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Court-Appointed Special Advocates in the Rural South: A Fidelity Assessment

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COURT-APPOINTED SPECIAL ADVOCATES IN THE RURAL SOUTH: A FIDELITY
ASSESSMENT

by

SHANNA FELIX

(Under the direction of Laura Agnich)

ABSTRACT

Children in the court system who are abused or neglected are mandated by the federal Child Abuse Prevention and Treatment Act (CAPTA) to have special legal representation in the form of a Guardian *ad Litem* (GAL). A GAL can be a staff attorney or he or she can be a volunteer layperson (known as a Court-Appointed Special Advocate, or CASA) who has undergone the GAL training. In some states, the CASA volunteer can be a substitute for the GAL, while in other states (like Georgia) the CASA is appointed by the judge as a complement to the staff attorney. To date, there has been very little research evaluating the fidelity of CASA programs where they are implemented, nor has there been much research on the CASA program more generally. Therefore, this study evaluates the fidelity of a rural CASA branch using the Justice Program Fidelity Scale (JPFS; Miller & Miller, 2015) and interview data from 12 CASA volunteers, along with local CASA program statistics and training materials. The CASA program evaluated for the present study scored an 85.64% on the JPFS using combined scores from two researchers. Implications for rural areas, including implications specifically for a judicial circuit with no dedicated specialty judge for cases involving abused or neglected children, are discussed.

INDEX WORDS: Court-Appointed Special Advocates (CASA), Program evaluation, Process evaluation, Fidelity assessment, Outcome evaluation

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B.S., Georgia Southern University, 2014

A Thesis Submitted to the Graduate Faculty of Georgia Southern University in Partial
Fulfillment of the Requirements for the Degree

MASTER OF ARTS

STATESBORO, GEORGIA

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COURT-APPOINTED SPECIAL ADVOCATES IN THE RURAL SOUTH: A FIDELITY
ASSESSMENT

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Electronic Version Approved:
May 2016

DEDICATION

“What sort of people live about here?”

“In *that* direction,” the Cat said, waving its right paw round, “lives a Hatter: and in *that* direction,” waving the other paw, “lives a March Hare. Visit either you like: they’re both mad.”

“But I don’t want to go among mad people,” Alice remarked.

“Oh, you can’t help that,” said the Cat. “We’re all mad here. I’m mad. You’re mad.”

“How do you know I’m mad?” said Alice.

“You must be,” said the Cat, “or you wouldn’t have come here.”

- Lewis Carroll, *Alice’s Adventures in Wonderland*

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CHAPTER 1

INTRODUCTION

Child attorney caseloads are frequently high, resulting in children in the foster system spending an average of 20 months in foster care before returning to their biological families, being placed with an adoptive family, or having another type of permanent placement (Administrative Office of the Courts, 2015; United States Department of Health and Human Services, 2015a). The number is higher for certain age groups and in certain circumstances. For example, black teenage boys typically spend longer in the foster system and often age out without ever being adopted (Downs et al., 2003).

According to the 2014 Adoption and Foster Care Analysis Reporting System (AFCARS) report, 415,129 children were in foster care on September 30 of fiscal year (FY) 2014 (United States Department of Health and Human Services, 2015a). During that FY, 264,746 (64%) of those children entered the foster system and 238,230 (57%) left foster care. As of September 30 of that year, there were still 107,918 children waiting to be adopted. A majority of those children in foster care at the time were male (52%), non-white (58%), and had been in foster care between 1-5 months (23%) or 6-11 months (20%). Twenty-five percent of children are teenagers (13-18) when they exit foster care (United States Department of Health and Human Services, 2015a). The time between the termination of parental rights (TPR) and adoption finalization (i.e., the time the child spends in foster care prior to adoption) differs dramatically by state. In Maine, for instance, the TPR is 6-11 months for 38% of cases and 12-17 months for 30% of cases, while in the state of Georgia, it is 1-5 months for 24% of cases and 6-11 months for 37% of cases. In Rhode Island and Puerto Rico, the TPR time is most often less than one month (63% and 36%, respectively; United States Department of Health and Human Services, 2015b).

The purpose of the foster system is to act as a *temporary* protective service for children when their biological families are either unable or unwilling to properly care for them. The ultimate goal of the foster system is permanency planning, which entails the promotion of a permanent living situation through determining legally secure placements (United States Department of Health and Human Services, 2015a). Over half (51%) of the children who exited the foster system in FY 2014 were reunified with their parents, 7% were placed with other relatives, and 21% were adopted out. The remainder of children ran away (<1%), were emancipated (9%), were placed with guardians (9%; not necessarily family members)¹, were transferred to another agency (2%), or died (<1%; United States Department of Health and Human Services, 2015a).

The Role of the Foster System in Abuse and Neglect

When an allegation of child abuse or neglect is made, the ultimate result is not necessarily admittance into the foster system. In FY 2014, out of 3.6 million referrals of approximately 6.6 million children (1.83 children per referral), only 147,462 victims and 94,457 nonvictims² received foster care services (U.S. Department of Health and Human Services, 2016, p. xii). Removing a child from his or her biological family and placing them within the foster system is typically a last resort, with multiple measures taken in the meantime, including in-home services such as those which teach parenting skills, provide substance abuse monitoring, or

¹ Achieving “guardianship” means that a child has been placed with a family that only agreed to take care of the child until he or she turns 18. By contrast, the philosophy of “permanency planning” means to place children with “parents” who will continue to care for the child even after he or she has entered adulthood.

² A “nonvictim” refers to a child who is not necessarily a victim of blatant or intended abuse or neglect, but who still has substandard living conditions (e.g. a child whose family lives in severe poverty).

provide family therapy to enhance parent-child relationships (Child Welfare Information Gateway, 2014).

Studies often conclude that children (and especially older children) “tend to have better outcomes when they remain at home” (Doyle, 2007, p. 1583). There is some evidence to suggest that children who are assigned to investigators “with higher removal rates” are not only more likely to be placed in foster care, but are also more likely to have higher delinquency rates, higher teen birth rates, and lower earnings when entering the job market (Doyle, 2007, p. 1607). There is also a significant link between childhood trauma and later delinquency (for instance, see Abram et al., 2004; Carrion and Steiner, 2000; and Smith et al., 2006) and literature to suggest that the act of terminating parental rights and placing a child in foster care or with a non-relative adoptive family is a traumatic event in and of itself (Schneider and Phares, 2005).

Special Representation for Abused and Neglected Children

It is for these aforementioned reasons that those children who are abused or neglected and end up in the court system (for court hearings, dispositions, etc.) are required to have special representation in the form of a Guardian *ad Litem* (GAL; CAPTA, 42. U.S.C. 5106, et.seq.; O.C.G.A. §15-11-104). Given the sheer volume of children entering the foster system each year (hundreds of thousands) and the special representation they so often require, the American child welfare system is considered to be in a crisis state, and has been in this state since the 1970s (Child Welfare Information Gateway, 2015b).

In an attempt to deal with this crisis, the non-profit organization Court Appoint Special Advocates for Children (CASA for Children, colloquially “CASA”) was formed in 1977. Since then, it has grown to garner support all over the country from judges, attorneys, and foster families alike. However, there is very little scientific literature available on the success of the

CASA program. The literature that is available consists primarily of studies conducted in the 1990s and early 2000s, and therefore is dated. In addition, this body of literature has produced mixed results. While most of these studies report findings favorable to the implementation of CASA, some literature concludes that CASA simply cannot be established as an evidence-based practice with the current literature and thus, cannot be evaluated for fidelity (Lawson & Berrick, 2013). The present study seeks to add to the small extant body of literature on CASA by providing a fidelity assessment of a branch of the CASA program located in a rural area of the Southeastern United States. By assessing the fidelity of this particular branch, this study evaluates CASA's effectiveness in achieving its own outlined goals and further suggests avenues for further assessments to evaluate CASA fidelity where it is implemented in other regions of the country.

