

Annual Report
on the
Intensive Family Preservation Services Program
for the 2003-2004 State Fiscal Year

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Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2003 – 2004 (SFY 2004), and on a five-year history of families served SFY 2000 through SFY 2004. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for families and children-at-risk of abuse or neglect in North Carolina.

During SFY 2004, 32 IFPS programs provided services in 50 counties, serving 618 families in which 1,210 children were at imminent risk of being removed from the home. After IFPS services, 54 of those children (5%) were not living at home. This represents a placement prevention rate of 94% with respect to families, and 95% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2004 was the fifth year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail elsewhere in this report.

During the past year, the number of minority children served by IFPS programs remained at 49% of all imminent risk children served (35% African American and 14% other minority populations). The proportion of white children in the service population remains at an all time low of 51%. The increase in service to minority children over the last four years is attributable to the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population.

Significant shifts have also occurred over the past five years with respect to referral source and primary issues affecting families. DSS referred families increased from 54% to 70% in SFY 2001 and have remained fairly constant (ranging from 70% to 80%) over the last four years. There has been an increase in the number of families presenting with the problem of neglect (ranging from 56% to 61% since SFY 2001) and a decline in the number of families presenting with problems with school, delinquency or sexual abuse. The increase in DSS referred families and shift in primary issues affecting families appears to be due to the change in eligibility criteria in SFY 2001.

IFPS programs continue to show stability with regard to the age and sex distribution of imminent risk children over the past 5 years. Further, IFPS programs continue to demonstrate a very high degree of success in preventing placements, averaging about 93% per year with respect to families, and 94% with respect to individual children. Other important 5-year findings are that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake often can be served in less costly, less restrictive alternative placements. Further, a small number of children at risk of placement into foster care have service needs identified that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate convincingly that IFPS interventions are capable of improving family functioning across all the

measured domains, and that these improvements in family functioning are statistically significantly associated with placement prevention.

Results of the on-going retrospective study of the effectiveness of IFPS indicate that IFPS is effective, and becoming more effective as compared to prior years, in preventing or delaying out-of-home placement among the target population of high-risk families when compared to the same types of families receiving traditional child welfare services. Results also indicate that the higher the risk evident in families, the larger the difference is between IFPS and traditional services. Further, IFPS appears to be effective at mitigating placement differences between white and non-white populations.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;
- ◆ placement prevention rates have been very steady, ranging between 88-94% of families, and 89-95% of children each year since the program began, with the SFY 2004 programs providing the best placement prevention rates to date;
- ◆ IFPS continues to be a very cost effective program, and yields a very favorable cost/benefit ratio;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).

Introduction

This is the eleventh Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the eighth annual report in which data from more than one year are presented, including five-year trend data on the service population and a retrospective study examining the effectiveness of IFPS. Information about the IFPS program's activities and performance relating specifically to SFY 2004 are also presented.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale. Further, the retrospective study to examine the treatment effects of IFPS has been expanded this year to include data on placement outcomes for DSS referred children served through December 2002.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.

Review of Program Goals

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive, in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;
- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting not more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

Placement Prevention as an Outcome Measure

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the Division of Social Services' Policies and Procedures for the IFPS program) is: "...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system." The prevention of "unnecessary" placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become

“unnecessary” only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an *entirely satisfactory success statistic*, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

Review of Policies and Procedures on Eligibility and Imminent Risk

The policies and procedures for IFPS programs were revised during fiscal year 2001 and effective April 1, 2001. Eligibility guidelines for receipt of IFPS services were standardized. All IFPS programs funded through the appropriation in SL 1999-237 may only serve clients who have an open Child Protective Services case with the local Department of Social Services. Previously existing programs that receive funding from sources other than SL 1999-237 may continue to accept referrals from agencies other than DSS. The SL 1999-237 funded programs must also ensure that client families have an annual income that is no greater than 200% of the federal poverty level.

Policy revisions during fiscal year 2001 also standardized assessment criteria for determining imminent risk. Objective criteria have been established to standardize the definition of imminent risk for each referral source. These criteria include:

DSS Referred Cases

- ◆ There has been a substantiation of abuse or neglect; and

- ◆ There is a rating of “High Risk” on the standardized risk assessment worksheet for at least one child who has been substantiated in the family.

Juvenile Justice Referred Cases

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

Mental Health Referred Cases

- ◆ A child may be considered “at imminent risk of out of home placement” when the child’s treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total CAFAS score of 60 or above, or a subscore of 30 on either the parent/caregiver or the moods/self-harm domain.

Program Summary for SFY 2004

Number of Families, Caretakers and Children Served

During SFY 2004, 32 IFPS programs provided services to families in 50 counties throughout North Carolina. Table 1, below, presents a detailed table of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2004, Listed by Program and County

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Mountain Youth Resources	Cherokee	8	11	6	18
	Graham	8	15	13	15
	Macon	8	10	8	17
Blue Ridge Mental Health	Buncombe	1	2	1	2
Buncombe County DSS	Buncombe	38	64	70	80
Home Remedies-Bringing It All Back Home	Burke	12	20	32	35
	Caldwell	7	11	14	15
	Lenoir	1	1	2	2
Foothills Mental Health	Alexander	3	5	3	3
	Burke	1	1	1	1
	Caldwell	7	11	7	18
Cleveland County DSS	Cleveland	21	35	44	60
Gaston County DSS	Gaston	30	49	69	70
Cabarrus County DSS	Cabarrus	20	31	58	59
Piedmont Behavioral Healthcare	Cabarrus	6	8	12	17
	Rowan	1	1	1	1
Centerpointe Mental Health	Davie	1	2	0	2
	Forsyth	13	21	12	34
	Stokes	3	6	2	6

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Cumberland Mental Health	Cumberland	9	13	10	27
Methodist Home for Children	Chatham	13	22	18	28
	Pitt	10	17	11	11
	Scotland	14	21	19	40
	Wake	10	16	10	32
	Wayne	14	23	26	36
Smoky Mountain Mental Health	Haywood	8	12	10	12
	Jackson	4	5	10	11
	Swain	1	1	1	1
Choanoke Area Development Association	Halifax	23	32	33	37
	Northampton	5	8	7	9
Family Connections	Person	12	17	22	25
Catawba County DSS	Catawba	23	36	55	55
Iredell County DSS	Iredell	20	34	41	41
Sandhills Mental Health	Richmond	12	18	21	28
Clay County DSS	Clay	3	3	7	10
<i>EXPANSION PROGRAMS</i>					
S. Region 2: BIABH	Rutherford	8	12	14	19
N. Region 3: Rainbow Center	Wilkes	12	15	29	29
S. Region 3: Youth Homes	Mecklenburg	27	39	77	85
N. Region 4: Exchange Club/SCAN	Forsyth	22	29	49	55
N. Region 4: Centerpointe MH	Forsyth	2	2	4	4
S. Region 4: Piedmont Beh. Healthcare	Rowan	10	15	14	22
S. Region 5: Fam. Serv. of Piedmont	Guilford	26	40	52	57

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
S. Region 5: Youth Focus	Guilford	27	42	68	72
N. Region 7: Cumberland Co. MH	Cumberland	23	34	62	68
S. Region 7: Methodist Home	Robeson	18	31	29	43
S. Region 8: Methodist Home	Johnston	12	19	26	27
Region 9: Martin County Community Action	Bertie	5	5	13	13
	Gates	2	2	4	4
	Hertford	3	5	6	9
	Martin	4	6	13	13
	Pasquotank	1	1	1	1
	Perquimans	1	2	2	2
Region 10: Methodist Home	Beaufort	10	15	23	23
	Brunswick	8	13	15	18
	Craven	1	2	2	4
	Dare	3	5	8	8
	New Hanover	11	16	15	25
	Onslow	6	10	14	14
	Pamlico	4	6	8	9
	Wayne	2	2	6	6
Totals		618	950	1210	1488

During SFY 2004, a total of 618 families received services that ended before July 1, 2004. There were 1,210 imminent risk children identified in these families, among a total of 1,488 children in the families; 950 caretakers were served directly by the programs.

Referral Information

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (76%), followed by Mental Health (13%) and Juvenile

Justice (9%); all other sources, combined, accounted for about 1%. The average response time from referral to the first visit to the family by an IFPS worker was 1.56 days.

Table 2: Referral Information for Families Served by IFPS Programs

Referral Information	Number	Percent
Referral Source		
DSS	472	76.4%
MH/DD/SAS	82	13.3%
Juvenile Justice	58	9.4%
Other	6	1.0%
Average Number of Days from Referral to First Home Visit	1.56	
DSS Referred Families with Substantiation of Abuse and/or Neglect	437	92.6%
Risk Assessment Rating for those with Substantiation		
Low	1	0.2%
Medium	25	5.7%
High	411	94.1%
Average Number of Days from Substantiation to IFPS Referral	74	

Eligibility criteria require that DSS referred cases have a substantiation of abuse and/or neglect, and that the family, or at least one imminent risk child in the family, have a “high” rating on the Family Risk Assessment Factor Worksheet completed by the DSS investigator. In SFY 2004, 93% of DSS referred cases were reported to have had a substantiation of abuse and/or neglect. The majority (94%) of these families had a “high” or “intensive” rating on the family risk assessment. The average length of time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 74 days.

Family Information

Table 3 presents information collected about families at referral and intake. About 7% of families served in SFY 2004 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 40% of families; these families did not have incomes sufficient to meet their basic needs.

Table 3: Family Information at Referral and Intake

Family Information	Number	Percent
Families that Previously Received IFPS	44	7.2%
Families Without Sufficient Income to Cover Basic Needs	201	40.1%
Top 10 Issues Presenting the Family at Referral		
Family Conflict/Violence	413	66.8%
Neglect	347	56.1%
School Difficulty	276	44.7%
Other Drug Abuse	163	26.4%
Mental Illness	127	20.6%
Alcohol Abuse	126	20.4%
Delinquency	109	17.6%
Learning Disability	98	15.9%
Truancy	97	15.7%
Physical Abuse	86	13.9%
Average Number of Issues Indicated per Family	4.25	
Strengths Identified in 50% or More of Families at Intake		
Eager to keep family together	487	78.8%
Verbal	443	71.7%
Pleasant	362	58.6%
Responsive	333	53.9%
Orderly/neat in home and person	328	53.1%
Caring	319	51.6%
Receptive	317	51.3%
Average Number of Strengths Identified per Family	9.85	

The major issues placing children at risk at the time of referral were: family conflict and violence; neglect; school difficulty; alcohol or other drug abuse by one or more family members; mental illness; delinquency; learning disability; truancy; and physical abuse. On average, 4 major issues were identified per family that placed children at imminent risk of placement. In spite of these issues, in the majority (79%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker's intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

Caretaker Demographics

In SFY 2004, 950 caretakers were living in the homes of the 618 families served by the IFPS programs. Table 4 presents demographic information for these caretakers.

Table 4: Demographics of Caretakers Living in the Home

Demographics of Caretakers Living in the Home	Number	Percent
Age		
Average Age	35	
Under 18	12	1.3%
18 – 24	110	11.8%
25 – 30	188	20.1%
31 – 40	381	40.8%
41 – 50	174	18.6%
51 – 60	40	4.3%
Over 60	29	3.1%
Gender		
Female	624	65.7%
Male	326	34.3%
Race		
White	599	63.1%
African American	283	29.8%
Other	67	7.1%
Working Full-Time	379	39.9%
Working Part-Time	73	7.7%
Unemployed	316	33.3%
Unemployed—Homemaker	80	8.4%
Unemployed—Disabled	81	8.5%
Educational Status		
Less than 10 th grade	98	12.4%
10 th – 12 th grade	244	30.9%
High school/GED	301	38.1%
Post college/college graduate	146	18.5%

The average age of the caretakers served by the program was 35 years old. One-third (33%) of the caretakers were 30 years old or less, one-quarter (26%) were over the age of 40, and the remaining 41% were between 31 and 40 years old. Two-thirds (66%) of caretakers living in the home were female. The majority of caretakers were White (63%), 30% were African American, and 7% were of other minority races. Only 40% of caretakers were employed

in full-time work and an almost equal percentage (33%) of caretakers were unemployed and in need of work. Nearly half (43%) of all caretakers had less than a high school diploma.

Imminent Risk Child Demographics

In SFY 2004, 1,210 children were identified as being at imminent risk of out-of-home placement from among the 618 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement.

Table 5: Demographics of Imminent Risk Children

Demographics of Imminent Risk Children	Number	Percent
Age		
Average Age	8.07	
0 – 5	440	36.7%
6 – 12	445	37.1%
13 – 15	232	19.3%
16 – 17	83	6.9%
Gender		
Female	592	48.9%
Male	618	51.1%
Race		
White	611	50.5%
African American	427	35.3%
Other	172	14.2%
Risk of System Placement		
Social Services	1063	87.9%
Mental Health	73	6.0%
Substance Abuse Services	0	0.0%
Juvenile Justice	63	5.2%
Developmental Disability	2	0.2%
Private Placement	8	0.7%

The average age of the imminent risk child was about 8 years old. Forty-nine percent of the imminent risk children were female and 51% were male. Half (51%) of the children were White and 35% were African American. Other minority children represented 14% of the imminent risk children served. (Refer to the “Five Year Trend Analysis” section for more information about the racial distribution of the IFPS population.) The large majority of children

(88%) were at risk of a Social Services placement. Another 6% were at-risk of a Mental Health placement, and 5% were at-risk of a Juvenile Justice placement.

