

INTENSIVE FAMILY PRESERVATION SERVICES

and

FAMILY PRESERVATION SERVICES

ANNUAL EVALUATION REPORT

July 1, 2003 – June 30, 2004

September 2005

**State of Washington
Department of Social and Health Services
Children's Administration Program and Practice Improvement Division
Office of Children's Administration Research
P.O. Box 45710
Olympia, Washington 98504-5710**

ACKNOWLEDGEMENTS

Intensive Family Preservation and Family Preservation Service programs were designed to keep children safe and help preserve families by providing crisis intervention, education, assistance in connecting to community support systems, and skill development for managing risk factors. Contracted service providers and Children's Administration staff strive to give families alternatives to having their children placed outside of the home and to ensure safe reunification for children returning from placement. Past IFPS/FPS evaluations have provided information toward meeting these objectives as well as opportunities to document family preservation efforts.

Children's Administration, in partnership with local communities and contracted service providers, continues to seek ways to assist families and keep one of the most vulnerable populations, our children, safe and free to thrive. We acknowledge the efforts as well as the recording of those efforts by the many social workers and contracted service providers who work with these families. The data gathered may hold a key to better understanding and improvement of family and child well being. We also thank the caregivers and family members who participate with these specialized services, attempting to improve their family circumstances.

OFFICE OF CHILDREN'S ADMINISTRATION RESEARCH PROGRAM STAFF

Carol Brandford, Acting Bureau Chief

Sherry C. Brummel, Research Supervisor

Timothy K. Clark, Information Technology Application Specialist

Jacqueline Mason, Research Analyst

Jolene Skinner, Data Compiler II

Julie Soethe, Secretary Senior

INTENSIVE FAMILY PRESERVATION SERVICES (IFPS) FAMILY PRESERVATION SERVICES (FPS) 2004 ANNUAL EVALUATION REPORT

EXECUTIVE SUMMARY

For the past ten years, since the Washington State Legislature passed a bill in 1995 mandating provision of family preservation services, Children’s Administration has administered Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). Over the years, many people have worked to alleviate the abuse and neglect of children and understand the challenges faced by some of our state’s families. Division of Child and Family Services (DCFS) staff have worked cooperatively with contracted service specialists and community members throughout the state to increase child safety and improve family functioning for service recipients. Since program inception, the Office of Children’s Administration Research (OCAR) has accepted the annual responsibility of gathering, compiling, and analyzing evaluation data, and then reporting program outcomes.

Program outcome indicators include placement prevention, successful reunification, prevention of new referrals, client satisfaction, caregiver and familial/socioeconomic risk reduction, and appropriate connections to community resources and supports. Since two IFPS/FPS outcomes, placement and re-referral, are based on the service exit date, this report summarizes data collected for services ending July 1, 2003 through June 30, 2004. We are pleased to report the primary program objectives and outcomes specified in RCW 74.14.C were met again during this evaluation period.

WASHINGTON’S FAMILY PRESERVATION SERVICES OUTCOMES services ending July 1, 2003 through June 30, 2004					
I F P S					F P S
82%	Percentage of Children for Whom Placement did not Occur			<i>Not a measured program outcome</i>	
50%	Percentage of Children Successfully Reunited with Their Families			<i>Not a measured program outcome</i>	
63%*	Percentage of Caregivers and Children for Whom New CPS/FRS Referrals Were Avoided			59%*	
68%	Percentages of Families Reporting Identified Goals had been Met			68%	
96%	Percentage of Families at Risk due to Caregiver Parenting Skills (when referred for services)			94%	
	65%	Percentage of Families with Reduction in Risk for Parenting Skills	66%		
99%	Percentage of Families at Risk due to Stress (when referred for services)			97%	
	67%	Percentage of Families with Reduction in Risk due to Stress	67%		
90%	Percentage of Families Connected to Medical Services (the most identified formal support service)			87%	
87%	Percentage of Families Connected to Health Insurance (the most identified concrete goods/service)			84%	
87%	Percentage of Families Connected to a Support Person for Child(ren) (the most identified informal community support service for IFPS and FPS families)			87%	

* This rate is based on referrals found for children whose families’ IFPS/FPS service ended July 2003 through January 2004 only and includes more than half (n = 1,859 versus N = 3,528) of all children served during the evaluation period

WASHINGTON'S FAMILY PRESERVATION SERVICES AT A GLANCE services ending July 1, 2003 through June 30, 2004		
I F P S		F P S
890	Number of Children Served*	2,638
78%	Percentage of Children Referred through Child Protective Services (CPS)	63%
19%	Percentage of Children Referred through Child Welfare Services (CWS)	29%
3%	Percentage of Children Referred through Family Reconciliation Services (FRS)	8%
7.84	Average Age of Children Served	8.44
487	Number of Families Served*	1,506
1.82	Average Number of Children Served per Family	1.76
9	Number of Service Providers	72
776	Number of Children Referred for Placement Prevention Services	2,015
113	Number of Children Referred for Reunification Services	624
79.01	Average Length of Service (days)	126.87
82.94	Average Total Hours per Service**	57.11
39.40	Average Face-to-Face Hours per Service**	26.68
19.59	Average Number of Face-to-Face Contacts per Service**	17.41
9 (2%)	Number of Families Refusing Services	68 (4%)

* Some children/families received more than one service during the evaluation period; counts based on service summaries received

** Averages calculated using reported therapist and paraprofessional hours/contacts combined

From FY2000 to FY2004, data has shown some constant themes in families and children receiving these services that are worth repeating. During this four-year period, more than 4 of every 5 families provided either IFPS or FPS have needed parent education (84% to 90% IFPS, 81% to 86% FPS). Many families have been connected with community mental health/counseling services (59% to 65% IFPS, 52% to 62% FPS). About half of the children in these families were identified with behavioral problems (43% to 58% IFPS, 48% to 58% FPS). Finally, more than 85% of families served were identified with risk for (lack of) economic resources (91% to 95% IFPS, 86% to 92% FPS). The interrelationships between these and other factors play a major part in developing services that could improve child safety as well as support and promote overall family well being.

RECOMMENDATIONS FOR PROGRAM AND PRACTICE IMPROVEMENT

- ◆ Identify differences between families who do and do not re-refer within one year of IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children are placed and are not placed within six months of IFPS/FPS placement prevention services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children do and do not reunify after IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Improve service tracking to monitor program activities, increase statewide access to current program data, promote full usage of program funds and provide a referral database with which to match service documentation to prepare comprehensive evaluations
- ◆ Mandate consistent referral protocol to enhance strength of evaluation-based statistical analyses
- ◆ Determine and incorporate best measures of program outcomes, improved child safety and well being
- ◆ Implement standardized family assessment and track service provision designed to ameliorate risk and maximize family strengths

REPORT ORGANIZATION

In the pages that follow, you will find descriptions of clients and IFPS/FPS services along with the outcome evaluation of those services. This information provides useful feedback and accountability of DCFS staff and contracted service providers as well as data that can inform program administrators and legislators.

We again present a condensed evaluation document for this report period organized into seven sections. You will find the section titles at the top of each page:

Program Inception/Legislative Intent
Limitations of Research
The Children
The Families
The Services
The Contracted Service Providers
The Results
Summary and Recommendations

TABLE OF CONTENTS

PROGRAM INCEPTION/LEGISLATIVE INTENT	1
LIMITATIONS OF RESEARCH	2
THE CHILDREN	
General Demographics	3 - 4
Risk Factors.....	4 - 6
Goal of Service: Placement Prevention/Reunification	7
Provider Recommendations at End of Service	7
THE FAMILIES	
General Demographics	8 - 9
Risk Factors.....	9 - 11
Support Systems.....	12
Provider-Assessed Family Service Needs	12 - 14
THE PROVIDERS	15
THE RESULTS	
IFPS and Placement Prevention Services	16 - 17
IFPS and Reunification Services.....	17
IFPS/FPS and Re-referral After Service.....	17 - 18
Reduction in Risk Factors.....	18 - 21
Community Connections	21 - 23
Consumer Satisfaction Survey	24
SUMMARY AND RECOMMENDATIONS	
Summary	25 - 26
Recommendations.....	27

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PROGRAM INCEPTION/LEGISLATIVE INTENT

Believing that the health and safety of Washington’s children is vital and acknowledging the increasing number of children entering out-of-home care, the Washington State Legislature passed Engrossed Substitute Senate Bill 5885 authorizing family preservation services in 1995 (RCW 74.14C). The intent of the legislation includes strengthening family units and decreasing the number of children entering the dependency system by providing intensive in-home services focused on keeping children safe within their own homes. The Department of Social and Health Services (DSHS) is directed to administer two programs, Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS), by determining family eligibility, appropriately contracting and training intensive in-home service providers, monitoring program activities and expenditures, and finally, evaluating the effectiveness of services for prescribed outcomes.

This evaluation report was prepared by the Office of Children’s Administration Research (OCAR) using data submitted by DSHS contracted service organizations and the Children's Administration case and management information system (CAMIS). It summarizes IFPS and FPS provided to children and families July 1, 2003 through June 30, 2004 (FY04).

