Diversion Program Evaluation
Kentucky Department for Community-Based Service
Cases Served between July 1, 2007 and June 30, 2008

Date: April 23, 2009
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Executive Summary

The purpose of this report is to summarize the results of a program evaluation of the *DCBS Diversion* program. Diversion was initiated in 2005 with program evaluation beginning in mid-2007. Because this program is relatively new, providers shared information on the service delivery system designed for the Diversion program through a series of focus groups during meetings; this information is included in the Background and Information. Providers also participated in the design and interpretation of the program evaluation results. Following the introduction, we include a program evaluation based on 540 unique families (588 cases) assessed or served in any way by Diversion between July 1, 2007, and June 30, 2008. Provider-collected data from a common web-based data-entry system for all in-home services delivery (Family Preservation Case Tracking System FP:CTS) were merged with TWIST (The Worker Information SysTem) data on CPS (Child Protective Services) referrals and out-of home care (OOHC) to compare cases and children receiving Diversion to cases and children without Diversion.

Key findings of this study include:

- Diversion is operational in four service regions and 20 counties.
- Diversion provides intensive services in the home and wrap around supports such as mental health counseling and behavior management for families with children in imminent risk of removal from their home. These children most often have behavioral issues and are between 10 and 18 years of age.
- 629 target children (at risk) were served with an average age of 13.29 years. An additional 578 younger siblings (average age of 9.43 yrs) were present (but not the target child). Thus more than 1200 children in 540 families were influenced.
- Nearly 83% of families completed the intensive 4-6 month Diversion program.
- On average, the cases that closed complete (426 cases) were open for 142 days, or four and a half months. The cases that closed incomplete (65 cases) were open for 86 days on average, or two and a half months.
- When Diversion was initiated 4.9% of the children (target and siblings) were in OOHC, 9.6% lived with relatives, 44.4% were in the home at-risk for abuse/neglect or removal, and 41% (mainly non-target children) were in the home, but not judged as at-risk.
- In comparison to data from the same regions where more than 28.2% of abused or neglected children and children in OOHC were African American, Diversion served a significantly lower percentage (24.6%) of African American children.
- On average, families had 5.7 CPS referrals (including investigations, FINSA, or resource linkages) prior to Diversion and 10% had another referral within 3 months of ending Diversion services.

- Overall, 8% of Diversion families experienced a subsequent substantiation or family in need of services finding during or after Diversion. A cohort follow-up study is planned to refine this finding.
- Families served in Diversion had lower safety risks due to substance abuse and domestic violence, but higher rates of mental health issues and child physical abuse than similar families (children 10-17 years with substantiated abuse in the same time frame) in the same region.
- Diversion families averaged a cumulative risk rating of 11.56 (with a highest rating of 28) versus 16.63 for similar families (10-17 y/o subbed same region).
- The *North Carolina Family Assessment Scales* (NCFAS) was used for families. At intake, Diversion families functioned best in ratings of Family Safety, but worst in ratings of Child Well-Being. Following Diversion, families made the largest gains in Parental Capacity, improving from 13% as a strength to 41% as a strength. Nonetheless, 60% of served families continued with inadequate parental capacity and 70% with inadequate child well-being at discharge.
- 64% of target children never had an OOHC placement; 22% were in OOHC prior to Diversion. Roughly 14% entered OOHC during or after Diversion services; this short term effect (within 3-15 months) will be followed long-term.
- Families with children entering OOHC during or after Diversion had lower NCFAS baseline functioning in Environment and Safety and made the least progress on Family Interaction, Parental Capacity and Child Wellbeing.
- Families with the shortest and the longest 'dose' of Diversion were most likely to have children enter OOHC.
- Across several levels of analysis, families with particularly low functioning especially in Environment, making limited progress overall or failing to make progress on Parental Capacity (supervising and providing enrichment opportunities and parental health) were more than twice as likely to have children enter OOHC. These effects were seen despite higher doses and costs of Diversion services. Long term follow-up study may improve these predictive models.
- On average, the cost of providing Diversion for one family was $5,185 ($2,800,000 spent on Diversion / 540 unique families referred). Using conservative estimates, for every $1 invested in Diversion, the state is likely to avoid $1.42 to $2.63 in cost for OOHC.

Background and Introduction

The Diversion program was initiated in 2005 in two Service Regions (eight counties) and expanded in 2006 to serve four Regions. Currently, Diversion serves families and youth in 20 Kentucky counties. The Diversion Program provides intensive, long-term (4 months with the possibility of two one-month extensions) services for children ages 10-17 (one provider serves children as young as 5 years old) with the goal of safely maintaining children in a home where there is imminent risk of removal or assisting in safely reuniting children with their family and community. It is occasionally used to prevent adoption disruption.

Diversion service starts with an intense clinical assessment of the family within 96 hours of DCBS referral by a professional with at least a master's degree in social work or similar field. A wrap-around service delivery approach, including intervention and treatment plans is then implemented. In the first year (SFY 2006) the Diversion program served 250 designated children, with approximately 84% of those children remaining at home four months into the program. In addition to these 250 designated children, 304 other children in the homes likely benefited from services. In the first ten months of SFY 2007, 314 designated children had been served with an additional 373 children in the household.

Over the course of several meetings in late 2007 and 2008, Diversion program representatives shared the specifics of the program and their perceptions of the program's primary and secondary outcomes.

- Diversion provides in-home intensive services that require therapists, case managers, and therapeutic child support staff to go into the home to work with families. Working in the home requires willingness and unique skills on the part of providers.
- A unique aspect of the Diversion program is that providers are only paid when they achieve particular milestones with each specific family. This "at risk" contracting aligns the goals of the family with payment to the provider.
- Every child is assigned a case manager to do treatment planning with the family and match the family to a clinician that would best meet their needs.
- From the first visit with the family, Diversion aims to begin the aftercare planning so that supports are in place when service is completed. The provider and family develop a written plan for sustaining community supports within 30 days of opening the case.
- Diversion's objective is to provide rapid access to services; families are engaged within 96 hours of referral. Some programs have on-site psychiatric services readily available to families.
- The providers work directly with mental health and other community partners to ensure rapid treatment access. Because the Diversion providers are responsible for the family outcomes, they advocate for developing or accessing services on behalf of the family. They believe that this results in improved community capacity to address MH and other issues unique to troubled youth as a secondary program benefit.
- Diversions work has involved the University of Kentucky and the University of Louisville; these efforts have also expanded the resources and supports for families.
- The *North Carolina Family Assessment Scales* (NCFAS) is used as one pre-post measure. This compliments the extensive assessment that is part of the program, but provides a common outcome measurement across all programs.
- Each of the providers has separately established an extensive data collection system that is available to augment the understanding of Diversion efforts.
- In some regions, the Diversion providers attend court and MH appointments with or on behalf of the family. This service frees DCBS CPS staff.
- The Courts often see Diversion as an ally, providing reasonable efforts, and may justify dismissing charges, knowing that the family is getting services. They know that they will be informed of progress and can intervene only if necessary.
- Diversion uses a partnership approach in working with the family that includes a strong relationship with DCBS that is critical to the program success.

