

Annual Report

to the

Governor and the General Assembly

of the State of North Carolina

on the

Intensive Family Preservation Services Program

for the 1999-2000 State Fiscal Year

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Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 1999-00 (SFY '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 (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail elsewhere in this report.

During the past year, the number of 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 88-92% of families, and 89-93% 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 manage 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.

Program Design Includes:

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

Program Data from SFY '99-'00

During SFY '00, 22 IFPS programs provided services to families in 34 counties throughout North Carolina. Table 1, below, presents the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

Table 1. Number of Families, Caretakers and Children Served by Intensive Family Preservation Services Programs During SFY '00, Listed by Program and County.

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Mountain Youth Resources	Cherokee	12	22	21	29
	Graham	9	15	11	18
	Macon	8	13	8	18
Blue Ridge Area MH/DD/SAS	Buncombe	26	37	29	40
Buncombe County DSS	Buncombe	34	60	67	80
Home Remedies-Bringing It All Back Home	Burke	13	19	27	34
	Caldwell	11	19	26	29
Foothills Area MH/DD/SAS	Alexander	3	3	4	5
	Burke	10	15	12	17
	Caldwell	15	21	15	27
Cleveland County DSS	Cleveland	26	48	64	66
Gaston County DSS	Gaston	27	39	46	52
Cabarrus County DSS	Cabarrus	13	20	17	31
Piedmont Area MH/DD/SAS	Cabarrus	23	34	32	46
Forsyth-Stokes Area MH/DD/SAS	Davie	2	3	2	2
	Forsyth	14	18	14	21
	Stokes	4	5	4	8

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Cumberland Area MH/DD/SAS	Cumberland	12	19	16	29
Home Remedies-Youth Focus	Guilford	25	31	26	51
Methodist Home for Children: Intensive Family Preservation Services Program	Brunswick	13	20	24	29
	Chatham	17	28	34	37
	New Hanover	9	12	15	20
	Pender	1	1	1	1
	Pitt	14	22	21	23
	Scotland	14	25	33	42
	Wake	11	17	17	32
	Wayne	19	26	30	40
Smoky Mountain Area MH/DD/SAS	Haywood	1	2	1	1
	Jackson	4	8	5	13
Alamance County MH/DD/SAS	Alamance	15	21	16	34
Choanoke Area Development Association	Halifax	11	14	27	30
	Northampton	11	13	21	33
Person County Partnership	Person	19	30	34	42
Catawba County DSS	Catawba	28	43	62	65
Iredell County DSS	Iredell	3	5	4	4
Sandhills Area MH/DD/SAS	Richmond	26	45	46	70
Baptist Children's Home	Davidson	16	23	26	32
Clay County DSS	Clay	4	5	4	8
Totals		523	801	862	1159

During SFY 2000, a total of 523 families received services that ended before July 1, 2000. There were 862 imminent risk children identified in these families, among a total of 1,159 children in the families; 801 caretakers were served directly by the programs. The average response time from referral to the first visit to the family by an IFPS worker was 1.34 days, and cases lasted an average of 37.77 days (5.4 weeks).

The majority of referrals came from DSS (56%), followed by Mental Health (19%) and Juvenile Justice (17%); all other sources, combined, accounted for about 7%.

The major issues placing children at risk at the time of referral were: family violence; school difficulty; alcohol or other drug abuse by one or more family members; neglect; various types of abuse (physical, sexual, emotional/verbal); and unemployment of the caretaker. Lack of financial resources was a significant family stressor in 40% of families; these families did not have incomes sufficient to meet their basic needs (see Research/Evaluation Findings for further detail).

In spite of these issues, in the majority (86%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker's intervention plan.

The age, sex and racial distributions of children and families served during SFY'00 were very similar to those of previous years (see 7-Year Trend Analyses for further detail). The number of African-American children served by IFPS programs during this past year remained the same as last year (33%). However, children served from other minority populations decreased from 8% to 7% of the total. The proportion of white children in the service population increased one percent to 60%. The small changes do not indicate systematic changes in the IFPS program; they are within the range attributable to random variance.

Workers averaged more than 74 hours of service to each of the families during the typical 6-week service period, and more than 30 hours were spent in face-to-face contact with the family. About 10 hours were devoted to client-related travel, 8.5 hours to administrative tasks and record keeping, and about 17 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

In spite of these intensive services, 43 families (8%) experienced the placement of the imminent risk child(ren). Among those families where placement occurred, 44% experienced a placement prior to the completion of services because the risk to the child was too high, and 16% of families experienced placement prior to service completion for other reasons. In 40% of families where placement occurred, the placement decision was made after the completion of the IFPS intervention. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 92% of the families. However, 87% of families remaining “intact” were referred to other services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

Research/Evaluation Findings

Since the passage, in 1991, of Senate Bill 141 (the Family Preservation Act) North Carolina's IFPS providers have served more than 4000 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 3706 families. This large database provides highly reliable estimates of program trends over the six years that the system has been operating at "full capacity." Findings in this section, unless specifically noted otherwise, relate to the total population of families in the information system, including all families whose cases closed in SFY '00.

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the state's Policies and Standards for the IFPS program) is:

"...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system." The prevention of "unnecessary" placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become "unnecessary" only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

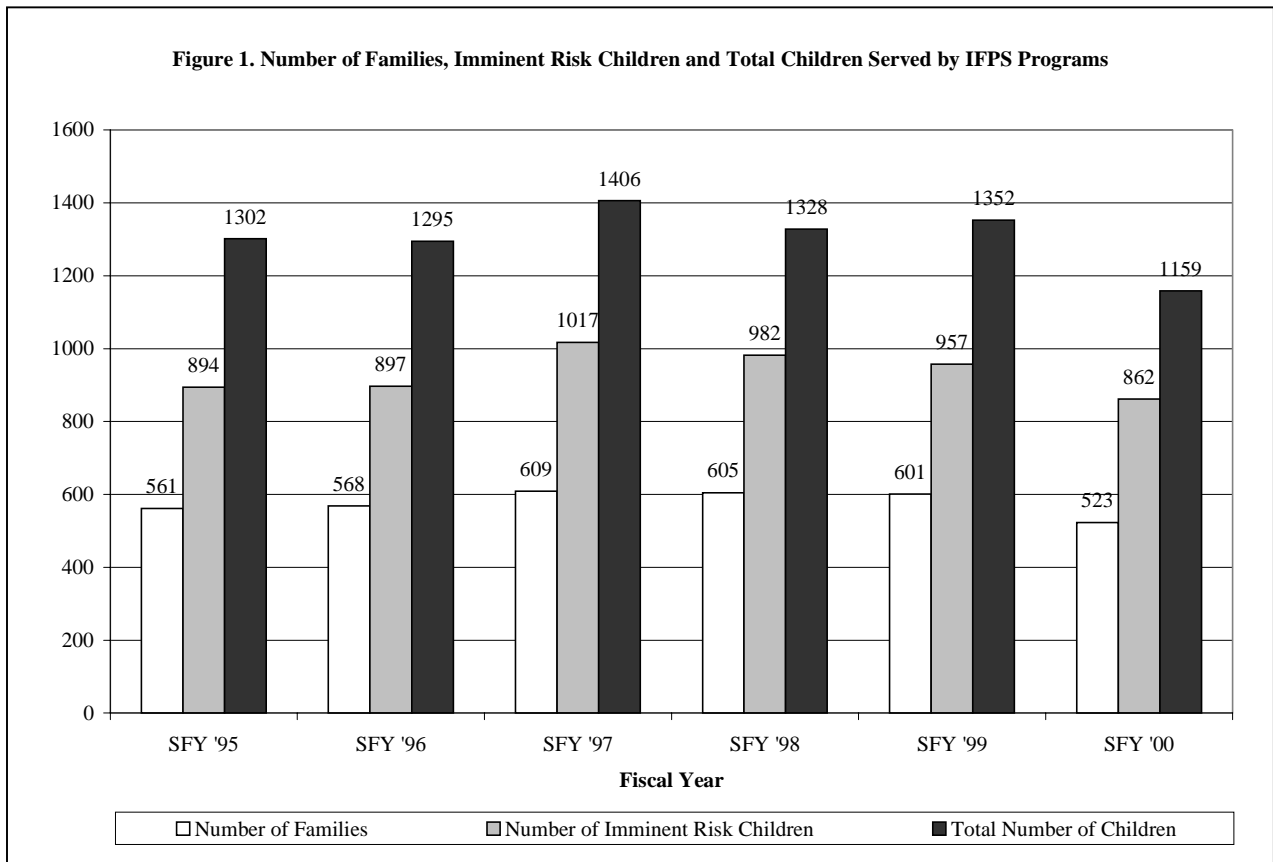
Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, "*placement prevention*" is not an entirely satisfactory success statistic, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of