PROGRAM DESCRIPTIONS

Intensive Family Preservation Services	Family Preservation Services
<p>Provided to families whose children, without intervention, are at “imminent risk” of entry into the dependency system due to child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare</p>	<p>Provided to families whose children, without intervention, face “substantial likelihood” of out-of-home placement because of child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare</p>
<p>Also provided to help reunify children with their families</p>	<p>Also provided to help reunify children with their families</p>
<p>Focused on providing intensive therapeutic services and building connections with supportive community programs so families in crisis may be able to remain together safely</p>	<p>Focused on increasing the number of supportive community connections, reducing risk factors, and enhancing existing family strengths to keep families together</p>
<p>Services are available within 24 hours of referral and offered for up to 90 days</p>	<p>Services are available within 48 hours of referral and offered for up to 6 months</p>

Family participation is voluntary for both programs

The outcomes contracted service providers strive to meet through provision of IFPS/FPS include:

- ◆ ensuring child safety
- ◆ preventing placement, if appropriate
- ◆ facilitating safe reunification as requested and if appropriate
- ◆ reducing risk factors for caregivers, children and families
- ◆ strengthening family units and avoiding new referrals to DCFS
- ◆ connecting families with community resources

providing satisfactory services to families referred for IFPS/FPS as measured by a voluntary client survey

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LIMITATIONS OF EVALUATION RESEARCH

Children's Administration Division of Children and Family Services (DCFS) offices offer Intensive Family Preservation and Family Preservation Services to families throughout the state. The many staff who authorize and oversee these services interpret the criteria of "imminent risk of placement" for IFPS and "substantial likelihood of placement" for FPS. With this reality in mind, OCAR presents a comprehensive evaluation assessment of program outcomes and descriptions of families and children using data recorded in the case and management information system (CAMIS) as well as reported on IFPS/FPS Exit Summaries. As some data was not submitted or was received too late to compile and analyze, this report contains only the Exit Summary data received within evaluation time frames.

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THE CHILDREN

GENERAL DEMOGRAPHICS

During this reporting period, more than 75% of children referred for either program were under the age of 13, and males very slightly outnumbered females (51% IFPS, 51% FPS). Roughly one in three children referred was under the age of five.

RACE/ETHNICITY OF CHILDREN REFERRED TO IFPS/FPS			AGE OF CHILDREN REFERRED TO IFPS/FPS		
	IFPS* (N = 890)	FPS* (N = 2638)	Years	IFPS* (N = 890)	FPS (N = 2636)
Caucasian	56%	63%	0 – 4	34%	31%
Multiracial	16%	10%	5 – 8	24%	21%
African American	11%	7%	9 – 12	23%	23%
Hispanic	7%	14%	13 or older	20%	25%
Native American	7%	4%			
Other	2%	1%			
Asian	1%	1%			
Not identified	<1%	<1%			

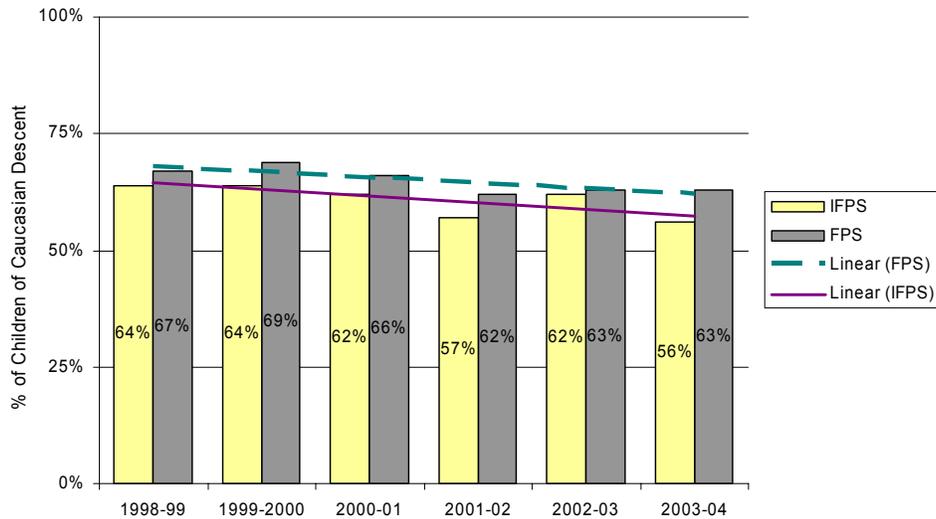
* May not equal 100% due to rounding

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The number of Caucasian children referred to IFPS/FPS has decreased slightly since 1998-1999. In 1998, 64% of children referred for IFPS and 67% of children referred for FPS were identified as Caucasian (1998-99 FPS/IFPS Evaluation Progress Report, February 2000) compared to 56% of children referred to IFPS and 63% of children referred to FPS during this evaluation period. Statewide, the U.S. Census Bureau data indicates Washington's population has also changed. Caucasian individuals comprised 89% of the population in 1990, but just 82% of the state's population in 2000 (<http://quickfacts.census.gov/qfd>). The next most prevalent race demographic in the current IFPS/FPS data was multiracial for IFPS (16%) and Hispanic for FPS (14%).

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WASHINGTON AND A DEMOGRAPHIC TREND OF CHILDREN PROVIDED IFPS/FPS
 Percentage of Caucasian Children Receiving Services Statewide
 1998-99 to 2003-04



Children receiving IFPS were most often referred by DCFS offices in the central and southern portions of western Washington (Regions 4, 5 and 6), whereas children receiving FPS were most often referred by offices in the eastern part of the state (Regions 1 and 2).

GEOGRAPHIC LOCATION OF CHILDREN REFERRED TO IFPS/FPS

	IFPS* (N = 890)	FPS (N = 2638)
Region 1 (East of Cascades - North Central)	8%	20%
Region 2 (East of Cascades - South)	10%	22%
Region 3 (West of Cascades - North of King County)	14%	11%
Region 4 (West of Cascades - King County)	28%	16%
Region 5 (West of Cascades - Pierce/Kitsap Counties)	18%	12%
Region 6 (West of Cascades - South and Peninsula)	23%	19%

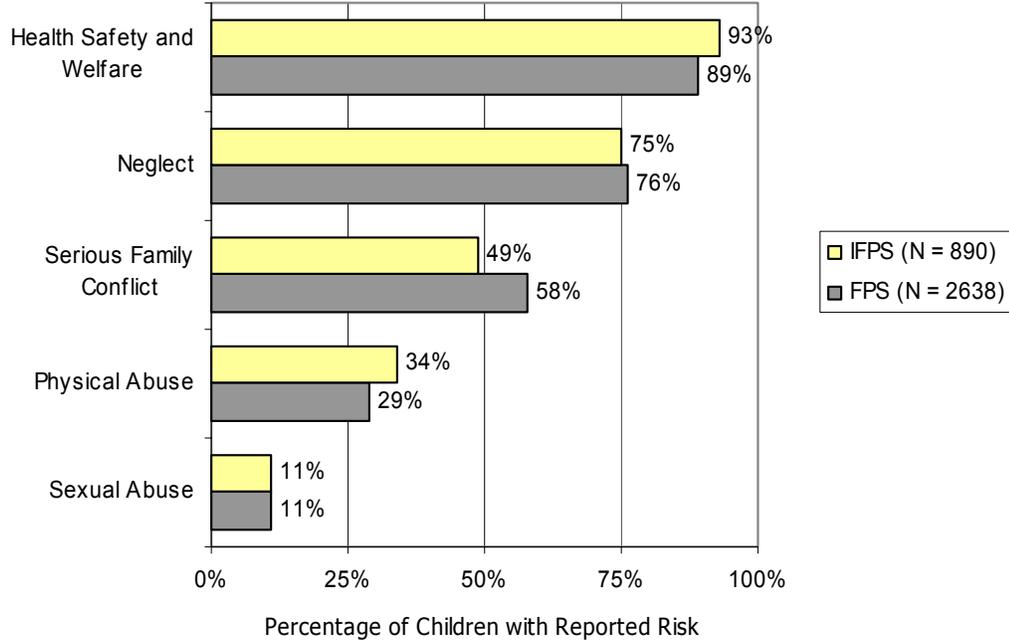
* May not equal 100% due to rounding

RISK FACTORS

Division of Child and Family Service (DCFS) social workers assessed all children referred to IFPS or FPS for risk in five areas at the time of referral for services. These areas, in order of prevalence, include health, safety and welfare, neglect, serious family conflict, physical abuse, and sexual abuse. Children could be, and often were, identified with a risk factor in more than one area. Nearly all children served were reported as being at risk of harm to health, safety and welfare and 3 in 4 children had issues of neglect.

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IDENTIFIED RISK AREAS OF CHILDREN SERVED BY IFPS/FPS
(children could be identified with more than one risk)



Risk of Harm to Health, Safety and Welfare

Risk of harm to health, safety and welfare was the risk area most often identified by providers during this evaluation period (93% IFPS, 89% FPS). Providers assessed and reported ten specific types of harm to health, safety and welfare. Caregiver(s)' inability or decreased ability to protect the child(ren) was the most frequently cited type of harm.

CHILDREN REFERRED TO IFPS/FPS WITH RISK OF HARM TO HEALTH, SAFETY AND WELFARE

Specific Risks*	IFPS (N = 890)	FPS (N = 2638)
Caregiver's inability or decreased ability to protect child	65%	50%
Inability of parents to control or manage child's behavior	46%	43%
Child's behavioral problems	43%	48%
School problems	33%	34%
Family not engaged with services or not following plan	20%	22%
Child's serious mental health issues	19%	17%
Child's developmental disability or mental retardation	10%	9%
Delinquency	8%	12%
Child's drug or alcohol use	7%	8%
Physical handicap or chronic debilitating medical problem	6%	4%

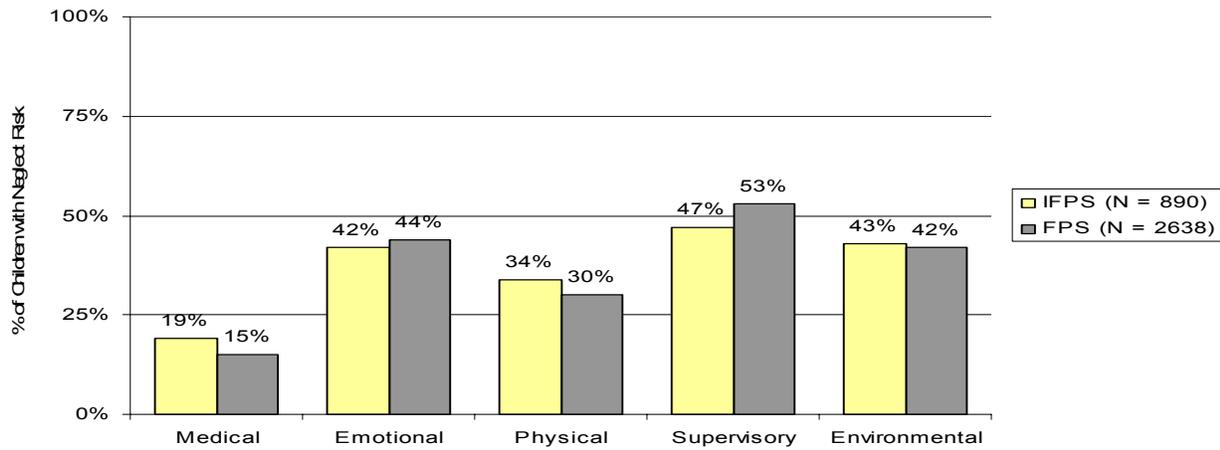
* Children could be identified with more than one specific health, safety and welfare risk

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Neglect

Evaluation data showed neglect was the second most common risk area identified for the children served by IFPS/FPS for this period. Measures for five specific neglect risks were collected: medical, emotional, physical, supervisory, and environmental. Additionally, three-fourths or more of the children referred to IFPS and FPS were assessed with at least one type of neglect (75% IFPS, 76% FPS) and nearly one half were assessed with at least two types of neglect (42% IFPS, 45% FPS).