- At first, providers struggled to get the word out and receive adequate referrals; that is not the case currently. They found that the key element in developing appropriate referrals to Diversion is to meet with individual DCBS teams.
- Diversion has resulted in training of staff (clinical and case management staff) on techniques such as motivational interviewing, child and family trauma, Parent Child Interaction Training (PCIT), truancy reduction, educational testing and other topics.
- Diversion may result in decreased truancy and one program tracks these results.
- The program is a grass roots wrap-around program such as the one in Milwaukee (Wrap-around Milwaukee). Services are targeted towards the unique needs of individual families; for example some families find transportation to community resources a barrier to success and Diversion provides or finds transportation.
- Diversion empowers families because they can overcome some hurdles and gradually take charge of the treatment.
- They also provide group treatment for youth and this has been effective.
- The program is monitored by compliance with contact expectations. The must follow target child at 3, 6 and 12 months after the intensive phase to determine if the child is in state custody.

The background information is intended to define the key change ingredients of the Diversion program and disseminate best practices. The providers contributed information throughout the evaluation of the Diversion Program.

Program Evaluation Methodology

Three data sets were used in this study. Provider-collected data (Family Preservation Case Tracking System FP:CTS) were merged with administrative datasets on referrals and children in out-of-home care to complete the program evaluation.

Provider Collected Data

Beginning in January of 2008, Diversion providers began entering information into the FP:CTS (www.trc.eku.edu/familypreservation/) on family and child demographics, service delivery information, and NCFAS (*North Carolina Family Assessment Scale*) scores. They retrospectively entered data for all families and children served from July 1, 2007 to January 2008 and then prospectively after January 2008. The data for this evaluation were pulled from the FP: CTS in October 2008 and cleaned to eliminate duplicate entries and to ensure completeness and accuracy. The data from 540 families assessed or served with any service between July 1, 2007, and June 30, 2008, were used for this analysis. TWIST case numbers, social security numbers, names, and birthdates were used to locate individual ID numbers in TWIST for as many children as possible. Of the 629 target children and their 578 siblings, 613 (97%) and 415 (72%) respectively had a TWIST individual ID for matching with the other datasets. Only 2 of the 540 families could not be identified as having a TWIST case number.

State Administrative Child Welfare Referral Data

A version of the TWS-272 dataset (designed for research) from TWIST (State Automated Child Welfare Information System – SACWIS) was used. This dataset included information on all referrals to CPS between July 1, 2006, and June 30, 2008.

This two-year dataset was designed to match the time period during Diversion service provision including referrals from the previous year with the intent of including the CPS referrals that may have resulted in the need for Diversion. Based on the individual ID matches, 515 (82%) of the target children and 293 (51%) of the nontarget children had a CPS referral in the two-year time period. They belonged to 480 of the families served by Diversion. Because every child is not named in a CPS referral, we also matched on case identifiers. Of the remaining families, 56 matched on the family case number. In total, 536 (99.3%) of the 540 families were identified in the CPS referral dataset.

State Administrative Data on Children in Foster Care

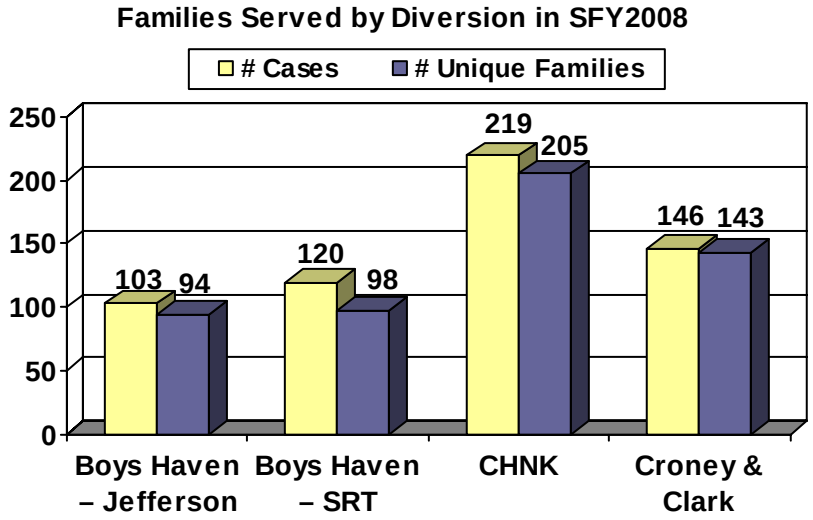
A specialized data set entitled the "OOHC Master" of September 30, 2008, contains extensive information on all children who have ever been in out-of-home care through 09/30/08. Using individual TWIST ID numbers, 226 (36%) of the target children and 99 (17%) of the non-target children were identified as having an OOHC episode at some time. In using this dataset, we asked the question: How many children served by Diversion from July 1, 2007, to June 30, 2008, had an episode of OOHC before, during or after Diversion services? Some children were followed for as much as 15 months and others for 3 months (depending on service end-date) on their OOHC status.

Results

Descriptive Results

Between July 1, 2007, and June 30, 2008, Diversion providers served 588 cases, or 540 families (some families received services more than once). The providers are Boys' Haven in Jefferson (Louisville) and Salt River Trail (SRT), Children's Home of Northern Kentucky (CHNK), and Croney and Clark (Fayette County, Lexington). Figure 1 displays the numbers of families served by each provider.

Figure 1

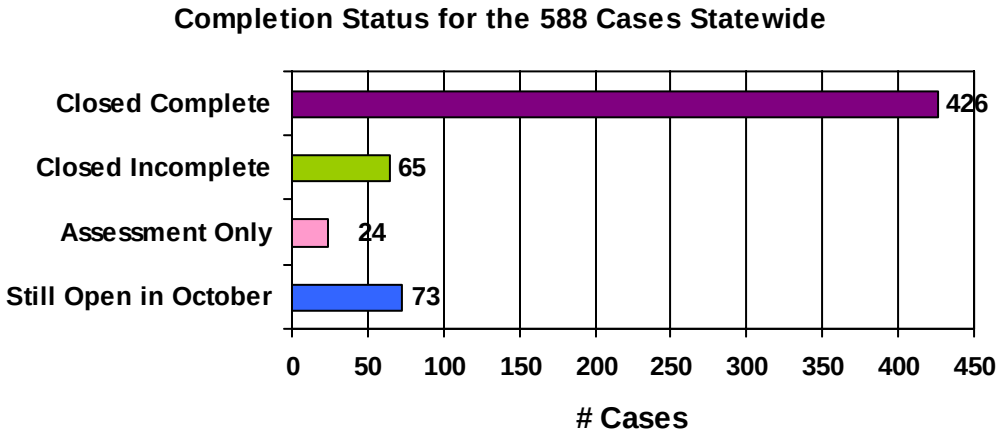


These 588 cases were at varying degrees of completion at the time of the data pull:

- *Closed Complete* – The family completed treatment (82.7% of the 515 cases that were closed completed treatment).
- *Closed Incomplete* – The family was served, but did not complete treatment (12.6% of the 515 cases were closed as incomplete).
- *Closed Assessment Only* – The family was assessed, but no services were provided (4.7% of 515 closed cases received assessment only).
- *Case Still Open* – Services were still being delivered at the time of the data pull (73 cases).

