

HB

197

Alaska State Legislature

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Representative Sharon Cissna District 22

Sponsor Statement: HB 197

"An Act relating to intensive family preservation services; and providing for an effective date."

HB 197 provides the Department of Health and Social Services funds to conduct an evaluation of the need and effectiveness of 'intensive family preservation' services in Alaska, and explore long term funding sources for ongoing intensive family preservation programs.

The Intensive Family Preservation program keeps families together and children safe. In the many states that have adopted this model, there has been demonstrated prevention of inappropriate and costly placements of children into state custody and care. This would reduce costs to the juvenile justice, child welfare and mental health systems.

Based on Washington state's proven *Homebuilders* program, HB 197 provides immediate intensive, family-focused, in-home crisis intervention. These services have been effective in changing abusive or neglectful behavior and have prevented family crises likely to result in child placement. Consequently, many children are now able to remain safely in their homes and communities, instead of being placed in costly foster care and/or state institutions.

- *Homebuilders* in Washington State has been successful and in 1999 published an 84% success rate among participants in the project.
 - The average cost of family preservation services is approximately \$4,000 per family per year in Alaska, whereas the average cost of out-of-home placement is \$13,200 per child per year, in addition to the cost of possible institutional care.
- Homebuilder's* success is built on the following program characteristics:
- Immediate response (within 24 hours) by a caseworker team;
 - 24-hour-a-day availability of the same family assigned caseworker for up to six weeks;
 - Service delivery by a family assigned caseworker with small caseloads (two families per worker or 6 families per team); and
 - Approximately 15 hours of intensive home service provided by the same family assigned caseworker each week.

I urge you to give this legislation your full consideration.

CHILD
WELFARE
LEAGUE
OF AMERICA
**STANDARDS
FOR
SERVICES TO
STRENGTHEN
AND PRESERVE
FAMILIES
WITH CHILDREN**

Child Welfare League of America
Washington, DC

*Intensive Family-Centered Crisis (IFC) Services**

IFC services are valuable for families in crisis, particularly at a time when removal of a child from the home is imminent, or the return of a child from out-of-home care is being considered. These intensive crisis services share the same philosophical orientation and characteristics as the FC services described in the previous section. In summary, they embody the following characteristics:

- Family-centered
- Promote family empowerment
- Accessible

**The services described in this section are referred to in the field by a variety of different terms, including intensive family services, intensive home-based services, or family preservation services. This volume of standards uses the generic inclusionary term intensive family-centered crisis intervention services to describe these services.*

- Flexible in relation to family needs
- Home-based
- Build on family strengths

What is different is the intensity of the service (including time frame and caseload size) intended to help a family concentrate on resolving a crisis that places children at imminent risk of placement in out-of-home care, or on the critical period when a child is being reunited with the other family members.

Also different from FC services is the immediate situation facing the families receiving the IFC services. Families benefiting most from these services may be experiencing any of the problems described for the target population appropriate for receiving FC services, but due to precipitating factors, they no longer are able to cope with them.

This section describes distinguishing aspects of IFC services.

2.34 Definition

IFC services should be used to provide intensive counseling, education, and supportive services to families in serious crisis, with the goal of protecting the child, strengthening and preserving the family, and preventing what would be an unnecessary out-of-home placement of children, or promoting the return home of children temporarily in out-of-home care.

2.35 Target population

IFC services are appropriate for families in serious crisis, including families no longer able to cope with problems that threaten family stability, families in which a decision has been made by an authorized public social service agency to place a child outside the home, and families whose children are in temporary out-of-home care and are being reunited.

This service is appropriate for families being served by social service, juvenile justice, or mental health systems. Adoptive or foster families facing potential disruption should also be targeted for this service.

The service has been found effective with families of varying income levels, racial or ethnic backgrounds, and living environments (rural, urban, suburban).

2.36 Goals

The primary goals of IFC services are to ensure the safety of children and family; to preserve the family unit, if possible; to improve family functioning for those families whose children are at imminent risk of placement; to prepare the family for an out-of-home placement, if appropriate; or to facilitate the early return of children in out-of-home placement.

The goal of preserving or reunifying a family unit can be best accomplished by:

- *Empowering families.* IFC services should be used to help families obtain and manage the resources necessary to sustain them, cope with crises, and achieve their service goals. Social workers should respect the authority of the parents in the family unit. They should help the family identify problems, set realistic goals, and develop plans for their achievement.
- *Improving family functioning.* IFC services should be used to provide parents with the information and skills necessary to help them become better parents. The parents often have not had adequate parental role models themselves, and have lacked opportunities to learn good parenting. Through the use of IFC services, parents should be provided opportunities to learn basic child development information and child care skills, communication skills, and ways to discipline their children without resorting to physical violence—the information and skills necessary to nurture, teach, and discipline their children within a safe environment.
- *Reducing isolation of the family.* IFC services should be used to help families connect with support networks that may include the extended family, neighbors, and other community resources. Families are often unaware of the resources available to them. Social workers should inform families of existing community services and

help families learn how to access them. Social workers should also help families to strengthen their relationships with extended family members, neighbors, and friends; and to ask for help when it is needed.