things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

7-Year Trend Analyses

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

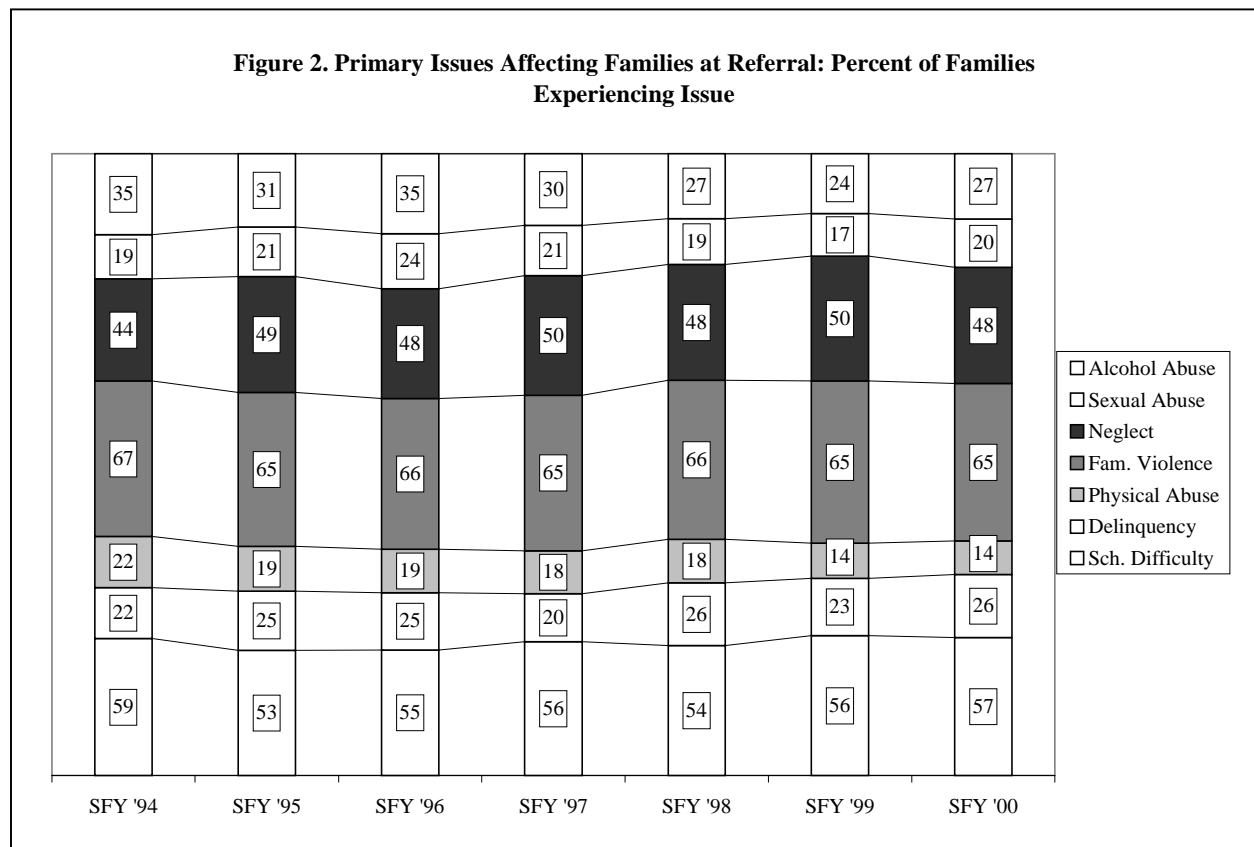
The number of programs offering IFPS services varies only slightly over the seven-year period (20 to 23 programs serving about 40 counties). Figure 1, below, presents the number of families, imminent risk children, and total children served annually by IFPS programs. The



program has served between 520 and 610 families per year. These families include 860 to 1020 imminent risk children among approximately 1,150 to 1,400 total children served each year.

Note that only SFY's '95, '96, '97, '98, '99 and '00 are presented in Figure 1, due to having only partial year data from SFY '94.

Throughout that same period the sources of referral have remained quite constant: between 54% and 61% have come from DSS, 19% to 25% from MH/DD/SAS, 12% to 18% from Juvenile Justice, and only 4% to 8% from all other sources. The distribution of ages of imminent risk children has been similarly stable: 29% to 35% have been 0-5 years of age, 32% to 44% have been 6-12 years of age, 22% to 31% have been 13-15 years of age, and 3% to 6% have been 16+ years of age. The sex of imminent risk children has been 43% to 50% female, and 50% to 56% male.



The types of problems affecting families has remained quite consistent; these data are presented in Figure 2, previous page (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year). The major problem areas involve school difficulty, delinquency, family violence, neglect, and various types of abuse.

The fact that the types of problems being faced by families who are referred to IFPS remain stable from year to year provides valuable information to program administrators with regard to resource allocation, planning for training, development of new intervention strategies, and development of new treatment technologies.

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 2, so these data are not part of that Figure. However, IFPS workers identify between 38% and 46% of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

The provision of monetary resources to these families is one area that has seen a substantial shift over the past seven years, with positive results for families. Figures 3 and 4 (next page) illustrate this change. Figure 3 illustrates that the number of families identified as needing monetary assistance has remained fairly constant at 21% to 29% per year (not all families with insufficient incomes are so identified). However, the percent of families receiving assistance (of those who needed assistance) has steadily increased from 73% in SFY '94 to more than 95% in SFY '97, '98, '99 and '00.

Figure 3. Percent of Families Needing and Receiving Monetary Assistance from IFPS