CHAPTER 2
COURT-APPOINTED SPECIAL ADVOCATES IN THE RURAL SOUTH: A FIDELITY
ASSESSMENT

Review of the Literature

The modern version of the foster system is a somewhat recent development in United States history. Prior to and during the Industrial Age (around the 1800s), children in the United States did not have the same protections that they do today. Children as young as five, particularly those from impoverished families, were exploited and worked long days in “sweatshops,” with no thought given toward their home or family life (McCutcheon, 2010). Children who were exceptionally poor or whose parents were indigent typically found themselves indentured or sent to an orphanage or almshouse (Downs et al., 2003). Not until the eventual enactment of child labor laws during the New Deal were children viewed as a particularly vulnerable population (McCutcheon, 2010). By the 1950s, those children who could not be cared for by their biological parents were placed in foster homes, which were meant to be a “temporary substitute” for those children’s biological families (McCutcheon, 2010, p. 33).

By the late 1970s, the number of children in foster care exceeded 500,000, sparking discussion for “permanency planning” for children in foster care (Downs et al., 2003; Tatara, 1993). At this point in history (and even into the late 1990s), the foster program represented an incredibly overworked system, with increasing numbers of children in foster care, while the total number of foster parents decreased (Barbell & Freundlich, 2001). Furthermore, during this time, there was no one whose job description specifically entailed ensuring that abused and neglected children were adequately represented in court. These court cases involving abused and neglected

children were dealt with just like any other case, and children may or may not have had some say in the proceedings (Downs et al., 2003).

In response to the growing need for representation for abused and neglected children, Judge David Soukop of King County, Washington created the “King County Guardian *ad Litem* (GAL) Program,” which sought to provide legal representation specifically for abused children in the court system in 1977 (Piraino, 2007). Later, in 1982, this program was renamed to the “Dependency Court-Appointed Special Advocates (CASA) Program” (Leung, 1996; Piraino, 2007). The program grew quickly; half a decade after its inception, there were 88 combined CASA/GAL program offices and 29 states with CASA programs (Piraino, 2007). By 1990, national standards were created for CASA/GAL programs, and there were 412 CASA program offices. As of 2014, there are 949 CASA/GAL programs with more than 75,000 volunteers serving over 250,000 abused and neglected children (National CASA Association, 2015a).

Today, the CASA program is anecdotally regarded as an important complement (or, in some states, substitute) to the traditional staff attorney model of child representation. Indeed, according to the federal Child Abuse Prevention and Treatment Act (CAPTA, 42. U.S.C. 5106, et.seq.), abused or neglected children are required to have special representation in the form of a GAL *in addition to* the child’s attorney. Whether or not this GAL is an actual attorney varies by state. In the state of Georgia, for example, the GAL can be either an attorney or non-attorney, but non-attorneys can only be CASA volunteers. Whether or not a child has two attorneys (one standard attorney and one GAL) or an attorney and a CASA volunteer is determined by the judge.

CASA volunteers are typically assigned very low caseloads – generally less than five children per individual volunteer – and volunteers are given explicit instructions to physically

see the child or children assigned to them as often as possible. In the state of Georgia, state caseworkers and GALs are reported by the Office of the Child Advocate (OCA) to have “a crisis in caseload numbers,” a “mismanagement of the positions that are filled,” and “a great discrepancy in caseload sizes within the same county department amongst workers holding the same position (2002, p. 10). “Caseworkers in Georgia,” writes the OCA, “have caseloads that significantly exceed national standards of 15 to 1,” (2002, p. 10). Although this particular report is dated to 2002, a more recent report released by the OCA in 2014 (p. 2) writes that child abuse reports are still soaring (with a 118% increase over the month of February 2014 alone). This compounded with the facts that caseworkers leave their jobs “at faster [rates] than positions [can] be filled” and that “many workers lack the training and supervision needed to properly investigate complaints and protect children” means that the conclusion still stands: there remains a crisis in caseload numbers.

By comparison, the Children’s Law Center of California (2014) reports that the average attorney in the state of California (a state which is much larger than Georgia in terms of population and population density) carries a caseload of 300 children – about twice the caseload standard (188) and over three times the optimal standard (77). As a result, the CLC writes that, rather than dedicating time to identify the unique needs of the children in their care, they must resort simply to responding on a crisis-by-crisis basis (otherwise known as the “triage” approach).

Evaluations of CASA Effectiveness

Since its inception, the national CASA program has been evaluated through private research institutions with all of the results and relevant studies (including financial audits and tax information) easily available on their website. All of these studies report generally positive outcomes, and much of the literature promoted by CASA includes endorsements from those at the top of local political hierarchies (judges, Congressmen/women, and authors; National CASA Association, 2015b). Furthermore, since 1985, the United States Department of Justice has been a primary funder for CASA through its Office of Juvenile Justice and Delinquency Prevention (National CASA Association, 2015c). To most, this would imply some level of governmental support or advocacy for the CASA program. Finally, the National CASA website lists over a dozen empirical and government sources in support of CASA's effectiveness on a wide range of measures, specifically related to the outcomes of the children in the CASA's care (National CASA Association, 2014).

That said, peer-reviewed evaluations of the CASA program are few and far between, for a variety of reasons. First and foremost, it is methodologically and ethically difficult to establish a control group – which would be the best method to identify confounding variables and evaluate effectiveness (Leung, 1996). Second, longitudinal studies of the CASA program (i.e. following children who have been represented by CASA) require massive amounts of time and commitment that very few researchers to date appear to have been able to dedicate to evaluating the program considering time and funding constraints. Finally, although the 1988 re-enactment of the Child Abuse Prevention and Treatment Act (CAPTA), and the subsequent 2010 CAPTA Reauthorization Act “requires states to evaluate the effectiveness of [...] child-advocacy efforts,” the act does not specify how often such evaluations must occur (Leung, 1996, p. 270).

Given that so little research on CASA as a whole exists, it follows logically that peer-reviewed systematic analyses and other large-scale evaluations of current CASA programs generally find ambiguous results on CASA effectiveness. For instance, while some evaluations of CASA programs find that the assignment of CASA volunteers resulted in more placements for abused or neglected children (either in foster homes or some other relative's home; Youngclarke et al., 2004), other evaluations found that CASA intervention resulted in no difference in the average number of placements (Condelli, 1988; Leung, 1995; Poertner & Press, 1990; Halemba et al., 2004), and still others found that CASA intervention actually resulted in *fewer* placements for abused or neglected children (Calkins & Miller, 1999; Litzelfelner, 2000).

Lawson and Berrick (2013) conclude that, in light of “widespread methodological weaknesses (most notably selection bias),” CASA cannot be established as an evidence-based practice (p. 321). In order to establish CASA as evidence-based, it would require rigorous, randomized, and controlled empirical testing – something which the authors lament would not only be exceptionally difficult, but arguably unethical (given that it would require “random denial of services” to children in need, p. 335).

In Youngclarke et al.'s (2004) systematic review, they agree that there is only “a small body of [...] literature with generally poor methodological quality,” but argue that the positive results that most studies found are promising since “CASA volunteers tend to be assigned to more [...] difficult cases” (p. 121). To date, this appears to be the only systematic review of the existing literature on CASA effectiveness. It is worth noting, however, that Lawson et al. (2015) submitted a protocol proposal for a systematic review of the CASA program effectiveness to the Campbell Collaboration, which specifies strict criteria for evaluating existing literature, although since Youngclarke et al.'s (2004) review, few studies have been conducted.

The Present Study

The extant literature does not provide process nor outcome evaluations of the CASA program. Both the volunteer training manual and the organization management guide provided on the national CASA website are each well over 300 pages long. Not only do these manuals outline clear goals on expected outcomes and behavior for CASA volunteers, but CASA also endorses a mission statement which states that they hope for “every abused or neglected child in the United States [to] be safe, have a permanent home, and the opportunity to thrive” (Robinson, 2004, p. 3). Since it is written into federal law that abused and neglected children must have special representation, and knowing that the American child welfare system is severely overburdened by this requirement, the CASA program’s goal of seeing abused or neglected children *thrive* in the system may be impractical.