2.37 Considerations for the use of this service

Child welfare agencies should consider the safety of the child, other family members, the safety of the community, and the safety of the staff in determining whether IFC services should be used.

Whether the family can be preserved depends on the parents' ability to provide adequate care for their children, and the ability of the IFC service staff to help the family reduce or eliminate the conditions associated with risk to the child.

Cases in which IFC services can be particularly effective are those in which the intensity of service and the ability to mobilize resources can reduce risk to the child. IFC services can, for example, provide daily supervision of parent-child interaction in cases of failure-to-thrive babies and provide parents with the needed parenting skills. IFC services can also mobilize extended family members, friends, or community agencies to assist and support parents in caring for their child.

The safety of the staff and the community must also be considered in determining whether IFC services are appropriate for a particular family. The agency should consider employing safety measures that will reduce the risk to staff members. Before an initial visit, if there is an indication of potential violence or a safety risk, workers should gather more information and develop a plan with their supervisor. Workers should also learn strategies for preventing violence during visits. Agencies should also consider the use of teams for initial home visits in these circumstances.

Characteristics

IFC services share the same characteristics as FC services; they are family-centered; they promote family empowerment; they are accessible, flexible in relation to family need, comprehensive, and home-based; they rely on strengths; and they use

an array of services. IFC services also include other distinguishing characteristics, as discussed below.

2.38 Imminent risk

Agencies should develop criteria for determining the imminent risk of placement of the child.

In assessing the risk of placement, agencies should consider factors related to the child and the parents; their functioning within the context of community norms; and the availability of social supports and community resources.

Among the criteria to be considered are the following:

- A representative of an agency legally authorized to make placements has filed a petition for the removal of the child from the home
- A representative of an agency legally authorized to make placements has made a determination that the child should be removed from home
- An agency-designated review panel has determined that the child should be placed within a specified time frame—within seven days—if intensive family-centered crisis services are not provided
- There is a likelihood of immediate and/or severe harm to the child

2.39 Twenty-four hour availability

IFC services should be available to families 24 hours a day if they are to avert or manage a crisis situation.

2.40 Intensity

IFC service caseloads should be kept low to allow for the necessary intense level of interaction of the services, most of which should be spent in direct contact with families. Services should be most intensive at the time of a crisis. (2.41)

2.41 Caseloads

IFC service caseload size should range from two to six families. (2.40)

The addition of other team members, level of complexity of the case, severity of problems, and the duration of the service should determine what is a reasonable caseload for this service within the two to six family limitation.

The greater the risk of harm, such as active suicide, severe neglect, or failure-to-thrive cases, the more appropriate is a lower caseload, to facilitate greater accessibility of the staff to the family and greater intensity of service.

Using a team approach in staffing IFC service cases adds service hours, since team members sometimes work separately with families. For example, a parent-aide team member may meet separately with a family to teach parenting skills. The additional service time allows for more flexibility in determining an appropriate caseload within the six-family limitation.

2.42 Time spent directly with families

IFC service families should be seen on an average of eight to ten hours per week, with workers expending a minimum of 60% of their time in direct, face-to-face contact with families.

The caseload should be phased in so that there is a balance of cases just beginning, in the middle of treatment, and terminating. Depending on the severity of problems and degree of risk of harm, some cases may require considerably more time than the average, particularly in the beginning stages of working with the family. Cases moving toward termination should require lesser intensity, unless a new crisis arises.

2.43 Time-limited or brief duration

IFC services should be provided from four to a maximum of 12 weeks. The short-term nature of the service should be used to focus time, energy, and resources on the priority concerns that place the family at greatest risk of dissolution.

The addition of other team members, complexities of the family situation, and service goals should be the determinants of the length of service required within the 12-week limitation. The crisis should be viewed by the staff as an opportunity for leverage and for the family members to evaluate their situation and determine how they must change in order to resolve the crisis and remain intact.

The crisis should be used to provide the staff with an opportunity for teaching at a time when the family is most amenable to change. Services should be massed at the point of crisis for a brief time to provide the family with all the resources necessary to help them manage the crisis. The worker should be able to teach the family the skills they need to handle a crisis that may recur in the future. After the crisis is resolved the worker should assure the family that arrangements will be made for them to receive follow-up services, as needed. Some families will not require follow-up services; others may need family-centered casework or family support and education services.

2.44 Time frame for initial contact and determination of acceptance

After the initial screening of information regarding the family, the social worker should make contact with the family and schedule a home visit within 24 hours of the referral, but no later than 48 hours. Immediate contact (within one hour) should be made for emergency cases. A determination of the acceptability of the case for the IFC service program should be made within 72 hours of the referral.

