

Department of Health and Human Services  
National Security Council  
Washington, DC 20540

James H. ...  
211 ...  
Washington, DC 20540

James H. ...  
211 ...  
Washington, DC 20540

## TABLE OF CONTENTS

<b>CHAPTER I</b>	<b>INTRODUCTION</b>	<b>1</b>
A.	Background	1
B.	Purpose of This Report	4
C.	Approach	6
D.	Relationship of Program Characteristics and Study Criteria	8
	1. Placement Prevention Programs	8
	2. Reunification Programs	13
<b>CHAPTER II</b>	<b>PLACEMENT PREVENTION PROGRAMS</b>	<b>16</b>
A.	Overview	16
B.	Analysis of Family Preservation Program Characteristics	18
	1. Program Model	18
	2. Referral Sources	23
	3. Referral Practices	25
	4. Program Maturity	33
	5. Service Providers	34
	6. Program Statistics	35
<b>CHAPTER III</b>	<b>REUNIFICATION PROGRAMS</b>	<b>53</b>
A.	Overview	53
B.	Analysis of Reunification Programs	56
	1. Relationship to Placement Prevention Programs	56
	2. Program Models/Caseload Size and Duration	58
	3. Program Maturity	60
	4. Program Size	61
	5. Status of Child's Return Home	63
	6. Referral Criteria	63
	7. Service Providers	68

## APPENDICES

APPENDIX A: DESCRIPTION OF SELECTED PLACEMENT PREVENTION PROGRAMS

APPENDIX B: DESCRIPTION OF SELECTED REUNIFICATION PROGRAMS

# CHAPTER I

## INTRODUCTION

### A. Background

Initially, the term “family preservation” was applied to Homebuilders, a foster care placement prevention program developed in 1974 in Tacoma, Washington. The Homebuilders model called for short-term, time-limited services provided to the entire family in their home. Services were provided to families with children who were at risk of an imminent placement into foster care.

The program was based, in part, on crisis intervention theory. This theory holds that families experiencing a crisis -- that is, about to have a child placed in foster care -- would be more amenable to receiving services and learning new behaviors. Early exponents of the theory also believed that crises were experienced for a short time (Le., six weeks) before they disappear or are resolved.’ Social learning theory also played a part in defining the Homebuilders model. Social learning theory rejects the belief that changes in thinking and feeling must precede changes in behavior. Instead, behavior, beliefs and expectations influence each other in a reciprocal manner.

Initially, the program was expected to serve families with older youth who were referred from mental health agencies. Subsequently, the program was used to serve families with children 0-18 who were referred from the child welfare agency. Key program characteristics included: contact with the family within 24 hours of the crisis; caseload sizes of one or two families per worker; service duration of four to six weeks; provision of both

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‘Barth, Richard P. ‘Theories Guiding Home-Based Intensive Family Preservation Services,” Reaching High-Risk Families, Eds., Whittaker et al. Aldine de Gruyter, New York: 1990.

concrete services and counseling, with an emphasis on techniques that change behaviors and responses among family members; staff availability to families 24 hours per day/seven days per week; and an average of 20 hours of service per family per week. In addition, the program was characterized by a philosophy of treating families with respect, emphasizing the strengths of family members, and providing both counseling and concrete services.

Since the early 1970s, the term “family preservation” has been used to describe a variety of programs that are intended to provide services to children and families who are experiencing serious problems that may eventually lead to the placement of children in foster care or otherwise result in the dissolution of the family unit. Some of these programs differed in their theoretical underpinnings. For example, the FAMILIES program begun in Iowa in 1974 was based on family systems theory. Applications of this theory focused on the way family members interact with one another and attempted to change the way in which the family functions as a whole. Under the original program in Iowa, teams of workers carried a caseload of 10 to 12 families whom they saw in the families’ homes for an average of four and one-half months. Both concrete and therapeutic services were provided and the principles of working with families in a respectful and positive manner were emphasized.<sup>2 3</sup>

The Intensive Family Services Program which began in Oregon, was based upon a family treatment model. It relied less on the provision of concrete and supportive services and more on family therapy. Services were provided in an office as well as in the home and were less intensive than in the Homebuilders model. Workers carried a caseload of approximately

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<sup>2</sup>Barth, Richard P.

<sup>3</sup>“Nelson et al. ‘Three Models of Family-Centered Placement Prevention Services,’ Child Welfare, January/February, 1990.

11 families. Services were provided for 90 days with weekly follow-up services provided for an average of three to five and one-half months.’

Over the years, other states adopted existing family preservation models. Some of these programs were slight variations on the basic Homebuilders model, while others adapted the Iowa or Oregon approach to family preservation. Although these programs differed in treatment theory, the level of intensity of services provided, and the length of services, they shared a common philosophy of family centered services including focusing on family strengths, involving families in determining their case plan goals, serving the entire family, and treating family members with respect.

In addition, some programs began to provide services to families whose children had been placed in foster care and had a case plan goal of reunification. Often these programs followed the same service model that was used for placement prevention – the difference resting solely in the foster care status of the children served. Reunification efforts have received considerably less attention than the placement prevention programs in the documented literature; nevertheless, they represent a related effort to reduce the length of stay in foster care and to prevent re-entry into care in cases where prevention of placement was not initially possible.

In 1993, Congress passed legislation establishing title IV, part B-2 of the Social Security Act, creating funding for family preservation and family support programs. The legislation does not endorse any single program model for family preservation services. Instead, states are allowed to determine their own program models with the broad definition stated below:

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‘Nelson et al.

**Family Preservation Services -- services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including:**

- **services designed to help children -**
  - where appropriate, return to families from which they have been removed; or**
  - be placed for adoption, with legal guardian or in some other planned, permanent living arrangement;**
- **preplacement prevention services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families;**
- **service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;**
- **respite care of children to provide temporary relief for parents and other caregivers (including foster parents); and**
- **services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health and nutrition.**

**As evidenced in the above definition, the legislation further broadened the definition of family preservation services allowing states a variety of options in how new federal funds for family preservation would be utilized.**

**B. Purpose of This Report**

**The National Evaluation of Family Preservation Programs is expected to help inform future decisions regarding federal and state policies concerning family preservation programs. Because of the intent to conduct a rigorous, outcome evaluation in a limited number of programs it will not be possible to examine the full range of programs that might be**

considered family preservation programs. The study began with the intent to select programs that met the following criteria:

- Programs should have a primary focus on a population of children involved in abuse or neglect reports;
- Programs should be based on well-articulated theories;
- Programs should have been in place long enough to operate in the way expected by program managers;
- Programs should be consistently implemented within a site;
- Programs should serve a sufficient number of families to reach adequate sample sizes (initially estimated at a total of 500 families per site for the experimental and control groups); and,
- Key policymakers, managers and line staff should be willing to allow an evaluation to be conducted.

The process of identifying site criteria and selecting candidate programs for the evaluation is an iterative one -- methodological and practical considerations impose certain limitations on the range of programs that would be suitable for the evaluation. However, the criteria must be consistent with the characteristics of a majority of programs currently in operation. In other words, while the evaluation cannot encompass all types of family preservation programs, it should not focus on aberrations in the family preservation field or models that the field appears to be abandoning.

With these issues in mind, we developed this paper, along with a companion paper that reviews the family preservation evaluation literature, to help inform the selection of candidate sites for evaluation. This paper describes the “state of the family preservation field” and examines in greater depth the characteristics and operations of programs that are potential sites for the evaluation. It also provides a reality check on the initial site selection criteria -- determining the feasibility of identifying sites that meet the initial criteria.

## C. Approach

We identified programs for review through an examination of the existing literature on family preservation program models in various states, discussions with national experts about states and counties with program models that might be of interest, a review of the state applications for FP/FS funds and the knowledge of the study team about existing state programs. Whether or not they were identified through any of the above sources, the 20 states with the largest number of children (0-18 years old) were included in this review.<sup>5</sup>

We held telephone discussions with an individual in each state's child welfare agency who was responsible for, or could describe, family preservation programs in their state. Four of the 26 states providing information had no state-sponsored program model. In some instances states provided funding for county-operated programs that met very broad criteria. In other instances, programs were both funded and operated at the local level.

In states with no state-sponsored family preservation model, we asked the state official to identify counties with family preservation or reunification program models, particularly those in the three largest counties in the state.

For states with a state-sponsored program model or models, we obtained a description of the model(s). In addition, we identified contacts in large county child welfare agencies and/or the major private providers of family preservation services, depending upon the nature of the service delivery system in each state. We then held follow-up telephone discussions with officials in at least one agency within the state, in most instances.'

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<sup>5</sup>An extensive evaluation of the Illinois family preservation program has recently been completed. Since state officials are unlikely to undertake another rigorous evaluation in so short a time period, Illinois was excluded from this program review. Three states (Indiana, Louisiana, and Virginia) have not yet responded to a request for information.

<sup>6</sup>In some states, the information provided by the state was sufficient to determine that the state was not a likely candidate for further study (e.g., program was only recently established).

We obtained information about program characteristics relevant to most site selection criteria. However, site visits are planned to secure more detailed information on those sites that appear to be plausible candidates.

Discussions with state and local child welfare administrators included the following:

- **Description of the Family Preservation Program Model:** This includes the theoretical basis for the model, caseload size, length of service and type of services provided;
- **Program Maturity:** The year family preservation services began in each of the major population centers and the extent to which it changed over time;
- **Referral Procedures:** Identification of agencies that refer cases to the family preservation program, referral procedures, definition of "imminent risk," and decisionmaking authority;
- **Population Characteristics:** Criteria for including and excluding cases and general characteristics of families who are likely to receive services;
- **Program Statistics:** This includes the number of child abuse and neglect allegations per year, the number of families receiving family preservation services, and the number of children entering foster care. Information was also gathered on whether the family preservation programs were operating at full capacity and whether or not there were waiting lists; and
- **Program Consistency:** The extent to which the same model is implemented in all counties and by all service providers.

Although most of the administrators with whom we spoke were very cooperative, they could not always provide us with program statistics of interest. Family preservation program administrators could typically provide data on the number of families served by their program, but not on the number of abuse or neglect allegations or children entering foster care. We obtained some of these data through additional calls to other staff in the child welfare agency, but we still had difficulty identifying the number of children entering care. Also, even where we obtained program statistics in all areas of interest, the statistics did not necessarily cover the same time periods.

Overall, the information we obtained has enabled us to depict 38 placement prevention and 26 reunification programs and to make a preliminary assessment of the extent to which sites meet at least some of the key criteria for participating in the evaluation.

**D. Relationship of Program Characteristics and Study Criteria**

Chapters II and III present the findings from our review of placement prevention and reunification programs respectively. Within each chapter, we present an overview of the findings along key program dimensions for each of the states contacted. A more detailed description of each of the states that is a possible candidate for inclusion in this study is provided in Appendices A and B.

A summary of the study findings as they relate to the initial study criteria is provided below.

**1. Placement Prevention Programs**

The telephone discussions with state and local administrators provide a preliminary indication of the extent to which sites meet most of the study criteria. We have identified 14 states in which there are one or more jurisdictions that might be reviewed in further detail. Nevertheless, it will be more problematic than initially anticipated to meet some of these criteria. Findings as they relate to each criterion are presented below.

**a. Criterion #1: Programs should have a primary focus on a population served by the child welfare agency.**

This criterion was established for several reasons. First, this evaluation focuses on programs that meet the intent of the new legislation, creating title IV-B, part 2 of the Social Security Act which is administered by the state child welfare agencies. Second, limiting the

study to child welfare cases will create a more homogeneous sample making it possible to draw a smaller sample and gather data on a set of outcome measures relevant to the entire sample population. Finally, from a logistical and project resources perspective, it is more problematic to secure cooperation and collect the necessary case data from multiple agencies.

Although the majority of families served by a family preservation program in most states were referred by the child welfare agency, few family preservation programs limited their caseloads to child welfare referrals. Referrals from juvenile justice and mental health agencies sometimes accounted for a significant percentage (i.e., more than 25 percent) of the families served.

In sites that accept referrals from multiple sources, the study could still be limited to those families referred by the child welfare agency; however, this approach may affect the ability of sites to meet Criterion #5 (adequate sample size). A more detailed analysis of program referral practices and recent program statistics will be required to determine which sites can meet both criteria.

**b. Criterion #2: Programs should be based on well-articulated theories.**

Although early family preservation programs attempted to base their approach to service delivery on theoretical models -- crisis intervention, social learning theory, family systems theory, and family treatment -- the distinction between these theories and their application to family preservation service delivery models is somewhat ambiguous. As other states began developing family preservation models, they often adapted one of the program models previously described; however, in describing the models on which their program is based, administrators tend to focus on service delivery characteristics (most notably caseload

size and service duration) rather than on the theoretical underpinnings of the service delivery model.

In short, while programs may not meet this criterion, it is possible to identify programs that have either replicated or adapted one of the early program models.

- c. **Criterion #3: Programs should have been in place long enough to operate in the way expected by program managers.**

To fully determine whether or not programs are being implemented as managers expect will require an in-depth site visits to candidate programs. As a surrogate measure, we asked administrators about the year in which family preservation services began and whether or not the initial program model has undergone any substantial changes. Our intent was to eliminate programs that had not been in operation long enough for program managers to identify and resolve implementation problems.

Only five of the states examined did not have any family preservation model operating in at least one jurisdiction for five years or longer. Therefore, there are enough “mature” programs to expect that inconsistencies in implementation that occur during the formative stages of program development will not be a problem.

- d. **Criterion #4: Programs should be consistently implemented within a site.**

This criterion was established to minimize variations in the treatment intervention at a given site. Variations in treatment intervention may occur when workers apply the treatment intervention differently to the cases they serve, when there are differences among staff in the way services are provided, or when agencies providing the same treatment model make formal or informal changes to the model. Differences may include the length or intensity

of services, the type of services provided, and the experience and skills of staff providing services.

Although this review could not explore fully all the possible sources of inconsistency in delivering the treatment intervention, it did explore the number of providers responsible for service delivery. The presence of multiple service providers is not synonymous with inconsistency, but the possibility of inconsistency increases when multiple providers deliver services. In ideal circumstances a “program site” would consist of one child welfare agency and one family preservation service provider (either public or private).

Establishing a definition for a “program site with consistent implementation” appears to pose more problems than initially anticipated. The situation is complicated by two factors: (1) a small number of families served in all but the largest urban areas; and (2) service delivery by multiple private providers within counties and across counties (or child welfare agency jurisdictions). In order to achieve adequate sample sizes, it may be necessary to define “a family preservation program” as an entire state or a sub-section of the state that encompasses multiple child welfare agencies and/or multiple service providers. States that do not have a consistent program model or a single urban area providing family preservation services to at least 250 families were excluded from further consideration as potential sites.

For states that have a statewide family preservation model, it may be possible to “create” a program site for evaluation purposes by combining local child welfare agency jurisdictions and/or service delivery providers who are implementing the same model. However, even in states that indicate that there is a consistent model implemented in most or all jurisdictions, we expect that as the number of child welfare agencies and private providers increases, consistency will decrease. Also, there are practical issues concerning securing cooperation among a large number of local agencies and providers and establishing

data collection procedures that are consistent with project resources that must be addressed. We will examine the question of program consistency in greater depth during subsequent site selection activities.

- e. **Criterion #5: Programs should have a sufficient number of families to reach adequate sample sizes.**

Lack of data on entry rates into the placement prevention program and foster care make it difficult to determine the precise number of sites that serve enough families and have a sufficient number of cases entering foster care, to yield 250 families each in the experimental and control groups.

For those programs able to provide information, the number of families receiving placement prevention services appears to be relatively small in all but the largest urban areas. As discussed above, adequate sample sizes may be achieved by combining sites within a state that implement the same program model.