TYPES OF NEGLECT IDENTIFIED FOR CHILDREN SERVED BY IFPS/FPS
(children could be identified with more than one type of neglect)



Serious Family Conflict

Approximately one half of all children referred to IFPS/FPS during the report year had been exposed to or involved in *violent and/or non-violent* serious conflict within their families (49% IFPS, 58% FPS)—from verbal disputes to physical assaults. Of those children identified with this risk factor, roughly 10% experienced *violent* serious family conflict as confirmed by DCFS staff (11% IFPS, 10% FPS).

Physical Abuse

Approximately one third of children served by either IFPS or FPS during FY04 were suspected or confirmed *victims and/or offenders* of physical abuse (34% IFPS, 29% FPS). Of the children at risk for physical abuse, more than one in four children were confirmed or suspected *victims* (29% IFPS, 24% FPS).

Sexual Abuse

One in nine children referred for services were suspected or confirmed *victims and/or offenders* of sexual abuse (11% IFPS, 11% FPS). Of these, 10% (IFPS) and 9% (FPS) were suspected or confirmed *victims*.

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GOAL OF SERVICE: PLACEMENT PREVENTION OR REUNIFICATION

Division of Children and Family Service social workers determine the goal of all IFPS/FPS services, either placement prevention or reunification, at the time of referral to a service provider.

Of the 890 children served by IFPS, therapists worked to prevent placement of 776 children, or 87% of all children referred. The remaining services were requested to reunify 113 children (13%) with their families. Of the families referred for IFPS placement prevention, providers worked with birth-adoptive parents (93%), relatives (5%), and foster parents (2%). For reunification requests, 96% of services were provided to a birth-adoptive caregiver (parent), 3% were provided to a relative, and 1% was provided to a foster parent.

Family preservation service therapists worked with 2,015 children and their families to prevent placement (76%). The remaining services were requested to reunify 623 children (24%) with their families. Of the families referred for FPS placement prevention, FPS service providers worked with birth-adoptive parents (83%), relatives (12%), and foster parents (6%). For reunification requests, services were provided to birth-adoptive caregivers (93%) and relatives (6%), and foster parents (1%).

PROVIDER RECOMMENDATIONS AT END OF SERVICE

Service providers (therapists) were asked to make placement and/or treatment recommendations at the end of service intervention. Nearly 100% of IFPS providers and 99% of FPS providers made at least one recommendation for the children referred.

Therapists recommended that 79% of children referred to IFPS remain at home, 7% be placed in DCFS authorized relative care and 8% be placed in DCFS authorized foster care. The remaining 6% of children served by IFPS were given recommendations for psychiatric inpatient or group treatment, placement with a non-DCFS authorized relative, or other recommendation.

Family Preservation Services providers recommended that 76% of children referred remain at home, 8% be placed in DCFS authorized relative care, and 11% be placed in DCFS authorized foster care. Therapists recommended the remaining 5% of children served by FPS enter psychiatric inpatient or group treatment, be placed in non-DCFS authorized relative care, or other recommendation.

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THE FAMILIES

GENERAL DEMOGRAPHICS

Most of the primary caregivers of families referred to IFPS/FPS were female (84% IFPS, 85% FPS) and Caucasian with an average age of 35. A second caregiver was reported for nearly one half of families referred (47% IFPS, 42% FPS). All reported caregiver ages ranged from 14 to 83 years. Just over one in three families referred to IFPS/FPS reported an annual income of less than \$10,001 (36% IFPS, 34% FPS). The number of children in each family referred for IFPS/FPS ranged from none for reunification services to nine. The average for this evaluation is 2.27 children per family.

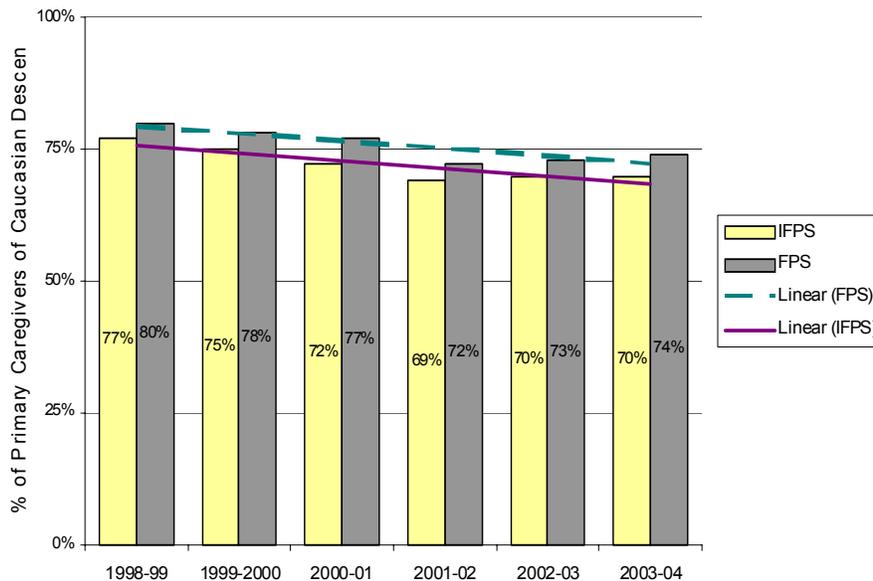
RACE/ETHNICITY OF PRIMARY AND SECONDARY CAREGIVERS RECEIVING IFPS/FPS

	IFPS*		FPS*	
	Primary Caregiver (N = 487)	Secondary Caregiver (N = 231)**	Primary Caregiver (N = 1506)	Secondary Caregiver (N = 636)**
Caucasian	70%	74%	74%	72%
African American	11%	11%	6%	6%
Native American	7%	6%	4%	3%
Multiracial	5%	1%	3%	2%
Hispanic	4%	5%	11%	12%
Other	3%	2%	2%	2%
Asian	1%	1%	1%	1%
Not identified	< 1%	1%	1%	2%

* Percentages may not equal 100% due to rounding

** Not all families reported a secondary caregiver (47% IFPS, 42% FPS)

WASHINGTON AND A DEMOGRAPHIC TREND OF PRIMARY CAREGIVERS PROVIDED IFPS/FPS Percentage of Caucasian Children Receiving Services Statewide 1998-99 to 2003-04



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AGE OF PRIMARY AND SECONDARY CAREGIVERS RECEIVING IFPS/FPS

	IFPS		FPS*	
	Primary Caregiver (N = 487)	Secondary Caregiver (n = 231)**	Primary Caregiver (n = 1468)	Secondary Caregiver (n = 636)**
19 or younger	3%	2%	4%	1%
20 – 29	33%	27%	28%	28%
30 – 39	39%	36%	38%	35%
40 – 49	18%	24%	21%	25%
50 or older	7%	11%	9%	12%

* Percentages may not equal 100% due to rounding

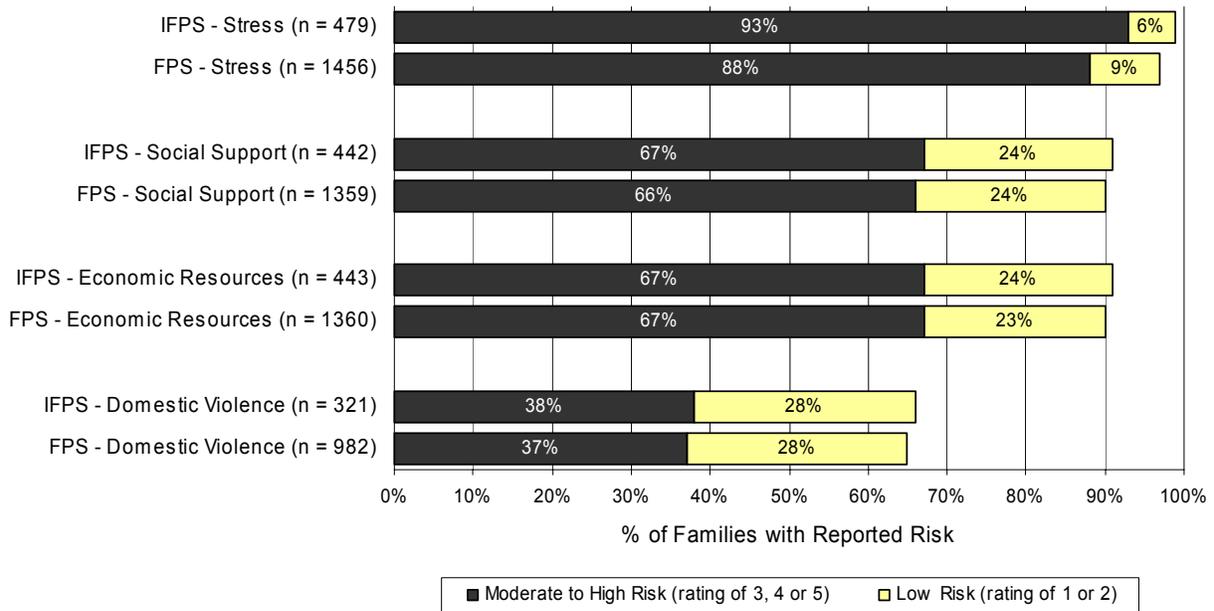
** Not all families reported a secondary caregiver (47% IFPS, 42% FPS)

RISK FACTORS

Social workers assessed and rated nine caregiver risk factors and four familial, social and economic factors at the time of referral to an IFPS/FPS provider. They used a six-point scale of zero to five (0 - 5), with 5 equal to high risk, 4 equal to moderate high risk, 3 equal to moderate risk, 2 equal to moderate low risk, 1 equal to low risk, and 0 equal to no risk.