Additionally, each judicial circuit or legal jurisdiction generally only has one CASA program. As such, although there are over 900 CASA programs in existence, individual CASA programs typically serve multiple counties or areas. As well, not every judicial circuit has a CASA program, and program funding generally prohibits CASA from accepting cases outside of their jurisdiction. Furthermore, each judicial circuit can vary immensely. The judicial circuit in which the present study takes place, for instance, serves four very rural counties, with the largest county having a population of just over 71,000 (United States Census Bureau, 2015a). By contrast, the Atlanta Judicial Circuit only serves the very urban Atlanta area (Fulton County), with a total population of over 984,000 (United States Census Bureau, 2015c). Thus, almost every study examined in prior literature is limited in that each typically only assesses one CASA program in one unique social context. To date, research has examined medium to large-sized CASA programs (with a higher staff-to-child ratio; i.e. Litzfelner, 2000, with a 1:2 ratio of staff

to children). In addition, none of the studies of CASA programs specifically evaluate CASA programs which cater to primarily rural areas.

Rural areas are of particular interest because of their distinct lack of resources and programming available to rural constituents. Studies consistently show that, even when controlling for income, race, and gender, simply living in a rural area means that a person scores lower on measures of health and psychological well-being (although being poor *and* living in a rural area is common, and the effects of poverty in rural areas may be multiplied; see Amato and Zuo, 1992; Duncan, 1999; Hartley, 2004; and Tickamyer, 1990).

This study seeks to address these gaps in the literature in two major ways. First, this research adds to and updates the limited literature on the CASA program. Second, it seeks to apply a strict fidelity scale to CASA program. Thus, the purpose of the present study is to ascertain the program fidelity for a CASA program located in a rural area in the Southeastern U.S. in order to determine the program's conformity to its outlined goals using a scale specifically designed to assess justice program fidelity. Given the limited empirical literature available, the present study is exploratory.

CHAPTER 3

METHODS

Study Purpose

As described by Miller and Miller (2015, p. 340), “Fidelity is the extent to which delivery of an intervention, modality, or treatment adheres to program design.” This study attempts to determine a rural, southern CASA program’s fidelity by applying the Justice Program Fidelity Scale (JPFS; Miller & Miller, 2015). The JPFS was conceptualized through the work of Miller and Miller (2015) in an effort to better apply mixed-methods approaches to process evaluations. The authors argue that the use of qualitative techniques in process evaluations provide an excellent means for capturing data that confirms quantitative findings (Miller & Miller, 2015, p. 339). The JPFS has five dimensions or domains: adherence, exposure, delivery quality, participant engagement, and program differentiation (Appendix A), and has been amended slightly to apply to the present study.

Adherence specifically refers to the design of the program itself and compliance to the program’s unique guidelines, along with whether or not the program is evidence-based. Exposure is “a temporally indicated construct” (Miller & Miller, 2015, p. 344), and in the case of CASA, refers to the amount of time a CASA worker spends with the children or the amount of time a child stays in the CASA’s care. Delivery quality specifically refers to the staff and their qualifications and/or attitude, and participant engagement measures the attitude, involvement, and barriers experienced by the program participants (in the case of CASA, this would be the children). Finally, program differentiation refers to “whether the program is delivered consistently over time and cohorts in terms of maintaining approximate program size and individual counselor caseload” (Miller & Miller, 2015, p. 344).

Sampling Strategy

For the purposes of this study, one CASA program in one judicial circuit was selected for assessment. As of 2014, this judicial circuit serves four rural counties with a combined population of just over 159,000. At the time of this study, this CASA branch had 38 active volunteers. In the Fall of 2014, the Executive Director (E.D.) of the CASA granted permission to contact the CASA volunteers in order to request a short (30-60 minute) interview about their experiences as a CASA volunteer. The only requirement to participate in the study was that participants must have, at some point, held a case through CASA. The case did not have to be “closed” – that is, the participants could have currently been holding their first and only case.

Out of 37 people emailed (excluding the E.D), 21 initially agreed to participate, and 10 completed interviews. Additional snowball sampling was employed to enhance participation in the project. In this way, two more people who were not initially contacted (since they were not active volunteers at the time) contacted the researcher. Thus, the final *N* was 12. Interview participants included mostly CASA volunteers, but a few interviews were of those in leadership positions in the local CASA branch (who had also held a case at some point in their tenure as volunteers).

Eight of the interviews were conducted in person. Once the first four interviews were completed, the interviewer sought IRB approval to conduct interviews over the phone, since many CASA volunteers and the researcher had trouble coordinating long commutes (recall that this CASA branch served four large, rural counties). Interviews were semi-structured; although the researcher prepared a list of questions in advance, interviews often strayed from the questions in order to gain a better picture of the participants’ experiences. Major themes that were addressed in the interview protocol involved volunteer engagement and timelines, volunteer and

child barriers, qualitative information surrounding case management, and volunteers' general opinions. Interview participants were also asked to complete a brief demographic questionnaire either before or after the interview. All participants filled out the questionnaire. The demographic questionnaire can be found in Appendix B and the interview protocol can be found in Appendix C. Two of the participants were black, and the rest were white. Eight of the participants had college degrees and/or were employed full-time, one participant was a self-declared "stay-at-home-mom," and three participants were university students. Three participants were male, and the average age of the participants was 43.42.

Transcription and Coding

Interview participants were asked for permission to record each interview, and all participants agreed to be recorded. Recordings were later manually transcribed by the same researcher who conducted each interview with the aid of the software Express Scribe Pro. Only one interview required extra editing (using the software Audacity) to remove background noise. All transcripts have been totally stripped of identifying information, including (but not limited to) names of volunteers, leadership, children, judges, attorneys, and most locations (with the exception of locations pertaining directly to the local such as relevant county names, but not in such a way that a particular interview participant or child could be identified). Interviewees were given gender-specific pseudonyms for reference purposes.

Interviews were coded in two major ways. First, the interviews were coded openly by hand for major themes throughout the transcripts. Once the second transcript was coded, the codes were compared to the first transcript. Codes that seemed similar were combined, codes that could be applied to either transcript were added, and codes that were no longer logical were removed. In this way, the third transcript was compared to the first and second transcript, the

fourth transcript was compared to the first three transcripts, and so on. This is known as the constant comparative method (CCM; see Boeije, 2002).

Other Materials

In addition to the interview data and transcripts outlined above, the researcher was also provided with access to several documents by a member of CASA leadership (“Mary Alice”). These documents contain descriptive statistical data surrounding casework along with minimal volunteer data regarding the study site. This data is summarized in Tables 3 and 4 (2014 and 2015, respectively). Additionally, the researcher was given copies of the 2010 Standards for Local CASA Programs and a copy of the 2014 Volunteer Policies and Procedures (2014 VP&P) used by this particular CASA branch. Finally, the researcher conducted one final unstructured interview with Mary Alice, partially as an act of reciprocity and partly to ask for the descriptive information in Tables 3 and 4. This final interview was not coded in the same way that the other were coded, but was instead managed as complementary to the other interviews in that it was transcribed but not coded using the method outlined above.

CHAPTER 4

ANALYSIS: THE JUSTICE PROGRAM FIDELITY SCALE (JPFS)

Overview

The Justice Program Fidelity Scale (JPFS) is quite young. To date, it has only been used in two studies: Miller and Miller (2016) and Miller and Khey (2016). The scale is conceptualized in Miller and Miller (2015). The original JPFS can be found in Appendix A, and the results of this study using a slightly modified JPFS are summarized in Table 1. The primary researcher and one additional graduate student scored the materials independently using the Data Sources Table located in Table 2, and the individual scores were averaged to determine a final value (49/57, or 85.96%). What follows below are detailed explanations of each rating assigned in each section. Table 2 summarizes the following sections and specifies which materials were used in each assessment.