Staffing Family-Centered Services

Staff members for both types of family-centered service should be qualified and prepared to work with diverse families who are under varying degrees of stress.

2.45 Staff qualifications for family-centered service programs

Staff members of family-centered service programs should possess

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Successful Alternatives to Taking Children from their Parents

At the **National Coalition for Child Protection Reform**, we often are asked what can be done to prevent the trauma of foster care by safely keeping children with their own families. There are many options, and we've listed some of them below.

None of the alternatives described below will work in every case or should be tried in every case. Contrary to the way advocates of placement prevention often are stereotyped, we do not believe in "family preservation at all costs" or that "every family can be saved." But these alternatives can keep many children, now needlessly taken from their parents, safely in their own homes.

1. Doing nothing. There are, in fact, cases in which the investigated family is entirely innocent and perfectly capable of taking good care of their children without any "help" from a child welfare agency. In such cases, the best thing the child protective services worker can do is apologize, shut the door, and go away.

2. Basic, concrete help. Sometimes it may take something as simple as emergency cash for a security deposit, a rent subsidy, or a place in a day care center (to avoid a "lack of supervision" charge) to keep a family together. Indeed, the federal Department of Housing and Urban Development has a special program, called the Family Unification Program, in which Section 8 vouchers are reserved for families where housing is the issue keeping a family apart or threatening its breakup. Localities must apply for these subsidies. By doing so, they effectively acknowledge what they typically deny: that they do, in fact, tear apart families due to lack of housing.

3. Intensive Family Preservation Services programs. The first such program, Homebuilders, in Washington State, was established in the mid-1970s. The very term "family preservation" was invented specifically to apply to this type of program, and only this type of program, which has a better track record for safety than foster care. The basics concerning how these programs work - and what must be included for a program to be a real "family preservation" program -- are in NCCPR Issue Papers 9 and 10. Issue Paper 10 lists studies proving the programs' effectiveness.

The largest replication of the program is in Michigan. The first director of the program, called Families First, was Susan Kelly. She now works for the Center for the Study of Social Policy. Families First has in press a book describing the program's history and outcomes and including several success stories.

CONTACTS:

Charlotte Booth, executive director, Homebuilders (253) 874-3630, cbooth@bsihomebuilders.org.

Susan Kelly, former director, Families First (734) 483-6671.

4. The Alabama "System of Care." This is the single most successful child welfare reform in the country. The Alabama reforms actually have reduced the foster care population while making children safer. The reforms are the result of a consent decree growing out of a lawsuit brought by the Bazelon Center for Mental Health Law. The consent decree requires the state to rebuild its entire system from the bottom up, with an emphasis on keeping families together. Twenty-one counties have completed this conversion so far. Their foster care population is down by 33 percent, and an independent monitor appointed by the court has found that children are safer now than before the changes.

CONTACTS:

Ira Burnim, Legal Director, Bazelon Center for Mental Health Law (202) 467-5730, ext. 29. Mr. Burnim also is a member of the NCCPR Board of Directors. The Bazelon Center also has published a book about the Alabama reforms.

Paul Vincent, Child Welfare Policy and Practice Group, Montgomery, Ala. (334) 264-8300. Mr. Vincent ran the child protection system in Alabama when the lawsuit was filed. He worked closely with the plaintiffs to develop and implement the reform plan.

Ivor Groves, independent, court-appointed monitor (850) 422-8900.

5. Family to Family. This is a multi-faceted program developed by the **Annie E. Casey Foundation** (which also helps to fund NCCPR). One small element of the program, **Team Decisionmaking** (sometimes called family group conferencing) often is confused with the entire program, which has many more elements. The program is described at the Casey website <http://www.aecf.org/familytofamily>. Also on the website is a comprehensive outside evaluation of the program.

CONTACT:

Lisa Paine-Wells, Annie E. Casey Foundation (410) 2 23-2962.

6. Community Partnerships for Child Protection. These partnerships, sponsored by the Edna McConnell Clark Foundation, are similar to the Family to Family projects. Among their key elements is an approach called "differential response," sometimes also known as "two-tiered response." This is an approach that both widens and narrows the net of

intervention. Families considered relatively low risk are offered voluntary help. Previously, some of these cases would have been ignored entirely, while others would have subjected families to traumatic, coercive investigations and the threat of having their children taken away. Since Iowa switched to this approach, child abuse deaths have decreased.

CONTACT:

Marno Batterson (641) 792-5918.

7. The turnaround in Pittsburgh. In the mid-1990s, the child welfare system in Pittsburgh and surrounding Allegheny County, Pa. was typically mediocre, or worse. Foster care placements were soaring and those in charge insisted every one of those placements was necessary. New leadership changed all that. Since 1997, the foster care population has been cut by 20 percent. When children must be placed, half stay with relatives and siblings are kept together 82 percent of the time.