Cases that closed 'complete' were open for an average of 142 days (4½ months) and cases closed 'incomplete' were open for an average of 86 days (2½ months). In total, 491 cases were closed. Figure 2 displays the case completion status.

Figure 2



Children's Home of Northern Kentucky and Boys' Haven (Jefferson and Salt River Trail) provided services to older children. Croney and Clark, however, also served children at least five years of age and in school. Table 1 displays the mean and median ages of the target children served. As seen, target children served by Croney and Clark were statistically significantly younger than those served by the other providers.

Table 1
Child Age by Diversion Provider

Provider	# Target Children	Average Target Child Age	Median Target Child Age
Boys' Haven – Jefferson	98	14.42	15
Boys' Haven – Salt River Tr.	102	14.61	15
Children's Home of NKY	228	14.08	14
Croney & Clark	201	**11.16***	**11***
STATEWIDE	629	13.29	14

* Denotes statistical significance. Croney & Clark serves children as young as 5.

Figure 3 displays the number of target children of each age who were served by all the providers combined. The three most common ages of target children were 14, 15, and 16. In total, 72 children (11.4%) were younger than 10 years old.

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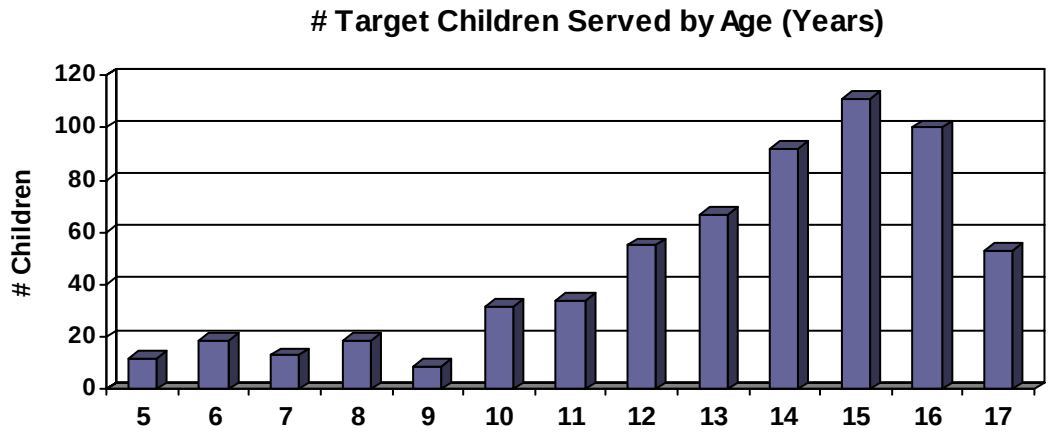
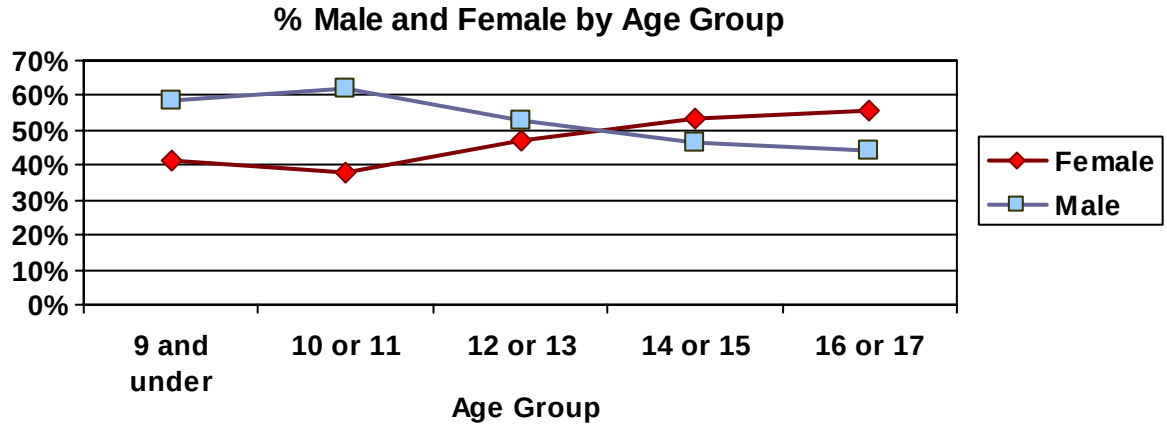


An equal number of male and female target children were served. However, males outnumbered the females in the younger aged children, whereas females outnumbered the males in the older children. The distribution of gender across age groups is displayed in Figure 4.

Figure 4



We compared the racial distribution of children in Diversion to the racial distribution of referral and OOHC data from the same regions. In comparison to data from the same regions where 28.2% of abused or neglected children are African American, the Diversion program served a statistically significant lower percentage (24.6%) of African American children. Similarly, 28.5% of children in OOHC are African American. The data from Diversion and from children involved with child welfare in the same regions are displayed in Table 2.

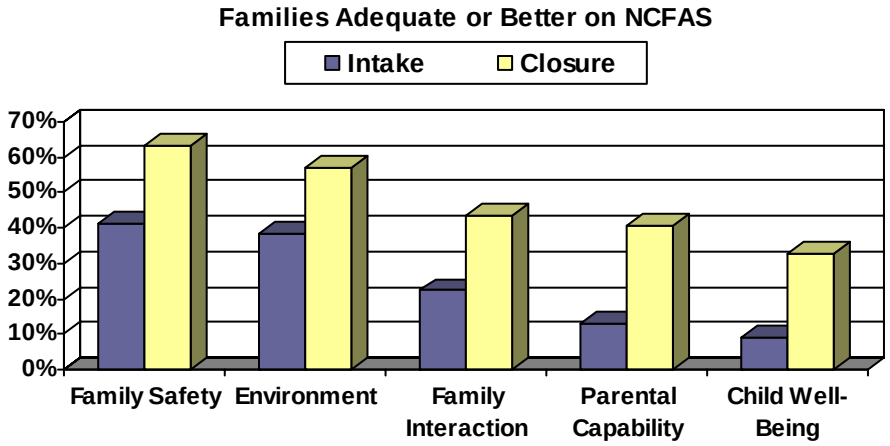
Table 2
Racial Distribution of Children in Same Region

	Caucasian	African American	Hispanic	Other
Diversion Targeted Children	68.2%	24.5%	2.0%	5.3%
Abused/Neglected Children in the Same Counties	65.0%	28.2%	2.5%	4.3%
Children in OOHC in the Same Counties	63.5%	28.5%	4.8%	3.2%

Diversion Family Functioning

The *North Carolina Family Assessment Scales* (NCFAS) scores were used to measure each family's level of functioning at intake and closure. The score on the five standard scale can range from Serious Problem (-3) to Adequate (0) to Clear Strength (+2). In Figure 5, NCFAS scores were dichotomized in order to display the percentage of families who scored Adequate or Better (0, +1, +2) at intake and closure. Figure 6 includes NCFAS scores for families that completed Diversion; it excludes families with incomplete services. The biggest gain from 13% as a strength to 41% as a strength was on a measure of Parental Capacity to provide for their children. Nonetheless, at discharge, 60% of families continued to struggle with parental capacity. As shown below, family safety was strongest and child well-being was the weakest with nearly 70% of served families continuing to show inadequate child well-being at discharge.