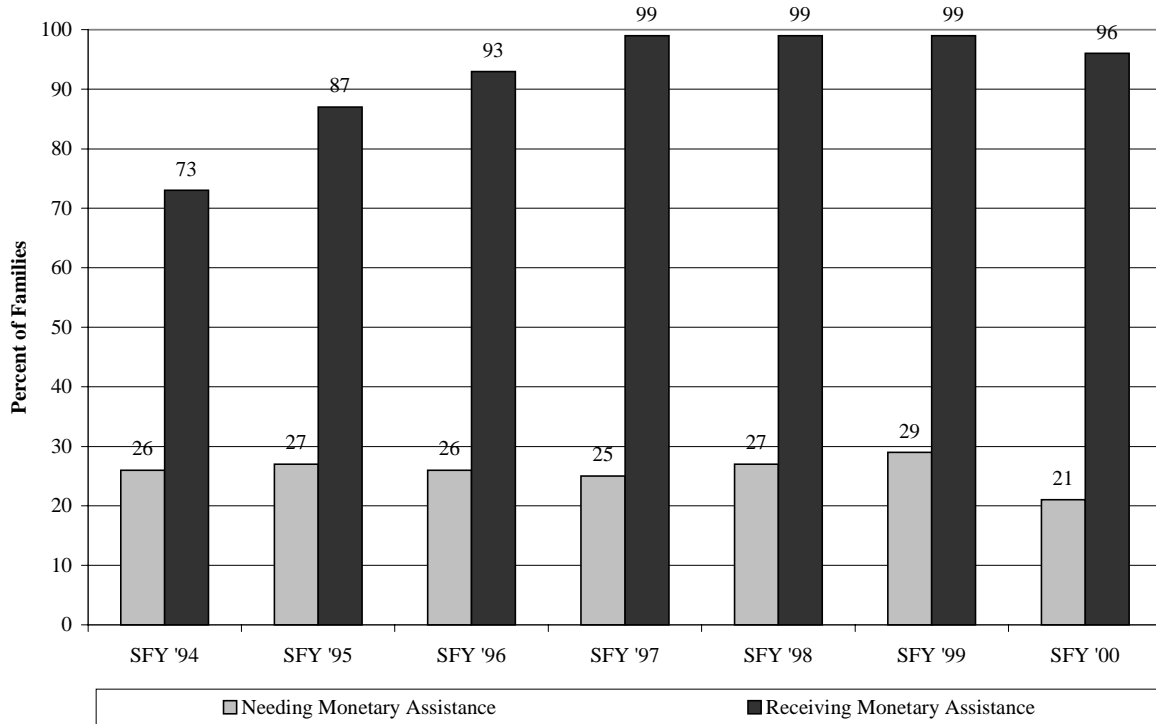


Figure 4. Total Dollars Provided as Monetary Assistance to Needy IFPS Families

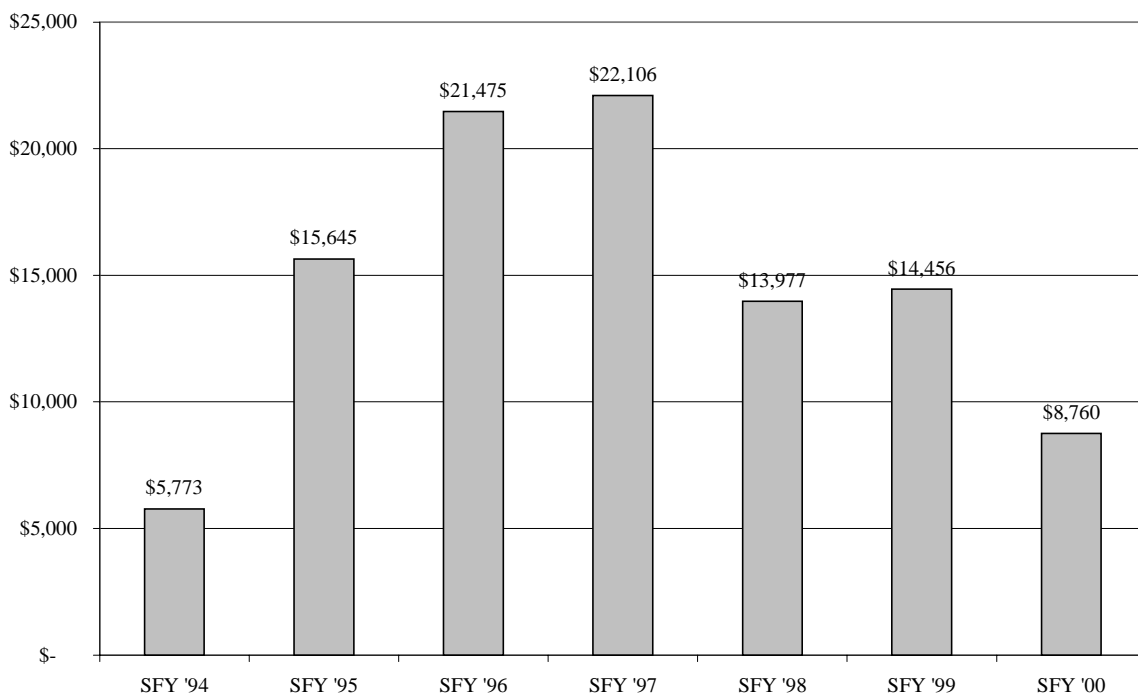


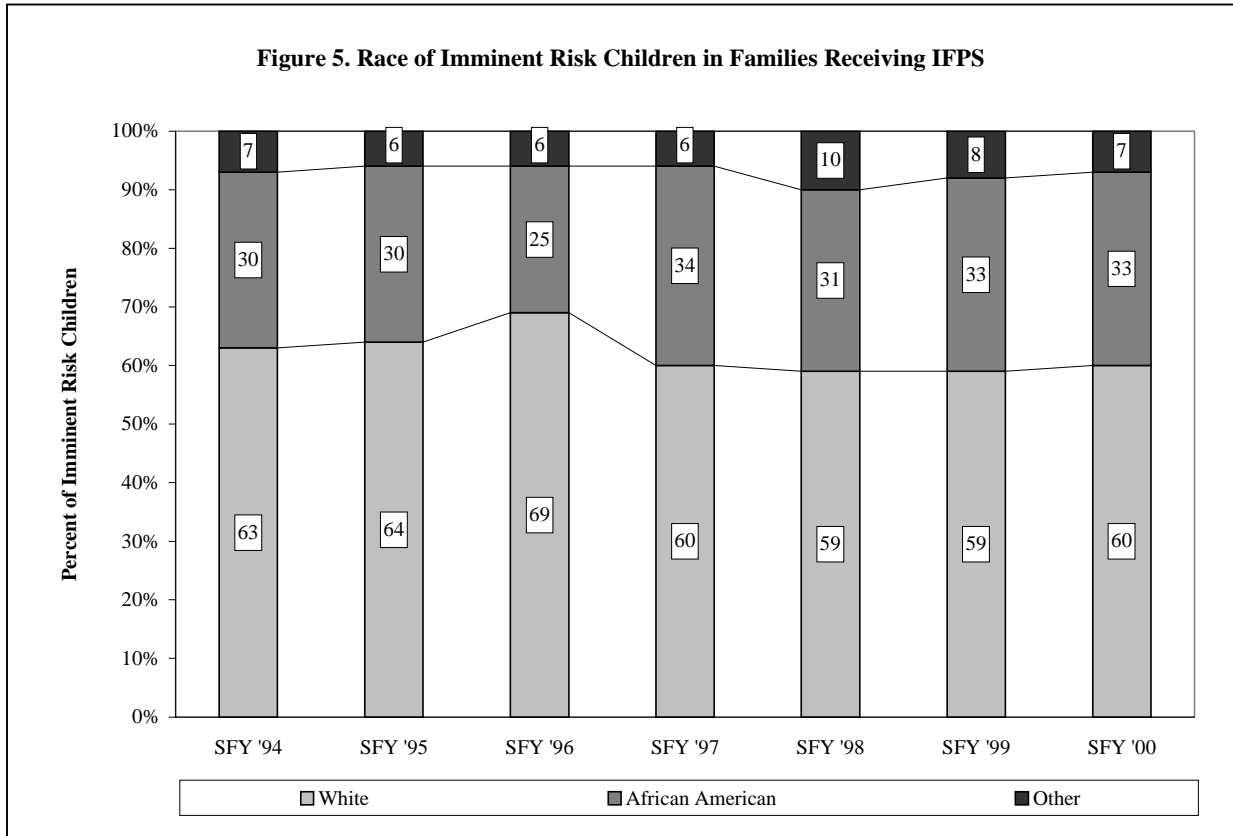
Figure 4 illustrates that the amount of money devoted to this purpose by IFPS programs increased yearly, from less than \$6,000 in SFY '94 to more than \$22,000 in SFY '97, but declined from this high in SFY '98 and '99 to about \$14,000, and again in SFY '00 to about \$8,700. The reasons for this decline are not known.

The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 899 families (SFY '94 through SFY '00) that have received monetary assistance as part of their IFPS service plan received an average of \$113.67. Rather than resembling a welfare payment, these small amounts of money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

The race of children served by IFPS providers is a variable where substantial changes have occurred. Figure 5, next page, illustrates an interesting pattern of decreasing, then increasing numbers of African American and other minority children served by the IFPS program over the past seven years.

This trend was noted by program administrators in 1996 when the number of African American children served declined from 30% to 25%. Although this decrease was not statistically significant, administrators were aware of the overrepresentation of African American children in out-of-home placements in North Carolina. They were also aware of, and participating in, several initiatives (the Kellogg Initiative, Families for Kids, the Title IV-E waiver, the AOC Court Improvement Project) intended to decrease the number of children entering foster care, regardless of race.

Figure 5. Race of Imminent Risk Children in Families Receiving IFPS



During 1996 and early 1997, state staff worked with IFPS provider staff to increase the number of African American children served. It should be noted that IFPS programs do not control their referral sources, and do not recruit or select their own client-families. Therefore, IFPS programs, in turn, had to work with their referral sources and collaborators to achieve the results obtained in SFY '97. In SFY '97 the number of African American children served increased from 25% to 34% of all imminent risk children served, statewide. Since that time, the annual shifts in racial distributions of children served have been small, and are not statistically significant.

Another important finding emerged that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a

statistically significant shift in the level of care needed by those children. The data are presented in Table 2.

Table 2. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care SFY 1993 to SFY 2000

Living Arrangement After IFPS	Risk of System Placement at Referral				Row Total
	Count	Social Services	Mental Health	Juvenile Justice	
Column %					
Social Services	288	22	9	4	323
	82.1%	29.7%	10.3%	26.7%	61.3%
Mental Health	19	39	22	3	83
	5.4%	52.7%	25.3%	20.0%	15.7%
Juvenile Justice	7	2	44	1	54
	2.0%	2.7%	50.6%	6.7%	10.2%
Private Placement	13	5	3	6	27
	3.7%	6.8%	3.4%	40.0%	5.1%
Other Placement	24	6	9	1	40
	6.8%	8.1%	10.3%	6.7%	7.6%
Column Total	351	74	87	15	527
Row %	66.6%	14.0%	16.5%	2.8%	100.0%

These data show that of the one hundred sixty one children who were at risk of a Mental Health/Development Disabilities/Substance Abuse Services (MH/DD/SAS) or Juvenile Justice facilities placement at referral, and who were subsequently placed out of the home, only eighty three (52%) were placed in a MH/DD/SAS or juvenile justice facility. About one third (30%) of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Ten percent of children at risk of Juvenile Justice placement were served in foster care, and an additional 25% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. On the other hand, about 82% of the children who were originally at risk of

placement into Social Services foster care, and who were placed, were placed in that system. A small number (about 5%) of these children were found during IFPS to need MH/DD/SAS services, and a smaller number (2%) were found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 374.397; df = 12; $p < .001$).

Family Functioning: North Carolina Family Assessment Scale

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

The development and implementation of the NCFAS has been discussed in previous reports. Last year's report discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The NCFAS V2.0 was implemented statewide on July 1, 1999, and this report presents data on V2.0 for the first time.