They've done it by tripling the budget for primary prevention, more than doubling the budget for family preservation, embracing innovations like Family to Family and adding elements of their own, such as housing counselors in every child welfare office so families aren't destroyed because of housing problems. And as in Alabama, children are safer. Reabuse of children left in their own homes has declined. And since January, 1997, there has been only one child abuse fatality in a family previously known to the agency.

CONTACT:

**Karen Blumen, Allegheny County Department of Human Services,
Office of Community Relations (412) 350-5707.**

8. Changing financial incentives. While not a program per se, making this change spurs private child welfare agencies to come up with all sorts of innovations they previously had claimed were impossible.

This is clear from the experience in Illinois. Until recently, Illinois reimbursed private child welfare agencies the way all other states typically do: Though the agencies were told to seek permanence for children, they were paid for each day they kept a child in foster care. Thus, agencies were rewarded for letting children languish in foster care and punished for achieving permanence.

Now those incentives have been reversed, in part because of pressure from the Illinois Branch of the ACLU, which won a lawsuit against the state child welfare system. Today, private agencies in Illinois are paid for permanence. They are rewarded both for adoptions (which, in fact are often conversions of kinship placements to subsidized guardianships) and for returning children safely to their own homes. They are penalized for prolonged stays in foster care. As soon as the incentives changed, the

"intractable" became tractable, the "dysfunctional" became functional, and the foster care population plummeted. The University of Illinois is monitoring the changes and has found no compromise of safety

CONTACT:

Ben Wolf, Illinois Branch, ACLU, (312) 201-9760, ext. 420.

Cost Comparison: Intensive Family Preservation Services vs. Out-of-Home Care

"One of the most unusual and exciting things about family preservation is that it is largely self-financing. One reason states can expand and institutionalize the program is that a good portion of it can be funded with money states are already spending on out-of-home care." - Frank Farrow, Director of Children's Services Policy at the Center for the Study of Social Policy

	IFPS Cost	Foster Care	Residential Treatment	Psychiatric Hospital
Alaska		\$8000-17,520 per child per year	\$25,285-84,680 per child per year	\$100,000+ per child per year
Washington ¹	\$2556 per child	\$8000-36,000 per child per year	\$48,000-120,000 per child per year	\$110,000+ per child per year
Missouri ²	\$3200 per family	\$8000 per child per year	\$40,000+ per child per year	
Michigan	\$4500 per family	\$12,000 per child per year		\$100,000+ per child per year
New York City	\$8000 per family	\$20,000 per child per year		
North Carolina ³	\$5284 per family	\$7055 average per child per placement	\$20,862 average per child per placement	\$28,862 per child placed in Youth Corrections facilities

Federal funding sources for IFPS:

- PL96-272 Adoption Assistance and Child Welfare Act
- Title IV-A Emergency Assistance
- Title IV-B of the Social Security Act
- Title IV-C of the Social Security Act
- Title IV-E of the Social Security Act
- Title XX of the Social Security Act
- National Child Abuse and Neglect state grants
- Medicaid, Title XIX of the Social Security Act

¹ Washington figures from the Behavioral Sciences Institute, Federal Way, WA (2001)

² Figures for Missouri, Michigan and New York City found in: Barthel, Joan, For Children's Sake: The Promise of Family Preservation, The Winchell Company, Philadelphia, PA: 1992.

³ These figures are from a study done in FY '97 in North Carolina (see attached documents)

Cost-effectiveness and cost/benefit statistics for the IFPS program during SFY '97:

- 967 children were at imminent risk of removal, at a total potential placement cost of \$11,423,195;
- 71 children were actually placed in various, known placements at an estimated cost of \$923,113;
- IFPS diverted an estimated maximum of \$10,500,082 from placement costs; a cost savings of 92%;
- if the cost of operating the IFPS program (\$3,059,494) are subtracted from the gross savings (\$10,500,082), a net savings of \$7,440,588 results;
- the cost/benefit ratio of IFPS for SFY '97 is \$3.43; that is, for every dollar spent providing IFPS, \$3.43 is not being spent on placement services for imminent risk children;
- the cost of delivering IFPS in SFY '97 was \$3,164 per imminent risk child, and \$5,284 per family;
- had all 967 children been placed as originally indicated, the placement cost per child would have been \$11,813, and the families would not have received any services as part of these expenditures.

Cost-Effectiveness. Cost/Benefit Analysis

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

Potential Placement Type	Number of Children At Risk	Number of Children Placed
DSS Foster Care	697	45
Juvenile Justice	110	8
Mental Health	93	11
Developmental Disabilities	5	0
Substance Abuse Services	27	1
Private Placement	35	6
Totals	967	74

Estimated Potential and Actual Costs of Placements, SFY '97

Estimated-Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	Number of Children At Risk	Placement Costs	Total	Number of Children Placed	Costs	Total
DSS FC	697	\$7,055	\$4,917,335	45	\$7,055	\$317,475
MH/DD/SAS	160	20,819	3,331,040	18	20,819	374,742
Juv. Just.	110	28,862	3,174,820	8	28,862	230,896
Column Totals	967		\$11,423,195	71*		\$923,113

* This number is less than 74 because 3 children who had been "placed" were "on runaway".