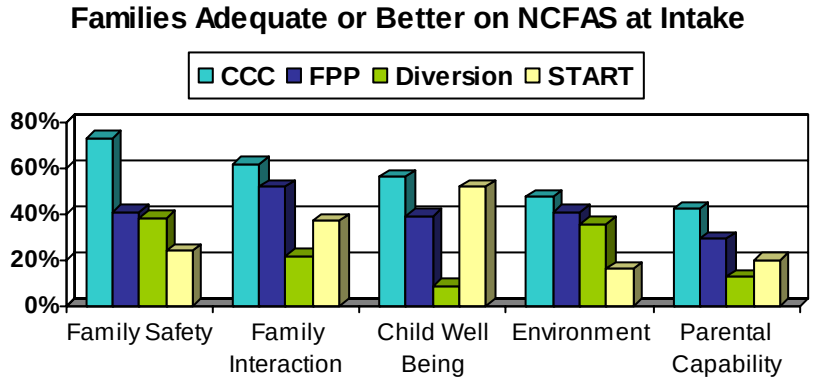
Figure 5



DCBS aims to provide a continuum of child welfare family preservation services for families with different levels of risk and needs. Figure 7 displays NCFAS score at intake for families served in several programs providing in-home preservation services. On average children served by Diversion have considerably lower child well-being scores than do children served by other programs such as CCC (Community Collaboration for Children) In-Home Services, Family Preservation Services, or START (Sobriety Treatment and Recovery Team). Figure 6 displays the percentage of families served by

these programs between July 1, 2007, and June 30, 2008, who scored adequate or better on the NCFAS at intake.

Figure 6



The difference in the NCFAS levels of functioning among the families served by these programs validates our idea of a continuum of services:

- CCC serves families with the highest levels of functioning with a goal of preventing abuse or neglect. These NCFAS scores are consistent with program expectations.
- Family Preservation Programs (FPP) serves families with lower levels of functioning than CCC. Their goal is to prevent child removal from the home or to reunite the family.
- START (Sobriety Treatment and Recovery Teams) serves drug affected families who struggle particularly with safety, parental capability, and environment.
- Diversion serves families who struggle in all areas, but especially in child well-being. Overall, family functioning for Diversion families is rated lower than families served by Family Preservation. Both services target children at imminent risk of removal to OOHC.

CPS Referrals: Diversion Data Matched to CPS Referral Data

Ninety-nine percent, or 536 of the 540 families were found to have had a referral to CPS between July 1, 2006, and June 30, 2008. The majority had their most recent referral prior to beginning Diversion services, but some families were referred to CPS during or after Diversion service delivery.

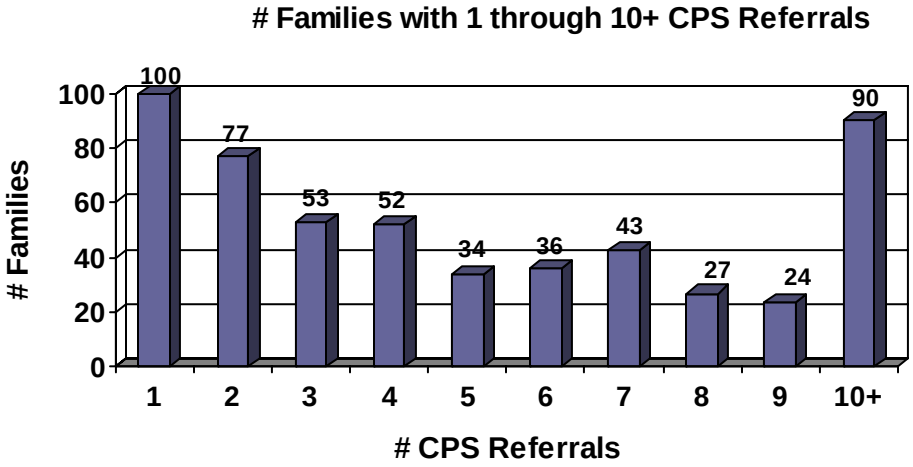
- 77.6% of the families had their most recent CPS referral before Diversion, and that referral likely triggered the need for Diversion services.
- 12.3% had their most recent CPS referral during Diversion.
- 10.1% had their most recent CPS referral after Diversion.

For families with the most recent CPS referral before Diversion, the median time between the CPS referral and the Diversion referral was 71 days, slightly more than two months. For the families whose most recent referral came after Diversion, the median time between ending Diversion services and another CPS referral was 93 days, or three

months. Many of these families experience chronic involvement with child welfare and referrals during Diversion might be expected as the family is engaged in treatment.

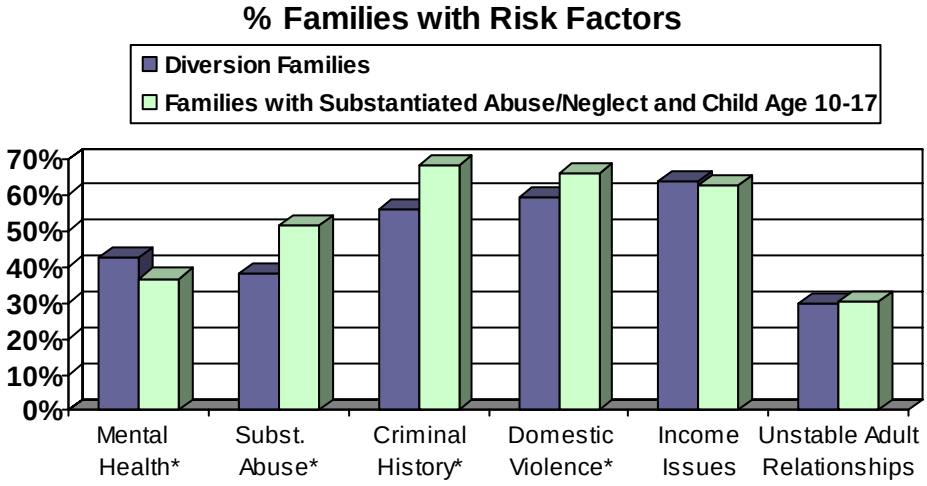
On average, a family served by Diversion had 5.7 (median 4) CPS referrals prior to Diversion. This finding reinforces the idea that many families served by Diversion and in CPS generally experience chronic involvement with child welfare. Figure 7 shows how many families had 1 through 10+ referrals prior to or at initiating Diversion.