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

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities,

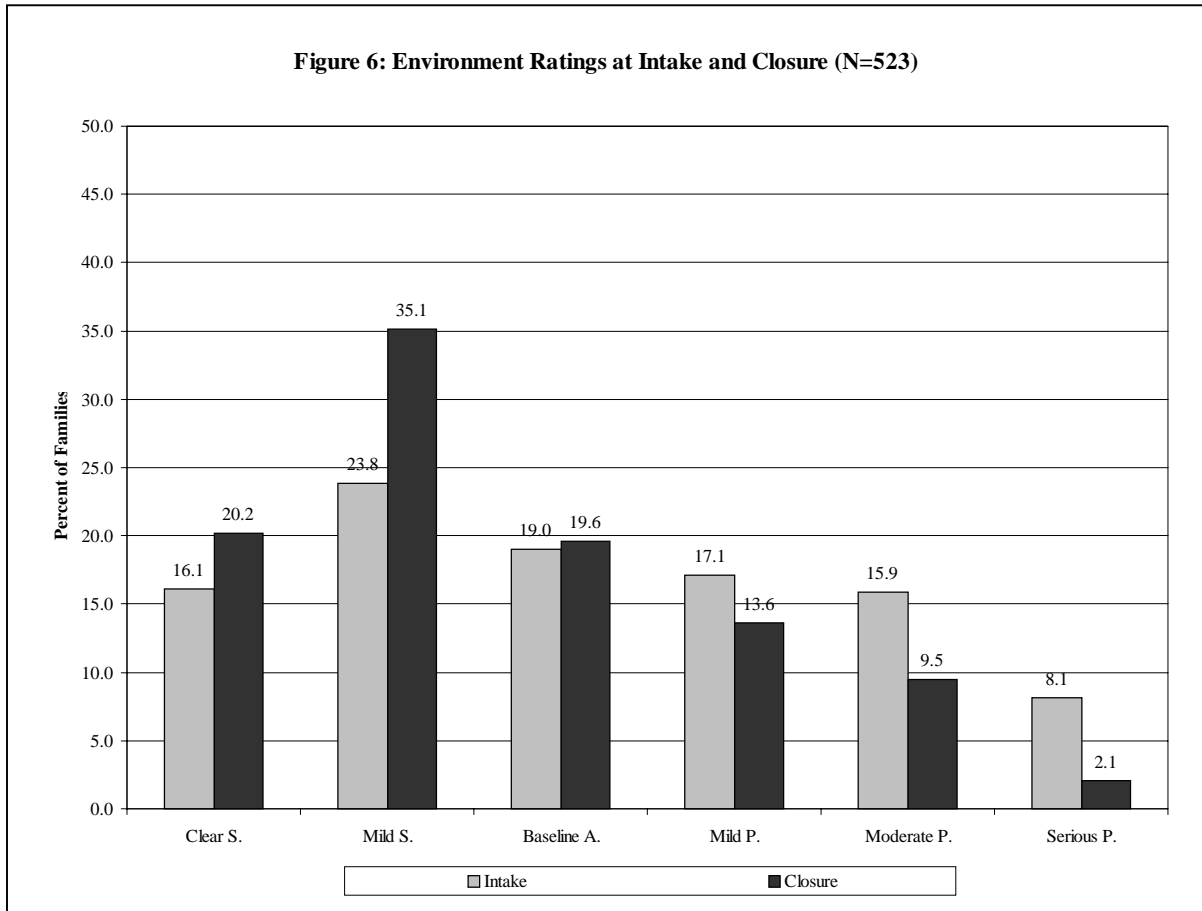
Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

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

Figures 6 through 10 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0. The findings from the NCFAS 2.0 obtained in SFY ‘00 are quite consistent with expectations, based on the results of the reliability and validity study.

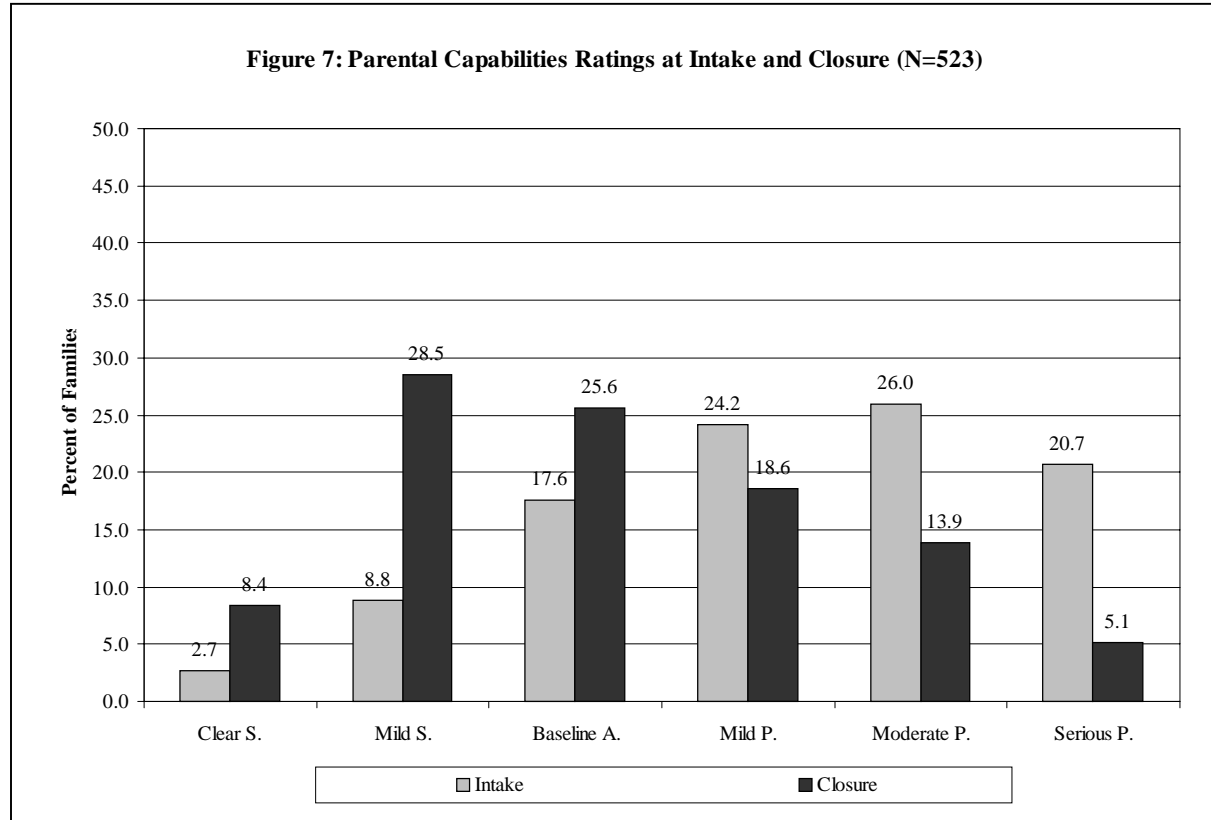
Beginning with Figure 6, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty nine percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (74.9%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to

resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 8.1% to 2.1 %, and those rated as having moderate problems were reduced from 15.9% to 9.5%.



The Parental Capabilities domain on NCFAS V2.0 is closely related to the former “Parent/Caregiver Characteristics” domain on the earlier versions of the NCFAS, but focuses more specifically on skills. Like its predecessor, it reflected a pattern of marked change in families as a result of receiving IFPS services. At Intake, 70.9% of families are rated in the “problem” range, with nearly half of families (46.7%) rated in the “Moderate to Serious” range.

After services, more than three fifths (62.5%) are rated as “Baseline/Adequate or above.” These data are presented in Figure 7, below.



The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains’ detection of change in this area remains strong. Fully 70.3% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 39% are still rated in the “problem” range at closure. These data are presented in Figure 8, next page.

The domain of Family Safety is largely new to the NCFAS, resulting from the factor analysis of NCFAS data from previous years. The issue of assessing family safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered

Figure 8: Family Interactions Ratings at Intake and Closure (N=523)