The percentage of families with any reported familial, social or economic risk level (rating of 1 through 5) ranged from 65% for Domestic Violence to 99% for Stress. Families with any level of risk were also divided into low risk and moderate to high risk.

RISK RATING OF FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS AT IFPS/FPS START
(n = the number of families with any reported risk level at time of referral)



Nearly all families were assessed with some level of stress. Social workers rated risk levels at time of referral averaging approximately "4" or moderately high risk for this evaluation period (4.11 IFPS, 3.84 FPS).

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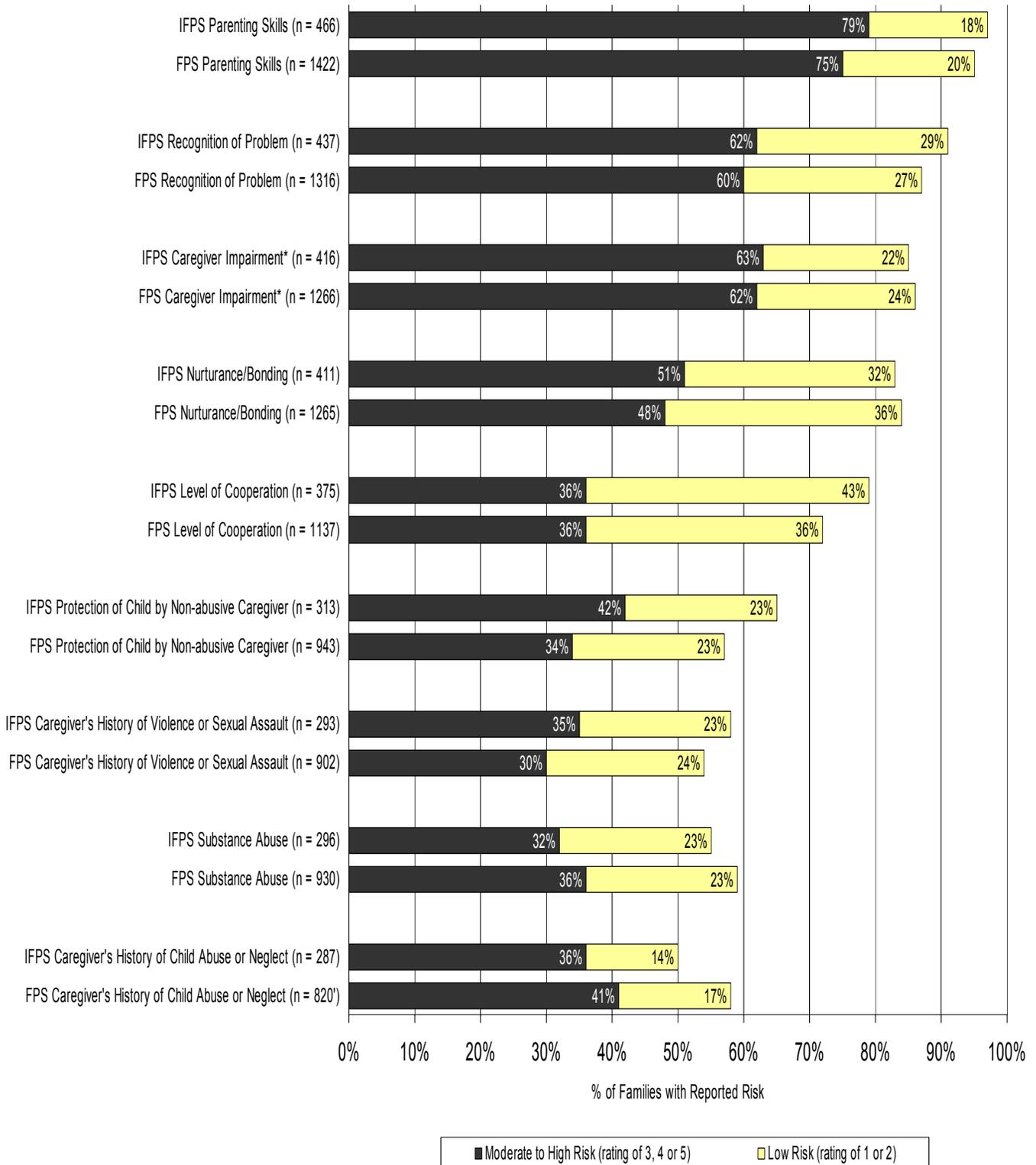
The percentage of families assessed with any measurable caregiver risk level ranged from 50% (Caregiver's History of Child Abuse or Neglect – IFPS) to 96% (Parenting Skills - IFPS).

At least four of every five families were assessed as being at risk due to (lack of) parenting skills, (lack of) recognition of problem/motivation to change, (lack of) nurturance/bonding, and for mental, emotional, intellectual, or physical impairment(s).

A graph showing these and other measured family risks follows on the next page.

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CAREGIVER RISK FACTOR RATING AT SERVICE START FOR FAMILIES REFERRED TO IFPS/FPS
(n = the number of families with any reported risk level at time of referral)



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SUPPORT SYSTEMS

Families served by IFPS/FPS utilized a wide range of formal and informal support systems within their communities and also relied on a variety of concrete goods and services. During service, contracted providers reported family involvement with up to 27 community resources. The most reported community connections made by families served during this report year include: medical services, health insurance, and support persons for parents (caregivers) and children.

FAMILY COMMUNITY CONNECTIONS AT TIME OF IFPS/FPS SERVICE

Sorted in descending order (IFPS)
(IFPS N = 487) (FPS N = 1506)

Formal Support Services*			Informal Support Services**			Concrete Goods and Services***		
Resource	IFPS	FPS	Resource	IFPS	FPS	Resource	IFPS	FPS
Medical Services	90%	87%	Support person for child	87%	87%	Health insurance	87%	84%
Community	71%	71%	Parent support person	86%	87%	Public assistance	58%	57%
School system	66%	69%	Activities/clubs	29%	32%	WIC/food stamps	56%	54%
Mental health	61%	59%	Dance/sports	17%	21%	Transportation	35%	40%
Day care/Head Start	48%	51%	Scouts	5%	6%	Legal assistance	34%	31%
Special school services	38%	41%				Housing assistance	32%	29%
Psychiatric	34%	29%				Utility/telephone	24%	27%
Case management	24%	24%				Employment security	18%	13%
Substance abuse	22%	30%				Vocational, educational	14%	17%
Juvenile justice	22%	25%						
Adult justice	23%	24%						
Domestic violence	15%	14%						
Developmental disabilities	7%	9%						

* Missing ≤ 0.7%

** Missing ≤ 0.6%

*** Missing ≤ 1.1%

PROVIDER ASSESSED FAMILY SERVICE NEEDS

IFPS/FPS therapists assessed families' need for selected coordination services. Nearly all families receiving IFPS or FPS had an assessment and service plan completed. Many families needed assistance with advocacy and community service access. Less than 22% of families referred to IFPS/FPS this report period needed and received assistance with the coordination of services for housing or job hunting/training. Families referred for IFPS differed considerably in their need for the coordination service of transportation when compared to families referred for FPS (51% IFPS, 34% FPS).

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FAMILY NEED AND IFPS/FPS SERVICES

Coordination Services*

Service	IFPS** N = 487			FPS** N = 1506		
	Service Delivered (needed)	Service Needed, but not Wanted	Service not Needed	Service Delivered (needed)	Service Needed, but not Wanted	Service not Needed
Service Plan Development	96%	3%	1%	92%	4%	4%
Assessment	96%	1%	3%	91%	3%	6%
Advocacy/Coordination	88%	4%	7%	79%	6%	14%
Accessing Community Services	87%	6%	7%	82%	7%	10%
Concrete Goods and Services	80%	3%	16%	78%	2%	19%
Transportation	51%	2%	45%	34%	2%	61%
Housing/Apartment Hunting	21%	8%	69%	19%	6%	73%
Job Hunting	15%	13%	69%	13%	13%	70%

* Statewide, less than 2% of families served through IFPS wanted a coordination service not available to them (housing/apartment hunting). Three percent of families served through FPS wanted the coordination services of both job hunting and transportation.

** Percentages may not equal 100% due to exclusion of "Wanted but not Available" category and/or rounding

Families were also assessed for need of skill building services. More than 70% of all families needed to build skills in emotion management, parent education, communication, child development education, child behavior management, and safety skills. Measures for skill building services were similar for families whether they received IFPS or FPS.