Figure 7



Despite having repeated CPS referrals, Diversion families were rated by DCBS CPS staff as having significantly lower rates of substance abuse, criminal history, and domestic violence than did similar families (from the same regions with children ages 10 to 17 years) with substantiated abuse or neglect. Risk due to income issues and unstable adult relationships were similar but, mental health risks were higher when comparing Diversion and non-Diversion families. These comparative data are displayed in Figure 8.

Figure 8



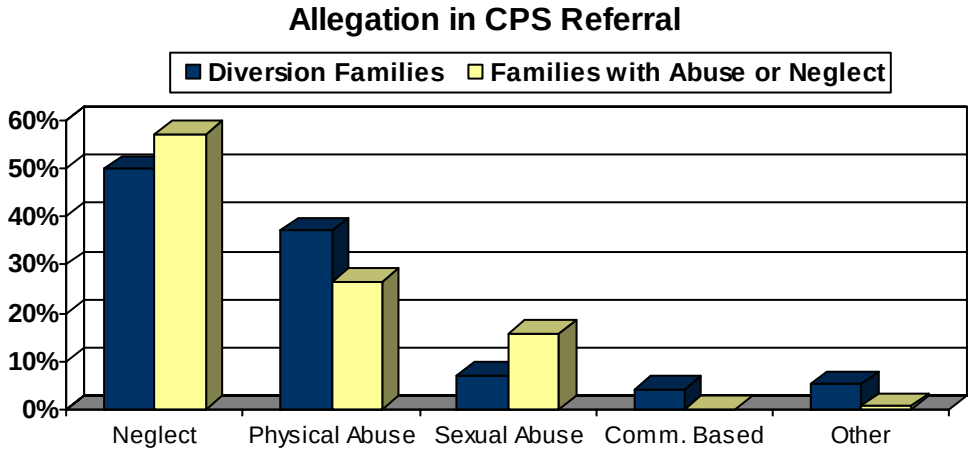
In addition to lower rates of risk factors, families served by Diversion had lower cumulative risk ratings than families with substantiated abuse or neglect and children 10

to 17 years old in the same region. The cumulative risk rating is a score that measures a child's safety in the home. It is based on seven subscale scores, rated on a scale of '0' (no risk) to '4' (high risk). Cumulative risk ratings then range from zero, indicating no risk to 28, indicating extremely high risk to child safety. In Diversion families, the average cumulative risk rating was 11.56, compared to 16.63 for families of 10 to 17 year olds with substantiated abuse or neglect in the same region.

When asked about these findings of lower risks in families, the Diversion providers and DCBS regional staff indicated that youth served in Diversion often had significant behavioral problems. Assessment of these behavioral issues during the CPS intake, likely distracted from the family assessment. In some ways, the assessment of the family was secondary to the assessment of the child. In contrast, the Diversion providers rated family functioning to be more often inadequate on the NCFAS (See Figures 5 and 6) including family safety than families served by Family Preservation. In contrast, families with FPP services had a cumulative risk rating of 18.5 (4 points higher than Diversion families) and higher risk factors in all categories than non-FPP families on a recent evaluation of that program available at this link. (http://chfs.ky.gov/NR/rdonlyres/1C6C930E-A2D9-4336-8CBF-CDA1C2D2D31A/0/FPPEvaluation_Final.pdf). Comparing findings from the FPP and Diversion program evaluation suggests that CPS workers might benefit from enhanced skills in assessing family risk for referrals with prominent child behavioral disorders.

The families served by Diversion differed from similar families on referral allegations. As seen in Figure 9, diversion families had fewer allegations of neglect or sexual abuse, but more physical abuse and community-based (status) referrals.

Figure 9

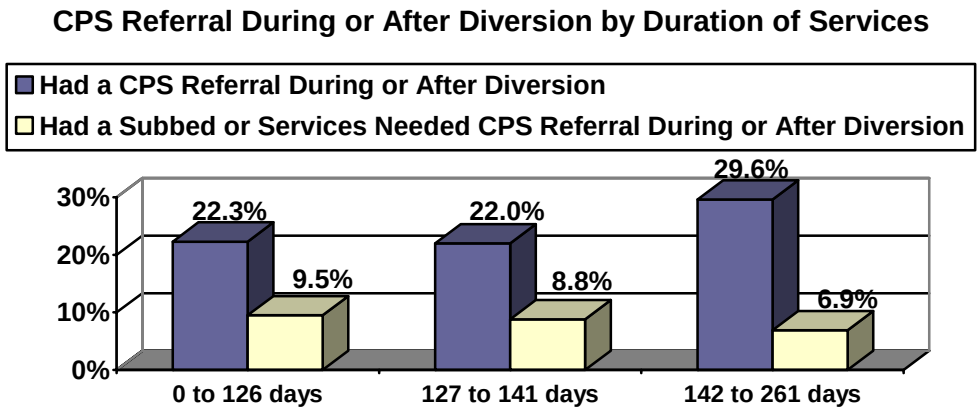


The families who were served by Diversion for the shortest, medium, and longest periods of time had similar risks in their CPS referrals. For the 464 families for which the duration of services was known, the average cumulative risk rating and number of risk factors on their referral prior to Diversion are listed in Table 3. These differences were not statistically significant.

Table 3

# Days Case Open	# Families	Average Cumulative Risk Rating	Average # Risk Factors (out of 6)
0 to 126	148	10.09	3.1
127 to 141	164	10.99	2.8
142 to 261	152	10.28	3.2
Total	464	10.48	3.0

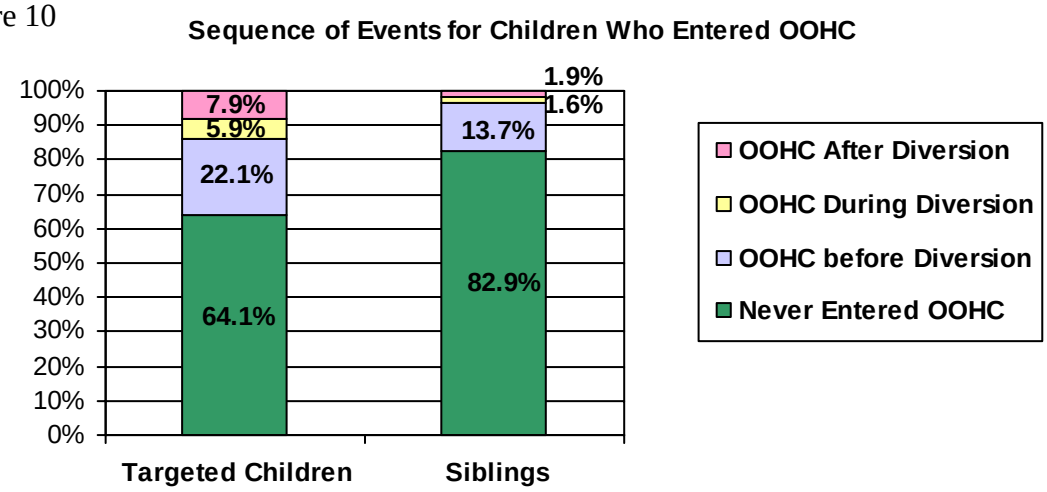
Twenty-five percent of all families had another CPS referral during or after Diversion. Eight percent had another CPS referral during or after Diversion with a finding of either Substantiated or Services Needed. The differences between the groups based on duration of services were not statistically significantly different, but demonstrate a trend toward longer services being associated with less recurrence of maltreatment.