The revised IFPS Policies and Procedures detail specific imminent risk criteria for each type of referral source. Table 6 presents summary information on the imminent risk criteria for children at imminent risk of out-of-home placement.

Table 6: Imminent Risk Criteria for Imminent Risk Children by Referral Source

Imminent Risk Criteria	Number	Percent
DSS Referred IR Children	1060	87.6%
Maltreatment Type		
Physical/Emotional/Sexual Abuse	98	9.7%
Neglect	906	89.9%
Delinquent	4	0.4%
Risk Assessment Rating		
Low	2	0.2%
Medium	31	2.9%
High	1021	96.9%
Mental Health Referred IR Children	87	7.2%
Average CAFAS Score	74.07	
When CAFAS <60, which domain had sub-score of 30		
Parent/Caregiver	2	100.0%
Moods/Self-Harm	0	0.0%
Juvenile Justice Referred IR Children	58	4.8%
Type of Adjudication		
Undisciplined	25	43.1%
Delinquent	33	56.9%
If Delinquent, Most Serious Offense		
Violent	1	3.0%
Serious	18	54.5%
Minor	14	42.4%
Other Criteria (could mark more than 1)		
Violated Supervision/Probation	23	39.7%
New Charges Filed	14	24.1%
Placed on Level 2 Disposition	28	48.3%

From the data available in SFY 2004, the majority of imminent risk children (88%) were referred from a DSS referral source. Most (90%) DSS referred imminent risk children had neglect as the primary type of maltreatment substantiated. The majority (97%) of these children had a risk rating of “high.” Recall that the new Policies and Procedures requires that only 1

child in a family be rated at “high” risk; other imminent risk children in the family could receive lower risk ratings, but the family would still be eligible for IFPS services. Mental health referred 7% of imminent risk children served. The average CAFAS score for these children was 74. All but two children had a CAFAS score over the required minimum total score of 60, but they all had a parent/caregiver domain score over 30. The remaining 5% of imminent risk children were referred for services from juvenile justice agencies. The majority (57%) of these children were adjudicated delinquent and the remaining 43% were adjudicated undisciplined. For those imminent risk children adjudicated delinquents, 3% committed a violent offense, 55% committed a serious offense, and 42% committed a minor offense. Two-fifths (40%) of juvenile justice referred imminent risk children had violated supervision or probation, one-quarter (24%) had new charges filed against them and almost half (48%) had been placed on level 2 disposition. These data indicate a high degree of compliance with the new IFPS eligibility criteria implemented in SFY 2001.

Service Delivery Information

Table 7 presents regularly collected service delivery information from the 618 families served in SFY 2004. Workers averaged 70 hours of service to each of the families during the typical 6-week service period. About 32 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 11 hours to administrative tasks and record keeping, and about 16 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

Table 3 reported that 40% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2004, IFPS programs provided monetary assistance totaling \$21,233 to 22% of all families served to alleviate

emergency crises and stabilize the living situation. This amount averaged \$158 per family receiving monetary assistance.

Table 7: Service Delivery Information

Service Delivery Information	Number	Percent
Average Number of Hours of:		
Face to Face Contact	31.95	
Telephone Contact	4.38	
Collateral Contact	5.09	
Client Related Travel	11.97	
Supervision	5.32	
Administrative/Record Keeping	10.89	
Miscellaneous Contact	.81	
Average Number of Hours of All Case Related Activities	70.40	
Families in Need of Monetary Assistance	134	21.7%
Families Provided Monetary Assistance (of those who needed)	134	100.0%
Total Dollars Families Needed	\$20,589	
Total Dollars Families Provided	\$21,233	
Average Dollars Provided per Family in Need	\$158	

Closure Information

Table 8 presents information collected about families served at the time of case closure. The average IFPS case lasted an average of 39.30 days (5.6 weeks). The majority of cases (82%) were closed successfully when services were completed. Another 11% of cases were closed after the family moved, the child moved to live with a relative or family friend (still considered a “home” placement), the family withdrew, or the family was consistently uncooperative. Only a small percentage of cases (6%) were closed due to child placement or the risk to the child was too high and placement was imminent. A total of 38 families (6%) experienced the placement of an imminent risk child or children. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 94% of the families. However, 83% of families were referred to other

services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

Table 8: Case Closure Information

Case Closure Information	Number	Percent
Average Number of Days from Referral to Closure	39.30	
Reason Case was Closed		
Child Placed	29	4.7%
Risk to Children Too High	5	0.8%
Child Moved (to live with relative/family friend)	10	1.6%
Family Moved/Left Jurisdiction	15	2.4%
Family Withdrew/Consistently Uncooperative	41	6.6%
Services Completed/Service Period Ended	507	82.0%
Other Reason	11	1.8%
Imminent Risk Child Living Situation at Closure		
Home	1070	88.4%
Relative	76	6.3%
Family Friend	10	0.8%
Social Services	36	3.0%
Mental Health	11	0.9%
Juvenile Justice	4	0.3%
Private Placement	3	0.2%
Other Placement	0	0.0%
Imminent Risk Children Experiencing an Out-of-Home Placement at Closure	54	4.5%
Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)	38	6.1%
Families Referred for Other Services at Closure	509	82.5%

Families Not Accepted/Appropriate for IFPS

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 9 presents summary information about these families. In SFY 2004, at least 209 families and 422 imminent risk children were referred for IFPS and not served. The majority of referrals (72%) came from county Department of Social Services. Nineteen percent of families were denied services because caseloads were full, and 16% were not served because the family did not meet the referral system eligibility criteria. Thirty-four percent of families were not willing to participate in services. Just over half (52%)

of families that did not receive services were White, 31% were African American, and 7% were other minorities.

Table 9: Families Not Accepted/Appropriate for IFPS

Families Not Accepted/Appropriate for IFPS	Number	Percent
Number of Families Referred, but Not Served	209	
Reason Families Not Accepted/Appropriate for IFPS		
Caseloads Full	40	19.3%
Unable to Locate within 48 Hours	21	10.1%
Risk too High	2	1.0%
Did Not Meet Referral System Eligibility Criteria	34	16.4%
Family Not Willing to Participate	70	33.8%
Other Reason	40	19.3%
Agency from Which Family Was Referred		
DSS	147	72.1%
Mental Health	31	15.2%
Juvenile Justice	19	9.3%
Other Source	7	3.4%
Total Number of Imminent Risk Children Referred and Not Served	422	
Average Number of Imminent Risk Children per Family Referred and Not Served	2.05	
Family Race		
White	100	52.1%
African American	59	30.7%
Other	14	7.3%

Five Year Trend Analysis

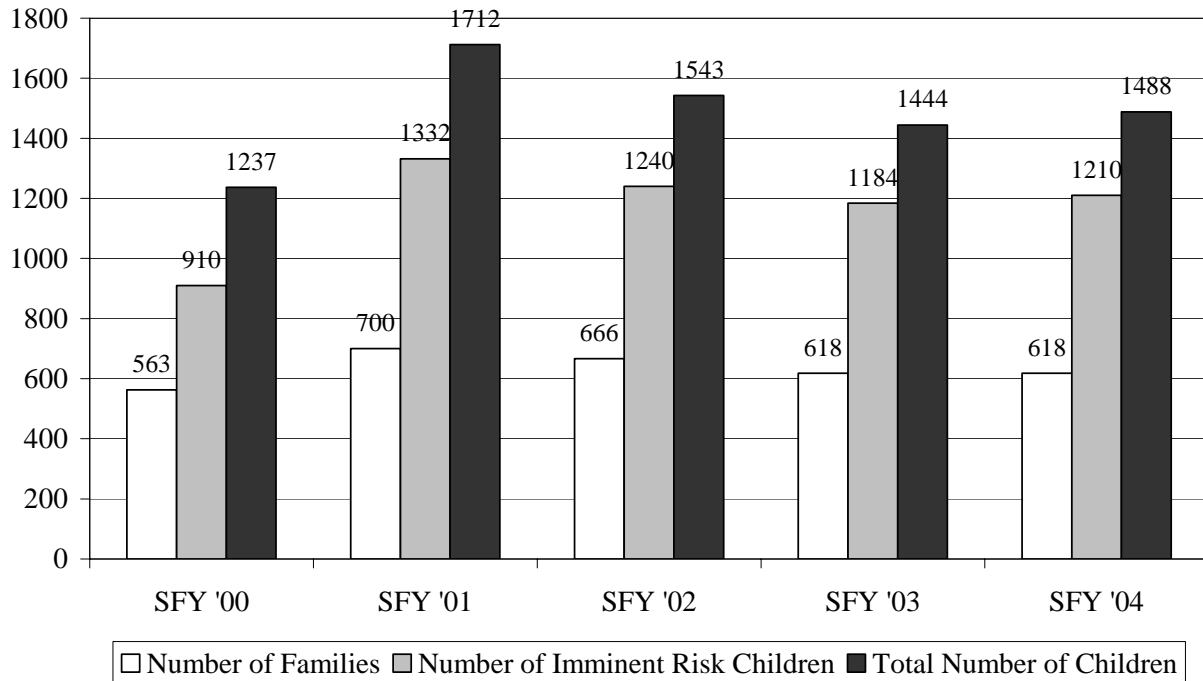
Since the enactment of Senate Bill 141 of the Family Preservation Act of 1991, North Carolina's IFPS providers have served more than 6500 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 6,348 families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 10.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 2000 through SFY 2004.

Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

Number of Families, Caretakers and Children Served

The number of programs offering IFPS services increased significantly in SFY 2001 when IFPS programs were expanded to reach new areas of the state. In the 3 years prior to SFY 2001, the number of programs offering IFPS services varied only slightly (22 programs serving between 34 and 38 counties). Currently there are 32 IFPS programs operating and providing services to families in 50 counties throughout the state. Figure 1, next page, presents the number of families, imminent risk children, and total children served annually by IFPS programs. The program has served an average of 633 families per year (from a low of 563 families in SFY 2000 to a high of 700 families in SFY 2001). The number of imminent risk children served in these families averages 1,175 per year among an average of 1,485 total children served annually.

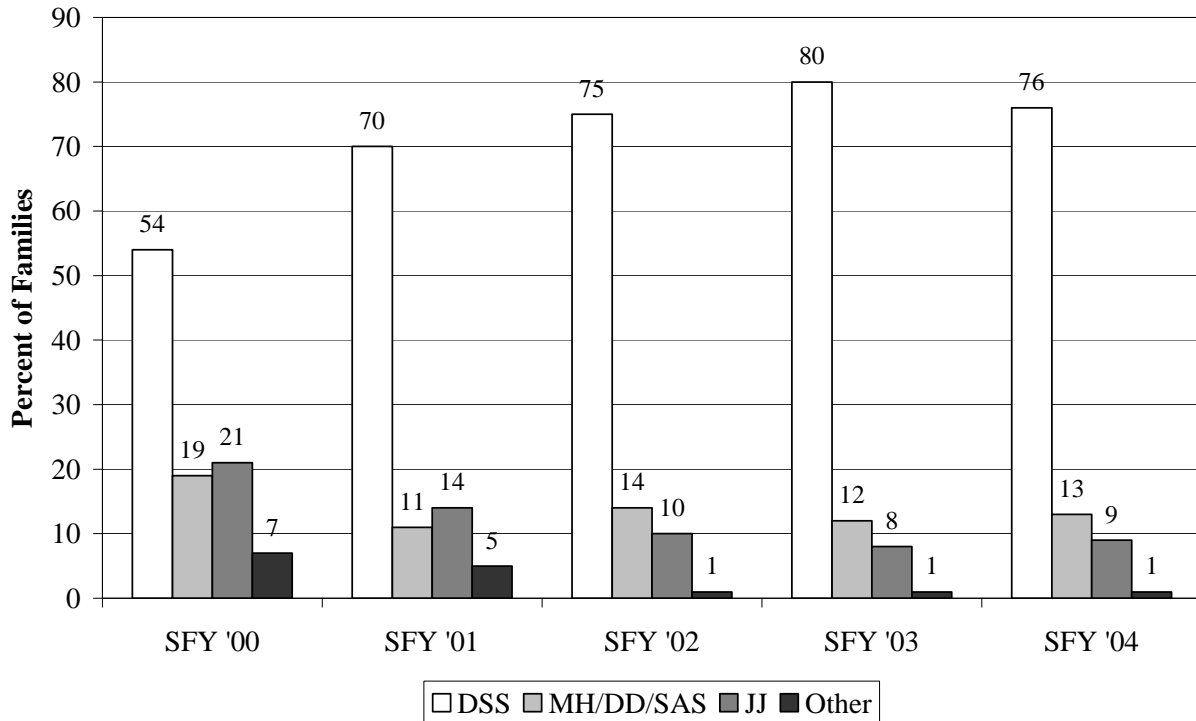
Figure 1. Number of Families, Imminent Risk Children and Total Children Served by IFPS Programs



Referral Source

Prior to SFY 2001, the sources of referral remained quite constant: between 54% and 57% have come from DSS, 19% to 21% from MH/DD/SAS, 15% to 21% from Juvenile Justice, and only 7% to 8% from all other sources. In SFY 2001 DSS referrals increased to 70% as a result of most expansion programs serving families from DSS referral sources only. Since that time, referrals have again remained fairly constant: between 70% and 80% have come from DSS, 11% to 14% from MH/DD/SAS, 8% to 14% from Juvenile Justice, and only 1% to 5% from all other sources (see Figure 2, next page). The decline in referrals from MH/DD/SAS and Juvenile Justice can be attributed to the majority of expansion programs being funded to serve children referred from DSS sources.

