. A variety of strategies for easing the process of accessing services, or for providing services tailored to demographic characteristics of clients, were on the survey. Most commonly used delivery strategies that could ease service access were in-home services, and co-location of services, almost 90% of counties reporting they provided in-home services, and over three-quarters reporting some services were co-located. Service combining and staggering were less common; a little over half of counties reported staggering services, and 45% reported combining services. In terms of demographically-tailored services, there was a much greater tendency for counties to provide ethnic sensitive services (almost three-quarters of counties did so) than to provide gender-specific services (only about 30% did so). Services most likely to be provided in an ethno-centric way were counseling and parenting programs; services most likely to be gender-specific were counseling, outpatient drug treatment, and domestic violence "victim" treatment programs.

Coordination and Organization Strategies. The survey inquired about the use strategies to coordinate and organize services. These included granting reunifying parents priority status when accessing services, service liaisons (agency liaisons are appointed to service providers as a point of contact, for channeling referrals, resolving concerns, and/or facilitating communication between agency and provider), and service coordination (a formal committee or other meeting structure between providers/contractors and the agency to coordinate reunification services and/or review service delivery issues). About 60% of counties reported that their reunifying child welfare clients were given priority for

services, though most of these counties reported this was not a formal policy. Slightly fewer reported the use of county liaisons to connect with service providers, and half of these reported this was a formal county policy. About half of counties reported that a service coordination system existed in the county.

Figure 4 - *Proportion of counties using delivery and organization strategies*



Caseload. Several questions on the survey related to caseload. The survey asked whether caseload were assigned to workers by *families* or by *children* – that is, whether a social worker is assigned a certain number of children on her caseload, or a certain number of families or parents. Survey results

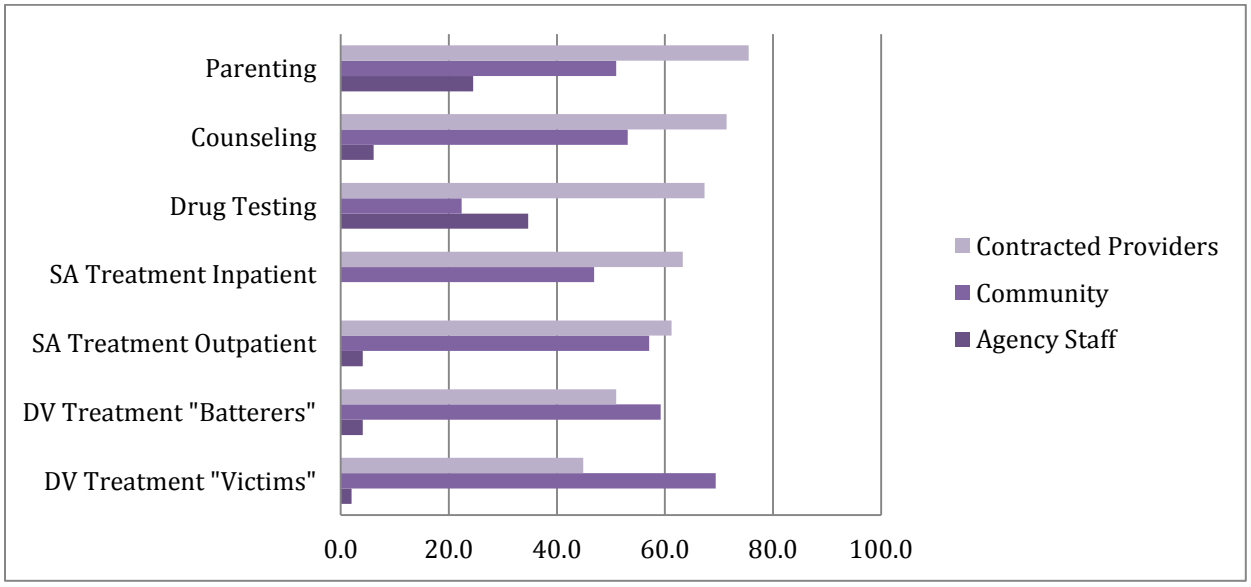
suggest that in California, it is much more common for caseloads to be assigned to social workers by number of children: three quarters of the responding counties organized caseloads in this way. On average, workers have 25 children on a caseload, with a range from 16 to 40. When caseloads are assigned by family, social workers typically have 18 families on a caseload, with a range from 14 to 23.

Concurrent planning. Concurrent planning is mandated by state law, but the wording of the law allows for considerable variation in practice. A number of aspects of concurrent planning practice upon which counties might vary were included on the survey: 1) whether children are assessed for their likelihood of reunification upon their entry to care, for purposes of determining the appropriateness of a concurrent placement; 2) whether counties have a formal process to identify caregivers who are appropriate and/or interested in providing concurrent placements; 3) whether counties assign a second worker, an adoption worker, when a child is placed in a concurrent home; and 4) whether counties attempt to place a child in a concurrent home as soon as possible, as opposed to waiting until it appears likely the parent will fail in their reunification efforts. Results suggest that about half of counties formally assess children for the likelihood of reunification; about half of counties have a formal process to identify concurrent caregivers; almost 70% of counties report that they assign a second worker to children in concurrent homes; and almost three quarters of counties reported that they placed a child into a concurrent home as soon as possible.

Referral and transportation processes. Counties were asked whether workers made formal referrals to services on behalf of clients, whether workers called providers themselves for the initial appointment, whether they transported clients to the initial appointments, and the most common approach to assisting clients with transportation. Virtually all counties report making formal referrals to services on behalf of clients, and about 60% do so by agency policy. About 80% of counties report that case managers do sometimes make calls on behalf of clients, though this is almost always at workers' discretion. Similarly, in most counties workers do on occasion transport clients to their initial appointment, but almost always at workers' discretion. The most common general approach transportation in counties is to provide bus tickets or other compensation to clients.

Contracting. For each service type, counties were asked whether services were provided by agency staff, contracted providers, or community providers (not contracted). In California, it appears most counties contract with providers to provide services to reunifying parents, though use of community providers without a contract was fairly common as well. The two services for which agency staff are used with some frequency is the provision of parenting classes (almost one quarter of counties) and drug testing (about one third of counties). For no services, however, were agency staff the most common provider. For domestic violence services, community providers were used by more counties than contracted providers. For all other services, contracted providers were used by most counties. Many counties used a combination of contracted and community providers to delivery services to reunifying parents (see Figure 5)

Figure 5. *Rates of use of contracted providers, community providers, and agency staff, by service type*

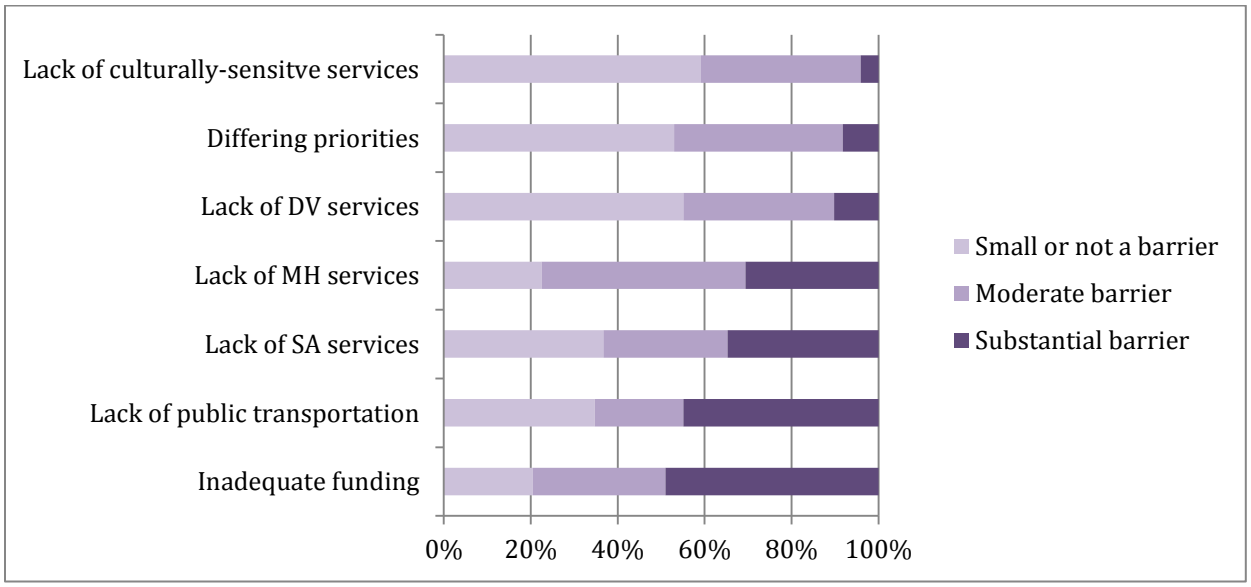


Barriers

Respondents were asked to what degree they considered a series of factors to be barriers to the effective delivery of reunification services. Factors included lack of adequate public transportation, lack of various kinds of services, lack of consideration of cultural issues in service delivery, inadequate

funding, and differing priorities between different types of services systems. Inadequate funding was most often named as a substantial barrier, closely followed by the lack of adequate transportation. Lack of substance abuse treatment and mental health treatment services were the next most often named as substantial barriers to reunification (see Figure 6). If "moderate" and "substantial" barrier categories are combined, the second greatest hindrance to reunification was the lack of mental health services.

Figure 6. *Barriers to effective reunification service delivery*.



Case Studies

In this section, themes emerging from the qualitative interviews with stakeholder groups of social workers, service providers, attorneys, and managers in the four counties are presented. In general, themes were noted when comments reflecting common ideas were identified across counties and/or stakeholder groups. Selected comments of interviewees are provided to help illustrate the themes..

Financial Challenges

Multiple counties reported difficulties related to a lack of resources and budget cuts. These had reverberating consequences, and affecting their reunification services programs.

Staffing cuts – "You're fighting for good practice"

In several counties, stakeholders described dramatic reductions in staff, instances in which a department staffed by three units was reduced to two, or social worker numbers reduced by one third. This complicated and made more difficult the work of the social worker; as one worker put it, "This group of people does the impossible every day" (SW, Santa Cruz). Two service providers in one county described the results of this budget tightening as requiring them to do the work of several people: "I have like six jobs and no money to get more staff," complained one service provider in Santa Cruz; "I'm doing like three jobs right now!" said another.

According to stakeholders, one consequence of this crunch was a reduction in the quality of services social workers were able to provide.

> Well, I think a lot of us - we're all just so overworked that nobody really has enough time to spend with clients to assess them accurately and fully and support them the way they need to be supported. I just think we just don't have enough time. The attorneys don't have enough time, the Parent Partners don't have enough time, nobody has enough time (Social worker, Contra Costa).

> Either something's blowing up, or something's happening …but you know, there's always other stuff going on, and I think because of the way the caseload is, and the volume of work, it's just hard to - you're fighting for good practice (Social worker, Santa Cruz).

Another serious result of the staffing cuts and workload increase is the stress felt by remaining social work staff. Interestingly, this was most often voiced by stakeholders other than social workers, who were witnessing the effects of the stress.

> A lot of them (social workers) are burning out and going on medical leave (Attorney, Contra Costa).

> Everybody's is super stretched - I mean this fiscal year has been the hardest in my 12 years here, and it ain't getting prettier …It sounds like it's going to get worse before it gets any better. And I don't know how much longer …. Santa Cruz is going to put their employees under this kind of burden (Service provider, Santa Cruz).

Reductions in service availability

Another effect of resource restriction has been a reduction in service availability. Transportation, in the form of both bus passes and aides to transport clients; the number of services available in the

community; and the intensity of those services have all been lessened. Stakeholders across several counties described the situation, and the challenges that such restrictions created.

> Yeh, and the problem is the agency -- there's just not enough because of funding cuts, there's not enough services to provide all the parents who are ordered to do the services. There are wait lists – my understanding is that perinatal has wait lists, therapy has wait lists, especially Spanish speaking therapists (Attorney, Orange).

> What we know about treatment is that longer is better and the reality is, is that since I've gotten this job, it's consistently shrunken, and shrunken, and shrunken, so that …the (treatment) program that might have been a year long when I started, is now 60 days long (Service provider, Santa Cruz).

Concerns specific to Contra Costa

Clients have to pay for services. In one county, budget constraints have reached the level that the county no longer pays for treatment services for reunifying parents, or facilitates reunification more frequently than two times a month for the first three months of the reunification time period. All stakeholder groups in this county expressed frustration and concern about the situation. As one service provider in the county pointed out, requiring clients to pay for services puts impoverished reunifying parents in a particularly tight bind: they lose eligibility for the resources they might have used to pay for treatment services – TANF dollars and MediCal – once their children have been removed.

> And that's another huge thing. … once we remove these children, the mother and father no longer have income, they no longer have medical benefits, because with the kids goes the CALWORKS, goes the Medi-Cal. Now we're expecting the parent who has no income, no medical insurance, nothing, to be able to pay for these services (Service provider, Contra Costa).

The difficulty in finding services when the parent had no Medi-Cal funding was reiterated by numerous stakeholders. And when free or very low-cost servicers *could* be found, attorneys in this county voiced concerns about the quality of those less expensive services.

Visitation limited. Many stakeholders in this county are concerned about the effects of funding reductions on visitation between reunifying parents and their children. Currently, the standard order is one hour twice a month, and transportation assistance is provided for these visits as necessary for three months. After that, as one social worker says, "We're kind of on our own," to figure out a way to make

visitation happen. All stakeholder groups in the county voiced concerns about this limited amount of visitation.

The silver lining. Interestingly, this absence of funding for reunification services appears to have a silver lining: a willingness to think more creatively about what constitutes a reunification "service," and a clearer focus on parents' progress in resolving their problems, rather than compliance with a particular service.

> We're also, because of our budget unfortunately, not being able to pay for services like we have in the past. We are also trying to embrace what we call non-traditional services. So looking at again engaging that family and saying, 'What in your community, in your family, gives you strength, encourages you, motivates you, inspires you? Give me a list of things and let's talk about that and see what you can get involved in that's going to help you make the changes that you need to so your child can come home.' So that's another thing we're moving toward (Manager).

> …We've had to come up with some really creative ways with looking at case plans individualized, because one parent may be able to afford fifteen dollars a week for whatever class and this parent can't afford anything. So how are we going to get services met? Find the free services. Maybe the only therapy they can afford is at their church with their pastor. In the past we frowned upon the faith based community. Now it's getting larger. … So …what was started out to be really bad has really helped the families that we work with, I think, as far as looking at their case plan (Service provider).

This excerpt from a focus group of social workers in the county is also illustrative:

Social Worker 1:	I mean, it's situations where I come across Spanish speaking couples that are very religious and they're very consistent with whatever church they go with. Oh my god, 'Yes - can I have the pastor's number and name?' and I will call, 'Do you guys offer couples counseling, or do you have like couples classes? Do you do retreats?' Whatever it takes - because if they do it and he can give me the paperwork, I approve it.
Interviewer:	*Right. So it's thinking sort-of 'out of the box' -*
Social Worker 2:	That's right -
Social Worker 3:	All the time.
Social Worker 4:	What box?
Social Worker 3:	Exactly.

We don't have a "reunification program"

At the outset of the study, I was interested in something I had conceptualized as "models of reunification practice" – defined, organized, conceptual approaches to serving reunifying families. One of the questions on the interview protocol that I originally intended to ask all stakeholder groups, was about the "mission" of their reunification services program. The question on the interview protocol was as follows:

> "*Tell me a bit about your reunification services program. First, does it have an organizing philosophy, a formal mission statement, anything like this? If yes, what is it? Can you tell me about it? If not - if you had to invent this statement, what would you come up with?*"

I asked the question of all four county managers, and initially to other stakeholders; however, I soon stopped asking any stakeholder groups but managers, as most interviewees were either unable to respond, or seemed confused by the question. I got mystified looks, and explanations that there was no "reunification program" per se; instead, workers worked in "continuing services units" with families at risk of removal and families receiving in-home services, as well as reunifying families. Similarly, providers served a variety of clients, not just reunifying parents. I continued to ask the question of managers, thinking that these individuals might conceptualize reunification as some kind of bounded program, with goals and strategies specific to reunification. However, for the most part here as well, responses suggested that managers themselves did not think of reunification as a particular programmatic effort.