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FAMILY NEED AND IFPS/FPS SERVICES

Skill Building Services*

Service	IFPS** N = 487			FPS** N = 1506		
	Service Delivered (needed)	Service Needed, but not Wanted	Service not Needed	Service Delivered (needed)	Service Needed, but not Wanted	Service not Needed
Emotion Management	90%	6%	3%	86%	8%	5%
Parent Education	84%	7%	8%	84%	10%	6%
Communication Skills	83%	7%	9%	83%	8%	8%
Child Development Education	83%	6%	10%	78%	9%	12%
Child Behavior Management	82%	5%	12%	82%	8%	9%
Safety Skill Building	80%	4%	15%	72%	7%	20%
Defusing Family Violence	52%	5%	43%	49%	6%	44%
Financial Budgeting	29%	20%	50%	30%	18%	52%
Substance Abuse Management	26%	13%	59%	27%	13%	59%
Marital Conflict Resolution	24%	12%	63%	22%	8%	69%
Home Maintenance Skills	23%	6%	70%	20%	11%	68%
Job Readiness Training	14%	13%	71%	11%	15%	71%

* Very few families were reported as wanting a service not available ($\leq 4\%$). Three percent of families served by IFPS wanted job readiness training and 4% of families served by FPS wanted transportation.

** Percentages may not equal 100% due to exclusion of "Wanted but not Available" category and rounding

In a separate data collection question, providers also reported emotion management as the top *ranking* service need for families receiving services during the evaluation period (IFPS 24%, FPS 21%).

FY04 Annual IFPS/FPS Evaluation Report - OCAR

THE PROVIDERS

Nine organizations provided IFPS to families during the evaluation period; eight also provided FPS.

FY04 CONTRACTED IFPS PROVIDERS*

Provider Name	Number of IFPS Interventions*	Number of FPS Interventions*
Catholic Community Services	53	16
Compass Community Health	5	9
Grayson and Associates	70	92
Institute for Family Development	283	269
Pacific Institute of Family Dynamics	12	16
Seattle Mental Health	10	none
Service Alternatives	7	41
Working Choices	44	88
Youth, Family, Adult Connections	3	8
Total	487	539

* Agency names and numbers based on Exit Summaries submitted by providers and received by OCAR

Sixty-four other organizations provided FPS during the report year.

FY04 CONTRACTED FPS PROVIDERS*

Provider Name	Number of FPS Interventions*	Provider Name	Number of FPS Interventions*
Advantages Plus Counseling, Inc.....	25	Imagine Joy	12
Asian Counseling Services.....	2	Inland Counseling Network	3
Auburn Youth Resources	14	Keller, Robert.....	26
Baker Street Missions	2	Lutheran Social Services	1
Becker and Associates	3	MacCready, Kay Nan.....	6
Bird, MJ Counseling.....	6	MacLennan and Peirson Counseling	10
Brecht and Woods Therapeutic Services	11	Meyer, Keith.....	22
Cairbre Counseling.....	2	Northwest Family Therapy Institute	3
C.I.E.L.O.	26	Northwest Youth Services	33
Capstone Behavioral Health	4	O'Connor, Molly.....	1
Catholic Family and Child Services.....	45	Olive Crest Foster Family Agency.....	1
Central Valley Counseling	1	Palouse Counseling.....	3
Children's Allied Resources	5	Personal Parenting and Assessment Services.....	36
Children's NETT	1	Proud African American Youth Society	9
Community Youth Services	1	Psychological Consultants	27
Consejo Counseling and Referral Services.....	16	Riverview Counseling.....	14
County Family Service Team.....	21	Roland Counseling	4
Crowley, Larry	5	Rydell Counseling Services	4
Daniels Brown and Associates.....	18	Ryther Child Center	1
Dykeman, Ruth Children's Center	9	Salvation Army.....	2
Elg, Sue.....	34	SCAN	17
Empowering, Inc.....	9	Seattle Family Services	1
Evergreen Counseling Services.....	114	Shepard, Diane.....	13
Excelsior Youth Center	4	Spokane Consultants in Family Living.....	25
Family Essentials.....	75	Strickland and Seferian	53
Family Renewal Resources.....	18	Therapeutic Solutions	2
Family, Marriage and Assessment Counseling	16	Valdez, Roberto.....	52
Gates, Karla.....	2	Valley Cities Counseling and Consultation.....	8
Gateways for Youth and Families	5	Walker and White Diversified	30
Guerin and Associates	2	West End Outreach.....	3
Harmony Plus	3	Wirtz, Linda.....	29
Healthy Families.....	12	Youthnet.....	4
		TOTAL	966

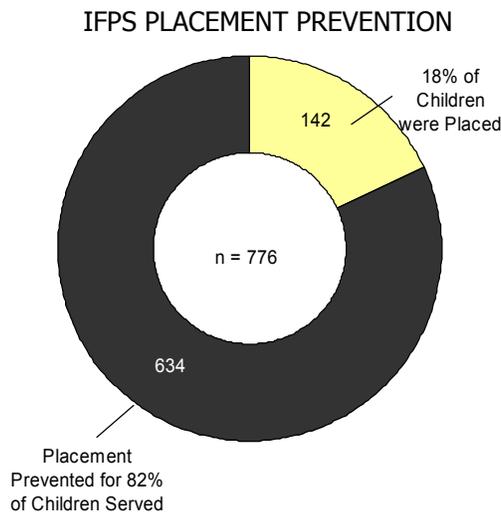
• Agency names and number of interventions based on Exit Summaries received by OCAR

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THE RESULTS

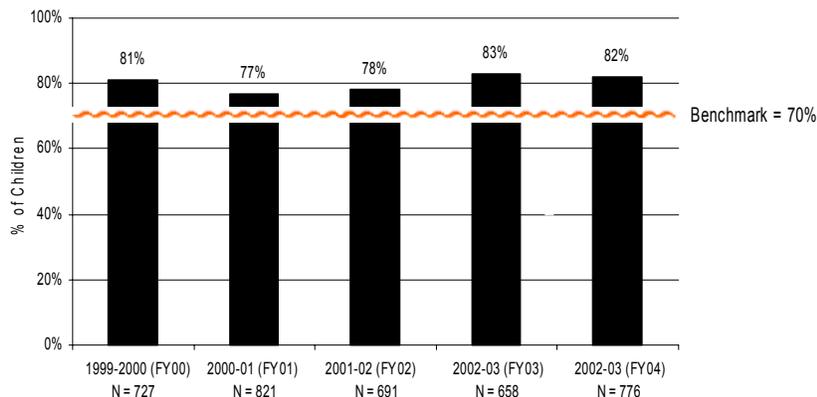
IFPS AND PLACEMENT PREVENTION SERVICES

A primary outcome measure for Intensive Family Preservation Services as prescribed in statute consists of preventing "out-of-home placement for at least 70% of cases served for a period of at least six months following termination of services" (RCW 74.14C.030 (5)(a)). Placements are further qualified as any child receiving intensive family preservation services who was "not placed outside of the home, other than for a single, temporary period of time not exceeding fourteen days" (RCW 74.14.C.030 (1)(c)). During this evaluation period, service providers exceeded this prescribed standard by 12%, preventing placement for a total of 634 or 82% of children referred for IFPS services.



Of the 142 children placed following IFPS, 44 (31%) were placed with relatives (unpaid) and 80 (56%) were placed in non-relative foster care/receiving homes. The remaining 18 children went to regional crisis residential centers, group crisis residential centers, group homes, hospitals, or respite caregiver homes.

Since FY2000, IFPS providers and DCFS staff have worked with families and prevented out-of home placement for nearly 3,000 children.



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When combining the children referred for placement prevention and children referred for reunification services (below), IFPS providers prevented placement or re-entry into placement for 691 children or 78% of all children referred.

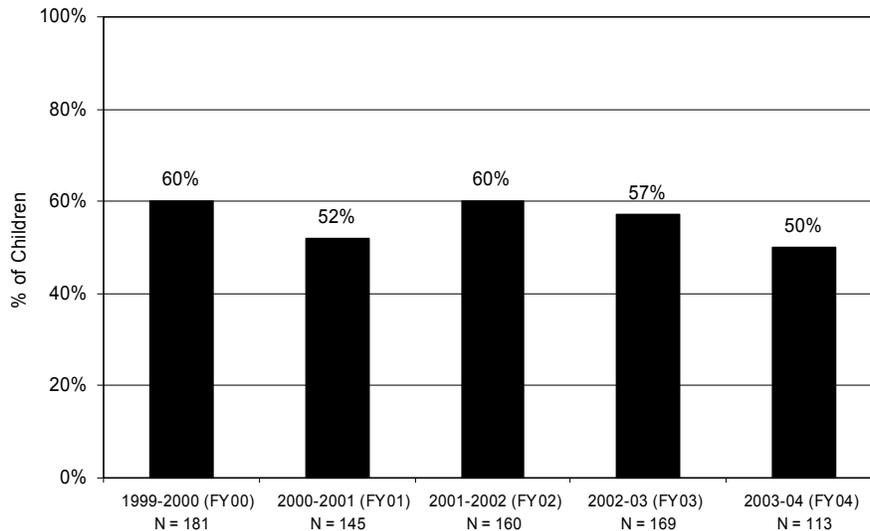
IFPS AND REUNIFICATION SERVICES

Social workers also referred families for IFPS to help ensure children's safe return home. Reunification success was gauged by whether the child returned home within 30 days of service start *and* the child not returning to placement for at least six months following services.

Of the 113 children referred for reunification services, IFPS therapists returned 56 (50%) home. Of the 57 children who were placed again following IFPS reunification efforts, 38 (68%) were placed in non-relative foster/receiving homes and three were placed with relatives (5%). The remaining 16 children were placed in regional crisis residential centers, in group homes, or ran.

Since FY2000, IFPS providers and DCFS staff have reunified over 430 children with their families.