Figure 2. Percent of Families Served by IFPS Referral Source



Age and Gender of Imminent Risk Children

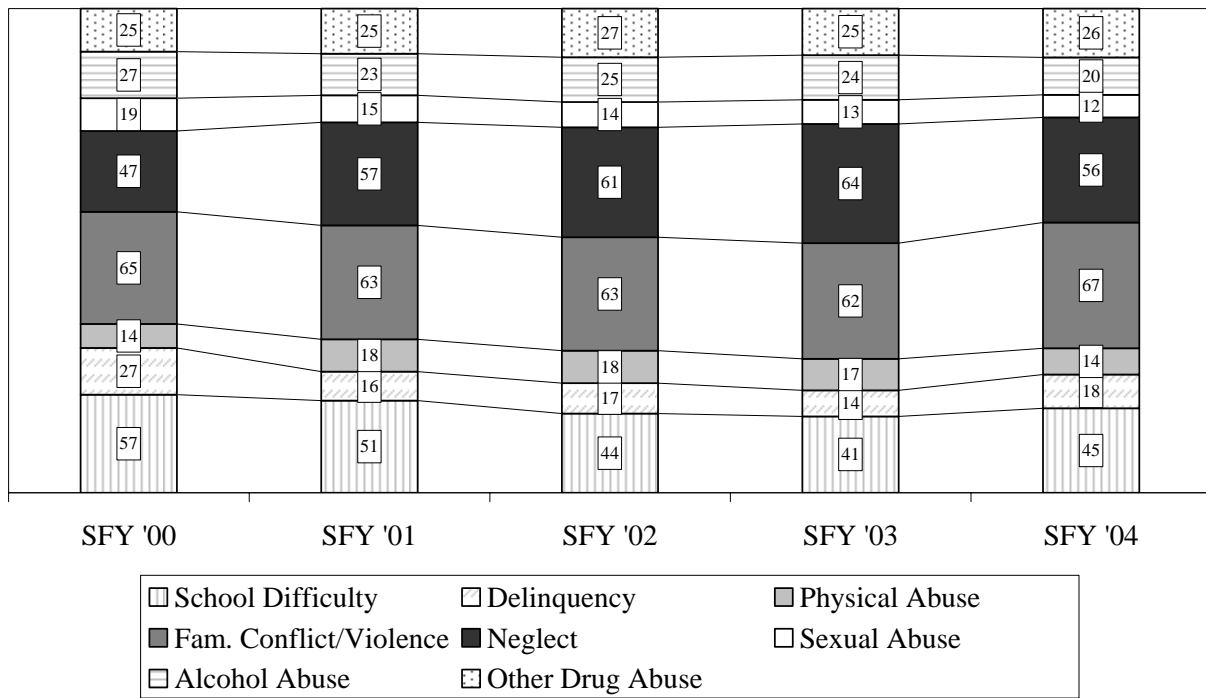
The distribution of ages of imminent risk children has remained stable throughout the last five years: 28% to 37% have been 0-5 years of age, 37% to 45% have been 6-12 years of age, 19% to 23% have been 13-15 years of age, and 4% to 7% have been 16+ years of age. The gender of imminent risk children has been 44% to 49% female, and 51% to 56% male.

Primary Issues Affecting Families at Referral

Figure 3 presents data on the types of problems affecting families. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but

represent the cumulative percentages of families experiencing that problem in a given year). The types of problems affecting families remained quite consistent through SFY 2000. In SFY 2001 new eligibility criteria and imminent risk definitions were implemented, along with a significant expansion of IFPS programs serving DSS referred children, that have shifted the proportion of families experiencing issues in the major problem areas. The major problem areas remain school difficulty, delinquency, family violence, neglect, substance abuse and various types of abuse.

Figure 3. Primary Issues Affecting Families at Referral: Percent of Families Experiencing Issue



The proportion of families experiencing problems of physical abuse, family conflict or violence, and substance abuse have remained fairly constant. However, significant declines can be noted in the proportion of families presenting with problems with school, delinquency or sexual abuse. There has been a marked increase in the proportion of families presenting with the

problem of neglect. These shifts can be accounted for by the increase in families served from DSS referral sources as well as an increase in the number of families receiving “high” ratings on the family risk assessment.

Monetary Assistance

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 3, so these data are not part of that Figure. However, IFPS workers identify about 1/3 (between 34% and 42%) of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

Figure 4. Percent of Families Needing and Receiving Monetary Assistance from IFPS

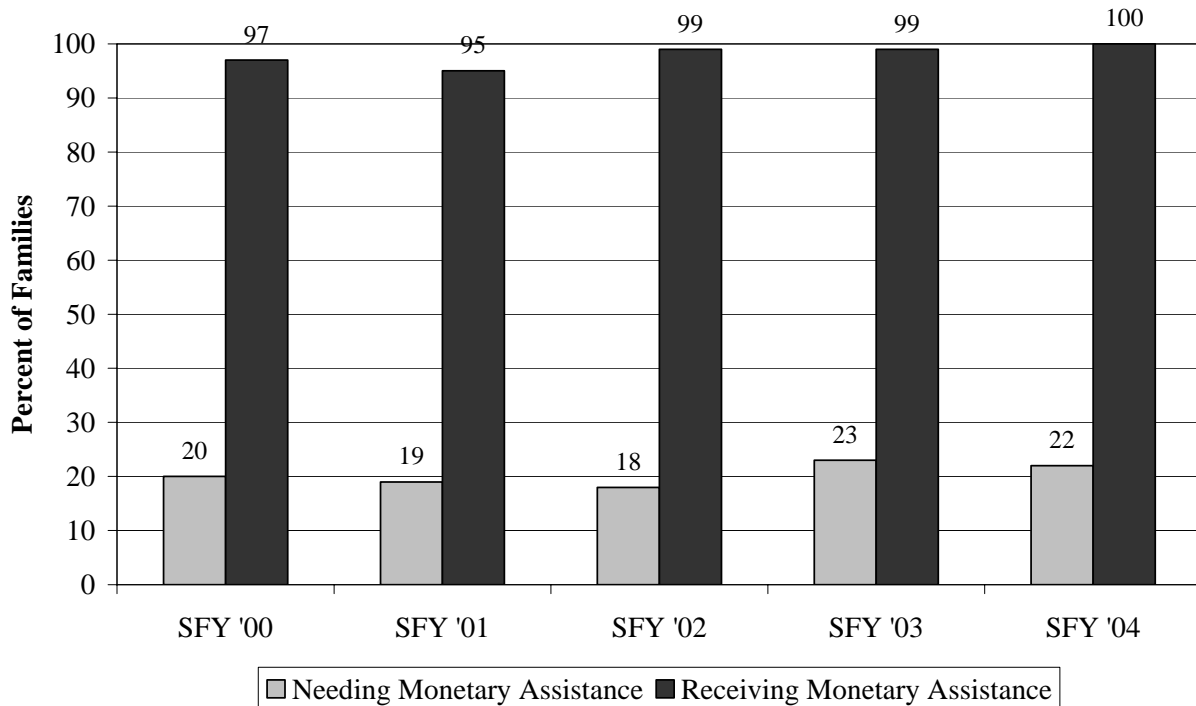
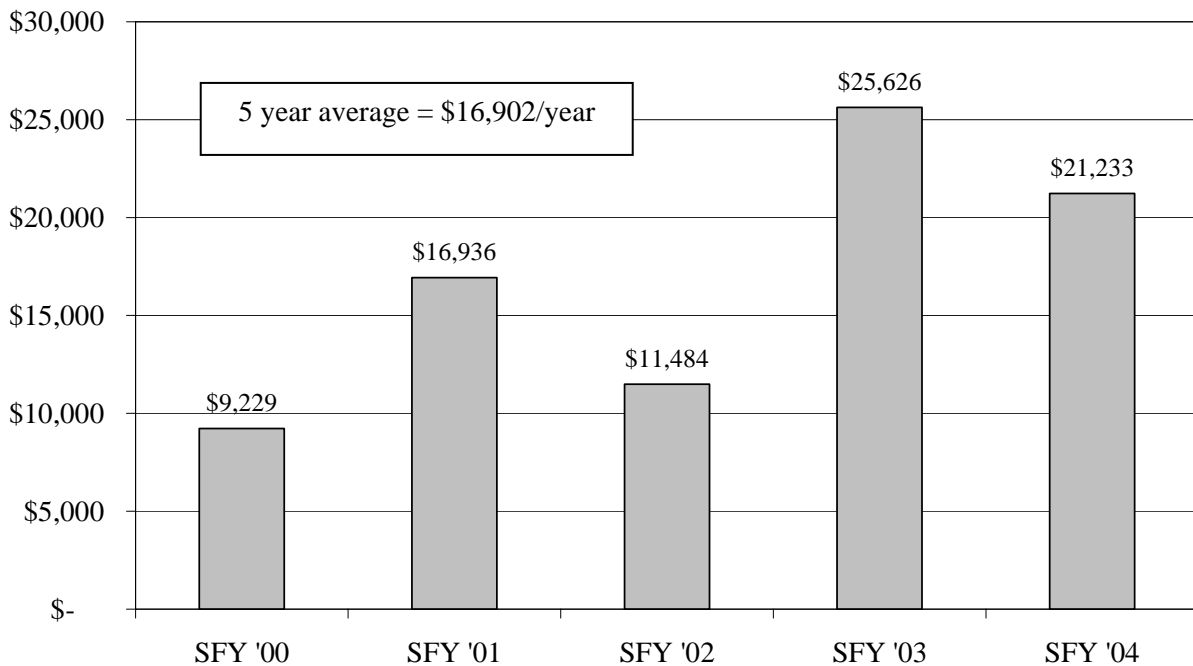


Figure 4 illustrates that the number of families identified as needing monetary assistance has remained fairly constant over the last 5 years, ranging from 18% to 23% of families (not all families with insufficient incomes are so identified). The percent of families receiving assistance (of those who needed assistance) has also remained constant, at 95% to 100% per year.

The provision of monetary resources to these families is an area that has fluctuated greatly over the past five years. Figure 5 illustrates these changes. The amount of money devoted to providing monetary assistance to families in need by IFPS programs was at a high of \$25,626 in SFY 2003 and at a low of \$9,229 in SFY 2000. The reasons for these fluctuations from year to year are not known. The five-year average of total dollars provided to families in need is \$16,902 per year.

Figure 5. Total Dollars Provided as Monetary Assistance to Needy IFPS Families

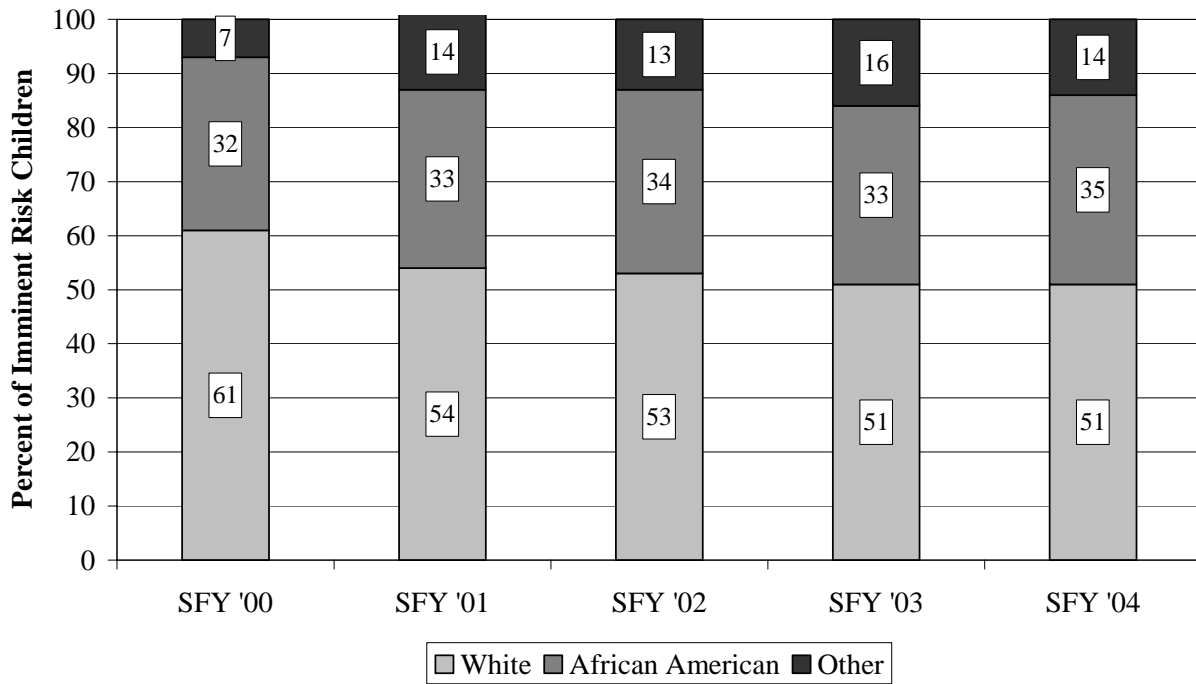


The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 626 families (SFY 2000 through SFY 2004) that have received monetary assistance as part of their IFPS service plan received an average of \$135. Rather than resembling a welfare payment, these small amounts of money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

Race of Imminent Risk Children

The race of children served by IFPS providers is a variable where substantial changes have occurred since the automated IFPS case record and management information system was

Figure 6. Race of Imminent Risk Children in Families Receiving IFPS



implemented in January 1994. Figure 6 illustrates an interesting pattern for African American and other minority children served by the IFPS program over the past five years.

