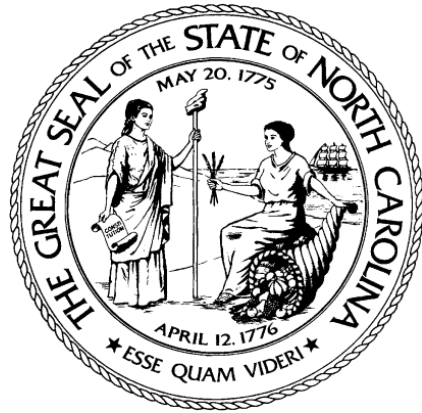


**Annual Report on NC Intensive Family Preservation Services
July 1, 2021-June 30, 2022**

Session Law 2023-134, Section 9J.2.(d)



Report to

**The Joint Legislative Oversight Committee on
Health and Human Services**

and

The Fiscal Research Division

by

North Carolina Department of Health and Human Services

December 1, 2023

Background and Introduction

Pursuant to Session Law 2023-134, Section 9J.2.(d), the NC Department of Health and Human Services (NC DHHS) shall submit an annual report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by December 1 of each year that provides the information and data about Intensive Family Preservation Services (IFPS) collected as required in subsection (b) of this legislation. NC DHHS, through the Division of Social Services (NC DSS), provides the staff and support services for implementing IFPS Services in accordance with N.C.G.S. §143B-150.6 and offers this report on the IFPS for State Fiscal Year (SFY) 2021-2022.

The Intensive Family Preservation Services (IFPS) Program provides intensive services to children and families in cases of abuse, neglect, and dependency where a child may be at imminent risk of removal from the home. NC DSS implements the IFPS program statewide on a regional basis. The IFPS applies standardized assessment criteria to determine imminent risk of children involved in child protective services, receiving behavioral health services, or involved with the juvenile justice system, being placed in foster care, group homes, or other types of out-of-home placement. In SFY 2022, NC DSS contracted with the following six agencies (referred to as IFPS Contractors throughout this report) to serve 11 regions covering all 100 counties in NC: Barium Springs Home for Children, Caring for Children, Children's Home Society, Coastal Horizons Center, Exchange Club Center for the Prevention of Child Abuse of North Carolina, and Methodist Home for Children. In SFY 2022, these community-based agencies served 789 families with IFPS services.

Pursuant to SL 2023-134, Section 9J.2.(b), The Department of Health and Human Services shall require that any program or entity that receives State, federal, or other funding for the purpose of IFPS shall provide information and data that allows for the following:

- (1) An established follow-up system with a minimum of six months of follow-up services.

NC DSS has established a two-part follow-up system to track short and long-term outcomes of families who completed IFPS services. First, NC DSS requires IFPS Contractors to contact the most involved parent in each family served with IFPS to administer a follow-up evaluation at six and twelve months after services concluded. If a home visit is not possible, phone contact is attempted and documented at least five times. In addition to checking on the family's well-being, this assessment determines whether repeat child maltreatment and/or out-of-home placement of a child occurred during these time frames. This requirement is listed in IFPS contracts, policy manual and training.

Secondly, NC DSS requires IFPS Contractors to submit an addendum with their monthly invoice. This addendum includes each child's name, service identifying system number, and the dates IFPS services started and ended. The NC DHHS's Performance Management Team compares the compiled IFPS client data with case information entered by the county child welfare agencies in the state-wide NC DSS database system (Client Services Data

Warehouse Central Registry and NCFAST Child Welfare databases) to determine if the child remains in the home at IFPS case closure, 6 months after closure, and 12 months after closure. This data report is completed annually.

- (2) Detailed information on the specific interventions applied, including utilization indicators and performance measures.

Details of Interventions Applied:

The goals of IFPS are to stabilize the crisis which placed the family at imminent risk, maintain children safely in their homes, prevent future incidence of child maltreatment, and improve family functioning. North Carolina offers IFPS that is based on the HOMEBUILDERS® model that it is a short-term, intensive, crisis-intervention program with services provided primarily in the family's home or community. IFPS Contractors provide in-home case management services, Motivational Interviewing, and Positive Parenting Program (Triple P) to all participating families. Depending on the additional needs and goals of the families, Contractors may provide or refer families to additional evidence-based programming.