IFPS AND SUCCESSFUL REUNIFICATION



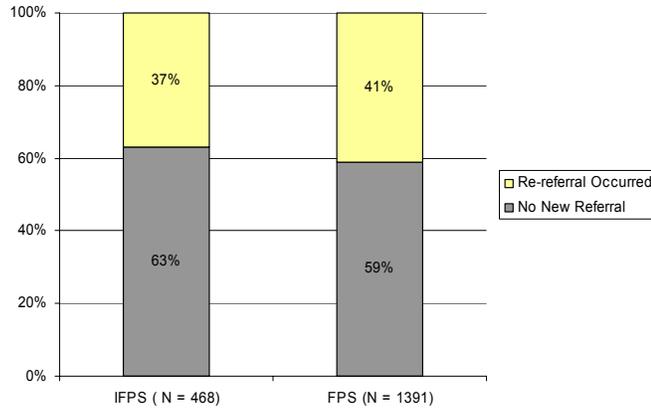
IFPS/FPS AND RE-REFERRAL AFTER SERVICE

In addition to placements prevented, another measure of program efficacy consists of avoiding "new referrals...for Child Protective Services (CPS) or Family Reconciliation Services (FRS)...within one year of the most recent case closure..." (RCW 74.14.C.030 (4)(b)). The following referral rates are based on Children's Administration records of accepted CPS and FRS referrals found for families served between July 1, 2004 and January 30, 2005. The rate is calculated from the placement records of approximately half of the children served during the evaluation period only (1,859 of 3,528).

FY04 Annual IFPS/FPS Evaluation Report - OCAR

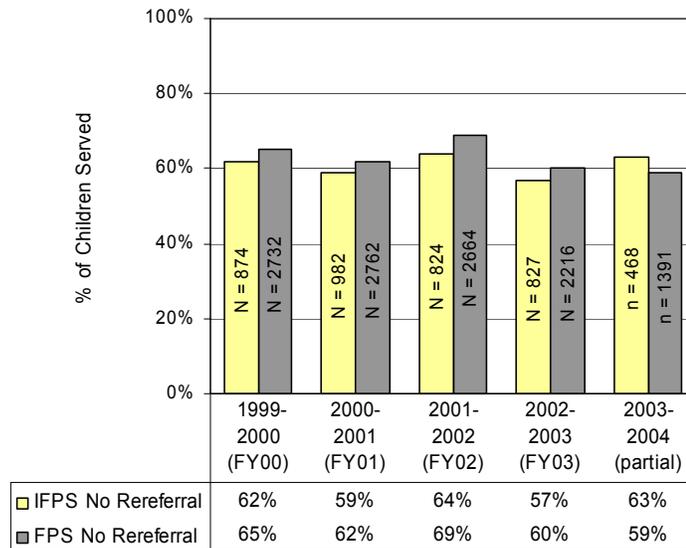
No new referrals were received within twelve months of service end for 293 (63%) children served by IFPS and 819 (59%) children served by FPS.

RE-REFERRALS WITHIN TWELVE MONTHS OF IFPS/FPS SERVICE END DATE



Since FY2000, nearly 9,900 children whose families received IFPS/FPS had no record of new, accepted CPS or FRS referrals for one year following IFPS/FPS.

IFPS/FPS AND AVOIDANCE OF RE-REFERRAL



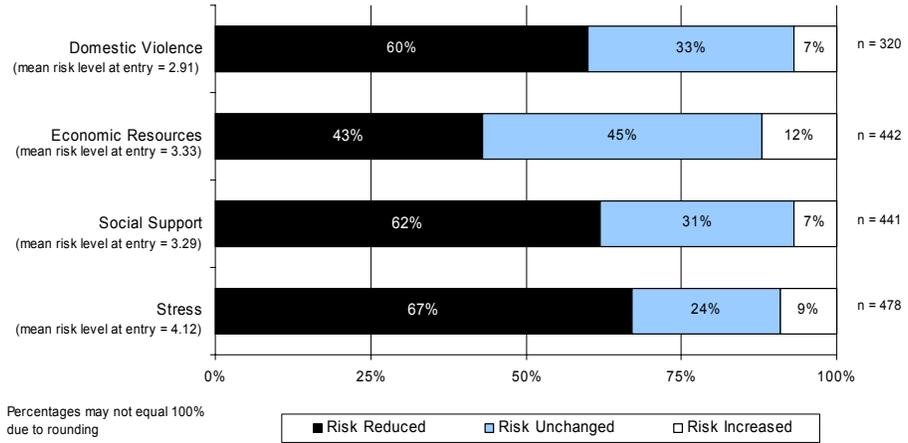
REDUCTION IN RISK FACTORS

Social workers and IFPS/FPS therapists reported data for four familial, social and economic factors as well as nine caregiver risk factors using a 6-point scale of 0 – 5, with 5 equal to high, 4 equal to moderate high, 3 equal to moderate, 2 equal to moderate low, 1 equal to low, and 0 equal to no risk. In most instances, social workers assigned a risk level at the time of referral for IFPS/FPS for all 13 factors. Service providers evaluated these risk factors again at service exit using the same 6-point scale. As a rating of zero signifies no risk and only families with risk levels of 1 through 5 at service entry were included in these calculations, the number of families reported for each risk category varies. Like the last reporting period, contracted service providers reported

FY04 Annual IFPS/FPS Evaluation Report - OCAR

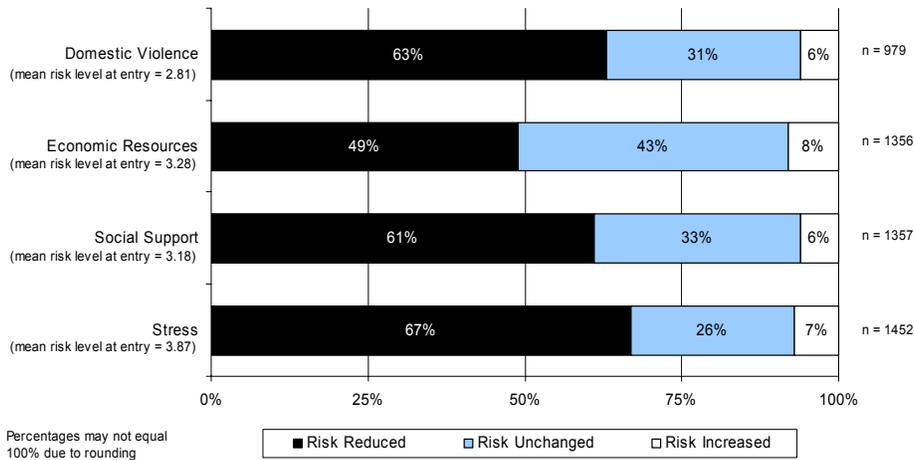
measurable risk reduction for all risk factors. Change in each risk level for all caregiver risk factors is calculated using the same pre-referral assessment by a DCFS social worker and the provider assessed risk level at end of services.

FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS IFPS Caregiver Risk Levels – Start Versus End of Service



Mean risk level at entry calculated using 5-point assessment scale (1 low, 3 moderate, 5 high)

FAMILIAL, SOCIAL AND ECONOMIC RISK FACTORS FPS Caregiver Risk Levels – Start Versus End of Service



Mean risk level at entry calculated using 5-point assessment scale (1 low, 3 moderate, 5 high)

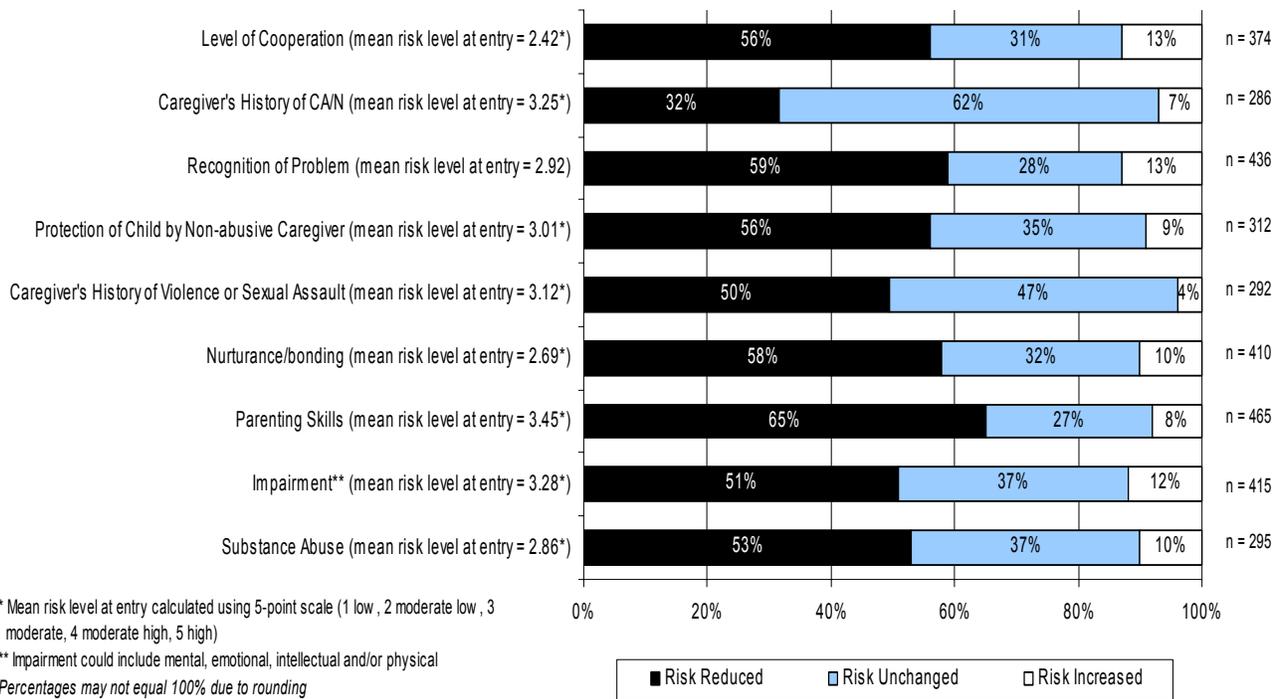
Slightly more than two thirds of all families served had a measurably reduced risk level for stress at the end of services. Sixty two percent of the families who were provided IFPS services also reported reduced risk for social support and a similar number of the families served by FPS reported a reduction in this risk (61%). Sixty percent or more of all families provided IFPS/FPS were rated with a reduced risk level for domestic violence by the end of intervention and over 40% of all families showed a reduction in risk level for economic resources.

