

IMPROVING OUTCOMES FOR TANF CHILD-ONLY CASES

Final Report of Peer TA Activity

**Conducted for Metropolitan Nashville/Davidson County Social Services
Nashville, Tennessee
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Developed by the Welfare Peer Technical Assistance Network

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This report describes the Administration for Children and Families (ACF) Office of Family Assistance (OFA) Welfare Peer Technical Assistance Network event entitled Improving Outcomes for TANF Child-Only Cases that took place in Nashville, TN, April 26-27, 2005. The Agenda from the event is provided in Appendix A. Appendix B lists the event participants, and an Evaluation Summary is provided in Appendix C.

The report is available for download at: <http://peerta.acf.hhs.gov/taevents/chron.htm>.

1. ROUNDTABLE BACKGROUND

Under the Temporary Assistance to Needy Families (TANF) program, child-only cases—those in which no adult is included in the cash grant—have become an increasing proportion of State caseloads in recent years. Child-only cases are either parental or non-parental—parental cases are those in which the parent is resident in the home, but ineligible for TANF receipt for such reasons as time limits,¹ sanction, immigration status, Supplemental Security Income (SSI) receipt, or previous drug felony conviction. Non-parental cases are those in which neither biological parent is present, and another adult, usually a relative, is the primary caregiver.

Research indicates that the percentage of child-only cases relative to overall national caseloads increased 200 percent in one decade—from 12 percent in 1990 to nearly 35 percent by 2000.² In some States, over fifty percent of their FY2002 caseloads were child-only.³ In addition to the variability in the proportion of a State's total caseload accounted for by child-only cases, research indicates that the composition of the child-only caseload across the States varies as well. In some States, for example, there are significantly higher proportions of relative (non-parental) cases, while in other States, SSI, immigrant, and sanctioned or time-limited parental cases are more common.

Research conducted by the Welfare Peer TA Network uncovered several features of the TANF child-only caseload. In recent years, there have been significant changes in the number of TANF child-only cases. Beginning in 1996, the absolute number of child-only cases declined, but because the general TANF caseload declined even more rapidly, their proportion within the caseload increased. The most rapid growth in the proportion of TANF child-only cases occurred between 1989 and 1993, when child-only cases increased by 97 percent. From 1988 to 1994, parental child-only cases increased by 209 percent compared to a 56 percent increase in nonparental cases.

This growth in child-only cases may be due to increased use of sanctions, time limits, increased number of adults eligible for SSI, increased number of nonqualified non-citizens, and an increase in the number of non-parental caregivers of children. Presently, about one-third of the national caseload is child-only. Lost in that figure however, is the variability between States; from a low of 11 percent child-only, to a high of over three-quarters. Further, while about half of the national caseload is parental, leaving half non-parental, the State breakdown is likewise more varied. Even within parental cases, the reason that the adult is not in the assistance unit varies dramatically. Some States show almost exclusively sanctions, some report mostly SSI benefits, and others report high levels of ineligible non-citizen status.

In response to these trends, the Welfare Peer Technical Assistance Network conducted discussions with State TANF administrators around the country to assess their current policies and programs designed to meet the needs of the child-only caseload, and to gauge their level of

¹ Child-only cases are not subject to such requirements as work participation or time limits. Thus, while parents “time out” of eligibility, children remain eligible, barring full-family sanction policy.

² U.S. Department of Health and Human Services, Characteristics and Financial Circumstances of TANF Recipients. <http://www.acf.hhs.gov/programs/opre/particip/index.htm>.

³ 3 These States include Alabama, Florida, Idaho, North Carolina, South Dakota, Wisconsin, and Wyoming.

interest in participating in a Roundtable on this topic. The responses were overwhelming—we gathered significant information on the current child-only environment, and more than thirty States expressed an interest in the Roundtable concept. In the time since those original Roundtables, Peer TA has continued to foster dialogue among child-only stakeholders via an online learning community. Our continued involvement in this important issue led to the request from Metropolitan Social Services for additional technical assistance.

2. EVENT OVERVIEW

The Welfare Peer Technical Assistance (TA) Network is a federally-funded initiative sponsored by the Administration for Children and Families (ACF), Office of Family Assistance (OFA) within the U.S. Department of Health and Human Services. The purpose of Welfare Peer TA is to provide peer-to-peer technical assistance to public agencies and private organizations operating the Temporary Assistance to Needy Families (TANF) program. Welfare Peer TA facilitates the sharing of information between and among States and localities to establish linkages between organizations serving the needs of welfare recipients.

In response to a request for technical assistance from the Metropolitan Nashville/Davidson County Social Services Department, Welfare Peer TA sponsored a Roundtable event in Nashville, TN April 26-27, 2005. Welfare Peer TA Roundtables are designed to bring together a group of professionals working in similar or complimentary disciplines in a workshop setting to foster peer-to-peer learning through interactive sessions. This Roundtable was attended by individuals representing federal, State and local agencies, and community-based organizations. The goal of this TA effort was to assist the community in developing collaboratives to improve the well being of children and families in Davidson County, improve relationships with key strategic partners, improve family stability, improve services to struggling families and improve employment and self-sufficiency outcomes.

Federal staff in attendance included representatives from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) Region IV Office, as the ACF/Office of Family Assistance (OFA). The Tennessee Department of Human Services and Tennessee Conference on Social Welfare sent State representatives while local officials and staff attended from Metropolitan Nashville/Davidson County Social Services, Vanderbilt University Law School, Peabody College of Vanderbilt University Community Research and Action, University of Illinois-Urbana Children and Family Research Center, University of Tennessee College of Business Administration Center for Business and Economic Research, Research Triangle Institute, and the Nashville Career Advancement Center.

Throughout the Roundtable event, presenters discussed a comprehensive range of issues facing TANF child-only relative caregivers and the children in their care; the importance of an integrated approach to the child-only caseload; the challenges and successes that local agencies have had in working with this population; and the importance of caregiver and child well-being. Utilizing the knowledge shared by the various faculty and planning tools provided, the Roundtable served as a central catalyst for the collaboration of federal, State and local agencies and non-profit organizations to begin to develop an action plan to provide needed services to the Davidson County child-only TANF relative caseload.

3. MAYOR'S SUMMIT

Welfare Peer TA was pleased to launch this Roundtable as a part of the Third Annual Mayor's Summit on Children and Youth. The Summit portion of the meeting was conducted during the morning of the first day and the smaller Roundtable in the afternoon and on Day 2. This section of the report provides an overview of the Mayor's Summit.