Since SFY 1997 (not shown), when the proportion of African American children served increased to 34% (from 25% the previous year), variations in the racial distribution of African American children served have been small (varying from 32% to 35% over the past five years). However, since SFY 2001 there has been a significant increase in the percentage of other minority children served by IFPS programs to an all time high of 16% in SFY 2003. This change is accounted for by a statistically significant decrease in the percent of white children served to an all time low of 51% in SFY 2003 and SFY 2004.

Expansion funds were given to DSS during SFY 2001 to expand IFPS throughout North Carolina. The Division focused on expanding IFPS in areas of the state with the highest placement rates. Historically, minority children have been over-represented in the child welfare population. Thus, if successful, the expansion strategy should have resulted in the delivery of IFPS services to larger segments of the minority populations. Data suggest that this strategy was successful. The large majority of children served through IFPS in expansion counties during SFY 2001, SFY 2002, SFY 2003 and SFY 2004 were minority, ranging from 45% to 50% African American and 15% to 20% other minority (including American Indian, Hispanic, Asian and multi-racial) children.

Placement of Imminent Risk Children

Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. Presented in Table 10, these data show that three-quarters (75%) of the children at risk of

placement into Mental Health/Developmental Disabilities/Substance Abuse Services and half (50%) of the children at risk of placement into Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities. Fourteen percent of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Twenty percent of children at risk of Juvenile Justice placement were served in foster care, and an additional 3% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. On the other hand, 79% of the children who were originally at risk of placement into foster care, and who were placed, were placed in that system. A small number (5%) of these children were found during IFPS to need MH/DD/SAS services, and an even smaller number (3%) were found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 314.303; df = 12; p<.001).

Table 10. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 2000 through SFY 2004

Living Arrangement After IFPS	Risk of System Placement at Referral				Row Total
	Count Column %	Social Services	Mental Health	Juvenile Justice	
Social Services	222 79.3%	5 13.9%	6 20.0%	0 0.0%	233 66.2%
Mental Health	15 5.4%	27 75.0%	1 3.3%	0 0.0%	43 12.2%
Juvenile Justice	7 2.5%	2 5.6%	15 50.0%	0 0.0%	24 6.8%
Private Placement	15 5.4%	0 0.0%	4 13.3%	5 83.3%	24 6.8%
Other Placement	21 7.5%	2 5.6%	4 13.3%	1 16.7%	28 8.0%
Column Total Row %	280 79.5%	36 10.2%	30 8.5%	6 1.7%	352 100.0%

Family Functioning: North Carolina Family Assessment Scale

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 5 full years of service delivery. Therefore, findings in this section relate to the total population of families served in the last five years, SFY 2000, SFY 2001, SFY 2002, SFY 2003 and SFY 2004.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family, and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing

stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

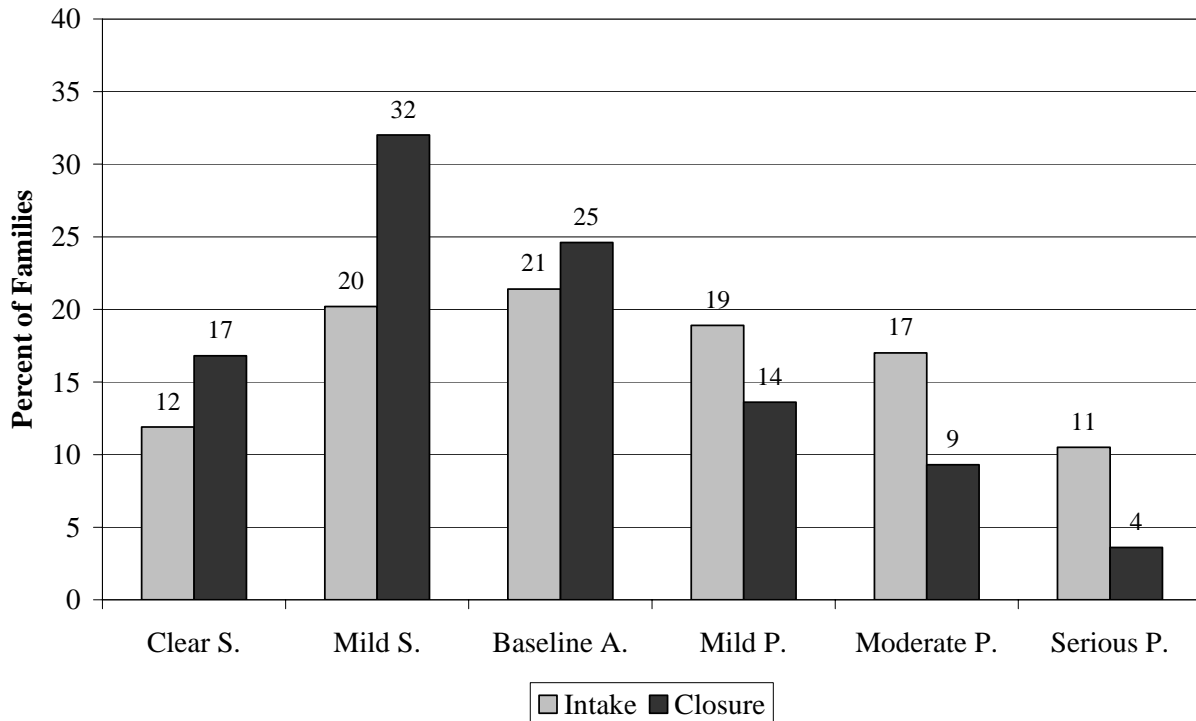
Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Figures 7 through 11 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0. The findings from the NCFAS 2.0 are quite consistent with expectations, based on the results of the reliability and validity study.

Beginning with Figure 7, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-three percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (74%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the

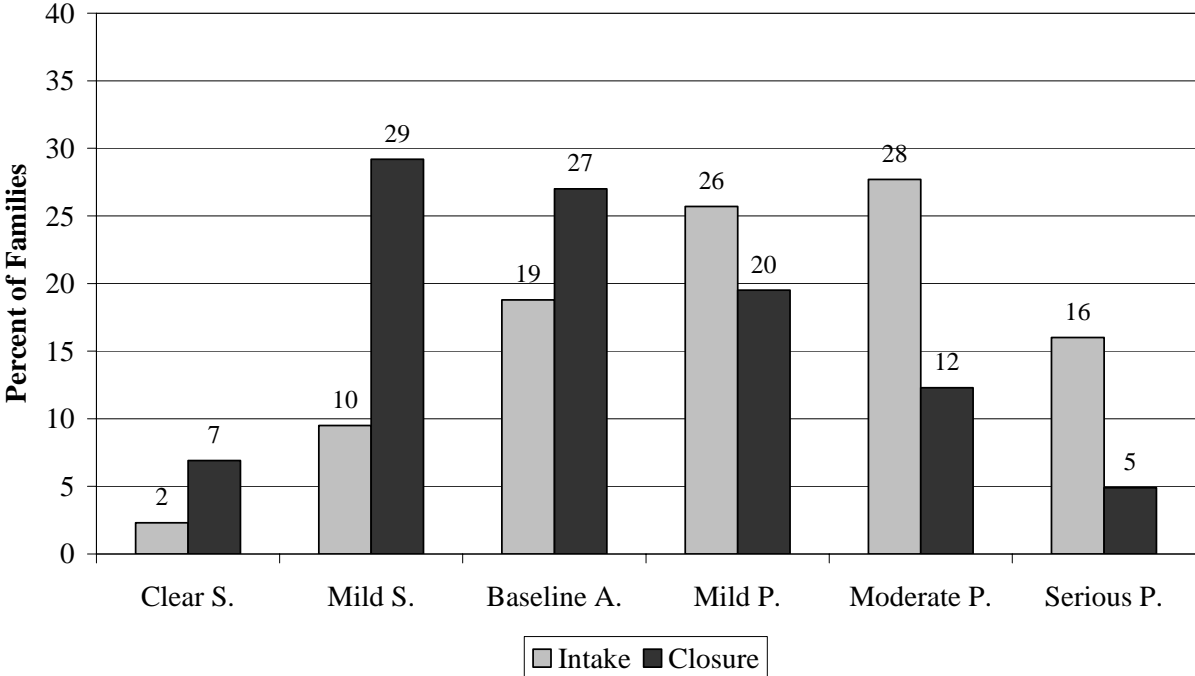
proportion of families rated as having serious environmental problems was reduced from 11% to 4%, and those rated as having moderate problems were reduced from 17% to 9%.

Figure 7. Environment Ratings at Intake and Closure (N=3158)

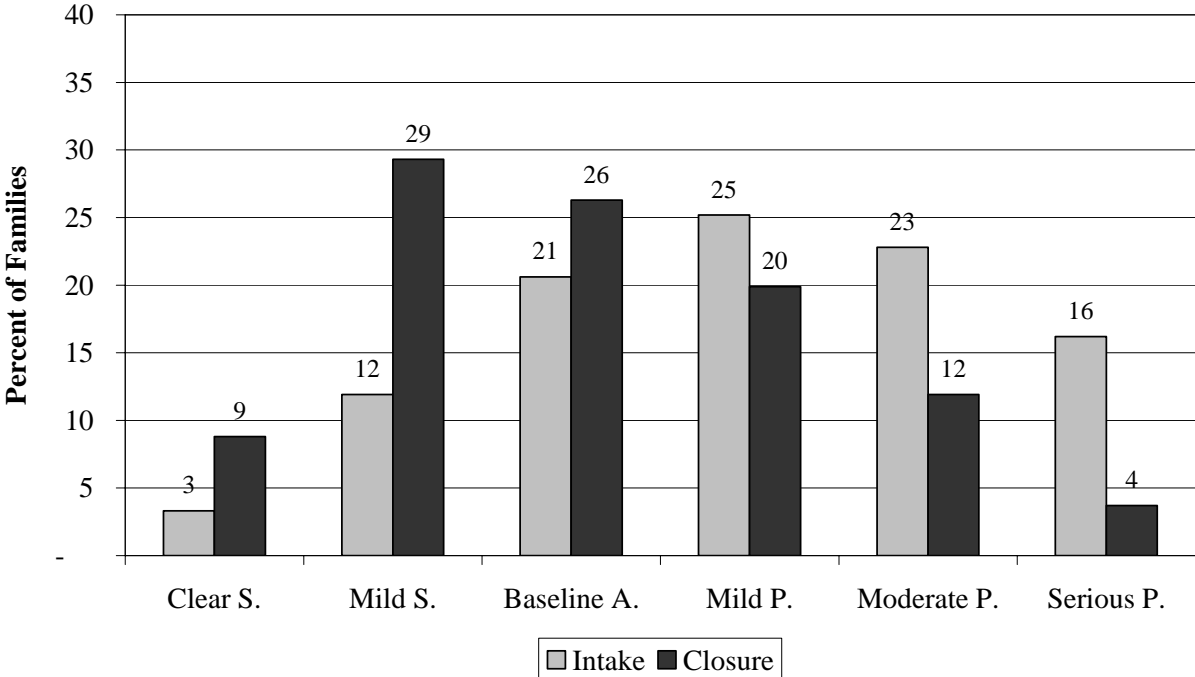


The Parental Capabilities domain on NCFAS V2. focuses specifically on parenting skills or circumstances that may affect a person’s ability to parent. This domain exhibits a pattern of marked change in families as a result of receiving IFPS services. These data are presented in Figure 8, next page. At Intake, 70% of families are rated in the “problem” range, with nearly half of families (44%) rated in the “Moderate to Serious” range. After services, three fifths (63%) are rated as “Baseline/Adequate or above.”

**Figure 8. Parental Capabilities Ratings at Intake and Closure
(N=3158)**

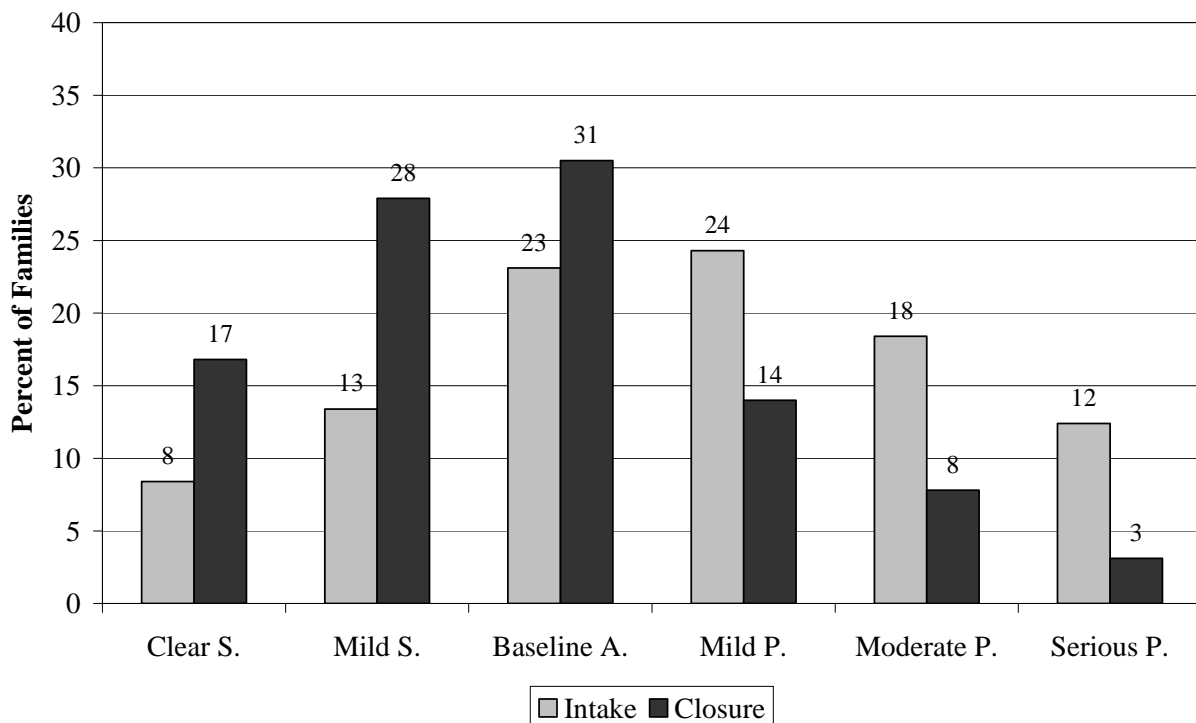


**Figure 9. Family Interactions Ratings at Intake and Closure
(N=3158)**



The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains' detection of change in this area remains strong. Fully 64% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 36% are still rated in the “problem” range at closure. These data are presented in Figure 9, previous page.