The graphs on the following page also illustrate that some risk factor levels increased for a number of families between start and end of services. One possible explanation for increased risk levels may be that a more

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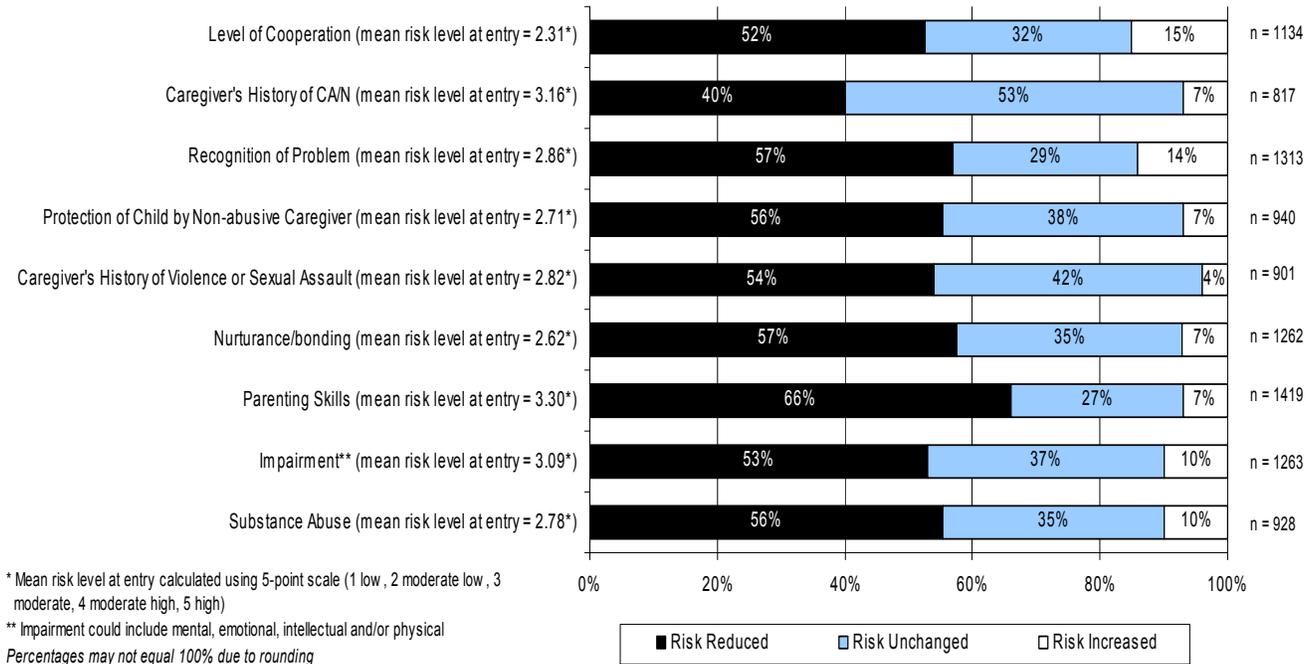
thorough assessment was completed as the therapist spent additional time with the family, and/or the families' situation changed during the course of the intervention. Any increase in risk bears further investigation. Finally, some risk factors remained unchanged between start and end of services. No change in families' economic resources was often reported during this evaluation period (45% IFPS, 43% FPS). While some concrete funds are available and offered to families (up to \$200 for IFPS and \$500 for FPS) and families are also encouraged to connect with community formal and informal support systems and services (housing, vocational and general public assistance), this risk might best be addressed and measured after applying longer term solutions such as education and vocational training, rather than short-term crisis interventions. The two other change-resistant socioeconomic and familial factors of domestic violence and social support may also require fundamental shifts of social attitude. The length of IFPS/FPS services (90 days IFPS, six months FPS) may not provide enough time to detect measurable attitudinal change.

CAREGIVER RISK FACTORS
IFPS Caregiver Risk Levels – Start Versus End of Service



FY04 Annual IFPS/FPS Evaluation Report - OCAR

CAREGIVER RISK FACTORS F P S Caregiver Risk Levels – Start Versus End of Service



Risk reduction for caregiver-specific risk factors was fairly consistent between programs for all nine variables. Fifty percent or more of all families provided IFPS/FPS had a measurably reduced risk in all risk areas with the exception of families served through IFPS with caregivers at risk due to History of Violence/Sexual Assault (50%) and caregivers at risk for History of Child Abuse/Neglect (IFPS 32%, FPS 40%).

Again, an increased risk level for caregiver risk factors was found for 7% to 15% of families with specific areas of risk. This increase may be explained by improved accuracy of risk assessment while providers worked directly with the families and/or possibly, data entry errors. Again, any increase in risk bears further investigation.

Finally, a substantial number of families measured with no change in risk level. Sixty-two percent of IFPS-served families experienced no risk level reduction for Caregiver’s History of Child Abuse and Neglect. The lack of change in this risk level may be due to lack of therapeutic intervention time, the possibility that an historic element can never be a reduced to “no risk,” or perhaps a focus on more imminent and/or treatment accessible caregiver and child concerns during service.

COMMUNITY CONNECTIONS

Data was also collected for family connection with existing community resources. Service providers submitted data regarding 13 formal support services, five informal support services and nine concrete goods and services that families were connected with at start or became connected with by end of IFPS/FPS. Reported data indicate many families given IFPS/FPS were also connected with one or more of the 27 community resources.

FY04 Annual IFPS/FPS Evaluation Report - OCAR

CONCRETE GOODS AND SERVICES Net Increase in Family Community Resource Connections

	IFPS					FPS				
	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank
Health Insurance	386	413	99	27%	1	1156	1233	343	22%	1
WIC/Food Stamps	212	265	273	19%	2	663	766	826	12%	5
Legal Assistance	87	157	398	18%	3	254	432	1245	14%	3
Transportation	92	158	393	17%	4	380	531	1119	13%	4
Utility/Telephone	36	110	449	16%	5	152	368	1348	16%	2
Public Assistance	243	270	242	11%	6	720	786	777	8.49%	6
Housing Assistance	115	150	370	9.46%	7	295	397	1203	8.48%	7
Vocational/Education	18	62	467	9.42%	8	112	224	1387	8.07%	8
Employment Security	51	67	433	4%	9	116	172	1383	4%	9

Measured increases for concrete goods and services were similar for both programs with the exceptions of WIC/Food Stamps and Utility/Telephone assistance.

Families were also connected with formal support services during IFPS/FPS interventions: from a reduction in connection of (-1%) for families engaged with the Adult Justice System to an increase of 52% for families connected to Medical Services.

FORMAL SUPPORT SERVICES Net Increase in Family Community Resource Connections

	IFPS					FPS				
	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank
Medical Services	363	427	122	52%	1	1113	1271	387	41%	1
Community (support) System	224	333	261	42%	2	654	996	847	40%	2
Private or Public Mental Health	149	284	336	40%	3	497	807	1004	30.88%	4
Involvement with School System	211	302	274	33%	4	696	945	800	31.13%	3
Day or Child Care	124	219	361	26%	5	399	723	1101	29%	5
Psychiatric Services	101	157	384	15%	6	239	399	1261	13%	7
Special School Services	137	177	348	11%	7	433	580	1067	14%	6
Substance Abuse	55	99	429	10%	8	308	392	1192	7%	9
Case Management Services	78	112	407	8%	9	224	331	1279	8%	8
Domestic Violence Services	35	65	450	7%	10	106	166	1394	4.30%	10
Juvenile Justice System	73	99	412	6%	11	294	331	1206	3.07%	12
Adult Justice System	81	97	404	4%	12	301	286	1203	-1%	13
Division of Developmental Disabilities	18	32	467	3%	13	85	136	1414	3.61%	11

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Again, most of the measurements for increases to formal support services were consistent between programs. The rate of increase for medical service connections of IFPS families differed the most (52% IFPS, 41% FPS). Informal connections increased for 3% to 67% of families referred during this evaluation period.

INFORMAL SUPPORT SERVICES Net Increase in Family Community Resource Connections

	IFPS					FPS				
	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank	# of Families Connected at Service Start	# of Families Connected at Service End	# of Families not Connected at Service Start	Net Change	Rank
Identified Support Person for Child(ren)	271	410	214	65%	1	787	1263	711	67%	1
Identified Support Person for Parent	288	412	197	63%	2	837	1255	663	63%	2
Other Community Activities or Clubs	69	138	416	17%	3	188	462	1310	21%	3
Little League/Dance/Sports	44	76	441	7%	4	130	294	1368	12%	4
Boy Scouts/Girl Scouts/Boys and Girls Club	11	26	474	3%	5	35	78	1462	3%	5

Families increased connection with informal support services similarly for both IFPS and FPS. Providers reported that a support person for child(ren) and parent was the most often reported community connection made of all 27 community resource measurements.

FY04 Annual IFPS/FPS Evaluation Report - OCAR

FPS/FPS and believed their family situation had improved. However, one should interpret this data cautiously as the small response rate cannot be viewed as representative of all families receiving services (29% IFPS, 9% FPS of those with program identification).