Additional statistical data on program size and foster care entry rates will be required before we can determine the number of programs serving a sufficient number of families for sampling purposes. Based on this information, we will further review the feasibility of combining program sites.

- f. **Criterion #6: Key policymakers, managers and line staff should be willing to allow an evaluation to be conducted.**

We did not raise the question of whether or not programs will agree to an evaluation with program administrators during our initial contacts. Clearly, all relevant stakeholders in a site would require detailed information about our plans before determining whether or not they wanted to be part of this evaluation. Since the purpose of these telephone discussions

with programs was to obtain preliminary program information, we did not undertake a detailed discussion of evaluation plans. Nevertheless, some administrators did indicate an interest in learning more about the study design and discussing their participation in the national evaluation.

## **2. Reunification Programs**

The review of state and county reunification programs indicates that there are fewer reunification programs than placement prevention programs. Furthermore, existing reunification programs tend to be extremely small and are often not clearly defined. Our review indicates that evaluation design and site selection criteria as they pertain to the reunification programs will need to be re-examined.

The relationship between the study criteria and the characteristics of reunification programs is described below.

- a. **Criterion #1: Programs should have a primary focus on a population served by the child welfare agency.**

Like the placement prevention programs, reunification programs may serve families from the juvenile justice and mental health systems as well as the child welfare agency; however, twelve of the 20 reunification programs examined in depth serve only child welfare cases or primarily child welfare cases.

- b. **Criterion #2: Programs should be based on well-articulated theories.**

Of the reunification programs examined, seven programs were an integral part of the placement prevention programs-- that is, reunification cases were served by the same staff and received the same types of services as placement prevention cases. Services were

mostly provided after the child had been returned home. In these programs that were part of a placement prevention program, the reunification program was based on the same theories of behavior and treatment.

Like the placement prevention program administrators, reunification program administrators seldom described their programs in terms of theory. Rather they focused on the duration and intensity of their service model, and to some extent, on the types of cases they typically served (e.g., children recently entering foster care, children who have been in placement at least six months, or children who are in group care).

- c. **Criterion #3:** Programs should have been in place long enough to operate in ~~the~~ way expected by program managers.

Unlike the placement prevention programs, the majority of reunification programs have been in place for only a short time. Thirteen of the 20 programs examined were established in 1990 or later.

Of the seven programs established before 1990, only two programs are distinct reunification programs. The others are an integral part of a placement prevention program.

The lack of a large number of mature programs will be of concern in selecting sites, although it is possible that some of the more recent programs will be operationally stable and consistent with the program design described by managers and policymakers.

- d. **Criterion #4:** Programs should be consistently implemented within a site.

As discussed above, this criterion is intended to minimize variations in the treatment intervention in a given site. As was true of the placement prevention programs, the challenge in meeting this criterion is complicated by the small number of families served by most

programs. Although the reunification programs in Los Angeles and New York City, serve a sufficient number of families to meet the sample size requirements, neither program defines a specific service delivery intervention. Instead, the service delivery providers are given considerable latitude in determining the nature of the service intervention.

It appears that it will be difficult to find sites that meet this criterion. Further consideration of the effect of studying sites that do not meet this criteria is required.

- e. **Criterion #5: Programs should serve a sufficient number of families to reach adequate sample sizes.**

As noted above, only two programs -- Los Angeles and New York City -- meet this criterion. Other programs ranged in size from fewer than 25 families to approximately 150 families, considerably less than is necessary to have experimental and control groups with approximately 250 families in each group. Furthermore, the lack of statewide programs serving any sizeable number of families will make it difficult to achieve the necessary sample sizes by combining like programs within a state to form one evaluation site.

An inability to meet this criterion will require a re-examination of the study design.

- f. **Criterion #6: Key policymakers, managers and line staff should be willing to allow an evaluation to be conducted.**

As described above, this question was not addressed during the initial telephone discussions with agency and program administrators. We do not expect, however, that it will be particularly problematic to secure consent for an evaluation of the reunification programs.

**CHAPTER II**  
**PLACEMENT PREVENTION PROGRAMS**

**A. Overview**

We contacted administrators in 26 states and asked them to describe the family preservation program models operating in their state. It was not a simple task to define the parameters of the family preservation programs included in this review. Many respondents focused on describing a single program model for intensive family preservation programs established by the child welfare agency in the state. However, some also included models that were operated by other agencies such as mental health and juvenile justice. Others described funding mechanisms for purchasing a range of services that may assist in placement prevention. Still others described managed care programs for severely emotionally disturbed children that use multi-disciplinary teams to prevent placement, reunify families, or arrange for placement in the least restrictive setting. For this review, we excluded programs operated by other agencies, specialized programs for emotionally disturbed and developmentally disabled children, and funding mechanisms for purchasing preventive services. Descriptions of selected placement prevention programs are provided in Appendix A.

Even when the programs from other agencies, specialized programs and general funding mechanisms are excluded from consideration, it is difficult to completely capture the diversity of family preservation programs. Both states and counties appear to be exploring new ways to better serve families. States that implemented one type of program for several years are now piloting alternative models. In other instances, counties may be simultaneously implementing both a state program model and other models suited to the needs of their families and available through the service providers in their area. Among those states that

assert that there is a single model in operation throughout the state, many acknowledge that counties and private providers may vary in their implementation of the state model.

Of the 26 states we contacted, four -- California, Massachusetts, Ohio and Pennsylvania -- do not have a specific program model that guides program implementation. These states have made funds available to counties and have allowed them to determine their own model or models.

In three of these states; California, Ohio and Pennsylvania, we contacted large population centers with programs recommended by the state agency.’ In California, we reviewed programs in Contra Costa, Los Angeles, Sacramento, San Diego, and Solano counties. Each of these counties has its own family preservation program model. In Pennsylvania, programs in Allegheny County (Pittsburgh) and Philadelphia County were reviewed. Pittsburgh operates two distinct family preservation models. Philadelphia contracts with a variety of providers, each of which may have a special program intended to meet the needs of a special population (e.g., pregnant and parenting teenagers), but all of which follow the same 12-week service delivery model. In Ohio, we contacted Cuyahoga (Cleveland) and Franklin (Columbus) counties. Three family preservation programs -- one in Cleveland and two in Columbus--were identified.

The remaining 22 states have one or more statewide models. Of these, Colorado, Florida, Iowa, New Hampshire and Oregon, have two family preservation program models.

Collectively, 38 statewide or countywide programs were identified. We analyzed these programs’ characteristics, and the findings are presented in Section B.

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‘Massachusetts gives funds to regional offices who in turn fund programs by district. It was not possible to identify a significant population center employing a specific model.

In addition to these 38 fully-described programs, we identified other programs. For example, both Dallas and Houston have programs consistent with the family preservation model described by the state, but also have other program models in operation. In Connecticut, there is a statewide model operated by 11 service providers throughout the state and several small programs intended for special populations operated by the Yale Child Development Center. In instances where a statewide model exists, we did not include other small programs operated by the county in the analysis.

#### **B. Analysis of Family Preservation Program Characteristics**

The 38 family preservation programs reviewed in this study vary along several dimensions, including: the type of program model, the sources of referral for family preservation, and the referral practices (including the way imminent risk is defined, the review of decisions to refer cases to family preservation, and the types of cases excluded from receiving services). Programs also differ in the length of time in operation and the number and type of providers who deliver family preservation services. Programs vary by size, but most are small in comparison to the number of abuse and neglect reports and children entering foster care each year. Exhibit II-5, which appears at the end of this section, provides a summary of each program along the dimensions listed above. A discussion of each dimension and the similarities and differences among programs is provided below.

##### **1. Program Model**

Some of the earliest family preservation programs designed their programs based on theories about family dynamics. The Homebuilders program in Tacoma was based on theories about crisis intervention and social learning. Iowa's earlier models focused on family systems

theory, and Oregon's program was designed to provide a family treatment intervention. The differences in theory translated to somewhat different service delivery characteristics. Homebuilders serves only two families per worker for a four to six week period. Iowa's earliest program, FAMILIES, used a two-person team with a caseload of 10 to 12 families and provided home-based services for up to seven months. The family treatment approach, as implemented in Oregon's Intensive Family Services (IFS) program, has a single therapist who provides three months of treatment for 10 to 12 families. Services are delivered in both office- and home-based settings.

As evidence of the changes that have occurred since these programs began, Oregon continues to operate its IFS treatment model, but has recently begun to implement the Homebuilders model as well, through its Intensive Home-Based Services (IHS) program. In Iowa, the Iowa Family Preservation Program (IFPP), provides services to an average of 3.5 families per worker for a maximum of eight weeks. Iowa also funds another family-centered service program whose implementation varies by provider, but is generally less intensive and of longer duration than the IFPP. Although Homebuilders is still the major family preservation model in Washington, recent efforts to decentralize child welfare service delivery may result in communities modifying or selecting different service delivery models.

The family preservation programs reviewed represent all of these models as well as various "hybrid" models. However, the programs tend not to describe themselves in terms of theoretical approaches. Instead, they describe their model in terms of caseload size, service duration, and whether they use one worker or a team approach in working with families.

Exhibit II-1 identifies each of the programs reviewed in terms of caseload size and duration. Programs using teams are noted. This exhibit shows the relationship between

caseload size (which establishes the level of service intensity) and service duration. Simply stated, high intensity of service is associated with short service duration. As caseload sizes increase, duration increases.

The exhibit also indicates that the majority of programs have adopted or adapted the small caseload/short duration model originally developed by Homebuilders. Of the 37 programs providing complete data, 9 replicate the Homebuilders model in terms of both caseload size and duration (Alabama, Colorado-Model A, Kentucky, Michigan, Missouri, New Jersey, Oregon-Intensive Home-Based Services (IHS), Tennessee and Washington). An additional nine programs provide services for four to six weeks, but have allowed workers to serve up to four families at one time (California - Contra Costa and Solano; Florida - Intensive Crisis Counseling Program; Minnesota; New Hampshire - Crisis Intervention; New York; North Carolina; Ohio/Cuyahoga County; and Pennsylvania/Allegheny County - Crisis Model).

Only seven programs occupy the other end of the spectrum. Of these, Los Angeles provides services for up to 52 weeks to caseloads of 5-8 families, Sacramento, California and Oregon-Intensive Services provide 12 weeks and 16 weeks of service respectively to caseloads ranging from 9 to 12 families. Colorado's Model B serves 9 to 12 families per worker and may extend services for up to 36 weeks. The Family Builders program in Florida and the statewide model in Texas provide 12 weeks of service for caseloads ranging from five to eight families. New Hampshire's Long-term service program serves an average of five families for 24 weeks. It is interesting to note that four of these programs have been implemented in states which also have short-term, more intensive service models.

**Exhibit II-1  
Caseload Size and Duration**

<b>Duration</b>	<b>4-6 Weeks</b>	<b>8 Weeks</b>	<b>12-16 Weeks</b>	<b>24-52 Weeks</b>	<b>Total</b>
<b>Caseload S&amp;e</b>					
<b>2 eases maximum</b>	Alabama Colorado-A Kentucky* Michigan Missouri	New Jersey Oregon-IHS Tennessee Washington			9
<b>Serves at least 2 cases and a maximum of 4 eases</b>	California-Contra Costa California-Solano Florida-ICCP Minnesota N. Hampshire-Crisis	New York' North Carolina Ohio-CU" Pennsylvania-ACR	Iowa-IFPP Utah Wisconsin	California-SD' ** Connecticut Ohio-FCHB" Pennsylvania-ALT Pennsylvania-Phil.	17
<b>Average caseload 5-8</b>	Ohio-FCCR	Arizona' . *	Florida-FB" Texas'	California-LA . (up to 52 weeks) New Hampshire-LT (24 weeks)	6
<b>Average caseload 9-12</b>			California-SA' . * Oregon-IFS	Colorado-B (36 weeks)	3
<b>No caseload defined</b>			Georgia	Iowa-FC' (30 weeks)	2
<b>Total</b>	19	4	10	4	37''

- . Duration may be extended for special cases.
- . \* Two-person team shares caseload.
- \*\*\* For Massachusetts, caseload size and service duration vary.

Only four programs indicated that they typically use a team approach rather than a single worker. As expected, these are some of the programs that have slightly larger caseloads (Arizona; Sacramento, California; Family Builders in Florida; and the Intensive Home-Based Program in Franklin, Ohio). San Diego and Cuyahoga, Ohio noted that some cases are staffed by a team, but that this decision is made on a case-by-case basis. Also, there may be other variations by program site. For example, although Florida indicated that its Intensive Crisis Counseling Program (ICCP) uses one worker per case, the provider in Hillsborough, Florida indicated that it staffs its ICCP cases with a team. In Arizona, where the state indicated a team approach to service delivery, one of the providers in Tucson indicated it uses one worker per caseload. Hence, variation in the use of teams may be greater than child welfare administrators believe.

These findings have some implications for selecting sites in which to conduct the evaluation. Initially, the evaluation was to be conducted in two sites that were modeled after the Homebuilders program, and in two sites that had a less intensive/longer duration approach to service delivery. However, these findings suggest that the choice of programs that are not modeled after Homebuilders is somewhat limited. Moreover, most of the programs with longer/less intensive services are in less populous states or counties (e.g., Arizona, New Hampshire) or in states and counties that have only recently developed programs (e.g., Colorado). This is not intended to suggest that programs not modeled after Homebuilders should be excluded from consideration; however, when all study criteria are combined, greater flexibility in selecting program models will be needed.

## 2. Referral Sources

Although this program review was intended to focus on family preservation programs that served child welfare referrals, it is somewhat difficult to disentangle programs by referral sources. As previously noted, separate and distinct family preservation models established in agencies such as mental health or juvenile justice were not included in this study. However, many family preservation programs serve the child welfare agency as well as other agencies. Even when family preservation services are provided by the public child welfare agency (e.g., Alabama), cases referred from other agencies may be accepted. Exhibit II-2 provides a listing of programs that serve only the child welfare agency, programs that receive 50 percent or more of their referrals from the child welfare agency and programs receiving less than 50 percent of their referrals from child welfare. Information was available for 32 of the 38 programs. The remaining programs are presumed to serve primarily child welfare cases, but this information was not provided.

As noted in the exhibit, 11 programs receive referrals only from child welfare. Only one state, New Hampshire, receives less than half of its referrals from the child welfare agency. The remainder of cases come from juvenile justice and mental health agencies. Juvenile justice and mental health agencies represent the majority of other referrals in almost all programs. In Alabama, Florida, Iowa and New Jersey referrals from other agencies to family preservation are screened by the child welfare agency.

It is important to note, however, that because of the organizational structure of an agency and the way in which status offenders are treated, distinctions between cases referred from a child welfare agency and cases referred from juvenile justice may be ambiguous. For example, cases referred from the juvenile justice agency in Kentucky are status offenders. In New York, status offenders are served by the child welfare agency, which may refer them

for family preservation services. Thus, although the sources of referral may differ from state to state, the types of cases referred may be similar.

One of the site selection criteria for the evaluation is that the program serve predominantly families referred from child welfare. Although most agencies accept referrals from multiple agencies, the types of cases referred may be similar. The inter-relationship between referral sources and case characteristics will have to be explored in greater depth with candidate sites in order to determine optimal procedures for identifying cases for inclusion in the study.