1. Introduction to Metropolitan Nashville/Davidson County Social Services

Gerri Robinson, Executive Director of Metropolitan Nashville/Davidson County Social Services, facilitated the second session of the Mayor's Summit. As part of Mayor Bill Purcell's Alignment Nashville project, Metropolitan Nashville/Davidson County Social Services (MSS) has implemented a new business model, effective July 1, 2005, to provide supportive services for multigenerational families, targeting informal relative caregivers, the "sandwich" generation and teenage mothers. MSS services will include:

- Information and Referral
- Intake/Assessment
- Parenting Skills
- Homemaker Services
- Brief Counseling
- Family Centered Casework

It is a goal of MSS to serve the low-income part of the population that does not receive TANF benefits. Even though some of this population might be eligible for such benefits, MSS respects the decision of those families not to participate in TANF and will support that choice by providing them with supportive services. Those services will be directed toward families with informal family-arranged care with the greatest needs, particularly families in which the primary caregiver is frail, elderly and/or disabled, immigrant families, and the homeless, as well as the families that are experiencing significant problems that would make the children at risk for coming into State custody. In Tennessee, the TANF system encourages mothers under age 18 to continue living with their families, which is believed to strengthen multigenerational families. Families First (TANF) provides services for teen mothers, but there are similar multigenerational families who are not receiving Families First services but which have limited income and have similar challenges. MSS will work to provide services for that population.

2. AN OVERVIEW OF THE TANF CHILD-ONLY CASELOAD

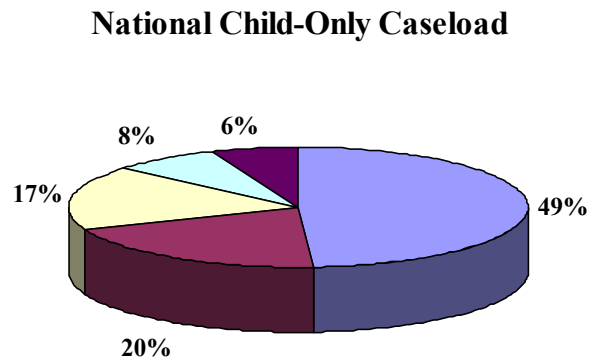
After giving background information and introducing the new direction of MSS, Ms. Robinson introduced the panel, brought in to give an overview of the TANF child-only caseload, a population also targeted by MSS services.

2.1. A National Perspective

Ms. Deborah Gibbs, of the Research Triangle Institute, provided an overview of the child-only TANF caseload from both the national and State perspective. Ms. Gibbs presented the following findings from a Research Triangle Institute study funded by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation which studied the 2002 TANF caseload. The study found that 39% of national and 28% of Tennessee TANF caseloads were child-only cases. As TANF caseloads decline, the proportion of child-only cases increased.

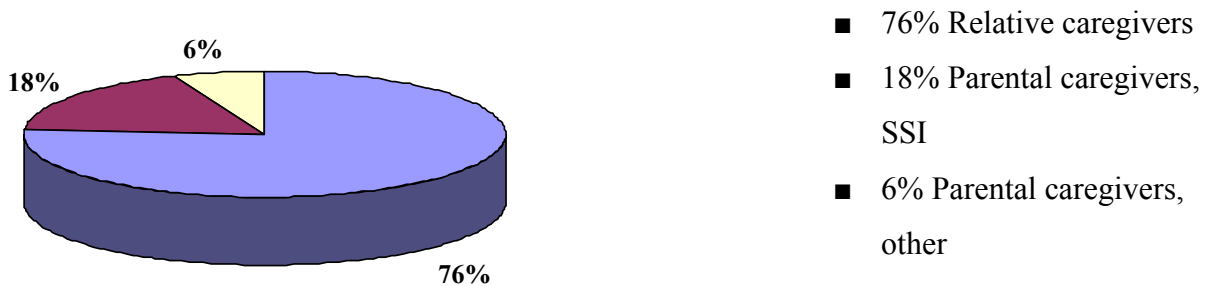
Below is a breakdown of the composition of National child-only caseloads:

- 49% Relative caregivers
- 20% Parental caregivers, sanctioned
- 17% Parental caregivers, on SSI
- 8% Parental caregivers, non-citizens
- 6% Parental caregivers, other



That compares with the Tennessee child-only caseload:

Tennessee Child-Only Caseload



Ms. Gibbs also pointed out that two-thirds of children in relative care live with a grandparent. Relative caregiver arrangements result from parental behavior, relative response and system response and can be either formal or informal kinship arrangements. Relative care is viewed as the best alternative for out of home placement, is more likely to be stable and long-term, and provides a more financially secure situation for the children.

2.2. Lessons Learned from Welfare Peer TA's *Developing Strategies* Child-Only Roundtables

Dr. Jeanette Hercik, Deputy Project Director of the Welfare Peer TA Network described Welfare Peer TA's involvement in peer-to-peer technical assistance to public agencies and private organizations operating the Temporary Assistance to Needy Families (TANF) program through online resources and technical assistance which can be provided through a variety of mechanisms: peer-to-peer site visits, workshops, moderated teleconferences and interactive Q&A sessions. The Web site also highlights policy relevant research, innovative programs, related links and upcoming events. The objective of the Peer TA Network is to facilitate the sharing of information between and among States and to establish linkages between organizations serving the needs of welfare recipients.

In response to questions posed on the Web site and requests for technical assistance, a review was launched to develop best practices and highlight innovative approaches. As a result of the review, the Network found that the child-only caseload dynamic was consistent across the study and an emerging area of focus for many States (over 30 States stated that they needed technical assistance in this area) with a critical need for sharing of promising practices among officials and professionals. Once promising practices were identified, Roundtables in three different States were conducted. This produced the Welfare Peer TA Bulletin: TANF Child-Only Cases Trends and Issues⁴ and subsequently, launched an online learning community.

Highlights of some of the lessons learned include: service design considerations, the needs of parental versus non-parental cases; the importance of case management and the impact of sanction policy on service options; the intersection with child welfare, point of service entry and benefit levels; service integration considerations, including housing, financial literacy, asset development and aging services; and funding issues as they relate to integrating with child welfare and child care funding for specific services.

The next steps to improving outcomes are to build upon the lessons learned, keep informed by research and pilot projects, embrace and collaborate with partners to serve this population, and to focus on improved outcomes for children.

2.3. The Child-Only Caseload in Tennessee

Stacia Couch, a research associate for the Center for Business and Economic Research of the University of Tennessee presented findings of a Families First 2003 Case Characteristics Study prepared for the Tennessee Department of Human Services. This is the fifth in a series of studies started in 1993. The two data sources for this study were Families First administrative data and a telephone survey of Families First recipients. Highlights of the research findings include:

- Davidson County's child-only caseload is growing
- Davidson County has 10.7 percent of all Tennessee child-only cases
- Non-parental relatives comprise the majority of child-only caregivers

⁴ Available for download at <http://peerta.acf.hhs.gov/newsletter/index.htm>

- Grandparents are the largest percentage of relative non-parental caregivers

Ms. Couch ended her presentation posing questions to be answered by officials and professionals serving this population:

- What services are available?
- What services are being used?
- What pressures do caretakers in child-only cases face on a daily basis?
- What do they need?

2.4. Charge to the Community

To end this session of the Mayor's Summit, Nashville Mayor Bill Purcell expressed his desire for the community to do the right things with what it has and pointed out that children not served early end up in all of the other services later. He then tasked the Summit participants, speakers, organizations and committees to start planning next year's Summit now, with an emphasis and entire day's discussion on the Health of Families. This ended the portion of the Peer TA event held in conjunction with the Mayor's Summit.