Figure 10. Family Safety Ratings at Intake and Closure (N=3158)

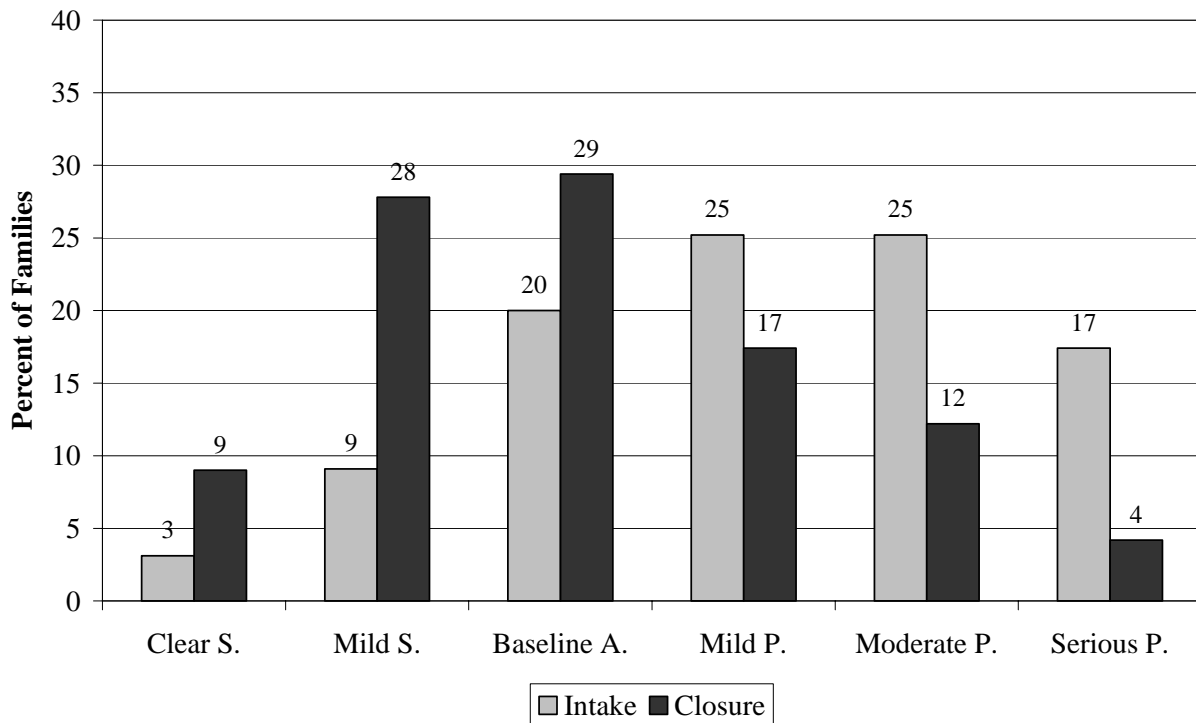


The domain of Family Safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. These data are presented in Figure 10, above. More than half of families

(54%) are rated in the “problem” range at intake; this proportion is reduced to a quarter (25%) at the time of case closure.

The final domain of assessment on the NCFAS is Child Well-Being. These data are presented in Figure 11, below.

Figure 11. Child Well-Being Ratings at Intake and Closure (N=3158)



The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (67%) of families are rated as having problems in this area at the beginning of service. In fact, almost half of families (42%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at the close of services, about

three fifths (66%) of families are at “Baseline/Adequate or above,” and about one third (37%) are rated in the “strengths” range.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.0.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 3,158 families served during the last five years are presented in Table 11, below.

Table 11. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS

Domain	Level of Change Per Family (Percent of Families) N=3,158				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	3.8%	51.8%	28.5%	10.5%	5.4%
Parental Capabilities	3.2%	30.9%	39.9%	17.0%	9.1%
Family Interactions	3.5%	35.9%	36.6%	15.0%	9.0%
Family Safety	3.2%	40.0%	32.4%	15.1%	9.3%
Child Well-Being	2.9%	32.9%	36.4%	16.6%	11.1%

These same data are presented graphically in Figure 12, next page. It can be seen in the graph that about half of families (52%) do not change on the domain of Environment, but that

approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 5%-11% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-4%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 12. Level of Change Experienced by Families on NCFAS Domain Scores (N=3158)

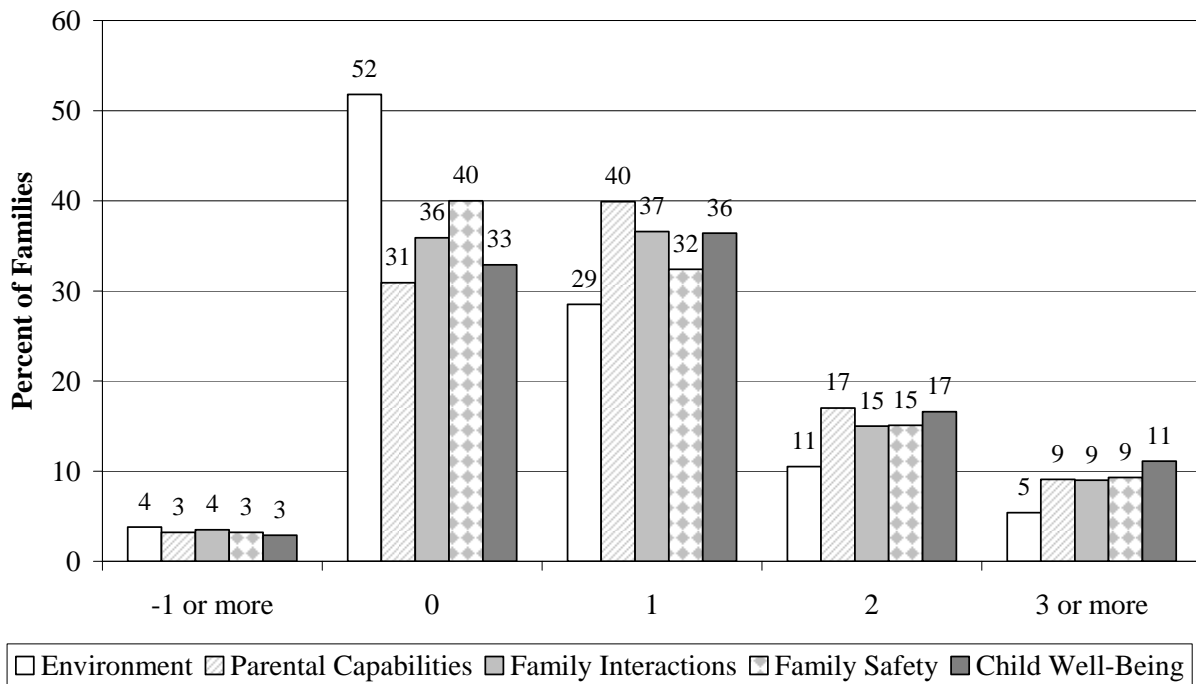
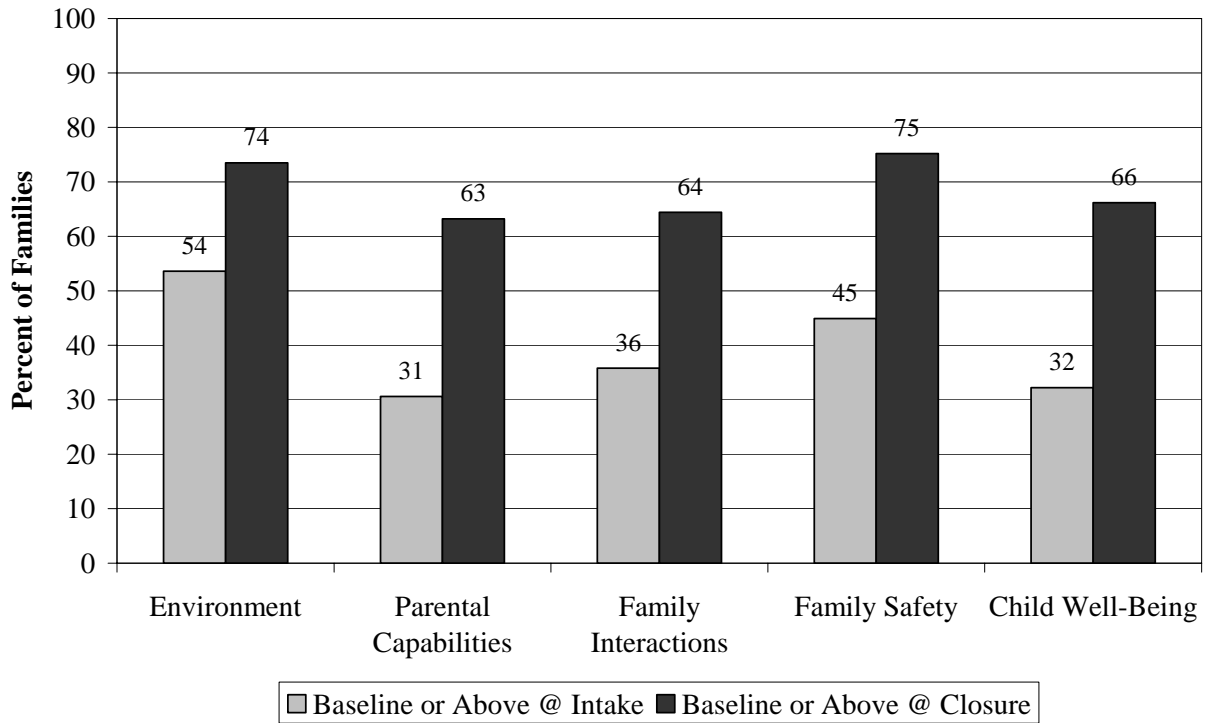


Figure 13 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the

population of families served, although approximately one quarter to one third of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 13. Overall Change on the NCFAS (N=3158)



Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention of imminent risk children.

When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement,*

and between problems and out-of-home placement on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement of an imminent risk child occurred during or after IFPS service. The strength of these relationships is quite compelling. For the 3,158 families served during SFY 2000, 2001, 2002, 2003 and 2004, the results are:

- for Environment: Chi Square = 116.686, df = 5, $p < .001$;
- for Parental Capabilities: Chi Square = 191.515, df = 5, $p < .001$;
- for Family Interactions: Chi Square = 203.858, df = 5, $p < .001$;
- for Family Safety: Chi Square = 246.710, df = 5, $p < .001$; and
- for Child Well-Being: Chi Square = 233.330, df = 5, $p < .001$.

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention*. These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs*. Both of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

Retrospective Study of the Effectiveness of IFPS

Session Law 1999-237 required the Department of Health and Human Services, Division of Social Services, to develop a revised evaluation model for current and expanded IFPS Programs. The evaluation was to be scientifically rigorous, including the use of treatment control groups, to include a review and description of interventions provided to families as compared to customary services provided to other child welfare families and children, and to collect data regarding the number and type of referrals made for other human services and the utilization of those services. In light of the session law, the Division deemed it appropriate to conduct a study.

The original retrospective study was funded during SFY 2000 and a comprehensive report was produced, titled: *A Retrospective Evaluation of North Carolina's Intensive Family Preservation Services Program* available at <http://ssw.unc.edu/jif/publications/reports.html>. A more advanced statistical treatment of that study has recently been published [see: Kirk, R.S. & Griffith, D.P. (2004). Intensive family preservation services: Demonstrating placement prevention using event history analysis. *Social Work Research*, 28(1), 5-15.] As noted previously in this report, SFY 2001 was marked by an expansion of IFPS programs as well as changes in the Policies and Procedures to ensure that IFPS services are delivered to the highest risk families. In light of the encouraging findings from the original retrospective study, the state also expanded its evaluation activities to include an on-going retrospective evaluation of North Carolina's families. SFY 2004 marks the fourth year of this on-going retrospective evaluation.

The research model continues to employ a retrospective examination of the population of families that did and did not receive IFPS. This approach continues to be preferable to other designs because it avoids the problems of using prospective, randomized assignment to

experimental and control groups; a problem experienced by other researchers that has likely contributed to their inability to detect the treatment effects of IFPS (Kirk & Griffith, 2004).