None of the counties articulated a defined "model" of reunification practice. Most interviewees responded to the questions by offering general tenants of good child welfare practice, relevant across all kinds of work units – they said they focused on partnering with families, or on ensuring the safety of children, or something to this effect.

> Well, I don't think it's formal. Children and Family Services in general has a mission about partnering with families, that they're capable and able to care for their families, and that we partner with them to help accomplish that. In terms of reunification, there is a general belief in how we approach the work that families can be successful and can reunify. And that we really want them (children) to be with relatives whenever possible if they can't be with their parents.

> It's not really written (Manager).

In one county, the manager simply referred to the legal framework providing the context for reunification.

> It's interesting to talk about it that way because it's, you know, basically under state and federal laws and guidelines about how services are delivered. And the timelines under which people are bound … what service component … family maintenance, family reunification. So it's very much prescribed and sort of dictated what that looks like…

In contrast, another manager had given the issue a good amount of thought, and bemoaned the lack of strategic and focused attention to the issue in her county. Interestingly, she felt the System Improvement Plan (SIP) process - in which a particular goal relevant to a child welfare outcome like reunification is identified, strategies are outlined to attain it, and progress toward the goal is tracked over time – was a strong step in the right direction.

> (I'd like to) say, 'This is where we're going, this is the map, and this is how we get there, but I would say that's a weakness in our department, …(that we don't) have it that well thought out and planned…. The system improvement planning … has caused us to kind of have to sit down and say okay, where are we going? Let's memorialize it, let's document it, and set up some strategies for getting there.

In fact, even the word "program" was problematic. Frequently, respondents would say, "we don't have a reunification services program." What they had were *continuing services units*, and workers in those units served families of different sorts –families at risk, families in family maintenance, and reunifying families. Workers referred these families to various providers in the community that themselves served sometimes an even broader array of families, including families not involved with child welfare.

Problems with case plans

A third theme that emerged related to case plan content. Most stakeholders were concerned about case plans, feeling either that they were not sufficiently tailored to meet the needs of families, or they included too many service requirements.

Not adequately tailored

Concerns about case plans not being tailored enough arose in three of the four counties, and across all stakeholder groups. Although one interviewee said she liked the standardization of case plans, as it meant she knew what to expect on behalf of her clients, all other comments reflected a high value placed on individualizing case plans to meet the specific and particular needs of a parent:

> I think when we really personalize it and when clients have the chance to -- when a plan reflects their voice and their own customized need -- it's so much more likely to be successful -- because you're going to engage in something you helped develop in a way that you're not going to engage necessarily in something that somebody (else has) written and handed to you, based on their perception of your strengths and needs (Manager, Santa Cruz).

However, across three counties and all groups, many stakeholders voiced concerns that this tailoring was not occurring frequently enough. A typical comment:

> (We should be) personalizing services instead of: 'Here's this parenting class, there's three of them, you go for two hours and you get your certificate and you're good.' You know, I don't know how many times I've heard parents say, 'You know what, that was just a waste of my time' (Service provider, Orange).

Case plans require Herculean efforts

I went into this study concerned about the number of services parents are required to complete as part of their reunification case plans. I developed this concern based upon the results of a prior study in a single county, part of which involved describing the contents of parents' case plans (D'Andrade, 2008). Parents were asked to do an average of over 8 service elements per week, when the number of weekly required attendance was taken into account. When parents were split into those who had substance abuse problems and those who did not, it could be seen that parents with substance abuse problems (the majority of clients) were required to attend over 10 service elements per week, while parents without substance abuse problems were required to attend just over 4 service elements per week. Additionally, the more treatment problems and life challenges parents had, the more services they were required to attend (D'Andrade and Chambers, 2012). To me this seemed excessively burdensome, but it also seemed possible that either this was a lone county, requiring this level of activity from reunifying parents, or it

may be that parents are able to attend services at this rate, and whatever may hinder reunification has little to do with any difficulty related to the amount of things parents are asked to do.

The purpose of this study was not to study "service burden," and no questions on the interview protocol specifically asked about the issue. However, it arose again and again, in response to questions such as "*What's not working well in your reunification services program? What should be different about it*?" "*What do you see as the major hindrance to parents' reunifying in your county*?" and "*If I really want to understand about reunification services in your county, is there anything else I should know*?" There was a broad consensus, across all stakeholder groups and all counties, that the required efforts are overwhelming and logistically daunting. In the words of one interviewee, what is asked of reunifying parents is "Herculean" (Attorney, Santa Clara).

The concerns about the number of requirements fell into two camps. One common theme around this concern was that what was asked of clients was simply overwhelming:

> When they're out, and they're trying to go over here for parenting class and over there for therapy and somewhere else for, you know, domestic violence or something else - it can be overwhelming in terms of the number (of services to attend) (Attorney, Contra Costa).

Parents' attorneys often voiced their concern on this issue with the greatest emphasis:

> Because they'll have a case plan that goes on for two and a half pages. Seriously. My client is living under a bridge riding a bike sometimes, when they can find one. And here's all this stuff they're supposed to do. So I just put it to the judge, and I list: 'Well, okay, they have to do this, and then they have this twice a week, they have this thing. Your honor, by my count they have twenty-seven things they have to do every week' (Attorney, Santa Clara).

Other stakeholders described the concern based simply on the logistical challenge involved for any individual to access multiple services weekly. One service provider illustrated the challenges by imagining herself trying to accomplish the same things clients are asked to do:

> …Look at somebody who has 40 hours. I have 40 hours in my workweek theoretically …If I had to go to a therapist's office – (if) I had to go three therapists' offices - one for that child, one for that child, one for myself - and I had to go to the classes (and those are two times a week) and then I have to check with the PO of course – well, there isn't enough time in the day (Service provider, Orange).

One critical aspect of the logistical challenge relates to how most clients get around, which is by bus. The difficulty involved in using this form of transportation in the context of reunification came up repeatedly.

> I can't imagine going to like four classes, visiting your kids, dealing with depression because of being away from them, and doing it all on the bus (Attorney, Santa Clara).

> I think a lot of the time … the number of services the parents are being required to do can be very problematic because lots of our clients don't have transportation. They're given bus passes and then told, 'You gotta go to 6 classes a week and then drug testing on top of that,'- so they're literally spending half their week getting on fifteen different buses to go from one place to another (Attorney, Orange).

A second critical complication related to the logistical hurdle occurs when the reunifying parent is employed. When a reunifying parent works, complying with the case plan is made more difficult by the need to accommodate a work schedule – and yet of course, income from employment is critical if a client hopes to obtain or maintain a home, almost always a requirement for reunification. However, in at least one case, a worker explained that it behooves a parent to not attend as strongly to work requirements compared to case plan requirements, if they wish to reunify with their children.

> …To be honest, the families who don't make the case plan the priority, and (instead) make the work a priority - it tends to not be positive on the reunification side, because they are not making the progress they need to make.

This worker goes on to voice her belief that employment is not really necessary for many reunifying parents.

> Many of them have families that they're living with, or they live in THUs … so it's not like they have to work … when they're in the system and their kids are in foster care, they don't really need to provide for their kids, right? So they don't really need to work at this point in reunification (Social worker, Santa Clara).

This view seemed to be a minority perspective; most comments reflected stakeholders' acknowledgement of the dilemma confronting employed reunifying parents, and the challenge for social workers of arranging case plans around this schedule.

> (Parents have) to be 5 different places during the day – 'How am I supposed to get a job? How am I supposed to be able to support my family if I've got to be over here, over here, over here, over here, over here? How am I supposed to do that? (Service provider, Santa Cruz).

> A lot of them (reunifying parents) work 2-3 jobs, so it's working with their schedule. You know, we want them to have a roof over their heads, but …. they're not getting home til 8 o'clock at night. How do we do a visit if they're working 3 jobs? (Social worker, Santa Cruz).

A last component of the logistical challenge has to do with *service availability*. While concerns about the issue were heightened in the county that no longer paid for services, stakeholders across all groups, and all counties, reported challenges with the availability of reunification services. Either services didn't exist for parents with particular characteristics – parents of older children, parents who were monolingual Spanish speaking, or fathers, for instance – or there were service delays and wait lists, or services were only available in one part of the county, causing transportation problems.

> The social workers give them all a big packet - 'Here, find your services.' That's nice, well, we have clients all the time calling, 'All of them are expired, their numbers aren't valid anymore, the program doesn't exist, I'm on the waiting list, they cost too much money' (Attorney, Orange).

> …We don't have programs out here where a father can take his child and go into treatment. We have five programs in this county for women and children. We don't have any for fathers. And when fathers do go into their treatment programs and come out, then housing becomes an issue for them. It's hard to get a mom in housing – it's ten times harder to get a dad in housing (Service provider, Contra Costa).

Workers voiced considerable frustration about the issue. They described clients who suffered as they waited weeks for mental health treatment, addicts having a "moment of willingness" but there being no services available during that crucial time, or parents who showed up for the first session of a parenting class only to be told the class would be cancelled (not to be offered again for weeks) because not enough other parents showed up. One worker went back to court to revise a case plan developed by a previous worker because the ordered services were not available; one wonders how many workers would be willing and able to take the time to take such a step.

> I had to modify the case plan because the DI worker ordered these type of services. They didn't check that hey, there's nothing around here. So I had to go back to the court and tell them, 'Your honor, we can't have this person ordered to attend these kind of services, because there's nothing around here.' I'm all, 'She's never going to complete the case plan because there's nowhere to complete it' (Social worker, Santa Clara).

Setting parents up to fail

Part of the reason stakeholders have concerns about case plans is that they understand reunifying parents to be a unique group of individuals, whose life challenges are much greater than most others, but whose abilities to meet those challenges – given drug addiction, mental health problems, economic circumstances, etc. – are lower than most others.

> But you know, any family that comes to our attention with concerns significant enough that we remove their kids, to expect that in six months or twelve months you're going to have sustainable change - you really have to think about what it is you're offering and how you're offering it, how frequently you're offering it, whether or not families are capable of doing all the various things we're asking of them (Manager, Santa Cruz).

In fact, a recurring concern was that putting too much on case plans was "setting parents up to fail." That given reunifying parents' social and economic circumstances, the number of things on the case plan is more than they can do – and is in fact *undermining* their reunification efforts. As one worker explicitly articulated it, she argues in court to be allowed reduce case plan requirements, or to stagger the timing of services, because

> ….I'm not going to set them up to fail. And if you make me do this right now (include all the services at once on the case plan) - forget it, they're not going to get sober because I've overwhelmed them (Social worker, Orange).

And another expresses concern about the results of overloading case plans:

> …A lot of people (workers) just like to slam them (parents) with a lot of stuff. And they can't do it. And then it defeats the whole purpose. The whole purpose is for somebody to get their child back. And so you set them up for failure (Social worker, Santa Clara).

I couldn't do it

Finally, a clear indication that stakeholders feel case plans are overloaded was the recurrent refrain, "I couldn't do it." Although I was interviewing individuals who were often highly educated and trained professionals, they often reflected that what was asked of reunifying parents was a task they weren't confident they could accomplish themselves. This exchange between attorneys in Santa Clara was typical of these comments:

Attorney 1: I would just say I think like for me, I think the parents really have to hustle. …And I think sometimes, I don't know I could do what they do.

Attorney 2: I am certain I couldn't do it. I'm absolutely certain that what are clients are able to accomplish, the ones that are successful, it's amazing. And if everyone here, courts, and out in the community, could understand that. What they have to do and then to get on the bus. It scares me. It's amazing.

What is the greatest hindrance to parents reunifying?

One of the questions I asked every stakeholder focus group and interviewee was what they saw as the greatest hindrance to parents' reunifying with their children. I categorized stakeholders' perceptions about the primary cause of parents' failure to reunify into three general themes. First, some respondents placed the blame upon *particular actors* in the reunification drama. Secondly, respondents identified *child welfare system-related issues* as the primary culprit. And lastly, the largest number of respondents blamed various aspects of what I call "*the perfect storm*"- the constellation of concerns involving the severity of parents' problems, the number of service requirements, and the legal time frames - or a specific combination of these issues.

Actors at fault

Parents. The first group of individuals commonly identified as the primary hindrance to reunification, perhaps not surprisingly, were the reunifying parents' themselves. Many respondents felt some reunifying parents lacked the will to do what it takes, or remained in denial about the nature of their problems and refused to engage in services; and in these cases, even the best social worker, the most effective services, and the most thoughtfully designed case plans would be of no use.

> ….Really it's their own doing, you know, that's going to hinder them reunifying with their kids. Because they have the support (from the agency/service providers) but sometimes they're just not ready to be a parent, they're not ready to give up a certain lifestyle. (Service provider, Contra Costa).

> Failure to take responsibility is the number one reason, I would say, for me, is why they fail. Because they won't change. They don't - they're not willing to make changes and to accept why the child was brought into custody. (Social worker, Orange).

Attorneys. Somewhat to my surprise, attorneys were often identified as the main hindrance to reunification. The reasons for this were multiple: attorneys didn't take the time to get to know their clients; they weren't able to communicate with non-English speaking clients; they contested hearings or requested continuances unnecessarily; they failed to see clients' strengths; or they were biased against parents. Perhaps the most common concern was that children's' attorneys had overly high expectations of parents. Both social workers and parents' attorneys complained that attorneys for children (and according to parents' attorneys, sometimes social workers as well) had expectations for parents that were unreasonably high, and compromised reunification in some cases.

> Sometimes I think the child's attorneys demand perfection from our parents. And there's an unrealistic expectation - the attorneys believe that the parents need to be at a standard which is not realistic. And so I think that for me on my caseloads, that's one of the biggest issues is child's attorneys (Social worker, Orange).

> They (children's attorneys) are very conservative; they want everyone to live in a pretty house with a white-picket and everything to be perfect. That doesn't exist (Attorney, Orange).

Agency/system factors at fault

A second theme regarding hindrances to reunification focused on aspects of the child welfare services system. These fell into two main categories: staffing cuts leading to increased workload and reduced time spent with families; and the lack of available resources.

Staffing. In several counties there had been serious staff reductions. As noted earlier in the second on Financial Concerns, stakeholders felt that the staff reductions and/or the increased workload related to staffing reductions, resulted in diminished abilities for the level of work with families necessary of successfully assisting families to reunify, to the degree that they named this as a primary hindrance to reunification.

> Well, I think a lot of us - we're all just so overworked that nobody really has enough time to spend with a client, to assess them accurately and fully support them the way they need to be supported. I just think we just don't have enough time (Social worker, Contra Costa).

> And the social worker is so busy that they don't get out to be able to make enough contact with the families to form bonds and work through the humiliation factor, to get to the humility factor in terms of learning (Service provider, Santa Cruz).

Lack of services. Groups across all four counties brought up the lack of available services as a primary reason some parents fail to reunify. Participants mentioned reduction in services, tightening requirements to qualify for certain services, long wait times to enter treatment, minimal or poor quality treatment when services were accessed, lack of services for mono-lingual non-English speakers, and limited service locations in a large county, requiring extensive travel time for some residents.

> So many of our clients are, you know - have dual diagnosis stuff, the substance abuse and the mental health. And we have zero in this county, zero for dual diagnosis (Social worker, Santa Cruz).

> …If a parent came into the system today and needed a psychiatric evaluation, and tried to make an appointment, they would get an appointment three months out. That to me is a hindrance as far as reunification. (Service provider, Contra Costa).