4. ROUNDTABLE SESSIONS

The Welfare Peer TA Roundtable event entitled "Improving Outcomes for TANF Child-Only Cases," after the collaboration with the Mayor's Summit, moved to another section of the Nashville Convention Center to begin Roundtable sessions with participants from federal, State, local, and community organizations.

1. WELCOME AND INTRODUCTIONS

To start this session, Welfare Peer TA Network Federal Project Officer John Horejsi welcomed the participants to the Nashville event. He stated that the purpose of this collaborative effort, funded by the Administration for Children and Families, was to establish linkages to improve services to families. He thanked Gerri Robinson, Executive Director of Metropolitan Nashville/Davidson County Social Services for requesting this event, and thanked all those who worked to make it happen. Mr. Horejsi stressed that collaboration between TANF and child welfare agencies is critical to supporting child-only cases.

Mr. Horejsi described Peer TA as one of the most rewarding things to come out of the Administration for Children and Families (ACF). Peer TA has enjoyed great success in fostering peer learning and sharing at the State and local levels. Peer TA has grown to be on the most sought after resources, with a consistently high level of participation on our Web site and in hosted events. In fact, this event in Nashville was being held as a result of Ms. Gerri Robinson visiting the Peer TA Web site. Peer TA has hosted about 115 events on such topics as urban and rural partnerships, building transportation, incarcerated parents, and faith-based initiatives.

After these events, lessons learned are posted on the Peer TA Web site, which receives over 100,000 hits a month. Features on the Web site include, Q&A sessions, an online newsletter, and listserv announcements. As a result of the Web site's success, Peer TA currently has at least 10 pending requests. Those interested are encouraged to participate and visit the site. Peer TA wants to understand and respond to the needs of communities across the country.

Next to speak was John Margolis, a federal representative from the Administration for Children and Families' offices in Atlanta, GA. He spoke of the need to address the inherent issues facing child-only TANF families. Mr. Margolis also relayed the following priorities and facts from Wade Horn about the next phase of welfare reform:

- Seek to expand welfare reform and move forward.
- TANF and child care fund extended to June 3, 2005.
- Promote the Healthy Marriage Initiative.
- Create a competitive matching grant for the years 2005 –2010.
- Have grantees provide dollar to dollar match.
- The President has proposed \$102 million annually for 2005-10 research activities for Healthy Marriage Initiative, Positive Youth, Faith Based Community Initiative, Fatherhood Initiative, and Prevention – to prevent need, enhance early learning, and support the Rural Initiative.

2. A VIEW FROM THE FRONTLINES – GRANDPARENTING AND ADVOCACY

Roni Spaulding, Community Programs Administrator of the El Paso County Department of Human Services in Colorado Springs, Colorado, praised the work of Welfare Peer TA. The Nashville event is her fourth roundtable event and she explained that her role was to give the participants a view of El Paso County's experience, and to also to learn from the peer-to-peer exchanges. She praised the Nashville attendees for their work and willingness to unite with a larger community initiative. Ms. Spaulding then gave some background on the efforts of the El Paso County efforts.

In an effort to serve their child-only population, El Paso County isolated the child-only cases to get to know them. They wanted to know what services those families needed. It is still a work in progress. The results of a recent survey of El Paso County families served showed promising and positive results. The agency received an average score of 3.6 to 3.8 on a scale of 4.0 designed to measure customer satisfaction. That survey showed that the families wanted activities for children, educational opportunities, field trips, and the opportunity to talk and share concerns. With grandparents making up a larger and larger portion of the child-only cases, they think grandparents should be referred to services, group discussions, and clothing exchanges. Respondents strongly recommend that new grandparent caregivers be formally welcomed, so they do not feel excluded from existing support groups.

Ms. Spaulding explained that a challenge to Davidson County will be working with all the pieces. El Paso County has the benefit of a Grandparent Advocate, Diana Wills. Colorado received a seed grant to build up a resource library for grandparents and with that grant money, hired a Grandparent Advocate. They found that these services were unique and subsequently

moved the Grandparent Advocate over to the agency. As a Grandparent Advocate, Ms. Wills is busy all the time with such activities as attending support groups, providing individual attention to families, and educating families. Ms. Wills is also a grandparent raising her own 5-year-old grandchild for whom she has cared since infancy.

Ms. Wills started her presentation with a poem about the traditional views/roles of grandmothers and then stated that many grandmothers no longer fit that description. 67,000 Colorado grandparents are primary caregivers and face many challenges that need to be addressed, challenges Diana is familiar with as a relative caregiver herself. These challenges include the health and energy required to raise additional children and the financial and marital stress of becoming parents – again.

Grandparent relative caregivers come in a wide range of ages, 37 to 75 years in Colorado's experience. When it comes to health, many struggle with daily activities and some are facing more serious health situations. Most grandparent caregivers continue working in order to receive health insurance. If not working, these caregivers are oftentimes on a fixed income. Daycare expenses become a pressing financial issue and an expense many grandparents find difficult to budget. For many, security savings and "nest eggs" have been exhausted in an effort to support or assist their adult child in a time of crisis. Facing potential marital stress brought on by "re-parenting," these caregivers struggle with what to do with their grown children and how to discipline the grandchildren. Add the physical strain of caring for infants, school activities, sporting events and medical appointments and grandparents can often become overwhelmed.

Financial resources, while helpful, do not fully mitigate the challenges facing older caregivers. The systems in place to support them in caring for their grandchildren, while important, can be daunting. The forms and legalities associated with the process can be confusing to even the most sophisticated caregivers. Ms. Wills serves as a guide in the process, a sounding board, and a support to caregivers attempting to navigate the system. Ms. Wills is an encourager, and a mediator, mediating between parents, grandparents, children, and caseworkers.

El Paso County currently has two support groups; one in existence for approximately 18 years and an evening group for approximately 9 years. At these groups, grandparents share experiences and support one another in this complex journey. El Paso County also has a Grandparents' Resource Room in partnership with the city of Colorado Springs with internet access, books, muffins, doughnuts, and coffee. It provides grandparents time to relax, talk, and share. The Area on Aging awarded El Paso County a grant for grandparents over 60. These funds are used to assist with outreach, support grandparents, and provide for a respite/recreation group. El Paso County provides many activities so families can participate in inexpensive activities together. The city provides a bus to transport families to the activity location.

Ms. Wills concluded her presentation by encouraging participants to focus their energies on the needs of grandparent caregivers, including the following challenges:

- Lack of confidence in the ability to raise another child
- Concern for the child because of the parent's past behavior

- Concern about the behavior of the grandchildren and its cause.

3. STATE AND LOCAL PERSPECTIVES INTRODUCTION

Paul Lefkowitz, moderator for the State and local perspectives session, highlighted his concern that more families were not utilizing TANF child only supports. He encouraged the participants to share with him ways in which the State could be more effective in providing outreach to relative caregivers to let them know of this benefit. Mr. Lefkowitz suggested that the group needed to address why the system is not accessed by more families. One possible explanation put forth was that with relatively low income thresholds of \$19,000 a year for a 2-person household, child-only caretakers are frequently denied welfare benefits because they are typically over the income standard. Additionally, Tennessee does not have a Statewide program and consequently does not have the same access to funding that other States have in regards to low-income childcare. Other States serve families through a broader program. He also discussed a new initiative underway in the State, which utilizes foster care funding to support TANF relative caregivers in an effort to keep children with their relatives and out of the child welfare system. However, he emphasized the clear need for relative caregivers to get access to TANF supports.