The retrospective design requires the merger of data from several statewide information systems for DSS referred families. These data sources include the IFPS-specific information residing in the IFPS MIS, the CPS risk assessment information residing in the North Carolina Central Registry database, and the child placement information residing in the Child Placement and Payment System. The study population in SFY 2004 includes all families receiving their first IFPS intervention between July 1, 1994 and December 31, 2002. The comparison population includes all other families in North Carolina *in counties offering IFPS services* with a child who experienced their first substantiated report after July 1, 1993 and before December 31, 2002. The comparison families had not received IFPS services. The end of the tracking period is limited to December 31, 2003 because this is latest date for which the necessary one-year placement data is available in the timeframe necessary to conduct this study. *Only families rated as “high” on the standardized CPS risk assessment are retained for the study.* The study sample includes 1612 high-risk families that received IFPS, and the comparison group includes 21,786 high-risk families in IFPS counties that did not receive IFPS services.

For families receiving IFPS services, the substantiated report closest in time, and before referral to IFPS, is selected as the report linked to the family IFPS intervention. For comparison families with more than one substantiated report in the study period, the substantiated report linked to the family is selected randomly in proportion to the substantiated report number that is linked to the IFPS intervention for IFPS families. The outcome measure of interest, “time to placement”, is computed from the date of referral to IFPS for IFPS families, and from the date the substantiated report was made for the comparison families. Further, any variable presented

based on the “prior” occurrence of an event is calculated from the same reference date as “time to placement”.

Generally speaking, the retrospective study and the on-going retrospective evaluation conducted in previous years revealed that IFPS outperformed traditional child welfare services when the comparison groups included the high-risk families that IFPS is intended to impact. In fact, the more risk factors present in any comparison (e.g., high-risk families that had experienced previous out-of-home placements and also had two or more prior substantiated reports) the more effective was IFPS when compared to traditional services. In each case when risk factors were controlled, IFPS resulted in lower initial placement rates and delayed placement patterns following service completion. Conversely, when risk factors were not controlled during the analyses, IFPS did not always outperform traditional services. The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered at 3 to 5 months post-IFPS in those cases that concluded without a placement being made. The results of the study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

The data suggest that disproportionately more serious types of families are being referred for IFPS services. Specifically, IFPS families are more than twice as likely to have experienced one or more prior substantiated reports (40.5% to 19.7%, chi-square = 389.206, df = 1, $p < .001$), and IFPS families are almost three times more likely to have experienced one or more prior high risk substantiated reports (17.3% to 6.9%, chi-square = 229.511, df = 1, $p < .001$). Further, IFPS families are three times more likely to have experienced one or more prior spells under placement authority (6.6% to 2.1%, chi-square = 128.168, df = 1, $p < .001$). The fact that IFPS providers serve the highest risk cases in counties that offer the service makes it that much more

compelling that positive treatment outcomes are observed for IFPS families. The analyses that follow will demonstrate the positive treatment effects of IFPS as well as demonstrate that when risk factors are controlled for, the IFPS treatment effect becomes even more dramatic.

Event history analysis, or survival analysis, is employed to assess differences in placement patterns for families in this study. This analytic technique is desirable because it is able to account for the dynamic nature of time. Rather than calculating the difference in placement rates at the end of a one-year follow-up period, survival analysis computes the relative risk of placement over time. This technique allows for changes in the rate of placement to be observed over time. The following series of survival curves display the positive treatment effect of IFPS on both the prevention and the delaying of placements following cases of substantiated maltreatment.

Figures 14 through 20 display curves depicting the probability of placement (determined by performing the computation ‘1 – survival rate’). Each figure displays the proportion of children being placed out-of home within one year from the date the family was referred to IFPS for families receiving IFPS, or within one year from the date of the substantiated report for families in the comparison group. The *higher* the curve goes during the measurement period, the *worse* the placement outcomes for the population represented in the curve. Thus, “up” is undesirable.

Figure 14 shows that the families receiving IFPS have significantly lower placement rates than non-IFPS families, and that these reduced placement rates hold through 365 days (Wilcoxon = 14.214, df = 1, $p < .001$). This figure displays the dramatic reduction in placement rates for families receiving IFPS for the first 6 months. Although the placement rates between the two groups becomes more similar approaching the one year mark, only 24.1% of IFPS families

experience a placement by one year, compared to 26.1% of non-IFPS families. In the original retrospective study and the on-going retrospective evaluation in SFY 2001, the placement rates for IFPS and non-IFPS families were the same at one year. In SFY 2002 there was a 1.6% difference in the placement rates for these two groups. In 2003 it increased to 2.4%. This year the difference is 2.0%. This figure demonstrates the ongoing effectiveness of IFPS at reducing or delaying the out-of-home placement of an imminent risk child within a small range of annual fluctuations.

Figure 14. Risk of Placement After CPS Report/Referral to IFPS

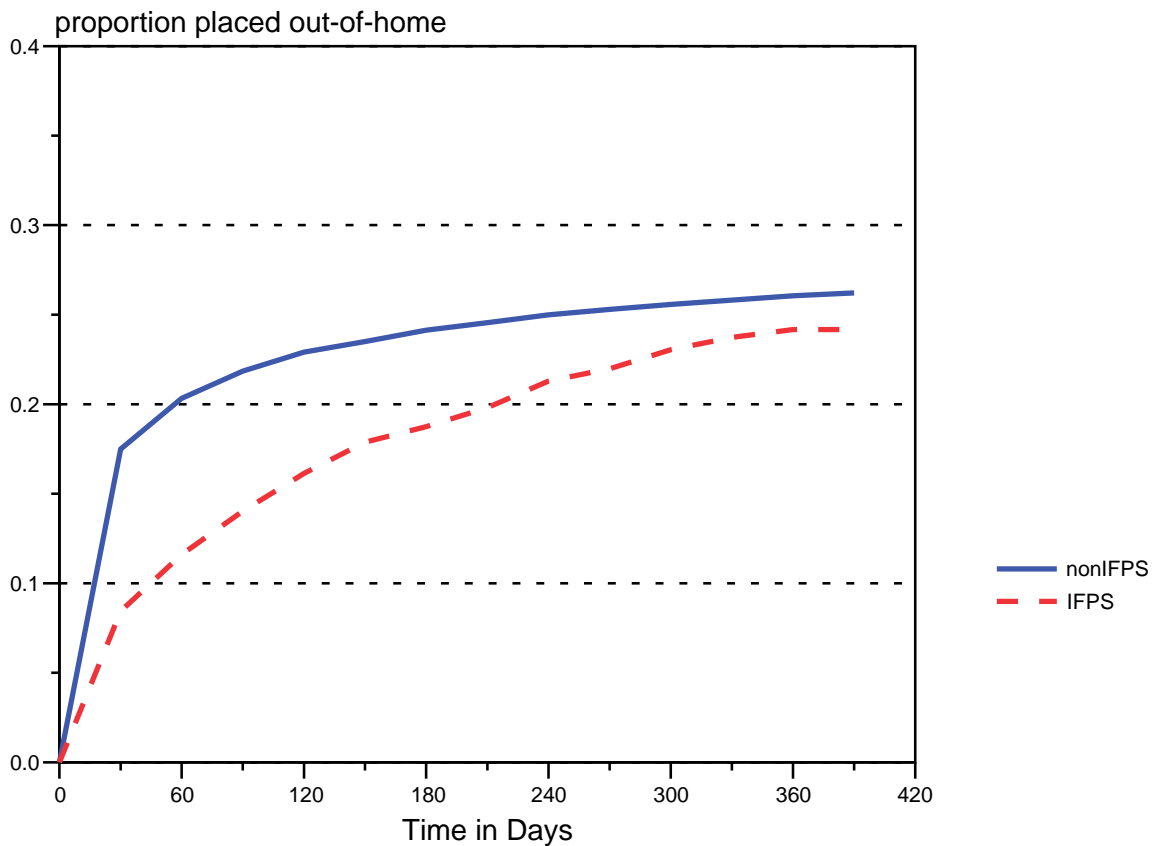


Figure 15 displays the survival curves for IFPS and non-IFPS families that have had one or more prior spells under placement authority. When prior placement authority is controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=14.147, df=1, p<.001). At 365 days, only 25.5% of IFPS families have experienced a placement compared to 41.8% of non-IFPS families.

Figure 15. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior Spells Under Placement Authority

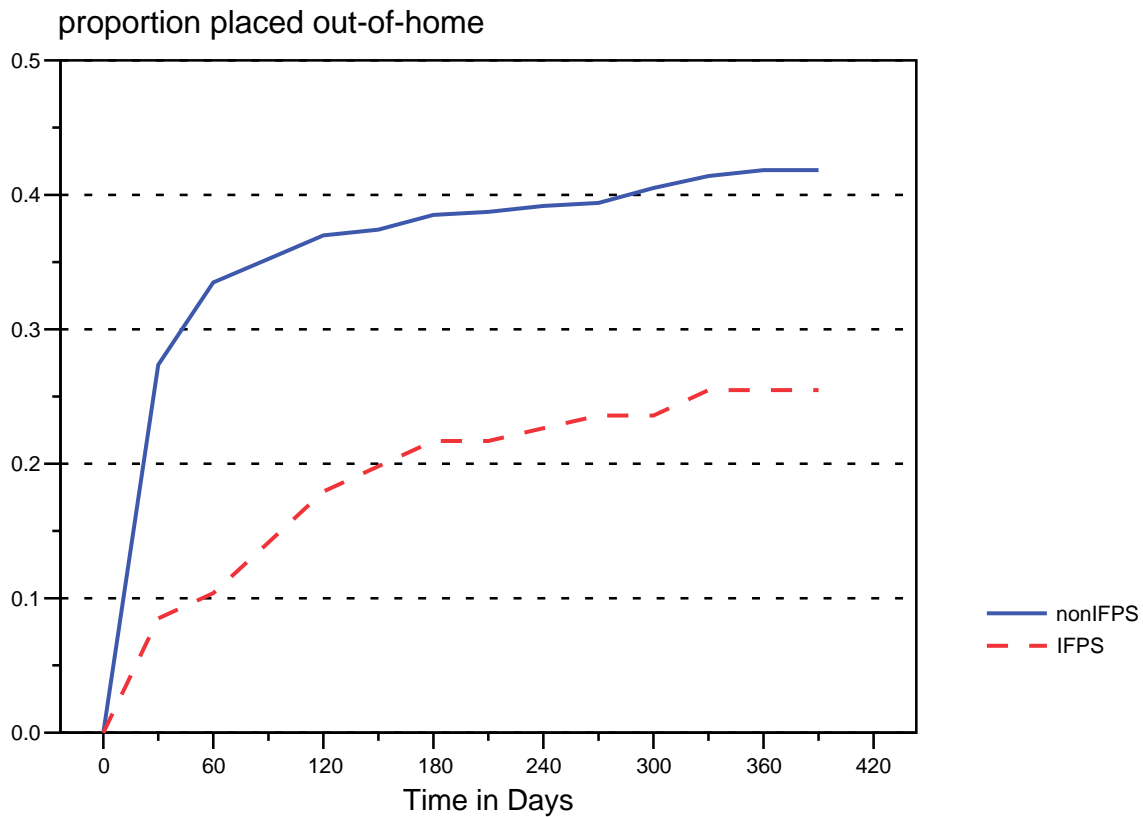


Figure 16 displays the survival curves for IFPS and non-IFPS families that have had one or more prior substantiated reports. When prior substantiated reports are controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=38.677, df = 1, p<.001). At 365 days, only 24.8% of IFPS families have experienced a placement compared to 34.3% of non-IFPS families. It can be seen from the curve that the observed treatment effect of IFPS is greatest until about 240 days, at which time it essentially parallels traditional child welfare service programs but maintaining a 10% lower placement rate throughout the remainder of the 365 day measurement period.

