

*Kentucky's  
Family Preservation Program*

*Comprehensive Program Evaluation*



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*Department for Community Based Services*

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**Family Preservation Program Evaluation: Executive Summary**

Kentucky's Family Preservation Program (FPP) refers globally to an array of short-term crisis interventions and support services provided in the family home. FPP services are a part of a continuum of prevention interventions designed to reduce abuse and neglect, maintain children safely in their home, improve parenting capacity, and facilitate the safe and timely return home for a child in out-of-home care (OOHC). To qualify for FPP services, families must be at imminent risk of losing children to OOHC or have a child in OOHC returning home.

FPP service is available in every county (120 counties) through a state network of non-profit contract agencies with coordination and referral to FPP at the regional DCBS office. FPP providers intervene within 72 hours of a DCBS (Department for Community Based Services) referral and are available 24/7 to work with the family. They teach skills, promote and model positive parenting, and connect families with community services. A range of FPP services is available for families with varying risks and needs for short term or longer term reinforcement and support as displayed here.

| <b>FPP Service</b>   | <b>Duration</b>    | <b>Intensity</b>              | <b>Conditions/Limitations</b>                              |
|--|--------------------|-------------------------------|--|
| Intensive Family Preservation Services (IFPS)                    | Average 4-6 weeks  | 8-10 direct service hrs/week  | Imminent risk of removal from home.                        |
| Family Reunification Services (FRS)                              | Average 6-17 weeks | 3-8 direct service hrs/week   | Child returning home within 15 month period.               |
| Family Preservation Services (FPS) (lower risk cases)            | Average 4-27 weeks | 3-8 direct service hrs/week   | Imminent risk of removal or child in OOHC to be reunified. |
| Families and Children Together Safely (FACTS) (lower risk cases) | Average 4-27 weeks | 3-8 direct service hours/week | Imminent risk of removal or child in OOHC to be reunified. |

Since the program's introduction many years ago, DCBS has closely monitored FPP providers for compliance with contract expectations and trained them in service delivery, but a formal evaluation of outcomes was first initiated in June 2006. This eight-part evaluation of FPP services was based on several data sources:

- FPP provider-collected data on all families and children served from July 1, 2006 to June 30, 2007, used alone and merged with TWIST (The Worker Information SysTem) data.
- Data from the State's Automated Child Welfare Information System (SACWIS) TWIST on referrals and out-of-home care (OOHC).
- Financial data.
- Two statewide surveys of DCBS staff and families served by FPP.
- Focus group with DCBS FPP leaders.

FPP Provider feedback was also obtained throughout the evaluation and incorporated into the methodology and this evaluation report.

## *Results*

### **Descriptive Profile of Families Served**

Between July 1, 2006, and June 30, 2007, 1,901 families with 4,133 children were referred for FPP services; 185 families (10.1%) were referred to a second or third service during the year. During that time, 219 families received assessment services only, and 172 families were in ongoing status, having begun but not completed FPP services at the end of the reporting period. The remaining families received a range of FPP direct service as displayed.

|                  | 0-20 hours service* | 21-34 hours service | More than 34 hours service | Total Families | Ongoing Status |
|------------------|---------------------|---------------------|----------------------------|----------------|----------------|
| Total            | 515                 | 494                 | 501                        | 1510           | 172            |
| <b>Overall %</b> | 34.1%               | 32.7%               | 33.2%                      |                |                |

*Note.* \* 0-20 hours of service was defined as 'incomplete' service.

Using the Northern Carolina Family Assessment Scales (NCFAS), 1,151 families were rated at both intake and closure. Between 42% and 67% of all families served, improved scores on any domain from intake to closure; 3-4% got worse. Parenting capacity (parent's supervision and discipline of children, parental mental and physical health) was the most improved. Despite gains in all areas of family function, up to 32% of families continued to struggle with weaknesses in parental capacity and environmental barriers at discharge. Longer FPP service was associated with more progress on family functioning and parenting capacity and less likelihood of ever entering OOHC.

### **Comparison of Referrals With and Without FPP Services**

Data on 2,214 unique children and 1,181 families that received FPP services were matched into a TWIST dataset with the most recent DCBS referral in a 14-month time period. Children in OOHC without a recent referral were not included in this analysis that compared children and families with FPP services to those without FPP service.

Families with FPP services had significantly more children than other referrals that were nearly one year younger than children in non-FPP referrals. Cases served by FPP had higher cumulative risk ratings (18.5 of 28 points) compared to 17.4 for non-FPP referrals. FPP cases showed significantly more risks than non-FPP cases from mental health issues, domestic violence, serial relationships and income issues. Nearly 91% (90.8%) of the substantiated cases served by FPP compared to 72.9% of non-FPP cases had income issues presenting as risks to children. Overall, families served by FPP with recent substantiation of abuse and neglect had 4.7 risks to child safety compared to 4.1 risks in substantiated cases without FPP. The cases served by FPP had much higher rates of chronic abuse with 2.1 more prior referrals and more open cases since 2002. However, only twenty families (2.7%) completing FPP services had a subsequent substantiated referral within six months of ending services, compared to 6.5% of other families.



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### **Comparative of Out-of-Home Care With and Without FPP Services**

More than 65% percent of children served by FPP never had past or current placements in OOHC, but 34.3% of children served by FPP and 32% of families served had at least one episode of OOHC.

Only 6.3% of all children and families served by FPP had a stay in OOHC that began *after* FPP services. Families with children entering OOHC after FPP services had shorter duration of FPP services and made less progress on NCFAS scores especially on the child safety domain.

We matched the FPP provider-collected data into a TWIST OOHC dataset. Overall, children with FPP services and an episode of OOHC tended to be younger, more often neglected or physically abused, with more prior episodes of OOHC, and more inadequate housing than other children in OOHC without FPP services. We categorized the 34.3% of FPP-served children with OOHC experiences into three groups based on the sequence of FPP services and placement:

- FPP services before entering OOHC; included 6.3% (252 children) served.
- FPP services begin during OOHC; included 11.0% (436 children) served.
- FPP services after OOHC exit; included 13.4% (532 children) served.

Children that entered OOHC after FPP tended to be the oldest group served, had more severe behavioral problems and more prior episodes in OOHC. Children referred for FPP during OOHC tended to be infants with poor or no housing and a higher rate of physical abuse than other children in OOHC. Children referred for FPP after OOHC tended to have the highest rates of physical abuse and overall were beyond the infant years, but still considerably younger than other children served by FPP or in OOHC.

Having FPP services at any time was associated with more positive experiences and outcomes during OOHC even after adjusting for the younger age of children served by FPP. Children with FPP spent fewer (3.0) months in care, had fewer placement moves, were more often placed with siblings, and had more Family Team Meetings. The rates of children reunified after OOHC that had FPP services were much higher (76.5% vs. 54%) than for children without FPP services. African-American children were underserved relative to the rates of children in OOHC particularly for having services after OOHC.

Overall, FPP services were used for many reasons: to prevent OOHC entry or reentry, to speed and support reunification and to support adoptive and relative placements. Services were provided at varying times throughout the life of a case to families and children with more chronic involvement with the child welfare system. Despite this chronic abuse and neglect, a far lower percentage of children (6.3%) enter OOHC after FPP than the 32.7% in substantiated referrals that ultimately enter OOHC.

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**Unmet need for FPP Services**

Three decision rules were developed to identify unmet need for FPP services during the period under study (July 1, 2006 to June 30, 2007); results were:

- Based on the fact that 32.7% of all substantiated referrals ultimately enter OOHC, we compared families served by IFPS, FPS, and FACTS to the number that enter OOHC. More than 2,400 families at imminent risk were not served by FPP.
- More than 1,400 children entering OOHC were identified as having unmet needs for IFPS service when aiming to serve only 40% of children entering OOHC.
- Reunification FPP services were needed by more than 1,700 children.

Unmet needs varied by county and service region. African-American children were especially underserved when exiting OOHC.

**Cost Benefit Analysis of FPP services**

Total Costs for FPP from July 1, 2006, to June 30, 2007 = \$6,139,414.80

Total Cost Avoidance = \$17,501,511 (see table below)

Ratio of Costs to Savings = for every \$1 of FPP services, savings OOHC costs = \$2.85.

Average cost of serving one family with FPP = \$4,584.20

Average cost of serving one child in OOHC for 9 months = \$21,282

| <b>FPP Cost Avoidance Summary</b>                            | <b>Cost Avoidance</b> |
|--|-----------------------|
| 500 children avoid short stays of 60 days in OOHC            | \$2,330,700           |
| 201 children avoid 15 months (457 days) of OOHC              | \$7,136,370           |
| 995 children with 3.0 months (91 days) shorter stays in OOHC | \$7,034,441           |
| Costs of staff, stipends, and supports to foster parents     | >\$1,000,000          |
| <b>Total Cost Avoidance: At least</b>                        | <b>\$17,501,511</b>   |

Cost-benefit analysis was completed using the most conservative numbers available; these figures likely underestimate the cost avoidance and fail to consider the subjective benefits to families and children.

**Clients Served by FPP: Survey Results**

Client surveys were mailed to all Kentucky families that received FPP services between 7/1/06 and 3/1/07; 194 were completed and returned, for a response rate of 27.8%.

- 92% agreed or strongly agreed that their FPP worker treated them with respect.
- More than 83 % of survey participants agreed or strongly agreed that their FPP worker was available when needed, understanding, and taught them useful skills.
- An average of 64% on any item reported their in-home worker helped the family deal with feelings, manage children, handle problems and talk with each other.
- 26% reported the lack of transportation or the lack of services as a barrier.
- 84% reported that they would recommend FPP to others, ask for services again, and use new skills to manage their home and family now.

### **DCBS Staff Perceptions: FPP Survey Results**

Of the 1,697 front-line workers, specialists, supervisors and administrators targeted by the survey, 695 responded, for a response rate of 41%.

- On average, respondents had eight years experience.
- Between 58% and 72% of all workers agreed or strongly agreed with each of 15 descriptions of FPP providers' performance, indicating high satisfaction.
- 85% agreed that more FPP services should be more available;
- 83% would refer other families to FPP.
- The lowest satisfaction ratings dealt with documentation from FPP providers.
- 52% rated FPP workers' understanding of DCBS policy as a barrier at least some of the time.
- 43% identified FPP workers' failure to confront families on high-risk issues as a barrier at least some of the time. 14% rated it as a moderate or strong barrier.

### **DCBS FPP Leadership Focus Groups**

Twelve DCBS FPP referral and selection coordinators, CPS specialists, and clinical associates representing seven of nine service regions attended a focus group on Dec. 4, 2007, to contribute to the overall evaluation of FPP. Key findings of this process were:

- FPP services were valued as very helpful to DCBS clients, and they were highly satisfied with services.
- They identified the priority for the coming year as improving the quality and quantity of FPP services (e.g., refocus on basics of FPP).
- Services should be expanded so that a full range of services (IFSP, FRS, FPS and FACTS) are available in all regions. Reunification services (FRS) should be available to relatives, adoption parents, and kinship care relatives.
- Opportunities exist to improve the consistency of the referral process and the FPP treatment delivery system that varies across regions.
- Need to maintain fidelity of the Homebuilder's<sup>®</sup> models.
- Communication between FPP providers and DCBS could be improved by weekly updates from FPP, regular meetings with FPP providers, a FPP Web site for sharing information, and regular case closure meetings.

### ***Conclusions***

FPP services are provided to families with high risks, young children and more chronic involvement with CPS services in a highly diverse service delivery system. Despite this diversity, FPP services are successful in reducing entry to OOHC, speeding reunification for children, and promoting family well being. Families and DCBS front-line staff and leaders are highly satisfied with FPP services but frustrated with the limited availability of services for more than 2,000 families per year in substantiated referrals, 1,400 children entering OOHC and another 1,400 children being reunified with their families.

Conservatively, each dollar spent on FPP saves \$2.85. Opportunities to improve communication between DCBS and FPP and expanded services are recommended.

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## **Part I: Background and Program Evaluation Design**

The purpose of this report is to describe in detail the background and rationale of the Family Preservation Program, the program evaluation plan and methodology, and the results of the program evaluation and the implications. The report begins with a literature review, then covers the background of the current FPP program and ends with the results of the program evaluation.

### **Literature Review**

Since the Children's Bureau was established in 1912, tension persisted between the need to protect the rights of parents and the need to protect the welfare of children. This tension, in turn, engendered some ambivalence about which, the parent or the child, was most important, resulting in wavering public policy and minimal funding devoted to prevention (Ripple & Zigler, 2003). Instead of building parental capacity and community supports, the bulk of all funding and attention was, and continues to be, devoted to protecting children by placements in foster and residential care.

On the other hand, extensive research demonstrates that family-centered programs have a greater impact on family and child functioning than focusing efforts on either the parent or the child alone (see Coie et al., 1993; Dryfoos, 1997; Kazdin, 1993). The concepts guiding "systems of care" principles where services are coordinated within a continuum of individual to family need emerged from this knowledge. In a system of care, families at risk have their basic needs met, are involved through information and training, identify their concerns, share in the decision-making and join with professionals to achieve goals that promote child well being (Lyons, 2004). Family preservation is a program that embodies these principles and provides an alternative to considering either the child or the adult. FPP instead considers the family and asks the rhetorical question, "What if we supported struggling families to keep children safe and improve adult parenting capacity?"

The Family Preservation Program (FPP) in Kentucky refers globally to an array of short-term crisis interventions and support services for families with varying levels of risk. In its purest forms, Intensive Family Preservation Services (IFPS) and Family Reunification Services (FRS) are delivered using the Institute for Family Development Homebuilder's<sup>®</sup> model. This model is intended to safely maintain children in their homes, prevent unnecessary placement in out-of-home care, facilitate the safe and timely return home for a child in placement, and strengthen parenting capacity. Although previous research found that IFPS programs were least effective with neglectful families (Berry, 1992), recent research by the Washington State Institute for Public Policy (2006) found that greater adherence to the Homebuilder's model was associated with the reduction in placement into out-of-home care (OOHC) and reduction in the recurrence of child abuse and neglect. Non-homebuilder models, in contrast, were found to have no effects of outcomes (Washington State Institute for Public Policy, 2006). Previous evaluations of IFPS services have included small sample sizes with Berry (1992) examining 40 families and the evaluation of Michigan's Family First Program ([www.michigan.gov](http://www.michigan.gov), 2002) based

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on 225 children. Researchers (University Associates, 1993) estimated that the cost benefits of FPP were \$2.54 for each dollar spent.

Family Preservation Programs in Kentucky are a part of the prevention continuum of service delivery called "Partners in Prevention." The term "prevention" is used broadly to mean achieving child safety and optimal parental care, strengthening the family's protective capacity to combat abuse and neglect, ensuring that every child is with a permanent family and achieving optimal child and youth well-being. "Partners in Prevention" stresses the collaboration required and the proactive striving needed to prevent flawed or second-rate outcomes. We seek empowered families with adequate resources, children that are well-cared for and learning, and youth prepared for adult success.

This program evaluation is part of the Partners in Prevention initiative. As Ripple and Zigler (2003) recommend, a prevention program evaluation should adopt a contextual, multivariate approach to assessing program effects ... that recognize the "infeasibility of random assignment studies" (pp. 488-489). More appropriate and less costly methods of program evaluation are recommended, over randomized control trials, such as the use of comparison groups to examine impact and qualitative methods (Tebes, Kaufman, & Connell, 2003). This evaluation plan incorporated the thoughts and suggestions of these authors and those of Lyons (2004). It is a naturalistic comparative study.

The program evaluation design was based on the practitioner-research partnership ideas where the providers and consumers of services were actively engaged in the design, implementation, and interpretation of results (Hess & Mullen, 1995). It incorporates a variety of methods for data collection and statistical analysis. However, random assignment to treatment conditions was not used. Implementing random assignment in a statewide system requires control of all service delivery options through multiple community partners; such control is virtually impossible to achieve. Social service workers are ethically bound to provide services to families in need and are very resourceful in finding services to benefit families regardless of research studies. These conditions are likely to confound any control group comparisons.

## **Background and Rationale of FPP in Kentucky**

### **Purpose and Outcomes**

The Family Preservation Program (FPP) is a global term for several short-term crisis-interventions designed to maintain children safely in their home, improve parenting capacity, and facilitate the safe and timely return home for a child in out-of-home care (OOHC) placement. To qualify for services, families must be at imminent risk of losing children to OOHC or have children returning to their home from OOHC. FPP providers intervene within 72 hours of a DCBS (Department for Community-Based Services) referral to screen the family for their readiness and willingness to participate in services; providers are available 24/7 to work with the family. FPP service is available in all 120 Kentucky counties through a state network of nonprofit agencies under state contract with

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coordination and referral by the regional DCBS offices. Providers of FPP service spend at least 32-40 hours in the home intensively intervening over four to six weeks or longer with supportive services.

Family Preservation Program services are designed to achieve three outcomes of the Child and Family Services Review (CFSR) critical to the mission of DCBS:

1. Children are safely maintained in their homes when possible and appropriate (CFSR Safety 2).
2. Children have permanency and stability in their living situations (CFSR Permanency 1).
3. Families have enhanced capacity to provide for their children's needs (CFSR Well Being 1).

Specific FPP contract negotiations include expectations that at least 75% of the children who are identified at imminent risk of removal will be safely maintained in their home at six and twelve months after the termination of FPP services. Similarly, Time-Limited Reunification Services (FRS) are expected to facilitate the return from out-of-home care for at least 75% of the children referred, and maintain at least 75% of the children returned safely in the home at a six- and 12-month follow-up.

All families receiving FPP services are assessed using the *North Carolina Family Assessment Scale* (NCFAS) (Reed-Ashcraft, Kirk, & Fraser, 2001) and the related Reunification Scale (NCFAS-R) at entry, possibly at interim, and at completion. Rating scores and change scores measure the family's capacity to provide for the child's needs.

### **Service Delivery Description**

- FPP service is provided in the home through direct face to face contact with the family and through telephone calls and other case management supports to the family.
  - FPP direct service providers are often referred to as "in-home workers."
  - FPP is available in all of Kentucky's 120 counties. Each provider agency has linkages and agreements with the regional DCBS office for local decision making and coordination.
  - FPP is funded through State General Funds, and Title IV-B Subpart II, Promoting Safe and Stable Families.
  - Each DCBS service region has one designated FPP Referral and Selection Coordinator responsible for screening families and for making referrals to family preservation and reunification services.
  - DCBS case managers (social service workers) make referrals to FPP services by submitting requests to the regional FPP Referral and Selection Coordinator.
  - FPP Providers maintain 24 hour-a-day, 7 day-a-week availability to families referred for services to ensure an immediate response to family crisis. This crisis period is the optimal time when families most need and are most ready to accept services.
  - In-home FPP workers carry a limited caseload to facilitate intensive therapy intervention.
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- In the course of providing services to families, FPP in-home workers and their supervisors may participate in school-based meetings, coordinate mental health services and locate both hard and soft resources, ranging from food and diapers to counseling and parenting classes.
- FPP providers and supervisors may also participate in cross training with DCBS and other service providers.
- FPP providers and DCBS staff have flexible funds available for families to assist in managing crisis situations such as needs for utilities, rent, transportation, or child care.

The term Family Preservation Program (FPP) refers to a range of services with differing funding sources and length and intensity of treatment. The full service array of FPP is displayed in Table 1. If families are found, for several reasons, to be inappropriate for FPP services, the family's services are recorded as "assessment only services." Other families may discontinue involvement with FPP providers before completing the program.

**Table 1**  
*Family Preservation Program (FPP) Service Array and Definitions*

| <b>FPP Service</b>   | <b>Duration of Service</b> | <b>Intensity of Service</b>   | <b>Funding</b>  | <b>Conditions/Limitations</b>  |
|--|----------------------------|---|---|--|
| Intensive Family Preservation Services (IFPS)              | Average 4-6 weeks          | Average minimum 8-10 direct service hours per week. Caseload size: 2-4 families at a time             | State general Funds and Federal IV-B Subpart 2 Preservation | Risk of removal from home is imminent (confirmed by DCBS Referral and Selection Coordinator).                            |
| Family Reunification Services (FRS)                        | Average 6 - 17 weeks       | Average minimum 3-8 direct service hours per week. Caseload size: not to exceed 6 families at a time. | Federal IV-B Subpart 2. Time-Limited Reunification.         | Child must be returned home within the 15 month period (of the last 22 months) since the child entered out of home care. |
| Family Preservation Services (FPS) (lower risk cases)      | Average 4 -27 Weeks        | Average minimum 3-8 direct service hours per week. Caseload size: not to exceed 6 families at a time. | Federal IV-B Subpart 2. Family Preservation                 | Child at risk of removal from home. Or child is in out-of-home care to be reunified with family.                         |
| Families and Children Together Safely (FACTS) (lower risk) | Average 4-27 weeks         | Average minimum 3-8 direct service hours per week. Caseload size: not to exceed 6 families at a time. | Social Services Block Grant; 80% State, 20% Federal         | Child at risk of removal from home. Or child is in out-of-home care to be reunified with family.                         |

### **Family Selection Criteria for FPP**

1. Most families served have been referred to DCBS with allegations that meet the criteria for child abuse and/or neglect.
2. Most families receiving FPP have an open case with DCBS.
3. A few families are referred through the Regional Interagency Council (RIAC) if the child is at imminent risk due to serious emotional disturbances (SED), and may not have an open DCBS case.
4. At least one child in the home must be at imminent risk for removal from the home and placement in out-of-home care for family preservation services.
5. Reunification services are provided prior to or shortly after children in out-of-home care are reunified with their parents.
6. Families with substance abuse present that are not actively in treatment or families where the sexual perpetrator has access to the children are excluded from FPP services because the safety risks are considered too high.

### **Management and Oversight**

DCBS has consistently provided contract monitoring of the agencies providing FPP services. As new agencies establish contracts with DCBS, they are trained and expected to conform to the expectations of contract monitoring. Throughout the partnership with FPP providers, regional and state level oversight is provided as follows:

- Regional management teams are comprised of the DCBS SRA (Service Region Administrator) or designee, FPP Referral and Selection Coordinator, other DCBS staff as needed and the FPP provider agency program supervisor and staff as needed.
- The regional management team determines any specialized FPP preservation services and provides ongoing oversight of the services and their use.
- FPP staff regularly communicates and collaborates with DCBS staff to improve referral processes and service delivery to families.
- Two DCBS FPP coordinators, located in the state capital of Frankfort, provide leadership, coordination, training, FPP practice consults, contract monitoring, and existing program evaluation. They meet regularly with all providers to enhance communication and coordination, and coordinate services with the DCBS regional management team.

### **Previous FPP Program Evaluation**

Providers are contractually required to submit data to the FPP Coordinators on the families served including demographic information and family scores on the NCFAS at intake, interim, and discharge. They are required to follow-up with the family at three, six and 12 months to determine if the child remains safe at home. Contracts are monitored to ensure that the family is seen within 72 hours of a referral, that the number of families served meets contract expectations, that children are maintained safely in their home, and that FPP expenditures are appropriate. Using provider-collected data, FPP coordinators and providers document the contractual outcomes of the program. The

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existing data collection system, the current use of the Homebuilder's<sup>®</sup> model, the consistent use of NCFAS scores to measure parental capacity change, and the process of FPP and DCBS joint self-evaluation are strengths that support this expanded program evaluation of FPP.

In addition, FPP agencies and coordinators are committed to having well trained FPP providers that utilize the Homebuilder's<sup>®</sup> model. The fidelity of the Homebuilder's<sup>®</sup> model is maintained by regular consultation, technical assistance, and training by the Institute for Family Development. As research has shown, adherence to fidelity improves program outcomes (Berry, 1995). Throughout the process, the collaboration between DCBS and the provider agencies is strengthened by the DCBS FPP coordinators. The partnership is further reinforced through DCBS/Family Preservation Program cross-training such as the following formal joint and on-going trainings:

- Fundamentals of FPP,
- Improve Decision-Making through Critical Thinking,
- Motivational Interviewing and Relapse Prevention,
- Domestic Violence (DV) and Family Preservation Services,
- Responsive Management and Supervision,
- Supervising FPP Services, and
- Program Consultation and QA.
- Interactive Family Assessment and Outcome-Based Services Planning

### **Results of Previous Program Evaluation**

The following Family Preservation Program data are from the period beginning April 1, 2005, and ending March 31, 2006:

#### **Intensive Family Preservation Services (IFPS):**

- 728 families served
- 1,648 children at risk of placement
- 1,600 children remained safely in the home (97%)
- 1,016 out of 1120 children remained in the home 6 months after services ended (91%)
- 770 out of 864 children remained in the home 1 year after services ended (89%)

#### **Time-Limited Reunification Services (FRS):**

- 335 families served
- 670 children to be reunited
- 624 children safely returned home (93%)
- 457 out of 513 children remained in the home six months after services ended (89%)
- 338 out of 397 children remained in the home one year after services ended (85%)

#### **FACTS and FPS Services:**

- 334 families served
-

- 748 children at-risk
- 714 children remained safely in the home (95%)
- 504 out of 537 children remained in the home 6 months after services ended (94%)
- 494 out of 571 children remained in the home 1 year after services ended (87%)

*At the one-year follow-up, 85-89% of children at risk of removal remained in their homes.* This finding exceeds the contract expectation for FPP services.