**Exhibit II-2**  
**Referring Agencies by State**  
**(N= 32)**

Child Welfare Only	50% or More Referrals from Child Welfare	Child Welfare Referrals Less Than 50%
Arizona Connecticut Georgia Ohio-Cuyahoga Oregon-IFS Oregon-IHS Massachusetts Texas-State Model Utah Washington Wisconsin	Alabama* California-Contra Costa (60%) California-Los Angeles (69%) California-Solano (60%) California-Sacramento Florida-ICCP' (est. 90%) Florida-FB" (est. 90%) Iowa-IFPP (est 80%)' Iowa-FC (est. 80%) Kentucky (69%) Michigan Minnesota Missouri (75 %) New Jersey (64%)' New York North Carolina (81 %) Pennsylvania-Allegheny - Crisis Model Pennsylvania-Allegheny - Long Term Pennsylvania-Philadelphia Tennessee (50%)	New Hampshire (40%)
11	20	1

\*Other agency referrals are screened by child welfare.

\*\*Juvenile justice and mental health clients will be added shortly.

### 3. Referral Practices

In examining the way in which cases are referred to family preservation, we explored three issues:

- **Definition of Imminent Risk:** When family preservation programs first emerged, they had an explicit goal of serving families who were at “imminent risk” of having a child placed in foster care.
- **Decision-making:** Decisions regarding referral for family preservation and the related determination of whether or not a case is at “imminent risk” typically begin with the CPS investigator or other child welfare agency staff who initially assess the family. The question explored in this program review was whether or not there were additional review procedures in place that examined the appropriateness of worker referrals (especially as it pertains to meeting imminent risk criteria).
- **Exclusion Criteria:** Although all programs will exclude cases in which the danger to a child’s safety is too great, many programs also have criteria for excluding cases that they believe are not likely to benefit from family preservation services. This review explored the types of cases typically excluded from referral to family preservation programs.

The findings in each of these areas are discussed below.

#### a. Definition of Imminent Risk

Recent evaluations of family preservation programs have questioned whether the cases referred to family preservation were at risk of imminent placement. In many instances, the cases appeared to have serious, multiple problems which might eventually lead to foster care placement or further abuse or neglect; however, it did not appear that placement would have occurred immediately in these cases, in the absence of family preservation services.’<sup>9</sup> Data for the evaluations conducted in California, Illinois and New Jersey indicated relatively low

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<sup>8</sup>Schuerman, John et al. Puttinu Families First: An Experiment in Family Preservation, Aldine de Gruyter, New York, 1994.

<sup>9</sup>Kaye, Elyse and Bell, James. Evaluation Design, Evaluability Assessment of Family Preservation Programs, 1993.

placement rates for the control groups, as well as for the experimental groups. The control group placements rates were 20, 17 and 57 percent, respectively.<sup>10 11 12</sup>

Child welfare agencies and family preservation programs have been struggling to address this issue. Some programs have abandoned the use of the term, requiring only that cases referred have serious problems which cannot be addressed by less intensive services. In other instances, programs have an “imminent risk” criterion, but no definition is established to guide worker decisions about whether or not a case meets the criterion. Still other programs attempt to guide the worker by having the worker complete a risk assessment scale. These scales, however, generally assess the risk of danger and other serious problems to the child rather than the likelihood of placement, including such factors as a history of abuse and neglect and parental motivation to change (see Schuerman and Rossi, January 1994).<sup>13</sup>

Finally, some programs have attempted to provide a time limit during which placement would be expected to occur (e.g., a child will be placed in five days if family preservation services are not provided). Although this approach to defining imminent risk appears to address the issue of likelihood of placement, workers may have difficulty operationalizing this criterion. In essence, a CPS investigator or other worker with authority to seek placement, can decide at a given time whether or not to seek placement based on the information available to them at that time. It is almost impossible to ask a worker to predict what actions

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<sup>10</sup>Yuan, Ying Ying T. Evaluation of AB 1562 In-Home Care Demonstration Projects, Volumes I and II, Walter R. McDonald and Associates, Inc., Sacramento, CA, 1990.

“Schuerman et. al.

<sup>12</sup> Feldman, Leonard. Evaluating the Impact of Family Preservation Services in New Jersey. New Jersey: Bureau of Research, Evaluation and Quality Assurance, 199 1.

<sup>13</sup>Rossi, Peter H., Schuerman, John R., Budde, Stephen. Understanding Child Placement Decisions and Those Who Make Them. Final Report for grant number 90CW1081 from the Children’s Bureau, Administration for Children, Youth, and Families. January 1994.

might be taken at a later date when more information may be available. Nevertheless, programs that have established such a criterion, at least appear to be reinforcing the concept that probable placement is an essential criterion in the decision-making process.

Exhibit II-3 provides a list of the programs employing each of the definitions described above. As noted in this Exhibit, five programs do not require that a case be at imminent risk of foster care placement in order to receive family preservation services. In the long-term programs in Iowa and Oregon and in the programs in Los Angeles and San Diego, California, there has been a specific decision not to employ this criterion.

**Exhibit II-3**  
**Definition of Imminent Risk**  
**(N= 37)**

Not a Criterion (N= 5)	Criterion, But No Definition (N= 91)	Criterion Worker Decision Using Risk Assessment Tool (N= 121)	Defined By Time Before Placement Occurs (N= 11)
California-Los Angeles California-San Diego Iowa-FC Oregon-IFS New Hampshire-LT	California-Contra Costa California-Solano Florida-FB Florida-ICCP' Iowa-IFPP Connecticut North Carolina New Hampshire-Crisis Texas-Statewide Mode	Arizona California-Sacramento Colorado-Model A Colorado-Model B Kentucky-Jefferson County Ohio-Cuyahoga Ohio-Franklin/Crisis <b>Ohio-Franklin/HB</b> Oregon-IHS <b>Pennsylvania-Philadelphia</b> Utah Wisconsin	Alabama-(5 days) Georgia (14 days) Michigan (3 days) Minnesota-Hennepin County (3 days) Missouri (3 days) New Jersey (3 days) New York (7 days) Pennsylvania-ACR (2 days) Pennsylvania-ALT (2 days) Tennessee (5 days) Washington (3 days)
Data not available for Massachusetts. 'In Hillsborough County, defined by time before placement occurs (1 day).			

Nine programs indicated that imminent risk was a referral criterion, but these programs had not developed a definition of imminent risk. Of these nine, **North Carolina had recently**

reorganized its family preservation program and may be developing a definition in the near future. Texas also indicated that it was planning to improve consistency in the implementation of the state model across regions and may eventually develop such a definition. In Florida, Hillsborough County has developed its own definition.

Twelve programs do not define imminent risk, but expect that workers will make that judgment based on the findings of a uniform risk assessment protocol. However, only Utah described using the scale to establish a specific referral criterion. Families must score four or five (on scale of one to five) to be referred for family preservation services. All other programs indicate that the risk assessment protocol is used to guide worker decisions regarding referral.

For the 11 programs that defined imminent risk as a specified number of days before placement occurs, the time periods identified ranged from 3 to 14 days. Most programs cited a two- to five-day time period, with five programs citing a three-day period. Georgia was the only program using a 14-day time frame.

For programs that have imminent risk as a criterion, the lack of a clear definition that workers can operationalize suggests that programs are likely to serve families who may or may not have otherwise experienced a foster care placement. Since placement in foster care is a key outcome variable in the evaluation, these findings may pose problems that will need to be addressed in the evaluation design and selection of candidate sites.

#### **b. Decision-making**

The process used to decide which cases are referred for family preservation services will also affect the likelihood that such cases are at imminent risk of placement. The initial decision to refer a case for family preservation services is made by a CPS investigator or other

worker making an assessment of the problem. In some programs, workers may refer cases directly to the family preservation program. In others, a supervisor may need to approve the referral; however, it is unclear **if this approval involves a detailed review of the appropriateness of the referral or simply a perfunctory sign-off procedure.** Some programs also may require a more formal review process involving other parties less intimately involved in the case to determine if the case meets program criteria.

A second level of review typically occurs after the family preservation worker has made an initial assessment of the family. The secondary review from the family preservation program tends to focus on whether child safety issues have been adequately assessed and whether there is at least one caretaker who is able to accept services. This review seldom involves a determination of whether the family is at imminent risk of placement. (One exception to this appears to be in Missouri, where program statistics indicate that some cases were rejected because they did not meet imminent risk criteria.)

The decision-making process used by the child welfare agency in each of the programs studied is described in Exhibit II-4. As noted in this Exhibit, 13 programs indicated that workers may refer cases directly to family preservation without further screening and 8 indicated that cases were referred after a supervisory review. Eleven programs had some other system in place. The most frequent approach was some type of review committee or monitoring team. Both Solano County and Contra Costa County in California; Cuyahoga County, Ohio; and Utah established screening committees to review referrals. Also, two counties in Washington experimented with formal review committees, but these procedures were not established on a permanent basis. Colorado plans to establish monitoring teams to review referrals for both of its programs. Similarly, Iowa has established regional Clinical

Assessment and Consultation Teams that receive referrals from all county offices and determine whether or not family preservation services are needed.

In Franklin County, Ohio, referrals to both programs are reviewed jointly by the CPS investigator and the supervisor of a planning unit. New Jersey trains screeners to review referrals in each county. Typically, screeners are child welfare agency staff members; however, in three jurisdictions a screener is part of the provider's staff.

**Exhibit II-4  
Decision-Making Process  
(N= 34)**

Worker Referral (N= 13)	Supervisory Review (N= 8)	Other Review Process (N= 13)
<b>California-Los Angeles</b> Connecticut Florida-ICCP Florida-FB Georgia North Carolina Oregon-IFS Oregon-IHS Pennsylvania-All Crisis Pennsylvania-All Long Term Pennsylvania-Philadelphia Wisconsin	Alabama Arizona California-Sacramento Kentucky Michigan Minnesota Missouri Washington	California-Contra Costa California-Solano Colorado-Model A Colorado-Model B <b>Iowa-IFPP</b> Iowa-FC New Hampshire New Jersey Ohio-Cuyahoga Ohio-Franklin-Crisis Ohio-Franklin/HB Tennessee Utah
Varies by program: Massachusetts, New York and Texas. No Information: California-San Diego.		

Although it is not possible to determine the precise relationship between the existence of a referral review process and the application of existing imminent risk criteria, it is plausible to assume that programs with external review procedures (beyond an investigative worker and supervisor) are more likely to refer cases that meet existing criteria for imminent risk of placement. We will seek more detailed information on the nature and extent of existing

review procedures, and explore the feasibility of establishing additional review procedures for the evaluation with potential sites.

c. Exclusion Criteria

Some of the earliest family preservation programs excluded cases with certain characteristics. Most frequently, families in which the caretaker had a serious substance abuse problem, mental illness or other incapacity that severely limited to their ability to cooperate with a family preservation worker were excluded. In addition, families in which the caretaker was completely unwilling to accept family preservation services were also typically excluded.

As family preservation programs were implemented in more jurisdictions, particularly in major urban centers, the effects of such exclusion criteria were re-examined. In particular, there was a high correlation between serious substance abuse and cases at imminent risk of placement. Child welfare administrators would informally comment that programs with major exclusion criteria, especially criteria relating to substance abuse, would not serve the population that was most likely to be at risk of imminent placement. As a result, programs began to modify their criteria by more narrowly defining the types of cases to be excluded (e.g., chronic substance abusers who refuse to enter treatment) or abolishing such criteria entirely.

The programs reviewed for this study were asked to identify whether or not there were any exclusion criteria used to screen referrals to their program and, if so, to describe them. Twelve programs had no exclusion criteria (Colorado-both programs; Georgia; Iowa-both programs; New Hampshire-both programs; New Jersey; North Carolina; Franklin County, Ohio-both programs; and Utah.

The four most frequently cited exclusion criteria were sexual abuse, when the perpetrator has not left the home; substance abuse, when the caretaker refuses treatment; mental illness/mental retardation, when a caretaker is not taking prescribed medication or is actively psychotic; and family refusal of services. Within each category, programs varied in their exact statements of the criteria. For example, Sacramento, California excludes all sexual abuse cases and Minnesota excludes serious sexual abuse cases, whereas eight of the states listed exclude a sexual abuse case only if the perpetrator is still in the home. Los Angeles excludes if the perpetrator still has access to the child.

Similarly, six programs exclude substance abusers who are not receiving treatment (Arizona, Florida-both programs, Michigan, Minnesota, and Missouri-St. Louis only). In Cuyahoga County, Ohio, cases are not accepted until the caretaker completes treatment or has made substantial progress. Only Wisconsin indicated that it would not serve substance abusers.

Nine programs specifically cited lack of a caretaker willing to participate in the program as a reason for exclusion. Programs may also vary in the threshold applied for determining when a caretaker is unwilling to participate. For some, unwillingness may mean that the family is not motivated, while for others it means that the family indicated they preferred a child be placed in care or that they refused the worker entry into their home.

In addition to these major criteria, other exclusion criteria identified by more than one program included the following: homelessness (Solano and Contra Costa counties, California and Michigan); juvenile delinquency (Philadelphia, Pennsylvania and Tennessee); serious physical abuse (San Diego, California and Michigan); and domestic violence (Michigan and Suffolk County, New York).

Overall, family preservation programs appear to set few limits on the types of cases that they will accept. However, lack of categorical exclusion criteria does not mean that a cases cannot be screened out on an individual basis. Nevertheless, it does not appear that large numbers of families who may be at risk of experiencing placement are routinely excluded from services.

#### **4. Program Maturity**

The earliest family preservation programs were developed in 1974. Homebuilders started in Washington with funding from Catholic Community Services and the National Institute for Mental Health for the purpose of providing an alternative to psychiatric hospitalization for adolescents. In Iowa, Families, Inc. was originated to serve children who had been referred for residential care. Both of these programs have been modified over time. The Homebuilders model, currently implemented by Behavioral Sciences Institute, began in 1982. Iowa's current Iowa Family Preservation Program began in 1987.

Family preservation programs proliferated in the 1980s. Four programs (Florida-ICCP, Texas, Oregon-IFS and Utah) began in 1982, and Solano County, California began in 1983. Kentucky, both programs in New Hampshire and North Carolina began operating in 1985. Eleven programs began between 1987 and 1989 (Alabama, Arizona, California-CC, Connecticut, Michigan, Missouri, New Jersey, New York, Ohio-FCCR, Pennsylvania-ACR and Tennessee). Of the remaining programs, 15 began in the 1990's, and 2 began at various times as different providers within a state were identified.

Some of the later programs also have been modified over time. In addition, the development of specific county programs within a state sometimes has occurred over several

years. For example, although Texas began family preservation services in 1982, the programs in Harris, Dallas, and Bexar counties were initiated in 1984, 1987 and 1993 respectively.

When programs are in their early stages of development, they are likely to still be experimenting with the treatment intervention. Moreover, it takes time to iron out operational problems and ensure that the program is actually being implemented as intended. If an outcome evaluation is conducted during the early stages of program development, there will be considerable inconsistencies in the treatment intervention. The existence of 21 programs that have been in operation for at least five years will simplify the site selection process for this evaluation.

#### 5. Service Providers

Family preservation programs are operated by both public and private agencies. In 25 programs, all services are provided by private agencies. In three programs, services are provided directly by the public child welfare agency only (Alabama; California-Sacramento; and Ohio-FCCR). Of the ten programs using a combination of public and private providers (California, San Diego; Colorado-Models A and B; Iowa-FCS; Minnesota; Missouri; New York; Texas<sup>14</sup>; Utah; and Wisconsin), New York relies primarily on private providers and Utah relies primarily on the public agency to directly deliver services.

Whether services are provided by private or by public agencies is not of concern for site selection purposes; however, the number of agencies delivering services in a defined program may affect the consistency of the service intervention. A large number of agencies will also complicate the processes of securing cooperation among all parties and collecting data.

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<sup>14</sup>Harris and Bexar counties, Texas use county providers only.