Out-of-Home Care: Diversion Data Matched to Out-of-Home Care Data

Children were followed for at least 3 to 15 months after Diversion (depending on service dates) to determine their OOHC status. Using the TWIST individual ID, 226 (36%) of the target children and 99 (17%) of their siblings were found in the OOHC Master. More than 22% of target children had a prior episode of OOHC before beginning Diversion services, but 13.8% of target children entered OOHC during or after Diversion. Figure 10 displays pattern of entry to OOHC among Diversion target and non-target children.

Figure 10



The percent of target children entering OOHC during or after Diversion were not statistically significantly different between the providers. Table 4 displays these rates.

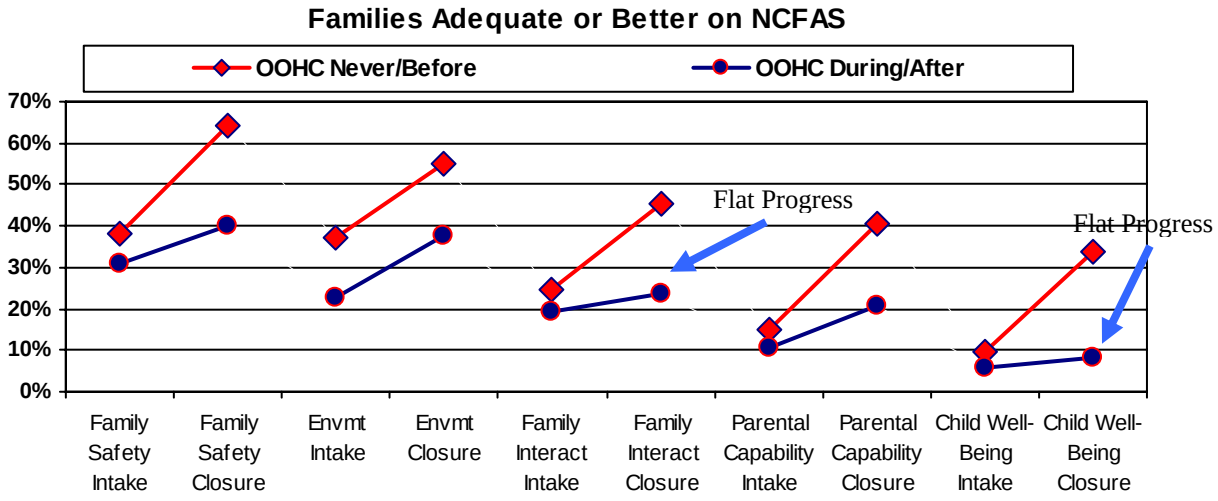
Table 4
Rates of OOHC Entry between Providers

Provider	% Target Children Who Entered During Diversion	% Target Children Who Entered After Diversion
Boys' Haven – Jefferson	7.1%	6.1%
Boys' Haven – SRT	6.9%	5.9%
Children's Home of NKY	4.8%	11.0%
Croney & Clark	6.0%	6.5%

For the target children who entered OOHC before receiving Diversion services, the average time between exiting OOHC and beginning Diversion was 2 years. This suggests that in general problems were re-emerging, rather than providing Diversion services for stabilizing reunification. For the target children who entered OOHC after receiving Diversion services, the average time between ending Diversion and entering OOHC was 3 months.

Predictors of OOHC Entry. The investigation of which children enter OOHC during and after Diversion is important in understanding which families are most likely to benefit and to understand this critical outcome. To simplify the study of why some children entered OOHC during or after Diversion services while others did not, the four OOHC groups above were dichotomized into two groups: children who never entered or entered OOHC before Diversion, and children who entered OOHC during or after Diversion. To ease the discussion we titled these two groups: OOHC Never/Before and OOHC During/After Diversion groups. The NCFAS scores at intake and closure, displayed in Figure 11 provide insight into the levels of family functioning and improvements for these two groups.

Figure 11



As seen in Figure 11, overall all families improved in their levels of functioning from intake to closure, regardless of whether or not their children entered OOHC. However, children in the OOHC During/After Diversion group had lower baseline functioning, especially in the area of Environment (referring to housing stability, financial resources, and basic needs) and in Family Safety (referring to absence of violence or abuse) than children in the OOHC Never/Before group. The families of children in the OOHC During/After group made very little progress from intake to closure especially on measures of Child Well-Being (child behavior, school performance, motivation) and Family Interaction (bonding, marital relationships, expectations of the child).

We asked: Does the duration of Diversion service (termed dose here) have an impact on the likelihood of entering OOHC? To study the effect of duration of Diversion on OOHC entry, the 491 cases (1 case was missing data) that were closed (complete or incomplete) were split into three roughly equal "dosage" groups based on the number of days between the date the case was referred to Diversion and the date the case was closed. The groups were:

- Opened 7-126 days (up to 4 months of service)
- Opened 177- 141 days (up to 4.6 months service)
- Opened 142 -261 days (up to 8.5 months service).

The cost of Diversion services also varies by the duration of services; these figures are displayed in Table 6 in the Cost Benefit Analysis section. Diversion providers may request an additional 2 months of service beyond the 4-month standard authorization. The longest served group likely was authorized for additional service; this group comprises 33% of cases. The rate of OOHC during and after Diversion by dose group is displayed in Table 5.

As shown in Table 5, the cases with the lowest dose (duration) of Diversion had the highest rate of target children entering OOHC during or after service delivery. The cases open 127 to 141 days had the lowest OOHC entry rate. The cases open the longest at more than 141 days had a slightly higher OOHC entry rate compared to the middle

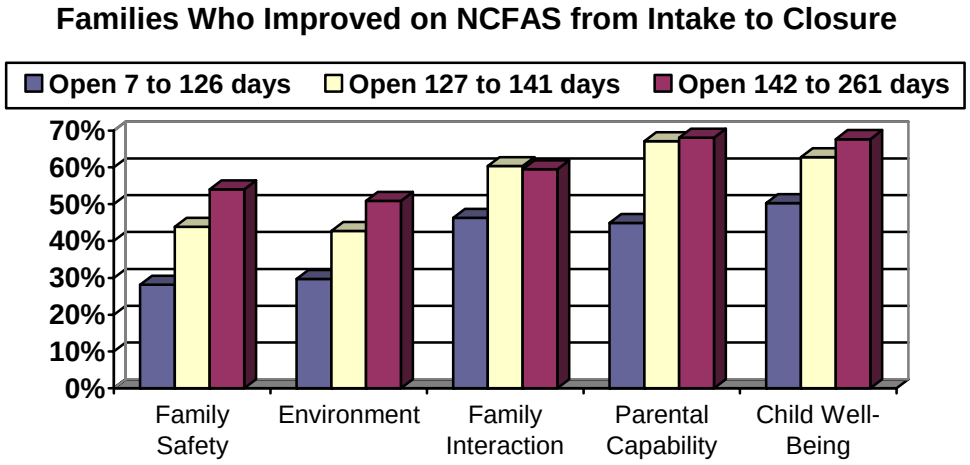
group, but was still lower than the low dose group. These differences in rates of entry between dose groups were statistically significant.