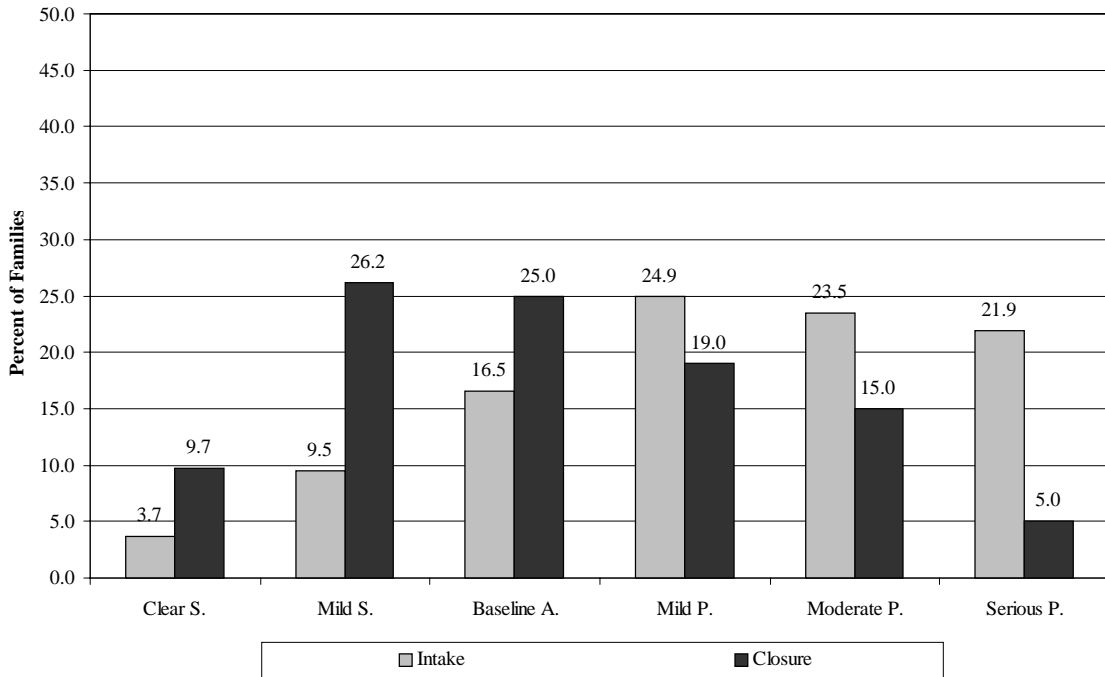
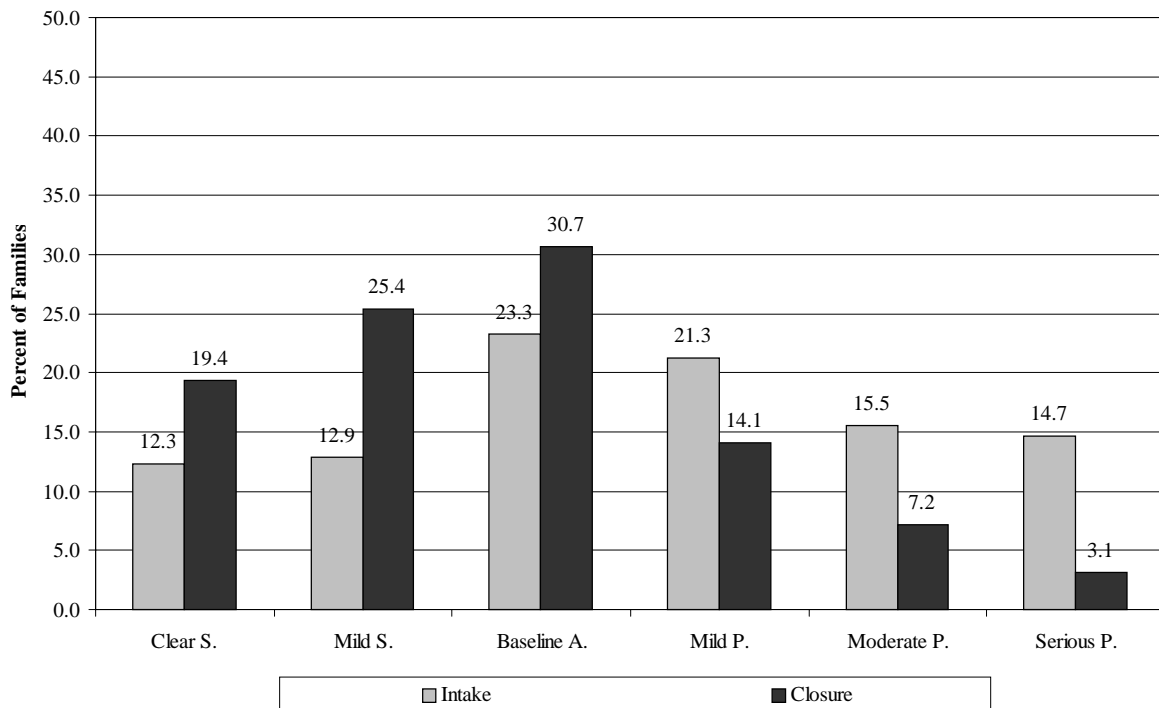
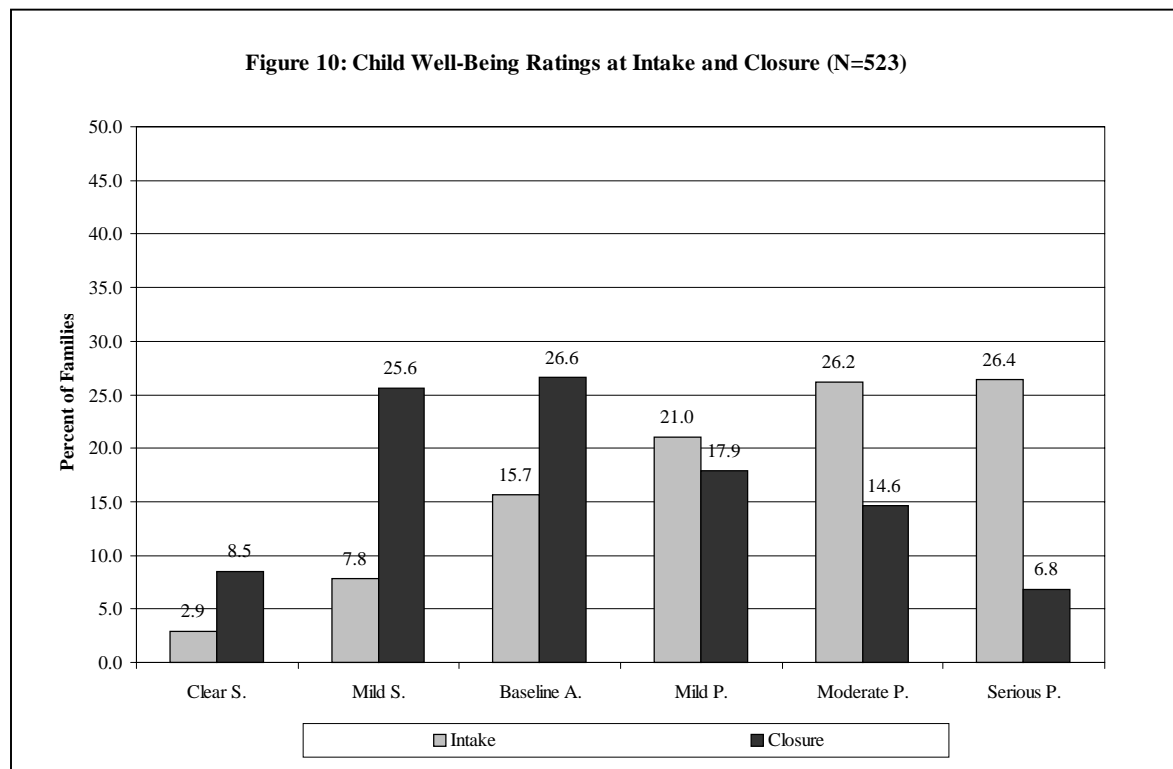


Figure 9: Family Safety Ratings at Intake and Closure (N=523)



on the families served in SFY '00 relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. A slight majority of families (51.5%) are rated in the “problem” range at intake; this proportion is reduced to less than a quarter (24.4%) at the time of case closure. These data are presented in Figure 9, previous page.

The final domain of assessment on the NCFAS is Child Well-Being. This domain on Version 2.0 is only slightly changed from previous versions of the NCFAS. These data are presented in Figure 10, below. The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (73.6%) of families are rated as having problems in this area at the beginning of service. In fact, a majority of families (52.6%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at



the close of services, more than three fifths (60.7%) of families are at “Baseline/Adequate or above,” and more than one third (34.1%) are rated in the “strengths” range.

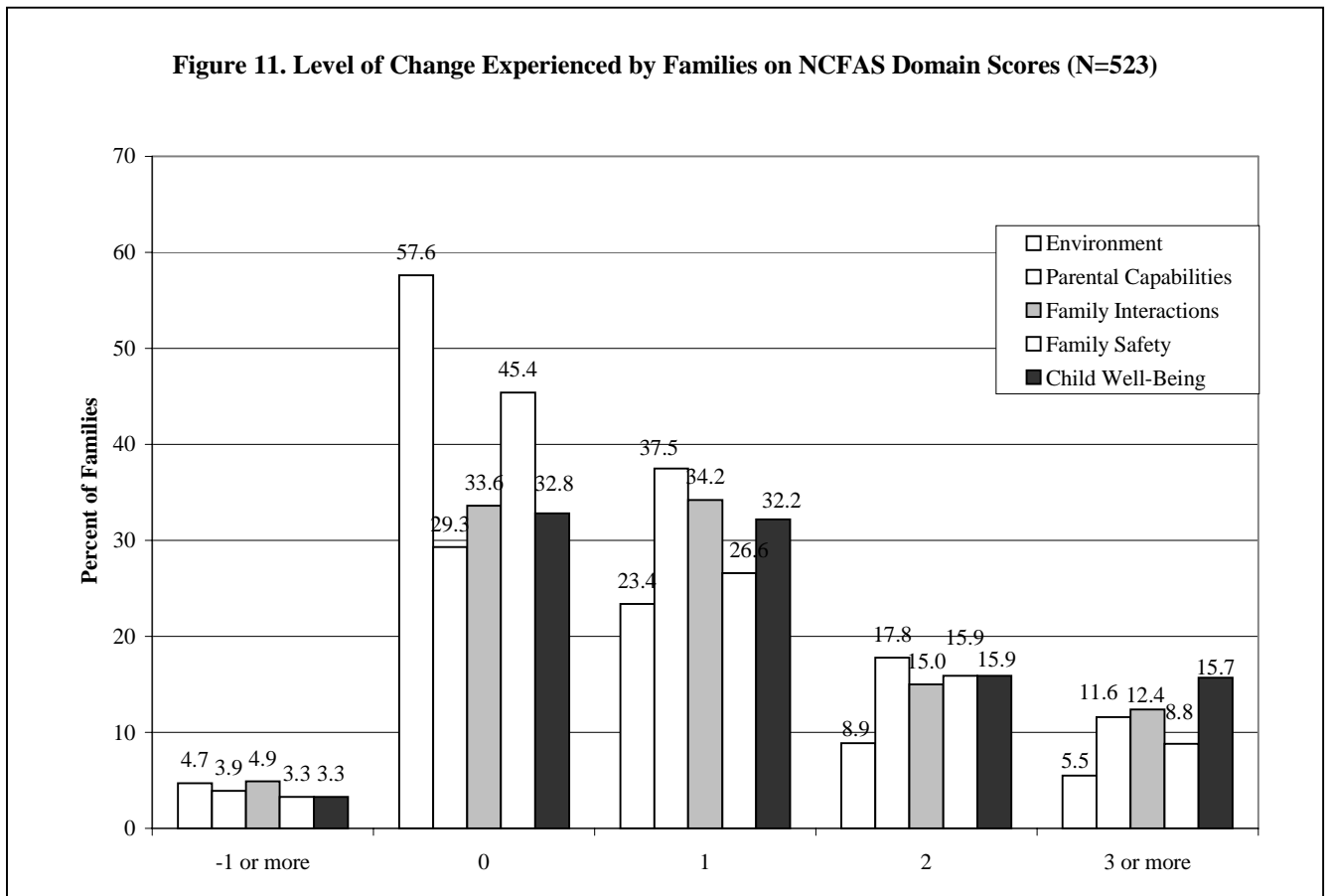
Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors are less dramatic, but this is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.0 during this first full year of its implementation following the internal consistency and construct validity testing that was conducted in previous years.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 523 families served during the year are presented in Table 3, below.