## 6. Program Statistics

Programs were asked to provide information on their annual rates of child abuse and neglect allegations, foster care entry and family preservation program entry. Programs were also asked whether they were operating at full capacity, had a backlog or waiting list of cases, or had vacancies in their program. These data were important for three reasons. First, a program had to be of sufficient size to permit an adequate sample to be drawn within a 12-month period (preferably 250 families served per year in the family preservation program). Second, in a random assignment experiment, some families who are otherwise eligible for services will be assigned to a control group. If the program cannot currently serve all eligible families, then establishing a control group is less problematic since all families would not have received the service even if the evaluation was not in effect. Thus, programs that have a backlog of families or turn families away are more likely candidates for evaluation.

Finally, there is a possibility that current referral practices may be modified to ensure that the families referred for service during the evaluation are at imminent risk of foster care placement. Under these circumstances, it is not possible to determine whether or not the program will be able to serve all families referred or whether there will be more families eligible than program space permits. However, higher ratios of foster care entry rates to family preservation slots increase the likelihood that a control group can be established without denying services to eligible families.

Most programs that could provide information on whether they operated at full capacity, indicated that they were at capacity. The exceptions were Michigan and Hennepin County, Minnesota. Sites were generally unable to identify whether there was a case backlog, since family preservation programs do not keep waiting lists (presumably families require immediate service to prevent placement). Only Missouri, New Jersey, and North

Carolina provided data on cases turned away due to lack of space. In Missouri, 34 percent of the cases referred were rejected due to lack of space statewide. In New Jersey, the rejection rate due to lack of space was 37.4 percent, and in North Carolina it was 7 percent.

Unfortunately, the availability of consistent statistical data was limited, and a final determination of the most promising sites cannot yet be made. However, it was possible to eliminate some programs from further consideration because available information on the number of families receiving family preservation services indicated that it would not be possible to meet minimum sample size requirements, even if counties providing the same service intervention were combined. The programs included Connecticut, New Hampshire, both programs in Franklin County, Ohio, and both programs in Allegheny County, Pennsylvania.

PLACEMENT PREVENTION PROGRAMS

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
<p>1. Alabama (AL)</p> <p>1989</p>	<p>Family Options is a state model. Caseload Sue: 2 families per worker. Service Duation: 4-6 weeks.</p> <p>Data are provided for the three largest counties: Montgomery, Jefferson, and Madison.</p>	<p>Most cases are Child Welfare, but court may refer cases originating in Juvenile Justice or Mental Health.</p>	<p><b>Imminent Risk:</b> Defined by time before placement occurs (five days).</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Sex abuse cases with perp. in home and cases with mentally ill caretakers.</p> <p><b>Pop. Served:</b> Jefferson County reported that it tended to serve single-parent families.</p>	<p>Number in care last quarter FY 94:</p> <p><b>Montgomery:</b> 181</p> <p>Jefferson: 596</p> <p>Madison: 283</p>	<p>FY 94:</p> <p>Montgomery: 70 (last quarter)</p> <p>Jefferson: 2,587</p> <p>Madison: 240 (last quarter)</p>	<p>In FY 94</p> <p>Montgomery: 75 children served.</p> <p>Jefferson: 55 families served.</p> <p>Both Montgomery and Jefferson programs are operating at capacity.</p>	<p><u>Public</u></p> <p>7 divisions of child welfare agency statewide.</p>
<p>2. Arizona (AZ)</p> <p>1989</p>	<p>Arizona Family Preservation Services (AFPS) is a state model. There is some variation among providers.</p> <p>Caseload Size: 6 families per 2 person team.</p> <p>Service Duration: 6-8 weeks with a possible extension of 4 weeks.</p> <p>Data are provided for Tucson. There are two providers in Tucson -- one follows the state model, the other: 2 families per worker; 4 weeks of service.</p>	<p>Child Welfare</p>	<p><b>Imminent Risk:</b> Worker decision using risk assessment tool.</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Substance abusers unwilling to get treatment; caretakers with psychotic behavior; or severely retarded parent.</p> <p><b>Pop. Served:</b> In 1993, 67% were under age 10 (statewide).</p>	<p>Not provided.</p>	<p>Not provided.</p>	<p>Statewide In 1993, 195 families</p> <p>Tucson 69 families served.</p> <p>Unknown if program operates at capacity.</p>	<p><u>Private</u></p> <p>Statewide there are 9 providers. Tucson has 2 providers.</p>

37

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
California Counties design their own programs.							
3. Contra Costa County (CA-CC) 1988	Families First  Caseload Size: 2-3 families per worker.  Service Duration: 4-6 weeks.	Child Welfare (60%) and Probation (40%)  Under a separate contract, mental health.	Imminent Risk: Criterion, but no definition.  Decision Making: Review committee screens worker referrals.  <b>Exclusions:</b> Death caused by a parent; homeless families; psychotics who refuse medication; and sexual abuse if perp. (other than sibling) is still in home.	Number of foster care cases opened in FY 94  <b>Contra Costa:</b> Child Welfare 589 Juvenile Justice 185	Not provided	The main program served 78 families in 1994.  The mental health component serves 15-20 families/year.  The program operates at capacity.	Private 1 provider serves both Contra Costa and Solano Counties.
4. Los Angeles (CA-LA)  1991	Networks led by different community agencies serve particular communities providing services and referrals. Sponsored by Child Welfare and Probation. Citizens advisory committee oversees program operation.  Caseload Size: 5-8 families per worker.  Service Duration: 12-52 weeks with service reauthorization every 12 weeks. Services can be extended beyond 52 weeks with Deputy Dir. approval.	Child Welfare (66%) and Probation (33%)	Imminent Risk: Not a criterion.  Decision Making: Worker referral.  <b>Exclusions:</b> Sex offenders with access to children; and unwilling families.	Number of foster care cases opened in FY 94  Child Welfare 11,881 Juvenile Justice 1,478.	Not provided	Approx. 7,000 families since 1993 (two-thirds = FPS, one-third = reunification)  Unknown if program operates at capacity.	<u>Private</u> There are 18 family preservation programs. 15 are provided through community networks, and 3 are special programs for black and latino families.

69

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Poster Care	A/N Reports	FP Program	
5. Sacramento (CA-SA)  1991	<p><b>Caseload Size:</b> 8-10 families per 2 person team.</p> <p><b>Service Duration:</b> 12 weeks with possible extensions.</p>	Child Welfare; 1% of referrals originate from Mental Health. Program is required to accept 200 female Juvenile Justice referrals per year.	<p><b>Imminent Risk:</b> Worker decision using risk assessment tool.</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Sex abuse cases.</p> <p><b>Pop. Served:</b> Average age of parent is 31 years, average age of child is 6 years. Most clients are poor and live in urban areas (the highest poverty areas in the city).</p>	In FY 94 3,000 children in foster care;  663 children entered foster care.	Averages 3,000 reports per month. County responds to approx. 500 per month.	Director estimated approximately 65 cases are accepted each month. Program operates at capacity.	<u>Public</u> 1 division, comprising four units in child welfare agency.
6. San Diego (CA-SD)  1991	<p>Model is flexible to meet the needs of the family.</p> <p><b>Caseload Size:</b> 4 families per worker; some cases are teamed.</p> <p><b>Service Duration:</b> Varies from 2 weeks to 12 weeks. Extensions are permissible up to 36 weeks.</p>	Child Welfare, Juvenile Justice, Courts, Developmental Disabilities, Mental Retardation, Mental Health, and residential care).	<p><b>Imminent Risk:</b> Not a criteria</p> <p><b>Decision Making:</b> Varies by the referral source.</p> <p><b>Exclusions:</b> Psychotic parents; parents with IQs below 70; sadistic abuse; or cases involving serious blows to head, burns, or bone breaks.</p>	FY 94 Average monthly foster care census 5,481  Average of 2,400 entered care each month.	The county averaged 6,390 reports per month in 1994.	During November 1994: 49 cases referred, 23 were rejected, and 19 were opened.  Program operates at capacity.  230 families in 1994.	<u>Public and Private</u> 1 unit in child welfare agency and private provider.
7. Solano County (CA-SO) 1983	<p>Families First</p> <p>Caseload Size: 2-3 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	Child Welfare (60%) and Probation 40%)	<p><b>Imminent Riik:</b> Criterion, but no definition</p> <p><b>Decision Making:</b> Review committee screens worker referrals.</p> <p><b>Exclusions:</b> Death caused by a parent; homeless families; psychotics who refuse medication; and sexual abuse if perp. (other than sibling) is still in home.</p>	Child Welfare 148 Juvenile Justice 152	Not provided	The program served 92 families in 1994. The program operates at capacity.	<u>Private</u> 1 provider serves both Contra Costa and Solano Counties.

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Colorado State has a new service continuum which defines two state models.							
8. Intensive Home-Base Model A (CO-A)  1994	State model  <b>Caseload Size:</b> 2 families per worker.  <b>Service Duration:</b> 4-6 weeks.	Currently only Child Welfare refers cases. But, the division will soon be merged with Mental Health and Juvenile Justice. At that point referrals will come from all three.	<b>Imminent Risk:</b> Worker decision using a risk assessment tool.  <b>Decision Making:</b> All referrals for intensive home-based services go through a monitoring team.  <b>Exclusions:</b> No exclusions.	Not requested at this time.	Not requested at this time.	Program too new to have statistics.  Unknown if program operates at capacity.	<u>Mixture of public and private</u>
9. Intensive Home-Based Model B (CO-B)  1994	State model  <b>Caseload Size:</b> 8-10 families per worker.  <b>Service Duration:</b> Up to 36 weeks.	Same as above.	Same as above.	Not requested at this time.	Not requested at this time.	Same as above.	<u>Mixture of public and private</u>

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
<p>10. Connecticut (CT)</p> <p>1988</p>	<p>State model</p> <p><b>Caseload Size:</b> 4 families per worker.</p> <p><b>Service Duration:</b> 6-12 weeks.</p> <p>Data are provided for the Hartford area and N.E. Connecticut.</p> <p><i>There are also some special programs through Yale University. The university has one regular IFP contract and several small programs serving special populations.</i></p> <p><b>Caseload size:</b> 5 families per 2 person team.</p> <p><b>Service Duration:</b> 12 weeks.</p>	<p>Child Welfare</p>	<p>Imminent Risk: Criteria, but no definition.</p> <p>Decision Making: Worker referral</p> <p>Exclusions: Sex abuse cases with the perpetrator in the home; unwilling families.</p> <p>POP. served: <i>Yale programs serve: HIV families; children of parents with mental illness; cocaine users (pregnant and new mothers); homeless shelter residents.</i></p>	<p>Not requested at this time.</p>	<p>Not requested at this time.</p>	<p>FY 94 Over 540 families statewide</p> <p>Hartford area 120-130 families per year</p> <p>N.E. CT 55 families per year</p> <p>Both programs operate at capacity.</p> <p>In 1993, Yale's IFP program served 96 families. Unknown if it operates at capacity.</p>	<p>Private</p> <p>11 providers across the state.</p>

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Florida State has two statewide family preservation models. There may be some variation by District. Data are provided for Hillsborough County.							
11. Intensive Crisis Counseling Program (FL-ICCP)  1982	Caseload Size: 2-4 families per worker.  Service Duration: 4-6 weeks.  Hillsborough County (Tampa) describes model as using 2 person teams serving 6 families per team and allowing 2 week extension to service duration.	Child Welfare and Juvenile Justice. The state reported that no Juvenile Justice cases have been served.  The county said that 90% of the referrals are Child Welfare.	Imminent Risk: Statewide: required but not defined.  Hillsborough County: Defined by the time before placement occurs (24 hours).  Decision Making: Worker referral.  <b>Exclusions:</b> Drug abusers refusing treatment; unwilling families.  Pop. Served: According to the state, ICCP serves older children.	In Dec 1994, Hillsborough: 1,075 children in foster care;  423 entered care.	Hillsborough: Not provided.	FY 94 Statewide 2,418 families served.  Hillsborough July 1-Dee 31, 1994 112 served.  Unknown if operates at capacity.	<u>Private</u> In Hillsborough the sole provider is Northside Mental Health Hospital.
12. Family Builders (FL-FBI)  1990	<b>Caseload Size:</b> 4-6 families per 2 person teams of professional/para-professional.  <b>Service Duration:</b> 12-16 weeks.	Same as above.	Imminent Risk: Criteria, but no definition.  <b>Decision Making:</b> Worker referral.  <b>Exclusions:</b> Drug abusers refusing treatment; Unwilling families.  Pop. served: Family Builders serves mostly children under age 5.	Same as above.	Same as above.	FY 94 Statewide 1,397 families served.  <b>Hillsborough:</b> July-Dee 1, 1994 86 cases served.  Unknown if the program operates at capacity.	Same as above.
13. Georgia (GA)  1991	Homestead is a state model.  <b>Caseload She:</b> Not defined by state.  <b>Service Duration:</b> 12 weeks.	Child Welfare	Imminent Risk: Defined by time before placement occurs (14 days).  Decision Making: Worker referral.  <b>Exclusions:</b> No exclusions.	In 1993 there were 16,000 children in foster care statewide (monthly avg.)	In 1992 69,920 reports, 50,000 investigated 16,525 confirmed	No statistics are available for Homestead.  Unknown if program operates at capacity.	<u>Private</u>

State Program	Model/Program Description	Referring Agency	Chikl Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Iowa State has two statewide models. Data are provided for Polk County (Des Moines).							
14. Iowa Iowa Family Preservation Program (IA-IFPP)  Original program began in 1974; IFPP started in 1987, statewide in 1990.	State model  Caseload Size: Averages 3.5 families per worker. New legislation will mandate 3 families.  Service Duration: Up to 8 weeks.	Child Welfare (80%), Juvenile Justice, Mental Health and the courts (20%).	<b>Imminent Risk:</b> Criterion is 'immediate or high risk'.  <b>Decision Making:</b> All cases referred to Clinical Assessment and Consultation Team (CACT) to determine appropriateness for FP.  <b>Exclusions:</b> No exclusions.	In FY 94, Polk County: average monthly foster care census 425	In FY 94, Polk County Child abuse/neglect reports 2,097 (3,264 children)  Number substantiated  669 (919 children)	Statewide in FY 94, approx. 2,400 families served in IFPP  Unknown if program operates at capacity.	<u>Mixture of Private and Public</u> 10 private providers (some with several sites).
15. Family Centered Services (IA-FC)  Maturity varies by provider.	Family Centered Services is a statewide program that varies in implementation by provider and site.  <b>Caseload Size:</b> None delimited.  <b>Service Duration:</b> 30 weeks with possible extension of 26 weeks.	As above.	<b>Imminent Risk:</b> Not a criterion.  <b>Decision Making and Exclusions:</b> Same as above.  Pop. served: Serves mostly older children.	Same as above.	Same as above.	Not provided.	<u>Mixture of Private and Public</u> Multiple providers.
16. Kentucky (KY)  1985	State model  <b>Caseload Size:</b> 2 families per worker.  <b>Service Duration:</b> 4-6 weeks (with extensions possible).  DFS workers serve as case managers, carrying caseloads of 30-35 families.  Data are provided for Jefferson County (Louisville)	Child Welfare (69%), remainder are Juvenile Justice and Mental Health.	<b>Imminent Risk:</b> Worker decision. Risk assessment tool used in Jefferson County.  <b>Decision Making:</b> Worker referral/supervisor review.  <b>Exclusions:</b> Sexual abuse if the perpetrator is in the home; and active abusers if that fact is known ahead of time.	December 94, in Jefferson County 950 children were in foster care.  In Jefferson County, 400 cases enter care per quarter.	In Jefferson County there are 525-700 investigations per month (approx. 45% are subst.).	Statewide, in FY 93, 772 families served by FP (1,355 children at risk of removal).  In 1994, Jefferson County served 600 children.  Unknown if program operates at capacity.	<u>Private</u> There are 14 private providers statewide, one provider in Jefferson County.