Table 2 displays scores on the NCFAS compared at intake and closure for FPP families completing services between April 1, 2005, and March 31, 2006. As seen in this table, each of five categories on the NCFAS improved from intake to closure. In Table 2 and 3, the NCFAS scores are dichotomized so that the percent of families functioning as adequate (baseline of 0) to higher (strengths as +1 or +2) are compared to families scoring in the range of weakness (-1 to -3). The percent of all families scoring at baseline or higher is displayed.

**Table 2**

*NCFAS Change: Intensive Family Preservation Service (April 1, 2005 - March 31, 2006)*

| <b>n = 913</b>        | <b># Families Baseline or Above at Intake</b> | <b># Families Baseline or Above at Closure</b> | <b>n = 913</b>        | <b>% Families Baseline or Above at Intake</b> | <b>% Families Baseline or Above at Closure</b> |
|-----------------------|---|--|-----------------------|---|--|
| Environment           | 383   | 624  | Environment           | 42%   | 68%  |
| Parental Capabilities | 284   | 597  | Parental Capabilities | 31%   | 65%  |
| Family Interactions   | 415   | 619  | Family Interactions   | 45%   | 68%  |
| Family Safety         | 445   | 676  | Family Safety         | 49%   | 74%  |
| Child Well being      | 330   | 583  | Child Well being      | 36%   | 64%  |

Table 3 displays scores on the NCFAS-R compared at intake and closure for families completing FRS (Family Reunification Services) between April 1, 2005, and March 31, 2006. As seen in this table, each of seven categories on the NCFAS-R improved from intake to closure. As above, the NCFAS scores are dichotomized so that the percent of families functioning as adequate (baseline of 0) to higher (strengths as +1 or +2) are compared to families scoring in the range of weakness (-1 to -3). The percent of all families scoring at baseline or higher is displayed.

**Table 3***NCFAS Change: Time-Limited Reunification Service (April 1, 2005 - March 31, 2006)*

| <b>n = 272</b>           | <b># Families<br/>Baseline or<br/>Above at<br/>Intake</b> | <b># Families<br/>Baseline or<br/>Above at<br/>Closure</b> | <b>n = 272</b>           | <b>% Families<br/>Baseline or<br/>Above at<br/>Intake</b> | <b>% Families<br/>Baseline or<br/>Above at<br/>Closure</b> |
|--------------------------|---|--|--------------------------|---|--|
| Environment              | 153   | 190  | Environment              | 56%   | 70%  |
| Parental<br>Capabilities | 117   | 187  | Parental<br>Capabilities | 43%   | 69%  |
| Family<br>Interactions   | 148   | 182  | Family<br>Interactions   | 54%   | 67%  |
| Family Safety            | 160   | 192  | Family Safety            | 59%   | 71%  |
| Child Well<br>being      | 133   | 191  | Child Well<br>being      | 49%   | 70%  |
| Ambivalence              | 170   | 212  | Ambivalence              | 63%   | 78%  |
| Overall<br>Readiness     | 139   | 194  | Overall<br>Readiness     | 51%   | 71%  |

### **Current Family Preservation Program Evaluation Background**

In June 2006, a formal program evaluation of FPP was initiated to compare the referral characteristics of families served or not served through FPP and to examine the statewide effects of FPP on child and family outcomes. This evaluation is part of the DCBS "Partners in Prevention" initiative. "Partners in Prevention" strategies are innovative, community-based, family and child-centered, integrative between agencies, consistently collaborative, supported by evidence, strength-centered, with blended funding. FPP is one of the largest programs within the prevention continuum. Program evaluation of FPP was needed to document the effects of prevention efforts and to plan for future needs. The methodology used in this evaluation serves as a protocol for other prevention initiative evaluation efforts.

This expanded program evaluation is the culmination of the input and work of numerous staff and providers over eighteen months. Key Stakeholders in the design were Lisa Durbin, Lynda Robertson, Charity Roberts, FPP provider agencies supervisors, Chris Cordell, Mike Jennings, Child Protection Specialists, and former DCBS Commissioner Mark Washington. In 2006, pivotal planning meetings were held on Sept. 18, Oct. 13 and Dec. 8 with small group and follow-up meetings held between. Focus groups and brainstorming sessions were used to develop the datasets and survey measures. Several

pilots were conducted to test the evaluation plan and to improve data integrity in preparation for the final program evaluation plan.

The current FPP contract monitoring and program evaluation was expanded to include the following eight components:

1. Descriptive profile of the families and children served by FPP and the changes in family functioning among these families.
2. A comparative study of the families receiving FPP and other families involved in referrals to DCBS that did not receive FPP services.
3. A comparison of children receiving FPP and children not receiving FPP regarding their placement and experiences in out-of-home care (OOHC).
4. An analysis of unmet needs for FPP.
5. A cost-benefit analysis of FPP services.
6. A statewide survey of families receiving FPP about their satisfaction with service delivery, the barriers, and the outcomes of FPP.
7. A statewide survey of DCBS staff about their satisfaction with service delivery, the barriers, and the outcomes of FPP.
8. Focus group DCBS FPP leaders.

Feedback from FPP providers was incorporated throughout the evaluation process and contributed to the methodology and interpretation of program evaluation findings.

### **FPP Program Evaluation Methodology**

To implement this program evaluation, data from a number of sources were either gathered or collected. Quantitative data came from The Worker Information System (TWIST), provider-collected data, and financial data. These data sources were used together to describe FPP services and answer questions about the comparative effects of FPP on outcomes. Data from surveys of DCBS staff and clients and focus groups, that was more qualitative in nature, were used to answer questions about satisfaction, barriers to service delivery, perceived outcomes, and needed policy changes. The overall research design was naturalistic and quasi-experimental. We studied what happened in the program under natural conditions and used comparative statistics for groups with or without FPP services to examine differences in process or outcome.

### **Quantitative Data-Based FPP Program Evaluation**

The data traditionally collected by FPP providers was expanded to include: number of total hours spent with the family, the specific names of each child receiving FPP services or in the home, the number of children in the family, race of the child, TWIST ID number or social security number for each child, TWIST case number, and notes to clarify the data. The provider-collected data also included the provider agency name, dates of service, type of service (IFPS, FRS, FPS or FACTS), DCBS referring worker, county of service, status at follow-up, and NCFAS scores at initial, interim, and closing evaluation.

The FPP provider-collected datasets were merged with two TWIST datasets using common child and family ID variables. One TWIST dataset included all children involved in referrals in the previous 14 months; it included children involved with

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investigations and FINSAs (differential response). Data from this merged file was used to answer questions about the relative risks of children and families involved with FPP compared to all other referrals and to compare families receiving and not receiving FPP services on demographic information, referrals status, risks and risk factors, family data, and type of abuse.

A second OOHC administrative dataset included all children in OOHC since 1996 with extensive demographic data and variables about their experiences in OOHC. Data were merged with FPP data to answer questions about children in OOHC prior to and after FPP and compared FPP and non-FPP children in OOHC on length of stay, placement stability and exits, and demographics such as age at entry and reasons for entry to OOHC.

FPP provider-collected data were handled as follows:

1. Data on all families and children served were submitted to the DCBS FPP Coordinators in late July 2007.
2. The FPP Program Coordinators logged the data, cleaned the data, and added case numbers or SSN from TWIST to complete missing data as available.
3. The data were assembled into one dataset and sent to TWIST staff that completed data for missing fields such as Case ID numbers or Individual ID numbers to improve data integrity and completeness.
4. Once assembled, the datasets required extensive visual inspection and cleaning prior to analysis.

### **Qualitative FPP Evaluation: Surveys and Focus Groups**

Survey measures were designed in a series of steps with FPP agency providers, DCBS FPP Coordinators, Information and Quality Improvement (IQI) Team, and Child Protection workers and supervisors. Two surveys were initiated in March and April 2007, one for clients and one for DCBS staff in the Division of Protection and Permanency. Focus groups were initiated in December 2007 with the regional FPP Referral and Selection Coordinators. Detailed descriptions of the methodology are included later.

#### **Client Survey:**

- A list of addresses for each family served was generated by the FPP providers that included the name of the FPP in-home worker. All families that received FPP services from July 1, 2006 to March 1, 2007, were included.
- A cover letter accompanied the survey and included the name of the FPP in-home provider, and all elements of informed consent.
- The survey was written at the fourth-grade reading level and coded for type of FPP service and county of service prior to the mailing.
- Two mailings were used. The first included a stamped returned envelope; the second sent three weeks later included a replacement survey and a business reply envelope.

#### **Staff Survey:**

- A survey of all DCBS staff on FPP services was conducted using Zoomerang Web-based survey technology.
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**Table 4***FPP Program Evaluation Timeline and Action Steps: 2006 to 2007*

| <b>Date</b>           | <b>Task</b>  | <b>Expected Outcome/Completion</b>  |
|-----------------------|--|---|
| June 2006             | Began discussion of FPP program evaluation.  | Gather all information, documents, and existing data.   |
| Sept. 8, 2006         | Met with FPP providers to show results of previous evaluation and demonstrate program evaluation concepts.                                       | Providers understand the expectations of the program evaluation and design the data collection procedures. Set date of Oct. 1 to submit sample data to test methods.  |
| Oct. 13, 2006         | Met with FPP providers to demonstrate data analysis and plan for final provider-collected data.  | Providers refine the data collection process to improve data integrity and set deadline of Feb.10, 2007, for first full data submission.  |
| Dec. 8, 2006          | Met with FPP providers to develop ideas for surveys.   | Draft survey based on brainstorming by FPP providers. Draft of ideas for cover letters and survey logistics.  |
| Jan. 19, 2007         | FPP Providers reviewed and refined client and DCBS staff survey and implementation strategies.   | Revisions to survey measures, cover letters, timeline, data submission, and logistics. Finalize FPP program evaluation plan.  |
| January to March 2007 | Refined and tested the surveys with CPS staff and clients. February meeting with DCBS FPP liaisons. Tested the client surveys with two families. | DCBS staff reviews and refines the surveys, cover letters, and ensures that we are asking the right questions. Two families (Carroll and Jefferson Counties) reviewed the survey and cover letters, and made revisions for clarity and relevance. |
| Feb. 10, 2007         | Preliminary dataset from FPP providers submitted to DCBS FPP Coordinators.   | Data on all children in families served by FPP between July 1, 2006 and Jan. 31, 2007, used to test and refine methodology.   |
| Feb. 26, 2007         | Returned the list of families for the FPP client survey to FPP providers.  | Providers added client addresses, names of in-home workers, cleaned dataset, and flagged addresses judged as less reliable.   |
| March 5, 2007         | Zoomerang survey developed by Eastern Kentucky University (EKU).   | Link sent from central office to all CPS staff, supervisors, and leaders.   |
| March 6, 2007         | Met with FPP coordinators and research team to discuss results of preliminary data analysis.   | Clarified outcomes and limitations, identified errors, began interpretation, planned additional analysis of data to refine the program evaluation methodology and results.  |
| March 15, 2007        | FPP providers returned completed mailing list of all families receiving FPP services since July 1, 2006.   | FPP providers returned list of clients with addresses and identified addresses that they were either confident of or uncertain about.   |



| Date              | Task  | Expected Outcome/Completion  |
|-------------------|---|--|
| March 15-30, 2007 | Names and addresses of FPP clients were checked by CQI specialists in the regions and updated as appropriate. | SRAs and CQI specialists in each region were alerted through letter and email of the task needed. They worked with DCBS supervisors to update addresses as able. |
| March 2007        | Tested methodology of matching to TWIST datasets using ID number and SSN.                                     | Achieved the most complete and reliable data and merge these into the OOHC and referral master datasets for analysis.  |
| March 27, 2007    | Met with the central office prevention team to share preliminary FPP program evaluation results.              | Clarified outcomes and limitations, identified errors, began interpretation, planned additional analysis of data.  |
| April 2, 2007     | Mailed survey to FPP clients.   | Two mailings with about 1,000 surveys per mailing. Follow-up postcards in May.   |
| June 2007         | Began discussion on data collection procedures for 07-08 with FPP data providers and Coordinators.            | Decided to move from excel datasets to an internet data collection process for subsequent analysis.  |
| July 30, 2007     | FPP Providers submit data on all FPP clients to DCBS FPP Coordinators   | Clients served between July 1, 2006. and June 30, 2007. (FY2007) included in the final data submission.  |
| August 2007       | Meetings with FPP Coordinators and other to review preliminary results and design long-term data collection.  | Clarified outcomes and limitations, identified errors, began interpretation, planned additional analysis of data.  |
| Oct. 16-19, 2007  | Statewide training in NCFAS-G and NCFAS-R; four Kentucky sites.   | Trainer Casandra Firman from the National Family Preservation Network provided statewide training. 200 licenses for NCFAS issued.                                |
| November 2007     | FPP providers trained in data entry processes on family preservation Web-entry site.                          | All providers are trained and learn the site. Modifications made to the data entry site as needed or suggested.  |
| Dec. 1, 2007      | Draft report on FPP services completed.   | Ready for refinement, interpretation, and action planning with multiple groups.  |
| Dec. 3, 2007      | FPP web-based data collection system roll-out.  | Web-site data entry ready and providers trained to improve data consistency and integrity.   |
| Dec. 4, 2007      | Focus groups with FPP Referral and Selection Coordinators.  | Presentation of FPP report, implications for action, input to evaluation.  |
| Jan. 2, 2008      | Final FPP report.   | Evaluation completed and process of posting on the intranet/internet initiated.  |
| Feb. 25, 2008     | National presentation of FPP evaluation.  | Presentation at the Child Welfare League of America (CWLA) annual conference.  |

## Part II: Program Evaluation Results

### Evaluation Component 1: Profile of FPP Families, Service Delivery, Benefits

For this profile, the FPP provider-collected data from families and children served or referred between July 1, 2006, and June 30, 2007, were used. This analysis is a broad overview of the distribution and characteristics of FPP services. Families served by FPP providers are continually beginning intervention so that some cases were in progress when the data were submitted. We defined any case referred on or after May 15, 2007, without an end-of-service date as in “ongoing” status. Between July 1, 2006, and June 30, 2007, 1,901 families with 4,133 children were referred for FPP services; 185 families (10.1%) were served or referred to a second or third FPP service. 219 families received assessment services only and 172 families were in *ongoing* status. FPP provider-collected data included the county where the family was served; county data was grouped into the DCBS service regions. In Table 5, the number of families (cases) served and the number of children affected by services is displayed by service region.

**Table 5**

*Overview of All Families Served by FPP between July 1, 2006, and June 30, 2007*

| <b>Provider Name and Region</b>  | <b>Number of Families Served</b> | <b>Number of Families Assessed Only</b> | <b>Number of Families Ongoing 7/1/07</b> | <b>Number of Children in Families Served</b> |
|--|----------------------------------|---|--|--|
| Audubon Area Comm. Services:<br><i>Two Rivers</i>                        | 90                               | 6                                       | 9  | 252  |
| Bluegrass Regional MH/MR (FACTS): <i>Northern and Southern Bluegrass</i> | 142                              | 2                                       | 20                                       | 390  |
| Brighton Center: <i>Northern Bluegrass</i>                               | 47                               | 9                                       | 3  | 142  |
| Buckhorn Kentucky River FPP:<br><b>Eastern Mountain</b>                  | 74                               | 8                                       | 3  | 208  |
| Buckhorn of Big Sandy: <b>Eastern Mountain</b>                           | 63                               | 8                                       | 6  | 199  |
| Buckhorn, Cumberland Valley:<br><i>Cumberland</i>                        | 68                               | 3                                       | 10                                       | 202  |
| Buckhorn, Lake Cumberland:<br><i>Cumberland</i>                          | 60                               | 4                                       | 5  | 154  |
| Central Kentucky Community Action: <i>Salt River Trail</i>               | 87                               | 18                                      | 12                                       | 276  |
| Children's Home of Northern Kentucky: <i>Northern Bluegrass</i>          | 88                               | 23                                      | 17                                       | 328  |



| <b>Provider Name and Region</b>  | <b>Number of Families Served</b> | <b>Number of Families Assessed Only</b> | <b>Number of Families Ongoing 7/1/07</b> | <b>Number of Children in Families Served</b> |
|--|----------------------------------|---|--|--|
| Community Action of Southern Kentucky: <i>Two Rivers</i>                   | 51                               | 4                                       | 5  | 124  |
| Home of the Innocence (FACTS): <i>Jefferson, Salt River Trail</i>          | 67                               | 0                                       | 7  | 192  |
| Foothills C.A.P.: <i>Northern and Southern Bluegrass, Salt River Trail</i> | 260                              | 81                                      | 26                                       | 822  |
| Licking Valley C.A.P.: <i>Northeastern</i>                                 | 73                               | 14                                      | 7  | 204  |
| Pathways, Inc.: <i>Northeastern</i>  | 94                               | 12                                      | 11                                       | 278  |
| Pennyriple Allied Community Services: <i>The Lakes</i>                     | 101                              | 0                                       | 21                                       | 245  |
| Seven Counties: <i>Jefferson</i>   | 145                              | 27                                      | 10                                       | 537  |

Providers indicated the total number of hours spent in direct contact with the family during FPP. Using this data, we defined three FPP “dose groups.” Table 6 displays the specific FPP service and the range of time spent in direct service delivery (FPP dose).

**Table 6**  
*Type of FPP Service by Dose Groups based on Hours Served*

|                     | <b>0-20 hours service*</b> | <b>21-34 hours service</b> | <b>More than 34 hours service</b> | <b>Total Families</b> | <b>Ongoing Status</b> |
|---------------------|----------------------------|----------------------------|-----------------------------------|-----------------------|-----------------------|
| IFPS #              | 150                        | 244                        | 208                               | 602                   | 48                    |
| <b>% in Service</b> | 24.9%                      | 40.5%                      | 34.6%                             |                       |                       |
| FRS #               | 130                        | 93                         | 73                                | 296                   | 43                    |
| <b>% in Service</b> | 43.9%                      | 31.4%                      | 24.7%                             |                       |                       |
| FPS #               | 196                        | 125                        | 95                                | 416                   | 54                    |
| <b>% in Service</b> | 47.1%                      | 30.0%                      | 22.8%                             |                       |                       |
| FACTS #             | 39                         | 32                         | 125                               | 196                   | 27                    |
| <b>% in Service</b> | 19.9%                      | 16.3%                      | 63.8%                             |                       |                       |
| Total               | 515                        | 494                        | 501                               | 1510                  | 172                   |
| <b>Overall %</b>    | 34.1%                      | 32.7%                      | 33.2%                             |                       |                       |

Note. \* Cases with 0-20 hour service were defined as “incomplete” for analysis.

Although the term “*incomplete*” is used by FPP providers to indicate families that discontinue treatment prematurely, the provider-collected data showed a broad range of service hour contacts for families identified as “*incomplete*.” The term was not descriptive or consistent. Consequently, we defined “*incomplete*” as having 20 hours or less of direct service. As shown in Table 6, families receiving FACTS were least likely to be defined as having “*incomplete*” treatment. From Table 6, we see that 65.9% of families were defined as having completed treatment while the remaining 34.1% discontinued treatment. More than 75% of families in IFPS received 21 or more hours of service. These differences between FPP services and dose groups were statistically significant, ( $X^2 = 159.44$ ,  $df = 6$ ,  $1510$ ,  $p = .000$ ).

Table 7 displays data by DCBS service region for 1,682 families (county data were missing for 24 families) that received FPP services from July 1, 2006, to June 30, 2007. There were statistically significant differences between regions on the number of families completing treatment. The Lakes, Two Rivers, and Jefferson had the highest percentage of families completing more than 34 hours of service. Conversely, Eastern Mountains had the highest rates of incomplete service delivery.

**Table 7**

*FPP Dose Groups by Service Region for Families Served*

| Region               | 0-20 hours service* | 21-34 hours service | More than 34 hours service | Total Families Served | Families in Ongoing Status |
|----------------------|---------------------|---------------------|----------------------------|-----------------------|----------------------------|
| Cumberland #         | 35                  | 61                  | 32                         | 128                   | 15                         |
| Percent              | 27.3%               | 47.7%               | 25.0%                      |                       |                            |
| Eastern Mountain #   | 72                  | 43                  | 21                         | 136                   | 9                          |
| Percent              | 52.9%               | 31.6%               | 15.4%                      |                       |                            |
| Jefferson #          | 53                  | 35                  | 94                         | 182                   | 16                         |
| Percent              | 29.1%               | 19.2%               | 51.6%                      |                       |                            |
| Northeastern #       | 54                  | 54                  | 57                         | 165                   | 18                         |
| Percent              | 32.7%               | 32.7%               | 34.5%                      |                       |                            |
| Northern Bluegrass # | 40                  | 80                  | 36                         | 156                   | 27                         |
| Percent              | 25.6%               | 51.3%               | 23.1%                      |                       |                            |
| Salt River Trail #   | 78                  | 83                  | 42                         | 203                   | 19                         |
| Percent              | 38.4%               | 40.9%               | 20.7%                      |                       |                            |
| Southern Bluegrass # | 115                 | 91                  | 85                         | 291                   | 33                         |
| Percent              | 39.5%               | 31.3%               | 29.2%                      |                       |                            |
| The Lakes #          | 25                  | 15                  | 61                         | 101                   | 21                         |
| Percent              | 24.8%               | 14.9%               | 60.4%                      |                       |                            |
| Two Rivers #         | 30                  | 25                  | 69                         | 124                   | 14                         |
| Percent              | 24.2%               | 20.2%               | 55.6%                      |                       |                            |
| Statewide Total #    | 515                 | 494                 | 501                        | 1510                  | 172                        |
| Overall Percent      | 34.1%               | 32.7%               | 33.2%                      |                       |                            |

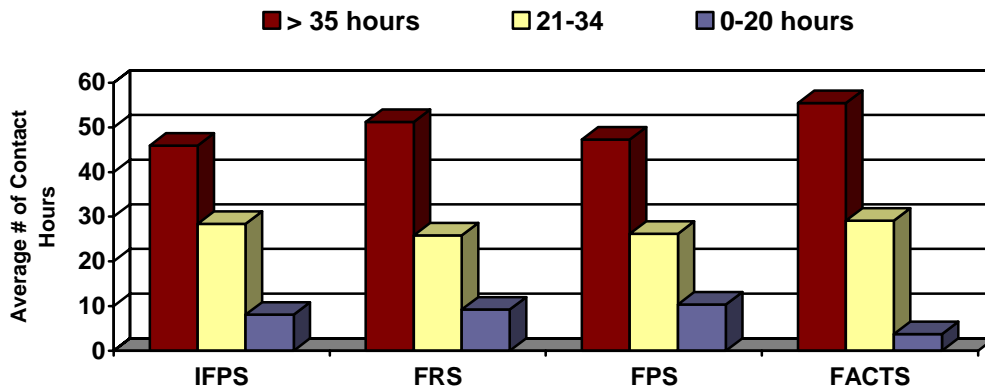
Note. \* is defined as incomplete service.

### Consistency with the FPP Service Model

Providers of IFPS are expected to provide at least 32 hours of service. On average, all families that completed FPP (>20 hrs of direct contact) had 38 hours of service compared to an average 8.9 hours for those not completing FPP. Figure 1 displays the average number of hours for FPP intervention by service and dose category for 1,510 families.

**Figure 1**

*Average Number of Contact Hours by FPP Service Model and Dose Groups*

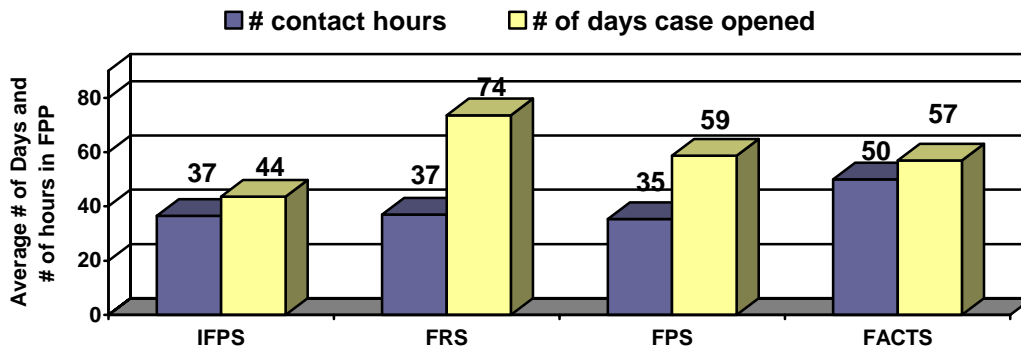


*Note.* FACTS group data included data for 3 families with >100 hours of service.