Determining the Fiscal Break-Even Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY '97	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$3,059,494	\$11,423,195	\$8,363,701 savings
92%	3,059,494	10,500,082	7,440,588 savings
90%	3,059,494	10,280,875	7,221,381 savings
80%	3,059,494	9,138,556	6,079,062 savings
70%	3,059,494	7,996,237	4,936,743 savings
60%	3,059,494	6,853,917	3,794,423 savings
50%	3,059,494	5,711,598	2,652,104 savings
40%	3,059,494	4,569,278	1,509,784 savings
30%	3,059,494	3,426,959	367,465 savings
26.7832%	3,059,494	3,059,497	3 savings
20%	3,059,494	2,284,639	<774,855> add'l cost
10%	3,059,494	1,142,320	<1,917,174> add'l cost
0%	3,059,494	0	<3,059,494> 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 the Table illustrate that the "fiscal break-even point" for IFPS occurs at about the 27% (26.7832%) placement prevention rate, whereas the IFPS program actually performed at a 92% placement prevention rate. This yields a range of more than 60% 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*, and results in a very high cost/benefit ratio.

Reasons to Retain Intensive Family Preservation Service (IFPS)

GOOD PUBLIC POLICY:

Intensive Family Preservation Services (IFPS), set in statute by the Washington State Legislature in 1992, provides intensive in-home counseling and support services for families whose children are at imminent risk of out-of-home placement. IFPS keeps children safe, reduces the need for costly out-of-home care, enhances permanency for children, and keeps children in the most culturally relevant home, their own.

SAFETY:

IFPS keeps children safe in their own homes. There have been no child fatalities during an IFPS intervention in the 24 years that the service has been available in the State of Washington.

PROGRAM EFFECTIVENESS:

Service providers have exceeded the outcome criteria set in state law: prevention of out-of-home placement in at least 70% of cases for no less than six months following termination of services. The current statewide average success rate is 78%.

COST EFFECTIVENESS:

Eliminating IFPS will not save the state money. Although the initial cost of IFPS services is high, placement alternatives are more costly. Average placement costs are computed based on the daily rate times the average length of stay in care.

IFPS costs:	Placement costs, based on average length of stay: ¹
• \$2556 per child	• \$12,270 for 18 months of regular foster care
	• \$30,000 for 10 months of therapeutic foster care
	• \$72,000 to \$108,000 for 18 months of group care
	• \$29,700 for 3 months of residential treatment
	• \$9,000 for one month of psychiatric hospitalization

IMPLICATIONS OF ELIMINATING IFPS:

In other states, when IFPS was cut, the number of out-of-home placements increased, and more children died. For example, when Illinois abandoned IFPS-type services in 1993, child abuse deaths soared by 22% in the following two years. Foster care placements increased by 30% in 14 months, overwhelming the system. Child abuse deaths in foster care went from zero to five in the first year afterwards – an all-time record. There was a backlog of 5,000 uncompleted investigations. A Child Welfare Institute review found that 1/3 of the children in foster care could be immediately returned home. Similar results occurred in Connecticut and New York City when IFPS was cut.

¹ Region 5 Child Welfare Provider Agencies

North Carolina

INTENSIVE FAMILY PRESERVATION SERVICES

2000 ANNUAL REPORT TO THE GOVERNOR AND THE GENERAL ASSEMBLY

Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 1999-00, and on the complete seven-year history of the program since the implementation of the automated, statewide management information system in January 1994. The findings from the analyses of seven-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for children and families-at-risk in North Carolina.

During SFY '00, 22 IFPS programs offered services in 34 counties, serving 523 families in which 862 children were at imminent risk of being removed from the home. After IFPS services, 57 of those children (7%) were not living at home. This represents a placement prevention rate of 92% with respect to families, and 93% 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 '00 was the first year that the North Carolina Family Assessment Scale, 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 African American children served by IFPS programs remained the same, at 33% of all imminent risk children served, statewide. However, children

served from "other" non-white populations decreased from 8% in SFY'99 to 7% in SFY'00. The proportion of white children in the service population increased one percent to 60%.

Among the important findings of the 7-year trend analyses are that the IFPS program continues to show stability with regard to:

- sources of referral to services,
- the age and sex distribution of imminent risk children,
- the major presenting problems that these children and families face, and
- a very high degree of success in preventing placements, averaging about 90% per year with respect to families, and 91% with respect to individual children.