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
17. Mass. (MA)  1993	State allocates family preservation money to regions. Regions divide money across 26 geographic areas and each area purchases own mix of service.	Child Welfare	<p><b>Imminent Risk:</b> Program specific.</p> <p><b>Decision Making:</b> Program specific.</p> <p><b>Exclusions:</b> Program specific</p> <p>Pep. served: Population differs for each program.</p>	Not requested at this time.	Not requested at this time.	Not requested at this time.	<u>Private</u>
18. Michigan (MI)  1988	<p>Families First is a state model.</p> <p><b>Caseload Size:</b> 2 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	Child Welfare and Juvenile Justice	<p><b>Imminent Risk:</b> Defined by time before placement occurs (placed in 72 hours or have been in placement less than 72 hours).</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Parent is seriously mentally ill; family is homeless; parent is unwilling to get treatment for substance abuse; serious ongoing domestic violence; sexual abuse with the perp still in the home; serious ongoing physical abuse; unwilling family.</p> <p>Pep. served: 1992 evaluation reported that 45% of the children were below school age and 25% of school aged children were at or below 4th grade. In the evaluation group, 73% of the population was African American, 21.1% White, 2.5% Hispanic and 3.4% Other.'</p>	<p>In January 1993, 10,455 children in foster care</p> <p>2,774 children were in the delinquency program.</p>	Not provided.	<p>By March 1993 5,700 total families served; Wayne County - 1,500 referrals to Families First per year.</p> <p>Program operates at 80% capacity.'</p>	<u>Private</u> 47 providers across state; 10 in Wayne County.

44

\*Evaluation of Michigan's Family First Program, Summary of Results, March, 1992.

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
<p>19. Minnesota (MN)</p> <p>1990</p>	<p>Families First is a state model.</p> <p>Caseload Size: 2-3 families per worker.</p> <p>Service Duatbn: 4-6 weeks.</p> <p>Data are provided for Hennepin County.</p> <p>Counties may also have other program models.</p>	<p>Child Welfare (majority), Juvenile Justice, and Mental Health.</p> <p>Hennepin County also reported accepting referrals from Developmental Disabilities, and self referrals.</p>	<p><b>Imminent Risk:</b> Defined by time before placement occurs (3 days).</p> <p>Hennepin County reports using a risk assessment tool and accepting children who have been in placement no more than 5-10 days.</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Substance abusers not seeking treatment or serious sex abuse.</p>	<p>Not requested at this time.</p>	<p>Not requested at this time.</p>	<p>According to the NGA report the program had served 500 families statewide by 1993.<sup>4</sup></p> <p>In Hennepin County, Families First operates at 65 percent capacity; The program is currently serving 49 families.</p>	<p>Mixture of public and private</p> <p>In Hennepin County there are 3 private agencies &amp; 1 unit in the child welfare agency.</p>
<p>20. Missouri (MO)</p> <p>Began in 1988, statewide in 1992.</p> <p>St. Louis began in 1990</p>	<p>Families First is a state model.</p> <p>Caseload <b>Size:</b> 2 families per worker.</p> <p>Service Duatbn: 4-6 weeks with some individual site modifications.</p> <p>Data are provided for Jackson County and St Louis City/County.</p>	<p>Child Welfare (75%). Juvenile Justice, Mental Health</p> <p>Statewide: 75% DFS 25% other</p> <p>St. Louis: 79% DFS 21% other</p> <p>Jackson: 96% DFS 4% court</p>	<p><b>Imminent Risk:</b> Defined by time before placement occurs (72 hours or being in placement 72 hours or less).</p> <p><b>Decision Making:</b> Worker referral/ supervisor review.</p> <p><b>Exclusions:</b> Serious abuse; sexual abuse if perpetrator in home; unwilling family. St. Louis: mentally retarded parents; and substance abusers not in treatment.</p> <p>Pep. served: In FY 94, 39% of the children were under 5 years old, and 74% were under 12 years old.</p> <p>66% of the families were White and 33% were Black.</p>	<p>At the end of FY 94</p> <p>Jackson: 1,641 children in foster care; 449 children entered care</p> <p>St Louis City: 2,950 children in foster care; 879 entered care.</p> <p>St. Louis County: 1,289 children in foster care, 392 children entered care.</p>	<p>FY 94</p> <p>Jackson: 7,230 reports 1,665 subst.</p> <p>st Louis CI: 6,098 reports 1,711 subst.</p> <p>St Louis City: 5,169 reports 1,027 subst.</p>	<p>FY 94 Statewide: 1,397 families<sup>5</sup></p> <p>Jackson: 383 referred 137 accepted</p> <p>St. Louh: <b>City/Cty</b> 5 19 referred 348 accepted</p> <p>FY94 statewide - 34% of cases referred not served due to lack of opening (St. Louis - 9% not served, Jackson - 27% not served)</p>	<p>Mixture of public and private</p> <p>Statewide there are 40 Division staff and 150 contracted staff (35 program sites).</p> <p>In St. Louis, there are 40 specialists in child welfare agency and 4 private providers.</p>

45

<sup>4</sup>Putting Families First, National Governor's Association, 1993.

<sup>5</sup> Missouri Department of Social Services, 'Family Preservation Services Annual Report, FY 1994,' pp. 62-64.

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
New Hampshire State has two statewide models.							
21. Crisis (NH-CR)  1985	Caseload Size: 2-3 families per worker.  Service Duration: 6 weeks.	Serves Child Welfare (40%), Juvenile Justice, Mental Health	<b>Imminent Risk:</b> Criterion, but not defined.  <b>Decision Making:</b> Agencies refer to Child Welfare; court orders service based on Child Welfare referral.  <b>Exclusions:</b> No exclusions.	Not requested at this time.	Not requested at this time.	In FY 93, 5 13 families were served in both state programs.  Between 1/93-8/94, 30 Child Welfare cases were served in both programs.  Unknown if programs operate at capacity.	<u>Private</u> 1 provider with 6 regional offices.
22. Long Term (NH-LT)  1985	Caseload Size: 5 families per worker.  Service Duration: 24 weeks.	Same as above.	<b>Imminent Risk:</b> Not a criterion.  <b>Decision Making and Exclusions:</b> As above.	Not requested at this time.	Not requested at this time.	See above.	Same as above.
23. New Jersey (NJ)  1987	State model  <b>Caseload</b> Size: 2 families per worker.  Service Duration: 4-6 weeks.	Child Welfare (63.5%). Mental Health Crisis Intervention Units (11 %); the courts (10.5%) and other sources (15%).	<b>Imminent Risk:</b> Defined by time before placement occurs (72 hours).  <b>Decision Making:</b> The Support Unit of the Child Welfare Dept. trains screeners. Staff in the district office screened for 11 counties. FPS staff screened the rest.  A Child Welfare caseworker screens referrals from mental health, crisis intervention units, and directly from the courts.  <b>Exclusions:</b> No exclusions.  <b>Pop. served:</b> Program is serving predominantly families with older children.	Not provided.	Not provided.	In FY 93, there were 1,642 referrals statewide, 55.7% of which were served.  The 4 largest counties: Camden - 212 referrals, Essex - 215 referrals, Union - 162, and Monmouth - 144 referrals.  All programs operate at capacity. Appropriate but no slots (% of referrals): Camden 56.146, Essex 49.8%, Union 43.2%, Monmouth 20.1%.	<u>Private</u> 12 providers in 14 of 21 counties. RFP for other counties.

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
24. New York (NY)  1988  Erie 1992  Monroe 1992  Suffolk 1993	State model, varies slightly in implementation by county.  Caseload She: 2-4 families per worker.  Service Duatbn: 4 weeks (4 week extension possible).  Model implementation varies somewhat by county. Data are provided for Erie, Monroe, and Suffolk Counties	Primarily, Child Welfare, but it varies by county.	Imminent Risk: Defined by time before placement occurs (7 days).  Decision Making: Varies by referral source.  Exclusions: No exclusions statewide. Erie County: Substance abuse, unless parent has completed treatment; families at low risk of placement. Suffolk County excludes domestic violence and unwilling parents.  Pop. served: In Erie County, two providers serve special pop. (i.e. Native American and African American families).  Suffolk serves primarily older children because they accept voluntary placements.	In FY 93 <b>Erie:</b> 2,161 were in foster care; 839 entered care.  Monroe: 1,156 children in foster care; 617 entered care.  Suffolk: 782 children in foster care; 453 entered care.	In FY 93, <b>Erie:</b> 8,229 abuse/neglect reports; 1,882 indicated.  <b>Monroe:</b> 5,555 abuse/neglect reports; 1,050 indicated.  Suffolk: 9,267 abuse/neglect reports; 2,681 indicated.	In FY 94 <b>Erie:</b> 240 families.  <b>Monroe:</b> 100 families  Suffolk: 100 families  All programs operate at capacity.	Mixture of public and private (mostly private providers).  24 providers statewide.  <b>Erie:</b> 3 private providers.  <b>Monroe:</b> 1 private provider.  Suffolk: 1 private provider.
25. North Carolina (NC)  1985, recently reorganized	State Model  Caseload Size: 2-4 families per worker.  Service Duatbn: 6 weeks.	Child Welfare (81%), Mental Health (10.4%), and Juvenile Justice (8.7%).	Imminent Risk: Criterion, but no definition. (Definition being developed.)  Decision Making: Worker referral.  <b>Exclusions:</b> No exclusions.  Pop. served: Children 0-17 Years old. FY 94 Annual Report stated that 30% of the children served were under 5 years old and 65% were under 12 years.  60% of the children were White, 30% were African American, 5% were multi-racial and 4% were Native American.	Not requested at this time.	Not requested at this time.	FY 94 486 families were served; 791 children were served.  Programs operate at capacity. In FY94, 38 eligible families (7%) were not served due to program capacity.	<u>Private</u> 16 recognized providers serving 35 counties.

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Ohio							
26. Cuyahoga (OH-CU)  Reorganized in 1994	County model  <b>Caseload Size:</b> 2 families per worker or 3 families for a 2 person team.  <b>Service Duration:</b> 6 weeks.	Child Welfare	<b>Imminent Risk:</b> Workers decision using risk assessment tool.  <b>Decision Making:</b> Worker referral, then case review (senior staff, worker, and agency representative).  <b>Exclusions:</b> Chronic mentally ill; mentally retarded; and substance abusers until treatment completed or substantial progress made.  <b>Pop. served:</b> Children 0-17 years old.	In FY 94, 1,623 children in specialized foster care 904 relative foster care 936 foster homes.	In FY 94 12,846 child abuse/neglect reports 3,050 subst.	FY 94 the program served 404 families.  Program operates near capacity.	<u>Mixture of Private and public</u> 6 private providers
Franklin County County has two county-wide models.							
27. Crisis Intervention Services (OH-FCCR)  1988	<b>Caseload Size:</b> 5 families per worker.  <b>Service Duration:</b> 4-6 weeks.	Child Welfare, Juvenile Court, Mental Health	<b>Imminent Risk:</b> Worker decision using a risk assessment tool.  <b>Decision Making:</b> Worker referral/ supervisor review.  <b>Exclusions:</b> No exclusion criteria.  <b>Pop. served:</b> Tends to be unruly, delinquent older children in families with little or no history with child welfare agency.	In FY 94, (as of December) 1,700 children in foster care; 947 entered care.	In FY 94 11,506 investigations	In FY 94, 150 families served.  Unknown if program operates at capacity.	<u>Public</u> 8 county workers
28. Intensive Home-Based Services (OH-FCHB)  1991	<b>Caseload Size:</b> 3-4 families per team.  <b>Service Duration:</b> 12 weeks.	Same as above.	Same as above for imminent risk, decision making and exclusions.  <b>Pop. served:</b> Tends to be younger children in families with extensive history with child welfare agency.	Same as above.	Same as above.	In FY 94, 60-75 families served.  Unknown if program operates at capacity.	<u>Private</u> 5 providers

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Oregon State has two statewide models. Data are provided for Multnomah County, as indicated.							
29. intensive Family Services (OR-IFS) 1982	<b>Caseload Size:</b> 1 O-I 1 families per worker.  <b>Service Duration:</b> 12 weeks, except 16 weeks in Multnomah co..	Child Welfare	<b>Imminent Risk:</b> Not a criterion.  <b>Decision Making:</b> Worker referrals.  <b>Exclusions:</b> Families who refuse services.	Not provided.	Not provided.	In Multnomah County; 450 cases served per year.	<u>Private</u>
30. Intensive Home-Based Services (OR-IHS) 1994	<b>Caseload Size:</b> 2 families par worker.  <b>Service Duration:</b> 4-6 weeks.	Child Welfare	<b>Imminent Risk:</b> Referring worker has determined that placement <u>will</u> occur.  <b>Decisiin Making:</b> Worker referral  <b>Exclusions:</b> Sexual abuse cases.  <b>Pop. served:</b> One provider serves children 0-6 years old from only low income, African- American families.	Not provided.	Not provided.	In FY 94 47 families were served by one provider in Multnomah County.  Program operates at capacity.	<u>Private</u> Except in rural areas where CSD may provide services.
Pennsylvania County administered state that has basic guidelines for an intensive family preservation program. Two program models are presented for Allegheny County and one for Philadelphia.							
3 1. Allegheny - Crisis (PA-ACR) 1989	<b>Caseload Size:</b> 3 families par worker.  <b>Service Duration:</b> 4-6 weeks.	Child Welfare (majority), Juvenile Justice and Mental Health	<b>Imminent Risk:</b> Defined by time before placement occurs (24-48 hours).  <b>Decisiin Making:</b> Worker referral.  <b>Exclusions:</b> Cases of parent-child conflict.	Not requested at this time.	Not requested at this time.	In FY 94 500 families were served by both programs.  Programs are operating at capacity.	<u>Private</u> Ten providers.
32. Allegheny-Long Term (PA-ALT) 1991	<b>Caseload Size:</b> 3 families per worker.  <b>Service Duration:</b> 12 weeks.	Same as above.	Same as above.	Not requested at this time.	Not requested at this time.	See above.	<u>Private</u> 10 providers.