In-Home Case Management

IFPS Contractors employ IFPS Therapists who use Motivational Interviewing and Triple P during the provision of in-home case management. The IFPS Therapists have small caseloads, serving two families at a time for four to six weeks in the family home. Therapists are available to the family 24 hours a day, seven days a week for a minimum of 40 hours during the delivery of the service. IFPS offered through in-home case management include:

- Assessing risk & developing a safety plan,
- Teaching parenting skills,
- Family/individual/marital counseling,
- Teaching budgeting skills,
- Aiding the family in meeting medical needs,
- Linking the family with concrete services & follow-up services, and/or
- Assisting the family with transportation.

Motivational Interviewing

Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. IFPS Therapists use this communication technique with the participating families throughout service delivery.

Triple P

The Triple P – Positive Parenting Program ® is an evidence-based flexible system of parenting and family support system that offers 5 levels of increasing intensity to improve family functioning and positive outcomes for children and teenagers. On the individual level, Triple P has been shown to improve behavioral and social emotional skills, self-regulation, and health in children and adolescents. Research demonstrates that parents participating in Triple P report decreased stress, anxiety, and depression as well as increased confidence and competence in parenting. In terms of long-term benefits to society, studies indicate that Triple P services decrease out-of-home placements, incidence of child maltreatment, emergency room visits due to child abuse, and juvenile justice cases.

Evidence-Based Programs (EBP)

IFPS Contractors provide or refer families to a wide range of evidence-based programs (EBPs) based on the specific family's needs. Some examples of services that IFPS Contractors have offered families in their agencies or communities the following interventions or services: Trauma-Focused Cognitive Behavior Therapy, Parent Child Interaction Therapy, Child First, Seven Challenges, Nurturing Parenting Program, Love and Logic, Incredible Years Program, Strengthening Families Program, and Multisystemic Therapy.

Utilization Indicators:

In SFY 2022, the NC IFPS program served 1,965 children in 789 families. These families qualified for services by having at least one child, age birth through 17 years old who was at imminent risk of placement in out-of-home care as defined by a substantiation of abuse, neglect or dependency and a rating of “high” on the Family Risk Assessment (DSS 5230) or Family Risk Reassessment (DSS-5226).

Performance Measures:

Immediate parental performance is measured through pre- and post-service assessment tools. IFPS Contractors administer the following assessment tools at the beginning and end of service delivery to measure changes in the family's functioning and protective factors:

North Carolina Family Assessment Scale (NC-FAS)

NC-FAS is intended for use with high-risk families with at least one child who is at risk of removal due to child abuse or neglect. The purpose of utilizing NC-FAS for IFPS participants is to measure family functioning.

Protective Factor Survey (PFS)

The Protective Factors Survey (PFS) is a 20-item measure designed for use with caregivers receiving child maltreatment prevention services. It is a pre-post survey completed by the program participants that measures changes in behaviors. All IFPS adult participants complete the PFS at enrollment and again at closure to determine changes in parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

The table below describes the SFY 2022 outcomes for improved family functioning and increased protective factors.

SFY 2022 Outcomes for Families that Completed the Program	Measurement Tools
97.0% of families had improved functioning at case closure 96.0% of families increase their protective factors at closure	NC Family Assessment Scale Protective Factors Survey

(Source: Performance Status Monitoring Reports and Protective Factors Survey Reports)

(3) Cost-benefit data

NC DSS served 789 families with IFPS in SFY 2022 with 695 of those families remaining intact after 12 months. Since most families have multiple children, this equates to 1,965 children who received IFPS services with 1,751 of those children remaining in the home with their family at least 12 months after services concluded.