Figure 16. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior Substantiations of Abuse/Neglect

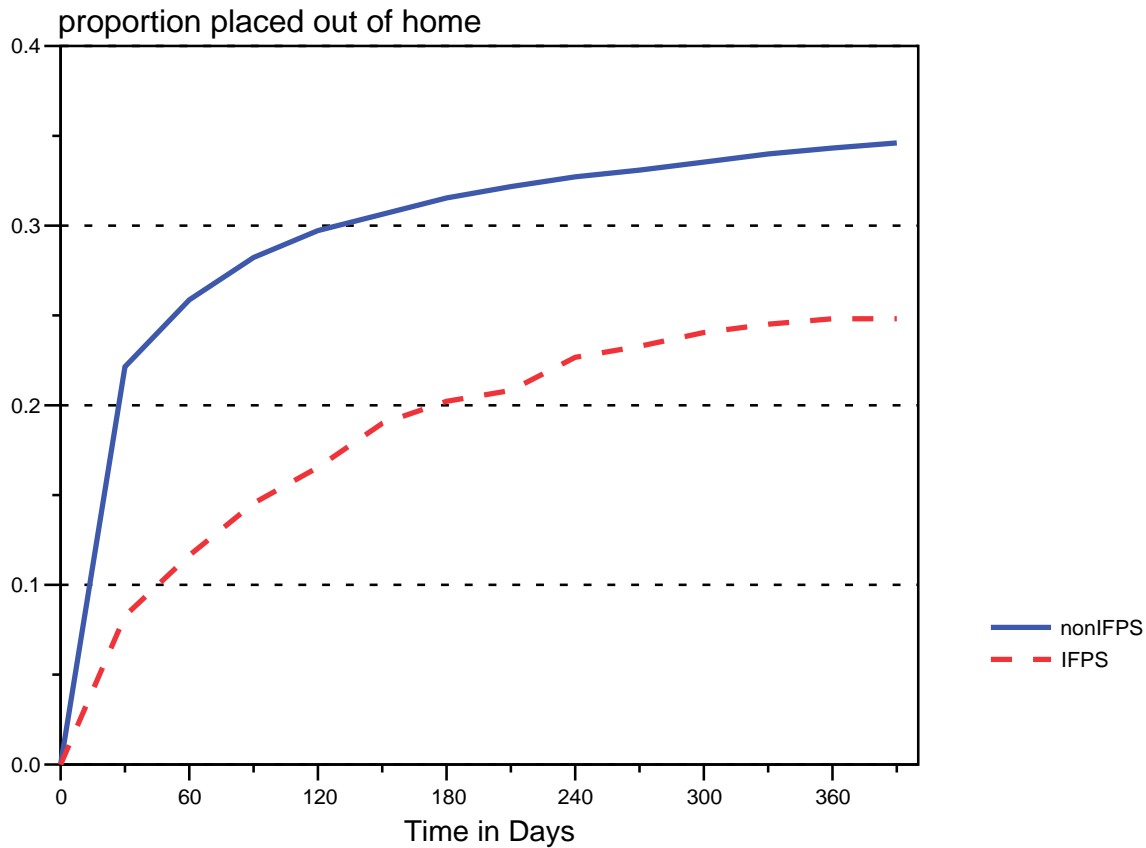
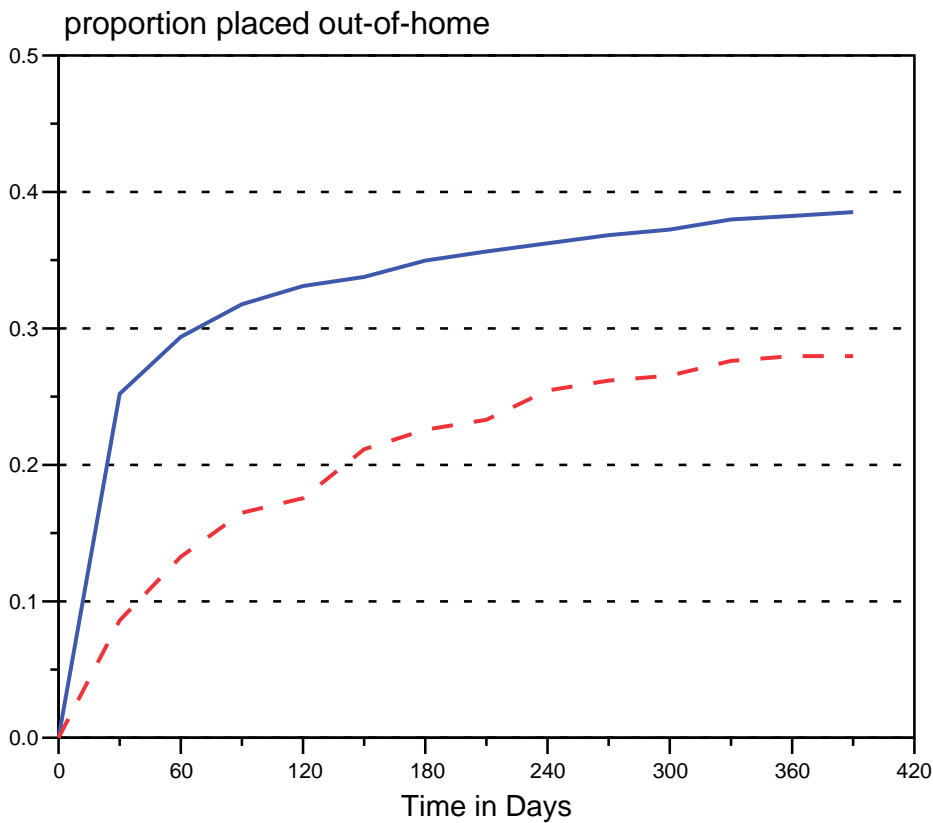


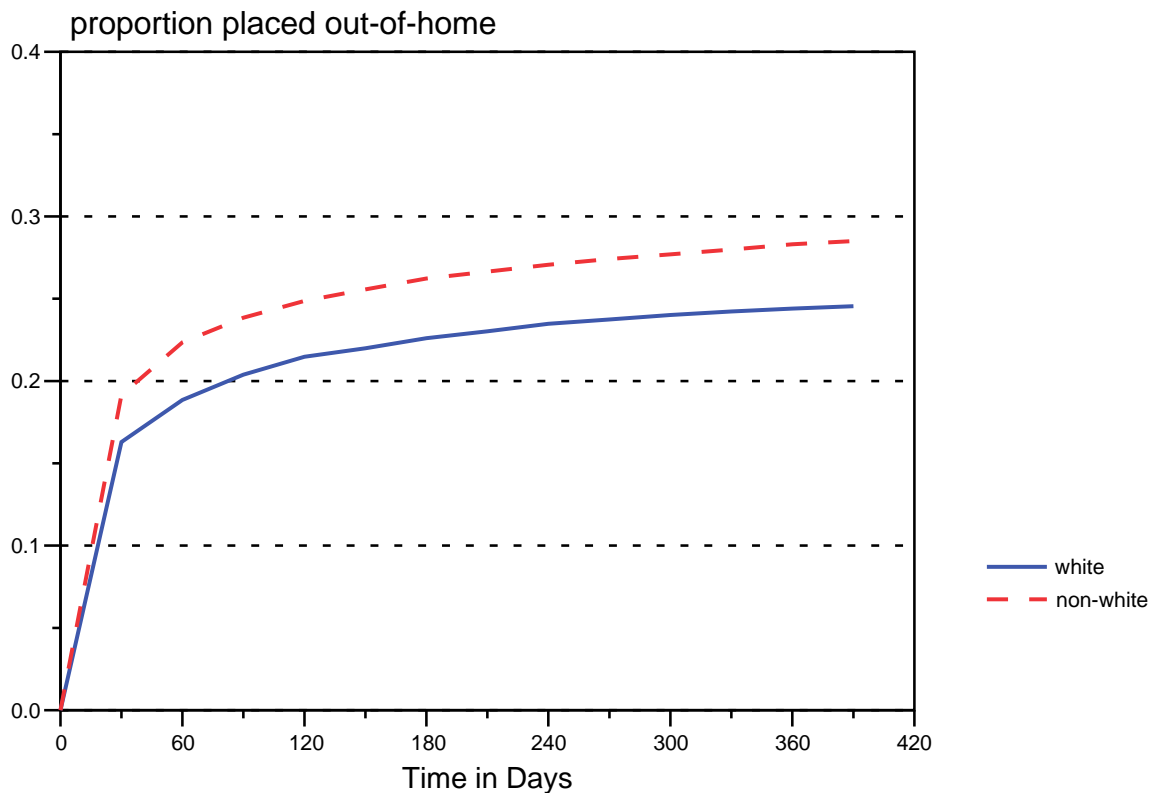
Figure 17 displays the survival curves for IFPS and non-IFPS families that have had one or more prior high-risk substantiated reports. When prior high-risk substantiated reports is controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=20.289, df=1, p<.001). At 365 days, only 28.0% of IFPS families have experienced a placement compared to 38.3% of non-IFPS families. This picture displays a very similar pattern to that in Figure 16 in that the observed treatment effect of IFPS is greatest until about 240 days. After this point, the curves are essentially parallel, with IFPS outperforming non-IFPS services by about 10-12%.

Figure 17. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior High Risk Substantiations of Abuse/Neglect



These curves demonstrate that when the risk factors are accounted for in both the treatment and comparison groups, IFPS statistically significantly outperforms traditional child welfare services in every case by reducing the number of placements and/or delaying placements at 365 days. Further, these treatment effects are even larger at 180 days.

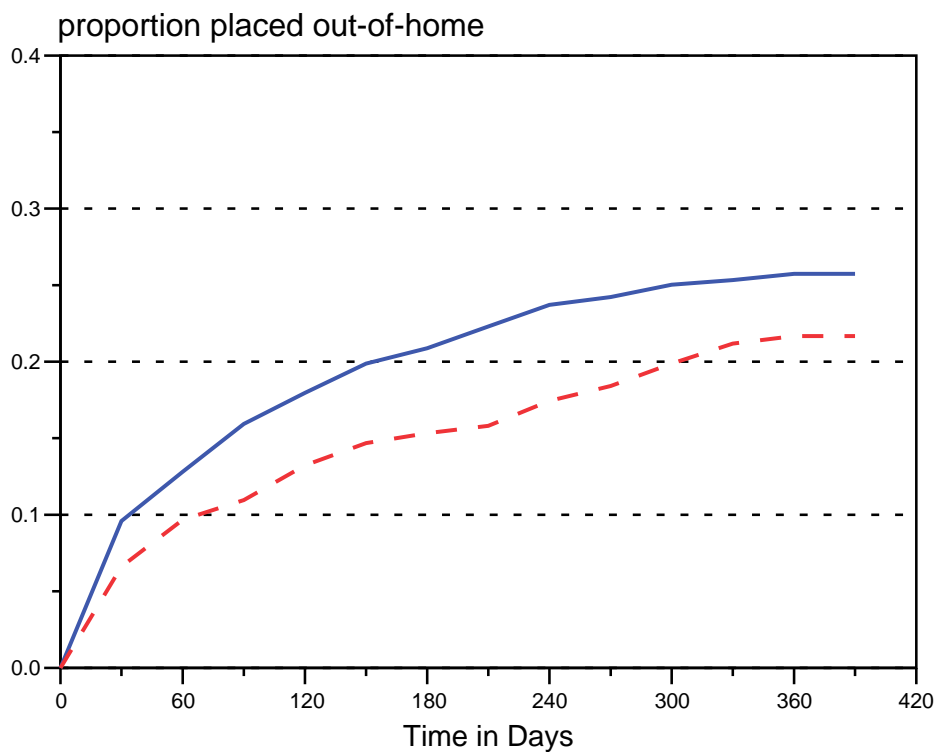
Figure 18. Risk of Placement After CPS Report/Referral to IFPS for Children Receiving Traditional CW Services by Race



Figures 18 thru 20 present a special survival analysis aimed at examining the effectiveness of IFPS at mitigating racial differences in the placement patterns of high-risk children. Figure 18 shows that among families receiving traditional child welfare services, non-white children have a higher risk of placement than white children (29.4% to 24.4% at 365

days). This difference is statistically significant (Wilcoxon=40.027, $df = 1$, $p < .001$). Figure 19, however, displays a very different racial picture for families receiving IFPS services. Non-white children who receive IFPS services appear to be less likely to be placed than white children who receive IFPS services (21.6% to 25.7% at 365 days).

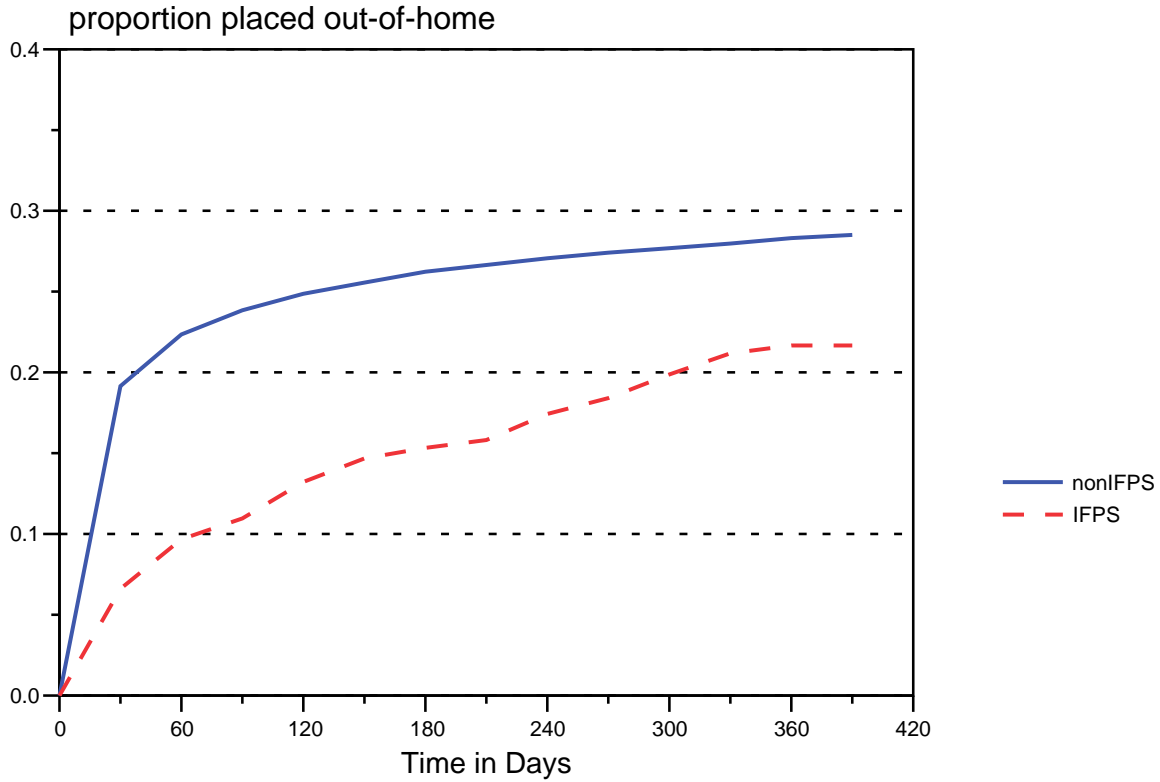
Figure 19. Risk of Placement After CPS Report/Referral to IFPS for Children Receiving IFPS Services By Race



This difference is statistically significant (Wilcoxon=4.716, $df = 1$, $p < .05$), the results indicating that IFPS may be instrumental in mitigating the racial disparity that exists in the rest of the child welfare population that received traditional services. The difference between the placement rates of non-white children who receive and do not receive IFPS is statistically significant (Wilcoxon=25.406, $df = 1$, $p < .001$). This difference can be seen in Figure 20, which

illustrates that throughout the first year after service the placement rate for non-white children receiving IFPS is 6% to 12% lower than the non-white children who receive traditional child welfare services.