Table 3. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS

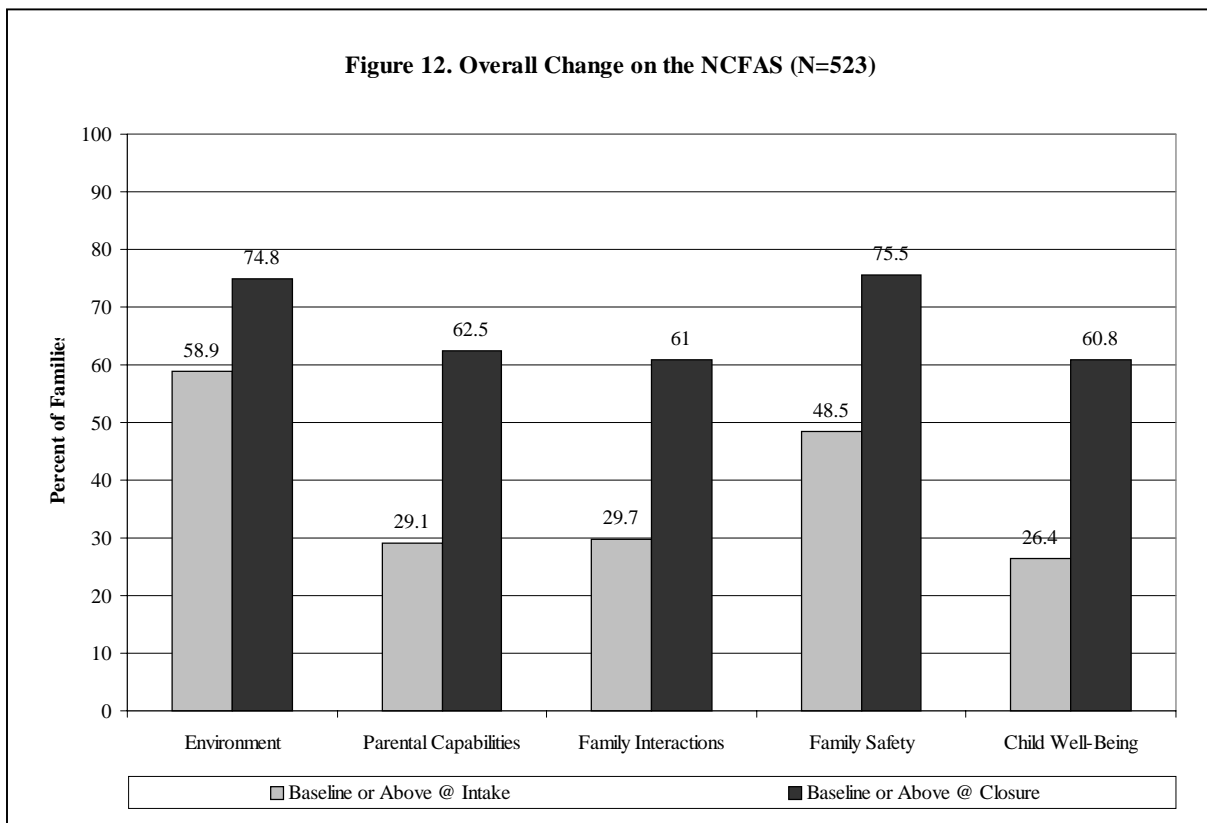
Domain	Level of Change Per Family (Percent of Families) N=523				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	4.7	57.6	23.4	8.9	5.5
Parental Capabilities	3.9	29.3	37.5	17.8	11.6
Family Interactions	4.9	33.6	34.2	15.0	12.4
Family Safety	3.3	45.4	26.6	15.9	8.8
Child Well-Being	3.3	32.8	32.2	15.9	15.7

These same data are presented graphically in Figure 11, below. It can be seen in the graph that most families do not change on the domain of Environment, but that approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 5%-15% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-5%, depending on the domain) deteriorate during IFPS services, and this deterioration may be related to placement decisions at the end of service.



Because the structure and content of the NCFAS V2.0 changed as a result of the validation study, results obtained from Version 2.0 during SFY '00 are not pooled with results from previous years when Version 1.4 was used. Individual domain scores were analyzed using only the SFY '00 cohort of 523 families.

Figure 12 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one quarter to two fifths of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure. Figure 12, below, displays the aggregate changes that were discussed previously on each domain (see discussion relating to Figures 6 through 10).



Compelling changes in domain score ratings are noted on four domains: Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. The changes in the domain rating on Environment are more modest. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention.

When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement, and between problems and out-of-home placement* on 4 out of 5 domains. On each of the domains, except Environment, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement occurred during or after IFPS service. The strength of these relationships is quite compelling. For the 523 families served during SFY '00, the results are:

- for Environment: Chi Square = 8.346, df = 5, p=.138;
- for Parental Capabilities: Chi Square = 27.352, df = 5, p<.001;
- for Family Interactions: Chi Square = 47.573, df = 5, p<.001;
- for Family Safety: Chi Square = 46.703, df = 5, p<.001; and
- for Child Well-Being: Chi Square = 58.613, df = 5, p<.001.

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and that, with the exception of Environment, these improvements in family functioning are statistically associated with placement prevention.* These are important findings to IFPS providers, administrators, policy

executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

The changes in the domain scores on Environment are also in the same direction as the changes in the other four domains. Lack of a statistically significant association between this variable and placement prevention is probably due to the smaller number of families being rated in the problem range at intake, and also due to the overall small number of children placed at the end of service. Also it is likely that problem ratings on Environment are less likely to result in a placement recommendation than problems in other areas, regardless of the magnitude of the environmental problem.

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

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

There is preliminary evidence that, irrespective of “raw scores”, improvements in the domains of Family Interactions, Family Safety, and Child Well-Being are most predictive of

placement prevention. The relationships among these variables are complicated. Understanding the relationships among domains, determining which domains are most important to influence, predicting the likelihood of success of influencing each of them, and other explanatory factors will be the subjects of future study as the number of families assessed with NCFAS V2.0 increases.

Client Tracking/Long Term Outcomes/Family Well-Being

At the close of IFPS services, the primary caretaker of each family is asked to participate in a follow-up study. They are asked if they are willing to be contacted at one year intervals for three years to find out how the family is getting along. Those that agree are entered into the IFPS family tracking database, and are contacted by a social worker at the appointed interval and asked to complete an interview by telephone. If they cannot be contacted by phone, a survey form is mailed to their last known address, and they are asked to complete the survey and return it in a prepaid, confidential mailer. The caretakers are asked about a number of things, including the living arrangements of the imminent risk children; the academic performance, health, mental health, and behavioral histories of the child since the last contact; and the families well-being and use of services since the last contact.

At the end of SFY '00, data from this year's client tracking activities were pooled with those from previous years. That database now contains a sample of 438 imminent-risk children from 319 families out of a potential population of 1782 families whose IFPS services concluded between July 1, 1995, and June 30, 1999. This sample represents 13% of the service population for that time period. While this sample is large enough to provide statistically reliable information, it may be biased towards families with stable housing (a number of families that agreed to be interviewed could not be located after a year).

The caretakers that were interviewed provided the following information:

- 77% of families (representing 81% of imminent-risk children) remained "intact" one year after IFPS, with 72% of imminent risk children living at home, 8% living with a relative, and 1% living with a family friend;
- 70% of caretakers were "happy" with their children's living arrangements;

- 15% of the imminent risk children (among the 81% listed as “intact”) had lived out of the home for some period during the preceding year, but were “at home” at the time that the interview was conducted;
- 77% of children had “no police contacts” during the preceding year, although 7% had experienced an arrest;
- 86% of children 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;
- 49% of children had used mental health services during the previous year, and the majority of these (62%) found the services to be “helpful to very helpful;”
- 39% of children had received services from departments of social services, and the majority of these (65%) described the services as “helpful to very helpful;”
- 27% of children had used “other services” available in the community with the large majority (78%) finding these other services to be “helpful to very helpful;” and,
- 76% of caretakers interviewed still reported IFPS as having been “helpful to very helpful,” one year after services.

These long-term client tracking data indicate that the large majority of families (77%) remain intact one year following IFPS, but 15% of families had experienced an apparently brief period during which the imminent risk child(ren) did not live at home. Most school-age children were in school, receiving passing grades or better, and staying out of trouble with the law. Some families still struggle with emotional/mental health issues, but families are using mental health or other services and finding them helpful. Only a small number of children (between 4% and 10% in each case) had experienced legal difficulties, been arrested, placed on probation or put under court supervision.