Adherence

Adherence refers to whether or not the program's delivery is consistent with its design. This dimension was scored using the 2014 Volunteer Policies and Procedures (2014 VP&P) and the CASA Summary Statistics (Tables 3 and 4). Each facet within adherence was given either a 0 or a 1; that is, either CASA met its own adherence requirements (1/1) or it did not (0/1). Both Rater 1 (R1) and Rater 2 (R2) scored this CASA branch 5/5 or 100% (see Figure 1). Within this domain, there are originally six facets, but for the purposes of this study, "dosage" was not included (compare Table 1 with Appendix A). This is because the JPFS has only been used in two studies, both of which have been evaluating programs for mental health. "Dosage" in those studies referred to dosage schedules within individualized service plans, which is not applicable to the present study (Miller & Khey, 2016; Miller & Miller, 2016).

Regarding intake screening and timeliness, interviewee Mary Alice noted that although the ultimate goal for CASA was to help as many children as possible, it was not possible to serve every child. She acquired cases in two ways: first, by accessing the Department of Family and Children Services (DFCS)³ case database and second, by simply going to the courtroom on juvenile court days to acquire cases that might not have yet made it into the DFCS case database. The only time cases would be “screened out” of CASA involvement is if the case involved extreme circumstances; for instance, in the case of one child, although the child’s case was within this CASA’s jurisdiction, the child was hospitalized about four hours outside of the jurisdiction. Thus, the case was “screened out” because of the health status of the child and the fact that CASAs would ultimately be unable to make the commute, among other issues surrounding the child’s hospitalization.

For CASA, a uniquely important facet of the *adherence* domain is the concept of caseload compliance. Though volunteers may have had multiple cases over their career as a CASA, all of the volunteers interviewed had only ever held one case at any particular point in time. According to the 2014 VP&P:

“A volunteer may be assigned to two (2) cases if the Director and Volunteer Coordinator feel the volunteer can handle the additional caseload, and the volunteer is closely monitored.” (p. 8).

Finally, according to its mission statement, CASA seeks to serve the “best interests of the child,” which entails a highly tailored case plan for each child in the care of a CASA (Robinson, 2004). Several of the volunteers mentioned that, usually, the ultimate goal of CASA is reunification of the child with his or her biological parents. However, in many circumstances,

³ In other states, this agency is “Child Protective Services” or “CPS.”

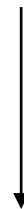
this is either contrary to the best interests of the child or it is simply not possible (see Tables 3 and 4 for a breakdown of case outcomes). For instance, interview subject Gabrielle mentioned the case of a woman who abandoned her children. The woman appeared in court for two preliminary hearings, but did not arrive to the third. Gabrielle searched for the woman on social media and found that she had moved to a state a few time zones over and had gotten married. At the time of the interview with Gabrielle, the woman had not been seen for almost two years, yet the case remained open. In this particular instance, reunification with the birth parents is not a feasible option. However, working on behalf of CASA, Gabrielle was able to track down the paternal grandmother who then agreed to adopt the children. This decision was almost certainly in the best interests in the children, as it allowed them to be kept together (as siblings are often separated for adoptions) and it kept them “in the family” with a stable guardian. Furthermore, it theoretically left open the option of the children gaining access to their biological mother one day, if they so desired.

Figure 1: Adherence

Adherence (0/1)	Rater 1 (R1)	Rater 2 (R2)	Consensus	Value
Intake screening	1	1	Yes	1
Intake timeliness	1	1	Yes	1
Service plan components	1	1	Yes	1
Caseload compliance	1	1	Yes	1
Individualized service plans	1	1	Yes	1
ADHERENCE TOTAL:	5/5	5/5	100%	5/5



1. Removed “dosage”



1. 2014 VP&P
2. CASA Summary Statistics

Exposure

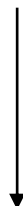
Exposure is a temporal construct which here refers to the amount of time a CASA spends with the children or the amount of time a child stays in the CASA's care. This dimension was scored using the 2014 VP&P, interview transcripts, and the CASA Summary Statistics (Tables 3 and 4). Each facet within exposure was scored with either 0 or 1; either CASA met its own requirements (1/1) or it did not (0/1). Both R1 and R2 scored CASA 2/2 (100%) for the *exposure* dimension (see Figure 2). Volunteer protocol states that each volunteer is required to have contact with their child weekly. Additionally, they are required to physically visit their child at least monthly, but many volunteers report visiting them more frequently than protocol desired. Gabrielle said,

Volunteers are supposed to see their children at least once a month. I would say that most of our volunteers see them more than once a month. [...] It may not be one-on-one, but they'll visit the [...] parent and child visitations so they're there to observe. [...] Most [of our volunteers] probably see [their kids] more like three times a month."

Amongst the volunteers, there is also a culture of promoting child visitation. Tom, one of the regular volunteers, mentioned that it was "cringe-worthy" when he heard of a volunteer who had not visited her child in about two months. Another volunteer, Karl, reported that he visited his child weekly until the child was placed in a trustworthy foster home and was "doing really well." At that time, Karl "only" visited his child the minimum of once per month. All of the volunteers whose cases had closed reported that they were assigned their case until permanency was achieved; for those volunteers who had a case which was still open, they had plans to remain on the case until the case closed.

Figure 2: Exposure

Exposure (0/1)	R1	R2	Consensus	Value
Contact frequency	1	1	Yes	1
Duration; program length	1	1	Yes	1
EXPOSURE TOTAL:	2/2	2/2	100%	2/2



1. 2014 VP&P
2. Interview data
3. CASA Summary Statistics

Delivery Quality

Delivery quality primarily refers to staff (advocate) credentials and attitude. For clarity, the facets of the original JPFS were renamed to use the word “advocate” instead of “staff.” This dimension was scored using the 2014 VP&P and the interview transcripts. This section was coded on a Likert scale from 1-5, with 1 being the lowest score indicating poor delivery quality and 5 being the highest score indicating exceptional delivery quality. R1 scored CASA 4/5 on advocate qualifications, while R2 scored CASA 5/5 on the same section. For advocate attitude, R1 and R2 scored CASA 5/5, and for advocate continued training R1 and R2 scored CASA 4/5. Thus, the combined value for advocate qualifications was 4.5 (the average of 4 and 5), while the combined values for advocate attitude and advocate continued training were 5 and 4, respectively. The total for the delivery quality dimension was 13/15 for R1 and 14/15 for R2, with a combined score of 13.5/15 or 90%.

In order to score these facets, during the course of the interview, volunteers were asked about the application and training process, and were generally asked how confident they felt as a CASA volunteer. As briefly mentioned earlier, the volunteer training manual provided on National CASA’s website is over 300 pages long. By contrast, 2014 VP&P manual given to the researcher by Mary Alice is significantly shorter at only fifteen pages. It would seem that this is presumably a newer development, perhaps in answer to complaints from previous CASA volunteers; for instance, Bree lamented the following regarding her training:

“I think my frustration of being a volunteer is that [in] the training, we had a big, thick binder. Okay, we did not cover all of it. It was long, at times tedious, and not always to the point.”

Bree goes on to describe “numerous case studies about ethnic groups” – which are present in the National CASA volunteer manual, but not the one given to me by Mary Alice. All of the other CASA volunteers (who were newer) unanimously described the volunteer training as a relatively simple process, although one commented that he had “never filled out an application that long as a volunteer” (Tom).

As for the training itself, it is thorough and is held up to state standard; that is, the standards by which a CASA is trained are the same standards by which a staff-attorney GAL is trained. CASAs are sworn in to the court, required to maintain confidentiality regarding cases, and are required to report facts to the court. Any recommendations made by a CASA are to be made based on facts, not on a CASA’s personal opinion.