Table 5

# Days Case Open	# Closed Cases	Closed Complete	Target Child Entered OOHC During or After Diversion
7 to 126 days	159	64.8%	18.2%
127 to 141 days	167	97.6%	9.6%
142 to 261 days	164	97.0%	11.0%
Total	490	86.7%	12.9%

We asked: Does a higher dose of Diversion result in improved family functioning as measured on the NCFAS? In general, the longer Diversion services were in place, the more likely families were to make progress in Environment and Safety. However, incrementally longer doses of Diversion did not result in more improvement on measure of Family Interaction and Parental Capacity. These trends are shown in Figure 12.

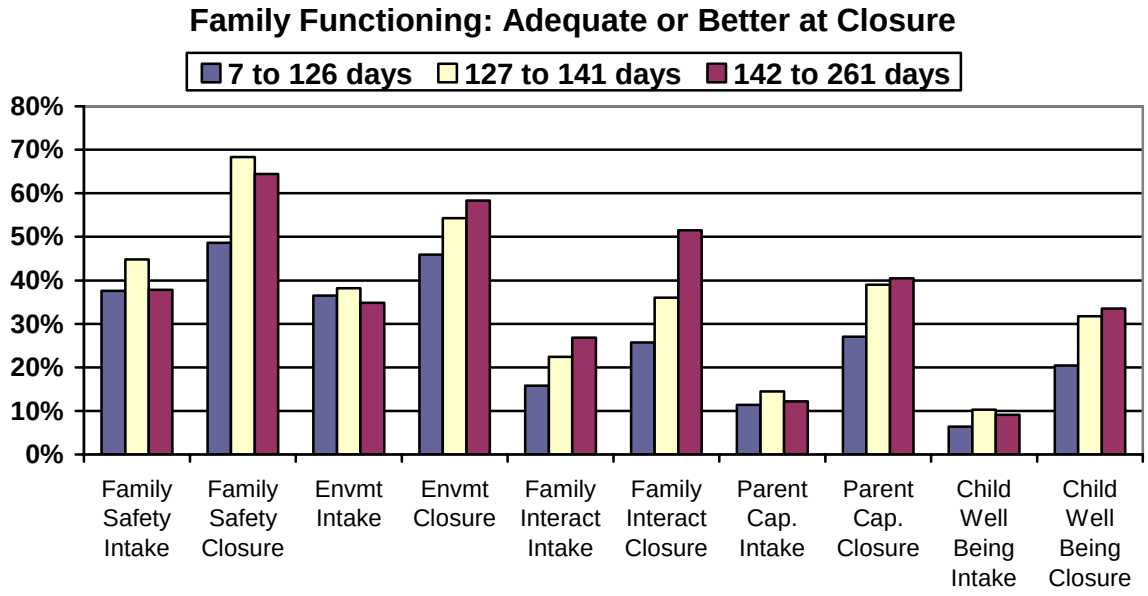
In Figure 12



Despite the longer dose of Diversion, families in the medium and high dose group made similar progress in Family Interaction and Parental Capability (supervising and providing enrichment opportunities for the child and parental health and freedom from substance abuse). This leveling off of progress suggests a point of diminishing returns in these domains.

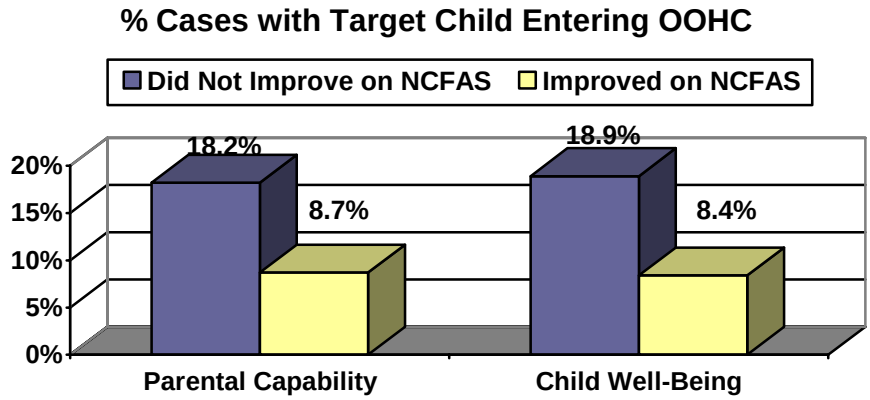
Figure 13 shows the NCFAS data in another perspective. Here the actual intake and closure scores are shown for all dose groups. This Figure is similar to Figure 11, but splits the whole group into smaller dose groups to identify rates of progress associated with different durations of Diversion services. As displayed in Figure 13 and in earlier graphs, all families served by Diversion scored lowest in Parental Capacity and Child Well-Being , but the families with the longest duration of Diversion services made the least incremental progress in Parental Capacity and Child Well-Being and were rated lower in family safety.

Figure 13



Diminished parental capability and child well-being are strongly associated with the likelihood of a child entering OOHC. For cases with no improvement, the target child was twice as likely to enter OOHC during or after Diversion, as shown in Figure 14.

Figure 14

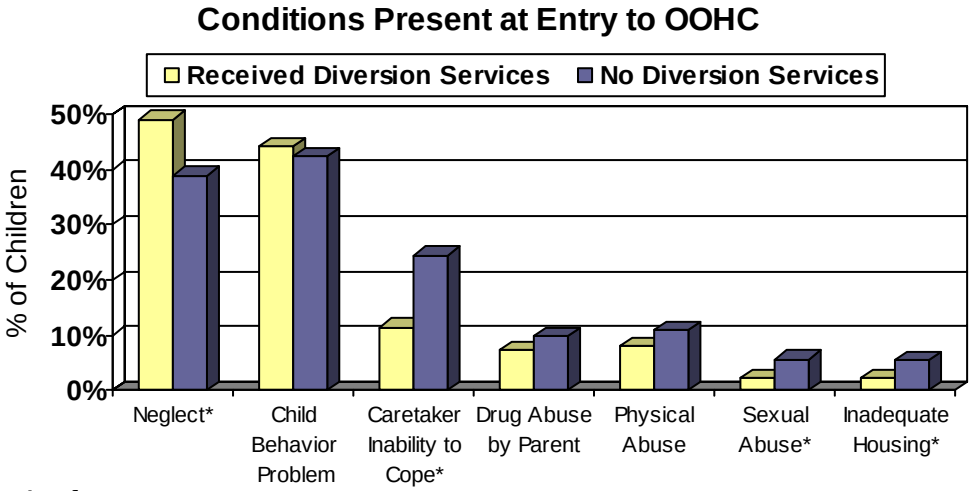


In summary, about 13.8% of target children enter OOHC during or after Diversion services when followed for 3-15 months. Families most likely to have children enter OOHC functioned lowest at intake in Environment and Family Safety; make less progress in family functioning overall but especially in Parental Capacity and Child Wellbeing. Adding additional duration of services resulted in improved family functioning in safety and environment, but did not result in significantly improved parental capacity or child well-being. Across several levels of analysis, families with particularly low functioning especially in environment, making limited progress overall or failing to make progress on parental capacity were more than twice as likely to have

children enter OOHC despite higher doses and costs of Diversion services. Long term follow-up study may improve these predictive models.