Other important 7-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 are able to 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 reveals 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, albeit incrementally, and that these improvements in family functioning are statistically associated with placement prevention.

The findings from the client tracking study reveal that 77% of families (representing 81% of children) remained "intact" one year after IFPS, with 80% of imminent risk children living at

home or living with a relative, and 1% living with a family friend. The large majority of children (86%) were in "good to very good" general health, although nearly one quarter (23%) were reported to have moderate emotional/mental health difficulties, and almost an additional quarter (23%) were reported to have "poor to very poor" emotional/mental health during the previous year. However, about one half of the children accessed mental health services or other services and these reported difficulties did not result in family dissolution in the large majority of cases. Caretakers reported that there are still significant stressors in their families' lives. However, they also reported that they are fairing quite well, particularly when compared to their circumstances at the time that they began IFPS services.

Results of a retrospective study of the effectiveness of IFPS that was conducted during SFY '00 indicate that IFPS is effective 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.

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

- IFPS is more effective than traditional child welfare services in preventing or delaying the out-of-home placement of children from high-risk families;
- 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% and 92% of families, and 89% to 93% of children each year since SFY '94;
- IFPS is a very cost effective program, and yields a very favorable cost/benefit ratio;

- benefits appear to accrue for families that have received the service (measured by living arrangements of families, service utilization by families and their apparent abilities to handle family stress).

Introduction

This is the seventh 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 fourth annual report in which data from more than one year are presented, including seven-year trend data on the service population and client tracking data that now spans more than four years. Information about the IFPS program's activities and performance relating specifically to SFY'00 are also presented, but are brief when compared to past years. Brevity is permitted because most demographic and program performance variables have been quite stable for the past several years.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There are also sections on Family Functioning, based upon the use of the North Carolina Family Assessment Scale, and long-term client tracking data that indicate how well families fare after having participated in the IFPS program.

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.

Cost-Effectiveness, Cost/Benefit Analysis

The following analysis is based upon true costs of operating the IFPS program during SFY'00, and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Division of Youth Services.

During SFY '00 there were 862 children identified as being at imminent risk of placement into one of the state's child serving systems (DSS foster care, MH/DD/SAS facilities, Juvenile Justice facilities). Table 4 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 4. 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	647	26
Juvenile Justice	120	5
Mental Health	64	8
Developmental Disabilities	1	0
Substance Abuse Services	0	0
Private Placement	30	13
Other	NA	5
Totals	862	57

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 5 presents those estimated potential costs and estimated actual costs of placements.

Table 5. Estimated Potential and Estimated Actual Costs of Placements for SFY '00

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Placement Costs	Total	# of Children Placed	Placement Costs	Total
DSS FC	647	4,382	2,835,154	26	4,382	113,932
MH/DD/SAS	95	21,433	2,036,135	21	21,433	450,093
Juv. Justice	120	53,785	6,454,200	5	53,785	268,925
Column Total	862		11,325,489	52*		832,950

* This number is less than 57 because 5 children were either "on runaway", emancipated, married, in college, or were homeless.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY '00:

- 862 children were at imminent risk of removal, at a total potential placement cost of \$11,325,489;
- 52 children were actually placed in various, known placements at an estimated cost of \$832,950;
- IFPS diverted an estimated maximum of \$10,492,539 from placement costs; a cost savings of 92.65%;
- if the cost of operating the IFPS program (\$3,716,945) is subtracted from the gross savings (\$10,492,539), a net savings of \$6,775,594 results;
- the cost/benefit ratio of IFPS for SFY '00 is \$1.82; that is, for every \$1.00 spent providing IFPS, \$1.82 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 '00 was \$4,312 per imminent risk child, and \$7,107 per family;
- had all 862 children been placed as originally indicated, the placement cost per child would have been \$13,139, and the families would not have received any services as part of these expenditures.

Table 6 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 6 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 6. Determining the 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 '00	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$3,716,945	\$11,325,489	\$7,608,544 savings
SFY'00 @ 92.65%	3,716,945	10,492,539	6,708,594 savings
90%	3,716,945	10,192,940	6,475,995 savings
80%	3,716,945	9,060,391	5,343,446 savings
70%	3,716,945	7,927,842	4,210,897 savings
60%	3,716,945	6,795,293	3,078,348 savings
50%	3,716,945	5,662,745	1,945,800 savings
40%	3,716,945	4,530,196	813,251 savings
33% (32.8193%)	3,716,945	3,716,945	0 break even point
30%	3,716,945	3,397,647	<319,298> add'l. cost
20%	3,716,945	2,265,098	<1,451,847> add'l. cost
10%	3,716,945	1,132,549	<2,584,396> add'l. cost
0%	3,716,945	0	<3,716,945> 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 6 illustrate that the "fiscal break-even point" for IFPS occurs at about the 33% (32.8193%) placement prevention rate, whereas the IFPS program actually performed at a 93% (92.6%) placement prevention rate. This yields a range of 60% 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 and Conclusions of Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program

- The North Carolina Family Assessment Scale, Version 2.0 (NCFAS V2.0) has been demonstrated to be a reliable and valid tool for measuring family functioning.
- Intensive Family Preservation Services are able to improve family functioning, albeit incrementally, in all areas measured by the NCFAS.
- Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- Family functioning scores, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS.
- Overall, placement prevention rates have been between 88% and 92% each year, since SFY '94.
- 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.
- IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.
- Long-term client tracking revealed durability of IFPS services one year after service, as measured by: living arrangements of families, service utilization by families and their apparent abilities to handle family stress, and caretakers' attitudes about IFPS and other services.