The Perfect Storm

There was a set of concerns that together garnered the most blame for why reunifications fail. I grouped these together because so often discussions around them revealed respondents' beliefs that the issues were intertwined. In presenting results, I first describe the themes individually, and then at the end of the section discuss them as a constellation of overlapping concerns. These themes are: the number of service requirements, the legal time frames within which these must be accomplished, and the severity of parents' problems.

There is just too much. In response to this question, a number of social workers in several counties said requirements for reunifying parents were simply too great. Parents either simply can't do it, or the awareness of the amount to do overwhelms them and produces hopelessness, undermining their efforts.

> Sometimes it could just be because it's too much. …I think sometimes they fail because there is just too much in the beginning (Social worker, Orange)

> I've had several parents describe it as 'jumping through hoops,' so they get a feeling, they are made to jump all these loops, these hoops, and for them they don't see an end in sight … they have to do all this stuff - and I think for some parents it becomes so overwhelming … I think some parents get overwhelmed with the whole process and then they feel there's no hope (Social worker, Santa Clara).

Time frames. Other stakeholder sometimes focused on reunification timeframes as the particular problem.

> I think sometimes, you know, it is just the time frame. Because I have seen families be able to come back together, just is not in the time frame they were given (Attorney, Santa Clara).

Parents' problems. Many respondents across three counties blamed the number and/or intensity of the parents' various problems, either speaking of the concern generally, or naming particular problems specifically. Respondents speaking of problems generally often explained how these problems themselves were overwhelming and prevented parents from participating in services.

> They've got felonies, and they can't get a job, and they can't do what is being asked of them in order for them to reunify, and provide a stable home for their children. And they are so stressed out about it that they can't even engage in the services that are being provided for them, because their mind is not able to focus on that (Service provider, Orange).

> …Meeting basic needs as well on top of the addiction is basically too much for these people, who've never really been able to manage, never learned to really manage, sort of , all these demands. And they've never grown up in this way. I mean, it's very sort of structured process that they need to get through, and it's just too much for people to really wrap their heads around and be able to take action to execute - it is just too much for them (Attorney, Santa Clara).

Other respondents emphasized mental health, substance abuse, or poverty problems specifically as being the primary hindrance to reunification.

> I think mental health issues. .. I have some clients who are just mentally ill and …for whatever reason they're not able to engage, and … they stay in that beginning stage of 'it's all your fault. You're the one to blame.'… And they stay there all the way through… It's painful to watch … because … sometimes they just - they just don't get it. It's a mental health component (Social worker, Santa Cruz).

> The main reason the parents fail is substance abuse. They relapse. And that's just a hard issue. Addiction is a difficult, difficult thing (Service provider, Santa Clara).

The perfect storm. Many respondents comments reflected a belief that the combination of these factors was the primary hindrance: that given the length of time that parents had struggled with their various problems, resolution of these troubles within the period allotted by the court was not realistic.

> I think that there's so much stuff there. I think that they're so - they have their own family of origin issues, and they have their own mental health, substance abuse, domestic - I mean there is so much stuff there. I honestly question sometimes if the timelines we provide for them are realistic, for them to address what they need to address to be able to safely parent their kids (Social worker, Santa Clara).

Finally, a number of attorneys in Santa Clara spoke poignantly about how this incapacitation of parents - by their problems, the legal time frames, and the service requirements – is misinterpreted by decision-makers in the system.

> Attorney 1: There's so much else that they have to worry about that they can't be dipping around with a parenting class. If it's, 'Okay, let me see, I have to find a place to sleep tonight that I'm not going to get rained on or robbed or assaulted – or, I can go to this parent orientation class.' - Um - their priorities, the system just doesn't understand their priorities.
>
> Attorney 2: I think that's the key. That the court system, the judges, the social workers, the minors' attorneys - don't really appreciate that enough. And just say, 'Oh, they missed a class, they must not want to reunify.' It's like, wow, it's so not even close to that, you know?

Strategies for addressing case plan problems

Staggering services

A number of counties reported staggering case plan service requirements, adjusting when each service would be initiated and completed to avoid giving a parent too much to do at any one time. "I always tell my parents – 'Find one thing. Let's start with the most important. Let's get that out of the way and then we'll worry about that (other requirement)' (Service provider, Contra Costa). Staggering is intended to avoid problems believed to be caused by overpacked case plan. This exchange is between social workers in Contra Costa discussing why they stagger case plans:

Social worker 1: And if we make them do A,B,C, and D at once, are they going to do nothing because they are so overwhelmed?

Social worker 2: And how much are they really going to take in if they are doing five things at a time?

In addition, there's a perception that until a parent struggling with an addiction gets sober, there's little benefit they will gain from other services. "There is no point sending them anywhere until they're sober" (Social worker, Orange).

Overall, most stakeholders seemed to value this approach. According to a Parent Partner, staggering was critical to her success.

> I got to say, for me personally, (if) I had to do everything at the same time I wouldn't have done anything. It would have been very very overwhelming for me. Really. Because I did my treatment and everything else fell into place after I did my treatment….. I completely staggered my case to where therapy was the very last thing I did … if I had to do everything at one time, honestly, I would have been so overwhelmed (Contra Costa).

In one county, staggering seems very common, even "standard practice" (Social worker, Contra Costa). However, in another county, workers were concerned that attempts to stagger services would be interpreted by attorneys and the court as the agency failing to meet its reasonable efforts responsibilities.

> …The one biggest thing is - what we're told in continuing services is we don't want to get unreasonable services (a finding that the agency did not meet its reasonable efforts requirements). So in an FR case we have to give it all to them. …If they have a really good attorney that's fighting for them, then they're going to say 'Well, we're going to find you unreasonable services because you didn't give her a chance to do parenting.' Well yes, we were trying to work with her. 'No, you should have done a referral. You should have done this.' So although in theory, it sounds great - in court, no (Social worker, Orange).

Interestingly, in the same county, parents' attorneys were in fact greatly concerned about the number of services on case plans, and seemed at least potentially very open to the idea of staggering services. As I'd already interviewed social workers in the county, I asked the attorneys if they thought perhaps workers were putting so many services on case plans because they were concerned about ensuring the agency met its reasonable efforts requirements. Attorneys, however, said no – they felt the bar for meeting reasonable efforts was so low, social workers wouldn't be concerned about 'no reasonable efforts' findings.

In all counties staggering appears to be up to discretion and inclination of the social worker. Given the extra work involved, this could be problematic. If a worker is not inclined to take on extra work, or simply doesn't have time, this piece could not get done.

> Well, and it's hard, too, because realistically you're not (always) going to have a worker that's very supportive of reunifying families. So whether it be the front end or continuing end, it's just a lot of extra work. … A worker - you know, you can get a worker (who'll) say, 'I'm not going to do that. No, that's extra work for me' (Social worker, Orange).

CoLocation

A second strategy for dealing with the number of services on case plans was co-locating or combining services. In a number of counties, workers and service providers described instances in which several service types were located in one facility. In particular, residential drug treatment services were popular with social workers because many of these incorporated other services into the treatment or on the location, such as parent treatment, anger management, or counseling.

> I tell mom, 'If you go to a residential program, you'll knock out parenting, and you'll knock out your substance abuse, and then you just have to stay on top of your testing for us. And … by the time we go to court in six months, look at that! You've already done three things'(Social worker, Contra Costa).

In some instances in the county in which services were not paid for, workers reported creatively combining services, looking for therapists who had certificates in treating anger management, for instance, so a client could address both the "counseling" requirement and the "anger management" requirement.

> I found a parenting group that's combined with the domestic violence support…So I've been trying to look for those little bitty things because it completes the case plan on two levels…And that's how I'm able to try to combine, make their journey as less as possible…If you have to drive to a parenting that also does the domestic violence group, that's killing two birds with one stone (Service provider, Contra Costa).

Co-location can be clinically useful as well as logistically useful. One particularly thoughtful example of co-location was in Santa Cruz. In this instance, the services were conceptually integrated as well as co-located, with parenting, visitation, and counseling services coordinated and conducted by the same provider, in the same location.

> …It's such a good idea to have everybody be (here), that so many of the services are here. To have the counseling and the supervised visits and the people that work with the kids all in the building, you know. …We say to the parents, 'What did you learn in (parenting class) this week? Why don't you demonstrate it today?' And I taught the parenting class so I know the material… I think it's super important because already the parents have way more services required of them then they've probably ever done. And they're so overburdened … it's so important to have one stop service …to me that's the only way we're really going to increase our reunification (rates) (Service provider, Santa Cruz).

Other promising interventions

Other interventions that were often mentioned as helpful included Team Decision Making or Family Team meetings, WrapAround services, and Parent Partners.

WrapAround services.

WrapAround services are provided in the reunification context usually when a child is stepping down from group home care into the home, but sometimes at other times as well. A team of providers through a contract agency works with the family to supply whatever is needed within the home for the placement to be successful. The process is "very supportive and family-driven" (Manager, Orange); "…They come fill in the spots where we need help" (Social Worker, Santa Clara). Numerous stakeholders in several counties spoke highly of the benefits for families, citing the Wrap team's deeper knowledge of family needs and ability to access a wide variety of resources, including concrete supports and transportation assistance.

> "…For me Wrap is really important. And when you have a great team - it's awesome what happens to the family – it's really amazing" (Social worker, Santa Clara).

There were two main concerns that arose in discussions around WrapAround services. The first was that eligibility for these services were limited. Not every reunifying family received Wrap: it was often reserved for children stepping down from group care, or for families with MediCal eligibility. And several stakeholders in two counties voiced concerns that the ready access to funds and resources through WrapAround could create dependency for clients. "It makes them expect us to do that for them" (Social worker, Santa Clara).

Team Decision Making

Team Decision Making (TDMs) or Family Team Meetings were another system intervention often mentioned as a useful intervention. In these meetings, families, workers, and sometimes service providers, relatives and other supportive figures meet to discuss case issues and decisions.

> We've put a little bit of a system in place with TDMs where we're looking consistently at certain factors … Having these conversations with families and making sure we have family members, neighbors, and support people - whoever the players might be - on board to help with that transition back home, and into family maintenance services (Manager, Santa Cruz).

Counties varied on the case time point when these meetings were held, and whether meetings were required by policy or held at worker discretion. Stakeholders described a variety of goals of the TDM meetings: to hold the agency accountable to realistic case plans; to "…talk about the strengths of the families, for the families to express what they see as the strengths in their children, and for others around the room to talk about what the parents are doing and what they've learned about other family members" (Service provider, Santa Clara); to ensure everyone is on the same page; and to brainstorm strategies to help the families with visitation or accessing services. Across most counties and stakeholder groups, respondents report these meetings are useful. Parents see, "…'Hey look, all these people are sitting around this table talking about my family. Wanting my family to succeed.' Do you know how encouraging and motivating that is?" (Service provider, Orange). "…(It's) not a shaming or blaming kind of thing. So it seems to be a very productive and positive experience for the parent" (Service provider, Santa Clara).

The only group to voice concerns about TDMs were attorneys. In one county, attorneys weren't invited to TDMs, and in another, invitations to attorney to attend TDMs were not common. Attorneys felt clients were sometimes pressured in these meetings, and didn't always understand what was occurring; attorney wanted to be more involved.

Parent Partners

Lastly, Parent Partners were often mentioned as helpful. Parent Partners are parents who have successfully reunified and been hired by either the child welfare agency, a contractor, or the attorney's office, to work one-on-one with reunifying parents as mentors and guides in a para-professional capacity.

> The parent partners are those who walk alongside the parents and help be like a broker for them. 'When your social workers say to you, "case plan," this is what they're talking about. When they say, you know, "compliance," this is what they mean.' That person has been there to kind of walk alongside them (Manager, Contra Costa).

According to stakeholders, Parent Partners play a critical role for reunifying families. They can interpret confusing aspects of the process, resolve misunderstandings between workers and parents about case progress, facilitate communication amongst parties, advocate for the parent, and provide inspiration and encouragement for the families.

> I've noticed in my unit, if the social worker has a meeting with that mom or parent and their parent advocate, it seems like almost the parent advocate translates what we are saying to the mom in the words that the mom or parent understands (Social worker, Santa Clara).

As one Parent Partner poignantly explained, the reunification process can be very confusing and frightening for parents, hindering them from working on their case plans.

> I didn't do all the stuff that my social worker told me to do – she told me 3 things at the time, it was like she said a million, and I was scared to ask her, 'Oh, can you repeat that? Or can you write it down?' I was just like, 'Oh, okay'…You're afraid to ask questions because you know you did wrong, you know, you know that what happened is your fault….And sometimes parents just break all the way down and just don't do anything…But it's not that she don't want to do it, it's that she don't know how to go about doing it….and when you sit and explain all that to them, I mean it makes a world of difference (Santa Clara).

The overwhelming consensus is that Parent Partners are a tremendous asset to the array of services available to reunifying parents. A sampling of the comments across counties and stakeholder groups:

- "Ours are really, really good" (Attorney, Contra Costa)
- "Works out very very well…I think they're really, really good" (Attorney, Orange)
- "Really breaks a lot of barriers" (Manager, Orange)
- "There's nothing like it" (Service provider, Orange)
- "Parent Partners are one of the hugest successes for us" (Service Provider, Orange)
- "Wonderfully helpful" (Attorney, Santa Clara)
- "Surprisingly independent" (Attorney, Santa Clara)

- "Made a huge different working together with our families" (Social Worker, Santa Clara)
- "It's worked wonderful for our communication with our families" (Social Worker, Santa Clara).

The few concerns about Parent Partners that arose had mostly to do with their limited availability, generally and for specialized groups such as fathers and mono-lingual Spanish-speaking clients. There were a few scattered concerns about roles (Parent Partners shouldn't take on professional duties, such as counseling or attending court), and boundaries. Overall, there was tremendous support and admiration for the work and effectiveness of the Parent Partners.

Quantitative Analysis

Variables representing different approaches to reunification service delivery – Assessing, Burden-easing, Linking, and Supportive – were tested in multivariate models regarding their association with child welfare outcomes of *reunification at 18 months* and *reentry within 12 months*. None of the approaches, measured either as count variables or as dichotomous variables, were found to be associated with reunification. Because there may be a "ceiling" above which increasing reunification rates would be difficult, I separated observations by reunification rate: those above the mean of .54, for which improvement would be difficult, and those below the mean, for which there would be more room for improvement. When these were run, both the count and the dichotomous measure of the Assessing approach were positively associated with reunification for the low reunification rates. For every additional assessing intervention used, the likelihood of reunification increased by about 1%; when measured as a dichotomous variable indicated that a higher than average number of assessing interventions were used during a period, the reunification rate was increased by about 4% (see Table 1).

Two reunification approaches were found to be associated with reduced re-entry rates. Both the count measure and the dichotomous measure of the Burden-easing variable were associated with an approximate 4% decline in the re-entry rate, while the dichotomous measure of the Supportive variable was found to be associated with an approximate 2% decline in the re-entry rate. Separate analyses were

run for re-entry rates above the mean re-entry rate of .13. In counties with higher rates of reentry, the Assessing measure was positively associated with re-entry: for each additional assessing intervention used, the re-entry rate increased by one percent (opposite of hypothesized direction) (See Table 2).

Table 1. *Coefficients, confidence intervals and P-values for each independent variable on reunification*

	All Counties Model			Low Rate Counties Model		
	b	C.I.	p	b	C.I.	p
Assessing						
Count[a]	.01	(.00, .03)	.059	.01	(.00, .03)	.049*
Dichtomous[b]	.02	(-.01, .06)	.205	.04	(.00, .07)	.030*
Burden Easing						
Count[a]	.01	(-.04, .06)	.734	.03	(-.02, .07)	.256
Dichtomous[b]	.01	(-.04, .06)	.701	.03	(-.02, .07)	.256
Linking						
Count	.00	(-.02, .02)	.712	.03	(-.01, .02)	.699
Dichtomous	.02	(-.01, .06)	.176	.04	(.01, .07)	.025*
Supportive						
Count	.00	(-.01, .01)	.852	-.00	(-.01, .01)	.601
Dichtomous[c]	.00	(-.03, .03)	.981	-.01	(-.03, .02)	.614

[a] Adjusted R^2 = .420; F=5.42; df=62; p<.0001; [b] Adjusted R^2 = .422; F=5.44; df=62; p<.0001; [c] Adjusted R^2 = .367; F=4.50; df=60; p<.0001.