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	Statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
<p>33. Philadelphia (PA-PHM)</p> <p>1990</p>	<p>Caseload size: 2-4 families per worker.</p> <p><b>Service Duration:</b> 12 weeks</p>	<p>Child Welfare, Mental Health and Juvenile Justice.</p>	<p><b>Imminent Risk:</b> Worker decision using a risk assessment tool.</p> <p><b>Decision Making:</b> Worker referral.</p> <p><b>Exclusions:</b> Delinquent children; sex abuse if perp is at home; and unwilling families. It usually excludes actively psychotic caretakers.</p> <p><b>Pep. Served:</b> Age group criteria varies based on program.</p>	<p>pt. in time: 8,000 children in care</p>	<p>1,100 - 1,200 CPS reports per month.</p> <p>Approx. 40% subst. (CPS 500-600)</p>	<p>375 families There is a waiting list for status offenders.</p> <p>Program operates at or near capacity.</p>	<p><u>Private</u> 5 providers.</p>
<p>34. Tennessee (TN)</p> <p>1989</p>	<p>Home Ties is a state model</p> <p>Caseload size: 2 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p> <p>Data provided for Shelby County</p>	<p>Child Welfare (49.7%), Mental Health/Mental Retardation (22.4%), Youth Corrections (12.5%), Comm. Health Agencies (6.9%) Other 8.5%</p>	<p><b>Imminent Risk:</b> Defined by time before placement occurs (5 days). Worker decision using a risk assessment tool.</p> <p><b>Decision Making:</b> Child Welfare worker referral. All other cases must go through Child Welfare for screening.</p> <p><b>Exclusions:</b> Sexual abuse in which perp. in home; youth convicted of serious crimes; unwilling family.</p> <p><b>Pop. Served:</b> Program originated in Juvenile Justice so it has primarily served older children since '92.</p>	<p>Not provided.</p>	<p>12/93: 892 referrals 773 accepted for investigation</p>	<p>3 largest counties 990 families 1994.</p> <p>In Shelby County, 378 families (includes reunification) Program operates at capacity.</p>	<p>Private 5 providers.</p> <p>1 in Shelby County.</p>

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
Texas State has a statewide model (data provided for Dallas, Harris and Bexar counties) which varies somewhat in implementation by District. Several of the larger counties have other models as well.							
35. Statewide (TX) 1982 Dallas 1987 Harris 1984 Bexar 1993	<p>State model</p> <p>Caseload Sue: 6 families per worker.</p> <p>Service Duration: 12 weeks (possible extension to 16 weeks).</p> <p>Bexar County has a service duration of 12-32 weeks.</p> <p>In addition the the state model, individual counties may also have other program models.</p>	Child Welfare	<p><b>Imminent Risk:</b> Criteria, but no definition. Bexar County workers use a risk assessment tool.</p> <p><b>Decision Making:</b> Dallas and Harris have worker referral/supervisor review.</p> <p>Bexar accepts worker referrals.</p> <p><b>Exclusions:</b> Sexual abuse (all Dallas and Harris) with perp. in home; drug abusers not in treatment; severely retarded and mentally ill caretakers.</p> <p>Dallas and Harris exclude completely sexual abuse cases.</p>	<p>Dallas: 95 children enter each month. In December 94, 1,028 children in foster care.</p> <p>Harris: In 12/31/93, 3,801 children were in placement;</p> <p>Bexar: Not provided.</p>	<p>Dallas: In FY 93, 12,632 investigations completed.</p> <p>Harris: In FY 93 13,607 child abuse/neglect reports.</p> <p>Bexar: In FY 93 17,614 children received protective services.</p>	<p>FY 94 statewide, 1,200-1,400 were served through CPS and Mental Health Programs.</p> <p>Dallas: In FY 94 approx. 240 families served.</p> <p>Harris: Between 140-1 68 families per year.</p> <p><b>Bexar:</b> In FY 94 40 families served.</p> <p>Programs operate at or near capacity. Bexar is full.</p>	<p>Mixture of public and private (40 programs).</p> <p>Dallas: 6 CPS units and 1 private.</p> <p>Harris: 3 CPS units.</p> <p>Bexar: County is provider (unit within CPS).</p>
36. Utah (UT) 1982	<p>State model</p> <p>Caseload Sue: 4 families per worker.</p> <p>Service Duration: Up to 8 weeks.</p>	Child Welfare	<p><b>Imminent Rik:</b> Worker decision using a risk assessment scale. <i>Children must be at risk of abuse, neglect or ungovernability</i> based on a 0-5 risk scale. (Must score 4 or 5).</p> <p><b>Decision Making:</b> Worker (or anyone with placement authority) must submit a written statement explaining risk to a screening committee.</p> <p><b>Exclusions:</b> No exclusions</p>	Not requested at this time.	Not requested at this time.	<p>In FY 94, 809 families served.</p> <p>Unknown if program operates at capacity.</p>	<p>Mixture of public and private Mostly public, two private providers.</p>

Exhibit II-5

State Program	Model/Program Description	Referring Agency	Child Welfare Referral Practice	statistics			# and Type of Providers
				Foster Care	A/N Reports	FP Program	
<p>37. Washington (WA)</p> <p>1982</p> <p>Began in 1974 at Catholic Charities; BSI est. in 1982</p>	<p>Homebuilders is a state model.</p> <p>Caseload Size: 2 families per worker.</p> <p>Service Duration: 4-6 weeks.</p>	Child Welfare	<p><b>Imminent Risk:</b> Defined by the time before placement occurs (3 days).</p> <p><b>Decision Making:</b> Worker referral/ supervisor review</p> <p><b>Exclusions:</b> Unwilling parents.</p> <p><b>Pop. Served:</b> Families tend to have older children.</p>	Approximately 500 new entrants per month.	5,389 reports in January 95, 2,835 accepted.	<p>Approximately 50 families per month.</p> <p>Program operates at capacity.</p>	<p><u>Private</u> Regional contracts with providers (mostly 1 provider). Exists in 12 counties.</p>
<p>38. Wisconsin (WI)</p> <p>1994</p>	<p>New state model.</p> <p>Caseload Size: 2-3 families per worker.</p> <p><b>Service Duration:</b> 8 weeks.</p>	Child Welfare	<p><b>Imminent Risk:</b> Worker decision using a risk assessment tool.</p> <p><b>Decision Making:</b> Worker referral</p> <p><b>Exclusions:</b> Substance abusers; mentally ill parents; unwilling families.</p>	Not requested at this time.	Not requested at this time.	<p>Not requested at this time.</p> <p>Unknown if program operates at capacity.</p>	<p><u>Mixture of public and private</u> 10 pilot sites with both public and private providers.</p>

## CHAPTER III

### REUNIFICATION PROGRAMS

#### A. Overview

In 1990, 60 percent of children in foster care had a case plan goal of returning to the home from which they were initially **removed**.<sup>15</sup> For most of these children, efforts to reunify them with their family are made by the foster care worker, a child **welfare** worker who is assigned to child's parent or caregiver, or both. However, high caseloads and other factors often prevent workers from spending the time and resources necessary to facilitate the reunification process. As a result children may remain in foster care longer than would otherwise be necessary, or they may be returned home without the factors initially leading to foster care placement having been adequately resolved.

To address this problem, special programs that focused solely on facilitating reunification and ensuring the child's safety upon return home began to emerge in the 1980s. The earliest reunification programs were often an integral part of an existing placement prevention program -- that is, families in the **reunificaion** program were provided with the same services, with the same level of intensity and for the same duration, **and** by the same staff as families in the **preplacement** program. These cases were typically referred when reunification was about to occur and services were provided to ensure the child's safety and prevent the need to place the child in foster care again. In other words, these programs focused on what happens after reunification occurs.

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<sup>15</sup> American Public Welfare Association. **Characteristics of Children in Substitute and Adoptive Care.** Washington, D.C. 1993.

More recently, reunification programs have been developed to facilitate the goal of reunification. In these instances, services are provided to a parent or caregiver to resolve problems relating to their ability to care for their child. Services may include drug treatment, parent training, counseling, or behavior management. They may also include concrete services such as locating adequate housing or making home improvements that are necessary to a child's safety. Services may also be provided to the child to enable the child to remain in the home and community. In addition, reunification programs may facilitate parent and child visitation. Services provided by these programs may end once reunification occurs, or they may continue for a short period of time after the child has returned home.

Programs vary on the type of cases that are referred to a reunification program, most notably on the length of time that a child was in foster care prior to referral. Some programs focus on children recently placed in foster care, expecting that intensive efforts to work with parents immediately or shortly after a child is placed will prevent children from languishing in foster care. This approach is consistent with research that indicates that the longer a child remains in foster care (particularly longer than two years), the less likely the child is to return home at all.

Other programs focus on children for whom past efforts of child welfare workers have not succeeded in returning the children home. Often these programs are considered a last resort for children who have remained in foster care for long periods of time without specialized intervention. Because these programs often serve more difficult cases, they may experience lower rates of reunification or require a longer period of service to achieve specified goals.

In addition to the length of time in foster care prior to referral, programs may also use other criteria for accepting referrals, such as the age of the child or the type of placement in

which the child currently resides. Younger children and those with disabilities may have **special vulnerabilities**. When cost is considered, reunification programs may focus on serving children whose out-of-home care is most expensive (those in group care or institutions or those whose age or special needs results in higher foster care payments).

The variability in scope of reunification programs and the target populations that they serve pose some distinct problems for the evaluation. Initially, it was expected that all reunification programs were intended to facilitate the reunification of children who might otherwise remain in foster care for a considerable period of time. Under these circumstances, the major outcome variables used in the evaluation would be the percentage of children reunified and the length of time spent in foster care before reunification occurred. However, if some programs are serving children who, at the time of referral, have already returned home or are about to return home, then the appropriate outcome measures must be reconsidered. Outcome measures such as re-allegation of abuse and neglect and re-entry into foster care would need to be examined.

In the 26 states we contacted as part of this review, we asked about the existence of reunification programs. We identified reunification program models using a process similar to the process we used to identify placement prevention programs. Both statewide and county reunification program models were identified with some states and counties identifying more than one program model. In general, the states that had a statewide model for placement prevention also had a statewide model for reunification; however, there were considerably fewer reunification programs. States and counties with multiple placement prevention models also had multiple reunification programs.

We identified twenty-six programs in 15 states. A summary chart appears at the end of this chapter, (Exhibit III-7), that provides available information on all 26 programs. We note

that some of these programs were very recent, and policies regarding eligibility and service delivery had not been established (e.g., both programs in Colorado).

Programs that were an integral part of the family preservation program indicated that only a small percentage of cases served were reunification cases. These programs typically provided aftercare services. Because these programs provided identical services to reunification cases and placement prevention cases, they often did not keep data that differentiated between these cases, nor did they have explicit referral criteria for reunification cases. These programs include both programs in Oregon and the statewide program in Minnesota. In Utah, there was a reunification program in place for several years that was currently undergoing a complete reorganization. Since there was little information available on the characteristics of these programs or the families that they served, they are not included in the analysis provided in Section B (below) that focuses on the 20 programs identified in Exhibit III-1.

## **B. Analysis of Reunification Programs**

### **1. Relationship to Placement Prevention Programs**

It is important to distinguish between reunification programs that are an integral part of the placement prevention program and reunification programs that stand alone. A stand alone program is defined as one which has a distinct service delivery model and/or separate staff, units or providers that serve reunification services and referral practices. As shown in Exhibit III-I, these included eight programs that are part of the placement prevention program, 11 programs that have distinct reunification programs, and one program that is a mixture of combined and distinct programs depending upon the service provider.

**Exhibit III-1**

**List of Reunification Programs**

<b>PROGRAM NAME</b>	<b>START DATE</b>	<b>REUNIFICATION PROGRAM SEPARATE FROM PLACEMENT PREVENTION</b>
(1) Montgomery, AL	1993	YES
(2) Los Angeles, CA	1991	MIXED
(3) Sacramento, CA	1991	YES
(4) San Diego, CA	1991	NO
(5) Solano, CA	1984	NO
(6) Connecticut	1988	NO
(7) Florida-FB	1993	NO
(8) Iowa-IFPP	1987	NO
(9) Michigan	1993	YES
(10) Hennepin, MN	1992	YES
(11) Missouri	1994	YES
(12) New York-Erie	1992	NO
(13) New York City	1994	YES
(14) Allegheny, PA - Crisis	1992	YES
(15) Allegheny, PA - Long-term	1994	YES
(16) Philadelphia, PA	1994	YES
( 17) Tennessee	1989	NO
(18) Bexar, TX - Recently Placed	1987	YES
(19) Bexar, TX - Long-term	1983	YES
(20) Washinaton	1982	NO

It is somewhat questionable whether all of the programs that are an integral part of a placement prevention program can truly be considered reunification programs. As described later in this section, most of these programs serve children who have already returned home. Their goal is to ensure the child's safety and prevent the need for another foster care placement.

Although the state and county child welfare officials described these efforts as reunification programs, we might consider an alternative description, These programs serve cases that might be considered placement prevention cases that are referred for services through a different process. Instead of being referred by CPS investigative staff because a child is at risk of imminent placement, they are referred by foster care workers when the child's return home is imminent, but there is a high risk that the child may re-enter foster care. An evaluation of such cases would be based on examining subsequent abuse or neglect allegations and rates of replacement in foster care.

## 2. Program Models/Caseload Size and Duration

Like the placement prevention programs, most reunification programs provide a mixture of concrete services and counseling, primarily in a family's home or where the child is currently residing. Programs differ, however, on the intensity and duration of service.. Although most programs specify an average caseload size and service duration, some programs make case specific decisions regarding length of service and determine the number of cases assigned to a specific worker based on the characteristics and complexity of his or her caseload. Exhibit III-2 indicates the relationship of caseload size and service duration and identifies those programs which vary along one or both of these dimensions.

The findings presented in this exhibit resemble those described for the placement prevention programs. As service intensity decreases, length of service increases. However, the reunification programs are likely to provide services for a longer time than the placement prevention programs. The programs that provide a very brief period of service are those that provide reunification services as part of their placement prevention program.

Exhibit III-2

Caseload Size and Duration of Services

Duatbn	i-6 weeks	Maximum 8 weeks	Maximum 18 weeks	24-52 weeks	Unlimited	Varies	Total
<b>caseload Size</b>							
<b>2 cases maximum</b>	Tennessee Washington						2
<b>Serves at least 2 cases and a maximum average of 4 cases</b>	Solano, CA NY-Erie Alleghany, PA-Crisis	Iowa-IFPP Missouri'	California-SD' Connecticut' Hennepin, MN' Alleghany, PA- Long-term' Philadelphia (12 weeks)	Bexar, TX- Recently Placed <sup>2</sup>			11
<b>Average caseload 5-8</b>			California-SA Florida-FB	California-LA (up to 52 weeks) Texas-Bexar Long-term	Montgomery, AL		5
<b>Varies</b>						New York City	1
<b>Unknown</b>				Michigan <sup>3</sup>			1
<b>Total</b>	5	2	7	4	1	1	20

<sup>1</sup>Extension possible.

<sup>2</sup>Services are usually provided for 32-36 weeks on average, but may be provided for 72 weeks.

<sup>3</sup>Services are provided for 16-32 weeks (classified as 24 on average).

It is important to note that the program in New York City departs from the other reunification programs examined in one respect. Rather than identifying a specific caseload, service duration, or set of services, decisions regarding service delivery are made by the private agencies and public agency staff who have responsibility for the child's placement in foster care. They are given a fixed amount of funding and are expected to use it to deliver, arrange or provide the services necessary to effect reunification. In other words, the New York City program is a managed care program. As a result, there is no single service intervention to evaluate. Rather than determining the efficacy of a specific intervention, the New York evaluation would examine whether or not a managed care system is a cost effective approach to serving children who are in foster care.

### 3. Program Maturity

The date programs began operation is shown in Exhibit III-I. There appears to be a relationship between the maturity of the reunification program and whether it is a distinct program or part of a placement prevention program. Of the 20 programs with available data, only 7 programs were in operation before 1990. Five of these programs are an integral part of the placement prevention program. Only two programs, both operating in Bexar County, Texas, were established as independent reunification programs in the 1980s.

In contrast, seven programs were established in 1993 or 1994, and six of these are distinct reunification programs (Montgomery County, Alabama; Michigan; Missouri; New York City; Allegheny County, Pennsylvania - long-term; and Philadelphia County, Pennsylvania). The remaining six programs for which we have start dates, were established between 1990 and 1992. Three of these have a distinct reunification program.

As discussed in Chapter I, program maturity was one of the initial site selection criteria. While the majority of placement prevention programs meet this criterion, most reunification programs do not. When the programs that are an integral part of the placement prevention program are excluded from consideration, only five reunification programs remain in operation for more than two years.

#### **4. Program Size**

From an evaluation standpoint, program size is the characteristic that is of greatest concern. As shown in Exhibit III-3, of the 16 programs providing data, only five served more than 100 families (Los Angeles, Sacramento, and San Diego California; New York City, New York; and Allegheny County, Pennsylvania). Sacramento, New York City and Allegheny County serve primarily child welfare cases, Los Angeles and San Diego serve cases referred from other agencies as well. Only New York City and Los Angeles serve enough cases to meet the estimated sample size of 250 cases in the experimental group.

The question of program size is further complicated by the fact that four programs accept cases from multiple sources. An additional four programs serve primarily child welfare cases, but may accept cases from other sources. If cases referred from other agencies are excluded from the study, then the potential sample sizes would be even smaller in several sites.