Figure 20. Risk of Placement After CPS Report/Referral to IFPS for Non-White Children



Cost-Effectiveness, Cost/Benefit Analysis

The following analysis is based upon true costs of operating the IFPS program during SFY 2004 and estimated placement costs provided by the Division of Social Services (DSS), the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS), and the Department of Juvenile Justice and Delinquency Prevention (Juvenile Justice).

During SFY 2004 there were 1,210 children identified as being at imminent risk of placement into DSS foster care, MH/DD/SAS facilities, or Juvenile Justice facilities. Table 12 presents a breakdown of the number of children at risk of placement, and the number of children actually placed in care or not living at home.

Table 12. Children At Risk of Out-Of-Home Placement at Intake.

Potential Placement Type	Number of Children At Risk of Out-Of-Home Placement	Number of Children Placed or Not Living At Home
DSS Foster Care	1064	36
Juvenile Justice	63	4
Mental Health	73	11
Developmental Disabilities	2	0
Substance Abuse Services	0	0
Private Placement	8	3
Other	NA	0
Totals	1,210	54

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 13 presents those estimated potential costs and estimated actual costs of placements.

Table 13. Estimated Potential and Estimated Actual Costs of Placements for SFY 2004

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Placement Costs ⁴	Total	# of Children Placed	Placement Costs	Total
DSS FC ¹	1064	\$3,980	\$4,234,720	36	\$3,980	\$143,280
MH/DD/SAS ²	83	37,774	3,135,242	14	37,774	528,836
Juvenile Justice ³	63	52,455	3,304,665	4	52,455	209,820
Column Total	1,210		\$10,674,627	54		\$881,936

¹ DSS out of home placement costs were obtained from Division of Social Services, Family Support and Child Welfare Services Section.

² Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

³ Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention.

⁴ Average placement costs were not available from all Departments at the time of analysis and report production. This analysis uses SFY 2003 figures. As a result, placement cost estimates are likely to be slightly under estimated, as are cost-effectiveness estimates and cost/benefit estimates. That is, IFPS is likely to be slightly *more* cost effective and cost/beneficial that reflected in this analysis.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2003:

- 1,210 children were at imminent risk of removal, at a total potential placement cost of \$10,674,627;
- 54 children were actually placed in various, known placements at an estimated cost of \$881,963;
- IFPS diverted an estimated maximum of \$9,792,691 from placement costs; a gross cost savings of 91.74%;
- if the cost of operating the IFPS program (\$3,808,331) is subtracted from the gross savings (\$9,792,691), a net savings of \$5,984,360 results;
- the cost/benefit ratio of IFPS for SFY 2003 is \$1.57; that is, for every \$1.00 spent providing IFPS, an additional \$1.57 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2003 was \$3,147 per imminent risk child, and \$6,162 per family;
- had all 1,210 imminent risk children been placed as originally indicated, the average placement cost would have been \$8,822 per imminent risk child, and the families would not have received any services as part of these expenditures.

Table 14 presents a way of analyzing the costs and cost savings of IFPS that addresses the “fiscal break-even point” of operating the program. This is a useful analysis because some program critics contend that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional methods of presenting cost savings are misleading. Table 14 presents costs and cost savings at different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

Table 14. Determining the Estimated Fiscal “Break-Even” Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY 2003	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$3,808,331	\$10,674,627	\$6,866,296 savings
SFY '04 @ 95.5%	3,808,331	9,792,691	5,984,360 savings
90%	3,808,331	9,607,164	5,798,833 savings
80%	3,808,331	8,539,702	4,731,371 savings
70%	3,808,331	7,472,239	3,663,908 savings
60%	3,808,331	6,404,776	2,596,445 savings
50%	3,808,331	5,337,314	1,528,983 savings
40%	3,808,331	4,269,851	461,520 savings
35.67648%	3,808,331	3,808,331	0 break even point
30%	3,808,331	3,202,388	<605,943> add'l. cost
20%	3,808,331	2,134,925	<1,673,406> add'l. cost
10%	3,808,331	1,067,463	<2,740,868> add'l. cost
0%	3,808,331	0	<3,808,331> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 14 illustrate that the “fiscal break-even point” for IFPS occurs at about the 36% (35.67648%) placement prevention rate, whereas the IFPS program actually performed at a 95.5% placement prevention rate in SFY 2004. This yields a

range of 59.8% (between the 35.7% “break-even” point and the 95.5% “performance” rate) of children served within which program critics can argue about the cost effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates have been very stable, ranging between 88% and 94% of families each year since SFY 1994.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ The retrospective study continues to demonstrate the clear superiority of IFPS over traditional services when risk factors are controlled or accounted for in the analysis.
- ◆ Retrospective study survival curves indicate a predictable attrition phenomenon among IFPS families that occurs by 6 months after IFPS. Follow-up services implemented as a result of this finding are providing additional family contact and opportunity for additional services that will hopefully reduce this attrition. These data will be available for analysis in the late spring of SFY 2005.
- ◆ Further inspection of placement rates bolsters last year's finding that IFPS may be useful in addressing racial disparities in service outcomes that exist in the child welfare population.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.

APPENDIX A

Intensive Family Preservation Services Provider List

Provider	Contact Person	Counties Served
Departments of Social Services		
Cabarrus Co. DSS 1303 S. Cannon Blvd. Concord, NC 28083	Cathy Rucker (704) 920-1523 Fax: (704) 255-5260	Cabarrus
Catawba Co. DSS PO Box 669 Newton, NC 28658	Charlotte Rorie (828) 261-2517 Fax: (828) 328-4729	Catawba
Cleveland Co. DSS 1235-1 Fallston Rd. Shelby, NC 28151 <i>* Managed by AFI</i>	Kim Reel (704) 471-2444 Fax (704) 471-2515	Cleveland
Gaston Co. DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Iredell Co. DSS PO Box 1146 Statesville, NC 28687 <i>* Managed by AFI</i>	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Iredell
Area Mental Health Programs *		
Centerpointe Area MH/DD/SAS 836 Oak St. Suite 100 Winston-Salem, NC 27101	Marya Maxwell (336) 607-8595 Fax: (336) 607-8564	Davie, Forsyth, Stokes
Cumberland Area MH/DD/SAS 711 Executive Pl. Fayetteville, NC 28302	Rodney Benn (910) 323-2311 Fax: (910) 323-9183	<u>Contracts # 1&2</u> - Cumberland
Foothills Area MH/DD/SAS 486 Spaulding Rd. Marion, NC 28752	Jim Hamilton (828) 652-5444 Fax: (828) 652-7257	Alexander, Burke, Caldwell
Piedmont Behavioral Health Care 1305 S. Cannon Blvd. Kannapolis, NC 28083	Revella Nesbitt (704) 939-1151 Fax: (704) 939-1120	Cabarrus
Piedmont Behavioral Health Care 1807 East Innes St. Salisbury, NC 28146	Robert Werstlien (704) 630-4673 Fax: (704) 633-5902	Rowan
Sandhills Center for MH/DD/SAS PO Box 631 Rockingham, NC 28379	Jeannie King (910) 895-2476 Fax: (910) 895-9896	Richmond
Smoky Mountain Counseling Center 154 Medical Park Loop Sylvia, NC 28779	Marsha Reynolds (828) 586-8958 Fax: (828) 586-0649	Haywood, Jackson, Swain, Eastern Band of Cherokee Indians

Private Agencies		
Appalachian Family Innovations (AFI) 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	<u>Contract #1</u> – Burke, Caldwell <u>Contract #2</u> - Rutherford
Caring for Children PO Box 19113 Asheville, NC 28815 <i>*Subcontract of Buncombe Co. DSS</i>	Lara Turner (828) 250-5520 Fax (828) 255-5260	Buncombe
Choanoke Area Development Assoc. (CADA) PO Box 530 Rich Square, NC 27869-0530	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Halifax, Northampton
Exchange Club/SCAN 500 West Northwest Blvd. Winston-Salem, NC 27105	George Bryan, Jr. (336) 748-9028 Fax: (828) 748-9030	Davie, Forsyth, Stokes
Person County Family Connections 304 South Morgan St. Room 111 Roxboro, NC 27573	April Duckworth (336) 597-1746 Fax; (336) 598-0272	Person
Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Sue Spidell (336) 387-6161 Fax: (336) 387-9167	Guilford
Martin County Community Action, Inc. PO Box 806 311 East Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Northampton, Pasquotank, Perquimans, Pitt
Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	<u>Contract #1</u> - Brunswick, Chatham, New Hanover, Pender, Pitt, Scotland, Wake, Wayne <u>Contract #2</u> – Johnston <u>Contract #3</u> – Robeson <u>Contract #4</u> – Beaufort, Cartaret, Craven, Dare, Hyde, Jones, Lenoir, Onslow, Pamlico, Tyrrell, Washington
Mountain Youth Resources (MYR) 20 Colonial Square Sylvia, NC 28779	Marsha Reynolds (828) 586-8958 Fax: (828) 586-0649	Cherokee, Clay, Macon, Graham
Rainbow Center, Inc. PO Box 1194 North Wilksboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Wilkes
Youth Focus, Inc. 301 East Washington St. Greensboro, NC 27401	Betsy Winston (336) 333-6853 Fax: (336) 333-6815	Guilford
Youth Homes 500 East Morehead St. Suite 120 Charlotte, NC 28202	Valerie Iseah (704) 334-9955 Fax: (704) 375-7497	Mecklenburg

* Due to the ongoing reorganization of North Carolina's Mental Health providers, these agencies may no longer exist under the name listed in this Appendix.

Note: Some agencies have multiple contracts as the result of the expansion of services through a competitive bidding process that took place in 2000.

APPENDIX B
Program Allocations and Expenditures for SYF 2003-2004
Intensive Family Preservation Programs

Provider	Allocation	Actual Expenditure
Departments of Social Services		
Cabarrus Co. DSS	\$ 62,193	\$ 62,193
Catawba Co. DSS	\$ 75,000	\$ 75,000
Cleveland Co. DSS - <i>Managed by AFI</i>	*	*
Gaston Co. DSS	\$ 156,220	\$ 156, 220
Iredell Co. DSS - <i>Managed by AFI</i>	\$ 100,838	\$ 128,792
Area Mental Health Programs		
Centerpointe Area MH/DD/SAS	\$ 42,773	\$ 35,915
Cumberland Area MH/DD/SAS	\$ 219,217	\$ 199,163
Cumberland Area MH/DD/SAS	\$ 32,582	\$ 32,582
Foothills Area MH/DD/SAS	\$ 39,822	\$ 39,822
Piedmont Behavioral Health Care	None	Not Provided
Piedmont Behavioral Health Care	\$ 67,541	\$ 64,681
Sandhills Center for MH/DD/SAS	\$ 75,000	\$ 75,000
Smoky Mountain Counseling Center	\$ 90,506	\$ 89,100
Private Agencies		
Appalachian Family Innovations (AFI)	\$ 664,490*	\$ 598,090*
Caring for Children - <i>Subcontract of Buncombe Co. DSS</i>	\$ 106,785	\$ 81,898
Choanoke Area Development Assoc. (CADA)	\$ 125,000	\$ 125,000
Exchange Club/SCAN	\$ 95,000	\$ 95,000
Person County Family Connections	\$ 75,000	\$ 75,000
Family Services of the Piedmont	\$ 240,000	\$ 225,958
Martin County Community Action, Inc.	\$ 150,000	\$ 138,298
Methodist Home for Children	\$ 799,034	\$ 694,909
Methodist Home for Children – Johnston	\$ 74,949	\$ 64,899
Methodist Home for Children – Robeson	\$ 119,111	\$ 89,846
Methodist Home for Children – Region 10	\$ 237,554	\$ 237,553
Mountain Youth Resources (MYR)	\$ 150,000	\$ 150,000
Rainbow Center, Inc.	\$ 55,000	\$ 55,000
Youth Focus, Inc.	a	a
Youth Homes	\$ 279,645	\$ 224,352

* AFI had one contract that included IFPS services for Burke, Caldwell, and Rutherford counties, as well as Cleveland County (with money formerly allocated to the DSS), and also Reunification services for Burke, Caldwell and Cleveland counties (again through money formerly allocated to the DSS). Due to the way the contract for 2003-2004 was processed the specific amounts for each type of service and service area could not be broken down separately. \$598,090 of the \$664,490 contracted amount was spent on the provision of IFPS and Reunification services by AFI.

a – Youth Focus is a subcontract of Family Services of the Piedmont and their allocation/actual expenditure is included under Family Services of the Piedmont.