IFPS service is designed to be short term and intensive, but FRS, FPS and FACTS are designed to last longer. Intensity of treatment is a function of hours of service over the number of days the case was opened. A case was opened for an average of 56.9 days with incomplete FPP cases opened for 41.3 days. Figure 2 displays the average number of contact hours and the number of days the case was opened. As shown in Figure 2, IFPS cases were served for a similar number of hours in a shorter period of time, consistent with the model expectations of intensive short-term intervention.

**Figure 2**

*Average Number of Days and Contact Hours in Treatment by FPP Service Model*



### Family Functioning Before and After FPP

FPP providers use the *North Carolina Family Assessment Scale* (NCFAS) to assess all families at the beginning and end of services. The NCFAS is scored on a six-point scale from “-3” (severe weakness) to “0” (adequate) to +2 (strength). Each domain consists of ratings on several subscales then used to determine the overall Domain Score. Between 1151 and 1165 families were scored on the five standard NCFAS domains and between 264 and 279 families were scored on the two reunification domains (NCFAS-R) at intake and closure. Domain Scores were dichotomized to be either ‘adequate to strong’ or in the range of “weakness.” Figure 3 displays the raw number of families that scored adequate or stronger at intake and at closure. Overall, 284 to 449 families improved to a level rated at least adequate to strong family functioning between FPP intake and closure.

**Figure 3**

*Number of Families Scored Adequate to Strong on NCFAS at Intake and Closure*

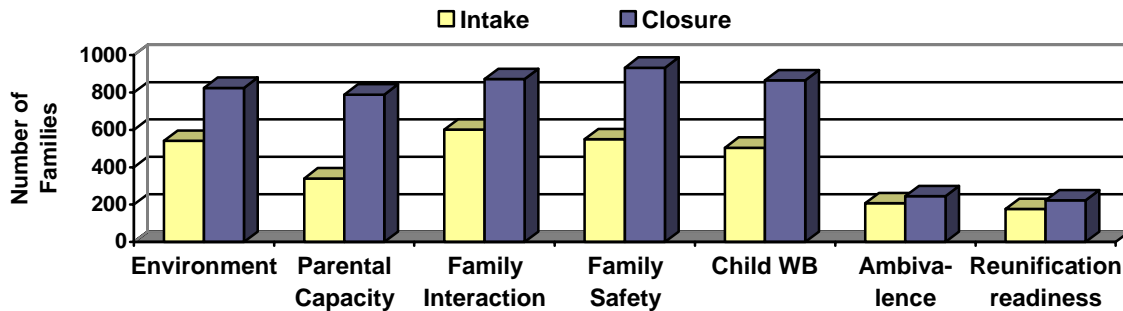
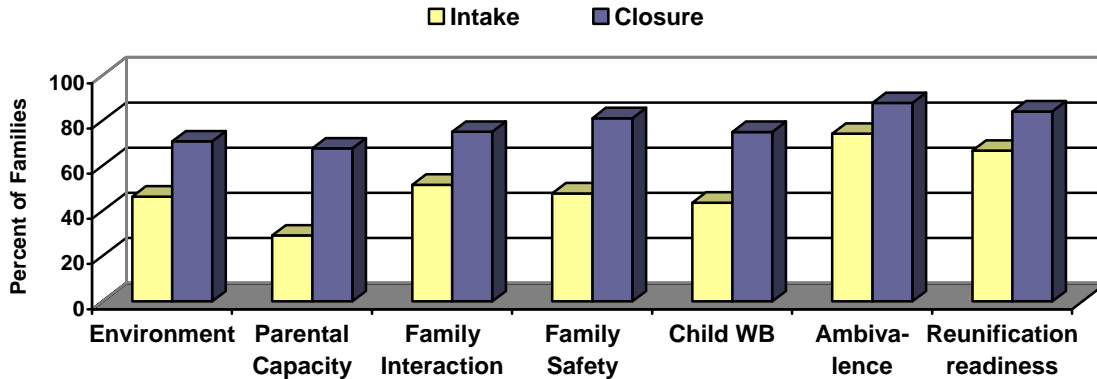


Figure 4, displays the changes on the NCFAS and NCFAS-R at intake and closure in percentages. All changes between FPP intake and closure were statistically significant with the most improvement made in parenting capacity. Items on the NCFAS measuring parenting capacity include the parent’s supervision and discipline of children and parental mental and physical health. At the end of FPP services, families also made significant improvements in the area of family safety. Families at baseline or better on family safety were no longer abusive or neglectful, were successfully involved in counseling, and made progress in treatment.

Despite these gains, at discharge as many as 32% of families continued to struggle with weaknesses in parental capacity, environmental barriers (e.g., housing, food, transportation, finances, or overall home environment), family interaction (e.g., bonding with the child, mutual support within the family), family safety, and child well-being (e.g., in good mental health, emotional stability, no discipline problems, performing well in school, and showing positive relation with caregiver(s), sibling(s), and peers). Although the two scales for reunification were scored for the fewest families, parents showed a strong readiness (e.g., made logistical plans for the children’s return) and eagerness (e.g., both child and parent desire reunification and have resolved issues related to removal to OOHC) at intake and at closure, but 20% still struggle with inadequate performance at closure.

**Figure 4**

*Percent of Families Scored Adequate to Strong on NCFAS at Intake and Closure*

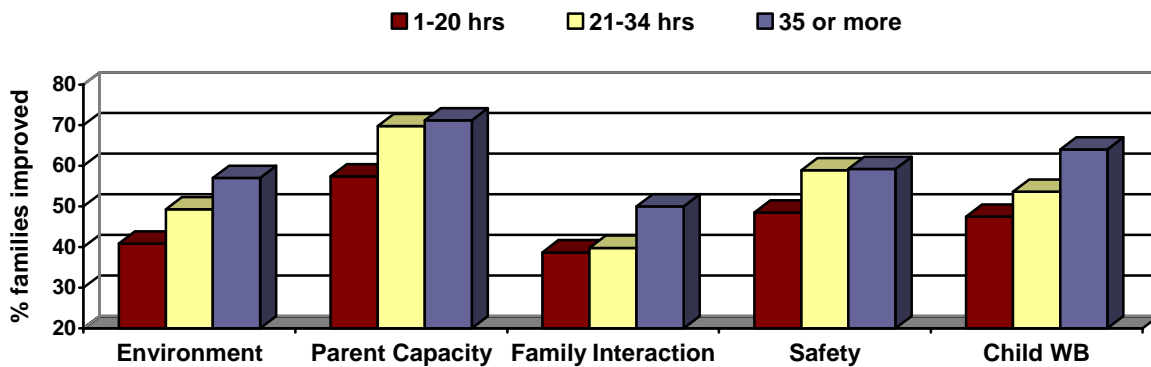


To further understand the progress made by families through FPP, the ratings on each NCFAS domain were compared between intake and closure and coded as either declining scores, no change, or improved scores. Overall, 3% to 4% of families received declining scores on any single domain from intake to closure, 40% to 53% of families were measured as showing no change, and 42% to 67% received improved scores from intake to closure. These findings are similar to the findings of Kirk and Griffith (2007).

The longer that FPP services were provided the more likely that the family made progress from intake to closure as shown in Figure 5. These differences are all statistically significant with chi-square statistics ranging from 11.0-22.1. There were no differences in the amount of NCFAS improvement when comparing IFPS, FRS, FPS, or FACTS services.

**Figure 5**

*Percent of Families that Improved NCFAS Scores and Hours of FPP Dose Groups*



## **Evaluation Component 2: Referrals to DCBS - FPP vs. Non-FPP**

For this analysis, all children (n = 78,539) with referrals to CPS for allegations of abuse and neglect between May 1, 2006, and June 30, 2007, were used as the base dataset. The FPP provider-collected data were merged into this referral dataset using TWIST Child ID number and Case ID number. Six hundred and twelve (612) children with missing ID numbers were excluded. FPP served children in multiple referrals were matched to their most recent DCBS referral.

Prior to the match, TWIST analysts cleaned the SSN and matched them with TWIST Case and Individual ID numbers to achieve the best match possible; 62.2% (n = 2,214 unique children of 3,560 possible from 1181 families) were successfully matched from the FPP data into the referral dataset. This percentage of successful match was expected given that the FPP dataset included all children in the case, whether or not they were involved in the allegation of abuse and neglect. Other children were in OOH at the time of FPP and unlikely to have a referral to DCBS within a recent 14-month period and still other children received FPP for severe emotional disorders (rather than abuse or neglect).

FPP served children that did and did not match into the referral dataset were compared to check for any bias in the final dataset. We found that matched and unmatched FPP served children were the same on the amount of FPP service received, the case status as completed or ongoing, gender, and the amount of change on NCFAS scores. As might be expected, FPP children that did not match into the referral dataset were more often served as family reunification (FRS) and less often as intensive in-home services (IFPS) ( $X^2 = 16.541$ ,  $df = 4$ ,  $1901$ ,  $p = .002$ ). However, unmatched children were more often African American ( $X^2 = 19.893$ ,  $df = 5$ ,  $3758$ ,  $p = .001$ ), showing a slight bias for this group.

### **Comparison of Children in Referrals: FPP-Served or Non-FPP Group**

Children served or not served by FPP were the same on:

- Gender: 50.4% females and 49.6% males in both groups.
- Allegations of Neglect: 70.2% of both groups had neglect allegations.

Table 8 displays significant differences between the FPP-served and the nonFPP group on referral indicators. The FPP-served group had significantly more prior involvement with CPS. They had 2.1 more referrals on average, a smaller percent of cases with a first substantiated referral, more prior referrals (50% had up to 5 prior referrals), and a history of a case opened more often since 2002. The children in the FPP-served group tended to be nearly one year younger and in families with more children than the non-FPP group. The FPP group had more substantiated physical abuse and less sexual abuse.

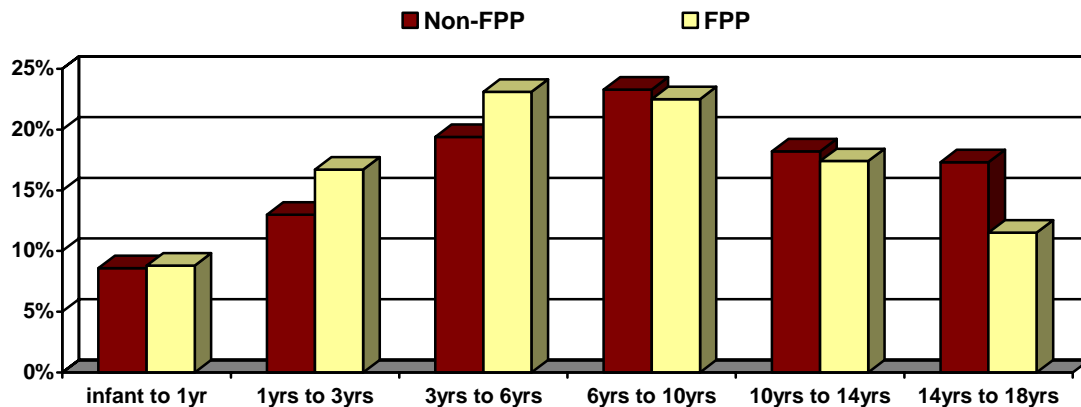
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**Table 8**  
*Comparison of Referral Indicators between FPP-served and Non-FPP Group*

| <i>Indicator</i>                             | <i>FPP-served Group</i> | <i>Non-FPP Group</i> | <i>Chi-square or F statistic</i> | <i>Significance</i> |
|--|-------------------------|----------------------|----------------------------------|---------------------|
| Average age at referral                      | 7.03 years              | 8.00 years           | $F = 107.676$                    | .000                |
| Average # prior Referrals                    | 6.5 referrals           | 4.4 referrals        | $F = 721.219$                    | .000                |
| Median # prior Referrals                     | 5.0 referrals           | 3.0 referrals        |                                  |                     |
| Percent on first referral to DCBS            | 12.9%                   | 20.8%                | $X^2 = 256.957$<br>(34, 17248)   | .000                |
| # of times a case was opened since 2002      | 3.8                     | 3.1                  | $F = 107.319$                    | .000                |
| Average # of children in family <18 yrs. old | 1.8 children            | 1.5 children         | $F = 62.563$                     | .000                |
| Physical Abuse as allegation for child       | 20.4%                   | 17.6%                | $X^2 = 48.243$<br>(12, 81032)    | .000                |
| Sexual abuse as allegation for child         | 3.8%                    | 5.7%                 | As above                         | .000                |

Figure 6 displays the significant differences in the ages of children in referrals. Children served or not served by FPP tended to be younger overall. However, there was the same percent of infants served or not served, but a greater proportion of children served by FPP in the ages of 1 to 6 years. The differences in the distribution of ages in the FPP-served was statistically significant ( $X^2 = 131.321$ ,  $df = 6$ , 81154,  $p = .000$ ) from the non-FPP group.

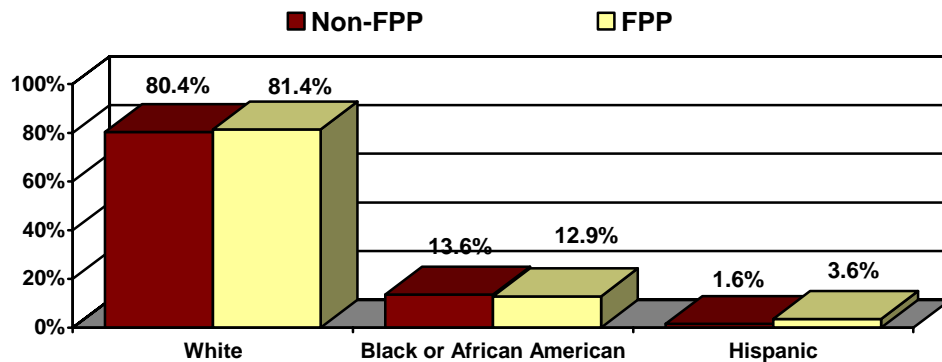
**Figure 6**  
*Age Groups of Children in Referrals: FPP Served or Non-FPP Served*



There were statistically significant differences in racial distribution of children served by FPP with more white and Hispanic and fewer African-American children compared to non-FPP referrals ( $X^2 = 131.852$ ,  $df = 6$ ,  $72524$ ,  $p = .000$ ). This difference is largely due to the lower match rate of FPP-served African-American children in the referral dataset.

**Figure 7**

*Race/Ethnicity of Children in Referrals: FPP-Served or Non-FPP Group*



### Safety Risks and Recurrence: Comparing FPP-Served to Non-FPP Group

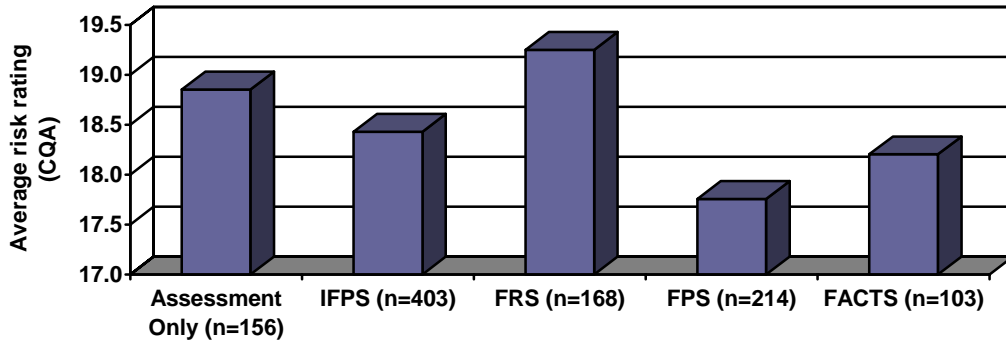
CPS workers complete the Continuous Quality Assessment (CQA) for all referrals. Risks are evaluated by the investigative CPS worker and assigned a cumulative risk rating that varies from a score of “0” no risk to a high score of “28” extreme risk. Workers also identify risk factors from a checklist of safety and risk conditions as being present or absent in the case.

We compared risk scores for children with substantiated abuse and neglect at the most recent referral ( $n = 17,248$ ) between May 1, 2006, and June 30, 2007. The samples (15,798 in non-FPP group; 1,450 in FPP-served group) are adequate to be robust to differences in sample size and representative of FPP outcomes. The cumulative CQA risk rating was 18.5 for FPP-served and 17.4 for non-FPP cases. These differences in risk ratings were statistically significantly higher ( $F = 74.32$ ,  $p = .000$ ).

Risk varied significantly between the specific FPP services consistent with program expectations. As shown in Figure 8, cumulative risk ratings (19.3 average) were the highest for children served through FRS who were in OOHC and consequently would be likely to have had the highest risks. Children served as ‘assessment only’ also had very high risk ratings of 18.9 that may suggest that they were too risky to benefit from FPP. Finally, children served with IFPS had risk ratings of 18.4 consistent with the expectations that IFPS is designed for the highest risk families and FPP and FACTS are for families with lower risks (17.8 and 18.2 respectively). The differences in risk ratings between service types were statistically significant ( $F = 3.16$ ,  $p = .014$ ).

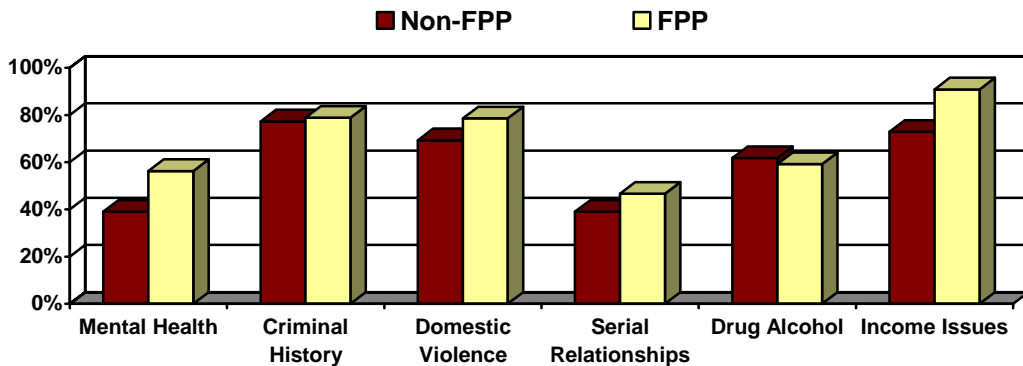


**Figure 8**  
Average Risk Ratings for Children Served by FPP Service



Risk factors for the FPP-served children compared to the non-FPP group showed more risks due to mental health issues, domestic violence and especially income issues; the same risks for criminal history; and lower risks due to substance abuse. Nearly 91% (90.8%) of the substantiated cases served by FPP compared to 72.9% of non-FPP cases had income issues presenting as risks to children. The differences in distribution between FPP-served and non-FPP served children was statistically significant (except criminal history) with chi-square values ranging from 4.108 (substance abuse) to 164.171 (mental health issues). On average, FPP-served children with substantiated abuse or neglect had 4.7 risks to safety compared to 4.1 for the non-FPP child group ( $F = 147.49, p = .000$ ).

**Figure 9**  
Comparison of Risk Factors for FPP-served and Non-FPP Group



**Recurrence of Child Abuse or Neglect**

Family Preservation Programs strengthen family capacity and seem to protect against subsequent child maltreatment. Of 739 families with substantiated abuse and neglect only 20 families or 2.7% of families had a subsequent substantiated referral within six months of ending services. On average, 6.5% of all families with a substantiated abuse have a recurrence in six months. Because families served by FPP have higher risks and more risk factors on average, this rate of recurrence is an impressive indicator of positive FPP program outcomes.

**Evaluation Component 3: OOHC Comparisons for FPP and Non-FPP Children**

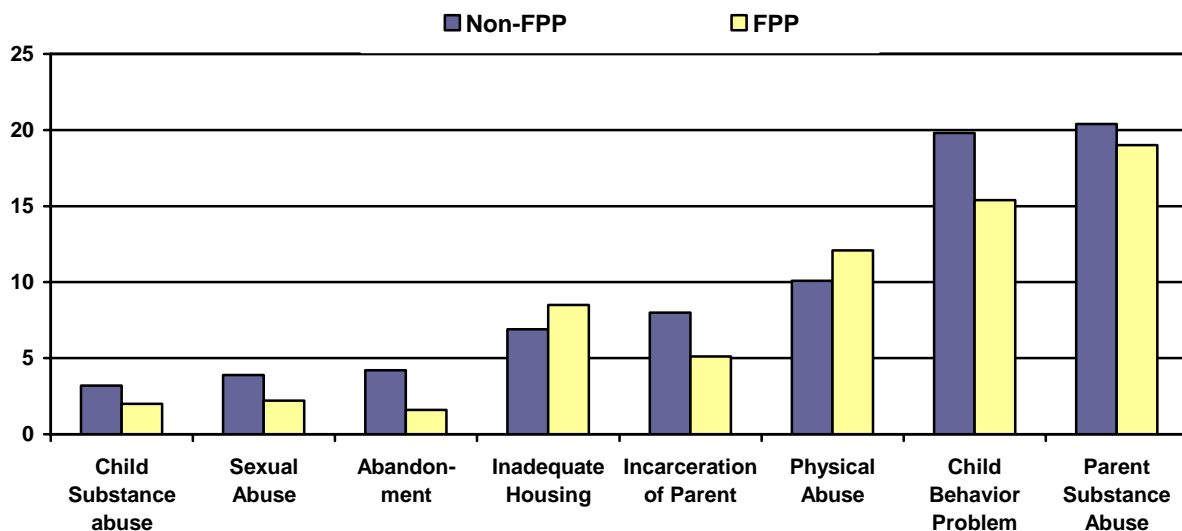
The following analysis is conducted on a small subset (34.3%) of the children served by FPP. More than 65% of children and families served by FPP never had past or present experience with out-of-home care (OOHC) placements. Only 6.3% of all children served by FPP in this study experienced an episode of OOHC *after* FPP services.

Using a similar methodology to the matching of the referral data, we used the FPP-provider-collected data as a base and matched this to an OOHC administrative data that includes all children with a placement in OOHC (n = 47,905) at any time between 1996 and Aug. 31, 2007. This dataset (OOHC administrative) included extensive demographic data and descriptive variables about experiences in OOHC.

We used child's TWIST ID numbers or the child's Social Security number and matched 34.3% (1,220 unique children of 3,560 possible) of FPP children in the OOHC administrative dataset. This match was considered a strong match to identify the vast majority of children that have ever experienced an episode of OOHC and also received FPP services. These 1,220 children came from 609 (32% of all FPP families) that received any FPP service. The 573 FPP-served children with missing TWIST ID number not matched were likely to have no direct CPS service, but were listed in the family served by FPP.

We, first, simply compared children with and without FPP services in OOHC on the conditions present on entry to OOHC and age. The results are shown in Figures 10 and 11.

**Figure 10**  
*Conditions Present for Entry to OOHC and FPP vs. Non-FPP Groups*



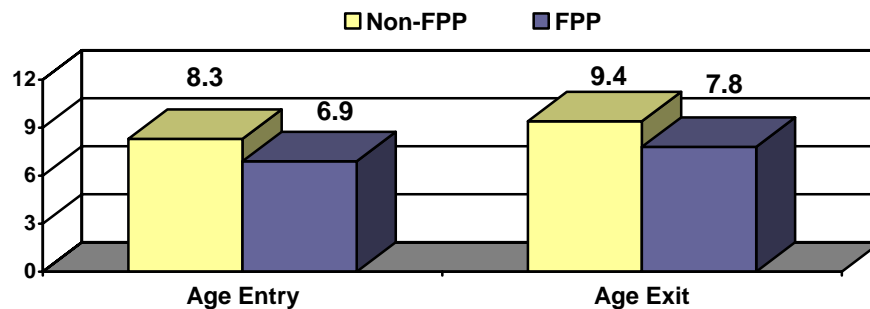
*Note.* Differences between the FPP and Non-FPP groups are statistically significant.

As shown in Figure 10, children with FPP services and an episode of OOHC had more issues of inadequate housing and physical abuse compared to children with no current FPP services. Rates of parental substance abuse, although higher in the non-FPP group, were not statistically different between groups. Child behavior problems and parent incarceration were lower among the FPP served group.

As shown in Figure 11, children that received FPP services tended to be younger at first entry to OOHC than non-FPP children ( $F = 65.899, p = .000$ ). They also tended to exit OOHC for the first time at a younger age ( $F = 63.560, p = .000$ ).