Since most programs do not even come close to achieving the necessary sample sizes, the implications of this finding for site selection will require further review.

**Exhibit III-3**

**Number of Families Served and Referral Source**

Program	Number of Families Served Per Year						Referral Source
	0-25	26-50	51-100	101-150	150 +	Not Available	
Montgomery, AL		x					Child Welfare
Los Angeles, CA					x		Child Welfare and Juvenile Justice
Sacramento, CA				x			Child Welfare
San Diego, CA				x			Child Welfare, Juvenile Justice and Mental Health.
Solano, CA	x						Child Welfare Juvenile Justice and Mental Health.
Connecticut (data from 2 out of 12 programs)	x						Child Welfare
Florida - FB (data for Hillsborough County)	x						Child Welfare
Iowa - IFPP						x	Primarily Child Welfare
Michigan						x	Primarily Child Welfare
Hennepin, MN			x				Child Welfare
Missouri			x				Child Welfare
New York - Erie (data for Erie County)	x						Child Welfare
New York City					x		Primarily Child Welfare
Allegheny, PA - Crisis						x	Primarily Child Welfare
Allegheny, PA - Long-term				x			Primarily Child Welfare
Philadelphia, PA			x				Child Welfare
Tennessee						x	Child Welfare, Youth Development and Mental Health.
Bexar, TX - Recently Placed						x	Child Welfare
Bexar, TX - Long-term			x				Child Welfare
Washington			x				Child Welfare
<b>Total (N = 20)</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>5</b>	

## **5. Status of Child's Return Home**

As previously discussed, some of the reunification programs serve families for whom reunification has already occurred or is expected to occur in a matter of days or weeks. Exhibit III-4 provides information on the status of the child's return home at the time of case referral. For two programs (Florida-FB and Allegheny County, Pennsylvania's Crisis Program), services begin immediately after the child has returned home.

For nine programs, the child is expected to return home within a specified time period, ranging from 1 to 12 weeks. Child welfare administrators indicated that for programs serving families on the brink of reunification (scheduled to occur in one to three weeks), the decision to reunify has been made, and reunification is almost certain to occur irrespective of the outcomes of the services provided.

For seven of the programs, the status of the case at the time of referral may vary. These programs serve cases in which the case plan goal is reunification; however, in some instances the decision to return the child home within a few weeks has been made, while for others, a date for reunification has not been determined.

The differences among programs concerning the likelihood of reunification affect the nature of the services delivered. As shown in Exhibit III-5, programs in which reunification is almost certain to occur primarily provide aftercare services to the child and family. As previously noted, the goal of such programs is to ensure the child's safety and prevent the need to place the child in foster care again.

## **6. Referral Criteria**

Although some programs do not specify a time period in which children will be reunified, and they provide services both prior to and after reunification occurs, they have

**Exhibit III-4**

**Status of Child's Return Home at Time  
of Referral for Reunification Services  
(N= 18)'**

Child will be returned within:				
Child is home	1-3 weeks	4-6 weeks	12 weeks . .	Case Status Varies
Florida - FB <sup>2</sup> Allegheny, PA - Crisis	New York - Erie Tennessee Bexar, TX - Recently Placed Missouri	Bexar, TX - Long-term Hennepin, MN Philadelphia, PA Washington	Los Angeles, CA	Montgomery, AL Sacramento, CA San Diego, CA Solano, CA Connecticut New York City Allegheny, PA - Long-term
2	4	4	1	7

<sup>2</sup>Data are not available for Iowa and Michigan.

<sup>3</sup>This is the information provided by Hillsborough County. It is not clear if this represents the state.

**Exhibit III-5**

**Aftercare Versus Services to Facilitate Reunification**

<b>Program</b>	<b>Mostly Aftercare Services (After Return Home)</b>	<b>Services Before and After Return</b>
Montgomery, AL		x
Los Angeles, Ca		x
Sacramento, CA		x
San Diego, CA		x
Solano, CA		x
Connecticut		x
Florida	x	
Iowa	x	
Michigan	x	
Hennepin, MN		x
Missouri		x
New York - Erie	x	
New York City		x
Allegheny, PA -Crisis	x	
Allegheny, PA - Long-term		x
Philadelphia, PA (multiple)		x
Tennessee	x	
Bexar, TX - Recently Placed		x
Bexar, TX - Long-term		x
Washington	x	
<b>Total (N= 20)</b>	<b>7</b>	<b>13</b>

other case referral criteria that may also affect the likelihood of reunification. Most notably these criteria relate to the length of time a child must have been in foster care before referral to the reunification program.

Programs fall into three categories: (1) those that target children who have recently entered foster care; (2) those that target children who have been in foster care for a specified minimum period of time (ranging from at least three months to at least one year) and, (3) those that do not specify a foster care length of stay. Exhibit III-6 provides information concerning this variable.

Although the majority of programs do not specify a minimum period of time in foster care before referral, those that do are likely to be serving different subpopulations. These differences are likely to result in different service delivery patterns as well as differences in the likelihood of reunification. Again, this raises the question of determining the appropriate outcome measures.

For the six programs that begin reunification services virtually at the time of entry, the intent is to begin services before allowing “foster care drift” to occur. Early onset of services can also ensure that a parent and child do not lose contact with one another. In the absence of other criteria that specify referral of cases that are identified as particularly problematic, caseloads in these programs will include families whose problems vary in severity.

In contrast, two programs target children who have been in care for at least three months. The New York City program specifies a minimum of three months, but notes that most children have been in care much longer. This program initially served children who had been in care at least two years. Bexar County (Long term), expects that cases referred will have been in foster care at least six months. Children referred to these programs are likely

Exhibit III-6

Length of **Time** in Foster Care Prior to  
Referral to Reunification Services

(N= 20)

Recent Entrants	3 Months or Longer	Any Point <b>in Foster Care</b>
Sacramento, CA Iowa - IFPP Allegheny, PA - Crisis Allegheny, PA - Long-term' Tennessee Bexar, TX - Recently Placed	New York City <sup>2</sup> Bexar, TX - Long-term <sup>3</sup>	Montgomery, AL Los Angeles, CA San Diego, CA Solano, CA Connecticut Florida - FB Hennepin, MN' Michigan Missouri New York - Erie Philadelphia, PA Washington
6	2	1      1

<sup>1</sup>Program focusing on children in shelter care and those in foster care for 6 months or less.

<sup>2</sup>Program accepts children in care more than 90 days but is targeted at long-term foster care. Initially, the program targetted children in care for two years or longer.

<sup>3</sup>Program specializes in children in care 6 months or longer.

'Hennepin County originally specialized in children in care over one year.

to have already experienced foster care drift, and the ties to their parents may have been somewhat eroded. Such cases are likely to be more problematic and, in the absence of other referral criteria, may have a lower probability of reunification or may require services for a longer period of time to reach that goal. Bexar County's Long-term program allows for services for up to nine months. The New York City program varies the length of service, based on family needs.

In addition to targeting children who have either just been placed or those who have already spent some time in foster care, some programs have targeted children of a certain age or those who are in more expensive placements. Programs in Florida and Allegheny County (crisis), Pennsylvania generally serve younger children (under 5 years in Florida); however, the programs do not mandate that the children be under a certain age. In Bexar County Texas, the families in the crisis intervention program tend to be parents with young children, while families served in the long-term program are more likely to have older children. Iowa targets children in group care, and New York City targets children in foster boarding homes, including relatives' homes. These criteria or referral practices are likely to effect both the nature of the service delivery and the outcomes achieved.

For programs that did not specify referral criteria, it is difficult to determine whether the population they serve is heterogenous, or whether there are informal referral practices that limit the nature of the cases served. We will require a more detailed understanding of referral criteria and population characteristics for site selection.

## **7. Service Providers**

Reunification services are provided by private and public agencies. In five programs, services are provided by the public agency. In 14 programs, services are provided by private

agencies. In two programs, both public and private agencies provide reunification services. (Program-by-program breakdowns are provided in Exhibit III-7.)

As noted in the previous chapter, public or private sector service provision is not of concern for site selection purposes. However, the number of providers within a program area may have an effect on the consistency with which services are delivered and the ease with which data can be collected. Of the county-wide programs operated by private providers, five have three or more agencies that provide reunification services. In Los Angeles, 18 networks, each including multiple providers, deliver reunification services. In New York City, 6 agencies are involved in the managed care reunification program. Among the statewide programs, Connecticut contracts with 11 providers, Iowa with 10, Missouri with 10, New York with 24, and Tennessee with 15 providers.

Because most programs serve such a small number of families, there will be a need to include multiple providers, where appropriate, in order to achieve the necessary sample sizes.

Exhibit III-7

Reunification Programs

state Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
1. Montgomery AL April 1993	Relationship to FPS: Family Reunion in Montgomery County is separate from FPS.  Caseload Size 5-7 families per worker.  Service Duration: Unlimited	Number in care last quarter FY 94: 181.	Number Served: FY 94, 30 children served. The program is not yet operating at full capacity.  Referral Source: Child Welfare	Age: Children 0- 18 years old.  Type of F.C.: Any type of care.	Case status may vary.	Public	Any length of time.	Service duration is unlimited; services cease when the child is home and the situation is stable.
California								
2. Los Angeles 1991	Relationship to FPS: Family preservation services are provided through community networks. The overall program includes both FPS and reunification. Some networks emphasize one, and some the other.  Caseload Size: 5-8 families per worker.  Service Duration: 12-52 weeks with service reauthorization every 12 weeks.	In FY 94, number of children entering foster care: Child Welfare 11,881  Juvenile Justice 1,478	Number Served: Since January 1993, the program has served approximately 1,500 cases  Referral Source: Child Welfare, Juvenile Justice.	Age: Children 0- 18 years old.  Type of F.C.: Any type of care. Includes adoption cases referred to prevent disruption	Children who can be reunified within 90 days of referral.	Private A total of 18 networks provide services. Some provide reunification services only, some provide both placement prevention and reunif . , and others do not provide reunification services.	Any length of time.	Children could be served up to 52 weeks in the home.

70

Note: In instances where programs served very few reunification cases, more detailed information about the program was not requested during discussions with the program.

E nit III-7

state Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
3. Sacramento  Fall, 1991	<p><b>Relationship to FPS:</b> The program is a separate unit within Child Welfare.</p> <p><b>Caseload Size:</b> 7-8 families per team.</p> <p><b>Service Duration:</b> 12 weeks.</p>	In FY 94, 3,000 children in foster care.	<p>Number Served: 150 cases per year</p> <p>Referral Source: Child Welfare</p>	<p>Age: Children 0-18 years old.</p> <p>Type of F.C.: Any type of care.</p>	Special attention is paid to cases in which parents show any initiative after child is placed in foster care.	<u>Public</u> One unit within Child Welfare agency.	Program targets new entrants into foster care until the dispositional hearing is held. A few cases are referred after this time period.	Services are provided before and after return.
4. San Diego  Jan., 1991	<p><b>Relationship to FPS:</b> Reunification program is part of FPS.</p> <p><b>Caseload Sue:</b> 3-4 families per worker (some cases are teamed).</p> <p><b>Service Duration:</b> 2-1 2 weeks with extensions permissible up to 36 weeks.</p>	In FY 94, Average, monthly number in foster care was 5,481 and 2,400 children enter monthly.	<p>Number Served: 1994: Annual estimate of 120 cases (10 cases opened in November 1994).</p> <p>Referral Source: Child Welfare, Juvenile Justice, Mental Health, and Mental Retardation.</p>	<p>Age: Children 0- 18 years old.</p> <p>Type of F.C. Any type of care.</p>	Case status may vary.	<u>Public</u> 1 unit within Child Welfare agency.	Any length of time.	Services are provided before and after return.

state Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Sewed and Referral Source	Pop. Served	Status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
5. Solano 1984	<p><b>Relationship to FPS:</b> The reunification program is one component of the FPS program.</p> <p><b>Caseload Sue:</b> 2-3 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	<p>In FY 94, the number of children entering foster care:</p> <p>Child Welfare 148</p> <p>Juvenile Justice 152</p>	<p><b>Number Sewed:</b> In FY 94, 12 families served.</p> <p><b>Referral source:</b> Child Welfare, Juvenile Justice, Mental Health</p>	<p><b>Age:</b> Children 0-18 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	Case status may vary.	<p><u>Private</u> 1 provider</p>	Any length of time.	Services are provided before and after return home.

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
Colorado	Colorado recently revamped services to include clearly defined service continuum. The state reported that reunification cases can be served by any of their FPS programs. Relationship to FPS: The reunification services are not a separate and distinct program.							
6. Model A 1994	Caseload Sue: 2 families per worker.  Service Duration: 4-6 weeks.	Not requested at this time.	Number Served: Not available, program too new.  Referral Source: Currently Child Welfare. Later JJ and MH agencies will ail be joined under DHS.	<b>Age:</b> Children O-I 8 years old.  <b>Type of F.C.:</b> Program too new.	Program too new; criteria not specified.	<u>Mixture of public and private</u>	Program too new; criteria not specified.	Program too new; criteria not specified.
7. Model B 1994	Caseload <b>Size:</b> 8- 10 families per worker.  Service Duration: Up to 36 weeks.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.

Exhibit III-7

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. served	status Of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Revision of After Care Services
8. Connecticut  1988	<p><b>Relationship</b> to FPS: Reunification is part of the FPS program.</p> <p><b>Caseload Size:</b> 4 families par worker.</p> <p><b>Service Duration:</b> 12-18 weeks with flexibility to lengthen, or shorten, this time.</p> <p>Data are provided for New Britain and Wauregan.</p>	Not requested at this time.	<p><b>Number Served:</b> 1994:</p> <p><b>New Britain:</b> 15 families served.</p> <p><b>Wauregan:</b> 10 families served.</p> <p>Referral Source: Child Welfare</p>	<p><b>Age:</b> Children 0- 18 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p> <p><b>Age:</b> Children O-I 8 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	Varies by agency. Wauregan stated that cases are identified 6 months prior to return.	<p><u>Private</u> 11 fps providers statewide.</p> <p>One has a unit, some have designated workers, others are not providing reunification services.</p>	Any length of time.	<p>Varies. New Britain said that all cases receive services after child's return home. Some services in advance of return.</p> <p>Wauregan said services begin 4-6 before return and continue for upto 12 weeks after return.</p>
9. Florida - FB  1993	<p><b>Relationship</b> to FPS: State is testing reunification as part of Family Builders. In Hillsborough County, one of the Family Builders teams provides reunification services.</p> <p><b>Caseload Sue:</b> 4-6 families per team (professional and a para-professional)</p> <p><b>Service Duration:</b> 12 weeks.</p>	<b>Hillsborough</b> county In Dec 94. 1,075 children in foster care.	<p><b>Hillsborough</b> county In FY 94, 20 families served.</p> <p>Referral Source: Child Welfare</p>	<p><b>Age:</b> Children 0- 18 years old. Program tends to serve children under 5.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	Program largely serves families that have already been reunified.	<u>Private</u> One provider in Hillsborough County.	Any length of time.	Services are provided up to 3 months after child has returned home.