Table 2. *Coefficients, confidence intervals and P-values for each independent variable on reentry*

	All Counties Model			Hi Rate Counties Model		
				b	C.I.	p
Assessing						
Count[a]	.01	(-.00, .02)	.333	.01	(.00, .03)	.017*
Dichtomous	-.01	(-.03, .02)	.700	.02	(-.01, .05)	.194
Burden Easing						
Count[b]	-.03	(-.06, .00)	.049*	-.03	(-.08, .01)	.170
Dichtomous[c]	-.03	(-.06, -.00)	.033*	-.03	(-.08, .01)	.170
Linking						
Count	-.00	(-.01, .01)	.725	-.01	(-.02, .01)	.398
Dichtomous	.01	(-.02, .03)	.554	-.00	(-.04, .03)	.901
Supportive						
Count	-.00	(-.01, .01)	.747	.01	(-.01, .02)	.335
Dichtomous[d]	-.02	(-.04, -.00)	.044*	-.02	(-.05, .01)	.104

[a] Adjusted R^2 = .254; F=2.940; df=59; p<.0001; [b] Adjusted R^2 = .292; F=5.601; df=62; p<.0001; [c] Adjusted R^2 = .289; F=5.397; df = 60; p<.0001.

E. DISCUSSION

The overall goal of the study was to identify approaches to the delivery of reunification services that have a positive effect on outcomes of reunification and re-entry. First, a survey was administered to all 58 counties in California. The survey detailed specific practices and delivery strategies used by each county, and their dates of implementation. Interventions were organized into four approaches to reunification service delivery. A quantitative analysis assessed the association between these approaches and reunification outcomes. A qualitative analysis examined four counties reunification services programs in depth through interviews and focus groups across four different stakeholder groups: Attorneys, managers, service providers, and social workers.

Looking across findings from the three stages of the study, a set of primary issues emerges. First, funding problems are causing tremendous stress on the system, potentially endangering reunification. Second, current practice in case plan development combined with legal time constraints create significant hurdles for reunifying parents. Lastly, no coherent conceptualized models of reunification service delivery was identified, but the need for such models is great.

Funding problems endangering reunification

In the qualitative study, concerns about the effects of funding cuts were frequently voiced across all stakeholder groups. Staffing cuts limited the amount of time workers could spend with families, reducing the quality of the case work and intensifying the stress on workers. Fewer services were available in the community, and waiting lists and reduced time for clients in services were problematic. Results from the survey data also showed this; with respondents indicating that funding limitations and lack of service availability were primary barriers to reunification. Similar concerns have been identified across the country: A report summarizing states final reports to the first round of Child and Family Services Reviews noted that many states reported problems with "…service delivery, a lack of transportation to services, long waiting lists, and inconsistent service accessibility in all jurisdictions" (CWIG, 2006, p. 5).

In one county, reductions in supports to facilitate visitation along with and the total loss of payment for reunification services created serious obstacles to parents' access to and participation in the services necessary to reunification. The limited support and expectations for visitation in this county are a particular concern; while national standards for visitation don't exist, some states have developed guidelines that recommend much more frequent visitation than this California county can support (one hour twice a month). Georgia, for example, drafted a plan calling for minimum visitation times of 30-60 minutes 3 times a week for infants, 90 minutes twice a week for toddlers, and 2 or more hours once a week for older children (Williams, 2008).

The perfect storm – case plan requirements, legal time frames, and parental problems

The concern about overpacked case plans that I developed in a prior study from a single county, was also borne out in these data from across the state. Stakeholders repeatedly stressed concerns about the number of services reunifying parents had to comply with on their case plans, and the logistical hurdles they had to overcome to access those services. The effort needed was described as "Herculean," and something many of these professional stakeholders felt *they* couldn't do. Survey data also supported the notion that logistical challenges were problematic, as transportation was identified by survey respondents as a primary barrier to reunification.

Additionally, reunifying parents were described by interviewees as suffering from long-term, serious social and emotional problems that were in themselves overwhelming. In fact stakeholders considered the numerous and complex problems of reunifying parents one of the main hindrances to their ability to reunify. Research literature also suggests that reunifying parents are different than other child welfare parents in the number and intensity of their life challenges (Barth, 2009).

A sort of "perfect storm" is created when these extraordinary difficulties bump up against the intensive demands of reunification case plans, and the timelines tightened by ASFA and California legislation. Extremely troubled parents are given a great deal to do. This was also found in the prior study, in which in fact parents with more problems had more intensive service requirements (D'Andrade & Chambers, 2012). When funding troubles are factored in to the understanding of what reunifying parents

are confronting, the storm grows even more serious, as these troubled parents are attempting their challenging task in an environment in which case workers have a reduced ability to help them, services are less available, and funding to pay for services is limited or non-existent.

Given this, it is somewhat surprising that the various reunification approaches, particularly the burden-easing approach, did not appear to have an effect on the likelihood of reunification. It would be expected that interventions that appear to reduce the burden of accessing services would enable parents to be better able to get to, utilize and benefit from services, resulting in a higher reunification rate for the counties using a more of them. It may be that these interventions, while categorized as "Burden-easing," did not in fact dramatically change the challenge involved in accessing services. County stakeholders did not articulate a model or philosophy of service delivery that suggested they had envisioned the interventions as intended to reduce the burden of service access. On the other hand, findings suggest that using a high number of Burden-easing interventions in reunification services programs reduces the likelihood of *re-entry*. It may be that when parents' energies are less burdened with the logistical challenge of accessing multiple services, they may have more energy and time left to absorb information from the services they do access, as several stakeholders suggested; thus, when they reunify, those placements are more "sturdy" and less likely to result in re-entry.

A similar story may explain the findings regarding the supportive approach and its positive apparent effect on re-entry. If social workers are relying on service compliance as a means to determine readiness for reunification, supportive services would not necessarily improve the reunification rate; however, if in fact supportive interventions were particularly helpful to families who accessed them, then reunifications of those parents with their children would likely be stronger and less likely to disrupt. However, given the absence of any organized, philosophically coherent conceptualizations of practice matching these approaches, their validity as indicators of agency practice orientations could be questionable.

Service delivery models for reunification

Conceptual models of reunification practice are lacking.

I had hoped from these data to be able to identify what I might call "models" of reunification services practice, or service delivery. I anticipated that clear patterns in service delivery, groupings of service packages, or several major approaches might emerge from survey data and/or from the qualitative data. This did not turn out to be the case. Rather, efforts to use clustering strategies with survey data to identify groups of interventions that were correlated and conceptually congruent did not reveal any quantitative basis for identifying models of practice. Similarly, in qualitative interviews workers described being a part of "continuing services units" serving families requiring varying levels of agency intervention, service providers described clients referred from a variety of agencies and the community, and managers did not describe a clear and coherent philosophy undergirding their reunification programs, which weren't in fact considered to be "programs."

This apparent absence of an overall conceptual "model" of reunification service program delivery revealed in the data matches descriptions of reunification service program delivery in the research and practice literature, as detailed earlier in the introduction, and reported by CWLA in 2002 (most families do not receive reunification services though a specialized program model, but "through their assigned caseworkers" in public or private agencies).

Thoughtful, integrated models of service delivery are needed for reunifying parents

Much attention and concern has been devoted to the need for "evidence based practices" in child welfare. Certainly services should be informed by the best available evidence. However, the results of the study to me strongly suggest that improving individual services used by reunifying parents would not adequately address the issues described here. The high level of needs exhibited by parents, the degree to which their social and economic problems are likely to hamper their ability to access services, the tendency for child welfare case plans to consist of long lists of service "tasks" to complete, the logistical challenge involved in accessing such a set of services for impoverished parents in counties with limited public transportation, together suggest a new approach is needed. If our goal is to increase reunifications,

and to increase of the percentage of those reunifications that last, an approach that provides intensive, integrated, comprehensive supports and reduces logistical hindrances to accessing service is critically needed.

Additionally, I agree with the manager who saw the SIP process as a step in the right direction. If SIP goals related to reunification and re-entry are to be attained, a more conceptually specific and bounded reunification "program" is needed. Conceptualizing reunification service delivery as "continuing services" and relying upon community services that serve a wide variety of families, rather than specializing in very high needs families, is problematic. Reunifying parents have particular challenges that hinder service access, yet have extraordinary demand for service use placed upon them. Serving them with the same strategies, interventions, and providers that are used for all families seems inadequate. A specialized service delivery model that facilitates frequent visitation, provides intensive treatment services, incorporates thoughtful service delivery strategies with minimal requirements for transportation and multiple service access, and offers specialized support regarding reunifying parents' additional needs, around housing, transportation, and employment seems most likely to effectively help these parents resolve their difficulties and reunify with their children.

Limitations of the research

Like all studies, this study suffered from limitations that should be considered when reviewing and interpreting the findings. The accuracy of survey responses could be hampered by respondents limited memory or knowledge of aspects of reunification practice in their counties. Some degree of social desirability bias may exist. Limitations related to the quantitative study include the fact that measures of reunification approaches take into account only services currently used and their start dates. These practices may have been in use at an earlier time, and then ceased operating; in this case they wouldn't have been captured by the survey. Additionally, the variables used to represent approaches to reunification service delivery did not consist of identified models of reunification service delivery, but rather were constructions of concepts developed by the researcher. Important control variables may have been excluded from multivariate models. The qualitative study is limited in its generalizability; sampling

was by convenience and thus cannot be assumed to be representative of the state. One of the most important voices in the whole drama of reunification, that of the reunifying parent, is seldom heard here.

However, the study had numerous strengths. It was comprehensive, drawing on survey, administrative, and qualitative data to understand the picture of reunification service delivery in the state; the response rate to the survey was impressive for social science research; fixed effects regression is a powerful approach to examining causal questions; and the credibility of the qualitative study is enhanced due to the triangulation involved with using multiple stakeholder perspectives, across four counties in the state.

Research Lessons Learned

I learned a number of lessons from conducting the study. First, *bring multiple researchers to focus group interviews.* Initially I conducted all focus groups myself. I used a digital tape recorder, to ensure I could attend fully to the meeting and not worry about writing notes while facilitating the group. However, often there were 10-15 members in the focus group; when tapes were transcribed, it was difficult to be distinguish between some speakers. A second observer would have been able to track the order of the speakers to ensure transcribed responses were accurately matched to interviewees.

A second lesson was to *better estimate the time each aspect of the study will require*. I greatly underestimated the time involved in several aspects of the study. In terms of the quantitative analysis, the work of creating the datasets, calculating the variables, adjusting for new assumptions, and rerunning various models was much greater than I had anticipated. The qualitative analysis was of course also time-intensive, but to some degree this I expected; however, I used a new software program, NVivo, and had not incorporated into the calendar the time needed to learn and become adept with the software. Lastly, the work involved in writing up a two-year study was considerable greater than I anticipated.

Lastly, a final lesson was to *include dissemination activities and products in the grant application budget and timeline.* I had hoped to create a practitioner-friendly summary report of the survey findings mid-way through the study; however, no time was budgeted for this, and it was not a product deliverable – so unfortunately it did not get done. I still plan to create this – but in future grants I will take care to

plan for dissemination of various kinds within the funded time frame of the grant, and account for it in the grant budget, to the degree that is possible.

Prospects for future research

I have several research directions I intend to pursue related to reunification. First, I plan to continue an exploration of the challenges involved with accessing reunification services. A clear understanding of the nature of these challenges is important in order to inform innovations to address them. In the service of this goal, I am planning several studies:

Incorporating the parent's perspective on logistics. One glaring absence in this study is the voice of parents. While in fact I did have the good fortune to interview some parents who had reunified, I did so in the context of their roles as services providers, as Parent Partners or Parent Mentors; therefore the questions I asked them related less to their own experiences as reunifying parents (though of course those occasionally arose), and more to their experiences as service providers. In a future study, I plan to interview parents specifically about psychological and logistical hurdles involved with reunification: What was the experience like for them? What helped them succeed? What hindered their progress?

Understanding the role of service location, public transit, and travel distance in reunification. Issues concerning the challenges involved with traveling to services arose frequently in this study, in survey responses regarding about the lack of available public transit as a barrier to reunification, and in comments from stakeholders about challenges for client negotiating buses and extensive travel time to services. I would like to do two studies on this issue. First, using GIS mapping software and a small sample of reunifying parents, I'd like to conduct descriptive study, graphically mapping the locations of critical geographic points for each case: the parents' home, the child's placement or the visitation location, each service provider. Secondly, I'd like to do a quantitative study, examining whether greater distance and/or travel time to services is associated with a lower likelihood of reunification.

Testing approaches to reunification service delivery. The second goal is to begin identifying and testing approaches to reunification. One initial exploration involves the data collected in this study. There are many individual reunification interventions that can be tested for their effects on reunification using similar analytic methods. In fact, I am currently working with three research teams of MSW students at SJSU to explore the role of Family Needs and Assessment instruments used at case planning, service co-location, and ethnic-sensitive services, through secondary analysis of survey and qualitative data. Additional elements will be explored as well. However, ultimately I would like to work with a county and service provider team to develop and test an integrated model of reunification service delivery, one that uses service co-location and integration to improve service effectiveness and reduce the burden of service access.

F. POLICY IMPLICATIONS

Study findings suggest a number of implications for policy, practice and education.

Reducing stress and workload for workers

Caseloads based on family not children.

Survey findings suggest that most counties are accounting for case load by number of children. This implies an understanding of the work involved in arranging supports and services for children, but not of the work involved in arranging supports and services for parents. A two-parent family with one child could very well be considerably more time- and effort- intensive for a reunification services worker than a single parent family with three children, as separate case plans for each parent must be developed and supported. Accounting for workload on the basis of families, or even parents, rather than children, makes more sense for continuing units. If we want workers to take care with assessment and case plan development, the nature of that work must be accommodated in case work standards.

Education of all parties courts on service burden and solutions.

An irony in the qualitative findings was that stakeholder groups often blamed each other for not understanding the need for reduced or staggered case plans, and everyone blamed the court (judges).

Trainings are recommended for judges, children's' attorneys, parents' attorneys, and workers, to outline the dilemma, review sensible strategies to avoid the problem, and get everyone in a county on the same side of the issue. Social workers should know when to recommend that case plans be staggered, what the justification is, and what reasoning would be acceptable to other parties. These other parties need to be aware that a social workers' intent is to provide the soundest case plan for the parent, not to skimp on services. The issue should also be incorporated into training for social workers in MSW programs.

Greater partnership with parents

More thoughtful and respectful development of case plans.

Concerns about the lack of individualization of case plans, and the number of requirements on them, suggest these problems are persistent. Social workers need to be better attuned to the logistical challenges involved for parents in accessing services, and help parents identify alternatives as needed. Case plans should be more individualized, avoiding generic parenting classes, or drug treatment or testing for historical substance use issues. Services should be staggered when feasible and appropriate. Social workers should understand parents' employment as a important strength, and create case plans that support parents' continued employment. TDMs may be one strategy for case plan development, so that the burden of identifying logistical challenges and solutions is shared amongst more stakeholders, and not left solely to the parents and workers. Completion of short checklists outlining tasks that would improve case plans could be required of social workers (see Gawande, 2010) – tasks such as, for example, finding logistically feasible service times and locations, accommodating parents' employment, and ensuring that parents know how to ride buses.

Increasing Parent Partner programs.

The parent partner programs were universally admired, with just a very few participants voicing concerns about boundaries. These programs provide so many benefits: hope and inspiration to parents, evidence of the agency's respect for and partnership with parents, non-judgmental support and understanding for parents, and help for parties to bridge suspicion and misunderstanding. These programs should be expanded and enhanced.