3.1. STATE AND LOCAL PERSPECTIVES

Renee Pratt, District Administrator of the Tennessee Department of Human Services presented information about Davidson County's child-only cases. Statistics were taken from a case characteristics study which is required every 2 to 3 years. Describing the profile of a typical child-only caretaker, Ms. Pratt pointed out that caretakers and children are made up of SSI recipients, undocumented non-citizens, disabled or incapacitated individuals, adult siblings, grandparents, uncles, aunts, cousins, nieces and nephews. Barriers to serving these individuals include the establishment of correct blood relationships, the fact that caretakers are required to keep the child in school, and providing health checkups and updated immunizations. Caretakers, many times, are not eligible for Families First supportive services like child care, transportation assistance, and dental and vision care. They frequently have difficulty navigating through the system. International families are fearful of applying for services, and are dually challenged by the complexity of the system and a lack of adequate interpreter services.

The Department of Social Services is working to develop a clearer picture of the level of access to child only services in the State. At this point, they are attempting to answer the question "who is not connected?" With Tennessee having one of the highest percentages of grandparent caregivers, the need to identify these families that are eligible for TANF is critical. The Department does have some good knowledge about the caseload, including:

- 1283 relative caregiver families are on cash assistance in Davidson County.
- 185 of these caretakers receive SSI.
- 57% of relative caregivers are grandparents.
- 27% are aunts and uncles.
- Average age of caretaker in a child-only grant is 45.
- 73% of caretakers are African American.

- 48% of child-only caretakers have never been married.
- Average age of a child in child-only case is 10-years-old.
- 2% are infants under one-year.
- 4% are age 18 to 19 years of age.
- Child-only families are less likely to receive child support pass through payments.
- Child-only families have higher housing costs.
- Census data indicates Tennessee's child-only case number is projected to continue increasing.

To provide service and financial needs to the broader population, collaboration with those already providing services is needed. With a clear need for financial assistance and TANF, it was suggested that working with AARP could help to identify families needing service. Confidentiality challenges restrict the utility of tracking students through juvenile justice, systems of care, or public schools.

4. THE IMPORTANCE OF AN INTEGRATED APPROACH TO THE CHILD-ONLY CASELOAD

Deborah Gibbs of Research Triangle Institute (RTI) presented on the importance of applying an integrated approach to the child-only caseload. The focus of the Roundtable was children in relative care and TANF. There are different kinds of relative care and if an agency or organization is planning and wants to meet the needs of relative caregivers and children together, it needs to look at programs that meet the needs of both the caregivers and children. One desire is to provide services to these families without the families having to enter the child welfare system.

Ms. Gibbs presented research conducted by RTI that identified needs of children and caregivers in relative care. Children usually come to this type of placement after traumatic experiences such as parental criminal activity, mental health problems or drug abuse. Relative care is viewed as one of the best alternatives for out-of-home placement. Children in relative care cases typically have access to more income than a standard TANF case and research found that economically, children in relative care fare better than they would have if they were in the homes they came from or homes supported by TANF family grants. Specifically, the foster care grant in Tennessee is \$400/month per child. A single child TANF grant is only \$200/month.

Because it's difficult to track children across systems, little information is available on the movement of children from foster care to TANF services. Cooperation between agencies would help in this area and that collaboration should be fostered. As a work incentive, time-limited self-sufficiency grant, TANF is not designed to provide child-oriented services. Additionally, TANF workers have high caseloads and limited training in areas related to children's services. In contrast, if a child is in the child welfare system, he/she has access to many more services such as comprehensive assessments, counseling, case management and permanency planning. Unlike the TANF system, child welfare is designed around the needs of children for both short-term services and long-term permanency.

While many children in TANF child-only care with relative caregivers would have been in the child welfare custody if not for the intervention of a relative, child welfare unfortunately suffers from a negative stigma – families often believe interaction with the child welfare system will result in the removal of the child from their care. Despite federal and State policies specifying a preference for relative care over other forms of out-of-home care, the reasons (parental substance abuse, mental illness and maltreatment) these children are in relative care cause their caregivers to shy away from the child welfare system. Although the preference is for children to be in the care of relatives, and relatives are often more committed to the well being of the children in their care, that commitment often comes at a substantial financial and personal cost because unlicensed relative foster parents receive far less financial support than licensed foster parents.

Next, Melinda Lis and Leslie Cohen from the University of Illinois presented on the Illinois Extended Family Support Program. They emphasized how collaborations created holistic services for this particular caseload. When studying kinship care in Illinois, research showed that Illinois needed to look at fiscal and cultural responsibility. Research showed that between 1965 and 1995, kinship placements rose considerable from three in 1965 to 27,071 in 1995.

After a change in the definition of neglect to read that “a child shall not be considered neglected for the sole reason that the child’s parents or other persons responsible for his or her welfare has left the child in the care of an adult relative,” Illinois developed categories of kinship care that became effective in July of 1995 and provided a distinction between pre-existing relationships and those established by the child welfare system.

CATEGORY	CUSTODY TAKEN	PAYMENT/SERVICES
Child already living with relative <ul style="list-style-type: none"> No abuse by parent No allegation against relative No protective need 	NO	Extended family support Legal and emergency services TANF “child-only” grant = \$102
Child already living with relative <ul style="list-style-type: none"> Abuse by parent No allegation against relative Minimal protective need 	NO	Intact-family case opened Risk assessment, CANTS/LEADS Legal and emergency services TANF “child-only” grant = \$102
Child removed from parent’s home <ul style="list-style-type: none"> Placed in non-licensed kin home 	YES	Child case opened Risk assessment, CANTS/LEADS Permanency planning Periodic safety checks TANF “standard of need” = \$252
Child removed from parent’s home <ul style="list-style-type: none"> Placed in licensed kin foster home 	YES	Child case opened Risk assessment, CANTS/LEADS Permanency planning Periodic safety checks Foster home boarding = \$350

Illinois developed a Statewide program that supports voluntary commitments, provides short-term support and services with the primary goal being stabilization and connection with services in the community. The program is funded by Title IVB money and TANF funds, and families must meet the following eligibility requirements:

- Living with the relative for 15 or more days.
- Caregiver meets DCFS definition of relative.
- Family has needs for public aid and guardianship.
- Child has no protective needs.
- Family has no open or pending case with DCFS.
- Relative assumes majority of the care-giving responsibility.