Conditions Present on OOHC Entry. To explore how the Diversion children with any OOHC episode differ overall from other children in OOHC, the Diversion children were compared to all the children from the same regions who had entered OOHC at ages 10 to 17 since 2004. Children served by Diversion that had any placement in OOHC entered OOHC more often with conditions of neglect and less often with conditions of caretaker inability to cope, sexual abuse, or inadequate housing. These findings are displayed in Figure 15.

Figure 15



Cost Benefit Analysis

The number of days the case was open was known for 503 of the 588 cases served. In total, 65,244 days of Diversion services were provided to these 503 cases. The total cost of Diversion in that same time period was $2,800,000. Thus, the average cost per day of Diversion services was $42.92 (2,800,000 spent on Diversion / 65,244 days of services provided). This daily cost is slightly inflated because 85 cases were missing data on the number of days served.

Using the average daily cost of $42.92 for Diversion services, the average cost by dosage group or duration of services is displayed in Table 6.

Table 6

# Days Open	# Cases	Average # Days Open	Average Cost per Case	Target Child Entered OOHC During or After Diversion
0 to 126 days	172	90	$3,863	18.2%
127 to 141 days	167	133	$5,708	9.6%
142 to 261 days	164	168	$7,210	11.0%
Total	503	130	$5,580	12.9%

Eighty-seven of the 629 target children entered OOHC during or after Diversion. On average, they spent 195 days in OOHC prior to September 30, 2008. On that date, 65 of the children were still in care at an average per diem rate of $127.97. At that average rate for 195 days, an OOHC episode would cost at least $24,954.15. The average cost of providing Diversion services across all doses per family is $5,185.

If 50% to 75% of the remaining target children would enter OOHC without Diversion, it would cost between $6,762,575 (271 children) to $10,156,339 (407 children) in OOHC costs. The cost of Diversion for one year is $2,800,000. The calculations that estimate final cost avoidance of Diversion is displayed in Table 7.

Table 7
Estimated Cost Avoidance for Diversion

Annual Cost of Diversion	-$2,800,000
Cost if 50% to 75% of target children entering OOHC	$6,762,575 to $10,156,339
FINAL COST AVOIDANCE	$3,962,575 to $7,356,339

Based on these estimations, for every $1 invested in Diversion, the state likely avoids $1.42 to $2.63 in OOHC costs. This estimate is conservative for two reasons. First, the average number of days in OOHC per Diversion target child would be higher if all of these children were tracked until they exited care rather than at a point in time. Second, these figures exclude additional costs, such as staff time to serve children in OOHC, the costs of court hearings, and the costs for additional services such as medical and dental care for children. Removal from the home also has emotional costs for both the child and the parent that cannot be assigned a price and are not calculated here.

Conclusions and Recommendations

The Diversion Program, after several years of operation, has demonstrated that it provides a valuable service to troubled families and youth often with chronic involvement with CPS. The program serves to improve family functioning, reduce risks to children, improve child wellbeing, and support children in their home rather than in foster care. Diversion serves families with children that are older and have more struggles due to child well-being than families served by FPP or other in-home services. It is an important part of the continuum of services to keep children safe in their homes. Diversion is cost effective, avoiding more costs than the cost of serving families.

Although the outcomes of this evaluation are encouraging, children and families served by Diversion should be followed for at least 12 months after services in the administrative datasets. Follow-up evaluation will identify the long term outcomes of Diversion on recurrence of child abuse and neglect and entry into OOHC.

The Family Preservation Case Tracking System (FP:CTS) permits statewide data entry and comparisons of in-home service delivery statewide and should be continued. Providers and central office managers are able to download the data from their programs and are increasingly using that data in program management and improvements. Additional training may be helpful to increase the understanding of this data and to improve the consistency of reporting between providers.

The intent of this report was to evaluate the impact of Diversion on child welfare outcomes, not to monitor compliance with contracts or compare outcomes by provider. Future data analysis or analysis by quality assurance or contract monitoring could include comparative analysis between Diversion providers.

If the Diversion program is expanded, it will be critical to evaluate new providers and orient them to the ongoing evaluation process. Information from this report may be helpful in selecting providers, setting up statewide procedures, and identifying areas with unmet needs. Toward that end, Table 8 identifies the number of youth 10-17 with substantiated abuse and neglect by county in regions currently without Diversion that may help identify counties with adequate needs to support the Diversion program.

Table 8
Number of Youth Age 10 - 17 with Substantiated Abuse/Neglect in 2007

Eastern Mountains		Northeastern		Cumberland		The Lakes		Two Rivers	
Pike	144	Carter	61	Laurel	120	McCracken	69	Daviess	131
Perry	82	Boyd	47	Whitley	71	Calloway	40	Warren	125
Johnson	80	Lawrence	42	Pulaski	50	Graves	36	Barren	76
Letcher	71	Mason	32	Clay	44	Lyon	31	Henderson	55
Floyd	70	Fleming	28	Taylor	39	Hopkins	29	Allen	43
Martin	45	Rowan	25	McCreary	38	Christian	24	Ohio	37
Magoffin	36	Greenup	19	Bell	32	Muhlenberg	17	Metcalfe	28
Knott	33	Lewis	19	Adair	28	Marshall	15	Edmonson	27
Owsley	33	Elliott	14	Harlan	25	Fulton	14	Monroe	26
Breathitt	26	Montgomery	12	Rockcastle	23	Trigg	10	Butler	19
Leslie	26	Bath	12	Knox	17	Todd	8	Union	15
Lee	21	Menifee	10	Wayne	14	Livingston	8	Simpson	15
Wolfe	21	Morgan	10	Jackson	13	Carlisle	8	Hart	14
TOTAL	688	Bracken	2	Green	10	Crittenden	3	Webster	13
		TOTAL	333	Casey	10	Caldwell	2	Logan	12
				Russell	5	TOTAL	314	McLean	10
				Clinton	4			Hancock	10
				Cumberland	3			TOTAL	656
				TOTAL	546				

Regular meetings with Diversion providers will continue to refine this evaluation and encourage consistency in practice and outcomes measurement. For information on this evaluation contact Ruth Huebner, Ph.D. at RuthA.Huebner@ky.gov or Audrey Brock at Audrey.Brock@ky.gov.