Re-conceptualizing "Reunification services"

Funding for development of intensive reunification.

The primary policy recommendation emerging from this study is that funding avenues for intensive, integrated programs of reunification service delivery should be developed. However, as Barth (2009) points out in regards to parenting programs, "…The domination of federal child welfare services funding by worker training, reimbursement of foster parents, case management for children in foster care, and adoption subsidies (all entitlements under Title IV-E of the Social Security Act) leaves few resources to develop or implement high-quality parent education" or other programs. Work to correct this situation is critical.

Bring back a reunification focus to some units.

While there is great value in vertical case management, in the case of reunification it seems to me that there would be an advantage to a more narrow programmatic focus. The current practice in which workers carry mixed caseloads could be problematic. Of course, hopefully families in "reunification" become families in "family maintenance" eventually – but a family whose issues have never reached the level requiring child removal may indeed be significantly different than a family whose children had to be removed. A worker specializing in working with these families, knowing the services that can aid families with intensive needs, having experience working with the level of denial and demoralization that occurs when a child is removed, etc., could be helpful.

Service co-location based on logistical and conceptual considerations.

Contractors could be found who provide various types of services; those most often ordered for reunifying clients could be co-located and even integrated, as is done in Santa Cruz.

Service coordination meetings.

Regular meetings between service providers who contract with and/or provide services to reunifying families, with representatives of parents' attorney, the child welfare agency management, Parent Partners, transportation, housing, and employment should occur, so that issues arising in case plan overload, and common logistical challenges, etc., can be identified and addressed.

G. DISSEMINATION STRATEGY

I will use the CalSWEC Dissemination Planning tool to develop a strategy for disseminating the findings. Findings from my prior CalSWEC study were shared in a variety of forums, including: the Kids in Common newsletter; webinars for CalSWEC, the Northern-Mountain Valley County Leadership Meeting, and the Research and Training Network (RTN); presentations at the Bay Area Social Services Consortium (BASSC), a BASSC planners meeting, the California Department of Social Services (CDSS), the Child Welfare Council, CWDA, the Family Wellness Court Interdisciplinary Conference, the Fresno IVE Conference, the National Research Conference on Child and Family Practice and Policies, the Santa Clara County Best Practices meeting, the national conference of the Society for Social Work and Research (SSWR), and at the SJSU University Scholars Series held at the public King Library. A presentation using the dataset will be given at the SSWR conference in January 2013. In addition, two academic articles have been published (one on reunification case plans, one on incarceration's effect on reunification); another on the role of service use in reunification is under review, and a fourth on factors associated with reunifying parents' use of services is in development.

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I. APPENDICES

APPENDIX A: Survey

APPENDIX B: Interview protocol

APPENDIX C: Survey data summary

APPENDIX A: Hard-Copy Version of On-Line Survey

California State-Wide Survey on Reunification Services

AGREEMENT TO PARTICIPATE IN RESEARCH

We invite your participation in a survey of reunification services in child welfare. The survey is the first part of a larger study of reunification in California being conducted at San Jose State University.

We estimate the survey will take about 20-30 minutes to complete, depending on the type and amount of services in your county. (If you need to, you can save your work and return to it later by clicking on the gray bar at the top of the survey.) Most questions can be answered by checking a box, though some responses will trigger additional related questions, and there are some open-ended questions. There will be questions about various reunification services that may be available in your county, about strategies used for delivering reunification services, and about barriers or hindrances to reunification services delivery.

There are no direct benefits or compensation for participation in the study, though by sharing information about your county's reunification practice you will be contributing to a better understanding of effective strategies in child welfare.There is no foreseeable risk to you involved with participating in this study. Because this is a study of public agency practice, confidentiality of respondents is not guaranteed. While any research article published from the data will not include information on individuals or individual counties, reports may be provided that summarize practice information by county.

If you wish, you may refuse to participate in the study by not completing the on-line survey. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose not to participate in the study. You have the right to not answer any questions you do not wish to answer – you may simply skip the questions or leave them blank. If you decide to participate in the study, you are free to withdraw at any time.

Questions about this research may be addressed to Amy D'Andrade. She can be reached at 510-734-2963, or via email at adandrade@casa.sjsu.edu. Complaints about the research may be presented to Charles Bullock, Dean of the College of Applied Sciences and Arts, 408-924-2900. Questions about a research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2427.

1.) If you agree to participate, please indicate below, and then click NEXT.

( ) I agree to participate in this study.

INTRODUCTION

2.) Name: _____

3.) Job Title: _____

4.) Department or Agency Name: _____

5.) County:_____

6.) Mailing Address: _____

7.) Phone Number: _____

8.) Email: _____

9.) May we contact you if there are any follow-up questions or clarifications needed?

( )Yes

( ) No

PART ONE: REUNIFICATION SERVICES PROGRAM PRACTICE

Child welfare jurisdictions provide or refer to a variety of different kinds of reunification services. Please indicate whether any of the following reunification services are used in your county.

10.) Are any of the following parenting-skills training programs used with reunifying parents in your county, either by the agency or a contractor?

	Yes	No	Don't Know
The Incredible Years Parenting Program	( )	( )	( )
Nurturing Parenting Program	( )	( )	( )
Parent-Child Interaction Therapy (for reunifying parents and children)	( )	( )	( )
Triple P-Positive Parenting Program	( )	( )	( )

FOLLOW-UP: Incredible Years Parenting Program

You indicated that the Incredible Years Parenting Program is used in your county.

Practice of any intervention varies from place to place. The Incredible Years Parenting Program usually consists of:

- A group parenting program based on principles of video-modeling, observational and experiential learning,
- Goal setting, self-reflection and collaboration between group leader and parents,
- Group leaders with special training and accreditation.

How does the Incredible Years Parenting Program in your county differ from this description (if at all)?

Is the Incredible Years Parenting Program used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Is this program provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When was the Incredible Years parenting program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for The Incredible Years parenting program?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Nurturing Parenting Program

You indicated that the Nurturing Parenting Program is used in your county.

Practice of any intervention varies from place to place. The Nurturing Parenting Program usually consists of:

- Parenting skills classes specifically designed for treatment and prevention of child abuse and neglect.

How does the version of the Nurturing Parenting Program in your county differ from the description (if at all)?

Is the Nurturing Parenting Program used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Is this parenting program provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When was the Nurturing Parenting Program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for the Nurturing Parenting Program?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Parent Child Interaction Therapy

You indicated that Parent-Child Interaction Therapy is used in your county.

Practice of any intervention varies from place to place. Parent-Child Interaction Therapy usually consists of:

- Sessions in which reunifying parents and children are treated together
- Behavioral definition of skills, and direct coaching and practice in parent-child sessions.
- Therapist observing parent-child interactions through a one-way mirror, coaching the parent using a radio earphone.

How does Parent-Child Interaction Therapy as practiced in your county differ from the description (if at all)?

Is Parent-Child Interaction Therapy used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Is this service provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When was Parent-Child Interaction Therapy implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for Parent-Child Interaction Therapy?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Triple P-Positive Parenting Program

You indicated that the Triple P-Positive Parenting Program is used in your county.

Practice of any intervention varies from place to place. The Triple P-Positive Parenting Program usually consists of:

- A series of integrated interventions designed to provide information and parenting practices to parents
- Core principles including creating a positive learning environment, using assertive discipline, having realistic expectations, and taking care of oneself as a parent.

How does the Triple-P Positive Parenting Program as implemented in your county differ from the description (if at all)?

Is the Triple P-Positive Parenting Program used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Is this parenting program provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When was the Triple-P Positive Parenting Program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for the Triple-P Positive Parenting Program?**
(If you are not sure of the exact date, please put your best estimate).

_____

11.) Are either of the following programs used after reunification in your county?
(Note that terminology varies from place to place; please check the "yes" box if the description describes the essence of a service or strategy you provide, even if you use a different name for that service or strategy)

	Yes	No	Don't Know
Family Maintenance [FM] services (FM services provided to families after reunification)	( )	( )	( )
After care services other than Family Maintenance services (Services provided to families after reunification has occurred, to help support and stabilize the family)	( )	( )	( )

FOLLOW-UP: After Care Services

You indicated that After Care Services (other than FM) are used in your county.

At what point in the case are these services provided?

( ) Don't know
( ) At reunification but before case dismissal
( ) After reunification and dismissal of case
( ) Other

For what period of time are they provided?

( ) 30 days
( ) 3 months
( ) 6 months
( ) Other

Are After Care Services after reunification provided for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know
( ) All reunifying parents
( ) Particular subgroup. Please describe:

Are After Care Services provided by a contractor or by agency staff?

( ) Don't know
( ) Agency staff
( ) Contractor
( ) Combination
( ) Other

When were After Care Services implemented?

( ) No idea
( ) At least ten years ago
( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for After Care Services?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Family Maintenance Services after FR

You indicated that Family Maintenance Services are provided to families upon reunification in your county.

For what period of time are they provided?

( ) For up to 18 months of total service time and no more; if reunification occurs at 12 months, FM is provided for 6 more months

( ) For 6 months, regardless of time to reunification

( ) For as long as needed

( ) Other

Are Family Maintenance Services after FR used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When were Family Maintenance Services after reunification implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for use of Family Maintenance Services after reunification?**
(If you are not sure of the exact date, please put your best estimate).

_____

12.) Are any of the following parent support programs used with reunifying parents in your county, either by the agency or a contractor?
(Note that terminology varies from place to place; please check "yes" if the description describes the essence of a service or strategy you provide, even if you use a different name for that service or strategy)

	Yes	No	Don't Know
Foster Parent Mentors (A helping relationship between the foster caregiver and the birth parent, such that the foster parent is a source of support and learning for the birth parent.)	( )	( )	( )
Parents' Anonymous program (Free, weekly, ongoing peer support group meetings led by a professional facilitator and a participating parent.)	( )	( )	( )
Parent Partner / Parent Mentor program (Parents with successful child welfare experience are hired by agency or contracting agency to serve as advisors and mentors to reunifying parents)	( )	( )	( )

FOLLOW-UP: Foster Parent Mentors

You indicated that Foster Parent Mentors are used in your county.

Foster Parent Mentors usually incorporate:

- A helping relationship between the foster caregiver and the birth parent, such that the foster parent is a source of support and learning for the birth parent.
- A caregiver who has regular contact with parent, allows and facilitates in-home visitation, and provides modeling and social support to parent.

How does the version of Foster Parent Mentors in your county differ from the description (if at all)?

Are Foster Parent Mentors used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the Foster Parent Mentor program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS:) What was the implementation date for the Foster Parent Mentor program?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Parents' Anonymous

You indicated that the Parents' Anonymous program is used in your county.

The Parents' Anonymous program usually consists of:

- Free, weekly, ongoing peer support group meetings led by a professional facilitator and a participating parent.
- Meetings based on principles of mutual support, shared leadership by parents, anonymity, confidentiality, and personal commitments to bettering parenting.

How does Parents Anonymous in your county differ from the description (if at all)?

Is Parents' Anonymous used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When did use of Parents' Anonymous begin in your county?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

**IF WITHIN LAST TEN YEARS: What was the implementation date for use of the Parents' Anonymous program?
(If you are not sure of the exact date, please put your best estimate).

FOLLOW-UP: Parent Partner/Parent Mentor Program

You indicated that a Parent Partner / Parent Mentor program is used in your county.

Practice of any intervention varies from place to place. A Parent Partner/Parent Mentor program usually consists of:

- Parents with successful child welfare experience being hired by agency or contracting agency to serve as advisors and mentors to reunifying parents.

How does the version of this component in your county differ from the description (if at all)?

Is the Parent Partner/Parent Mentor Program used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the Parent Partner/Parent Mentor program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for the Parent Partner/Parent Mentor program?**
(If you are not sure of the exact date, please put your best estimate).

_____

13.) Are any of the following approaches to providing reunification services used in your county?

(Note that terminology varies from place to place; please check "yes" if the description describes the essence of a service or strategy you provide, even if you use a different name for that service or strategy)

	Yes	No	Don't Know
Dependency Drug Court (DDC) / Family Treatment Drug Court (Special court hearings focused on drug dependency and treatment services. Frequent appearances in court to report progress, comprehensive assessment of service needs, frequent drug testing, and court-administered reward and sanctions)	( )	( )	( )
Intensive Family Reunification Services (IFRS) (and/or Homebuilders model) (Intensive, in-home reunification services for a time-limited period.)	( )	( )	( )
Linkages (Formalized coordination of case planning between child welfare services and CalWORKS.)	( )	( )	( )
Shared Family Care (SFC) (Reunifying parent and child live together in the home of a caregiver-mentor during reunification.)	( )	( )	( )
"WrapAround" services (An extensive array of individualized supports and services are provided to the family to meet their needs with regards to any aspect of life and safety that facilitates reunification; crisis line 24/7)	( )	( )	( )

FOLLOW-UP: Dependency Drug Court

You indicated that a DDC/Family Treatment Drug Court is used in your county.

Implementation of DDCs can vary quite a bit. The following list describes a number of different approaches to administering a DDC. Please indicate whether or not your county uses the approach listed.

	Yes	No	Don't Know
All reunifying parents can use the DDC	( )	( )	( )
Parents who do not comply with treatment services are ordered to the DDC	( )	( )	( )
All service providers working with a family attend DDC hearings	( )	( )	( )
All service providers working with a DDC family have an organized or structured process by which they coordinate their efforts.	( )	( )	( )
Treatment services are available at the court	( )	( )	( )
A case manager is assigned to the DDC family in addition to the child welfare worker	( )	( )	( )
A single judge hears both the dependency and the drug treatment compliance issues in the same hearing	( )	( )	( )
There are separate judges and hearings for the two issues (substance abuse and child welfare)	( )	( )	( )

When was the DDC in your county implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date?**

(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Intensive Family Reunification Services and/or Homebuilders Model

You indicated that you use Intensive Family Reunification Services (IFRS) (and/or Homebuilders model)

Practice of any intervention varies from place to place. The Intensive Family Reunification Services (IFRS) (and/or Homebuilders model) usually consists of:

- Intensive, in-home reunification services for a time-limited (60-90 days) period.
- A flexible combination of concrete and cognitive-behavior oriented clinical services
- Small caseloads (2-6 per worker)
- High service intensity [3 visits or 5-20 hours of services per week]
- Concrete services such as clothing and transportation
- Access to caseworker 24 hours a day 7 days a week.

How does the version of IFRS in your county differ from the description (if at all)?

Is Intensive Family Reunification Services and/or Homebuilders Model used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Are Intensive Family Reunification Services and/or the Homebuilder Model services provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When were Intensive Family Reunification Services and/or the Homebuilders Model program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for Intensive Family Reunification Services and/or the Homebuilders Model ?**
(If you are not sure of the exact date, please put your best estimate).

FOLLOW-UP: Linkages- Follow-up Questions

You indicated that the Linkages program is used in your county.

Practice of any intervention varies from place to place. Linkages usually consists of:

- Formalized coordination of case planning between CWS and CalWORKS.
- A single point of entry for both CWS and CalWORKs services
- A unified case plan to avoid conflicting and redundant services
- Co-location of CWS and CalWORKS staff
- Joint meetings between CWS and CalWORKS personnel

How does the version of Linkages in your county differ from the description (if at all)?

Is Linkages used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the Linkages program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

****IF WITHIN LAST TEN YEARS: What was the implementation date for the Linkages program?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Shared Family Care

You indicated that Shared Family Care is used in your county.

Practice of any intervention varies from place to place. Shared Family Care usually consists of:

- Parent and child living together in the home of a caregiver-mentor during reunification
- The mentor helping the parent to develop parenting, household and life skills, and ensuring safety of child
- Team of professionals providing comprehensive services to address problems
- Access to case manager 24 hours a day, 7 days a week
- Small caseloads for case managers (7-8 families per worker)
- Housing services to help parents find long-term housing

How does Shared Family Care in your county differ from the description (if at all)?