Volunteer Protocol also states that volunteers are directly supervised by staff persons, citing National CASA Association standards of “one (1) staff person to every thirty (30) volunteers.” Volunteers and their records are subject to regular reviews every six months to ensure that they have met “in-service training requirements” as defined by the volunteer protocol.

As for the advocate attitude facet, interview participants were unanimously in favor of the CASA program and were highly emotionally invested in their work. For instance, Karl reported that one of the foster placements for a pair of siblings was a “terrible, terrible situation,” and did everything within his power to get the children placed elsewhere. The process was delayed by several months, and the children were forced to stay at that particular placement. During this time, Karl visited the children minimally on a weekly basis for the sake of the children, to provide emotional support and stability, and also to presumably watch for any evolutions in the case that would require harsher intervention.

In a separate interview, Gabrielle said:

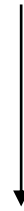
“CASAs are much more involved in the cases. They are much more knowledgeable about the cases. They are much more, um, proactive: ‘let’s get this, what about this, what about this?’ They’re not a reviewer to give a verbal report, they are active in the case, there for the child. CASAs are volunteers. [...] It’s just a different outlook.”

Figure 3: Delivery Quality

Delivery Quality (1-5)	R1	R2	Consensus	Value
Advocate qualifications	4	5	No	4.5
Advocate attitude	5	5	Yes	5
Advocate continued training	4	4	Yes	4
DELIVERY QUALITY TOTAL:	13/15	14/15	90%	13.5/15



1. Renamed from “staff”
to “advocate”



1. 2014 VP&P
2. Interview data

Children's Engagement (Participant Engagement)

Participant engagement (renamed to “children’s engagement” for clarity) was difficult to measure because the researcher did not interview the children. For this reason, the original facets “participant attitude” and “participant involvement” were merged into one category and renamed to “children’s observed attitude/involvement.” That said, children’s attitude/involvement and especially children’s barriers can be induced from the words of the interviewees and from the statistical data provided on the types of participants that CASA serves, along with the 2014 VP&P training and requirements. Both sections were scored on the same five-point scale as the delivery quality section, although the children’s barriers facet was reverse coded (i.e. 5 represented no barriers while 1 represented many overwhelming barriers). R1 scored the “children’s observed attitude/involvement” facet with 5/5, while R2 scored the same facet with 4/5, for an average value of 4.5/5. R1 and R2 scored the “children’s barriers” facet with 3/5. Thus, the total score for the Children’s Engagement section was 8/10 for R1 and 7/10 for R2, resulting in a combined value of 7.5/10 or 75% (see Figure 4).

First and foremost, the accounts told by each of the interviewees about their cases tell a profound story about the impact that they feel they have had on their children. Tom reported that, when he met “his” kids for the first time, they only wanted to play video games and were not particularly interested in socializing with Tom. Having come from an athletic, “outdoorsy” background himself, when Tom visited them, he encouraged them to play basketball with him outside. The first time they played, one of the kids “threw a temper tantrum” because he could not get the basketball in the hoop. Tom did not visit his kids often enough to be a basketball coach (about twice a month for 30 minutes to an hour), and he commented that the last time he visited them – seven months after being given the case – the child in question “was dribbling the

ball, he shot it from a longer distance, and it went in perfectly.” When the researcher asked Tom if he thought the child had been practicing when he wasn’t there, he nodded and said, “I think it’s a thing of, you know, possibly raising his confidence. [...] It’s amazing how much of an impact you can have on children.”

Tom’s basketball story demonstrates a high level of participant involvement and a generally positive attitude towards both Tom as a “caseworker” and possibly the CASA program. His story is not the only one. As caseworkers, CASAs are not bound by the same rules that govern a traditional DFCS worker. Consider Katherine’s story:

[One] of the things that we as CASAs do, DFCS is also supposed to do, but [...] a lot of times they just don’t have the resources to do. [They’re supposed] to investigate families and see if there are any family member[s] that this child can be placed with instead of just [...] terminating the rights and not having anything to do with their heritage or their culture. [So] we had a CASA who actually went up against DFCS to fight for this little boy’s grandmother. DFCS just wrote her off automatically, and [the CASA caseworker] was patient and talked with [the grandmother] and made the recommendation. DFCS was against it, and their report to the judge was that she not be allowed [contact]. The judge listened [to CASA] and [the little boy] got to go home.

In Katherine’s case, this twelve-year-old boy was not traumatized (as some literature might suggest; Schneider and Phares, 2005) by being totally separated from his entire family to the point of cutting contact, but was actually adopted by the grandmother. This, in and of itself, is a potential benefit to the child, and can arguably be seen as a partial measure of children’s attitude or involvement.

When asked, “What are the greatest needs of the kids coming through CASA?” Lynette had a particularly interesting response:

“I’d have to say attention. I know, um, the girls that I have, I mean, they’re really – I can tell that they’re well-provided for. [...] They’re always clean, they’ve got nice [...] clothes on, they’re well-fed. I can tell they don’t really have any of those kinds of needs, but I just – you know, especially at that age they’re starved for [attention]. [...] I think that’s a big one, just being there [...] and doing what they wanna do and listening to what they have to say. [...] Just, you know, hear them out and, you know, just be there while they’re going through what they’re going through.”

This response is of particular interest in that it demonstrates a unique perspective of the CASA volunteer to provide something for children beyond their legal needs. At no point in the volunteer training manual or in the local volunteer policies and procedures does anyone require volunteers to provide emotional support for a child, and yet Lynette succinctly summarized something that all the volunteers reported doing, whether it was as covert as Tom playing basketball with “his” kids or as overt as Karl visiting weekly when his kids were in an unstable foster placement.

Children’s Barriers (Participant Barriers)

Although children’s outcomes in terms of attitude or involvement can be generally seen as positive, the researcher notes that there are some substantial participant barriers present, namely an issue of racial disparity. CASA is required to self-assess for – among other things – racial “disproportionality,” that is, ensuring that CASA’s cases are representative of the total number of cases in a given jurisdiction. CASA scored well on its most recent self-assessment, with approximately 70% of its cases consisting of white children and 30% being nonwhite in

both 2014 and 2015 (see Tables 3 and 4). This is generally representative of the area's general demographic breakdown, as the percentage of white citizens was approximately 65% for all four rural counties (United States Census Bureau, 2015a; 2015b; 2015d; 2015e).

However, out of all of the volunteers interviewed, only two of them were black. Further, all of the volunteers (including the one black woman) had had white children *except* for one white woman who had two black children assigned to her caseload. This is representative of CASA in general, given that the Annual Local Program Survey Report (2014) published by National CASA noted that 81% of all volunteers were white and 82% of all volunteers were female. However, historically, CASA was founded on principles of diversity; National CASA's CEO wrote that the "earliest mention of CASA in a news report [...] stressed the importance of participation by people of color," (Piraino, 2007, p. 1). Indeed, the Annual Local Program Survey Report (2014) noted that 38% of volunteer recruitment efforts were specifically targeted towards achieving racial and ethnic diversity, second only to targeting male volunteers (48%).

The participant interviewed who had black children assigned to her caseload, Susan, said in her interview that she had no problem working with black children. She lamented that they seemed nervous around her at first – in her words, presumably because all of the white people the young children had seen to that point had been critical authority figures – but that they "warmed up" to her with time. When the interview was over and the tape recorder was off, Susan mentioned that she wanted to add something about their hair; she said the children were eventually adopted by a black family. The first major thing the black family did, Susan noticed, was had the girls' hair done by a professional black hair stylist. In black culture, hair is a major cultural symbol with profound cultural meanings and implications (Dash, 2006). To Susan, the

status of the girls' hair was not such a huge issue that she concerned herself with making sure it was managed – likely because Susan was white and took no notice.