**Figure 11**

*Average Age at First OOHC Entry and Most Recent Exit: FPP and Non-FPP Group*



### Patterns of OOHC Entry and FPP Service

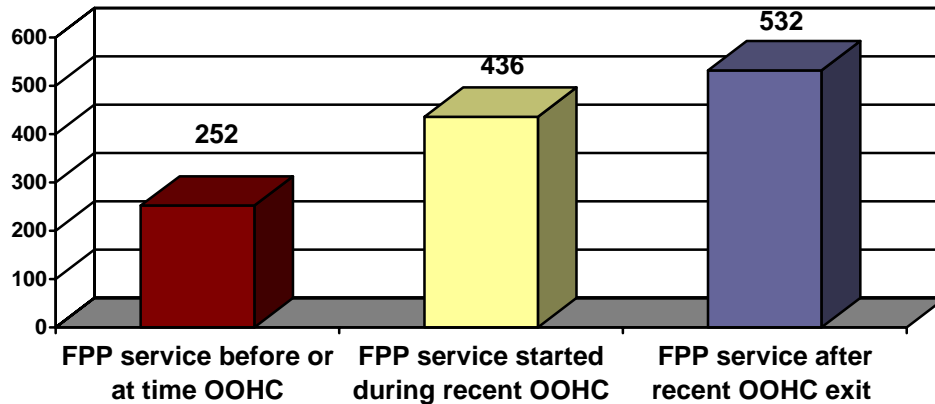
Using the matched dataset of children with FPP Services with at least one episode of OOHC, we categorized these children into three subgroups defined by the chronological order of FPP services in relationship to the most recent OOHC placement. The subgroups were defined as follows:

- Children who received FPP services before or at their most recent OOHC episode. This group might be defined as the “failures” to prevent placement group and included 6.3% (252 children) of the group served by FPP and 20.6% of the total group with OOHC experiences. Titled the “*FPP before*” OOHC group.
- Children who were in their most recent episode of OOHC when FPP services began. We reasoned that this group was likely served to help reunify children and included 11.0% (436 children) of the group served by FPP and 35.7% of children with an OOHC experience. Titled the “*FPP during*” OOHC group.
- Children who began FPP services after their most recent exit from OOHC. This group, we reasoned, was likely served to enhance parenting skills and prevent reentry into OOHC. It included 13.4% (532 children) of all children served by FPP. This was the largest group representing 43.6% of 1220 children matched in the OOHC data. Titled the “*FPP after*” OOHC group.

Figure 12 displays the number of children in each of the FPP/OOHC subgroups.

**Figure 12**

*Number of Children Served by FPP with Experience in OOHC*



Children in each of these three OOHC/FPP groups received an array of FPP services as shown in Table 9. To understand the complexity of FPP services and OOHC patterns, it is important to remember that FPP services are provided to families that may have several children. In our analysis, we examined all children affected by FPP rather than a single “target” child. Some families may have a child in OOHC and others at home, but both are affected by FPP during or after OOHC.

**Table 9**

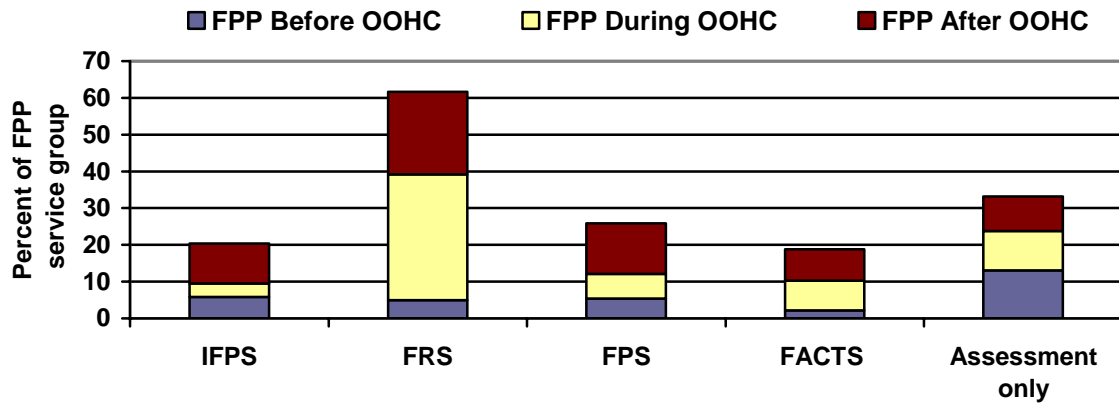
*FPP Services and OOHC/FPP Groups Distribution*

| FPP/OOHC Group<br>FPP service | Number of all children (unduplicated) served | FPP before OOHC (% of all children served) | FPP during OOHC (% of all children served) | FPP after OOHC exit (% of all children served) |
|-------------------------------|--|--|--|--|
| IFPS                          | 1475   | 87 (5.8%)                                  | 55 (3.7%)                                  | 161 (10.9%)                                    |
| FRS                           | 635  | 32 (5%)                                    | <b>217 (34.2%)</b>                         | <b>142 (22.4%)</b>                             |
| FPS                           | 995  | 54(5.4%)                                   | 67 (6.7%)                                  | 137 (13.8%)                                    |
| FACTS                         | 507  | 11 (2.2%)                                  | 41 (8.1%)                                  | 43 (8.5%)                                      |
| Assessment Only               | 521  | <b>68 (13.1%)</b>                          | 56 (10.7%)                                 | 49 (9.4%)                                      |

As seen in Table 9, children with assessment only had the highest rates of entry to OOHC (FPP before OOHC) at 13.1% and children served through FRS had the highest rates of FPP services provided during and after OOHC.

Figure 13 displays the data from Table 9 by type of FPP service. In addition to displaying the data from Table 9, this bar graph also displays the total number of children served that matched in the OOHC dataset. Although it might be expected that 100% of children with FRS would be found in OOHC, all children in the family were considered and some of these children were likely to be at home with no entry to OOHC.

**Figure 13**  
*Subgroups by Type of FPP Service Provided to Each Child*



As displayed in Figure 13, a full array of FPP services was provided to children with different patterns of OOHC placement. Although the services are designed to serve slightly different populations, families and situations served by DCBS are dynamic and may begin with one need and evolve into a new need over time. This pattern of service also suggests that FPP providers and leaders target the children and families for service using the best source available. On the other hand, the data are consistent with expectations. For example, more than 61% of the children served by FRS, a service designed specifically for reunification were matched in the OOHC dataset as might be expected. Children with assessment only also had the highest rates of FPP service provided before entry into OOHC after the assessment, suggesting that the family was either too troubled for FPP services or failed to begin services.

Overall in Kentucky, 32% of children with substantiated referrals enter OOHC at some time in their life. We identified 34.3% of the population of children served by FPP as also being in OOHC at some time in their life. This finding reinforces the notion that FPP services are currently provided to families in imminent risk of OOHC placement and families that have persistent concerns with abuse and neglect. However, in the immediate situation, only 6.3% of children entered OOHC after FPP services began, suggesting a far lower probability of placement in OOHC with FPP.

**Analysis of ‘Failures’ in FPP to Prevent OOHC**

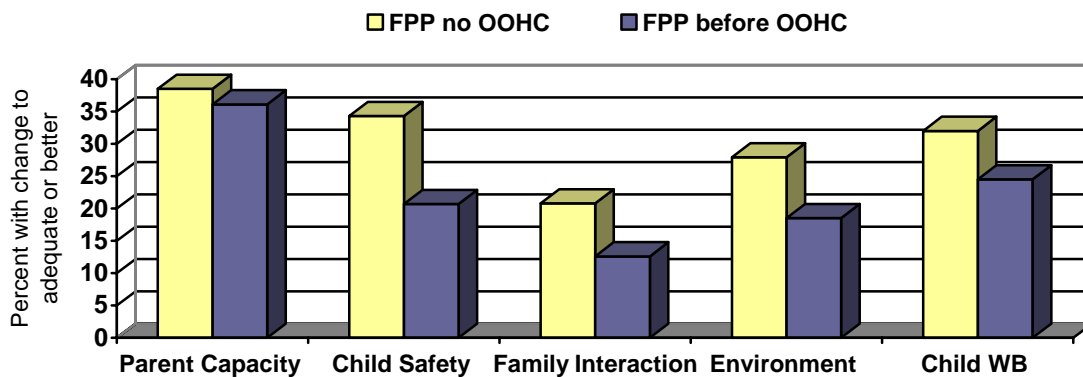
The group of children and families that had FPP services and then entered OOHC consisted of 6.3% (252 children) served by FPP. This group is of particular interest because it represents the ‘failures’ of FPP. For this analysis, we used the FPP provider-collected data and added an indicator for children that have entered OOHC after FPP services to identify the characteristics of children, families and services that are associated with failing to prevent OOHC. We identified significant differences between the group with FPP service before OOHC entry and the other children served by FPP without OOHC after FPP services.

- The duration of FPP services was shorter at 1.2 months of FPP before OOHC entry compared to 1.6 months for children without OOHC entry ( $F(3, 3826) = 12.091, p = .000$ ).
- The total number of hours spent in direct contact with the family was also shorter with 24.2 hours of FPP service children entering OOHC compared to 29.9 hours for children without OOHC entry. ( $F(3, 4168) = 6.605, p = .000$ ).
- 52.2% of children with an FPP before OOHC entry had less than 20 hours of service compared to 44.8% with no OOHC ( $X^2 = 20.692, df = 6,4318, p = .002$ ).
- NCFAS ratings of family progress from intake to closure were significantly lower on all five domains for the families with children entering OOHC after FPP. Figure 14 displays the pattern of changes in NCFAS scores between the two groups.

In summary, longer periods of FPP services and more progress on family functioning as measured with the NCFAS were associated with a lower rate of entry into OOHC after FPP services. As shown in Figure 14, families that had children enter OOHC after FPP made progress on NCFAS Scores, but the rate of progress was significantly less than families without children entering OOHC. The differences in progress were, as might be expected, most pronounced for child safety, suggesting a continuation of maltreatment in the family that would necessitate out-of-home care placement.

**Figure 14**

*NCFAS Improvement Scores to Adequate or Better for FPP before OOHC and no-OOHC*



**Differences in the Three OOHC/FPP Groups on Experiences and Outcomes**

Based on the analysis so far, we know that FPP services are provided using an array of services designed to prevent entry to OOHC, promote readiness for reunification, and stabilize the home situation after OOHC. In this section, we review each OOHC/FPP group to describe the differences in the families and children served and relate these services to outcomes. Table 10 displays an overall comparison of OOHC experiences.

**Table 10**  
*Profile of Experiences between OOHC/FPP Service Groups*

| <i>Indicator</i>                             | <i>OOHC<br/>After<br/>FPP</i> | <i>OOHC<br/>During<br/>FPP</i> | <i>OOHC<br/>Before<br/>FPP</i> | <i>OOHC<br/>No<br/>FPP</i> | <i>Chi-square or<br/>F statistic</i> | <i>Signifi-<br/>cance</i> |
|--|-------------------------------|--------------------------------|--------------------------------|----------------------------|--------------------------------------|---------------------------|
| Average Age at Entry                         | <b>7.8 yrs</b>                | 6.7 yrs                        | <b>6.4 yrs</b>                 | 8.3 yrs.                   | $F = 24.645$<br>(3, 33886)           | .002                      |
| Race = African American                      | 15.4                          | 14.1                           | <b>13.1</b>                    | <b>16.8%</b>               | $X^2 = 48.922$<br>(18, 33348)        | .000                      |
| Age at entry to OOHC = infant to 1 year      | 11.1%                         | <b>17.0%</b>                   | 12.8%                          | 15.4%                      | $X^2 = 154.517$<br>(18, 33890)       | .000                      |
| Age at entry to OOHC = 14-18 yrs.            | <b>19.9%</b>                  | 14.2%                          | <b>9.4%</b>                    | 26.4%                      | As above                             | .000                      |
| More than one episode of OOHC                | <b>27.0%</b>                  | 16.0%                          | <b>18.2%</b>                   | 11.3%                      | $X^2 = 101.862$<br>(15, 33891)       | .000                      |
| Neglect: condition for OOHC                  | 62.5%                         | 63.2%                          | 69.2%                          | <b>57.4%</b>               | $X^2 = 34.455$<br>(3, 33891)         | .000                      |
| Physical Abuse: condition for OOHC           | 7.1%                          | <b>12.2%</b>                   | <b>14.7%</b>                   | 10.0%                      | $X^2 = 16.779$<br>(3, 33891)         | .001                      |
| Inadequate Housing: condition for OOHC       | 9.3%                          | <b>10.0%</b>                   | 6.9%                           | 6.9%                       | $X^2 = 8.405$<br>(3, 33891)          | .038                      |
| Child Behavior Problem: condition for OOHC   | <b>23.4%</b>                  | 17.0%                          | 9.9%                           | 19.8%                      | $X^2 = 25.506$<br>(3, 33891)         | .000                      |
| Incarceration of Parents: condition for OOHC | 5.2%                          | 3.0%                           | <b>6.6%</b>                    | 8.0%                       | $X^2 = 17.034$<br>(3, 33891)         | .001                      |

*Note.* Salient group differences are bolded to ease and improve interpretation

There were no significant differences between FPP/OOHC groups on gender, or on the conditions for OOHC of parental or child substance abuse, caretaker inability to cope, or abandonment of the child. However, as shown in Table 10:

- All children served by FPP had higher rates of neglect and more episodes of care than did children in OOHC with no current FPP services.

- Overall, African American children were served by FPP at lower rates than the population in OOHC, especially for those receiving services after FPP.

Table 10 displays significant differences between the three FPP/OOHC groups that are described and augmented with other information on these three groups in the following section.

#### **Description of Children with FPP Before Entering OOHC (252 children)**

- Children that were served by FPP before entering OOHC tended to be the oldest group served, had more severe behavioral problems and more episodes in OOHC than all other groups.
- 86.5% entered OOHC within 6 months of FPP service with 36.5% entering OOHC within 30 days of the FPP service.
- 27% of these children (68 children) had at least one prior placement in OOHC. By examining their most recent exit reason, we can draw inferences that FPP services were provided to relatives and parents to prevent reentry to foster care.
  - 23% (15 children) had exited OOHC most recently to placement with a relative including a kinship care placement.
  - 76% (49 children) had most recently exited OOHC to reunification with parents. (Four children had missing data).
- Among the children with a first episode of OOHC after FPP, 59 children had exited from OOHC at the time of the study. Of these children, 59.3% were reunified with parents, 27.3% exited to a relative placement, one was emancipated and one was in guardianship.
- 24.2% had several forms of FPP services including 15% (38 children) that were served by FPP before and during OOHC.
- 71% had at least one Family Team Meeting in the life of the case.

#### **Description of children with FPP During OOHC (436 children)**

- Children referred for FPP during OOHC were more often infants with poor or no housing and a higher rate of physical abuse than other children in OOHC.
  - 36% started FPP within 6 months of entering OOHC, but 49 children (11%) had been in OOHC for two or more total years before FPP service was started.
  - 16% of these children (71 children) had at least one prior placement in OOHC.
  - 62.4% of all of these children (272 children) had exited OOHC at the time of this study with 89% reunified with parents, 7.3% placed with relatives and one adopted.
  - 12.8% had several forms of FPP services.
  - 71% had at least one Family Team Meeting in the life of the case.
-



### **Description of Children with FPP After OOHC (532 children)**

- Children referred for FPP after OOHC tended to have the highest rates of physical abuse and overall were beyond the infant years, but still considerably younger than others served by FPP or in OOHC.
- 51.7% began FPP services within six months of exiting and 28.6% started FPP within 30 days of exiting OOHC.
- Conversely, 48.3% (257 children) began FPP services more than six months after exiting OOHC, suggesting that these children and their families were experiencing additional difficulty. Among this group were 10 children that had exited OOHC to adoption between 18 months and five years previously. Seventeen children had exited to kinship care placements.
- 18.2% (97 children) had at least one additional episode of OOHC.
- They had spent an average of 7.5 months in OOHC.
- These children exited from OOHC to these placements, suggesting that FPP was then provided to stabilize that placement:
  - 11 children (2.1%) exited to adoption, suggesting that FPP was used to stabilize an adoptive placement.
  - 69.2% of these children (368 children) were reunified with parents.
  - 28.4% of these children (151 children) were placed relatives including kinship care placements.
  - One was emancipated and one went to guardianship.
- 10% had several forms of FPP services.
- 65.8% had at least one Family Team Meeting in the life of the case.

In summary, FPP services for children and families with experiences in OOHC were provided for a range of child and family conditions. Children receiving FPP services are more often neglected, have had more chronic involvement with CPS, and are less often African American compared to children in OOHC without current FPP services. Children that are most likely to enter OOHC after FPP are older children with behavioral concerns and more chronic involvement with child protective services. Children beginning FPP service during OOHC are younger children and infants that are going to be reunified with parents or relatives. About half of children receiving FPP after OOHC seem to be receiving services to stabilize reunification, but another half are receiving FPP services to prevent a reentry into OOHC. Although the vast majority of FPP services are provided to parents, services were also provided to relatives and adoptive parents to stabilize adoptions and relative placements.

### **Comparison of Children in OOHC: FPP-Served or Non-FPP Served**

In this comparison, we sought to examine the experiences and outcomes of children in OOHC that had or did not have FPP services during the period of July 1, 2006 to June 30, 2007. This analysis is limited by the fact that we had no way of knowing if children in OOHC had FPP services in the past, we only knew recent provision of FPP services. To compare these two OOHC groups (FPP and non-FPP groups), we included children with

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a first entry into OOHC during the past seven years (Entry Cohorts 2000 to 2007). Within the 2000 to 2007 entry cohorts, 1,159 children with FPP current services (July 1, 2006 to June 30, 2007) were compared to 32,732 children without current FPP services.

Despite the limitations cited, the overall comparison between FPP and non-FPP service groups is important to understand the population served by FPP. Because FPP services are provided before, during and after OOHC, services are likely to influence the OOHC episode. In total, 512 children (42%) of the children with both FPP services and OOHC placement received FPP services while in placement. For children receiving FPP during or after OOHC, we reasoned that reunification might be achieved more quickly with FPP supports. We also hypothesized that any FPP services before or during OOHC may be associated with differences in the child's experience. The following analysis examines these hypotheses.

**Child Experiences during OOHC**

**Table 11**

*Comparison OOHC Experience for FPP served (n=1159) and non-FPP Children*

| Indicator                                    | FPP Group  | Non-FPP Group | F or Chi-Square Value         | Significance |
|--|------------|---------------|-------------------------------|--------------|
| Average total months in OOHC                 | 8.6 months | 11.7 months   | $F = 60.643^*$                | .000         |
| Average Number of placement moves            | 1.2 moves  | 1.4 moves     | $F = 7.597^*$                 | .000         |
| Siblings placed together                     | 77.2%      | 70.5%         | $X^2 = 18.713$<br>(1, 22195)  | .000         |
| At least one FTM related to the child's case | 69.1%      | 42.3%         | $X^2 = 328.908$<br>(1, 33891) | .000         |
| Race = African American                      | 14.0%      | 16.8%         | $X^2 = 25.727$<br>(6, 33348)  | .000         |
| Ethnicity/Race = Hispanic**                  | 4.5%       | 2.7%          | As above                      | .000         |

*Note.* \*ANCOVA results with age at entry used as covariate. \*\* Hispanic ethnicity was compared as a 'race' variable with African Americans and Caucasians.

As shown in Table 11, children with FPP services had more positive experiences in OOHC than children without FPP. They spent less time in OOHC and had fewer placement moves even after adjusting (using ANCOVA procedures) for the differences in age. Fifty percent of children with FPP had only one placement compared to 45.9% of children without FPP services. Children with FPP services had significantly more Family Team Meetings and were more often placed with siblings in the first placement than children without FPP services. The rate of Caucasian children receiving or not receiving

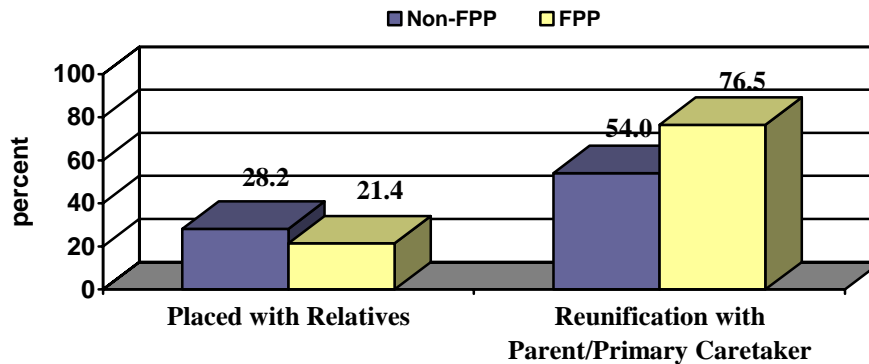
FPP services was nearly equal at 78.9% in the FPP group and 78.0% in the non-FPP group. However, fewer children of African-American race received FPP and more children of Hispanic ethnicity received FPP services.

**Child Outcomes**

Overall, children served by FPP were reunited with a parent or primary caregiver at higher rates than children without current FPP services. Of the 895 children with current FPP services that had exited care, 97.9% were reunified with family, either the parent or with a relative. Six of the 895 were emancipated, and six exited to a finalized adoption. Figure 15 displays these differences.

**Figure 15**

*Rates of Reunification with Parents or Relatives With and Without FPP Services*



In summary, although more than 65% of children served through FPP were found to have no current or past placement in OOHC, 34.3% of children served have had a least one episode of OOHC, primarily beginning FPP during or after OOHC placement. Children served by FPP tend to enter OOHC more often for neglect and physical abuse with more issues of inadequate housing and fewer issues of parental substance abuse and child behavior problems; they are younger children. Receiving FPP services at any time is associated with shorter lengths of stay in OOHC, fewer placement moves, more placements with siblings, more family team meetings, and much higher rates of reunification with parents. Nonetheless, these children have had more episodes of OOHC and African-American children are less likely to have FPP services especially after exiting from OOHC.

## **Evaluation Component 4: Unmet Needs for FPP Services**

### **Methodology**

Defining and measuring unmet need for FPP services was challenging. We considered using waiting lists, but these are not routinely kept and FPP services by definition must be provided rapidly and not “wait listed.” We identified a profile of children with the highest risks of OOHC placement using logistic regression analysis, but the best predictive models were less than 50% accurate.

We settled on decision rules to define need for FPP services. First, because 32.7% of all substantiated referrals enter OOHC at some point, we defined the number of families at imminent risk of placement as 32.7% of all substantiated referrals. Second, we defined need as 40% of all children (DCBS is legislatively charged with serving 40% of children at imminent risk of placement) entering OOHC in a year period plus the number served by FPP. Lastly, we compared the number of children reunified with parents after OOHC to define the number of children needing Family Reunification Services (FRS). The final decision rules and formulas underestimate the total need for FPP. We only used children that entered OOHC or were reunified from OOHC in the year for any formulas; this excluded any children staying in OOHC during the whole year who may also benefit from FPP. We also learned through this program evaluation that FPP is used to support relatives and adoptive placements that were not included in any analysis.

Based on the definitions, unmet need was defined by comparing the number of families or children needing FPP to the numbers served. All comparisons were based on numbers of referrals, OOHC entries, and OOHC exits between July 1, 2006, and June 30, 2007, the same period as the FPP provider-collected data. We used three indicators because of county and regional differences in rates of substantiations, exits and entries into OOHC and to provide the most comprehensive estimate of need and unmet need given the service array of FPP services.

### **Unmet Needs for FPP Based on Families with Substantiated Referrals**

To examine needs for FPP services based on DCBS referrals, the total number of families with substantiated referrals that occurred between July 1, 2006, and June 30, 2007 was obtained from TWIST (TWS Y084 report). We defined FPP services broadly as having at least 21 hours of service in IFPS, FPS or FACTS. We summed all three services based on the notion that all families with varying levels of risks would benefit from an FPP service in preventing repeat maltreatment. Families receiving FRS services, assessment only services, or in ongoing status on July 1, 2007 were excluded. The difference between the percent of families actually served with FPP and 32.7% of families with substantiated referrals estimated the number of families with unmet need, calculated as:

**# with unmet need = ((32.7% of families subbed referrals) – (# receiving FPP))**

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Table 12 displays the number of cases (unduplicated families) served through IFPS, FPS, and FACTS during the July 1, 2006, to June 30, 2007, and the number of cases during the same time period with substantiated referrals. Table 12 also displays a ratio of FPP cases served to substantiated cases. As can be seen, more than 2,000 families with imminent risks for removal were not served by FPP. Currently, FPP services are available to only 37.3% of the families that will experience an OOHC placement. The rates and number of families needing services vary by service region.