Illinois' program offers the following services:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Casework services • Initial and ongoing risk assessment • Benefit advocacy • Assistance with obtaining child-only grant • Medical, housing and educational advocacy | <ul style="list-style-type: none"> • Crisis counseling • Family conferencing and mediation • Referral and brokerage to community services • Hard services such as beds, food and clothing |
|---|---|

To meet the service needs of these families, Illinois developed collaborations with the following agencies and organizations:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Private Child Welfare Agencies • Grandparent Task Force • Department of Human Services • Probate Court • Board of Education | <ul style="list-style-type: none"> • Day Care Action Council • Department of Aging • Chicago Housing Authority • City of Chicago Senior Services • Various National Organizations |
|---|--|

Ms. Lis and Ms. Gibbs offered steps that could be taken to develop similar programs. First, remember that caregivers can be overwhelmed by their situations. They require both emotional support and physical support. It is important to convene a task force with all stakeholders engaged with the child only/relative caregiver population. Data on the population and on the programs that currently exist should be gathered and analyzed to determine the types of services needed and the programs currently in existence that could help to provide that assistance. Collaboration with agencies and organizations should begin from the start and continue through the maintenance of the programs developed. The task force should define the benefits of this type of programming and then seek positive media coverage. Finally, initial and ongoing training are essential for staff that will be working with the population.

There will be challenges in developing this type of programming. Families have multidimensional needs including long-term housing and financial needs. Institutionalizing collaborations and the professional acceptance of the population will be other challenges.

Although there can be many challenges with the development of this type of program, it is important to remember that the caregiver experiences the most significant challenges of all.

5. SETTING THE CONTEXT: THE CHILD-ONLY CASELOAD IN DAVIDSON COUNTY

Susan Brooks, J.D., Clinical Professor of Law of Vanderbilt University Law School offered some background information and clarity in the differences between Davidson County and Illinois. Going back to 2001 and before, Tennessee had a *Statewide Summit on Kinship Care: From Informality to Formality*. Ms. Brooks stated that historically in Tennessee, guardianship was not a crucial criterion for serving families. Custody was determined through the courts and the criteria varied throughout the State. Currently, a permanent guardianship option for caregivers is pending in the State legislature. The objective of the measure is to create an avenue out of the child welfare system. Administered by the juvenile court system, this option will require consultation with DCS for any child previously involved in DCS services.

Metro Social Services is not a Child Welfare or TANF agency. They endeavor to create an environment where families can state what level of permanency they want. Guardianship requirements and child welfare and foster parent options pose a formidable financial barrier for many would-be adopters. The needs of families should be addressed and gaps identified so as not to duplicate services.

Metro Social Services endeavors to provide supportive services for multigenerational families, empowering those families that choose to remain together for the mutual benefit of the family members. The approach is to focus on the strengths and assets of each family. These nontraditional families often exist because they have needs that make it difficult to maintain nuclear families. Family members share in providing care for other family members. Extended families provide financial and emotional support for its members. Ideally, Metro Social Services would serve families who have chosen informal care arrangements instead of legal custody, and services would be provided to informal relative caregivers, multigenerational families, and teenage mothers by focusing on these priority categories:

- Primary caregivers who are frail, elderly, or disabled.
- Informal Relative Caregiver families with significant problems which make the children at risk of coming into State custody.
- Responsible adult is responsible for both dependent children and dependent parents.
- Responsible adult has conflicting and/or overwhelming demands.
- Serve families who do not receive Families First/TANF or related services.

Services to be provided to these families by Metro Social Services include:

- Information and referral
- Intake/Assessment
- Parenting skills training
- Homemaker services
- Brief counseling
- Family centered casework

Many of these services are present in certain geographic regions in Nashville through local child and family services centers. However, the number of families served is limited. Although the experience is limited, the presence of this center within Nashville was an important base on which to best understand the needs of relative caregivers, and to appreciate the strengths/assets already present in Nashville, as well as the gaps in services that could be more fully addressed through local collaboration. Jeanette Hercik of the Welfare Peer TA Network then facilitated a brainstorming session around assets the collaboration possesses and the challenges that they will face. Below are the results of that discussion.

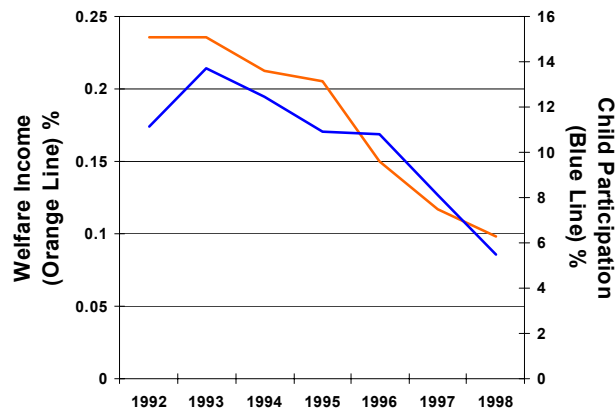
POPULATION TO BE SERVED: RELATIVE CAREGIVER PROGRAM

Assets/Strengths	Potential Gaps
Legal Services Relative Caregiver Program 1993 Information Consultation Representation	Gaps for agencies Data Sharing DHS/DCS Collaboration
Case Management Family and child case support Home visiting Family needs assessment Income Support assessment Risk assessment	Gaps for caregivers Homemaker Services Housing Security and Affordability Transportation Child Care Affordability for those over the income level or those who don't want TANF Mediation In home Respite/Extended Respite Care Collaboration with Immigrant Community Access to Health Care Access to ESL materials/outreach Enhanced cash assistance
Respite (caregiver) /Recreation (child) Once a month event Enriching activities for kids	Questions to answer Does capacity meet needs? Are we providing a full range of caregiver options? Are we maximizing resources? Are we duplicating or expanding services?
Support Group Caregivers support group	Does capacity meet needs?
Children's Activity Group Grief, loss, self-esteem	Does capacity meet needs?
Educational Workshops Working w/ adult child Financial awareness	Does capacity meet needs?
Emergency Financial Assistance Once time emergency cash assistance (utilities, start up housing, amount varies) Financial assistance of last resort	Does capacity meet needs?
Outreach Volunteers promote program Solicits volunteers for activities Collaborates with Big Brothers and Big Sisters for mentoring	Does capacity meet needs?
Information and Referral DCS referrals Intake specialist determines eligibility/warm line 211	Does capacity meet needs?
Transportation Victory Church contract for kids activities	Does capacity meet needs?
Material Assistance Concrete Needs Giveaway Twice a month Catholic Charities partner United Way	Does capacity meet needs?

6. UNDERSTANDING IMPACTS ON CHILDREN AND CAREGIVERS: AN OVERVIEW ON RESEARCH AND PRACTICE IN TENNESSEE

Day two started off with a presentation by Don Bruce, Ph.D., Assistant Professor for the Center for Business and Economic Research of the College of Business Administration of The University of Tennessee. Dr. Bruce presented information from administrative data and earlier analysis of household data on children in Tennessee conducted by the University on the Tennessee AG population, specifically looking at child well-being measures.