These findings imply that the effects of IFPS have some durability. A major emphasis during service is the development of skills needed to resolve future crises, or the acquisition of knowledge about how to access services to help during a crisis. Recall that the tracking data revealed that a combined 46% of children had experienced “moderate to severe emotional/mental

health difficulties” but only one quarter of families (23%) were found not to be “intact” at the one-year anniversary of service. One year prior to that, 100% of these families were experiencing a crisis sufficient to require outside intervention.

Although the emotional/mental health/behavioral factors normally associated with IFPS interventions seem to have been reasonably well addressed and sustained during the year following IFPS, slightly more than one-third (35%) of families still did not have financial resources sufficient to meet their basic needs. One fifth (19%) of families received TANF funds, and 26% received food stamps. One quarter (26%) described themselves as “poor to very poor,” and one fifth (21%) received SSI; two fifths (40%) received Medicaid.

These findings indicate that substantial numbers of IFPS families continue to experience significant financial stress following services, and these stressors are likely to precipitate future crises for families. For example, while housing was not described as a major stressor by most families, some families were experiencing major housing problems (e.g., being evicted, living in extreme poverty); about 9% described their housing as “less than adequate.” These kinds of stressors are not the type that can be addressed by IFPS over the long term, and speak to the need for other parts of the human services system to respond (e.g., Work First, housing, etc.).

Generally speaking, however, families that received services from IFPS providers report that they are coping quite well, particularly when compared to their circumstances at the time that those services began.

Retrospective Population Study of Effectiveness of IFPS

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

The evaluation team at the Jordan Institute for Families that has been conducting the ongoing longitudinal evaluation of IFPS was awarded the contract to conduct the “effects” study. The research model selected employed a retrospective examination of the population of families that had and had not received IFPS. This approach was selected in order to avoid the problems of using prospective, randomized assignment to groups. Those problems, experienced by other researchers, are likely to have contributed to the other studies’ inability to detect the treatment effects of IFPS.

The design called for the merger of data from several statewide information systems. The merger of data was necessary because essential data did not reside in any single repository. For example, IFPS-specific information resided in the IFPS database, CPS risk assessment data resided in the North Carolina Abuse and Neglect System (NCCANS) database, and child placement data resided in the Adoption and Foster Care Reporting System (AFCARS) database. The programming required to match records across the various databases was substantial, as was the construction of the IFPS and comparison populations. The study population comprised all families that had received IFPS services since 1995, which is the year that all the required

information systems were operational. The comparison population comprised all other families in North Carolina with child welfare histories dating back to 1995. The comparison families had not received IFPS services.

The comparisons between the IFPS and non-IFPS populations were carefully conducted to account for a variety of risk factors including the following: the CPS risk assessment rating following substantiation of child abuse or neglect; the number of prior substantiated reports on record for each family; the risk rating of prior substantiated reports on each family; and the number of previous out-of-home placements per family. Each comparison between IFPS and non-IFPS families was made utilizing groups that were matched on these variables, in various combinations.

The findings resulting from the comparisons were quite favorable with regard to determining the effectiveness of IFPS. In each case, the comparisons were made with respect to the placement rate at the end of IFPS services, and the placement patterns during the first year following completion of IFPS services. Thus, the primary research question framed “effectiveness” in the traditional context of “placement prevention.”

Generally speaking, IFPS outperformed traditional IFPS programs when the comparison groups included the high-risk families that IFPS is intended to impact. In fact, the more risk factors present in any comparison (e.g., high-risk families that had experienced previous out-of-home placements and also had two or more prior substantiated reports) the more effective was IFPS when compared to traditional services. In each case when risk factors are controlled, IFPS resulted in lower initial placement rates and delayed placement patterns following service completion. Conversely, when risk factors were not controlled during the analyses, IFPS did not always outperform traditional services. However, IFPS was never intended to “compete” with

traditional child welfare services when risk was less than “high”, because IFPS has been implemented typically as a placement prevention program.

The results of the study strongly support its continued use and expansion with respect to high-risk families. The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered at 5 to 6 months post-IFPS in those cases that concluded without a placement being made. When placement attrition occurs, it seems to occur at 6 to 9 months after service.

A comprehensive report on the study has been produced, titled: Final Report: A Retrospective Evaluation of North Carolina’s Intensive Family Preservation Services Program. The report is available from the North Carolina Division of Social Services. To obtain a copy of the report, contact The Division of Social Services, Resource Development Division, at (919) 733-2279, or by mail at 2410 Mail Service Center, Raleigh, NC 27699-2410.

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 ₁	647	\$ 4,382	\$ 2,835,154	26	\$ 4,382	\$ 113,932
MH/DD/SAS ₂	95	21,433	2,036,135	21	21,433	450,093
Juv. Justice ₃	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.

1. DSS out of home placement costs were obtained from Division of Social Services, Children’s Services Section.

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

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

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.

Summary of Implementation of IFPS Expansion Plan

The General Assembly appropriated \$2,000,000 in Temporary Assistance to Needy Families (TANF) funds for the expansion of the Intensive Family Preservation Program. The funding was designated to focus on children at risk of out-of-home placement; particularly those referred by the local Departments of Social Services. The expansion was developed and implemented on a regional basis in areas where foster care placements were disproportionately high when compared to the numbers of child cases substantiated for abuse, neglect, or dependency. The proportion of placements involving minorities was also used as a selection criteria, with those regions demonstrating an overrepresentation of minority children in foster care receiving special consideration.

The request for application process resulted in nine agencies being selected to provide services in 29 counties. All funded programs were required to establish and maintain collaborative partnerships with county Departments of Social Services and other human service agencies and organization. Since the selection of the expansion programs, state DSS staff has provided on-site consultation and technical assistance. The allocation for IFPS expansion included funding for the hiring of three staff positions. These positions have been filled, with a total of five program consultants providing technical assistance in all ten regions of the state.

All of the expansion programs are fully operational and accepting cases. Because casework for the expansion programs began during the current fiscal year, program specific evaluation data will first be reported in a report to the General Assembly no later than April 1, 2001.

Table 7 displays those counties and programs that are operating IFPS programs using expansion funds.

Table 7. List of Agencies Receiving IFPS Expansion Funds

Agency	County
Cumberland County Mental Health	Cumberland
Youth Homes, Inc.	Mecklenburg
Family Services of the Piedmont, Inc.	Guilford
Methodist Home for Children, Inc.	Robeson
Exchange Club Child Abuse Prevention Center	Forsyth
ASU/BIABH Study Center	Rutherford
Piedmont Behavioral Healthcare	Rowan
Methodist Home for Children, Inc.	Johnston
Rainbow Center, Inc.	Wilkes
Methodist Home for Children, Inc.	Region 9 - Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, and Perquimans counties.
Methodist Home for Children, Inc.	Region 10 - Beaufort, Carteret, Craven, Dare, Hyde, Jones, Lenoir, Onslow, Pamlico, Tyrrell, and Washington counties.

ATTACHMENT A

INTENSIVE FAMILY PRESERVATION SERVICES PROGRAMS		
PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Alamance/Caswell Area MH/DD/SAS Children and Youth Services 601 Rosenwald Street Burlington, North Carolina 27217	Deirdre King (336) 513-4300 Fax: (336) 513-4314	Alamance
Baptist Children's Home PO Box 338 Thomasville, NC 28361	Kim Steed (336) 747-1256 Fax: (336) 474-0205	Davidson
Blue Ridge Area MH/DD/SAS 257 Biltmore Avenue Asheville, North Carolina 28801	Meredith Moore (828) 258-2597 Fax: (828) 285-9679	Buncombe
Buncombe County DSS PO Box 7408 Asheville, North Carolina 28802	Becky Kessell (828) 250-5523 Fax: (828) 255-5260	Buncombe
Cabarrus County DSS PO Box 668 Concord, North Carolina 28026	Carolyn Eury (704) 786-7141 Fax: (704) 788-8420	Cabarrus
Catawba County DSS PO Box 669 Newton, North Carolina 28658	Charlotte Rorie (828) 465-8450 Fax: (828) 322-2497	Catawba
Choanoke Area Development Assoc. PO Box 530 Rich Square, North Carolina 27869	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Halifax, Northampton
Clay County DSS PO Box 147 Hayesville, NC 28904	Debbie Mauney (828) 389-6301 Fax: (828) 389-6427	Clay
Cleveland County DSS 130 S. Post Road Drawer 9006 Shelby, North Carolina 28152	Kim Reel (704) 487-0661 Ext. 260 Fax: (704) 484-1051	Cleveland
Cumberland Area MH/DD/SAS PO Box 3069 Fayetteville, North Carolina 28645	John Guest (910) 323-0510 Fax: (910) 323-9183	Cumberland
Foothills Area MH/DD/SAS PO Box 669 Marion, North Carolina 28752	Jim Hamilton (828) 652-5444 Ext. 221 Fax: (828) 652-7257	Alexander, Burke, Caldwell
Centerpointe Area MH/DD/SAS 836 Oak St. Suite 100 Winston-Salem, North Carolina 27101	Gerald Allen (336) 607-8601 Fax: (336) 607-8564	Davie, Forsyth, Stokes

ATTACHMENT A (continued)