**Table 12**  
*Unmet Need for FPP Service Based on Substantiated Referrals*

| Service Region     | Number of cases served with IFPS, FPS, FACTS | Number of cases substantiated referrals* | 32.7% of families with subbed referrals (# at imminent risk of OOHC) | Families with imminent risks and unmet need for FPP | Percent of families at Imminent risk currently Served by FPP |
|--------------------|--|--|--|---|--|
| Eastern Mountains  | 47   | 1397                                     | 457  | 410   | 10.3%  |
| Jefferson          | 119  | 1767                                     | 578  | 459   | 20.6%  |
| Northeastern       | 81   | 616                                      | 201  | 120   | 40.2%  |
| Northern Bluegrass | 97   | 733                                      | 240  | 143   | 40.5%  |
| Salt River Trail   | 108  | 925                                      | 302  | 194   | 35.7%  |
| Southern Bluegrass | 163  | 1181                                     | 386  | 223   | 42.2%  |
| The Cumberland     | 75   | 1152                                     | 377  | 302   | 19.9%  |
| The Lakes          | 59   | 715                                      | 234  | 175   | 25.2%  |
| Two Rivers         | 80   | 1474                                     | 482  | 402   | 16.6%  |
| Kentucky           | 829  | 9960                                     | 3257   | 2428  | 25.5%  |

Note. \* From TWS Y084 report of 07/20/07

**Unmet Need for FPP for Children Entering Out-of-Home Care**

A similar methodology was used to calculate unmet needs based on out-of-home care entries between July 1, 2006, and June 30, 2007, as reported by TWIST (TWS M045 report). The need was defined as the sum of all children entering OOHC, plus the # served by IFPS in the same time periods who were diverted from OOHC entry. Kentucky legislative is charged with serving 40% of children at imminent risk of OOHC with Intensive Family Preservation Services (IFPS), specifically designed to prevent OOHC placement. Children receiving FRS, FPS, and FACTS, assessment only services, or “in-progress” were excluded from the analysis. From this 40% value, we subtracted the number of children served with FPP to estimate the unmet need as:

**# with unmet need = ((OOHC entry + # IFPS served) \* .40) – (# receiving IFPS)**

Table 13 displays data for children served by IFPS, children entering OOHC, and the number of children with unmet needs. As displayed in Table 13, more than 1400 children (double the current numbers served) had unmet needs for FPP services to achieve a minimum of 40% of children served. Currently, Kentucky serves 20.5% of children entering OOHC with Intensive Family Preservation Services.

**Table 13**

*Unmet Need for FPP Service Based on Children Entering Out-of-Home*

| Service Region     | # children served with IFPS | # children entering OOHC in same time period* | Total # children at imminent risk (# entered + # served) | Number to serve to serve 40% | # of children with unmet need at 40% |
|--------------------|-----------------------------|---|--|------------------------------|--------------------------------------|
| Eastern Mountains  | 122                         | 699   | 821  | 328                          | 206                                  |
| Jefferson          | 217                         | 740   | 957  | 383                          | 166                                  |
| Northeastern       | 196                         | 353   | 549  | 220                          | 24                                   |
| Northern Bluegrass | 122                         | 526   | 648  | 259                          | 137                                  |
| Salt River Trail   | 182                         | 594   | 776  | 310                          | 128                                  |
| Southern Bluegrass | 195                         | 705   | 900  | 360                          | 165                                  |
| The Cumberland     | 163                         | 883   | 1046   | 418                          | 255                                  |
| The Lakes          | 102                         | 402   | 504  | 202                          | 100                                  |
| Two Rivers         | 176                         | 816   | 992  | 397                          | 221                                  |
| Kentucky           | 1475                        | 5718  | 7193   | 2877                         | 1402                                 |

Note. \* From TWS M045D report of 07/23/07

**Unmet Need for FPP Services for Children Reunified with Parents**

We compared the number of children served with reunification services (FRS) to the number of children reunified in the same time periods. As displayed in Table 14, 41% of reunified children received FRS services, but another 1,430 children had unmet needs.

**Table 14**

*Unmet Need for FRS (Reunification) Service Based on Children Reunified*

| Service Region     | # children served with FRS Service | # children reunified in same time period* | % of reunified children receiving FRS Service | Number to serve to serve 100% reunified |
|--------------------|------------------------------------|---|---|---|
| Eastern Mountains  | 118                                | 565                                       | 21%   | 447                                     |
| Jefferson          | 34                                 | 208                                       | 16%   | 174                                     |
| Northeastern       | 106                                | 137                                       | 77%   | 31                                      |
| Northern Bluegrass | 69                                 | 171                                       | 40%   | 102                                     |

| Service Region     | # children served with FRS Service | # children reunified in same time period* | % of reunified children receiving FRS Service | Number to serve to serve 100% reunified |
|--------------------|------------------------------------|---|---|---|
| Salt River Trail   | 76                                 | 238                                       | 32%   | 162                                     |
| Southern Bluegrass | 108                                | 221                                       | 49%   | 113                                     |
| The Cumberland     | 86                                 | 443                                       | 19%   | 357                                     |
| The Lakes          | 46                                 | 168                                       | 27%   | 122                                     |
| Two Rivers         | 66                                 | 331                                       | 20%   | 265                                     |
| Kentucky           | 709                                | 2482                                      | 29%   | 1773                                    |

Note. \* From TWS M050S report of 07/15/07

Three regions with low rates of FPP services for children reunified (Eastern Mountains, Two Rivers, and The Cumberland) also have the highest rates of reentry into OOHC at 15.5%, 14.9%, and 10.4% respectively.

**Evaluation Component 5: Cost-Benefit Analysis of FPP services**

Tables 15 and 16 display the calculations used to identify cost avoidance based solely on out-of-home care costs. The numbers were calculated very conservatively. These figures also exclude many other additional costs such as staff time to serve children in out-of-home care, the costs of court hearings, and the costs for additional services such as medical and dental care for children. Removal from the home has emotional costs for both the child and the parent that cannot be assigned a price and are not directly calculated here.

**Table 15**

*Comparison of FPP and Typical Outcomes with Cost Avoidance Calculations*

| Child Pattern   | Outcome FPP                              | Outcome Typical (costs)   | Cost Avoidance   |
|---|--|---|--|
| 2913 children served by FPP never have any OOHC episode (4133 children served -1220 children with any OOHC) | 252 enter OOHC after FPP services (6.3%) | At the very least 953 children would enter OOHC from FPP group (32.7% of subbed referrals)* | At least 701 children avoid OOHC placement. Cost of care = average of \$77.69/day. |
| 995 children exit care with support of FPP  | Exit care in 8.6 months                  | Exit care in 11.6 months.   | Avoid 3.0 months of OOHC expenses for FPP group.                                   |

Note. \* Because children served by FPP have higher risk scores and more risk factors, the anticipated rates of entry to OOHC would be much higher. Thus, these figures underestimate the rates of possible entry to OOHC.



**Table 16***Summary Table of FPP Cost Savings*

| <b>FPP Cost Savings Summary</b>                                | <b>Cost Avoidance</b> |
|--|-----------------------|
| 500 children (of the 701) avoid short stays of 60 days in OOHC | 2,330,700             |
| 201 children (of the 701) avoid 15 months (457 days) of OOHC   | 7,136,370             |
| 995 children with 3.0 months (91 days) shorter stays in OOHC   | 7,034,441             |
| Costs of staff, stipends, and supports to foster parents       | >1,000,000            |
| <b>Total Cost Avoidance: At least</b>                          | <b>17,501,511</b>     |

Total Costs for FPP from July 1, 2006, to June 30, 2007 = \$6,139,414.80

Total Cost Avoidance = \$17,501,511

Ratio of Costs to Savings = for every \$1 for FPP, savings of OOHC costs = \$2.85.

Average cost of serving one family = \$4,584.20

Average cost of serving one child in OOHC for nine months = \$21,282

The results of this evaluation are consistent with previous research showing a return on investment of \$2.54 for every dollar spent (University Associates, 1993). In the coming year, we anticipate doubling FPP services and in doing so preventing OOHC placements at least 700 children and speeding reunification for another 900 children.

### **Part III: Survey and Focus Group Results**

During 2007, the Department for Community Based Services (DCBS) sponsored surveys of Family Preservation Program (FPP) clients and DCBS Protection and Permanency (P&P) supervisors and staff as a component of the FPP program evaluation. The survey of FPP clients dealt with the nature and quality of in-home workers' services to families, the progress that families made with their in-home workers' help and barriers to progress. The survey of DCBS workers dealt with in-home workers' service to families, in-home workers' cooperation with DCBS and the benefits of FPP service to families.

#### **Evaluation Component 6: Survey of Clients Served by FPP**

##### **Overview and Executive Summary**

The survey assessed the satisfaction of parents and other caregivers with the Family Preservation Program (FPP), clients' experiences and satisfaction with their in-home worker, and the positive changes families made with workers' help and barriers to positive change. Client surveys were mailed to all Kentucky families that received FPP services between July 1, 2006, and March 1, 2007. Of 697 deliverable surveys, 194 were completed and returned, for a response rate of 27.8%.

Client (Survey Respondent) Characteristics:

- 75% of survey participants were mothers, 10% grandparents, 7% fathers, 5% other relatives and 3% step or adoptive parents.
- Survey responses were received from all nine DCBS service regions but from only 67 of Kentucky's 120 counties.
- 41% received IFPS, 26% received FPS, 25% received FRS, 8% received FACTS.
- 10% of clients reported some or all of their children were currently in state care.
- 36.4% reported that some or all of their children had previously been in state care.
- 53.8% reported that their children had never been in state care.

Perceptions of Worker's Performance:

- 92% of clients agreed or strongly agreed that their in-home worker treated them with respect.
- 90% agreed or strongly agreed their worker tried to come at the best times for the client's family.
- More than 83% of survey participants agreed or strongly agreed that their in-home worker was available when needed, was understanding, and taught them skills that fit the family.
- Across nine survey items, an average of 83% of survey participants agreed or strongly agreed with the satisfaction statements.

Strategies:

- An average of 64% of clients reported that their in-home workers helped family members learn to deal with feelings, manage the children, handle problems and talk with each other.
- 10% of clients reported that their in-home worker helped them find drug-abuse services. 20% reported being helped to deal with health problems.
- 56% of clients reported that their in-home worker set up meetings for them, but only 15% reported that their worker took them to meetings.
- 80% of clients reported their in-home worker met with them just the right amount.

Barriers: Lack of transportation and lack of services were the most frequently noted barriers to change in families; 26% of clients reported each as an obstacle.

Changes Made: At least 64% of clients agreed or strongly agreed with each of nine descriptions of positive change in their families, and their willingness to use FPP again and recommend it to others.

Comments: 52% of clients entered comments on the survey form; the vast majority were positive comments and thanked specific workers for their help or identified specific benefits of FPP.

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## **Background and Introduction**

### **Purpose and Background**

This survey was designed to assess the satisfaction of parents and other caregivers who received services through the Family Preservation Program (FPP). Family Preservation services are provided by non-profit agencies under contract with the Department for Community Based Services. Survey items assessed clients' experiences and satisfaction with their FPP in-home worker, the positive changes families made with their FPP workers' help and barriers to positive change.

### **Design, Methodology and Measure**

The survey measure was designed by teams in a series of steps and refinements. The final measure consisted of rating scales, checklists and space for suggestions. Item development and refinement was completed by FPP agency providers, DCBS FPP Coordinators, the DCBS Information and Quality Improvement (IQI) team, and CPS regional leaders. Two FPP families' volunteered to test the survey to ensure its ease of completion and thoroughness in covering ideas that clients viewed as important about the services they received. Staff from IQI met with the clients in their homes to get feedback on the survey. The survey and cover letter were written at the fourth grade level. The FPP client survey is in Appendix A.

With the approval of the Cabinet for Health and Family Services' Institutional Review Board (IRB), the survey was distributed with a cover letter that contained all elements of informed consent, including that the survey was voluntary and anonymous. This cover letter described the survey's purpose and invited any FPP client who had questions about the survey to contact a member of the DCBS IQI staff at a toll-free telephone number.

A mailing list was compiled from client lists and address information supplied by FPP providers. Continuous Quality Improvement specialists in the DCBS service regions reviewed the lists of FPP clients in their regions to ensure that addresses were the most current available. To assist in interpreting responses, the surveys were labeled for DCBS service region based on the recipient's address. Labels also included a code for the type of FPP service provided and the nonprofit agency providing the service.

Mailings consisted of the cover letter, the two-page survey (printed front and back on a single sheet of paper) and a return envelope addressed to a post office box in Frankfort. A first mailing with a stamped return envelope was sent to all clients between March 30 and April 9, 2007. A second mailing with a replacement survey and business reply envelope was sent on April 25-26, 2007. The second mailing included a new cover letter that asked clients to participate if they had not already done so and thanked them if they had. Both the original and the follow-up cover letters contained the same elements of informed consent and a survey. A return of the survey was considered consent.

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Reminder post cards were sent on May 25-30, 2007 to all FPP clients who remained on the survey mailing list after those with invalid addresses had been removed. The post card described the previous two survey mailings and urged recipients to complete and return the survey if they had not already done so. The cards provided a toll-free number to call to get another survey, to answer the survey over the phone, or to ask any other questions. No respondents called in their response or requested a new survey.

The survey form identified “Intensive Family Preservation Services” as FPP and “Family Preservation Program” services as FP. To make this analysis consistent with the other program evaluation, we changed these abbreviations and used IFPS to identify “Intensive Family Preservation Services” and FPP to identify “Family Preservation Program.”

Following the survey distribution, psychometric analysis of the survey was conducted. The results showed in Table 17 indicate that the subscales were highly reliable.

**Table 17**  
*Reliability of the FPP Client Survey*

| Domain                                | # of items         | Alpha or KR-20    | Items that diminish reliability |
|---------------------------------------|--------------------|-------------------|---------------------------------|
| Client Perception of Service Delivery | 9 item 5-pt. scale | 0.952 (excellent) | No items were found to be poor. |
| FPP Worker Strategies to Help Family  | 20 item checklist  | 0.840 (good)      | No items were found to be poor  |
| Barriers to Change                    | 15 item checklist  | 0.746 (adequate)  | No items were found to be poor  |
| Perceived Outcomes of FPP Service     | 9 item 5-pt. scale | 0.946 (excellent) | No items were found to be poor  |

A factor analysis (principal component with varimax rotation) of the Client Perception of Service Delivery Scale identified a single factor in this subscale, suggesting a strong consistent measure. A similar analysis of the Perceived Outcomes Scale identified two factors. The first factor included items related to the perceived changes in the family and second factor included three items about endorsing FPP: “I would recommend in-home services to others;” “I would ask for in-home services again if needed;” and “In-home services helped our family stay together.” The results are reported by these factors.

## Survey Results

### Participants and Response Rate

Survey participants were asked to identify themselves as a mother, father, grandparent, other relative or a step or adoptive parent. Table 18 displays the number and percent of FPP clients in each caregiver role.

**Table 18**  
*Survey Participant Caregiver Role*

| CAREGIVER ROLE          | NUMBER | PERCENT |
|-------------------------|--------|---------|
| Mother                  | 143    | 75.3    |
| Father                  | 14     | 7.4     |
| Grandparent             | 19     | 10      |
| Other Relative          | 9      | 4.7     |
| Step or Adoptive Parent | 5      | 2.6     |

Surveys were mailed to all Kentucky families that received FPP services between July 1, 2006, and March 1, 2007. Of the 897 surveys that were mailed out, 200 were undeliverable; 194 completed surveys were received, for a response rate of 27.8%. Survey responses were received from 67 of Kentucky's 120 counties.

**Table 19**  
*Number of Survey Responses by County*

| County       | # Surveys Returned | County     | # Surveys Returned | County       | # Surveys Returned |
|--------------|--------------------|------------|--------------------|--------------|--------------------|
| Adair        | 1                  | Graves     | 2                  | Menifee      | 1                  |
| Barren       | 2                  | Green      | 2                  | Metcalfe     | 1                  |
| Boone        | 2                  | Greenup    | 2                  | Nelson       | 2                  |
| Boyd         | 8                  | Hardin     | 1                  | Ohio         | 1                  |
| Boyle        | 2                  | Harlan     | 1                  | Oldham       | 3                  |
| Bracken      | 3                  | Harrison   | 2                  | Owen         | 2                  |
| Breckinridge | 1                  | Henderson  | 1                  | Perry        | 2                  |
| Caldwell     | 2                  | Henry      | 1                  | Pike         | 1                  |
| Campbell     | 1                  | Hickman    | 1                  | Powell       | 1                  |
| Carroll      | 2                  | Jefferson  | 24                 | Rockcastle   | 2                  |
| Carter       | 4                  | Jessamine  | 1                  | Rowan        | 2                  |
| Casey        | 1                  | Kenton     | 14                 | Russell      | 1                  |
| Christian    | 2                  | Knott      | 1                  | Scott        | 2                  |
| Clark        | 3                  | Knox       | 2                  | Shelby       | 4                  |
| Clay         | 1                  | Laurel     | 1                  | Simpson      | 1                  |
| Daviess      | 8                  | Lawrence   | 8                  | Spencer      | 1                  |
| Estill       | 1                  | Letcher    | 2                  | Taylor       | 2                  |
| Fayette      | 16                 | Livingston | 2                  | Warren       | 1                  |
| Fleming      | 5                  | Madison    | 6                  | Washington   | 5                  |
| Floyd        | 1                  | McCracken  | 1                  | Wolfe        | 1                  |
| Franklin     | 1                  | McCreary   | 2                  | Woodford     | 3                  |
| Gallatin     | 1                  | McLean     | 2                  | <b>Total</b> | <b>194</b>         |
| Grant        | 4                  | Meade      | 4                  |              |                    |

Table 20 shows the number of surveys received from each of the nine service regions, and the percent each service region represents in the survey results.

**Table 20**  
*Number of Survey Responses by Region*

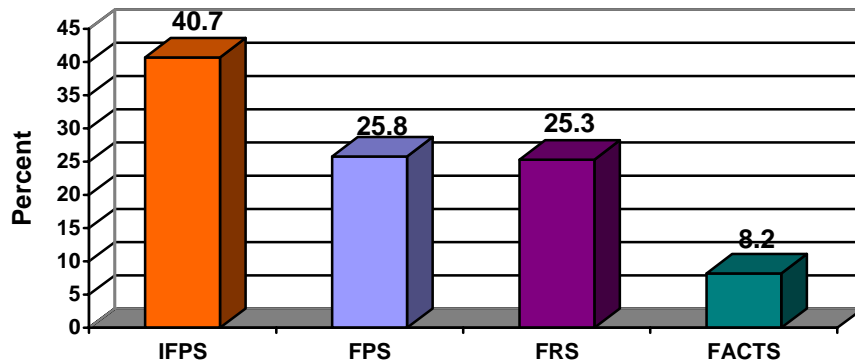
| Service Region     | Number | Percentage |
|--------------------|--------|------------|
| Northeastern       | 33     | 17         |
| Northern Bluegrass | 30     | 15.5       |
| Southern Bluegrass | 30     | 15.5       |
| Salt River Trail   | 26     | 13.4       |
| Jefferson          | 24     | 12.4       |
| Two Rivers         | 17     | 8.8        |
| The Cumberland     | 16     | 8.2        |
| The Lakes          | 10     | 5.2        |
| Eastern Mountains  | 8      | 4.1        |

Because analysis of data with 25 or fewer respondents is likely to yield biased or erroneous results, service region level analysis was not performed.

Each of the surveyed families received at least one of the following services between July 1, 2006 and March 1, 2007: Families and Children Together Safely (FACTS); Intensive Family Services (IFPS); Family Preservation Services (FPS); or Time Limited Reunification Services (FRS).

40.7% of respondents received IFPS service, making it the most received service in the survey. Clients receiving IFPS must have imminent risk of removal of children from the home. Only 8.2% of respondents received FACTS, 25.8% received FPS and 25.3% received FRS. Figure 16 displays the distribution of survey respondents by FPP service.

**Figure 16**  
*Percent of Survey Received by FPP Services Received*

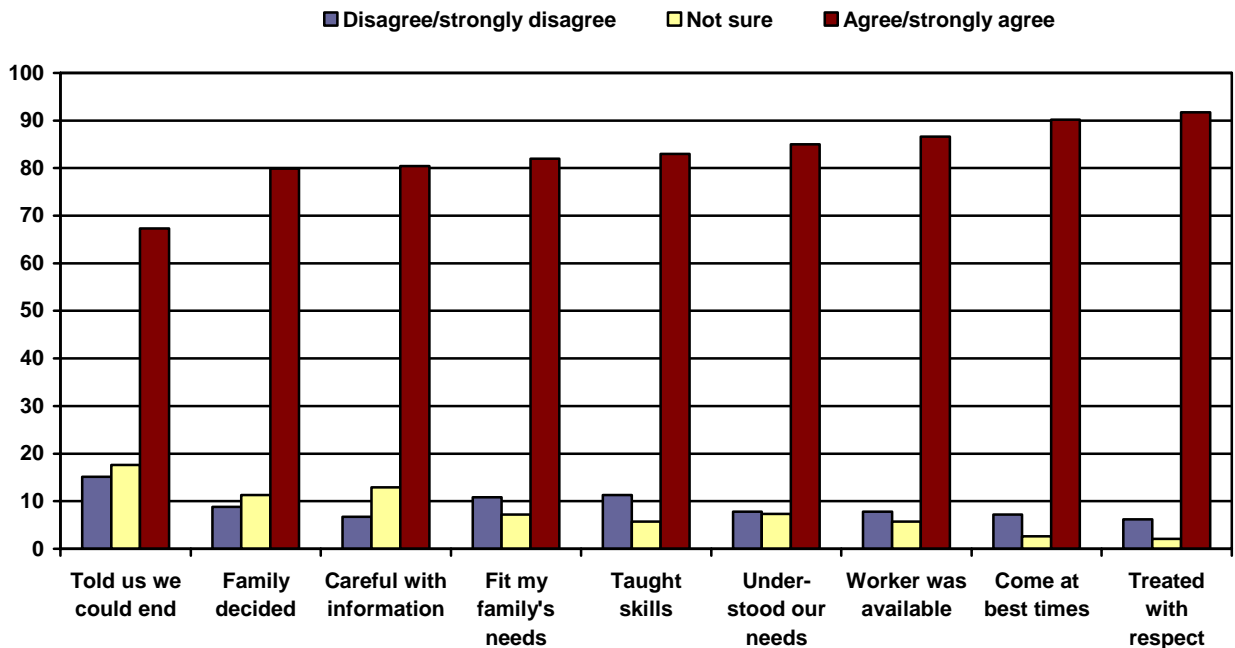


**Perceptions of the In-Home Worker's Performance and Service**

Clients were asked to “think about the service they got from their in-home worker.” They were presented with nine statements about their worker’s performance and asked to indicate their degree of agreement with each on a 5-point rating scale labeled as **strongly disagree, disagree, not sure, agree** and **strongly agree**. Items and rates of agreement in this domain are listed here and displayed in Figure 17.

- **The in-home worker treated us with respect.** 91.7% agreed or strongly agreed
- **The in-home worker tried to come at the best times for my family.** 90.2% agreed or strongly agreed
- **The in-home worker was available when we needed help.** 86.6% agreed or strongly agreed
- **The in-home worker understood our needs.** 85% agreed or strongly agreed
- **The in-home worker taught us skills we could use.** 83% agreed or strongly agreed
- **The in-home services fit my family’s needs.** 82% agreed or strongly agreed
- **The in-home worker was careful about sharing my family’s information.** 80.4% agreed or strongly agreed
- **My family decided what to work on with the in-home worker.** 79.9% agreed or strongly agreed
- **The in-home worker told us we could end services at any time.** 67.3% agreed or strongly agreed

**Figure 17**  
*Satisfaction with the In-Home FPP Worker Service*





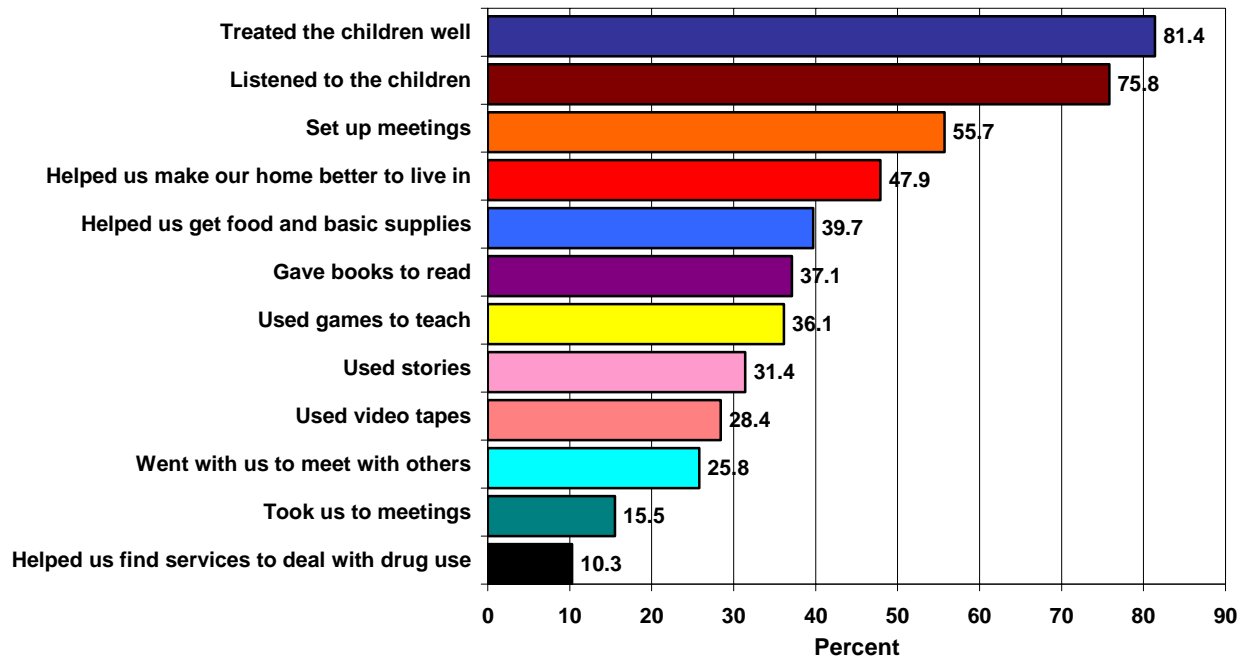
Across all nine statements, the average rate of agreement or strong agreement was 82.9%. On average, 9.1% disagreed or strongly disagreed and 8% were unsure.