Is Shared Family Care used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Are Shared Family Care services provided by a contractor(s) or by agency staff?

( ) Other

( ) Agency staff

( ) Contractor

( ) Combination

( ) Don't know

When was Shared Family Care implemented in your county?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for the Shared Family Care program?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Wraparound Services

You indicated that "WrapAround" services are used with reunifying families in your county.

Practice of any intervention varies from place to place. "WrapAround" services usually consists of:

- An extensive array of individualized supports and services provided to the family to meet their needs with regards to any aspect of life and safety that facilitates reunification
- A crisis line available 24 hours a day

How does the version of WrapAround services in your county differ from the description (if at all)?

At what point these services are provided? (check all that apply)

[ ] Used throughout reunification process

[ ] Used directly prior to reunification

[ ] Other

Are WrapAround services used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

Are WrapAround services provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

When were WrapAround services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN LAST TEN YEARS: What was the implementation date for WrapAround services?**
(If you are not sure of the exact date, please put your best estimate).

_____

14.) Are any of these other reunification services or strategies used in your county?
(Note that terminology varies from place to place; please check "yes" if the description describes the essence of a service or strategy you provide, even if you use a different name for that service or strategy)

	Yes	No	Don't Know
Concrete Services (The provision of transportation, cash assistance, clothes, food, household repairs, or other direct tangible assistance)	( )	( )	( )
Family Team Meetings / Family Group Decision Making / Family Group Conferences / Team Decision Making (Extended family members and community support figures are invited to meetings to participate in case planning and placement decision-making.)	( )	( )	( )
Formal Needs Assessment (Assessment of clients' treatment needs is done during case plan develpment using structured validated assessment instruments)	( )	( )	( )
Formal Reunification Assessment (Assessments of family readiness for reunification is done using structured validated assessment instruments.)	( )	( )	( )
Ice-Breaker meetings (A structured meeting between foster and birth families shortly after a child is placed in out-of-home care to encourage positive partnership between families.)	( )	( )	( )
Treatment/Therapeutic visitation (Parent-child visits used as part of the on-going assessment and treatment process toward family reunification.)	( )	( )	( )
Other	( )	( )	( )

FOLLOW UP: Concrete Services

You indicated that concrete services are provided to reunifying parents in your county.

Practice of any intervention varies from place to place. Concrete services usually consists of:

- The provision of transportation, cash assistance, clothes, food, household repairs, or other direct tangible assistance

How does the version of concrete services provided in your county differ from the description (if at all)?

What types of concrete services are provided? (check all that apply)

[ ] Cash assistance

[ ] Clothing

[ ] Food

[ ] Household repairs

[ ] Transportation/transportation vouchers

[ ] Other: (Please specify)

Is there a formal policy in regards to this practice, or is the practice done informally at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Are concrete services provided for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was policy regarding concrete services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the implementation date for the policy regarding concrete services?
(If you are not sure of the exact date, please put your best estimate).

_____

****IF CASEWORKER DISCRETION**

How many of your workers would you estimate provide concrete services on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin providing concrete services?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What date did these workers begin use of concrete services?
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Family Team Meeting

You indicated that Family Team Meetings, Family Group Decision Making, Family Group Conferences, or Team Decision Making is used in your county.

Practice of any intervention varies from place to place. Family Team Meetings, Family Group Decision Making, Family Group Conferences, or Team Decision Making usually consists of:

- Meetings to which extended family members, friends, and community support figures such as ministers, are invited to participate in case planning and placement decision-making.

How does the version of Family Team Meetings, Family Group Decision Making, Family Group Conferences, or Team Decision Making in your county differ from the description (if at all)?

At what points in the case are meetings held? (check all that apply)

[ ] At case plan development

[ ] Throughout reunification process

[ ] Directly prior to reunification

[ ] At placement decisions

[ ] Other:

[ ] Don't know

Who is primarily responsible for decision-making or planning at the meetings, the family or the agency?

( ) The family makes the decisions with the input and participation of the agency

( ) The agency makes the decisions with the input and participation of family and their supports

( ) Responsibility for decision-making shared 50/50 between agency and family

( ) Don't know

Are services provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

Is there a formal policy in regards to using Family Team Meetings, Family Group Decision Making, Family Group Conferences, or Team Decision Making, or is the decision to hold meetings made at the caseworker's discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Are these meetings held for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the date of implementation?
(If you are not sure of the exact date, please put your best estimate).

_____

****IF CASEWORKER DISCRETION:**

How many workers would you estimate arrange for these meetings on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin providing or arranging for these meetings?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What date did these workers begin providing or arranging for these meetings?
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Formal Parent Needs Assessment at Case Plan Development

You indicated that you use formal Needs Assessments at the case plan development to assess clients' treatment needs.

Practice of any intervention varies from place to place. Needs Assessments or usually involve:

- Assessments of parent and family treatment needs using structured validated assessment instruments at the time of the case plan development
- Consideration of safety and risk, domestic violence, mental health, substance abuse, and economic and material well-being.

How does the version of needs assessment at case plan development in your county differ from the description (if at all)?

Are assessments conducted by a contractor or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

Is there a formal policy in regards to the use of formal Needs Assessments at case plan development, or are these assessments done at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Are formal Needs Assessments used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the implementation date of the policy?
(If you are not sure of the exact date, please put your best estimate).

_____

***IF CASE WORKER DISCRETION:**

How many of your workers would you estimate conduct or arrange for these assessments at case plan development on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin conducting or arranging for these assessments?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What date did this percentage of workers begin conducting or arranging for these assessments?
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Formal Reunification Assessment

You indicated that you use formal Reunification Assessments to assess reunification readiness.

Practice of any intervention varies from place to place. Family or Parent Assessments or Structured Decision Making Reunification Assessments usually involve:

- Assessments of parent and family using structured validated assessment instruments at the time of the reunification decision
- Consideration of safety and risk, domestic violence, mental health, substance abuse, and economic and material well-being

How does the version of Reunification Assessment in your county differ from the description (if at all)?

Are assessments conducted by a contractor or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

Is there a formal policy in regards to the use of formal Reunification Assessments, or are these assessments done at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion

***IF FORMAL POLICY: Are formal Reunification Assessments used for all reunifying parents, or for a particular subgroup of parents?**

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

IF WITHIN THE LAST 10 YEARS: What was the implementation date of the policy?
(If you are not sure of the exact date, please put your best estimate).

_____

****IF CASEWORKER DISCRETION:**

How many of your workers would you estimate use these assessments on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin conducting or arranging for Reunification Assessments?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What date did this percentage of workers begin conducting or arranging for Reunification Assessments?
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Icebreaker Meetings

You indicated that Ice-Breaker meetings are held in your county.

Practice of any intervention varies from place to place. Ice-Breaker meetings usually consists of:

- Facilitated meetings between foster and birth families shortly after a child is placed in out-of-home care to enable families to share information about the child's needs, and begin building a relationship to encourage positive partnership

How does the version of Icebreaker meetings in your county differ from the description (if at all)?

Are Icebreaker meetings facilitated by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

Is there a formal policy in regards to the use of Icebreaker meetings, or are meetings held informally at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Are Icebreaker meetings used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy regarding Icebreakers implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the implementation date for the policy regarding Icebreakers meetings?
(If you are not sure of the exact date, please put your best estimate).

_____

IF CASEWORKER DISCRETION:

How many of your workers would you estimate arrange these meetings on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin conducting or arranging for Icebreaker meetings?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

> ****IF WITHIN THE LAST 10 YEARS: What date did this percentage of workers begin conducting or arranging for Icebreaker meetings?**
> **(If you are not sure of the exact date, please put your best estimate).**
>
> _____

FOLLOW-UP: Treatment/Therapeutic Visitation

You indicated that Treatment/Therapeutic Visitation is used in your county.

Practice of any intervention varies from place to place. Treatment/Therapeutic Visitation usually consists of:

- Preparation of parents and children for visits, use of visits for improving parenting and communication skills, and on-going review and modification of visits as part of the treatment planning process

How does the version of Treatment/Therapeutic Visitation in your county differ from the description (if at all)?

Are Treatment/Therapeutic Visitation services provided by a contractor(s) or by agency staff?

( ) Don't know

( ) Agency staff

( ) Contractor

( ) Combination

( ) Other

Is there a formal policy in regards to the use of Treatment/Therapeutic Visitation services, or are these services used at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

> ***IF FORMAL POLICY:**
>
> **Is Treatment/Therapeutic Visitation used for all reunifying parents, or for a particular subgroup of parents?**
>
> ( ) Don't know
>
> ( ) All reunifying parents
>
> ( ) Particular subgroup. Please describe:

When was the policy regarding Treatment/Therapeutic Visitation implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the implementation date for the policy regarding Treatment/Therapeutic Visitation?
(If you are not sure of the exact date, please put your best estimate).

_____

****IF CASEWORKER DISCRETION:**

How many of your workers would you estimate facilitate or arrange for this type of visitation on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin facilitating or arranging for Treatment/Therapeutic Visitation?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

> ****IF WITHIN THE LAST TEN YEARS: What date did this percentage of workers begin facilitating or arranging for Treatment/Therapeutic Visitation?**
> **(If you are not sure of the exact date, please put your best estimate).**
>
> _____

FOLLOW-UP: Other Strategy

You indicated that some other activity or approach is used in your county's reunification program.

What is the name of this activity or approach?

_____

Please briefly describe this activity or approach. What are its essential elements?

When was this program implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

> ****IF WITHIN THE LAST TEN YEARS: What was the implementation date for t this program?**
> (If you are not sure of the exact date, please put your best estimate).
>
> _____

15.) Is there is anything else about the various types of reunification services in your county that you think we should know?

PART TWO: DELIVERY AND ORGANIZATION STRATEGIES

There are a variety of ways agencies can deliver reunification services to clients.

16.) Please indicate whether or not your county, or a contracted provider, uses any of the following service delivery strategies.

	Yes	No	Don't Know
Co-location of services (Various services, such as mental health, domestic violence and/or substance abuse services, are co-located in the agency or the community, to reduce the burden of traveling to and accessing multiple services)	( )	( )	( )
Ethnic-specific or sensitive services (Services are tailored to better meet the particular cultural interests, preferences, and/or needs of a particular group, such as Spanish-speaking clients or African American clients)	( )	( )	( )
Gender-specific services (Services are tailored to better meet the particular interests, preferences, and/or needs of a particular gender group)	( )	( )	( )
In-home services (A particular service is provided in the client's home rather than in the agency office or in the community)	( )	( )	( )
Service combining (Traditionally distinct services are combined into one component designed to address two or more issues; for instance, counseling/therapy might be folded into residential substance abuse treatment)	( )	( )	( )
Service staggering (Start dates for different types of services are staggered so that not all services are delivered at the same times; substance abuse services might be completed first, for example, before parenting or counseling services are started)	( )	( )	( )

FOLLOW-UP: Co-location of Services

You indicated that in your county, some or all reunification services provided by the county or a contracted provider are co-located.

Which services are co-located? (check all that apply):

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

Are co-located services available to all reunifying parents, or are they used for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When were co-located services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

IF WITHIN THE LAST TEN YEARS: What was the date co-located services were implemented?
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Ethnic-Specific or Sensitive Services

You indicated that your county or a contracted provider uses Ethnic-Specific or Ethnic-Sensitive Services.

For which of the following services are Ethnic-Specific or Ethnic-Sensitive options available? (check all that apply):

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

For what ethnic groups and/or subgroups are Ethnic-Specific or Ethnic-Sensitive Services available?

( ) Don't know

( ) Please describe:

When were Ethnic-Specific or Ethnic-Sensitive Services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the date Ethnic-Specific or Ethnic-Sensitive services were implemented?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Gender-Specific Services

You indicated that your county or a contracted provider uses Gender-Specific Services.

For which of the following services are Gender-Specific options available? (check all that apply):

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

Are Gender-Specific Services used for all reunifying parents, or for a particular subgroup of parents (such as Spanish-speaking, or African American)

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When were Gender-Specific Services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the date Gender-Specific Services were implemented?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: In-Home Services

You indicated that your county or a contracted provider uses In-Home Services.

For which of the following services are in-home service options available? (check all that apply):

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

Are In-Home Services used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When were In-Home Services implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the implementation date for In-Home Services?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Service Combining

You indicated that your county or a contracted provider uses Service Combining -- in which traditionally distinct services are combined into one component designed to address two or more issues -- as a service delivery strategy.

Which reunification services are combined? (check all that apply)

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

Is Service Combining used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was Service Combining implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the date Service Combining was implemented?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Service Staggering- Follow-up Questions

You indicated that your county or a contracted provider uses Service Staggering -- in which start dates for different types of services are staggered so that not all services are delivered at the same time -- as a service delivery strategy.

For which services is Service Staggering used? (check all that apply):

[ ] Parenting

[ ] Counseling

[ ] DV treatment – "batterer"

[ ] DV treatment – "victim"

[ ] Substance abuse inpatient treatment

[ ] Substance abuse outpatient treatment

[ ] Drug testing

[ ] Other:

Is Service Staggering used for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was Service Staggering implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What date was Service Staggering implemented?**
(If you are not sure of the exact date, please put your best estimate).

_____

Agencies use a variety of strategies to coordinate and organize services.

17.) Please indicate whether or not any of the following coordination and organization strategies are used for reunification services by your agency or a contracting agency or organization.

	Yes	No	Don't Know
Service Coordination (A formal committee or other meeting structure between providers/contractors and the agency to coordinate reunification services and/or review service delivery issues)	( )	( )	( )
Liaisons (Agency liaisons are appointed to service providers as a point of contact, for channeling referrals, resolving concerns, and/or facilitating communication between agency and provider)	( )	( )	( )
Priority Status (Child welfare clients have priority status when accessing services needed for reunification)	( )	( )	( )

FOLLOW-UP: Service Coordination

You indicated that your county coordinates reunification services through some kind of formal structure.

Sometimes this kind of coordination happens through the Linkages program, or through the DDC. Aside from those programs, does your county have service coordination for reunification services?

( ) Yes**

( ) No

( ) Don't know

****IF YES: When was service coordination implemented?**

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the date service coordination was implemented?**
(If you are not sure of the exact date, please put your best estimate).

_____

FOLLOW-UP: Liaisons - Follow-Up Question

You indicated that in your county, Liaisons are appointed to service providers as a point of contact.

Is this by formal county policy, or informal agreement with providers?

( ) Formal county policy

( ) Informal agreement with providers

( ) Don't know

When was the use of Liaisons implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the implementation date for the use of Liaisons? (If you are not sure of the exact date, please put your best estimate).**

_____

FOLLOW-UP: Priority Status

You indicated that in your county, child welfare clients have priority when accessing services.

Is this by formal county policy, or informal agreement with providers?

( ) Formal county policy

( ) Informal agreement with providers

( ) Don't know

When was priority status for reunifying parents established?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

****IF WITHIN THE LAST TEN YEARS: What was the date priority status was established? (If you are not sure of the exact date, please put your best estimate).**

Many counties use private providers to deliver at least some of their reunification services.

18.) For each service listed, please indicate whether the service is provided by public child welfare agency staff persons, by formally contracted providers, or by community providers not through a formal contract.
(If a particular service is provided by a combination of approaches, check all relevant boxes.)

	CW agency staff	Contracted Providers	Community Providers (Not contracted)
Parenting	[ ]	[ ]	[ ]
Counseling	[ ]	[ ]	[ ]
DV treatment – "batterer"	[ ]	[ ]	[ ]
DV treatment – "victim"	[ ]	[ ]	[ ]
Substance abuse inpatient treatment	[ ]	[ ]	[ ]
Substance abuse outpatient treatment	[ ]	[ ]	[ ]
Drug testing	[ ]	[ ]	[ ]

The next set of questions ask about various case management strategies, including caseload size, concurrent planning, referral processes, and transportation.