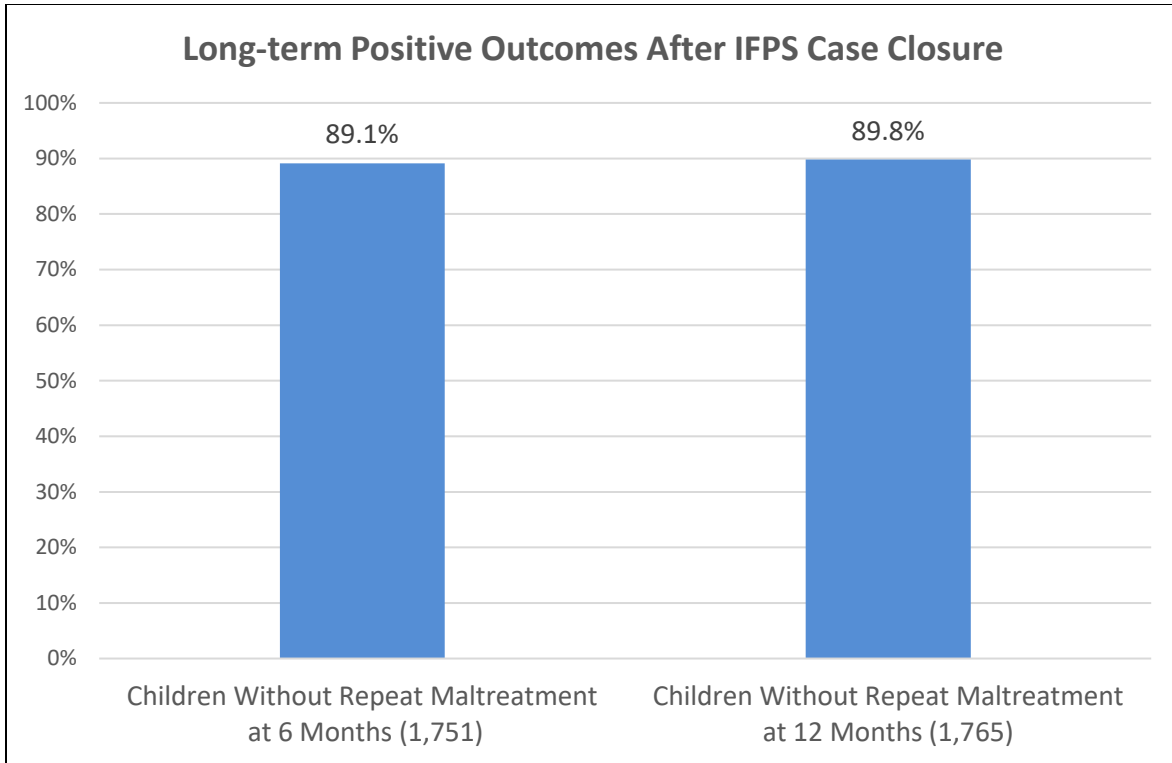
IFPS services cost \$6,800 per family. The total cost of IFPS for these 789 families at \$6,800/family equals \$5,365,200. For SFY 2022, the average board payment for each child for 12 months of foster care was \$1,293 per month per child x 12 months = \$15,516 x 1,965 children = \$30,488,940. This resulted in savings of \$21,803,316. The benefit-cost ratio of IFPS in SFY 2022 was 4.06:1. In other words, **IFPS achieved \$4.06 of savings in out-of-home placement costs for every \$1 spent on IFPS in SFY 2022.**

(4) Data on long-term benefits associated with IFPS. This data shall be obtained by tracking families through the intervention process.

In addition to a child remaining in their parents' home, the long-term outcomes for IFPS include decreased incidence of repeat maltreatment, improved family functioning, and increased protective factors. Repeat maltreatment is defined as children with a child maltreatment assessment or investigation finding of:

- Abuse Substantiated
- Neglect Substantiated
- Abuse and Neglect Substantiated
- Dependency Substantiated
- Services Needed
- Services Provided

For IFPS services, NCDSS assessed the incidence of repeat maltreatment by searching Client Services Data Warehouse Central Registry and NCFAST Child Welfare databases by the ID number of each child who received IFPS to determine if they experienced additional Child Welfare involvement within 6 months after closure and 12 months after closure. The graph below indicates that children receiving IFPS services have low rates of repeat maltreatment within a year after services concluded.



(Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe)

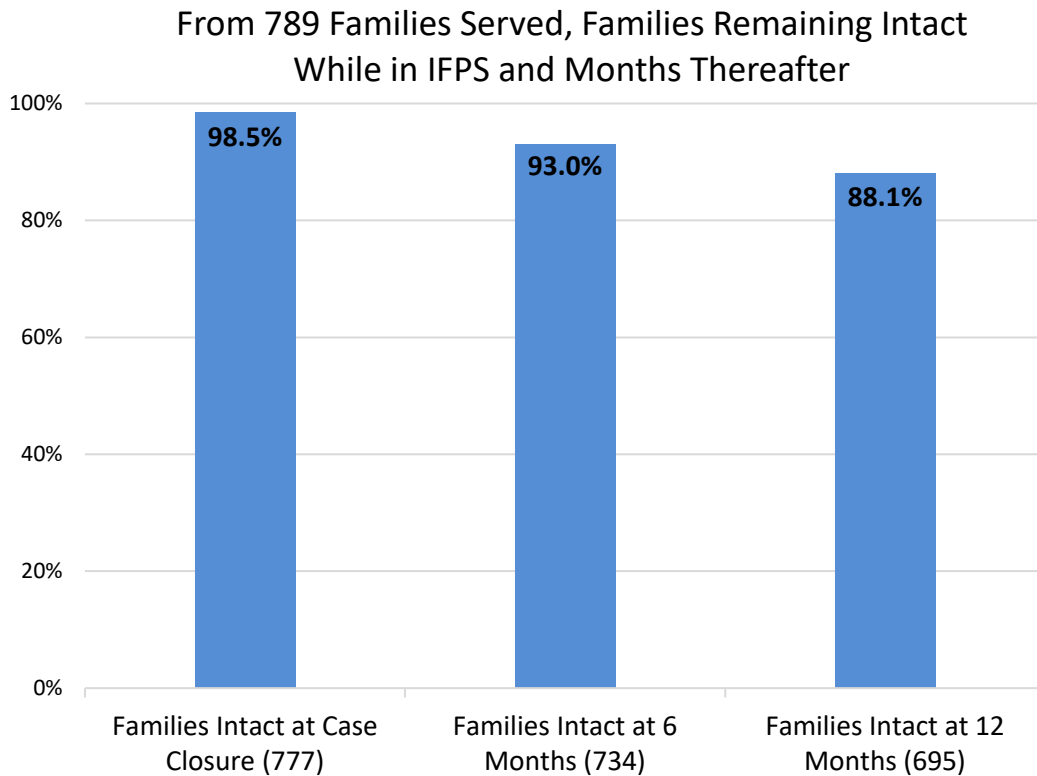
Additionally, research indicates that family preservation services that help children remain with their families have better educational, health, and employment outcomes. For instance, longer-term outcomes for children who remain or reunified with their families include decreased rates of substance abuse, criminal conviction, homelessness, and underemployment as adults.¹ NCDSS is not able to track these long-term outcomes for our families.

- (5) The number of families remaining intact and the associated interventions while in IFPS and months thereafter.

The number of families remaining intact at IFPS case closure, at 6 months after closure and at 12 months after closure is determined by NCDSS by searching the state-wide Client Services Data Warehouse Central Registry and NCFAST Child Welfare databases by the ID number of

¹ Ringel, Jeanne S., Dana Schultz, Joshua Mendelsohn, Stephanie Brooks Holliday, Katharine Sieck, Ifeanyi Edochie, and Lauren Davis, *Improving Children's Lives: Balancing Investments in Prevention and Treatment in the Child Welfare System*. Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/research_briefs/RB9949-1.html