**FPP Worker Strategies**

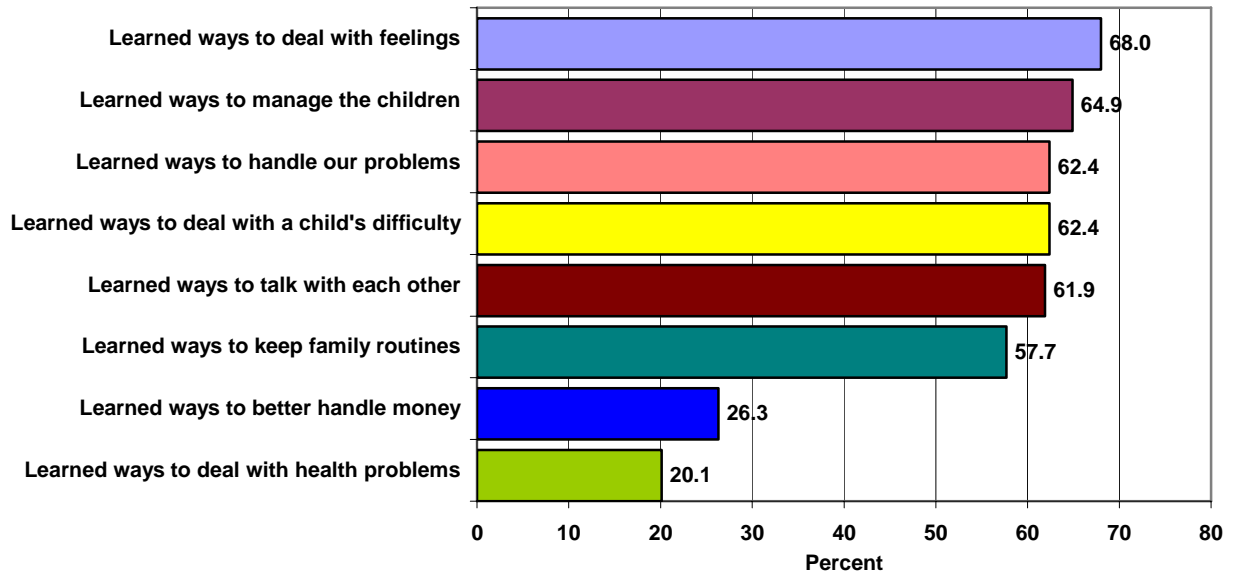
Clients were asked to indicate what their in-home worker did or taught them to help their family. They were asked to place a check next to each of the 20 items if it was something their worker did, used or taught them. An additional item, labeled “Other” invited clients to list other services their in-home worker provided. Clients checked an average of nine items and 95.9% checked at least one item.

Twelve items in this domain dealt with strategies that in-home workers used. Eight other items dealt with skills clients learned with their worker’s help. Since clients’ needs differ, lack of a checkmark does not necessarily mean a need went unmet. It could also mean that a family had no need for a particular strategy or service, or that the family’s need was met by a different service provider. Items and rates of agreement for in-home worker strategies are displayed in Figure 18 and for skills learned in Figure 19.

**Figure 18**  
*Strategies Used by the In-Home FPP Worker*



**Figure 19**  
*Skills Learned by the FPP Clients*



Other services by in-home worker:

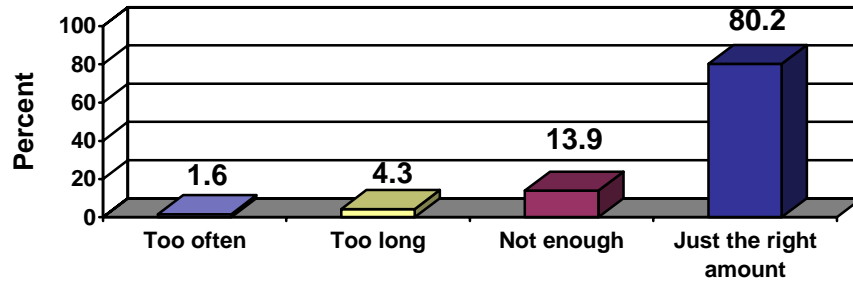
Eleven clients (3.7% of all survey participants) responded to the invitation to describe other services received from their in-home worker. Their entries included:

- Helped with our rent and baby equipment.
- Brought coats for the children that they out grew.
- Went to court when needed on child needs and safety.
- He helped me with school supplies, car insurance, and lawyers. He helped me set boundaries with my family.
- Didn't judge me because we have little money. Helped make me feel great about what I do have and taught me to get organized.
- Helped us complete our obligations to DCBS and court.

**Frequency and Duration of FPP Services**

Clients were asked to indicate whether their in-home worker met with them **too often**, **too long**, **not enough** or **just the right amount**. They were asked to check the box next to the description that best fit their experience. 3.2% of clients did not answer this question. 80.2% felt that FPP was provided for just the right amount of time.

**Figure 20**  
*Satisfaction with of the Length of FPP Service by FPP Clients*



**Barriers to Change**

Survey participants were asked to indicate things that made it hard to make change in their families. They were presented with a checklist of 15 potential barriers, plus an additional item, labeled “other” that invited them to list barriers not described elsewhere.

More than one-fourth of clients identified the lack of transportation or services as barriers. Only 10% identified drugs or alcohol as a barrier. The items and rates of selection in this domain were:

|  |       |
|--|-------|
| • <b>Transportation is hard to find</b>                                | 26.3% |
| • <b>There are few services to help</b>                                | 26.3% |
| • <b>There are too many appointments</b>                               | 20.1% |
| • <b>We cannot afford good housing</b>                                 | 17.0% |
| • <b>It takes a long time to get services</b>                          | 16.5% |
| • <b>We have to work long hours</b>                                    | 14.9% |
| • <b>We cannot afford services</b>                                     | 13.4% |
| • <b>Child care is expensive or hard to find</b>                       | 13.4% |
| • <b>The judge was too hard on us</b>                                  | 12.9% |
| • <b>We cannot afford food</b>   | 10.3% |
| • <b>We did not understand what social services wanted</b>             | 10.3% |
| • <b>Drugs or alcohol</b>  | 9.8%  |
| • <b>We cannot afford medicines</b>                                    | 9.3%  |
| • <b>Did not understand why we needed Family Preservation Services</b> | 9.3%  |
| • <b>Domestic Violence</b>   | 4.1%  |

On 37 (19.1%) of the surveys, clients checked the block labeled “other” and described barriers in their own words. Their comments included:

- “Treatment for a mentally ill child that works.”
- “Court order too lenient with punishment for my children.”
- “My kids didn’t want to change.”

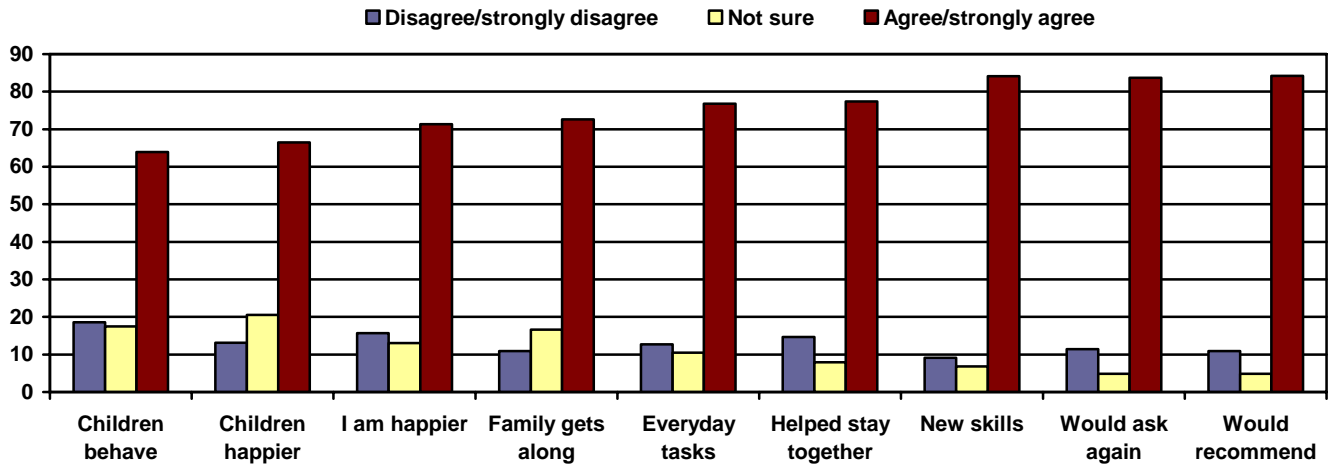
- “Being a single parent and having to travel due to my job, it is difficult to set routines.”
- “Services not provided financially because I was kin to the children.”
- “Not enough supports.”

### **Perceived Outcomes of FPP Services**

Clients were asked to think about the changes they and their families made with the in-home worker. Clients were given a table and asked to place an “X” in the field that best represented their feelings about the given statements. The scale was rated on 5-points labeled as **strongly disagree, disagree, not sure, agree** and **strongly agree**. The survey items and the rates of agreement were as follows and are also displayed in Figure 21.

- **I would recommend in-home services to others.**  
84.2% agreed or strongly agreed
  - **I would ask for in-home services again if needed.**  
83.7% agreed or strongly agreed
  - **I use new skills to manage my home and family.**  
84.1% agreed or strongly agreed
  - **In-home services helped our family stay together.**  
77.4% agreed or strongly agreed
  - **My family is better able to get through everyday tasks now.**  
76.8% agreed or strongly agreed
  - **My family gets along better now.**  
72.6% agreed or strongly agreed
  - **I am happier now.**  
71.3% agreed or strongly agreed
  - **My children are happier now.**  
66.5% agreed or strongly agreed
  - **My children behave better now.**  
63.9% agreed or strongly agreed
-

**Figure 21**  
*Perceived Outcomes of FPP Service by Clients*



**Children in Out of Home Care**

Participants were asked: “Were your children ever removed from your care by the state?” Table 21 shows the number and percent of respondents in each response option.

**Table 21**  
*Number of Survey Participants with OOHC Experience*

| Response Option   | Number | Percent |
|---|--------|---------|
| “No, never.”  | 99     | 53.8    |
| “Yes, but they are home now.”                                 | 67     | 36.4    |
| “Yes, <b>all</b> of my children are in care with the state.”  | 7      | 3.8     |
| “Yes, <b>some</b> of my children are in care with the state.” | 11     | 6.0     |

**Comments by FPP Clients**

The final survey item was an invitation to “add any suggestions you have to make in-home services better.” Space was provided for a response.

100 FPP clients (51.5% of the 194 survey respondents) responded to this item by writing comments on the survey form. Of these comments, 66 (66.7%) were generally positive, 11 (10.1%) were negative and 23 (23.2%) were neutral in tone. Further analysis of these responses focused on identifying key issues they addressed. A survey participant who addressed multiple key issues in a comment was recorded as showing concern with each of those issues. Comments were sorted into five categories. Table 22 shows the number and the percentage of all survey participants who add comments within each category.

**Table 22***Type of Comments by FPP Client Survey Participants*

| CATEGORY                                  | NUMBER OF FPP CLIENTS | PERCENT |
|---|-----------------------|---------|
| In-home Worker/Provider-specific          | 62                    | 32.0    |
| Service was helpful (unhelpful = 4)       | 49                    | 25.3    |
| Client was shown respect (disrespect = 4) | 12                    | 6.2     |
| Service was too short                     | 11                    | 5.7     |
| Barriers, other comments                  | 23                    | 11.9    |

### **Synthesis of Themes in Comments**

#### ***Worker/Provider-specific***

The most striking pattern among the comments was that 62 (32%) of participants singled out FPP workers, most often by name, for expressions of praise or gratitude. About one-third (N=62) of the survey group commented on in-home workers or providers. About one-fifth of the participants (N=37) both referred to specific workers or service providers and remarked on the helpfulness of the service they received. All but two of these comments were positive, and many expressed warm personal feelings toward workers.

A positive comment of this type lauded an FPP worker who “became more than a worker, she was a friend who cared about our problems and how to deal with them.” Other ideas expressed were these:

- I felt like my in-home worker was a friend and someone that I could trust.
- She helped our family learn to understand and respect each others’ feelings and how to handle everyday situations.
- Was the most polite person, friendly, person I have ever met in my life
- I could talk to her without being judged.
- She made me feel at ease.
- I wished we could have had her longer. Please pat her on the back.

One client complained that: “... took over our home and changed everything. I put everything back and told her it would not work and she was too bossy.”

#### ***Service was helpful***

Of the 49 survey participants who commented on the helpfulness of FPP services, only four described them as unhelpful. One client commented that FPP services “helped me get my life back together and now things are great and life is good.” They also cited that FPP services made getting help convenient, improved the family functioning, helped keep the parent away from drugs and alcohol, helped get their lives back together, and helped their children adjust to a new environment and improve their self-esteem. One client complained that the FPP worker “made my life a living hell.”

### ***Respect/Disrespect***

Of the 11 comments on the respect or disrespect that FPP in-home workers showed to clients, seven were positive, three were negative and one was neutral. One client praised a worker as “very respectful to myself and my children’s needs and feelings.” Another recommended hiring more FPP workers “who treat people like they should be treated.”

### ***Service too short***

Eleven survey participants said in-home services should last longer. Five of these comments were generally positive, one was negative and five were neutral. One client commented that an eight-week FPP program “is not enough time to make real changes.” Another said it “could be more helpful if you all were able to continue longer with the family and have after care.” Other ideas included that it took years to get to get to this point and will require years to get back and it would help to have someone to talk to on occasions with questions.

### ***Barriers, other comments***

Twenty-two comments dealt with barriers, denials that FPP services were needed or suggested improvements. Three of these comments were coded as positive, five were coded as negative and 14 were neutral.

Two survey participants cited scheduling difficulties. One of them commented on the difficulty of “trying to get everything done between work and when worker came because we were expected to focus on these activities w/worker.” Another client said the skills her family learned through in-home services had helped only briefly. “When other services are not involved, my son does not seem to follow the guidelines,” she said.

Other ideas expressed by FPP clients were these:

- “Better inform public that these services are there . . .”
  - “That they could help me manage my money and help me keep my bills paid and help me with transportation . . .”
  - “Not so many hours every week.”
  - “An ‘approved’ list of sitters or child sitting services. I would go to more 12 step meetings if I had sitters – affordable ones.
  - I felt the focus should have been on a regular family routine instead of knowing that twice a week for 2 hours everything would be on hold.
  - Help me manage my money, keep my bills paid and find transportation
  - Don’t discuss the client’s business with them if they see them out in public.
  - Assist families to apply for services; these can be confusing.
  - Help, no matter how many times they’ve already used the program.
-



## **Evaluation Component 7: Family Preservation Program DCBS Staff Survey**

### **Overview and Executive Summary**

This survey assessed the views held by Child Protective Services (CPS) supervisors and case managers about FPP services. Items in the staff survey dealt with: staff members' satisfaction with FPP services provided within the past year; barriers to working with FPP services; and the progress that families made with the help of IFPS, FRS or FACTS. Of the 1,697 front-line workers, specialists, supervisors and administrators targeted by the survey, 695 responded, for a response rate of 41%.

### **Results Summary**

#### Worker Characteristics:

- The average DCBS staff respondent had 8.0 years of work experience.
- Most were ongoing workers (45%) or investigative workers (33%).

#### Experience with FPP Services:

77% of workers had referred to IFPS, 63% to FRS, 59% to FPS, 30% to FACTS.

#### Frequency of Referrals within the Past Year:

34% of workers had referred clients to an FPP service four to six times, 31% had made 2-3 referrals and 21% had referred clients nearly every month.

#### Satisfaction with Services:

- Between 58% and 72% of all workers agreed or strongly agreed with each of 15 descriptions of FPP providers' performance, indicating high satisfaction.
- The lowest satisfaction ratings dealt with documentation from FPP providers.
- Overall satisfaction averaged 77% for the entire survey group.

#### Barriers to Working with FPP Services:

- 52% of workers found FPP workers' limited understanding of DCBS policy as a barrier at least some of the time.
- 43% identified FP workers' failure to confront families on high-risk issues as a barrier at least some of the time. 14% rated it as a moderate or strong barrier.

#### Families' Progress with the Help of IFPS, FRS or FACTS

- On all 10 measures of family progress, workers rated FPP services as helpful.
- 85% agreed that more FPP services should be more available;
- 83% would refer other families to FPP.

Comments: 34% added comments, positive comments or suggestions to improve.

### **Opportunities to Improve**

- Expand the availability of FPP services.
  - Promote FPP and DCBS cross training and two-way communication
  - Strengthen training requirements for FPP/DCBS workers to:
    1. understand DCBS policies and priorities;
    2. improve documentation of FPP services.
    3. improve understanding of FPP services and referral criteria.
-

**Background and Introduction**

**Purpose and Background**

This survey assessed the views that Child Protective Services (CPS) field staff, supervisors and administrators hold regarding the Family Preservation services provided by non-profit agencies under contract with the Department for Community Based Services (DCBS). Survey items dealt with workers' satisfaction with services, their perceptions of possible barriers to service delivery and the progress they believed that families had made with the help of any of the services encompassed by the Family Preservation Program (FPP).

**Design, Methodology and Measure**

The survey measure was designed in a series of steps by FPP agency providers, DCBS FPP Coordinators, the DCBS IQI team and representatives of DCBS FPP Referral and Selection Coordinators. It consisted of rating scales, checklists and space for suggestions. With the approval of the Cabinet for Health and Family Services' Institutional Review Board (IRB), the survey included an introductory paragraph that contained all elements of informed consent, including that the survey was voluntary and anonymous. This introduction also described the survey's purpose. It invited any worker who had questions about the survey to contact a member of the DCBS IQI Staff at a toll-free telephone number. The survey is in Appendix B.

The survey of DCBS staff was initiated on March 8, 2007, using Zoomerang web-based survey technology. The link to the survey was disseminated to all DCBS Protection and Permanency Staff. In addition, regional CQI specialists, SRAs and service region administrator associates (SRAA) disseminated the link to their regional staff with reminders to complete the survey. The survey included a cover letter that conveyed all elements of informed consent, including that the survey was voluntary and anonymous. Following the survey distribution, psychometric analysis of the survey was conducted. The results are displayed in Table 23.

**Table 23**  
*Psychometric Analysis of DCBS Staff Survey*

| <b>Domain</b>                      | <b># of items</b>   | <b>Alpha or KR-20</b> | <b>Items that diminish reliability</b> |
|------------------------------------|---------------------|-----------------------|--|
| Satisfaction with FPP services     | 15 item 5-pt. scale | 0.968 (excellent)     | No items were found to be poor.        |
| Barriers to FPP Service Delivery   | 10 item 5-pt. scale | 0.869 (very good)     | No items were found to be poor         |
| Perceived Outcomes of FPP Services | 10 item 5-pt. scale | 0.911 (excellent)     | No items were found to be poor         |

A factor analysis (principal component with varimax rotation) of the Satisfaction with FPP Services identified a single factor in this subscale, suggesting a strong consistent measure. A similar analysis of the Barriers to Service Delivery identified two factors. The first factor included items related to the barriers inherent in FPP service providers such as not engaging families. The second factor included three items about DCBS workers limitations in understanding FPP: "I do not understand how to make an FPP referral;" "I don't understand FPP, FRS or FACTS policy;" and "The referral process is cumbersome."

The factor analysis of the Perceived Outcomes of FPP Services also identified two factors, the first related to outcomes and the second related to endorsing more FPP services: "FPP services should last longer for most families;" "There should be more FPP services available." Survey results are reported using these factors as guides.

**Participants and the Response Rate**

Of the 1,697 front-line workers, specialists, supervisors and administrators targeted by the survey, 695 responded, for a response rate of 41%. The following table shows the number of workers who responded from each service region and the percentage of all respondents that they represented. (Percentages do not sum to 100 because of rounding.)

**Table 24**  
*Number of DCBS Staff Survey Responses by Region*

| Service Region      | Number | Percent |
|---------------------|--------|---------|
| Region Code Missing | 4      | 0.6     |
| Cumberland          | 91     | 13.2    |
| Eastern Mountain    | 84     | 12.2    |
| Jefferson           | 63     | 9.1     |
| Northeastern        | 83     | 11.9    |
| Northern Bluegrass  | 84     | 12.2    |
| Salt River Trail    | 79     | 11.4    |
| Southern Bluegrass  | 72     | 10.4    |
| The Lakes           | 72     | 10.4    |
| Two Rivers          | 63     | 9.1     |

**Worker Characteristics**

Workers were asked to record their years of experience. For the 688 workers who did so, the range was from 0.5 to 40 years, the mean was 8.0 years and the median was 5.5 years. Workers were also asked to classify their position as fitting one or more of seven categories. The following chart shows the number and percent who listed themselves in each job category. Because some workers checked multiple job categories, percentages sum to more than 100.

**Table 25***Number of Survey Participants by Type of DCBS Worker*

| Position             | Number | Percent of Total |
|----------------------|--------|------------------|
| Investigative Worker | 226    | 32.5             |
| Ongoing Worker       | 312    | 44.9             |
| Supervisor           | 119    | 17.1             |
| Generic Worker       | 83     | 11.9             |
| Administrator        | 21     | 3.0              |
| Specialist           | 32     | 4.6              |
| R & C Worker         | 29     | 4.2              |

**Workers' Experience with FPP Services**

The survey asked workers to identify the Family Preservation service or services with which they had experience. Table 26 shows the results for this item.

**Table 26***Number of Survey Participants by Type of FPP Experience*

| FPP Service                                   | Number | Percent |
|---|--------|---------|
| Intensive In-Home (IFPS) Service              | 532    | 76.5    |
| Family Reunification Services (FRS)           | 435    | 62.6    |
| Family Preservation Services (FPS)            | 410    | 59.0    |
| Families and Children Together Safely (FACTS) | 211    | 30.4    |
| Not sure of the specific program              | 45     | 6.5     |

Workers were also asked to indicate, by choosing one of five check-boxes, the frequency with which they had referred clients to a Family Preservation Service. The results were as shown in Table 27.