COMPREHENSIVE MENTAL HEALTH SERVICES

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January 25, 2001

Rep. Sharon Cissna
State Capitol
Juneau, AK 99801

Dear Rep. Cissna,

I am writing on behalf of the Board of Directors and staff at Life Quest, the comprehensive mental health services provider in the Matanuska Susitna Borough. I have had an opportunity to review HB 23 and wish to offer my unqualified support.

During the past several years, we have been increasingly frustrated at our agency with the child welfare policy shift from family preservation to out of home (and out of community) placement for at risk kids. It appears as though most resources are now being used to place children and adolescents in emergency shelters, foster care, residential treatment and psychiatric centers while few dollars are being spent to keep kids with their own families.

HB 413 clearly stipulates that intensive family preservation services need to be provided before out of home, more restrictive placements can be considered. I have no doubt this will significantly reduce the number of out of home placements in and outside of Alaska.

Let me also offer my support of the Homebuilder's program as the model to be used for these intensive family preservation services. As you may or may not know, Life Quest has provided Home-Based therapy for the past 5 years. We have had some successful outcomes as result of this treatment strategy but have been searching for an intervention model that would improve our performance. As a result, we have determined, through our own research efforts, that the Homebuilder's program appears to make the most sense for our community, for the families we serve and for our staff. I, personally, participated in the Homebuilder's training program in the early 90's and had the opportunity to supervise in home children's services in mental health centers in other states that used this model. It can have a dramatic impact on families and is cost effective as well.

Life Quest wishes to offer our agency and our community as a demonstration site for the implementation of intensive family preservation services using the Homebuilder's model. We have over 15 years of experience providing mental health services to kids and families. We also have an array of programs that can serve to supplement and augment the proposed intensive family preservation efforts.

We would be happy to work with you and your staff, as well as the Department of Health and Social Services (DMHDD and DFYS) to bring this to fruition. Additionally, we might consider assistance from the Mental Health Trust Authority to support this endeavor.

Please let me know if you wish further information or clarification or if I can be of further assistance. Thanks again for allowing me to help support your efforts.

Sincerely,

William H. Hogan
William H. Hogan, CFO *W.H.S.*



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Education

- Washington State University, Pullman, Washington
University of Madrid, Madrid, Spain
- B.A. in Sociology: Washington State University, Pullman, Washington.
- M.A. in Sociology: Boston University, Boston, Massachusetts. Thesis Title: Training Parents of Severely Deviant Children: Some Program and Follow-Up Findings. (M.A. Kozloff, Thesis Chairman)
- Ph.D. in Developmental Child Psychology: University of Kansas, Lawrence, Kansas. Dissertation Title: The Development and Evaluation of a Parent Training Program for Single Parents. (M.M. Wolf and D.L. Fixsen, Dissertation Chairmen)

Professional Experience

- 1998 to Present. **Associate Director**, Institute for Family Development (formerly Behavioral Sciences Institute), Federal Way, Washington.
- 1984 to 1998. **Assistant Director/Director of Training**, Behavioral Sciences Institute, Federal Way, Washington.
- 1979 to 1983. **Research Associate and Program Development Specialist**, Boys Town Center for the Study of Youth Development, Girls and Boys Town, Nebraska.

Publications

- Leavitt, S., Davis, M., Maloney, K. B. and Maloney, D. M. Parenting Alone Successfully: The development of a single-parent training program. In N. Stinnett, B. Chesser and J. DeFrain (Eds.), Building Family Strengths. Lincoln, NE: University of Nebraska Press, 1979.
- Davis, M. and Leavitt, S. Parenting Alone Successfully. Teaching-Family Newsletter, 1979, 4(9).