Welfare Children in Tennessee: Who Are They and How Are They Doing? June 2003



Welfare Income

Total county welfare payments as a % of total county personal income

Child Participation

% of children in county between 0 and 17 who received welfare payments during the year

April 26, 2005

THE UNIVERSITY of
TENNESSEE
Center for Business and
Economic Research 13

Following Dr. Bruce's presentation was Susan Brooks, J.D., Clinical Professor of Law at the Vanderbilt University Law School. She presented an overview of past and current Tennessee policies and practices around the legal options for relative caregivers. Ms. Brooks has written several articles about legal issues for Tennessee families. Historically, in Tennessee caregivers were encouraged to take care of kids through the "goodness of their heart." It was called a good home agreement, meaning the family would take the children in and not ask for money. Around the mid-90s, things started to change due to welfare reform. Tennessee became concerned for the kids. They were seeing more relatives caring for children and the relatives wanted to relinquish the children because they didn't have the financial ability to care for the children. In 1997, the Legal Clinic, Davidson County, and the Court Appointed Special Advocates (CASA) program tried to help. What happened was a policy change stating that foster parents could be relatives and receive money and the start of a pilot program.

The group started with a very small support group/pilot program. Brookdale assisted with an evaluation of that pilot program. The pilot program then took their findings to the legislature. They packed a room with relative caregivers and presented to the caucus with the end result of that presentation being a charge to give the caucus a proposal for legislation. The group presented a proposal for a Statewide relative care program using the Edgewood Center in California as a model. In 2001 the group achieved the 1st Relative Caregiver Program. DHHS permitted the use of surplus TANF funds. Davidson county and other counties across Tennessee participated and have been operating since.

At the same time the pilot legislation was passed, the group organized a Statewide coalition securing additional Brookdale funding to convene a summit on kinship issues. Five workgroups developed best practices and an action plan. The group has followed that plan and more supportive legislation has since passed. At the summit, they created a Kinship Advisory Board. They now hold mini-summits that AARP helped to organize. Murfresboro, Chattanooga, Knoxville, and others are currently trying to bring in more local people at the advisory board meetings and summits. Each summit has steering committees, resource manuals for the local community and support groups.

After all of these changes, Tennessee has five legal options for relative caregivers:

- Family-Arranged Care
- Power of Attorney
- Legal Custody
- Kinship Foster Care
- Adoption

The group tries to educate people that even if they choose those options, they are eligible for child-only grants. Many caregivers don't know that TANF child-only grants are available, or how to access the funding support. The challenge before Nashville is the development of a system of care for relative-caregivers and the children in their care.

7. REFLECTIONS ON THE NASHVILLE EXPERIENCE --THE EL PASO COUNTY EXPERIENCE – SYSTEM OF CARE FOR DEPENDENT CHILDREN

Roni Spaulding from El Paso County reflected on some of the challenges and successes that Nashville has experienced in addressing the needs of TANF child only cases—the children and the relative caregivers. She told the story of El Paso and their quest of a System of Care model.

El Paso is the largest geographical county in Colorado. It is home to the most children under the age of 18 and a population of over 500,000 people. By 2013 the projected population will be up around 800,000. El Paso County DHS thought of this new program as a System of Care. In preparing, they thought “we’re not really a part of TANF, how aligned are we in regards to Child Welfare?” El Paso County has a high adoption percentage, the lowest foster care numbers and the fewest children in out of county placements. They take a very close look at how they place children.

When considering a System of Care model, El Paso County started with their mission statement: *To strengthen families, assure safety, promote self-sufficiency, eliminate poverty and improve the quality of life in our community.* Additionally, El Paso articulated a vision for their agency: *to eliminate poverty and family violence in Colorado.* Progress toward these objectives is measured in access to services, poverty reduction, and, ultimately, self-sufficiency for the citizens and families of El Paso County.

In order to complete their mission, El Paso County reorganized to provide services to all child only cases in one unit. They began by conceiving those supports necessary to prevent placement in the child welfare system. Services were designed in response to feedback from customers, caseworkers, and in light of the eligibility requirements facing the County. One critical strategy was to staff cases with a team of caseworkers and child welfare experts. This innovative team approach, while ultimately very successful, requires a great deal of supervision. Now, as a mature system of care for child only cases, El Paso County provides the following services for kinship caregivers:

- Support groups
- Casework supports
- Flexible monies
- Telephone assistance
- Legal assistance referrals
- Grandparent advocate
- Guidance through child welfare systems

El Paso County has a relatively low standard cash grant of \$99. However, a family can also receive a supplemental payment that has no monetary limit and no limit to the number of times a particular family can receive it. This nontraditional system works well because the relative caregivers are likely to only ask for assistance when they really need it. Thus, rather than expending unnecessary dollars to all families and draining their resources, El Paso County provides a small monthly grant in order to reserve available funds to meet particular needs.

El Paso also offers telephone assistance for when caregivers need someone they can talk to when they need help. Even if financial assistance is not an option, El Paso uses this strategy to provide support to caregivers in times of need.

In 2005, they combined their TANF child-only workers with Foster Care child-only workers. If relative caregivers choose not to become certified relative foster parents now, they can later choose to do so. El Paso County's TANF caseload has remained stable

Some of the lessons learned by the El Paso County experience:

- Establish child outcomes
- Services and eligibility concepts are deeply ingrained
- Technical supervision is a challenge
- Alignment with child welfare
- Focus on self-sufficiency of child

- Manageable caseload growth

8. IMPORTANCE OF CAREGIVER WELL-BEING

An important topic, which is often overlooked in the dialogue about the Child Only TANF caseload is the physical and mental well-being of the relative caregivers. Stephanie Bailey, M.D, M.S., a member of the Safety Net Consortium of Middle Tennessee and the Bridges to Care Program presented on the importance of caregiver well-being. The Consortium was developed in response to large numbers of uninsured persons, many of whom used hospital emergency departments for non-emergency care.

The Consortium consists of 22 organizations including hospitals, primary care clinics, dental clinics, mental health providers and also alcohol and drug providers. MPHD contracted with the Nashville Academy of Medicine for the recruitment and coordination of private physicians, local hospitals and pharmacies to provide health care and pharmacy services to Bridges to Care Plus Program patients.

Because relative caregivers are frequently grandparents with an average age of 55 to 57 years old, they have more health care needs and frequently skip medical appointments to take care of the child or children in their supervision. Other problems include increased anxiety and depression, decreased engagement in social activities, limited finances, less social support, poorer health, parenting concerns and anxiety that the grandchild will emulate some or all of the same behaviors of their non-custodial parent, and legal issues. There is increased smoking and alcohol consumption, diabetes, hypertension, exacerbation of pre-existing physical illnesses such as arthritis and angina, and a limited ability to perform daily activities like climbing stairs or walking several blocks.

Dr. Bailey advocates for leveraging the following resources to address these concerns:

- Promoting Safe and Stable Families Program
- TANF
- Social Services Block Grants
- Medicaid
- Food Stamps
- WIC
- Tennessee Care
- 1994 Amendments to Social Security Act
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- Adoption and Safe Families Act
- Association of Retired Persons' grandparent information center (Web site)

In addition to these resources, Dr. Bailey provided insight into the types of services older caregivers might require:

- Financial support
- Support groups

- Assessments of those ‘at risk’
 - Care management
 - Early nursing intervention
 - Personal plans of care
 - Health teachings
 - Maintaining children’s health
 - Appropriate referrals
- Teacher training
- Legal counseling
- An integrated health care system
- Longer appointment times with MDs
- More research

All in all the group was completely moved by Dr. Bailey’s presentation, as it provided rich fodder for thought as the roundtable participants moved to the next phase of the meeting: action planning.