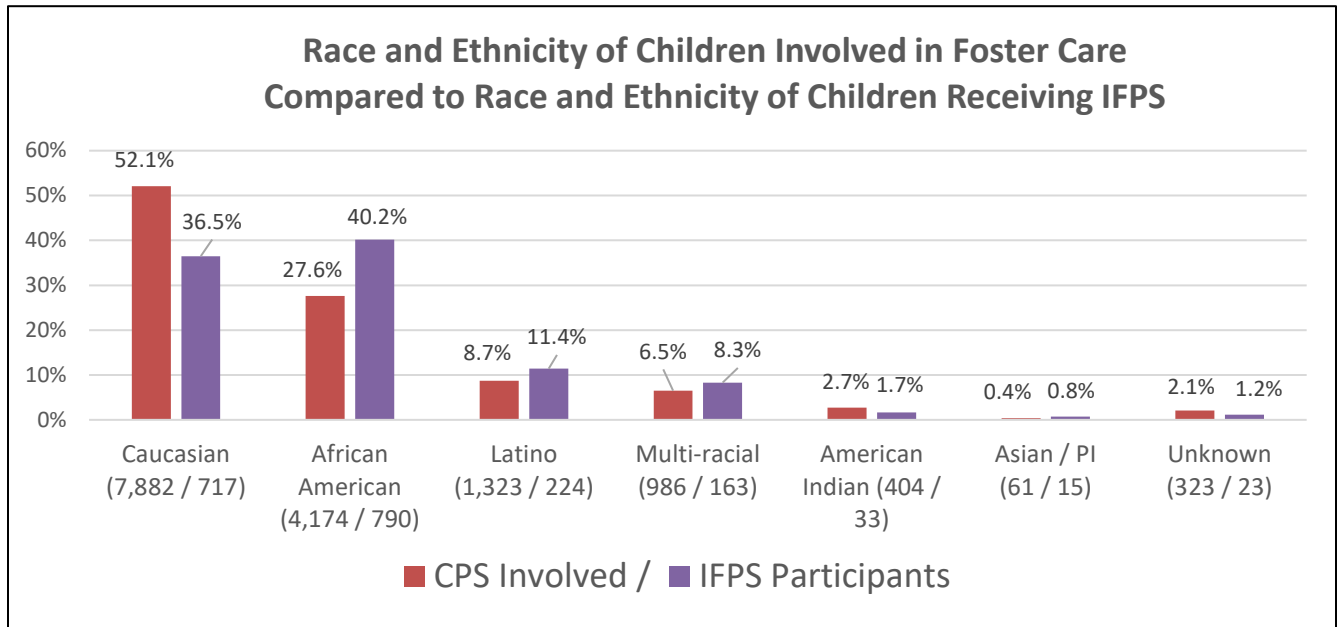
each child who received IFPS to determine if they had been removed from their home and placed in out-of-home or foster care. The chart below shows positive outcomes for IFPS maintaining intact families within a year after services concluded. Additionally, during this period, the majority of these children did not receive additional child welfare services, so there are no known associated interventions that families received post IFPS.



(Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe)

- (6) The number and percentage, by race, of children who received IFPS compared to the ratio of their distribution in the general-out-of-home, foster care population involved with Child Protective Services.

The bar graph below compares the number of children, by race and ethnicity, who received IFPS services to the out-of-home placement population of children involved in child protective services. The percentage compares the different race and ethnicity of IFPS children to the total number of IFPS children, (red); and it compares the race and ethnicity of children in out-of-home placement to the total number of children in out-of-home placement. (purple)



(Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe)

In SFY 2022, the total number of children with out-of-home placement was 15,138, the number of children who received IFPS was 1,965. The data indicates an improvement in SFY 2022 over SFY 2021 in the efforts of NC DSS to increase diversity, equity and inclusion in communities that receive services. The number of African American and Latino children who received IFPS increased, and the number of Caucasian children decreased showing a more equitable distribution of services.