19.) What is the typical case load for case-carrying social workers working with reunifying families? (choose one)

( ) Number of Families

( ) Number of Children

( ) Don't Know

Concurrent planning is implemented differently in different counties. Please answer the following questions in regards to how your county implements concurrent planning.

20.) In your county, are children removed from home formally assessed for their likelihood of reunification?

( ) Yes

( ) No

( ) Don't know

21.) Do you use a formal process for identifying/categorizing fost-adopt or concurrent homes (resource parents willing to foster and adopt)?

( ) Yes

( ) No

( ) Don't know

22.) Is an adoptive worker AND a reunification services worker assigned to children in concurrent/fost-adopt homes?

( ) Yes

( ) No

( ) Don't know

23.) Are children placed in fost-adopt or concurrent homes as soon as possible after they enter care, or only after some time, when it becomes obvious the parent will fail to reunify?

( ) As soon as possible after entering care**

( ) Once it become obvious the parent will fail to reunify

( ) Don't know

> ****IF AS SOON AS POSSIBLE: Are only children deemed "unlikely to reunify" placed in fost-adopt or concurrent homes as soon as possible, or are all children are placed in fost-adopt/concurrent homes as soon as possible?**
>
> ( ) Only children deemed unlikely to reunify
>
> ( ) All children
>
> ( ) Don't know

Please answer the following questions in regards to how caseworkers connect clients with services in your county:

24.) Do case managers ever make formal referrals to service providers for clients?

( ) Yes**

( ) No

( ) Don't know

****IF YES:**

Is there a formal policy in regards to the use of formal referrals, or is this done informally at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

> ***IF FORMAL POLICY:**
>
> **Are fomal referrals provided for all reunifying parents, or for a particular subgroup of parents?**
>
> ( ) Don't know
>
> ( ) All reunifying parents
>
> ( ) Particular subgroup. Please describe:
>
> **When was the policy regarding formal referrals implemented?**
>
> ( ) No idea
>
> ( ) At least ten years ago
>
> ( ) Within the last ten years**
>
> > **** IF WITHIN THE LAST TEN YEARS: What was the implementation date of the policy regarding formal referrals?**
> > **(If you are not sure of the exact date, please put your best estimate).**
> >
> > _____

****IF CASEWORKER DISCRETION:**

How many of your workers would you estimate make formal referrals on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin making formal referrals?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the date this percentage of workers began making formal referrals? **(If you are not sure of the exact date, please put your best estimate).**

_____

25.) Do case managers ever call service providers to make initial appointment for clients?

( ) Yes**

( ) No

( ) Don't know

****IF YES:**

Is there a formal policy in regards to the calling service providers to make initial appointments for clients, or is this done informally at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Are calls made for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy regarding these calls implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

**** IF WITHIN THE LAST TEN YEARS: What was the implementation date of the policy?**
(If you are not sure of the exact date, please put your best estimate).

_____

****IF CASEWORKER DISCRETION:**

How many of your workers would you estimate make these calls on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin making initial calls?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the date this percentage of workers began making intial calls? **(If you are not sure of the exact date, please put your best estimate).**

_____

26.) Do case managers ever transport clients to their initial appointments with service providers?

( ) Yes**

( ) No

( ) Don't know

****IF YES:**

Is there a formal policy in regards to transporting clients to initial appointments, or is this done informally at caseworker discretion?

( ) Formal Policy*

( ) Caseworker Discretion**

***IF FORMAL POLICY:**

Is transportation to initial appointments provided for all reunifying parents, or for a particular subgroup of parents?

( ) Don't know

( ) All reunifying parents

( ) Particular subgroup. Please describe:

When was the policy regarding transportation to initial appointments implemented?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years**

> **** IF WITHIN THE LAST TEN YEARS: What was the implementation date of the policy?**
> **(If you are not sure of the exact date, please put your best estimate).**
>
> _____

****IF CASEWORKER DISCRETION:**

How many of your workers would you estimate transport clients to initial appointments on a regular basis?

( ) A few

( ) More than a few but less than half

( ) Half or more than half but not all workers

( ) All or almost all workers do this

( ) Don't know

When did this percentage of workers begin making transporting clients to initial appointments?

( ) No idea

( ) At least ten years ago

( ) Within the last ten years

What was the date this percentage of workers began doing this? **(If you are not sure of the exact date, please put your best estimate).**

27.) Which of the following approaches to transportation is most often true in your county?

( ) Transportation to services is provided by agency when needed

( ) Bus tickets or other compensation provided for clients to access public transit

( ) No transportation services or compensation provided for clients

( ) Other:

( ) Don't know

28.) Is there is anything else about how reunification services are delivered and organized in your county that you think we should know?

PART THREE: BARRIERS

29.) Please indicate how much the following issues in the environment act as a barrier or hindrance to effective delivery of reunification services in your county.

	Not a Barrier	Small Barrier	Moderate Barrier	Substantial Barrier
Lack of adequate public transportation systems in the county	( )	( )	( )	( )
Lack of adequate supply of appropriate domestic violence services in the county	( )	( )	( )	( )
Lack of adequate supply of appropriate adult mental health services in the county	( )	( )	( )	( )
Lack of adequate supply of appropriate substance abuse services in the county	( )	( )	( )	( )
Lack of adequate consideration of cultural issues (including language) in services that are available	( )	( )	( )	( )
Inadequate funding stream for development of reunification services	( )	( )	( )	( )
Different priorities and emphases of CPS, CJ, AOD, MH, and DV providers	( )	( )	( )	( )

30.) Is there is anything else about barriers or hindrances to providing reunification services in your county that you think we should know?

OTHER ISSUES

The last few questions ask about a few other issues that can affect reunification.

31.) Within the last five years, have you undertaken any system-wide or community-based efforts to reform reunification practice, services or outcomes, such as initiatives to improve access to services or attempts to alter institutional culture?

( ) Yes**

( ) No

( ) Don't know

**IF YES: Please describe briefly.

32.) If a child is placed permanently with a family member other than the biological parent, does your county define this as "reunification"?

( ) Yes

( ) No

( ) Don't know

33.) Are there other important aspects of your reunification services program we haven't asked about, or anything else you think we should know?

That's the last question! We appreciate your time. If you would like to receive a copy of the report summarizing this information, please indicate here:

( ) Yes, I'd like to receive the report

( ) No thanks, I don't want the report

Thank you for your participation! Your response is very important, and very much appreciated. If you have any questions, please don't hesitate to contact me.

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APPENDIX B: Interview Protocol

Models of Reunification Services Delivery in California – Phase III

INTERVIEW PROTOCOL

1. Tell me briefly about your current role in the agency. How would you summarize the work that you do in a brief verbal paragraph?

2. And what is your role in regards to reunification services? (If not answered above)

3. Tell me a bit about your reunification services program. First, does it have an organizing philosophy, a formal mission statement, anything like this?
    a. If yes, what is it, can you tell me about it?
    b. If not, if you had to invent this statement, what would you come up with?

4. Do you have any documents related to this premise or philosophy? A memo, or strategic plan, or diagram, anything like this? Could I look at it if so?

5. What would you say are the essential elements of your reunification program? What is the general approach?
   (If that's too broad try): Tell me what a parent would experience upon her case being transferred into your unit – walk me through that process.

6. What's working well about your program? What are you most proud of?

7. What isn't working as well? What do you hope to change or improve in the future?

8. Are there issues in the environment external to your agency that complicate or challenge the delivery of reunification services? If so, what are they?

9. Your county scored high on a measure representing (supportiveness, service access-easing, coordination, assessment). I'm going to show you a list of program practices your county reported in this area, and I want you to identify which you think are most important or significant in your county.

10. Are you knowledgeable about the details of this practice?

    a. (If not): who would be the appropriate person to find out more about this practice from?

    b. (If so): for each of the identified practices, ask the following questions:

        i. Very briefly, tell me what this approach consists of.

        ii. What was the reasoning for the use of this strategy or approach? Why was it instituted?

        iii. What does it aim to accomplish, and how does it work?

        iv. What do you see as its benefits? In what ways does it help families or improve the process?

        v. Are there any drawbacks to its use?

        vi. Have there been any lessons learned from its implementation? If another county wanted to try and do this, what would you tell them to be SURE to do, or be sure to *not* do?

11. Is there anything else important about your county's approach to providing reunification services, or the services themselves, that you think I should know?

APPENDIX c: Survey Data Summary

California State-Wide Survey on Reunification Services

PART ONE: REUNIFICATION SERVICES PROGRAM PRACTICE

Parenting-skills training programs used with reunifying parents either by the agency or a contractor

Program	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Parent-Child Interaction Therapy	32	65.3	8	16.3	7	14.3	2	4.1	49	100.0
Nurturing Parenting Program	19	38.8	21	42.9	7	14.3	2	4.1	49	100.0
Triple P-Positive Parenting Program	16	32.7	22	44.9	9	18.4	2	4.1	49	100.0
The Incredible Years Parenting Program	12	24.5	25	51.0	8	16.3	4	8.2	49	100.0

Incredible Years Follow Up Questions (N=12)

Parent group for whom Incredible Years Parenting Program is used

	n
All reunifying parents	2
Don't know	0
Particular subgroup.	10
Missing	0
Total	12

Incredible Years Provider

	n
Don't know	0
Agency staff	2
Contractor	9
Combination	0
Other Behavioral Health Therapists	1
Missing	0
TOTAL	12

Incredible Years implementation range

	n
No idea	1
At least ten years ago	0
Within the last ten years**	11
Missing	0
TOTAL	12

Nurturing Parent Program Follow Up Questions (N=19)

Parent group for whom NP Parenting Program is used

	n
All reunifying parents	10
Don't know	0
Particular subgroup.	8
Missing	1
Total	19

NP Provider

	n
Don't know	
Agency staff	4
Contractor	9
Combination	3
Other	3
Missing	0
TOTAL	19

NP implementation range

	n
No idea	3
At least ten years ago	1
Within the last ten years**	15
Missing	0
TOTAL	19

PCIT Follow Up Questions (N=32)

Parent group for whom PCIT Parenting Program is used

	n
All reunifying parents	2
Don't know	0
Particular subgroup.	30
Missing	0
Total	32

PCIT Provider

	n
Don't know	0
Agency staff	2
Contractor	23
Combination	2
Other	5
Missing	0
TOTAL	32

PCIT implementation range

	n
No idea	7
At least ten years ago	5
Within the last ten years**	19
Missing	1
TOTAL	32

TRIPLE P Follow Up Questions (N=16)

Parent group for whom Triple P Program is used

	n
All reunifying parents	4
Don't know	0
Particular subgroup.	11
Missing	1
Total	16

Triple P Program Provider

	n
Don't know	0
Agency staff	1
Contractor	12
Combination	3
Other	0
Missing	0
TOTAL	16

Triple P Program implementation range

	n
No idea	2
At least ten years ago	0
Within the last ten years**	14
Missing	0
TOTAL	16

After Care Programs Used

Program	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Family Maintenance Services	48	98.0	0	0.0	1	2.0	0	0.0	49	100.0
Other AfterCare Service	20	40.8	24	49.0	3	6.1	2	4.1	49	100.0

Family Maintenance Follow Up Questions (N=48)

Period of time FM Services provided

	n
Up to 18 months and no more	12
6 months, regardless of time to reunify	8
As long as needed	15
Other	13
Total	48

Parent group for whom FM Services provided

	n
All reunifying parents	38
Don't know	0
Particular subgroup.	10
Missing	0
Total	48

FM Services implementation range

	n
No idea	7
At least ten years ago	39
Within the last ten years**	2
Missing	0
TOTAL	48

Other After Care Services Follow Up Questions (N=20)

Time point AfterCare services used

	n
At reunification but before case dismissal	10
After reunification and dismissal of case	7
Other	3
Don’t know	0
Missing	0
Total	20

Period of time AfterCare Services provided

	n
30 days	2
3 months	5
6 months	5
Other	8
Missing	0
Total	20

Parent group for whom AfterCare Services provided

	n
All reunifying parents	9
Don't know	0
Particular subgroup.	11
Missing	0
Total	20

AfterCare Services Provider

	n
Don't know	0
Agency staff	1
Contractor	10
Combination	7
Other	2
Missing	0
TOTAL	20

AfterCare Services implementation range

	n
No idea	2
At least ten years ago	9
Within the last ten years**	9
Missing	0
TOTAL	20

Parent support programs used with reunifying parents either by the agency or a contractor

Program	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Foster Parent Mentors	13	26.5	32	65.3	0	0.0	4	8.2	49	100.0
Parents' Anonymous program	4	8.2	38	77.6	3	6.1	4	8.2	49	100.0
Parent Partner / Parent Mentor program	26	53.1	21	42.9	0	0.0	2	4.1	49	100.0

Foster Parent Mentors Follow Up Questions (N=13)

Parent group for whom Foster Parent Mentors is used

	n
All reunifying parents	4
Don't know	0
Particular subgroup.	9
Missing	0
Total	13

Foster Parent Mentors implementation range

	n
No idea	6
At least ten years ago	3
Within the last ten years**	4
Missing	0
TOTAL	13

Parents Anonymous Follow Up Questions (N=4)

Parent group for whom Parents Anonymous is used

	n
All reunifying parents	1
Don't know	0
Particular subgroup.	2
Missing	1
Total	13

Parents Anonymous implementation range

	n
No idea	1
At least ten years ago	0
Within the last ten years**	3
Missing	0
TOTAL	4

Parent Partner / Parent Mentors Follow Up Questions (N=26)

Parent group for whom Parent Partner / Parent Mentors is used

	n
All reunifying parents	5
Don't know	0
Particular subgroup.	21
Missing	0
Total	26

Parent Partner / Parent Mentors implementation range

	n
No idea	2
At least ten years ago	3
Within the last ten years**	21
Missing	0
TOTAL	26

Approaches to Providing Reunification Services

Program	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Dependency Drug Court (DDC) / Family Treatment Drug Court	26	53.1	23	46.9	0	0.0	0	0.0	49	100.0
Intensive Family Reunification Services (IFRS) (and/or Homebuilders model)	8	16.3	38	77.6	1	2.0	2	4.1	49	100.0
Linkages	29	59.2	17	34.7	0	0.0	3	6.1	49	100.0
Shared Family Care (SFC)	0	0.0	44	89.8	1	2.0	4	8.2	49	100.0
WrapAround" services	39	79.6	9	18.4	1	2.0	0	0.0	49	100.0

DDC Follow Up Questions (N=26)

DDC Elements

Element	Yes	No	Don't Know	Missing	TOTAL
	n	n	n	n	n
Providers have an organized coordination process	21	1	3	1	26
A case manager is assigned in addition to the CWW	17	8	1	0	26
There are separate judges and hearings for the two issues	12	13	0	1	26
A single judge hears both issues in the same hearing	9	17	0	0	26
Providers working with a family attend DDC hearings	6	18	1	1	26
Treatment services are available at the court	4	19	3	0	26
All reunifying parents can use the DDC	3	23	0	0	26
Non-complaint parents ordered to the DDC	3	22	0	1	26

DDC Program implementation range

	n
No idea	3
At least ten years ago	4
Within the last ten years**	19
Missing	0
TOTAL	26

IFRS Follow Up Questions (N=8)

IFRS Provider

	n
Don't know	0
Agency staff	3
Contractor	4
Combination	0
Other	1
Missing	0
TOTAL	8

IFRS implementation range

	n
No idea	0
At least ten years ago	5
Within the last ten years**	3
Missing	0
TOTAL	8

LINKAGES Follow Up Questions (N=29)

Parent group for whom Linkages provided

	n
All reunifying parents	11
Don't know	1
Particular subgroup.	17
Missing	0
Total	29

Linkages implementation range

	n
No idea	7
At least ten years ago	4
Within the last ten years**	18
Missing	0
TOTAL	8

Wrap Around Follow Up Questions (N=39)