9. ACTION PLANNING

This two-day roundtable brought many issues resident in Nashville to the forefront. It provided a great forum for discussion and dialogue, resulting in diverse groups/agencies’ interest to collaborate and work in partnership to addressing the needs of the TANF child only caseload. In order to put a framework around the final discussion and clearly articulate next steps for the Davidson County/Nashville group, Dr. Jeanette Hercik facilitated an action planning session. She began by reviewing the assets and strengths discussed by the group at the end of the first day. She stressed that problems cannot be solved with the same mindset that created the problem. People need to step back from their program knowledge and perspective and think more about who it is serving—become client-focused.

As a first step in this action planning session, Dr. Hercik worked with the group to identify additional stakeholders who might not be part of their planning to date, but critical to their moving forward. The dialogue focused on two questions: what is currently available to meet the needs of the targeted population? And, how do we maximize available resources? In fact, through this process, it became clear that a needs assessment of relative caregivers in the Nashville TANF child only caseload was needed. Also, it became clear that there needed to be another forum—possibly in early September—to bring together the stakeholders present at the roundtable, along with those who were currently identified as missing, so to get “everyone on the same page” in regards to the needs of these families. Finally, it was determined that outreach alone would not be enough to get services to the relative caregivers, but that intake systems—the door into support services—the local TANF office needed to be reconfigured so to target the relative caregivers. The following table outlines the results of this brainstorming session, next steps, and the timeline the group set around this initiative.

Next Step	Timeline	Responsibility
Initial coordination meeting between Family Children Services and Metro Social Services	May 15, 2005	Dinah Gregory
Convene a coordination meeting with the FCS, MSS, DHS, DCS, Dept. of Aging, Metro Schools	July 1, 2005	Dinah Gregory
Needs assessment conducted of Davidson County Relative Caregivers	July 1, 2005	Gerri Robinson
DHS implements specialized unit for Relative Caseload	July 1, 2005	Paul Lefkowitz
<p data-bbox="186 646 657 751">Convene Key Stakeholders Meeting to include the following agencies/organizations:</p> <ul style="list-style-type: none"> <li data-bbox="235 793 349 825">a) DHS <li data-bbox="235 831 370 863">b) Courts <li data-bbox="235 869 386 900">c) Schools <li data-bbox="235 907 560 938">d) Department of Aging <li data-bbox="235 945 440 976">e) Health Care <li data-bbox="235 982 511 1014">f) Faith Community <li data-bbox="235 1020 386 1052">g) Reentry <li data-bbox="235 1058 349 1089">h) GAL <li data-bbox="235 1096 349 1127">i) DCS <li data-bbox="235 1134 391 1165">j) Housing <li data-bbox="235 1171 472 1203">k) Transportation <li data-bbox="235 1209 521 1266">l) Law Enforcement, specialized unit <li data-bbox="235 1272 415 1304">m) AOD/MH <li data-bbox="235 1310 630 1367">n) DHS/ Child Support, Food Stamps <li data-bbox="235 1373 370 1404">o) CASA <li data-bbox="235 1411 630 1442">p) Metro Action Commission 	Fall of 2005	Gerri Robinson

In closing, John Horejsi, Federal Project Officer for Welfare Peer TA thanked the participants for their candor and energy around this important topic, and stressed how impressed he was with the willingness of each and everyone of them to step back and work together on behalf of the TANF child-only families—caregivers and children in Nashville. The Agenda, Participant List, and Evaluation Summary are available in the next sections of this report.

APPENDIX A: AGENDA



**Welfare Peer Technical Assistance Network
Improving Outcomes for
TANF Child Only Cases
NASHVILLE, TN
APRIL 26-27, 2005**



APRIL 26, 2005

Morning activities will be held in conjunction with the Mayor's Youth Summit in the Nashville Convention Center #206. At noon, we will move to #110-111 for the remainder of our Welfare Peer TA event.

10:30 – 11:45 AM

An Overview of the TANF Child Only Caseload

Gerri Robinson, Executive Director, Metropolitan Social Services (moderator)

A National Perspective

Deborah Gibbs, Research Triangle Institute

Jeanette Hercik, Ph.D., Welfare Peer TA Network

This session will provide an overview of the TANF child only caseload on the national scale. Research conducted on the specific needs and challenges of this caseload will be discussed. Innovative programs and lessons learned from research in the field will be included.

The Child Only Caseload in Tennessee

Stacia Couch, University of Tennessee

During this session, participants will gain a more thorough understanding of how national trends manifest themselves in Tennessee. Specific caseload and demographic data will be shared as a foundation for improving the service delivery to child only TANF cases.

After the panelists complete their presentations, participants will have the opportunity to ask questions.

11:45– 12:00 PM

Charge to the Community

Bill Purcell, Mayor, Metropolitan Government of Nashville and Davidson County

Gerri Robinson, Executive Director, Metropolitan Social Services

12:00 – 12:45 PM

Registration and Welcome to Welfare Peer TA Roundtable

Gerri Robinson, Executive Director, Metropolitan Social Services

Jon Margolis, Administration for Children and Families, Region IV

John Horejsi, Federal Project Officer, Welfare Peer TA Network

After participants pick up Roundtable registration materials outside of Suite 110-111, Ms. Robinson will welcome participants to Nashville, and then the Federal representatives will provide a brief overview of the Welfare Peer TA Network and the goals for the Roundtable.

12:45 – 1:45 PM

A View from the Frontlines – Grandparenting + Advocacy

Roni Spaulding, Community Programs Manager, Adult Services/Community Programs Division, El Paso County Department of Human Services

Diana Wills, Grandparent Advocate, El Paso County Department of Human Services

John Horejsi, Federal Project Officer, Welfare Peer TA Network (moderator)

Ms. Spaulding will set the context of the El Paso County program and then introduce the keynote speaker, Ms. Wills. Ms. Wills will provide insightful comments regarding her role as Grandparent Advocate for grandparents who are the primary caregivers for their grandchildren, as well as share first-hand knowledge of the challenges and the rewards of being the primary caregiver of her grandchildren.

1:45 – 2:00 PM

Break

2:00 – 2:15 PM

State and Local Perspectives

Paul Lefkowitz, Tennessee Department of Human Services

Renee Pratt, Davidson County Department of Human Services

Gerri Robinson, Executive Director, Metropolitan Social Services (moderator)

This panel will provide the overall context for Tennessee's and Davidson County/Nashville's focus on the Child Only TANF Caseload and the potential opportunities for working together to address the needs of these children and families.

2:15 – 3:00 PM

The Importance of an Integrated Approach to the Child Only Caseload

Deborah Gibbs, Research Triangle Institute, North Carolina

Melinda Lis, University of Illinois, Chicago

Leslie Cohen, University of Illinois, Urbana

Pam Sylakowski, Metropolitan Social Services (moderator)

Ms. Gibbs will build off the research presented in the morning session to specifically highlight the integrated service needs of children in TANF child-only cases with relative caregivers. Following this presentation, Ms. Lis and Ms. Cohen will showcase the Illinois Extended Family Support Program, emphasizing the collaborations that have occurred to create holistic services for this caseload.