Conclusion

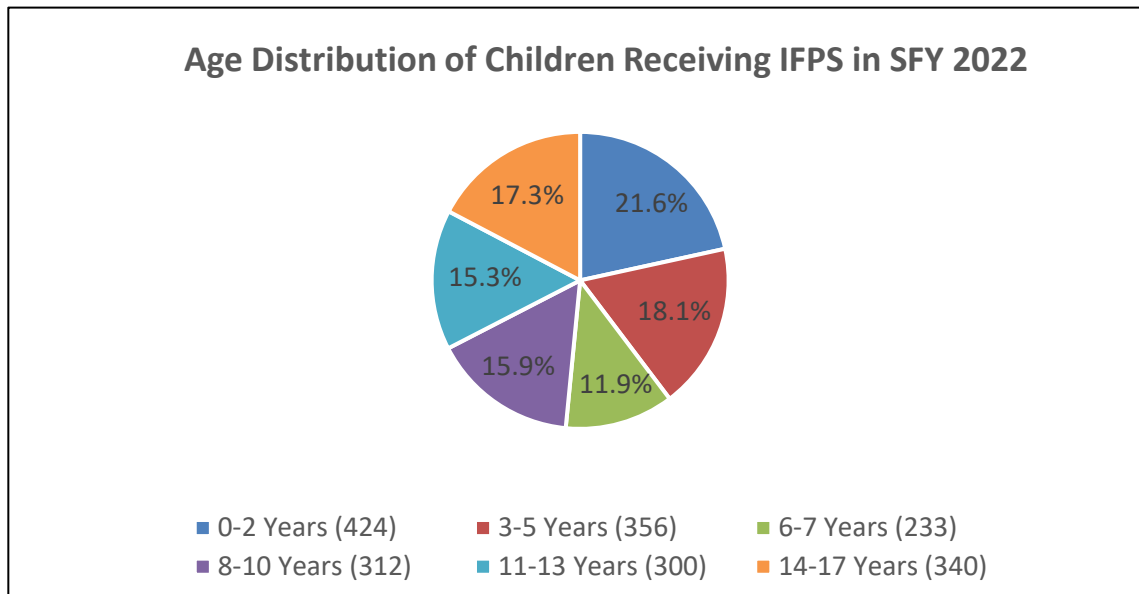
In SFY 2022, the NC IFPS program served 789 families. These families qualified for services by having at least one child, age birth through 17 years old who was at imminent risk of placement in out-of-home care as defined by a substantiation of abuse, neglect or dependency and a rating of “high” on the Family Risk Assessment (DSS 5230) or Family Risk Reassessment (DSS-5226). This intensive service is typically the last intervention offered before a child is removed from their home. IFPS is a short-term, intense crisis management program that offers case management, evidence-based programming, and concrete supports to stabilize families and prevent future crises.

NC DHHS implements IFPS programs to improve the short term and long-term outcomes of children and their families, including increased safety, family functioning, protective factors, as well as decreased repeat maltreatment and out-of-home care placement. NC DSS collects and reviews data from contracted IFPS providers each quarter. On an annual basis, NC DSS compares IFPS Contractors’ self-report data with data drawn from the Client Services Data Warehouse Central Registry and NCFAST Child Welfare databases to assess individual contractor performance and determine continued funding. As stipulated in Section 9J.2.(c), NC DSS employs this performance-based funding methodology to “only provide funding to those programs and entities providing the required information specified in subsection (b) of this section.” Contractors must also demonstrate positive outcomes for children and families. Analysis of SFY 2022 data indicate that individual IFPS providers as well as the collective NC IFPS program had a beneficial impact on participating families’ ability to protect and nurture

their children with **88.1% of children remaining with their family for 12 months after the IFPS program concluded, an increase of 1.69% over SFY2021.** In addition, cost-benefit data indicates that the **IFPS program achieved \$4.06 of savings in out-of-home placement costs for every \$1 spent on IFPS in SFY 2022.**

Although the following information is not a required element for the annual report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division, as part of the commitment of NC DSS to provide continuous quality improvement specifically with diversity, equity and inclusion, the following additional data was collected for SFY 2022.

The chart below shows the number and percentage of the age distribution of children who received IFPS in SFY 2022. The age shown is from the first date of IFPS.



(Sources: Client Services Data Warehouse Central Registry Universe and NCFAST Child Welfare Universe)

The chart to the right provides the gender of children receiving IFPS in SFY 2022

Female	999
Male	966

Sixty-two of the children who participated in IFPS, entered out-of-home foster care and then were able to exit out-of-home foster care to the following permanency:

31	Reunified with their parent or primary caretakers
8	Custody with the non-removal parent
5	Adoption
16	Guardianship with a relative
2	Guardianship with a court-approved caretaker