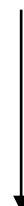
This cultural dissonance is not limited to race; it was mentioned earlier that CASA volunteer recruitment efforts also target male volunteers, although 82% of volunteers are female. In this study, only 3 of the interview participants were male. The male volunteers reported essentially ceasing contact with their kids once the cases were closed – by contrast, all of the female volunteers reported continuing contact with their kids long after the cases were closed. Gabrielle, the volunteer coordinator, spoke of another volunteer who was particularly popular with her teenage girl cases, often giving them “boy advice” and acting as a proxy “mother figure.” Further, recall that Tom mentioned that he pulled his kids away from video games to play basketball – which sounds very much like a “big brother” or a “father figure” type of relationship. Matching a CASA worker to a child by cultural similarities is massively important for the needs of the children, particularly young children – for the local CASA program, it is a considerable limitation that they only have a small pool of volunteers from which to choose.

Figure 4: Children's Engagement

Children's Engagement (1-5)	R1	R2	Consensus	Value
Children's observed attitude/involvement	5	4	No	4.5
Children's barriers (reverse coded 1-5)	3	3	Yes	3
CHILDREN'S ENGAGEMENT TOTAL:	8/10	7/10	75%	7.5/10



1. Renamed "participant" to "children"
2. Merged "children's attitude" and "children's involvement" into "children's **observed** attitude/involvement"



1. Interview Data
2. CASA Summary Statistics
3. 2014 VP&P

Program Differentiation

The fifth and final domain of the JPFS, program differentiation, is a temporal measurement of program adherence over time, and provides a means to determine whether or not services are delivered and applied consistently over a period of time. This dimension, like the last two, was measured on a five-point scale; however, in this case, all five facets were reverse-coded with 5 being a “best” score and 1 being a “worst” score. The CASA summary statistics in Tables 3 and 4 were used to score this dimension. In this dimension, R1 and R2 differed in several sections on their evaluation. For program size fluctuation, program budget fluctuation, and continuity of setting, R1 and R2 gave the same score – 4/5, 5/5, and 5/5 respectively. However, for caseload fluctuation, R1 scored 2/5 and R2 scored 4/5 and for continuity of staffing R1 scored 3/5 and R2 scored 4/5. R1’s total combined value was 19/25 and R2’s was 22/25, resulting in an average value of 21/25 or 84% for this dimension (see Figure 5).

At this point, it is worth mentioning that the local CASA underwent a major change in leadership about four years prior to the researcher’s initial interviews. The previous director of the local CASA was reported to have not had a good relationship with the local courts or court figures. Tales of the new director fighting to make a name for CASA in light of its previous failings abounded through all of the narratives of the volunteers who had experienced the shift in leadership. R1 spent several years interviewing participants and had knowledge of this transition outside of the interview transcripts through casual conversations with volunteers and leadership. R2, by contrast, was only given interview transcripts and the data on the tables herein. It is because of this extraneous knowledge of R1 that R1’s scores differed from R2’s scores much more than in the other dimensions. Having this extra experience made it difficult for R1 to objectively score the transcripts in the same manner as R2.

Regarding both program size fluctuation and continuity of staffing, although the two are very similar, they do not necessarily measure the same things; continuity of staffing is specifically a measure of volunteer retention, while program size fluctuation is a measure of actual program size (combination of volunteer staffing and total caseload). In the follow-up interview with Mary Alice, she lamented that “volunteer retention is extremely difficult.” Although in 2014 and 2015 the local CASA respectively had 41 and 37 “active” volunteers (see Tables 3 and 4), Mary Alice clarified that “that doesn’t mean they were all active at the same time.” Indeed, even though the researcher had a great response rate in terms of responding to emails during recruitment (21 responses out of 37 emails), the level of actual activity was low (21 responses only resulted in 10 interviews, plus two other people reached via snowball sampling).

Mary Alice stated that volunteer retention is difficult after the first case or the first “couple of years” because volunteers do not realize how much of a time commitment it is; notably, Karl mentioned that in the choice between working in another social service program and working with CASA for his long-term goals, he said he would choose the other program because there is so much less legwork involved. Next, volunteer retention is difficult to the extent that, when a volunteer is sworn in by the court, the volunteer must get a case within the next 48 hours, or Mary Alice suggests that “you’ve just lost that volunteer,” with the implication being that the volunteer might not feel involved or “important” if he or she is not assigned a case quickly. Similarly, if a volunteer has *too many* cases or cases that were overly stressful, they might become “burned out,” leading either to their quitting CASA or remaining onboard as a frustrated advocate (the case with Rex and Bree, who loved what CASA stood for and represented philosophically, but were frustrated by the early implementation of the CASA

program). The latter is also feasibly the case with high “burnout” rates amongst social workers and the resulting staff crisis (Office of the Child Advocate, 2002; 2014).

One of the greatest weaknesses of the local CASA branch is the severe level of caseload fluctuation. Although they do not completely “fail” this measure because they do still continue to simply have cases that generally represent the demographic breakdown of the larger jurisdiction, there is no sense of stability in the acquisition of cases. In the review of the literature, cases for other CASA agencies are acquired through deliberate appointment by judges – and it is written into Georgia state law that judges have the discretion to appoint a CASA in addition to the GAL already assigned to them. However, in the local CASA branch, since DFCS does not seem particularly interested in working with CASA and there is no dedicated juvenile court judge (only three superior court judges who rotate on juvenile court cases), most of Mary Alice’s time is spent seeking out cases either by sitting in on juvenile court dates or by perusing the DFCS database.

Figure 5: Program Differentiation

Program Differentiation (reverse 1-5)	R1	R2	Consensus	Value
Program size fluctuation	4	4	Yes	4
Program budget fluctuation	5	5	Yes	5
Caseload fluctuation	2	4	No	3
Continuity of staffing	3	4	No	3.5
Continuity of setting	5	5	Yes	5
PROGRAM DIFFERENTIATION TOTAL:	19/25	22/25	84%	21/25



1. CASA Summary
Statistics

Table 1: Modified JPFS Scale Results

	Rater 1	Rater 2	Consensus	Value
Adherence (0/1):			(yes/no)	
Intake screening	1	1	yes	1
Intake timeliness	1	1	yes	1
Service plan components	1	1	yes	1
Caseload compliance	1	1	yes	1
Individualized service plans	1	1	yes	1
Adherence Total:	5/5	5/5	100%	5/5
Exposure (0/1):				
Contact frequency	1	1	yes	1
Duration; program length	1	1	yes	1
Exposure Total:	2/2	2/2	100%	2/2
Delivery Quality (coded 1-5):				
Advocate qualifications	4	5	no	4.5
Advocate attitude	5	5	yes	5
Advocate continued training	4	4	yes	4
Delivery Quality Total:	13/15	14/15	90%	13.5/15
Children's Engagement (coded 1-5):				
Children's observed attitude/involvement	5	4	no	4.5
Children's barriers (reverse coded 1-5)	3	3	yes	3
Participant Engagement Total:	8/10	7/10	75%	7.5/10
Program Differentiation (reverse coded 1-5):				
Program size fluctuation	4	4	yes	4
Program budget fluctuation	5	5	yes	5
Caseload fluctuation	2	4	no	3
Continuity of staffing	3	4	no	3.5
Continuity of setting	5	5	yes	5
Program Differentiation Total:	19/25	22/25	84%	21/25
TOTAL VALUES:				49/57
TOTAL FIDELITY SCORE:				85.96%