- Garbarino, J., Jacobson, N. and Leavitt, S. Creating a youth self-help group: A guide for practitioners who work with abused adolescents. Boys Town, NE: The Boys Town Center, 1979.
- Stocking, S. H., Arezzo, D. and Leavitt, S. Helping friendless children: A guide for teachers and parents. Boys Town, NE: The Boys Town Center, 1980.
- Stocking, S. H., Arezzo, D. and Leavitt, S. Helping kids make friends. Niles, IL: Argus Communications, 1980.
- Leavitt, S. E. Active parenting: A trainer's manual. Boys Town, NE: The Boys Town Center, 1982.
- McCall, R. B., Lonnborg, B., Gregory, T. G., Murray, J. P. and Leavitt, S. E. Communicating developmental research to the public: The Boys Town experience. Newsletter of the Society for Research in Child Development, Fall, 1982.
- Leavitt, S. Teaching young children responsible behavior. Teaching-Family Newsletter, 1983, 9(1).
- Lonnborg, B. and Leavitt, S. E. Single parents and their families: A guide to involving school and community. Boys Town, NE: The Boys Town Center, 1983.
- Baron, R. L., Leavitt, S. E., Watson, D. M., Coughlin, D. D., Fixsen, D. L. and Phillips, E. L. Skills-based management training for child care program administrators: The Teaching-Family model revised. Child Care Quarterly, Winter, 1984, 13(4).
- Kinney, J., Haapala, D., Booth, C. and Leavitt, S. Keeping families together: The HOMEBUILDERS model. In J. K. Whittaker, J. Kinney, E. M. Tracy, and C. Booth (Eds.). Reaching High-Risk Families: Intensive Family Preservation in Human Services. New York, NY: Aldine de Gruyter, 1990.
- Fraser, M. and Leavitt, S. Creating Social Change: "Mission-oriented" research and entrepreneurship. In J. K. Whittaker, J. Kinney, E. M. Tracy, and C. Booth (Eds.). Reaching High-Risk Families: Intensive Family Preservation in Human Services. New York NY: Aldine de Gruyter, 1990.
- Leavitt, S. and McGowan, B. Transferring the principles of intensive family preservation services to different fields of practice. In E. M. Tracy, D. A. Haapala, J. Kinney, and P. J. Pecora (Eds). Intensive Family Preservation Services: An Instructional Sourcebook. Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University, 1991.
- Kinney, J., Haapala, D., Booth, C. and Leavitt, S. Keeping families together: The HOMEBUILDERS model. In E. M. Tracy, D. A. Haapala, J. Kinney, and P. J. Pecora

(Eds). Intensive Family Preservation Services: An Instructional Sourcebook. Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University, 1991.

Leavitt, S. and Robison, S. Intensive Family Preservation Services Implementation Guide and Tools Book. Federal Way, WA: Institute for Family Development, in press.

Professional Presentations

1980 - Present Numerous presentations delivered at national and state meetings and conferences, including the American Psychological Association, Association for the Advancement of Behavior Therapy, National PTA, National Association of Family Based Services, Children's Defense Fund, Child Welfare League of America, National Council of Juvenile Court Judges, The International Children's Conference, and the Family Resource Coalition. Topics include, parent education and training; prevention/intervention programs for children and families; in-home services for children, youth and families; program evaluation, and critical thinking and decision-making. Specific references are available on request.

Training and Consultation

1980 - Present Training, consultation and technical assistance provided to over 300 public and private organizations in the U.S., Puerto Rico, Canada, The Netherlands, Belgium, England, Germany, Finland, Lithuania, Portugal, Romania and Australia. Areas of expertise include: Program and Policy Development; Outcomes-based Evaluation; Child Welfare and Mental Health Services/Treatment for Children and Families; Organizational Development; Critical Thinking and Staff Training and Education. Specific references are available on request.

Professional Associations

American Psychological Association
National Family Preservation Network

Journal Affiliations

Editorial Board, Family Preservation Journal
Guest Reviewer, Journal of Applied Behavior Analysis

Board Affiliations

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February 24, 2004

House Health and Social Services Committee

Dear Committee members,

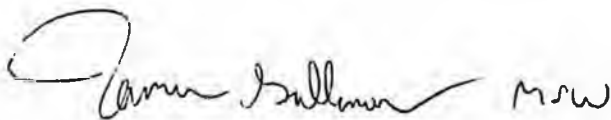
I would like to express my support for Bill 197, Family Preservation Services. As a Masters level practitioner providing mental health services for children and families in the State of Alaska, I believe it is imperative to move services closer to families. Intensive case management, smaller case loads and the ability for social workers to be family centered and deliver both hard and soft services will give reunification efforts a solid chance.

As a student intern, I had the opportunity to work in child protection services here in the State and learned that social workers are often relegated large case loads, enforcing legal mandates and department policies while families were often alienated throughout this process.

Family preservation and similar programs such as Homebuilders programs have shown to be successful in reducing the amount of children in foster care, unfortunately, these programs are often deemed as preventative strategies requiring additional resources despite the cost effectiveness and objective of reducing the number of children in the foster care system.

Please support this important legislation and allow our communities to provide intensive family preservation services and to help support the State's commitment towards reunification and supporting the best interests of children.

Sincerely,

A handwritten signature in cursive script that reads "James B. Gallanos MSW".

James B. Gallanos, MSW

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