At what point in case are WA services provided (not mutually exclusive)

	n
Throughout reunification process	20
Directly prior to reunification	12
Other point	7
	39

Parent group for whom WA provided

	n
All reunifying parents	3
Don't know	1
Particular subgroup.	35
Missing	0
Total	39

WA Provider

	n
Don't know	0
Agency staff	6
Contractor	24
Combination	7
Other	2
Missing	0
TOTAL	39

WA implementation range

	n
No idea	2
At least ten years ago	13
Within the last ten years**	23
Missing	1
TOTAL	39

Other reunification services or strategies used

Program	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Concrete Services	39	79.6	9	18.4	1	2.0	0	0.0	49	100.0
Family Team Meetings	41	83.7	8	16.3	0	0.0	0	0.0	49	100.0
Formal Needs Assessment	39	79.6	9	18.4	1	2.0	0	0.0	49	100.0
Formal Reunification Assessment	41	83.7	6	12.2	2	4.1	0	0.0	49	100.0
Ice-Breaker meetings	15	30.6	32	65.3	0	0.0	2	4.1	49	100.0
Treatment/Therapeutic visitation	27	55.1	18	36.7	2	4.1	2	4.1	49	100.0

Follow-Up questions Concrete Services

Type of Concrete Services provided (not mutually exclusive)

Cash assistance	17
Clothing	27
Food	36
Household repairs	23
Transportation	39
Other	13

Formal policy or worker discretion

	n
Formal policy	17
Worker discretion	21
Don't know	0
Missing	1
Total	39

IF FORMAL POLICY, parent group for whom CS provided (n=17)

	n
All reunifying parents	10
Don't know	0
Particular subgroup.	7
Missing	0
Total	29

IF FORMAL POLICY, implementation range

	n
No idea	2
At least ten years ago	12
Within the last ten years**	3
Missing	0
TOTAL	17

Follow-Up questions Family Team Meetings (n=41)

Point at which FTM held (not mutually exclusive)

Case plan development	18
Through-out reunification	20
Prior to reunification	14
At placement decisions	27
Other	13

Party responsible for decisionmaking at FTM

	n
Family with agency input	11
Agency with family input	15
Shared 50/50	15
Other	0
Don't know	0
Total	41

FTM Provider

	n
Don't know	0
Agency staff	28
Contractor	1
Combination	10
Other	1
Missing	1
TOTAL	41

Formal policy or worker discretion

	n
Formal policy	31
Worker discretion	11
Don't know	0
Missing	0
Total	41

IF FORMAL POLICY, parent group for whom FTM provided (n=31)

	n
All reunifying parents	25
Don't know	0
Particular subgroup.	5
Missing	1
Total	31

IF FORMAL POLICY, implementation range

	n
No idea	0
At least ten years ago	6
Within the last ten years**	24
Missing	1
TOTAL	31

Follow-Up questions Formal Needs Assessment (n=39)

FTM Provider

	n
Don't know	0
Agency staff	36
Contractor	1
Combination	2
Other	0
Missing	0
TOTAL	39

Formal policy or worker discretion

	n
Formal policy	38
Worker discretion	1
Don’t know	0
Missing	0
Total	39

IF FORMAL POLICY, parent group for whom FNA provided (n=38)

	n
All reunifying parents	37
Don't know	0
Particular subgroup.	0
Missing	2
Total	39

IF FORMAL POLICY, implementation range

	n
No idea	4
At least ten years ago	6
Within the last ten years**	28
Missing	1
TOTAL	39

Follow-Up questions Reunification Assessment (n=41)

RA Provider

	n
Don't know	0
Agency staff	39
Contractor	0
Combination	2
Other	0
Missing	0
TOTAL	41

Formal policy or worker discretion

	n
Formal policy	36
Worker discretion	5
Don't know	0
Missing	0
Total	41

IF FORMAL POLICY

Parent group for whom RA provided (n=36)

	n
All reunifying parents	34
Don't know	0
Particular subgroup.	0
Missing	2
Total	36

Implementation range

	n
No idea	5
At least ten years ago	7
Within the last ten years**	24
Missing	0
TOTAL	36

0 missing

Follow-Up questions IceBreaker meetings (n=15)

IceBreaker Provider

	n
Don't know	0
Agency staff	9
Contractor	1
Combination	5
Other	0
Missing	0
TOTAL	15

Formal policy or worker discretion

	n
Formal policy	10
Worker discretion	5
Don't know	0
Missing	0
Total	15

IF FORMAL POLICY

Parent group for whom RA provided (n=10)

	n
All reunifying parents	7
Don't know	1
Particular subgroup.	2
Missing	0
Total	10

Implementation range

	n
No idea	0
At least ten years ago	0
Within the last ten years**	10
Missing	0
TOTAL	10

Follow-Up questions Therapeudic Visitation meetings (n=27)

TV Provider

	n
Don't know	0
Agency staff	3
Contractor	10
Combination	9
Other	3
Missing	2
TOTAL	27

Formal policy or worker discretion

	n
Formal policy	12
Worker discretion	14
Don’t know	0
Missing	1
Total	27

IF FORMAL POLICY

Parent group for whom RA provided (n=12)

	n
All reunifying parents	
Don't know	
Particular subgroup.	
Missing	
Total	12

Implementation range

	n	%
No idea	0	0.0
At least ten years ago	3	25.0
Within the last ten years**	9	75.0
Missing	0	0.0
TOTAL	12	100.0

PART TWO: DELIVERY AND ORGANIZATION STRATEGIES

Service delivery strategies

Strategy	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
In-Home Services	43	87.8	4	8.2	1	2.0	1	2.0	49	100
Co-Location	38	77.6	11	22.4	0	0.0	0	0.0	49	100
Ethnic Specific	36	73.5	13	26.5	0	0.0	0	0.0	49	100
Gender-Specific	16	32.7	30	61.2	2	4.1	1	2.0	49	100
Service Combining	22	44.9	18	36.7	8	16.3	1	2.0	49	100
Service Staggering	27	55.1	19	38.8	3	6.1	0	0.0	49	100

FOLLOW-UP: Co-located Services (n=38)

Which Service are Co-Located (not mutually exclusive)

	n
Counseling	27
SA Outpatient	22
Parenting	19
Drug Testing	17
DV Treatment “Victim”	12
Other	9
DV Treatment “Batterer”	8
SA Inpatient	3

Parent group for whom CoLocation is used

	n
All reunifying parents	26
Don't know	0
Particular subgroup.	10
Missing	2
Total	38

Implementation range

	n
No idea	10
At least ten years ago	19
Within the last ten years**	8
Missing	1
TOTAL	38

FOLLOW-UP: Ethnic-Specific services (n=36)

Services with Ethnic-Specific services available (not mutually exclusive)

	n
Counseling	27
SA Outpatient	12
Parenting	27
Drug Testing	7
DV Treatment "Victim"	15
Other	8
DV Treatment "Batterer"	13
SA Inpatient	8

Parent group for whom Ethnic Specific services are used

	n
African American	
Native American	0
Latino	0
Vietnamese	2
Total	36

Implementation range

	n
No idea	8
At least ten years ago	19
Within the last ten years**	8
Missing	1
TOTAL	36

FOLLOW-UP: Gender-Specific services (n=16)

Services with Gender-Specific services available (not mutually exclusive)

	n
Counseling	10
SA Outpatient	9
Parenting	4
Drug Testing	4
DV Treatment "Victim"	9
Other	2
DV Treatment "Batterer"	7
SA Inpatient	8

Parent group for whom Gender-Specific services

	n
All reunifying parents	13
Don't know	0
Particular subgroup.	2
Missing	1
Total	16

Implementation range

	n
No idea	4
At least ten years ago	10
Within the last ten years**	2
Missing	0
TOTAL	16

FOLLOW-UP: In-Home services (n=43)

Services with In-Home services available (not mutually exclusive)

	n
Counseling	12
SA Outpatient	1
Parenting	35
Drug Testing	5
DV Treatment "Victim"	3
Other	9
DV Treatment "Batterer"	1
SA Inpatient	0

Parent group for whom In-Home services provided

	n
All reunifying parents	21
Don't know	0
Particular subgroup.	20
Missing	2
Total	43

Implementation range

	n
No idea	7
At least ten years ago	20
Within the last ten years** (?)	10
Missing	6
TOTAL	43

FOLLOW-UP: Combined services (n=22)

Services with Combined services available (not mutually exclusive)

	n
Counseling	18
SA Outpatient	12
Parenting	15
Drug Testing	4
DV Treatment "Victim"	5
Other	4
DV Treatment "Batterer"	3
SA Inpatient	9

Parent group for whom Combined services provided

	n
All reunifying parents	10
Don't know	0
Particular subgroup.	11
Missing	1
Total	22

Implementation range

	n
No idea	7
At least ten years ago	7
Within the last ten years** (?)	6
Missing	2
TOTAL	22

FOLLOW-UP: Staggered services (n=27)

Services with Staggered services available (not mutually exclusive)

	n
Counseling	22
SA Outpatient	20
Parenting	22
Drug Testing	9
DV Treatment "Victim"	15
Other	6
DV Treatment "Batterer"	13
SA Inpatient	19

Parent group for whom Staggered services provided

	n
All reunifying parents	16
Don't know	0
Particular subgroup.	9
Missing	2
Total	27

Implementation range

	n
No idea	10
At least ten years ago	13
Within the last ten years** (?)	3
Missing	1
TOTAL	27

Coordination and Organization Strategies.

Strategy	Yes		No		Don't Know		Missing		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Service Coordination	25	51.0	19	38.8	3	6.1	2	4.1	49	100
Liaisons	28	57.1	19	38.8	1	2.0	1	2.0	49	100
Priority Status	30	61.2	17	34.7	1	2.0	1	2.0	49	100

Service Coordination Follow-Up Questions

Service coordination exists for reunification services other than through DDC or Linkages (the real question) (n=25)

	n
Yes	21
No	4
Missing	0
Total	25

Implementation range (n=21)

	n
No idea	2
At least ten years ago	9
Within the last ten years** (?)	9
Missing	1
TOTAL	21

Liaisons` Follow-Up Questions (n=28)

Formal policy or worker discretion

	n
Formal policy	14
Worker discretion	14
Don’t know	0
Missing	0
Total	28

Implementation range

	n
No idea	9
At least ten years ago	9
Within the last ten years	10
Missing	0
TOTAL	28

Priority Status Follow-Up Questions (n=30)

Formal policy or worker discretion

	n
Formal policy	10
Worker discretion	18
Don't know	0
Missing	2
Total	30

Implementation range

	n
No idea	9
At least ten years ago	15
Within the last ten years** (?)	5
Missing	1
TOTAL	30

Other questions related to Coordination and Organization Strategies

Service Provision

	CW agency staff		**Contracted Providers**		**Community Providers (Not contracted)**	
	n	%	n	%	n	%
Parenting	12	24.5	37	75.5	25	51.0
Counseling	3	6.1	35	71.4	26	53.1
DV treatment – "batterer"	2	4.1	25	51.0	29	59.2
DV treatment – "victim"	1	2.0	22	44.9	34	69.4
Substance abuse inpatient treatment	0	0.0	31	63.3	23	46.9
Substance abuse outpatient treatment	2	4.1	30	61.2	28	57.1
Drug testing	17	34.7	33	67.3	11	22.4

Typical caseload for case-carrying workers with reunifying families (# of children)

	n	%
<20	9	18.4
20-24	7	14.3
25-29	11	22.4
30-34	7	14.3
35+	2	4.1
Missing/don't measure in this way	13	26.5
TOTAL	49	100.0

Concurrent planning

Formal Assessment Occurs

	n	%
Yes	25	51.0
No	22	44.9
Don't Know	0	0.0
Missing	2	4.1
TOTAL	49	100

Formal Process to Identify and Categorize FostAdopt/Concurrent Homes

	n	%
Yes	25	51.0
No	22	44.9
Don't Know	0	0.0
Missing	2	4.1
TOTAL	49	100

Adoption worker and reunification worker assigned to children in CC/FA homes

	n	**%**
Yes	34	69.4
No	12	24.5
Don't Know	1	2.0
Missing	2	4.1
TOTAL	49	100

Child placed in CC/FP home ASAP vs. once reunification failure appears likely

	n	**%**
As soon as possible after entering care	35	71.4
Once it appears likely the parent will fail to reunify	13	26.5
Don't Know	1	2.0
Missing	0	0.0
TOTAL	49	100

IF AS SOON AS POSSIBLE: Only children deemed "unlikely to reunify" placed in FA/CC homes ASAP vs. all children are placed in FA/CC homes ASAP (n=35)

	n	%
Only children unlikely to reunify	8	22.9
All children	25	71.4
Don't Know	1	2.9
Missing	1	2.9
TOTAL	35	100.0

Referral Processes

Formal Referral Occurs

	n	%
Yes	48	98.0
No	0	0.0
Don't Know	0	0.0
Missing	1	2.0
TOTAL	49	100

Formal policy or worker discretion (n=48)

	n	%
Formal policy	28	58.3
Worker discretion	20	41.7
Don't know	0	0.0
Missing	0	0.0
Total	48	100.0

IF FORMAL POLICY

Parent group for whom referrals provided (n=28)

	n
All reunifying parents	26
Don't know	0
Particular subgroup.	2
Missing	0
Total	29

Implementation range

	n
No idea	6
At least ten years ago	18
Within the last ten years**	0
Missing	4
TOTAL	28

Case managers call initial referral for clients

	n	%
Yes	40	81.6
No	5	10.2
Don't Know	4	8.2
Missing	0	0.0
TOTAL	49	100

IF YES: Formal policy or worker discretion (n=40)

	n
Formal policy	2
Worker discretion	38
Don't know	0
Missing	0
Total	40

IF FORMAL POLICY

Parent group for whom referrals provided (n=2)

	n
All reunifying parents	1
Don't know	0
Particular subgroup.	1
Missing	0
Total	2

Implementation range

	n
No idea	0
At least ten years ago	2
Within the last ten years**	0
Missing	0
TOTAL	2

Transportation Processes

Case Managers Transport Clients to Initial Appointment

	n	%
Yes	42	85.7
No	6	12.2
Don't Know	1	2.0
Missing	0	0.0
TOTAL	49	100

IF YES: Formal policy or worker discretion (n=42)

	n
Formal policy	2
Worker discretion	40
Don't know	0
Missing	0
Total	42

IF FORMAL POLICY

Parent group for whom transportation provided (n=2)

	n
All reunifying parents	2
Don't know	0
Particular subgroup.	0
Missing	0
Total	2

Implementation range

	n
No idea	0
At least ten years ago	2
Within the last ten years**	0
Missing	0
TOTAL	28

Transportation Approach Most Often True in County

	n	%
Transportation to services provided when needed	14	28.6
Bus tickets or other compensation provided to access public trans	32	65.3
No transportation or compensation provided	0	0.0
Combo	2	4.1
Missing	1	2.0
TOTAL	49	100.0

PART THREE: BARRIERS

Degree to which the following issues in the environment act as a barrier or hindrance to effective delivery of reunification services

Barrier	**Not a Barrier**		**Small Barrier**		**Moderate Barrier**		**Substantial Barrier**		**TOTAL**	
	n	%	n	%	n	%	n	%	n	%
Lack of adequate public transportation	3	6.1	14	28.6	10	20.4	22	44.9	49	100.0
Lack of adequate DV services	13	26.5	14	28.6	17	34.7	5	10.2	49	100.0
Lack of adequate MH health services	4	8.2	7	14.3	23	46.9	15	30.6	49	100.0
Lack of adequate SA services	7	14.3	11	22.4	14	28.6	17	34.7	49	100.0
Lack of adequate consideration of cultural issues (including language)	6	12.2	23	46.9	18	36.7	2	4.1	49	100.0
Inadequate funding	2	4.1	8	16.3	15	30.6	24	49.0	49	100.0
Differing priorities	11	22.4	15	30.6	19	38.8	4	8.2	49	100.0