Table 2: Data sources table

JPFS Element:	Meaning:	Data Sources:
Adherence		
Intake screening	Are potential participants (children) screened prior to admittance? (1 = yes)	2014 Volunteer Policies & Procedures (VP&P)
Intake timeliness	Are children screened in a timely manner? (1 = yes)	2014 VP&P
Case plan components	Is the case plan tailored in terms of its outcome or in terms of its parts? (parts = 1)	2014 VP&P
Caseload compliance	Do the advocates have less than five cases at a given time? (1 = yes)	2014 VP&P; Interviews
Individualized case plans	Is the individual child's case plan unique to the child? (1 = yes)	2014 VP&P; CASA Summary Statistics
Exposure		
Contact frequency	Do the advocates see "their" children at least twice per month? (1 = yes)	2014 VP&P; Interviews
Duration; program length	Are the children in the care of a CASA from their date of assignment until the case plan is met? (1 = yes)	2014 VP&P; Interviews; CASA Summary Statistics
Delivery quality		
Advocate qualifications	Are the advocates adequately trained for their positions? (5 = best)	2014 VP&P; Interviews

Advocate attitude	Do the advocates enjoy their positions? (5 = best)	Interviews
Advocate continued training	Are there opportunities for the advocates to continue their training? (5 = best)	2014 VP&P; Interviews
Children's engagement		
Children's observed attitude/involvement	Do the children seem to be emotionally invested in their CASA and in the CASA process? (5 = best)	Interviews
Children's barriers	Are there any significant barriers which prevent children from receiving access to a CASA? (reverse coded; 5 = no barriers)	Interviews; 2014 VP&P
Program differentiation		
Program size fluctuation	Does the program's size (in term of total number of cases) fluctuate significantly from year to year? (reverse coded; 5 = no/never)	CASA Summary Statistics
Program budget fluctuation	Does the program's budget fluctuate significantly from year to year? (reverse coded; 5 = no/never)	CASA Summary Statistics
Caseload fluctuation	Do advocates' individual caseloads fluctuate significantly? (reverse coded; 5 = no/never)	CASA Summary Statistics
Continuity of staffing	Are advocates typically unable to be found when they are needed? (reverse coded; 5 = no/never)	CASA Summary Statistics
Continuity of setting	Does the location of CASA's headquarters change frequently? (reverse coded; 5 = no/never)	CASA Summary Statistics

Table 3: Local CASA Program Summary Statistics, 2014

	<i>N</i>	Percent		<i>N</i>	Pct.
Casework Summary			Volunteer Summary		
Case outcomes	43	100%	<i>Active volunteers</i>	41	100%
Child ran away	1		Age of volunteer	45 (mean)	
Adopted	10		21-29	10	
Emancipation	1		30-39	6	
Long-term relative care	9		40-49	6	
Reunification achieved	12		50-59	12	
Long-term foster care	2		60+	11	
Guardianship	3		Years with agency		
Other	3		<1	2	
Case removed from docket	2		1	16	
<i>Average time to case closure:</i>	<i>17.3 months</i>		2	5	
Child Demographics			3	4	
Child age range	109	100%	4	7	
0-5	38		5+	7	
6-11	47		Program Summary		
12-15	15		Active cases [A]	61	
16-17	5		Opened/new cases [B]	48	
18+	4		Closed cases [C]	43	
Gender	109	100%	Total served [A+B]	109	100%
Female	58		Total served [A+B-C]	66	
Male	51				
Race	109	100%			
Caucasian	76				
Multi-racial	6				
African-American	27				
Referred by:					
DFCS*	97				
Judge	10				
Attorney	1				

* Although 97 cases were referred by "DFCS," Mary Alice noted that for an unspecified majority of cases, this meant that they were found on the DFCS database and marked as "referred by DFCS."

Table 4: Local CASA Program Summary Statistics, 2015

	<i>N</i>	Percent		<i>N</i>	Pct.
Casework summary			Volunteer summary		
Case outcomes	41	100%	<i>Active volunteers</i>	37	100%
Adopted	19		Age of volunteer	40 (mean)	
Long-term foster care	4		21-29	6	
Long-term relative care	1		30-39	7	
Reunification achieved	17		40-49	5	
<i>Average time to case closure:</i>	<i>20.9 months</i>		50-59	12	
			60+	10	
Child Demographics			Years with agency		
Child age range	97	100%	<1	9	
0-5	39	40%	1	13	
6-11	40	41%	2	4	
12-15	11	11%	3	4	
16-17	6	6%	4	5	
18+	1	1%	5+	4	
Gender	97	100%	Program Summary		
Female	54	56%	Active cases [A]	66	
Male	43	44%	Opened/new cases [B]	31	
Race	97	100%	Closed cases [C]	41	
Caucasian	68	70%	Total served [A+B]	97	100%
Multi-racial	3	3%	Total served [A+B-C]	56	
African-American	26	27%			
Referred by					
DFCS*	96	99%			
Judge	1	1%			

* Although 96 cases were referred by "DFCS," Mary Alice noted that for an unspecified majority of cases, this meant that they were found on the DFCS database and marked as "referred by DFCS."

CHAPTER 5

DISCUSSION

Implications

Specialty Courts in Rural Areas

Of particular interest is the state of rural courts versus that of urban courts. The Atlanta Judicial Circuit, which is an appropriate Circuit for comparison as it is located in an urban area in the south, has twenty superior court judges and a wide variety of specialty courts (mental health court, drug court, juvenile court, family court, and veterans court). By comparison, the rural judicial circuit evaluated in the present study has three specialty courts (mental health court, drug court, and juvenile court) and three superior court judges. In 2014, the Atlanta Judicial Circuit heard just over 38,000 cases (on average, 1,900 yearly cases per judge) while the local judicial circuit heard 6,200 cases (approximately 2,066 yearly cases per judge; Administrative Office of the Courts, 2015). Although judge caseloads were similar in both jurisdictions, in the Atlanta (Fulton County) judicial circuit, there were four superior court judges who solely presided over family court. Thus, these four judges have jurisdiction *only* over “divorce, separation, custody and visitation, child support ... abuse and neglect, deprivation, abandonment, termination of parental rights,” etc. (Superior Court of Fulton County, 2016). By contrast, judges in the rural judicial circuit see a wide variety of cases, and only have certain days in which they hear juvenile cases. When the researcher asked Mary Alice if juvenile court dates occurred regularly, she laughed and responded with, “You would think.”

It was mentioned earlier that the amount of time a case remained open and the TPR time varied dramatically by state. In Georgia, the TPR time is either 1-5 months for 24% of cases or 6-11 months for 37% of cases, and the state average is 13.0 months (United States Department of

Health and Human Services, 2015b). In the rural judicial circuit targeted for the present study, the average case was open for 20.9 months in 2014 and 17.3 months in 2015 – significantly longer than the state average (Tables 3 and 4).

Local Implications: Agency Competition

A common theme throughout most of the transcripts was the difficulty in communicating across agencies. When asked about any barriers she perceived in her work with CASA, Julie, for instance, mentioned that she often perceived that DFCS

[didn't] really try their hardest to include us. [...] There was, like, a family meeting and then they told us the wrong time, and when we got there, they were leaving the meeting, so we were just like, 'Okay, you could have called us and told us.' So it's just like they [...] beat around the bush with us."

It should come as no surprise that DFCS would be hesitant to make efforts to be more inclusive of CASA, as CASA often receives positive feedback from judges and courts and is often compared to DFCS as an "improvement" over how DFCS currently functions. One of the volunteers who was interviewed left CASA to work for DFCS at some point between the interviews and the writing of this article. When the interviewer contacted several volunteers for follow-up chat and to express thanks for participation, upon mention of the volunteer in question, current CASA volunteers most often reacted with shame or even disdain at the thought of one of "their own" leaving to work for DFCS.

Justice System Implications

It was mentioned briefly in the literature review that foster care and child welfare outcomes are related to delinquency and delinquent acts, particularly in terms of the termination of parental rights as a traumatic event that is correlated to delinquency and other issues later in life (see Doyle, 2007 and Schneider and Phares, 2005). The findings from this study and from previous studies specifically on the trauma related to child welfare outcomes outlines the significance of ensuring that the process of addressing child abuse and neglect within the court system comes is as pain-free as humanly possible. Factors like keeping court cases open for an unreasonable amount of time, failing to terminate parental rights in a timely manner, terminating parental rights when they should not have been terminated, etc. are all factors which can arguably contribute to a traumatic experience with the American child welfare system. The CASA program is an incredibly positive attempt to address these issues by providing high-quality, individualized care to children in need.