**Table 27***Frequency of Referred Clients to FPS*

| Frequency of Referrals     | Number | Percent of Total |
|----------------------------|--------|------------------|
| Never                      | 53     | 7.7              |
| Once                       | 46     | 6.7              |
| 2-3 times in the past year | 211    | 30.8             |
| 4-6 times in the past year | 233    | 34.1             |
| Nearly every month         | 141    | 20.6             |

## Survey Results

### Satisfaction with FPP Services

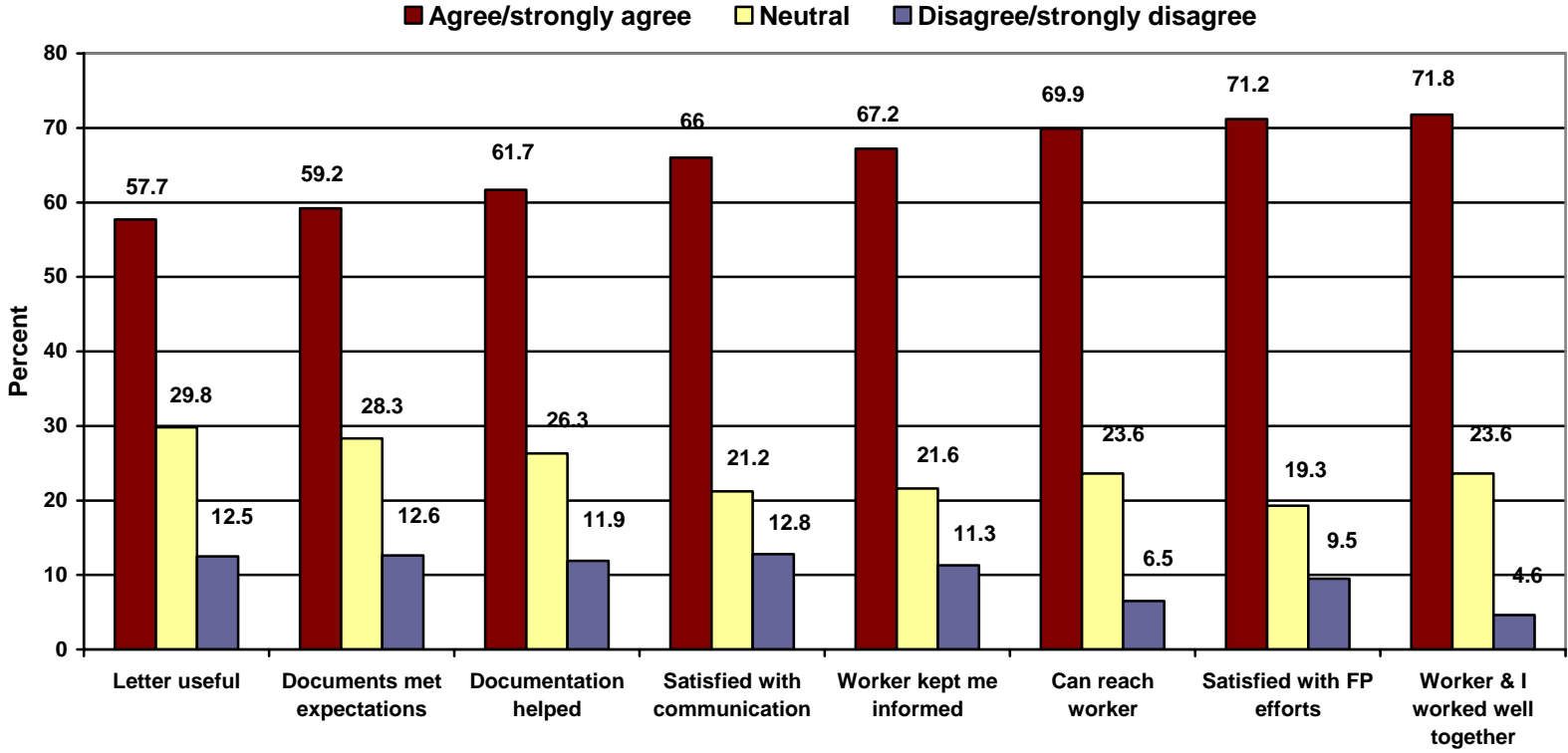
Fifteen items on the survey called on workers to rate FPP providers' performance in rendering services to families within the past year. Workers were asked the extent of their agreement or disagreement with each item. The options for response were **strongly disagree, disagree, neutral, agree** and **strongly agree**. The listed items, in order of the extent of workers' agreement with them, were as follows:

- **The FP worker treated the family with respect.**  
83.3% of workers agreed or strongly agreed.
- **The FP worker maintained confidentiality.**  
81.5% agreed or strongly agreed.
- **The FP worker listened to my concerns.**  
80.2% agreed or strongly agreed
- **FP services were started quickly once accepted into the program.**  
77% agreed or strongly agreed
- **The FP goals for the family were attainable.**  
75.1% agreed or strongly agreed
- **The FP worker understood the needs of the family.**  
74.6% agreed or strongly agreed
- **The Family Preservation goals for the family were concrete/understandable.**  
74.5% agreed or strongly agreed
- **The worker and I worked well together.**  
71.8% agreed or strongly agreed
- **I am satisfied with FP efforts to facilitate family change.**  
71.2% agreed or strongly agreed
- **I can reach the worker when I need to.**  
69.9% agreed or strongly agreed
- **The worker kept me informed about the family.**  
67.2% agreed or strongly agreed
- **I am satisfied with the communication between the worker's program and DCBS.**  
66% agreed or strongly agreed
- **The FP documentation helped me understand the family's progress.**  
61.7% agreed or strongly agreed
- **The FP worker's documentation met my expectations.**  
59.2% agreed or strongly agreed
- **The termination letter included useful information about the intervention.**  
57.7% agreed or strongly agreed

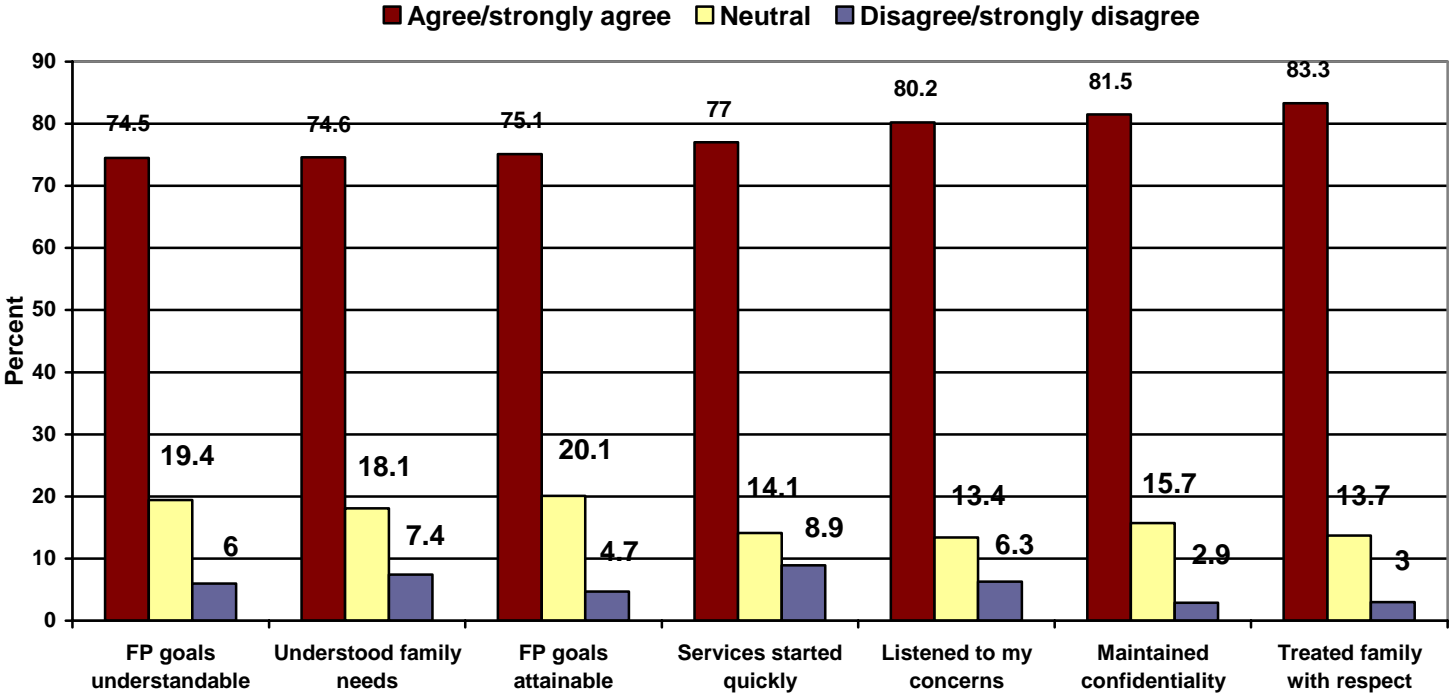
Figures 22 and 23 display the survey results on these items, arranged from the weakest to the strongest levels of workers' satisfaction with FPP services.

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**Figure 22**  
*Satisfaction with FPP (Chart 1)*



**Figure 23**  
*Satisfaction with FPP (Chart 2)*





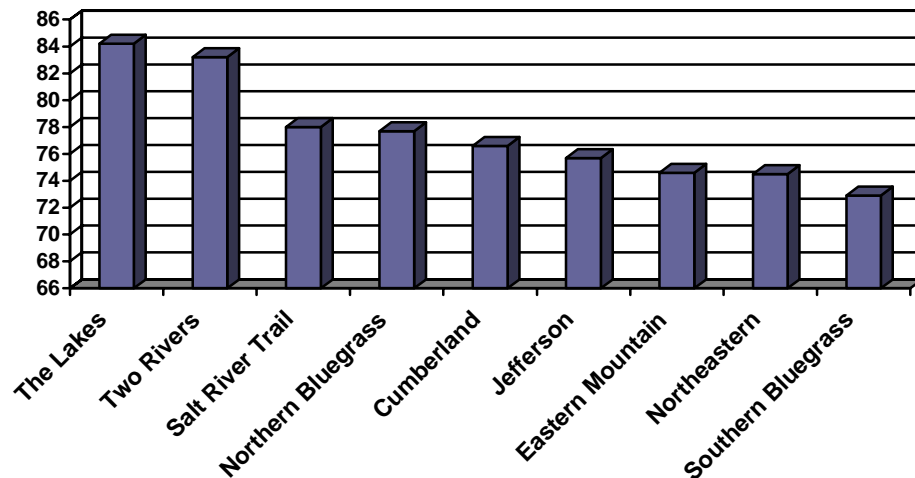
### Overall Satisfaction

Overall satisfaction is a composite measure calculated by summing the ratings of workers on all 15 items about FPP providers' performance. Each of the 15 items was scored on a five-point scale and the scores were summed. The maximum score for these 15 items was 75 (strongly agree = 5 times 15 items = 75). Each worker's total score is divided by 75 to get an overall percentage of satisfaction, which ranged from 20% to 100%.

For the entire survey group, the mean overall satisfaction score was 77.3%. There was marked variation in overall satisfaction between the nine DCBS services regions; the differences were statistical significant. Figure 24 displays, in highest-to-lowest order, the overall satisfaction levels of DCBS staff in the regions.

**Figure 24**

*Overall Satisfaction with FPP among DCBS Staff by Service Region*



### Barriers to FPP Service Delivery

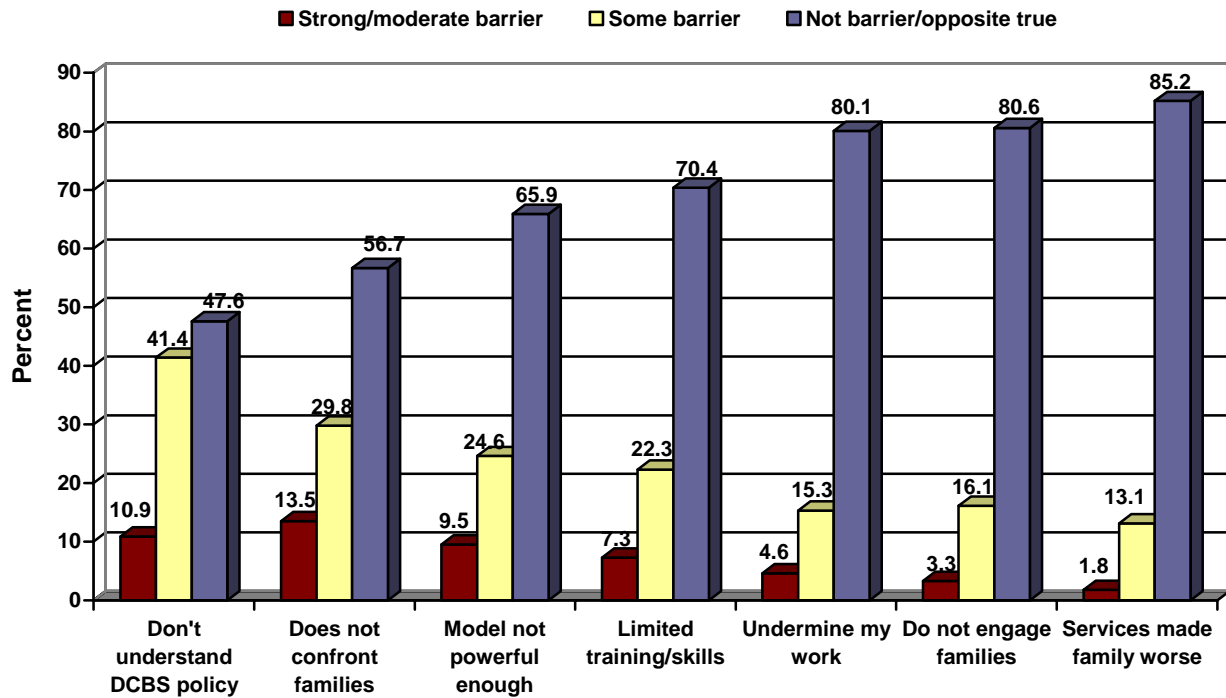
Seven survey items identified possible impediments to working with Family Preservation services and asked workers to identify the extent to which they considered each to be a barrier. The options for response were **the opposite is true, not a barrier, some barrier, moderate barrier** and **strong barrier**. The following list arranges these barriers in order of the percentage of workers who considered each an obstacle:

- **The FPP worker/s do not understand DCBS policy.**  
52.3% of workers considered this some barrier or a moderate or strong barrier.
- **Family Preservation does not confront families on high-risk issues.**  
43.3% rated as some, moderate or strong barrier.
- **The FPP service model is not powerful enough.**  
34.1% rated as some, moderate or strong barrier.

- **The FP workers have limited training and skills.**  
29.6% rated as some, moderate or strong barrier.
- **The FP worker/s undermines my work with the family.**  
19.9% rated as some, moderate or strong barrier.
- **The FP worker/s do not engage the families.**  
19.4% rated as some, moderate or strong barrier.
- **Family Preservation services made the family worse.**  
14.9% rated as some, moderate or strong barrier.

Figure 25 displays all survey results on these items, arranged by the extent to which workers considered each a barrier.

**Figure 25**  
*Barriers to Working with FPP by DCBS Workers*



**DCBS Workers' Limited Understanding of FPP**

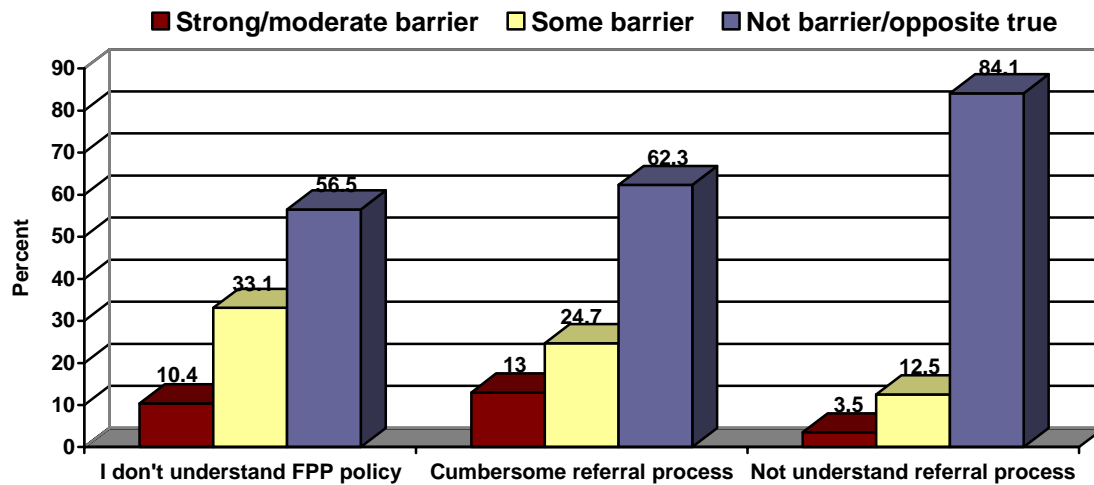
Three items focused on workers' limited understanding, or comfort with FPP policies and practices. The options for response were **the opposite is true, not a barrier, some barrier, moderate barrier** and **strong barrier**.

- **I don't understand FPP, FRS, or FACTS policy.**  
43.5% rated as some, moderate or strong barrier.
- **The referral process is cumbersome.**  
37.7% rated as some, moderate or strong barrier.

- **I did not understand how to make an FP referral.**  
16% rated as some, moderate or strong barrier.

Figure 26 displays these results in more detail.

**Figure 26**  
*DCBS Workers' Limited Understanding of FPP Referral and Policy*



**Perceived Outcomes of FPP Services**

Eight survey items asked workers to rate their degree of agreement or disagreement with descriptions of the outcomes that families might achieve with the help of IFPS, FRS or FACTS. The options for response were **strongly disagree, disagree, neutral, agree** and **strongly agree**. The listed items, in order of the extent of workers' agreement with them, were as follows:

- **I would refer other families to Family Preservation.**  
83.3% agreed or strongly agreed.
- **FP services help monitor families in trouble.**  
77.6% agreed or strongly agreed.
- **The FPP services address DCBS concerns in the family.**  
76.2% agreed or strongly agreed.
- **Family Preservation services help keep children and families together.**  
74.2% agreed or strongly agreed.
- **The FPP services help decrease the risk within the family.**  
74.1% agreed or strongly agreed.
- **Reunification services provide a stable transition back into the home.**  
67.4% agreed or strongly agreed.
- **I am satisfied with the amount of progress my families make with Family Preservation Service.**

63% agreed or strongly agreed.

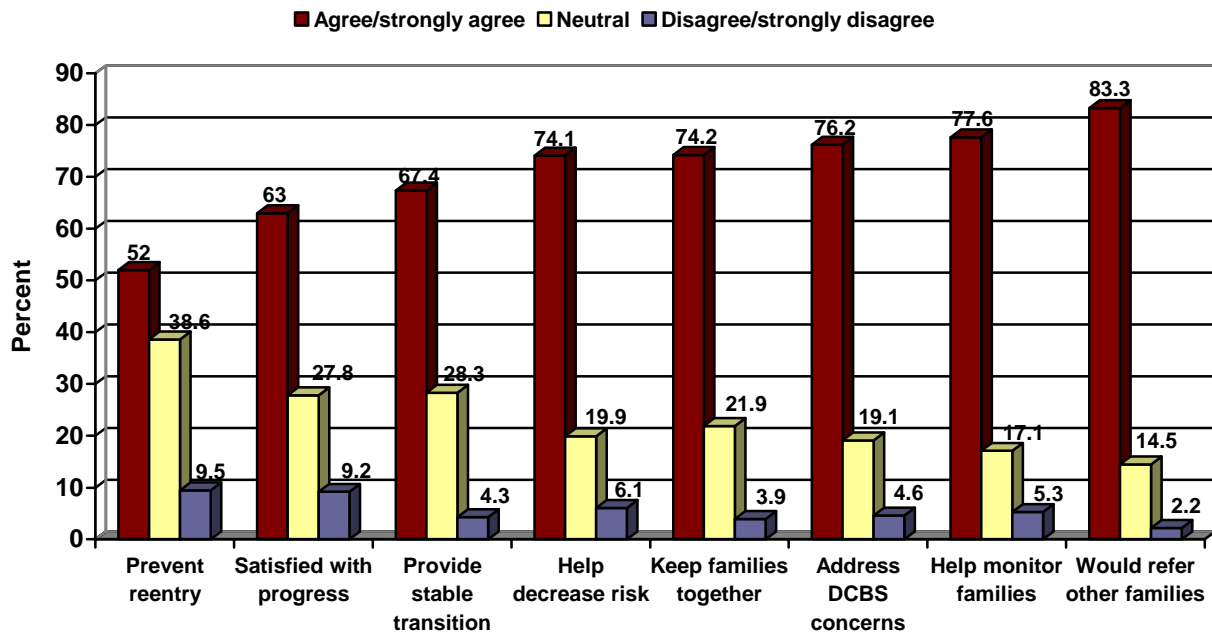
- **Reunification services prevent children from reentering out of home placement.**

52% agreed or strongly agreed.

Two items above could be skewed by unfamiliarity with FPR services, so we examined this further. Among the 62.6% of respondents that indicated they had referred a family to Family Reunification Services (FRS), 55.4% agree or strongly agree that reunification services prevent children from reentering out of home placement. 75.6% agree or strongly agree that reunification services provide a stable transition back into the home. These results suggest that even among staff familiar with FRS services, that they are least certain about the potential of FPP to prevent reentry into OOHC.

Figure 27 displays the survey results on these items, arranged from the weakest to the strongest endorsement of the descriptions of families' progress:

**Figure 27**  
*Perceived Outcomes of FPP Services by DCBS Staff*



**Need for Expanded FPP Services**

Two survey items dealt with the possibility of expanding the types or duration of FPP services. The options for response were **strongly disagree**, **disagree**, **neutral**, **agree** and **strongly agree**. These two items, and the extent of workers' agreement with them, were:

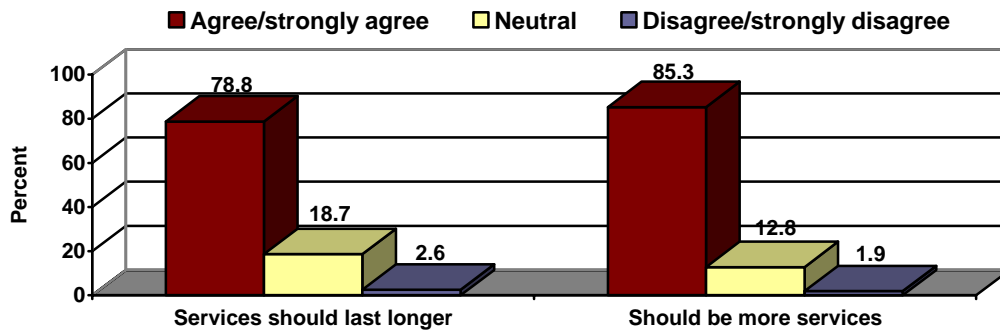
- **There should be more FPP services available.**

85.3% agreed or strongly agreed.

- **FP services should last longer for most families.**  
78.8% agreed or strongly agreed.

Figure 28 displays these results in more detail.

**Figure 28**  
*DCBS Workers Desires to Expand FPP Services*



### DCBS Staff Suggestions and Comments

The final section of the survey invited workers to make suggestions for improving FPP services. Of the 695 DCBS workers who provided usable data, 237 (34.1%) entered suggestions or comments. 199 of the suggestions (84%) were positive or neutral in tone and 38 (16%) expressed disappointment.

Recurrent topics in the suggestions and comments included those listed below. Also listed are the number and percentage of workers whose comments dealt with each topic. Some workers' comments dealt with multiple topics and are counted more than once.

- **The need for expanded services, staffing, training or funding**  
Comments by 74 workers, 10.6% of the survey group
- **The quality of FPP services:** 73 comments, 10.5% of group
- **Barriers in rules and procedures:** 38 comments, 5.5% of group
- **Collaboration with DCBS:** 46 comments, 6.6% of group
- **Delays in starting FPP service:** 30 comments, 4.3% of group
- **Length of program referrals:** 28 comments, 4% of group
- **Comments specific to a provider or worker**  
15 comments, 2.2% of group
- **Clients' response to FPP services:** 6 comments, 0.8% of group

*Needed for expanded services, example ideas are these:*

- IFPS, FACTS, and FRS should be used with every family that is involved with the system. It would greatly reduce children entering and reentering foster care.
- The workers need to be paid more. Also, there needs to be a higher budget for home repairs & supplies needed when it is environmental neglect.

- IFPS/FRS/FACTS services should last longer, particularly IFPS.
- The program should be layered. If a family is doing IFPS or FRS, they should do FRS, then IFPS then FACTS and complete a series before the service ends.
- Too often we need services but there are no openings.

*The quality of FPP services, examples are:*

- The FPP referral process is overrated for the services that are actually being offered.
- The model is inconsistently interpreted and provided to families across the state.
- There appears to be a need for much greater accountability, oversight, and nurturance of the program to ensure its overall integrity and effectiveness.
- FPP should spend more time with families in working on underlying issues.
- FPP workers need to be better trained with regard to boundaries.

*Barriers in rules and procedures, examples are:*

- One main concern is they will terminate services if there is domestic violence.
- In the past, the worker referred directly to the program and not through the specialist ....slows down the service delivery time and creates a critical lag.
- Such strict timeframes sometimes prevent them from receiving this service.
- If FPP will not accept a case because of the risk, it is important that they document the risks for us and for the courts to ensure that children are safe.
- Documentation tends to be about what was given the family or gone over rather than family progress or where the family is now.

*Collaboration with DCBS*

- It would be easier to understand the progress the family is making if DCBS staff were more familiar with the tools FPP staff use to determine progress.
- FPP needs to work in partnership with the Cabinet, not as a separate agency.
- Workers need to work on issues that are in the CQA. I would like FPP to work with the family on issues identified in referral.
- Allow DCBS staff to attend FPP trainings.

*Delays in starting FPP service, most report taking too long to get services, for example:*

- The waiting period prior to services is entirely too long.
- The waiting list is horrible. It takes MONTHS to get a worker.

*Length of program referrals, most asking for longer services, for example:*

- Work with families longer.
- Most families need a longer amount of service time.
- The time spent in the family is not long enough for issues like DV to show up.

*Clients' response to FPP services*

- These workers need support because they work closer with the families than the social workers do. Families usually trust them more & listen to their suggestions.
-

## **Evaluation Component 8: DCBS FPP Referral and Selection Focus Group**

DCBS FPP Referral and Selection Coordinators, CPS Specialists, and Clinical Associates were invited to attend a focus group meeting on Dec. 4, 2007, to comment on the draft of the findings from the Family Preservation Program (FPP) Evaluation and to contribute to the overall evaluation of FPP. Twelve DCBS regional FPP leaders attended the focus group, representing seven of the nine service regions: Eastern Mountains, Northeastern, Two Rivers, Jefferson, Southern Bluegrass, The Cumberland, and Salt River Trail.