INTENSIVE FAMILY PRESERVATION SERVICES PROGRAMS		
PROGRAMS	CONTACT PERSON	COUNTIES SERVED
<p align="center">Gaston County DSS 330 N. Marietta St. Gastonia, North Carolina 28052</p>	<p align="center">Penny Plyler (704) 862-7989 Fax: (704) 862-7885</p>	Gaston
<p align="center">Home Remedies Bringing It All Back Home 204 Avery Avenue Morganton, North Carolina 28655</p>	<p align="center">Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329</p>	Burke, Caldwell
<p align="center">Iredell County DSS PO Box 1146 Statesville, North Carolina, 28687</p>	<p align="center">Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329</p>	Iredell
<p align="center">Methodist Home for Children PO Box 10917 Raleigh, North Carolina 28779</p>	<p align="center">Marci White (919) 828-0345 Fax: (919) 755-1833</p>	Brunswick, Chatham, New Hanover, Pender, Pitt, Scotland, Wake, Wayne
<p align="center">Mountain Youth Resources 20 Colonial Square Sylva, North Carolina 28779</p>	<p align="center">Terri Beckner (828) 586-8958 Fax: (828) 586-0649</p>	Cherokee, Graham, Macon
<p align="center">Person County Family Connections 304 S. Morgan St. Room 111 Roxboro, North Carolina 27573</p>	<p align="center">Vickie Nelson (336) 597-1746 Fax: (336) 599-1609</p>	Person
<p align="center">Piedmont Behavioral Health Care 1305 S. Cannon Blvd. Kannapolis, North Carolina 28083</p>	<p align="center">Revela Nesbitt (704) 939-1151 Fax: (704) 939-1120</p>	Cabarrus
<p align="center">Sandhills Center for MH/DD/SAS PO Box 631 Rockingham, North Carolina 28379</p>	<p align="center">Opal Sherva (910) 895-2476 Fax: (910) 895-9896</p>	Richmond
<p align="center">Smoky Mountain Counseling Center 1207 East Street Waynesville, North Carolina 28786</p>	<p align="center">Terri Hager (828) 452-0680 Fax: (828) 452-0905</p>	Haywood, Jackson
<p align="center">Youth Focus, Inc. 301 East Washington Street Greensboro, North Carolina 27401 (pre-existing and expansion program)</p>	<p align="center">Betsy Winston (336) 333-6853 Fax: (336) 333-6815</p>	Guilford

ATTACHMENT A (continued)

INTENSIVE FAMILY PRESERVATION SERVICES PROGRAMS		
PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Expansion Programs		
<p>Centerpointe Area MH/DD/SAS 836 Oak St. Suite 100 Winston-Salem, North Carolina, 27101</p>	<p>Maria Maxwell (336) 607-8595 Fax: (336) 607-8564</p>	<p>Forsyth</p>
<p>Cumberland Area MH/DD/SAS PO Box 3069 Fayetteville, North Carolina 28645</p>	<p>Rodney Benn (910) 323-0601 Fax: (910) 323-9183</p>	<p>Cumberland</p>
<p>Exchange Club/SCAN 500 W. Northwest Blvd. Winston-Salem, North Carolina 27105</p>	<p>George Bryan, Jr. (336) 748-9028 Fax: (336) 748-9030</p>	<p>Forsyth</p>
<p>Family Services of the Piedmont 301 E. Washington St. Greensboro, North Carolina 27401</p>	<p>Chris Faulkner (336) 333-6910 Fax: (336) 333-6918</p>	<p>Guilford</p>
<p>Home Remedies Bringing It All Back Home 204 Avery Avenue Morganton, North Carolina 28655</p>	<p>Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329</p>	<p>Rutherford</p>
<p>Methodist Home For Children PO Box 10917 Raleigh, North Carolina 27605</p>	<p>Marci White (919) 828-0345 Fax: (919) 755-1833</p>	<p>Johnston, Robeson, Region 9 (Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans)</p>
<p>Piedmont Behavioral Health Care 1807 East Innes St. Salisbury, North Carolina 28146</p>	<p>Stephen Elliott (704) 633-3616 Fax: (704) 633-5902</p>	<p>Rowan</p>
<p>Rainbow Center, Inc. PO Box 1194 N. Wilkesboro, North Carolina 28659</p>	<p>Glenda Andrews (336) 667-3333 Fax: (336) 667-0212</p>	<p>Wilkes</p>
<p>Youth Focus, Inc. 301 East Washington Street Greensboro, North Carolina 27401 (pre-existing and expansion program)</p>	<p>Betsy Winston (336) 333-6853 Fax: (336) 333-6815</p>	<p>Guilford</p>
<p>Youth Homes, Inc. 500 E Morehead St. Suite 120 Charlotte, North Carolina 28202</p>	<p>Valeria Iseah (704) 334-9955x56 Fax: (704) 375-7497</p>	<p>Mecklenburg</p>

ATTACHMENT B

1999-2000 INTERAGENCY STEERING COMMITTEE MEMBERS	
<p>Sue Bell North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279 Fax: (919) 733-4756</p>	<p>Barbara Gomez North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279 Fax: (919) 733-4756</p>
<p>Brenda Green Family Representative PO Box 889 Garysburg, North Carolina 27831 (252) 536-3627</p>	<p>Charles C. Harris, Chief Children's Services Section North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-9467 Fax: (919) 715-0024</p>
<p>Berta Hammerstein North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279 Fax: (919) 733-4756</p>	<p>Beverly Hester North Carolina Division of Women's and Children's Health PO Box 27687 Raleigh, North Carolina 27611-7687 (919) 715-3905 Fax: (919) 715-3187</p>
<p>Julie Hayes-Seibert North Carolina Division of Mental Health, Developmental Disabilities & Substance Abuse Services 3509 Haworth Dr. Raleigh, North Carolina 27699 (919) 571-4900 Fax (919) 733-8259</p>	<p>Judy Julian North Carolina Department of Juvenile Justice and Delinquency Prevention Raleigh, North Carolina 27699 (919) 733-3011 Fax: (919) 733-0780</p>
<p>Ray Kirk, Ph.D University of North Carolina School of Social Work CB#3550 301 Pittsboro Street Chapel Hill, North Carolina 27599 (919) 962-6510 Fax: (919) 962-1486</p>	<p>Duncan Munn North Carolina Division of Mental Health, Developmental Disabilities & Substance Abuse Services 3509 Haworth Dr. Raleigh, North Carolina 27699 (919) 571-4900 Fax: (919) 733-8259</p>
<p>Adolph Simmons, Jr. North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279 Fax: (919) 733-4756</p>	<p>Sally Sloop North Carolina Partnership for Children 1100 Wake Forest Roas, Suite 300 Raleigh, North Carolina 27604 (919) 821-7999 Fax: (919) 821-8050</p>
<p>Heather Thomas North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279</p>	<p>Sonya Toman North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279</p>

Fax: (919) 733-4756	Fax: (919) 733-4756
Bernadine Walden North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27603 (919) 733-2279 Fax: (919) 733-4756	Marci White Methodist Home for Children PO Box 10917 Raleigh, North Carolina 27603 (919) 833-2834 Fax: (919) 755-1833

ATTACHMENT C
PROGRAM ALLOCATIONS AND EXPENDITURES FOR SFY 1999-2000
(expansion programs are listed in italics)

<u>Departments of Social Services</u>	<u>Allocation</u>	<u>Actual Cost</u>
Buncombe County DSS	100,000	127,379
Cabarrus County DSS	43,443	72,807
Catawba County DSS	77,500	81,360
Cleveland County DSS	194,197	294,318
Gaston County DSS	136,460	164,181
Iredell County DSS	50,710	50,710
 <u>Area Mental Health Programs</u>		
Blue Ridge Mental Health	21,997	42,670
Centerpointe Mental Health	43,443	84,258
<i>Centerpointe Mental Health</i>	62,000	109,577
Cumberland County Mental Health	32,582	30,998
<i>Cumberland County Mental Health</i>	32,582	None-(began in SFY 2001)
Foothills Area Mental Health	39,822	191,773
Piedmont Mental Health	32,582	121,044
<i>Piedmont Behavioral Health Care</i>	26,206	23,631
Sandhills Mental Health	75,000	97,932
Smoky Mountain Mental Health	90,506	65,280
 <u>Office of Juvenile Justice</u>		
Alamance County Mental Health	75,004	97,505
Youth Focus	25,000	181,078
 <u>Private Agencies</u>		
Baptist Childrens Home	0	45,640
BIABH	150,529	150,529
<i>BIABH (Rutherford)</i>	161,250	147,866
Choanoke Area Development Association	125,000	201,139
<i>Exchange/SCAN (Forsyth)</i>	63,945	63,945
Family Connections (Person County)	77,500	85,000
<i>Family Services of the Piedmont</i>	91,907	39,271
<i>Methodist Home for Children – Johnston</i>	9,142	9,385
<i>Methodist Home for Children – Region 10</i>	17,598	18,117

<i>Methodist Home for Children – Robeson</i>	9,211	9,478
Methodist Home for Children	589,038	878,204
Mountain Youth Resources	150,000	150,000
<i>Rainbow Center (Wilkes)</i>	25,100	11,411
<i>Youth Focus</i>	14,644	14,644
<i>Youth Homes (Mecklenberg)</i>	55,595	55,815
TOTAL (For All Programs)	2,699,493	3,716,945