Limitations

This study is not without limitations. First, the study relies primarily on qualitative data and, as such, is not generalizable to other CASA programs nationwide, as the experiences of the individual CASA volunteers may not be the same elsewhere. Second, the study takes place in a rural judicial circuit which differs from other judicial circuits, not only in terms of location, but also in terms of distribution of resources and income disparity. Third, the particular judicial circuit is the only judicial circuit in the state which has a juvenile court but does *not* have a judge dedicated to the juvenile court. Fourth, one section of the JPFS – the “children’s engagement” section – was very subjective in its interpretation, given that there were no actual interviews with children and the researcher did not have access to children’s casefiles to confirm information

acquired through interviews. This section was strictly graded on participants' perceptions of their impact on the children, their perceived benefit, or the researchers' interpretations of barriers to access for certain children. There is also the matter of selection effect, in that those volunteers who were interviewed could possibly have been only the most motivated volunteers who were likely to represent CASA in the best light. Finally, the raters' scores in the program differentiation dimension differed from each other more than in the other dimensions of the JPFS. This is most likely because although the dimension was meant to be scored objectively using only the CASA Summary Statistics, R1 spent several years interviewing participants and observing the CASA program, while R2 was only presented with final products (transcripts and descriptive statistics). Thus, R1 was likely unable to completely separate the CASA Summary Statistics from R1's subjective experience of the CASA program.

Conclusion

This study sought to fill a gap in the extant literature on the CASA program by providing a fidelity assessment of a CASA program in the rural south. The study used a combination of interviews from current and former CASA volunteers and CASA leadership, along with descriptive information about the local CASA program and local CASA program guidelines. Based on two researchers' combined scores using the JPFS (Miller & Miller, 2015), the CASA program received a total fidelity score of 85.96%. Most, if not all, of the areas in which this CASA program scored lower were due to structural limitations, such as difficulty obtaining volunteers (leading to volunteer fluctuation) and the lack of a dedicated juvenile court judge (leading to caseload fluctuation). Potential avenues for future research include interviewing judges, staff attorneys, and former (or current) foster children who have had a CASA assigned to

their case. Interviews of other people can provide valuable insight into the CASA program from other perspectives.

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APPENDIX A

Appendix A: Justice Program Fidelity Scale (JPFS); Miller & Miller (2015)

Site/date:	Rater initials:			
Location, mm/dd/yy	W.X.	Y.Z.		
	Rater 1	Rater 2	Consensus	Values
Adherence (0/1):				
Intake screening				
Intake timeliness				
Treatment plan components				
Caseload compliance				
Individualized service plans				
Dosage				
	Adherence Total: x/6			
Exposure (0/1):				
Contact frequency				
Duration; program length				
	Exposure Total: x/2			
Delivery Quality (coded 1-5):				
Staff qualifications				
Counselor/staff attitude				
Counselor/staff continued training				
	Delivery Quality Total: x/15			
Participant Engagement (coded 1-5):				
Participant attitude				
Participant involvement				
Participant barriers (reverse coded 1-5)				
	Participant Engagement Total: x/15			
Program Differentiation (reverse coded 1-5):				
Program size fluctuation				
Program budget fluctuation				
Caseload fluctuation				
Continuity of staffing				
Continuity of setting				
	Program Differentiation Total: x/25			
	TOTAL VALUES: x/63			
	TOTAL FIDELITY SCORE: %			

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

In this **demographic questionnaire**, we are seeking very basic information about yourself. You may skip any questions that you do not feel comfortable answering.

Directions: Please circle all answers that apply, or fill in the blanks where needed.

1. Gender
 - a. Male
 - b. Female
 - c. Other: _____
2. Age: _____
3. Are you Latino(a)/Hispanic?
 - a. Yes
 - b. No
4. What is your race/ethnicity? Circle all that apply.
 - a. African-American
 - b. Asian
 - c. Caucasian
 - d. Other: _____
5. What is your sexual orientation?
 - a. Heterosexual (straight)
 - b. Bisexual
 - c. Gay
 - d. Lesbian
 - e. Other: _____
6. What is your religious affiliation?
 - a. Christian
 - b. Judaism
 - c. Islam
 - d. Other: _____
7. What is the highest degree or level of school you have completed?
 - a. No schooling
 - b. Schooling prior to high school
 - c. Some high school, no diploma
 - d. High school diploma or equivalent (e.g. GED)
 - e. Some college credit, no degree
 - f. Trade/technical/vocational training
 - g. Associate degree
 - h. Bachelor's degree
 - i. Master's degree
 - j. Professional degree
 - k. Doctoral degree

8. What is your marital status?
 - a. Single, never married
 - b. Married/domestic partnership
 - c. Widowed
 - d. Divorced/separated
9. Do you have any children?
 - a. No
 - b. Yes
 - i. How many? _____
10. "I am currently... "
 - a. employed for wages
 - b. self-employed
 - c. out of work and looking
 - d. out of work but not currently looking
 - e. a student
 - f. in the military
 - g. former military
 - h. retired
 - i. unable to work

APPENDIX C

INTERVIEW PROTOCOL

Note: Interviews were semi-structured. Although the interviewee had the following list of questions that she ensured were asked of each participant, interviews often deviated from the listed questions. Questions in bullet points are “follow-up” questions or “prompts” to the initial question that were designed to create and maintain a general interview flow.

1. Tell me about yourself.
 - *Do you do any other volunteer work?*
 - *Do you have any other kind of “day job” or anything?*
2. How would you describe “the perfect American family?”
3. How did you get started with CASA?
 - *How long have you been working with CASA?*
 - *How did you hear about CASA?*
 - *Why did you initially get started volunteering with CASA?*
4. What exactly is it that you do at CASA?
 - *How often do you see “your” kids?*
 - *What kinds of things do you do when you see “your” kids?*
 - *For how long are the kids in your care?*
5. Can you describe some of the cases you’ve had so far?
 - *Have you seen any cases in which “your” kids were neglected or abused physically, sexually, or emotionally?*
 - *Have you seen any cases involving drug use, either by the kids or by their families?*
 - *Have you seen or heard of any cases where the culture differed from your own?*
 - *Have you seen or heard of any cases in which someone – the kids, the biological families, the foster families – suffered from mental illness?*
6. What are some of the barriers or challenges that you have encountered while working with CASA? How have you dealt with them?
 - *In your opinion, what are the greatest needs of your kids coming through CASA?*
 - *Do you think those needs are being met by CASA? How do you think those needs could be better met or those children better served?*
 - *What do you think CASA could do to improve the way it works?*
7. Why do you volunteer with CASA?
 - *Why do you continue to volunteer with CASA?*
 - *[OR]*
 - *Why did you stop volunteering with CASA?*
 - *Have you ever seen or heard of any cases in which the parents / abusers / etc. were “rehabilitated” in some way?*
8. How do you feel about the foster system or the child welfare system in general?
 - *If there was any one part of the system that you could change, what would it be? Why?*

- *Some of the research available on the child welfare system says that racial minorities are over-represented at every level. So, in other words, statistically, we see that there are more black or Hispanic children in foster care or under the care of a CASA or Guardian ad litem. What do you think about this?*
 - *Do you think our CASA has more racial minorities than white children?*
 - *Why do you think that is? [either way]*
9. How do you think CASA compares to the standard Guardian *ad litem* system?
- *What do you think CASA has to offer that the guardians at litem do not (if anything)?*
 - *How do you think not having a juvenile judge in our district has affected your case or the CASA cases in general?*
10. Do you have anything else that you'd like to tell me about yourself, your cases, or CASA in general?

[AFTER STOPPING RECORDER:]

11. Do you have any questions for me/about the interview/about what happens next?