The meeting lasted from 10 a.m. to 2:30 p.m. with a working lunch provided. The group heard the results of the FPP program evaluation and provided comments and feedback that were then incorporated into this final evaluation report. They then worked in two small groups, each with a facilitator and a scribe (from the IQI unit), to discuss the FPP referral process and policies, strengths of the FPP program, the barriers, and communication strategies. Following the structured groups, they worked in four groups to develop a list of the most important changes needed to improve FPP services. Participants voted on the changes to identify the three top priorities for improving FPP services in upcoming years. This report summarizes the focus groups' comments and groups these into themes.

### **Referral Process and Policies**

#### *Understanding and conveying knowledge about referrals to FPP:*

- The criteria for each service (IFSP, FRS, FPS, FACTS) are clearly written, but front line workers don't know these criteria; consequently, Referral and Selection Coordinators have to continually screen referrals, teach new staff and re-teach all staff about these criteria.
- Southern Bluegrass has a FPP referral form that includes more detail about the family's need for services; this form was seen as superior to the current TWIST form and possible could be adopted by other regions.
- The process of referral may be too cumbersome and slow. Workers submit requests to supervisors, supervisors send to Referral and Selection Coordinator, and then it is sent to FPP provider. Previously, the worker could contact the FPP provider directly.

#### *Provider difficulties in accepting referrals:*

- Some providers take cases even when they cannot serve the family and wait to have an opening; this occasional practice stops the case from being handled by another provider.
- One provider was described as meeting their minimum contract obligations, but had the manpower and resources to be serving more families.

#### *Waiting list concerns:*

- The strong need for more services was consistently identified. One region has 60 referrals in waiting at any time. To compensate, DCBS workers go daily to
-

homes to prevent removal until a FPP service slot opens up. Coordinators ask about slots for FPP every day and sometimes children come into OOHC because they cannot get FPP.

- Waiting lists imply that the family need is a matter of timing and can wait. But imminent risk means that the family needs services now.
- Providers work with DCBS to try to accommodate urgent cases.

### **Strengths of FPP Service Delivery**

Overall, participants found that the FPP services were very helpful to DCBS clients and they worked hard in their regions to ensure that families were quickly accepted when an FPP slot became available. Each DCBS staff member identified the need for additional FPP services, overall high satisfaction with services, and a strong sense of partnership with FPP providers.

#### *Promising practices in some regions:*

- DCBS is involved in interviewing prospective FPP providers.
- Role playing during the interview process for selecting FPP providers is useful to identify workers with the interpersonal and pragmatic skills needed for service delivery.
- FPP staff and supervisors meet monthly to iron out any difficulties and anticipate needs.
- Referral and Selection Coordinator sends regular communication about new referrals to FPP that emphasizes to the DCBS and FPP worker the need to communicate. The communication also guides the DCBS worker in how to work with the family during FPP service provision.
- The DCBS worker goes with the FPP provider on the first visit and introduces them to the family.
- A first meeting in the home with FPP provider, DCBS staff, and the family qualifies as a Family Team Meeting and should be counted as this.

#### *FPP Providers were seen as having strengths:*

- They communicate well with workers and are flexible in meeting needs.
- They are skilled in advocating for the family in court.
- They are skilled at hunting down phone numbers and going to houses without depending on worker to be there or provide all the information.

#### *Special Strengths of FPP:*

- FPP services are one of very few services available in rural counties. It is highly valuable in those areas and represents the only services that a family may have access to.
  - The one-on-one teaching of parenting skills was seen as very helpful, more than parenting classes, because it occurs right there in the home and is specific to the needs of the family.
-



## **Weaknesses and Barriers to FPP Service Delivery**

*The FPP model is currently constrained:*

- The various services are confusing, but could be woven together into a fluid service array if all regions had at least IFSP, FRS and either FPS or FACTS. A full range of services with intensive services (IFSP and FRS) and support services (FPS and FACTS) are needed.
- Intensive services makes families dependent and they feel abandoned when services end. A continuum of services (FACTS and FPS) could stabilize the situation.
- FPP services should be routinely available to relatives, adoptive parents, and kinship care relatives.
- Reunification services (FRS) has to be initiated by the 15 month mark, but all children returning home from foster care or relative placements need FRS services regardless of the time they spend in OOHC.
- FRS is limited to children returning home within 30 days; sometimes it takes longer to get the family ready.
- Try to include more assessments within the FPP services because it is easier for families to deal with one program. Currently they go to multiple providers for assessments.
- FPP services exclude some families with untreated substance abuse problems because they are too high risk, but these families need services.
- Need special FPP services or additional services for children with truancy issues.
- Need to expand transportation services for families and vouchers for this. Some FPP providers do transport clients and others do not.
- If children are removed from the home to OOHC, the parents lose all benefits and supports so they are even in more need of basic assistance for getting to and from services.
- Expand FPP to help parents learn parenting skills for “out-of-control” adolescents.
- There is a range of in-home services that needs to be understood and coordinated from CCC in-home services, to FPP services, to the Diversion Project (in four regions that handles difficult cases).

*Fidelity of the FPP model needs to be continually ensured:*

- There is a tendency to stray from the original Homebuilder's model. DCBS should be going to FPP with the first contact, within the first two weeks, and at the end.
- We need to revisit all aspects of the Homebuilders model and ensure fidelity with the model.

*Logistic Barriers to FPP Service Delivery:*

- Large influx of Hispanics in regions and not enough translators.
  - FPP salaries are low-paying entry-level positions; FPP workers are often earning degrees while working and leave when they finish schooling.
-

- FPP workers take jobs with DCBS or other agencies as they become available with high turnover of FPP workers in some regions.
- Need to attract both entry-level and experienced FPP providers because of the high risk in the cases they serve that require skills and experience.

### **Coordination and Communication**

#### *Communication challenges:*

- One region receives weekly documentation from FPP providers, but in other regions communication is sporadic. They would prefer weekly updates from FPP to DCBS worker.
- DCBS workers may not get the discharge paperwork from FPP and they have little idea about how the family is doing in FPP and how to plan for next steps.
- DCBS workers may not communicate with the FPP providers as often as needed; they are overwhelmed with work so this limits the coordination and collaboration.
- It is helpful to the FPP Referral and Selection Coordinators to talk with each other periodically, as in this focus group.
- DCBS FPP Coordinators from Frankfort are responsive in solving regional programs in service delivery, but less proactive in initiating communication.
- Family Team Meetings are an excellent communication device but it is difficult to get an FTM scheduled and all services providers together, so they occur less often than desired.
- Communication between DCBS, FPP and mental health services need to be better coordinated so that child and family problems can be quickly identified, understood, and responded to consistently.

#### *Concerns about expanding the FPP services:*

- The Request for Proposals (RFP) for expanding services is currently out and may result in having two providers for the same service region. If so, the providers will need to work to improve communications. The FPP Referral and Selection Coordinators would like input into the selection of providers.
- At the same time, competition between the providers in one region could be healthy and result in a higher quality of services.

#### *Ideas for Improving Communication:*

- Improve the consistency of training among the FPP providers and workers.
  - DCBS and FPP Providers are confused about what they can share given HIPPA consideration. For example, one region shares the case plan and the CQA with the FPP provider and they shred it when it is read. Although this would be helpful, it doesn't happen as often as possible.
  - FPP documentation – contractor should be writing a case plan and sending documentation.
  - Meetings at regional office with FPP Providers every three months to get communication going provide much better flow between providers and DCBS.
  - Establish a FPP Web site for sharing information.
-

- Before FPP is finished, consistently hold a case closure meeting for coordinating step down and follow-up services.
- Regional leaders want more monthly or quarterly reports on FPP services and more identification of the outcomes by provider.

**Priorities for Improving FPP Services**

The DCBS FPP and CPS staff identified nine areas of improvements and voted (up to three times) on those nine areas as shown in Table 28. Item #1 that received the largest number of votes also incorporates the ideas expressed in items # 3-5.

**Table 28**  
*DCBS Referral and Selection Coordinators Priorities for FPP Improvement*

| <b>Ideas for Change</b>  | <b># votes</b> |
|--|----------------|
| 1. Higher quality of service and more FPP staff to accommodate client need.  | <b>11</b>      |
| 2. Communication: <ul style="list-style-type: none"> <li>▪ Weekly contact between FPP and DCBS and weekly documentation to place in file to show progress and collateral contact.</li> <li>▪ Getting DCBS staff to keep treatment team meetings &amp; to return phone calls to FPP staff.</li> <li>▪ Getting required documentation to DCBS workers.</li> <li>▪ Get the initial and closure assessments/summaries in a timely manner.</li> </ul> | <b>8</b>       |
| 3. Increase the length of time services are provided, perhaps using a phased approach. For example, IFPS followed by FACTS or FPS.   | <b>8</b>       |
| 4. More FPP services with more consistent delivery state wide.   | <b>5</b>       |
| 5. Refocus on basics of FPP  | <b>4</b>       |
| 6. Create prevention team of social workers to provide the FPP/FRS instead of private providers.   | <b>1</b>       |
| 7. Hold discharge/FTM meeting at closure of services.  | <b>0</b>       |
| 8. Find ways to provide transportation for FPP clients. Workers can by contract provide this.  | <b>0</b>       |
| 9. Increase services to deal with truancy and beyond control issues such as initiating school-based FPP.   | <b>0</b>       |

### **Summary, Conclusions and Recommendations**

This was a comprehensive evaluation of FPP services using multiple data and information sources. Unlike other evaluations of FPP services it focused on a range of service models provided by multiple providers in a naturalistic design. Uniquely, this evaluation paired provider-collected data with administrative data sets. Using this data, the evaluation verified FPP reported results by identifying children and families with subsequent referrals and entry into OOHC anywhere in the state. The evaluation also included surveys of consumers and DCBS staff, and an FPP leader focus group that enriched the understanding and knowledge of FPP services.

The results show that FPP services are provided to families with high risks, young children and more chronic involvement with CPS services. This study also illustrated that FPP is a diverse service program that is least successful with families having older children with behavior problems. Nonetheless, FPP services are successful in reducing entry to OOHC, speeding reunification for children, and promoting family well being. More hours of FPP service to the family were associated with more gains in family functioning and less propensity to enter OOHC. Although family functioning improved after FPP, more than 32% of families still struggled with significant weaknesses in family functioning at closure. Families and DCBS staff and leaders are highly satisfied with FPP services but frustrated with the limited availability of services and model constraints. The annual unmet need included more than 2,400 families in substantiated referrals, at least 1,400 children entering OOHC and another 1,700 children being reunified with their families. Conservatively, each dollar spent on FPP saved \$2.85 in cost avoidance.

Although the results of this evaluation are consistent with the recent findings of Kirk and Griffith (2007), they add an important understanding of the chronic needs among families served. Previous evaluations of IFPS suggest that the family is referred to FPP on an early report to DCBS, receives family preservation services, and avoids entry to OOHC for at least for one year (Kirk & Griffith, 2004). This scenario is partially supported by this research, showing that in the short term, the vast majority of families served did not require OOHC placement. On the other hand, at least in Kentucky, FPP services are provided to families with chronic recurring child abuse and neglect and an overall propensity to experience one or more placements in OOHC at rates equal to or higher than all families with substantiated abuse and neglect. These results appear more realistic and expressive of the broader conditions surrounding child abuse and neglect than publicly acknowledged (Haugaard, 2006) especially for child neglect (Dubowitz, 2006). The picture of families that emerges is one of repeated abuse and neglect with frequent contact with CPS, consistent with the work of Loman (2006) and requiring ongoing supports as recommended by Kirk and Griffith (2004).

The question becomes, if families receiving FPP require ongoing supports and occasional "booster" doses are FPP services worthwhile? Despite the high and chronic needs, this study showed that FPP services were cost effective and worthwhile. FPP supports three outcomes of the Child and Family Services Review (CFSR). Children with FPP have lower rates of recurrent abuse, are safely maintained in their homes with only 6.3%

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entering OOHC after services and reunited with their families more quickly. If children require OOHC, the involvement of FPP is associated with shorter stays in OOHC, more placement stability, more family team meetings, and placement with their siblings. Families show enhanced capacity to provide for their children's needs as measured by NCFAS scores, family perceptions expressed on the survey, and the perceptions of DCBS staff. These are laudable outcomes alone and especially substantial when paired with cost avoidance figures showing that FPP benefits outweigh costs nearly three to one.

Even a good program benefits from intensified efforts toward improvement; FPP services in Kentucky are no exception. First, there is a tremendous unmet need for services given the current program model, especially in rural areas where FPP may be the only service available to families and for some African-American groups. FPP services were used in some cases to stabilize adoptive placements and relative placements; DCBS FPP leaders specially asked to expand the model to these populations. Research supports such expansion; Berry, Propp and Martens (2007) found that duration of IFSP service was significantly predictive of successful adoption at 12 months among 99 adoptive placements. Although the quality of FPP services was not specifically evaluated in this research, the providers are all trained in the Homebuilder's model and the results suggest that they adhere to the basic ideas of intense intervention for families with severe risks or with children being reunified from OOHC. Nonetheless, any model needs constant reinforcement to maintain quality and fidelity. Finally there is a need to improve communication between DCBS and the FPP providers to ensure that services are focused with consistent expectations and responsive to the child and family needs.

There are limitations to this study that deserve consideration. Provider-collected data had missing data, duplicate data, and other integrity issues. Although, CPS administrative data is often suspected as being flawed, Fluke, Edwards, Kutzler, Kuna and Tooman (2000) recommend enhancing administrative data with child, family, and service data as used in this study. Kentucky's administrative data has vastly improved in quality over time and is reliable and valid when used cautiously with large sample sizes. This study is a point-in-time examination of FPP results that will be enriched by subsequent long term follow-up. The definitions of many terms used in this study, although defined in Kentucky CPS policy and training are still somewhat ambiguous; future research will benefit from improved definitional clarity as suggested by Feerick and Snow (2006).

Based on this study, we recommend the following:

1. A series of meetings with FPP providers and DCBS staff in every service region to develop improvement plans for ongoing coordination of service delivery.
  2. Expand the quantity of FPP services, the scope of the work, and the flexibility of funds to meet family needs.
  3. Continue ongoing tracking of FPP services using a recently launched Web-based data collection site to consistently track FPP and other in-home family services. Include definitional training and data entry support to improve data integrity.
  4. Recently, Kentucky underwent statewide training and licensing of 200 providers for using the new NCFAS-G and NCFAS-R. We need to reinforce this learning that will improve consistency of the rating of family functioning.
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**Appendix A: FPP Client Survey**  
 Department of Community Based Services  
 Family Preservation and Reunification Customer Survey

**1. I am a:**

|                                 |                                 |                                      |   |  |
|---------------------------------|---------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other relative | <input type="checkbox"/> Step or Adoptive Parent |
|---------------------------------|---------------------------------|--------------------------------------|---|--|

**2. Think about the service you got from the in-home worker (NOT your DCBS worker):**

| Please place an X in the box that best says how You feel.  | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|--|-------------------|----------|----------|-------|----------------|
| a) The in-home worker tried to <b>come</b> at the <b>best times</b> for my family.                 |                   |          |          |       |                |
| b) The in-home <b>worker understood</b> our needs.   |                   |          |          |       |                |
| c) My <b>family decided</b> what to work on with the worker.                                       |                   |          |          |       |                |
| d) The in-home worker told us that <b>we could end services</b> at any time.                       |                   |          |          |       |                |
| e) The in-home worker <b>treated us with respect</b> .   |                   |          |          |       |                |
| f) The in-home worker was <b>careful</b> about sharing <b>my family's information</b> with others. |                   |          |          |       |                |
| g) The in-home worker <b>taught us skills</b> that we could use.                                   |                   |          |          |       |                |
| h) The in-home services <b>fit my family's needs</b> .   |                   |          |          |       |                |
| i) The in-home <b>worker was available</b> when we needed help.                                    |                   |          |          |       |                |

**3. Check what the in-home worker did or taught to help your family: (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gave books to read                    | <input type="checkbox"/> Set up meetings                               | <input type="checkbox"/> Took us to meetings                            |
| <input type="checkbox"/> Used stories                          | <input type="checkbox"/> Went with us to meet with others              | <input type="checkbox"/> Learned ways to deal with health problems      |
| <input type="checkbox"/> Used video tapes                      | <input type="checkbox"/> Helped us make our home better to live in     | <input type="checkbox"/> Learned ways to handle our problems            |
| <input type="checkbox"/> Used games to teach                   | <input type="checkbox"/> Helped us find services to deal with drug use | <input type="checkbox"/> Learned ways to deal with a child's difficulty |
| <input type="checkbox"/> Listened to the children              | <input type="checkbox"/> Learned ways to deal with feelings            | <input type="checkbox"/> Learned ways to better handle money            |
| <input type="checkbox"/> Treated the children well             | <input type="checkbox"/> Learned ways to manage the children           | <input type="checkbox"/> Learned ways to keep family routines           |
| <input type="checkbox"/> Helped us get food and basic supplies | <input type="checkbox"/> Learned ways to talk with each other          | <input type="checkbox"/> Other (Please List)                            |



4. **The in-home worker met with me and my family**

|                                    |                                   |                                     |  |
|------------------------------------|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Too often | <input type="checkbox"/> Too long | <input type="checkbox"/> Not enough | <input type="checkbox"/> Just the right amount |
|------------------------------------|-----------------------------------|-------------------------------------|--|

5. **Think about the things that made it hard to make change in your family**

- |   |   |
|---|---|
| <input type="checkbox"/> Transportation is hard to find.<br><input type="checkbox"/> There are few services to help.<br><input type="checkbox"/> It takes a long time to get services.<br><input type="checkbox"/> We cannot afford food.<br><input type="checkbox"/> Did not understand why we needed Family Preservation Services.<br><input type="checkbox"/> We cannot afford medicines.<br><input type="checkbox"/> We cannot afford services.<br><input type="checkbox"/> We have to work long hours. | <input type="checkbox"/> There are too many appointments.<br><input type="checkbox"/> We cannot afford good housing.<br><input type="checkbox"/> Child care is expensive or hard to find.<br><input type="checkbox"/> The judge was too hard on us.<br><input type="checkbox"/> We did not understand what social services Wanted.<br><input type="checkbox"/> Drugs or alcohol<br><input type="checkbox"/> Domestic violence<br><input type="checkbox"/> Other (please list) |
|---|---|

6. **Think about the changes you made with the in-home worker**

| Please place an X in the box that says how you feel:                  | Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree |
|---|-------------------|----------|----------|-------|----------------|
| a) My family is better able to get through <b>everyday tasks</b> now. |                   |          |          |       |                |
| b) My <b>children behave better</b> now.                              |                   |          |          |       |                |
| c) My <b>children</b> are <b>happier</b> now.                         |                   |          |          |       |                |
| d) <b>I am happier</b> now.   |                   |          |          |       |                |
| e) My <b>family gets along</b> better now.                            |                   |          |          |       |                |
| f) I use new skills to <b>manage my home</b> and family now.          |                   |          |          |       |                |
| g) In-home services helped our family <b>stay together</b> .          |                   |          |          |       |                |
| h) I would <b>recommend in-home services</b> to others.               |                   |          |          |       |                |
| i) I <b>would ask</b> for in-home services <b>again</b> if needed.    |                   |          |          |       |                |

7. **Were your children ever removed from your care by the state?**

|                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> No, never. | <input type="checkbox"/> Yes, but they are home now. | <input type="checkbox"/> Yes, <b>all</b> of my children are in care with the state. | <input type="checkbox"/> Yes, <b>some</b> of my children are in care with the state. |
|-------------------------------------|--|---|--|

*Please add any suggestions you have to make in-home services better.*

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Thank you very much for doing this survey. **Please return the survey in the enclosed envelope**

**Appendix B: FPP DCBS Staff Survey**

**Department of Community Based Services  
Family Preservation Services: DCBS CPS Staff Survey**

1. County: \_\_\_\_\_  
 2. Region: \_\_\_\_\_  
 3. Years of experience with DCBS: \_\_\_\_\_

4. Position: (Please check all that apply)  
 Investigative, Administrator  
 Ongoing Worker, Specialist  
 Supervisor R and C Worker  
 Generic Worker

**5. My experience with Family Preservation Services was with** (Please check all that apply)

|  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Intensive in-home (FPP) service | <input type="checkbox"/> Family Reunification Services (FRS) | <input type="checkbox"/> Family Preservation Services (FPS) | <input type="checkbox"/> Families and Children Together Safely (FACTS) | <input type="checkbox"/> Not sure of the specific program |
|--|--|---|--|---|

**6. I have referred clients to a Family Preservation Service** (please check one)

|                                |                               |  |  |   |
|--------------------------------|-------------------------------|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once | <input type="checkbox"/> 2-3 times in the past year. | <input type="checkbox"/> 4-6 times in the past year. | <input type="checkbox"/> Nearly every month |
|--------------------------------|-------------------------------|--|--|---|

**7. Think about the services from the Family Preservation FP provider/worker in the past year**

| Please place an X in the box that best describes your response to the following statements:   | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| a) FP services were <b>started quickly</b> once accepted into the program.                    |                   |          |         |       |                |
| b) The FP worker <b>listened</b> to my concerns.  |                   |          |         |       |                |
| c) The FP worker <b>understood</b> the <b>needs</b> of the family.                            |                   |          |         |       |                |
| d) The termination <b>letter included useful information</b> about the intervention.          |                   |          |         |       |                |
| e) The FP documentation helped me <b>understand</b> the family's <b>progress</b> .            |                   |          |         |       |                |
| f) The worker <b>kept me informed</b> about the family.                                       |                   |          |         |       |                |
| g) I am <b>satisfied</b> with the <b>communication</b> between the worker's program and DCBS. |                   |          |         |       |                |
| h) The FP worker's <b>documentation met my expectations</b> .                                 |                   |          |         |       |                |
| i) The FP worker <b>treated the family with respect</b> .                                     |                   |          |         |       |                |
| j) The FP worker <b>maintained confidentiality</b> .  |                   |          |         |       |                |
| k) The worker and I <b>worked well together</b> .   |                   |          |         |       |                |
| l) I can <b>reach the worker</b> when I need to.  |                   |          |         |       |                |
| m) The Family Preservation goals for the family were <b>concrete/understandable</b> .         |                   |          |         |       |                |
| n) The FP <b>goals</b> for the family were <b>attainable</b> .                                |                   |          |         |       |                |
| o) I am <b>satisfied</b> with FP efforts to facilitate family change.                         |                   |          |         |       |                |

**8. Think about the barriers to working with Family Preservation Services**

| Please place an X in the box that best describes your response to the following statements: | The opposite is true | Not a Barrier | Some Barrier | Moderate Barrier | Strong Barrier |
|---|----------------------|---------------|--------------|------------------|----------------|
| a) The FP worker/s <b>do not understand</b> DCBS policy.                                    |                      |               |              |                  |                |
| b) <b>I don't understand</b> FPP, FRS or FACTS policy.                                      |                      |               |              |                  |                |
| c) The FP worker/s <b>do not engage</b> the families.                                       |                      |               |              |                  |                |
| d) I did <b>not understand</b> how to make an FP referral.                                  |                      |               |              |                  |                |
| e) The referral process is <b>cumbersome</b> .  |                      |               |              |                  |                |
| f) The FP workers <b>have limited training and skills</b> .                                 |                      |               |              |                  |                |
| g) The FP worker/s <b>undermine my work</b> with the family.                                |                      |               |              |                  |                |
| h) Family Preservation <b>does not confront</b> families on high-risk issues.               |                      |               |              |                  |                |
| i) Family Preservation services <b>made the family worse</b> .                              |                      |               |              |                  |                |
| j) The FPP service model is <b>not powerful enough</b> .                                    |                      |               |              |                  |                |

**9. Think about the progress families made with the help of FPP, FRS or FACTS**

| Place an X in the box that best describes your response to the following statements:                          | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| a) Family Preservation services help <b>keep</b> children and families <b>together</b> .                      |                   |          |         |       |                |
| b) The FP services help <b>decrease</b> the risk within the family.   |                   |          |         |       |                |
| c) The FP services <b>address</b> DCBS <b>concerns</b> in the family.   |                   |          |         |       |                |
| d) I am <b>satisfied</b> with the amount of <b>progress</b> my families make with Family Preservation Service |                   |          |         |       |                |
| e) FP services help <b>monitor</b> families in trouble.   |                   |          |         |       |                |
| f) <b>I would refer</b> other families to Family Preservation.  |                   |          |         |       |                |
| g) Reunification services <b>provide a stable transition</b> back into the home.                              |                   |          |         |       |                |
| h) Reunification services <b>prevent</b> children from <b>reentering</b> out of home placement.               |                   |          |         |       |                |
| i) FPP services should <b>last longer</b> for most families.  |                   |          |         |       |                |
| j) There should be <b>more FPP services</b> available.  |                   |          |         |       |                |