2:45 – 3:00 PM

Break

3:00 – 4:30 PM

Setting the Context: The Child Only Caseload in Davidson County

Gerri Robinson, Executive Director, Metropolitan Social Services

Renee Pratt, Davidson County Department of Human Services

Following opening remarks from Ms. Robinson and Ms. Pratt, this highly interactive facilitated discussion will encourage local stakeholders to respond to the information presented during the day, and to articulate the challenges they face in improving services to local TANF child only caseloads. This session will afford all participants a chance to articulate the aspects of programs that are currently workable in Nashville and those that would be challenged by current programmatic and policy constraints or other factors.

APRIL 27, 2005

8:00 – 9:00 AM

Understanding Impacts on Children & Caregivers: An Overview of Research and Practice in Tennessee

Don Bruce, Ph.D., University of Tennessee

Susan Brooks, J.D. Vanderbilt University

Pam Sylakowski, Metropolitan Social Services (moderator)

Dr. Bruce will expand upon the Ms. Couch's presentation from Day I regarding the status of welfare children in the State of Tennessee. Specifically he will look at key findings around financial supports and child well-being. Following Dr. Bruce, Ms. Brooks will present an overview of current Tennessee policies and practices around the legal options for relative caregivers.

9:00 – 10:00 AM

The El Paso County Experience—System of Care for Dependent Children

Roni Spaulding, Community Programs Manager, Adult Services/Community Programs Division, El Paso County Department of Human Services

John Horejsi, Federal Project Officer, Welfare Peer TA Network (moderator)

El Paso County, Colorado (Colorado Springs) is widely recognized for their success in serving the TANF child only caseload. Ms. Spaulding will describe the policy development path taken by the County, the strategies used to build partnerships and enhance services, and present available impact data of their TANF services.

10:00 – 10:15 AM

Break

10:15 – 11:00 AM

The Importance of Caregiver Well-Being

Stephanie Bailey, M.D., Director, Metropolitan Health Department

Gerri Robinson, Executive Director, Metropolitan Social Services (moderator)

Dr. Bailey will focus on the importance of caregiver well-being, particularly addressing their physical health needs, emphasizing common health conditions impacting older caregivers such as diabetes, hypertension and obesity. She will discuss the significance of managing emotional stress particularly due to parenting for the second time around.

11:00 – 12:45 PM

Action Planning

Gerri Robinson, Executive Director, Metropolitan Social Services (facilitator)

This session will introduce the Action Planning activities and provide time for participants to review materials and prepare responses. Participants will have a

chance to ask clarifying questions and will receive materials to guide their thinking for the Action Planning exercises.

Participants will break into working groups to address the action items deemed most critical by the group. Teams will be provided action planning tools to support and facilitate their discussions. These tools will ask participants to capture their current strengths, challenges, opportunities, and resources -- both available and needed – on the given topic. Participants will also be asked to commit to timelines and to serve as team member leads on specific goals.

12:45 – 1:00 PM

Break

1:00 – 2:15 PM

Action Planning Updates

Jeanette Hercik, Ph.D., Welfare Peer TA Network (facilitator)

During this final action planning session, participants will provide the larger group with a brief overview of the plans formulated within each smaller working group. This serves three purposes: 1) to share the information with the group of stakeholders; 2) to secure additional project team members, as appropriate, and; 3) to allow the working group recommendations to benefit from the collective wisdom of the larger stakeholder group. Representatives from both the Illinois and Colorado programs will reflect on the proposed plans and next steps.

2:15 – 2:30 PM

Closing Remarks

Marc Hill, Office of the Mayor

Gerri Robinson, Executive Director, Metropolitan Social Services

John Horejsi, Federal Project Officer, Welfare Peer TA Network

APPENDIX B: PARTICIPANT LIST



Welfare Peer Technical Assistance Network
Improving Outcomes for
TANF Child Only Cases
NASHVILLE, TN
APRIL 26-27, 2005



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APPENDIX C: EVALUATION SUMMARY

**APPENDIX C:
WELFARE PEER TA NETWORK
IMPROVING OUTCOMES FOR TANF CHILD ONLY CASES
EVALUATION SUMMARY**

At the conclusion of the Roundtable, participants were asked to evaluate how well the Welfare Peer TA event met their expectations and needs. The double-sided evaluation form asked participants first to rate the extent to which they agreed with a series of five general statements about the Roundtable on a 5-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree. Each of the five statements and associated average scores are presented in the below chart.

Statement	Average Score
Peer TA staff handled the logistics, arrangements, and scheduling of the event in a timely manner.	4.64
Peer TA staff prepared me for the meeting by providing clear communication regarding the meeting's agenda and purpose.	3.9
The speakers had valuable information to share, and were thorough in the subject areas presented.	4.2
The speakers engaged the audience effectively and facilitated interactive discussions.	4.36
The information presented and shared will be useful in improving outcomes for TANF child-only cases.	4.27

Additionally, participants were asked four open-ended questions about their reflections on the Roundtable and their future technical assistance needs. These questions and representative responses received are presented below:

What did you find most useful about attending this Roundtable (i.e., any immediate or long-term benefits to you/your staff that you anticipate as a result of attending this Roundtable)?

There were issues that needed to be discussed and were put in the forefront. The agencies that attended desperately needed to be brought together.
Experts- local and national, external facilitation, notebook, action plan with dates.

Thanks for keeping us organized, on task-focused, letting our specifics drive the process- hopefully it will get us moving.

Everything!

The ability to come together to create action steps in order to move forward.

Excellent facilitation skills, great at gauging the group's mood, kept us on task..

All the service providers available to Davidson County Child only cases.

Good source and useful data, good ideas from other areas of the country.

Facilitation of communication, setting people at the table.

What issues would you have liked to have had more discussion about at the Roundtable?

It would have been great to have more stakeholders there at the table, but it was a good start.

Would have been interesting to know more about specifics qualities, and characteristics of child only cases.

How to make or inform the caregiver of available services.

Need more time for action planning. Need to have more information about what has taken place in Davidson County regarding kinship care. Seems like a lot now but this was not laid out well. Should have had a private agency speak that is already serving this population.

Cultural competency- there are some real different issues thinking in different cultures- always needs to be there.

More time.

Not all stakeholders were in attendance- the topics were discussed, but not with all the individuals who needed to be present.

In which areas of the child only caseload would like to receive additional technical assistance?

Outcomes

Needs assessment

Please share any overall comments regarding the program or the speakers, which you feel might be helpful in planning future programs.

Better clarity of the purpose of the meeting.

Good location and good handouts.

Thanks- great moderation, mediation.

Need less speakers that talk about general demographics of relative caregivers.

Should only have one or two speakers that focused on this and make them present on first day so second day could have more action planning and discussion about Davidson County.

Speakers were great, just feel that all must come together to provide services the caretaker needs in child only cases.

The actual planning portion was confusing- under about the focus and our intended work, conversation was "all access the board" and did not.

It was a great program, especially given the circumstances.