SURVEY QUESTION AND RESPONSE RATING SCALE	Percentage of Surveys with Rating of 4 or 5			RANDOM COMMENTS
	IFPS n = 142	FPS n = 136	Program not Identified n = 38	
How satisfied were you with the quality of service you received? <i>(1 very dissatisfied to 3 neither to 5 very satisfied)</i>	97%	95%	92%	<i>The parenting skill building techniques and work book were very helpful in attaining our goals of respect and non-violence in our home. (IFPS)</i> <i>Not enough time for the goals I really needed to meet. One or two hours a week don't get you much done. Not enough cooperation from CPS case workers. (not identified)</i> <i>In all honesty this was the best program I have ever dealt with plus the only program that ever actually in reality helped us. (FPS)</i> <i>I thought twice a week was too much and we didn't do a lot of things we were gonna (sic) do like setting goals and doing some cognitive stuff. (IFPS)</i> <i>Although my final goals were not met, my therapist went above and beyond her duties during our time together and I hope that I can use these services again in the near future. (IFPS)</i> <i>Without these services, I would have been in dire distress and life concerns would have been much more complicated. (FPS)</i>
How satisfied were you with the way therapist listened to you and understood what you had to say? <i>(1 very dissatisfied to 3 neither to 5 very satisfied)</i>	97%	93%	97%	
How is your family doing now, compared to before services were provided? <i>(1 much worse to 3 no change to 5 much improved)</i>	89%	90%	87%	
How satisfied were you with the amount the therapist involved you and your family in making a service plan and setting goals with your family? <i>(1 very dissatisfied to 3 neither to 5 very satisfied)</i>	89%	93%	87%	
To what extent were your identified goals met? <i>(1 almost all of my goals were unmet to 3 some were met/some were unmet to 5 almost all of my goals have been met)</i>	68%	68%	76%	
Was your therapist available and responsive to you? <i>(1 very unresponsive to 3 neither to 5 very responsive)</i>	96%	93%	100%	
How satisfied were you with being able to get in touch with the therapist when a crisis or emergency happened? <i>(1 very dissatisfied to 3 neither to 5 very satisfied)</i>	92%	87%	90%	
Did you feel the therapist was respectful of your cultural beliefs and values? <i>(1 never to 3 some of the time to 5 yes definitely)</i>	93%	93%	97%	
Did the therapist focus on the strengths and successes of your family? <i>(1 never to 3 some of the time to 5 yes definitely)</i>	92%	91%	92%	

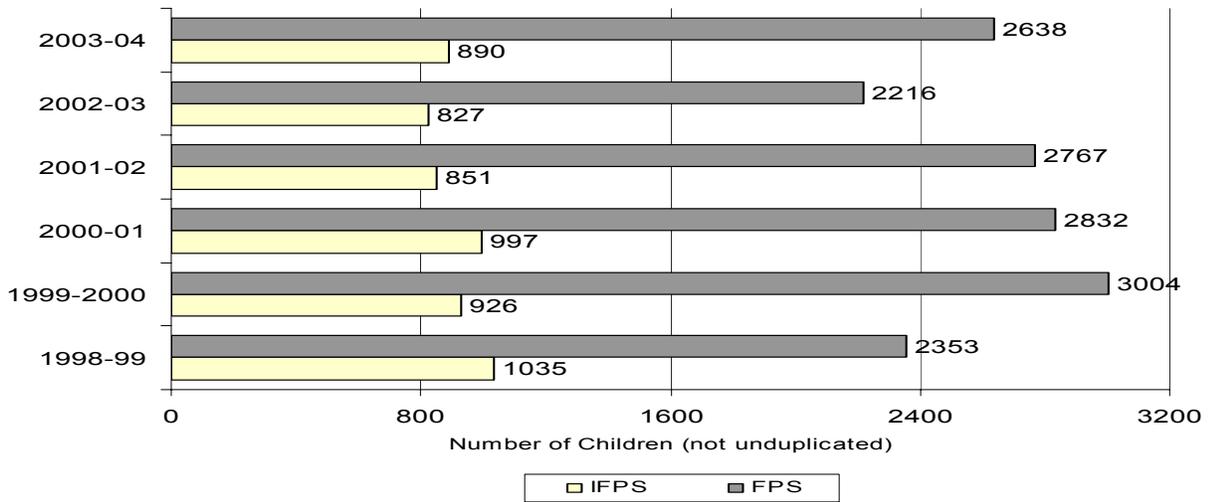
Families were also asked if they would refer IFPS/FPS to a friend. Of the 316 families who returned surveys, 89% served by IFPS and 87% served by FPS responded positively. Of the 12% of families who returned surveys where a program type could not be assigned, 90% indicated they would refer the services to a friend.

FY04 Annual IFPS/FPS Evaluation Report - OCAR

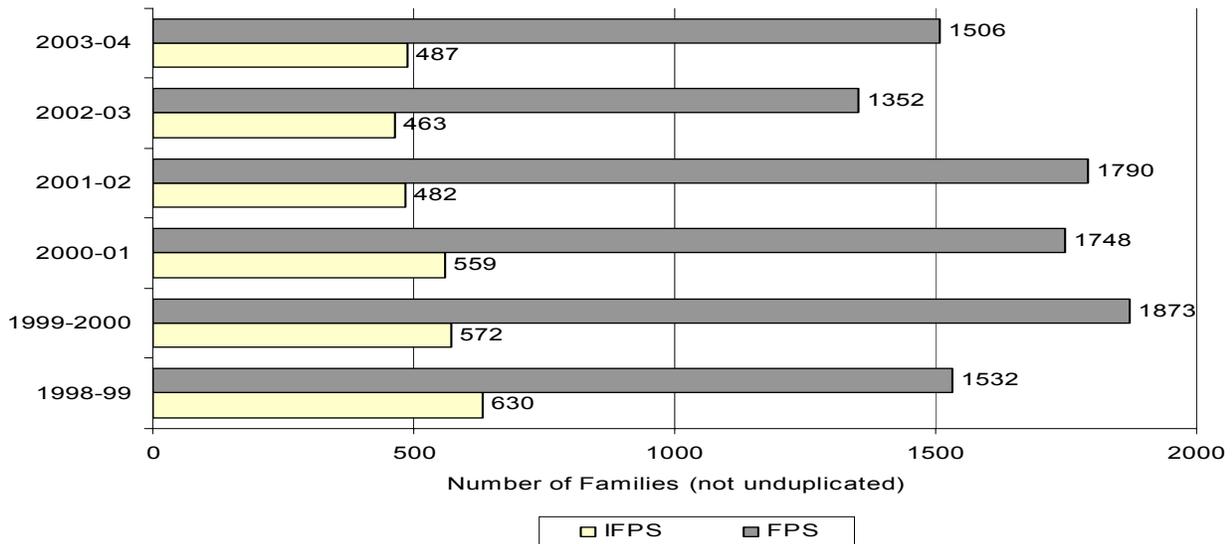
SUMMARY

Over 26,100 children from more than 16,000 families have received IFPS or FPS intervention services in Washington since 1995 (IFPS/FPS Annual Evaluation Reports, 1995-96 to 2003-04). The data reported for the 3,528 children and 1,993 families who received IFPS/FPS during this evaluation period, July 2003 through June 2004, remains similar in many measures to that of past report years. The data collection instrument, the *IFPS/FPS Provider Family Exit Summary*, has changed little since FY2000 and the child and family data collected, including measured outcomes, have also remained relatively constant over time. Please note that children and families may receive more than one intervention during an evaluation year and the numbers in the following graphs are based on FY99 to FY04 service periods.

**NUMBER OF CHILDREN PROVIDED IFPS/FPS
1998-1999 TO 2003-2004**



**NUMBER OF FAMILIES PROVIDED IFPS/FPS
1998-1999 TO 2003-2004**



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For both IFPS and FPS, DCFS social workers and service providers again identified child risk issues of harm to health, safety and welfare; neglect; and serious family conflict for most of the families served. These unfortunate facts are consistent with both legislation and with Children's Administration's mission. Service providers again reported caregivers' inability or decreased ability to protect children, children's behavioral problems, and the inability of parents to control or manage children's behavior as the most prevalent risks of harm to children's health, safety and welfare. Data submitted for this report show that roughly half of children referred to IFPS/FPS experienced supervisory, environmental and/or emotional neglect. Similarly, approximately one half of the children referred during this FY04 evaluation period experienced serious family conflict (49% IFPS, 58% FPS). Around 30% of children referred were suspected or confirmed victims or offenders of physical abuse and 11% of children referred were reported as suspected or confirmed victims or offenders of sexual abuse.

Division of Child and Family Services social workers and contracted service providers continue to report that over 86% of the referred caregivers lacked skills in parenting and nurturing their children as well as had difficulty in recognizing the presenting problem(s). During this evaluation period, social workers identified 84% or more of caregivers as having mental, emotional, intellectual and/or physical impairment(s). They also reported that 90% or more of families served had issues of stress, lack of social support and/or lack of economic resources.

Providers and DCFS staff were again able to exceed the mandated 70% placement prevention rate by 12%. Referrals were avoided for over half the children and families referred. Caregiver, familial, social and economic risk factors were reduced for 40% to 66% of families referred. Families were also connected with community resources and supports to sustain gains made during interventions. Finally, of families responding, the majority reported positively as recorded on voluntarily completed client satisfaction surveys (5% IFPS, 16% FPS).

The number of service exit data received for children/families referred to FPS returned to earlier levels when compared to the FY03 evaluation. Following the FY03 data request, Children's Administration staff began looking for additional ways to improve the system of tracking program referral through to service exit documentation. The design and implementation assistance of the IFPS/FPS Referral Log by Children's Administration Technology Services (CATS) in early 2004 gave field staff the opportunity to record program referrals to a centralized database. The database also provided staff with options for managing program referral data locally and electronically. It is unclear why the number of service summaries received for FPS-served families during this evaluation period increased, but it is possible the centralized tracking system as well as improved contract management may have contributed in part to ensuring families in need received this service.

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RECOMMENDATIONS

RECOMMENDATIONS FOR PROGRAM AND PRACTICE IMPROVEMENT

- ◆ Identify differences between families who do and do not re-refer within one year of IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children are placed and are not placed within six months of IFPS/FPS placement prevention services, including family characteristics, case characteristics, and specific interventions
- ◆ Identify differences between families whose children do and do not reunify after IFPS/FPS services, including family characteristics, case characteristics, and specific interventions
- ◆ Improve service tracking to monitor program activities, increase statewide access to current program data, promote full usage of program funds and provide a base with which to match service documentation for more complete evaluations
- ◆ Mandate consistent referral protocol to enhance strength of evaluation-based statistical analyses
- ◆ Find and incorporate best measures of program outcomes, improved child safety and well being
- ◆ Implement standardized family assessment and track service provision designed to ameliorate risk and maximize family strengths