E. Attachment III-7

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
10. Iowa - IFPP  1987 Statewide in 1990	<p><b>Relationship</b> to FPS: Reunification program is part of Iowa Family Preservation Program (IFPP).</p> <p><b>Caseload</b> She: Caseloads average 3.5 families per worker. New legislation will mandate 3 cases.</p> <p><b>Service Duration:</b> Up to 8 weeks.</p>	In FY 94, Polk county (Des Moines) average monthly foster care census 425	<p><b>Number Served:</b> To be provided.</p> <p><b>Referral source:</b> Primarily child welfare.</p>	<p><b>Age:</b> Children 0- 18 years old.</p> <p><b>Type of F.C.:</b> Mostly children in congr. care.</p>	Not requested.	<u>Private</u> 10 providers (some with several sites).	Children must have been in placement less than one week.	Most of the 8 weeks.
11. Michigan 1993	<p><b>Relationship</b> to FPS: The Family Reunification program is separate from FPS.</p> <p><b>Caseload</b> Sue: Not provided</p> <p><b>Service Duration:</b> Long-term services lasting 16-32 weeks.</p>	In Jan. 93, there were 10,455 children in foster care and 2,774 children in the delinquency program.	<p><b>Number Served:</b> Not requested at this time.</p> <p><b>Referral Source:</b> Primarily Child Welfare.</p>	Not requested at this time.	Not requested at this time.	<u>Private</u> Number of providers not known.	Any length of time.	Mostly after child is returned home.

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop Served	Status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision if After Care Services
Minnesota State provides reunification services through Families First. Hennepin County also has its own program.								
12. Minnesota 1990	<p><b>Relationship</b> to FPS: Reunification cases served through Families First program.</p> <p><b>Caseload Size:</b> 2-3 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	Not requested	<p><b>Number Served:</b> Not requested.</p> <p><b>Referral Source:</b> Primarily Child Welfare</p>	<p><b>Age:</b> Children 0-18 years old.</p> <p><b>Type of F.C.:</b></p>	Case status may vary.	(Families First available in 23 of the state's 87 counties.)	Any point in care.	Not requested.
13. Hennepin County MN 1992	<p><b>Relationship</b> to FPS: Reunification is a separate contract with Child Welfare.</p> <p><b>Caseload Size:</b> 2-4 families per worker.</p> <p><b>Service Duration:</b> 12 weeks with possible extensions.</p>	Not requested	<p><b>Number Served:</b> Since 1992, 200 families served.</p> <p><b>Referral Source:</b> Child Welfare</p>	<p><b>Age:</b> Children 0-18 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	The reunification unit is mobilized when it appears that the child will be going home. A 30-day notice of return is preferred.	<u>Private</u> 3 providers	Referral can be made at any point in foster care. Specialized originally in children in placement for over one year.	Services provided before and after return. At least 8 weeks of service provided after return.

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in cam Prior to Referral	Provision of After Care Services
14. Missouri 1994	<p><b>Relationship to FPS:</b> Family Reunion is separate from FPS.</p> <p>Caseload Sue: 3 families per worker.</p> <p><b>Service Duration:</b> 8 weeks with a possible 4 week extension.</p>	<p>FY 94, Jackson: 1,641 children in foster care.</p> <p>st. Louis county: 2,950 children in foster care.</p> <p>st. Louis C i : 1,126 children in foster care.</p>	<p><b>Number Served:</b> FY 94, st. Louis City and County: 31 families served.</p> <p>Jackson county: 24 families served.</p> <p>Referral Source: Child Welfare</p>	<p>Age: Children 0-1 8 years.</p> <p><b>Type of F.C:</b> Any type of care.</p> <p>Children who would otherwise remain in care at least six months.</p>	<p>Children who are expected to return within two weeks (has often taken four weeks for reunification to occur).<sup>1</sup></p>	<p><u>Private</u> st. Louis City/County 2 providers</p> <p>Jackson county 2 providers</p>	<p>Any length of time.</p>	<p>up to two - four weeks prior to return; maximum of eight weeks after return. 12 weeks in Jackson.</p>

77

Exhibit III-7

s t a t 6 Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Sewed	status of Chiid's Return Home	# and Type of Providers	Length of Timehl Cam Prior to Referral	Provision of After Care Services
New York	There is no state-wide reunification program in New York. Some New York counties serve reunification cases through FPS (data are provided for Erie). New York City also has a program.							
15. New York - Erie  1992	<p>Relationship to FPS: Reunification cases are served by the Intensive Family Preservation program.</p> <p>Caseload Size: 2-4 cases per worker.</p> <p>Service Duration: 4 weeks.</p> <p>Data provided for Erie County.</p>	FY 93, 2,161 children in foster care	<p>Number <b>Served:</b> FY 94, 18 families served.</p> <p>Referral Source: Child Welfare</p>	<p>Age: Children 0-18 years old.</p> <p><b>Type</b> of F.C.: Any type of care.</p>	<p>State Policy: Children who will be returned within 7 days.</p>	<p><u>Mixture of public and private</u> (mostly private providers).</p> <p>2 4 providers statewide.</p> <p>3 private providers in Erie.</p>	Any length of time.	The majority of services are provided to the family after the child has returned home.
16. New York City	<p><b>Relationship</b> to FPS: The program is separate from FPS.</p> <p>Each agency is reimbursed for the set of services it develops through a <b>capitated</b> payment based on the estimated length of stay in the absence of the program. Program implementation varies in terms of services provided, caseload size, and service duration.</p>	<p>The eligible populatio n (children residing in foster boarding homes including relative's homes</p> <p>Approxim -ately 27.0000 children in New York City.</p>	<p>Number <b>Served:</b> This 3-year demonstration is currently serving approximately 2,000 children.</p> <p>Referral Source: Primarily Child Welfare.</p>	<p>Age: 16 and under.</p> <p><b>Type</b> of Care: Children in foster boarding homes, including relatives' homes.</p>	<p>Children 'languishing ' in foster care with a permanency planning goal of reunification</p>	<p><u>Private</u> Six voluntary agencies within select districts of New York City.</p>	<p>Children usually h a v e b e e n in care for at least 90 days, and often for much longer.</p>	Varies.

E. Attachment III-7

state Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	Status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
Oregon Both state FPS programs: Intensive Family Services (IFS) and Intensive Home-Based Services (IHS) also provide reunification services.								
17 Intensive Family Services  1982	<p><b>Relationship</b> to FPS: Reunification is part of FPS.</p> <p><b>Caseload</b> Sue: 10-11 families per worker.</p> <p><b>Service Duration:</b> 12 weeks.</p>	<p><b>Multnomah County, OR:</b></p> <p>June, 1994: 1,258 regular foster care</p> <p>250 in paid relative care; 380 in non-paid relative care; 48 in shelter care.</p>	<p><b>Number Served:</b> The state reports that reunification cases are an insignificant portion of the caseload.</p> <p><b>Referral Source:</b> Child Welfare</p>	<p><b>Age:</b> Children 0-18 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	Not requested at this time.	Private	Any length of time.	Not requested at this time.
18. Intensive Home-Based Services  1994	<p><b>Relationship</b> to FPS: Reunification is part of FPS.</p> <p><b>Caseload</b> She: 2-4 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.

Exhibit III-7

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral source	Pop. Served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
Pennsylvania	State is county administered. There are two programs in Allegheny and Philadelphia has a central intake to multiple programs.							
19. Allegheny County - Crisis 1992	<b>Relationship to FPS:</b> Program is separate from FPS.  Caseload She: 4 families per worker.  <b>Service Duration:</b> 6 weeks.	Not requested	<b>Number Served:</b> In 1994, 120 families served by both programs.  Referral Source: Mostly Child Welfare.	<b>Age:</b> Young children <b>Type of F.C:</b> Short-term placements or shelters are targeted	Children who have been returned home on short notice without a plan for services.	<u>Private</u> 10 providers	No length of time is given, however the program targets children in short-term placements or shelters.	All 6 weeks of service are provided after return.
20. Allegheny County - Long-Term Feb., 1994	<b>Relationship to FPS:</b> Program is separate from FPS.  Caseload Sue: 4 families per worker.  <b>Service Duration:</b> 12 weeks, with possibility of extending to 28 weeks.	Same as above.	<b>Number Served:</b> See above.  Referral Source: Mostly Child Welfare.	Children in out-of-home placement with plan for reunification.	No specified time frame.	Same as above.	Children can be at any point in foster care. Focus on children in shelter care or in foster care for 6 months or less.	Service is provided before and after child is returned home.
21. Philadelphia 1994	<b>Relationship to FPS:</b> Program is listed as part of available FPS services, but it is a separate contract.  Caseload Sue: 4 Families per worker.  <b>Service Duration:</b> 12 weeks.	In FY 94, 8,000 children in care.	<b>Number Served:</b> Program is new. Served 75 families in 1994.  Referral Source: Mostly child welfare.	<b>Age:</b> Children O-18 years old.  <b>Type of F.C:</b> Any type of care.	Child is scheduled to return home in next six weeks.	<u>Private</u> 3 providers	Services usually begin six weeks before return and continue for any length of time.	Six weeks after return home.

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State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Served and Referral Source	Pop. Served	Status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
22. Tennessee  1989	<p><b>Relationship to FPS:</b> Reunification services are part of Home Ties.</p> <p><b>Caseload Size:</b> 2 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	To be provided for Shelby County.	<p><b>Number Served:</b> To be provided for Shelby County.</p> <p><b>Referral Source:</b> Child Welfare, Youth Development and Mental Health.</p>	<p><b>Age:</b> Children 0-17 years old.</p> <p><b>Type of F.C.:</b> Any type of care.</p>	Child will be returning within seven days of the Home Ties specialist's initial contact with the family. (Shelby County specified two weeks.)	<p><u>Private</u> 15 providers- 27 teams of workers. One private provider in Shelby County.</p>	Children in out-of-home placement 30 days or less. (Shelby County specified less than one year.)	At least 4 weeks of service are provided after child is returned home.
Texas Statewide program is in formative stages. Bexar County has two programs.								
23. Bexar - Recently Placed  1987	<p><b>Relationship to FPS:</b> Program is separate from FPS.</p> <p><b>Caseload Sue:</b> 3-5 families per worker.</p> <p><b>Service Duration:</b> up to 72 weeks, but average 32-36 weeks.</p>	<p>In FY 93, 4,166 were in foster care;</p> <p>3,219 children entered care.</p>	<p><b>Number Served:</b> Since 1987, 138 families served.</p> <p><b>Referral Source:</b> Child Welfare</p>	<p><b>Age:</b> Usually serves young foster children with <b>young</b> parents.</p> <p><b>Type of F.C.:</b> Children in family foster care.</p>	Families that have not yet been treated and the goal is to have the child home within three weeks.	<p><u>Public</u> One unit within Child Welfare agency.</p>	Children who have just entered placement.	Services are provided both before and after child is returned home.

Exhibit III-7

State Program	Reunification Programs							
	Program Model Relationship to FPS	Size FC	Number Sewed and Referral Source	Pop. served	status of Child's Return Home	# and Type of Providers	Length of Time in Care Prior to Referral	Provision of After Care Services
24. Bexar - Long-Term 1983	<p><b>Relationship to FPS:</b> Program is separate from FPS.</p> <p><b>Caseload Sue:</b> 6-8 families per worker.</p> <p><b>Service Duration:</b> 24-36 weeks.</p>	Same as above.	<p>Number served: In FY 94, 70 families served.</p> <p>Referral source: Child Welfare</p>	<p>Age: Serves older children.</p> <p>Type of F.C.: Any type of care.</p>	Families that have had treatment and the worker expects that the child will return within 4-6 weeks.	<u>Public</u> One unit within Child Welfare agency.	Children who have been in care usually for six months or longer.	Same as above.
25. Utah 1982	<p>Relationship to FPS: Utah serves reunification cases through FPS program.</p> <p>Caseload Sue: 4 families per worker.</p> <p><b>Service Duration:</b> Up to 8 weeks.</p>	Not requested at this time.	<p>Number Sewed: Not known</p> <p><b>Referral Source:</b> Child Welfare</p>	<p>Age: Children 0- 18 years old.</p> <p>Type of F.C.: Any type of care.</p>	Not requested at this time.	<u>Public</u>	Any length of time.	Not requested at this time.
26. Washington 1982	<p><b>Relationship to FPS:</b> Washington offers reunification services through Homebuilders.</p> <p>Caseload Sue: 2 families per worker.</p> <p><b>Service Duration:</b> 4-6 weeks.</p>	To be provided.	<p>Number Served: Estimated 90 cases a year.</p> <p>Referral Source: Child Welfare</p>	<p>Age: Children 0- 18 years old.</p> <p>Type of F.C.: Any type of care.</p>	Children should be reunified within a month.	<u>Private</u>	Any point in care.	Services are provided before and after. Most of the time they are provided after return home.

## **APPENDIX A**

### **DESCRIPTION OF SELECTED PLACEMENT PREVENTION PROGRAMS**

This Appendix presents more detailed information on the following states: Alabama, Arizona, California, Florida, Iowa, Kentucky, Michigan, Missouri, New Jersey, New York, Ohio, Oregon, Tennessee, Texas, Utah and Washington. At least one program in each state is a potential candidate for site selection. These states were selected because they met most of the criteria previously described. The criterion most programs had difficulty meeting concerns sample size; however, to the extent that all of the selected states except California and Ohio have statewide programs, it may be possible to combine local programs implementing the same model to achieve necessary sample sizes. The counties described in California serve enough families to meet the sample size criterion.

## **1. Alabama**

The family preservation program in Alabama, Family Options, began in 1989. Since 1991, the state has operated under a consent decree that, by 1999, will guarantee to all children in foster care and at risk of entering care the right to treatment and services. As a result, groups of counties comprising 15 percent of the child welfare population begin each year the process of converting their child welfare programs to emphasize family-based services. Each successive group of counties has one and one-half years to complete their conversion process before they are held accountable by the state's quality assurance system and the federal court monitor for operating according to the consent decree.

The conversion includes an enhanced emphasis on preventive services aimed at both preserving families and avoiding unnecessary foster care placement. For example, social workers now must receive the Alabama Certification Training (ACT). According to the state representative, the training teaches workers to work "aggressively" to keep families safely together. Under the consent decree, counties also have been allocated new flexible funds available at the local level to be used for individual families' needs.

Currently, there are seven family preservation programs that serve 19 of Alabama's 67 counties, (Several of the programs operate regionally). A state-funded Family Options Unit in the Family and Children's service program of the County Department of Human Resources provides the services. Among the largest programs are the Family Options programs in Madison, Montgomery, and Jefferson counties.

According to state officials, the seven programs serve 50 percent of the children who have a chance to enter the foster care system statewide. The State plans to expand the services this year by funding two additional programs that will serve two counties. These new programs will be served by a team of private community providers based on the Family Option model.

**a. Structure**

The Family Options program follows the Homebuilders model. Workers serve caseloads of two families for four-six weeks. According to the state, the programs usually stick to a **four-week** intervention. Jefferson County reported that during the intervention period, an average of 40 face-to-face hours of counseling and services are provided. Flexible funds are available, although they are minimal: Montgomery County reported having \$30 per family; Jefferson County was not specific, but also said it was a small fund. However, all families served through these two counties, because they are converting their operations to achieve the terms of the consent decree, may have additional flexible funds spent to prevent unnecessary placement in care.

In FY 94, Jefferson County's Family Options served 55 families (operating at capacity), and Montgomery County's program served 75 families. According to the state, in the fourth quarter of FY 94, Montgomery County had 70 abuse neglect reports and 181 children in foster care; Madison County had 240 reports and 283 children in care. Jefferson County reported that for FY 94, there were 2,587 reports of abuse and neglect. New admissions into foster care totaled 258, there were 90 re-admissions, and 266 children left care. At the end of the year in Jefferson County, there were 596 children in foster care in Jefferson County.

**b. Operation**

Alabama's counties are going to great lengths to reduce the need for court proceedings or placement of children. Reports of child abuse and/or neglect are referred to the Child Abuse and Neglect Assessment Unit for assessment (investigation). Following the assessment, the case may be unfounded and closed, opened for ongoing protective or preservation services, or the child may be brought into foster care, if he or she cannot safely remain at home. If the Assessment Unit worker determines that the child can be left in the home, he/she develops a

short term Individualized Service Plan (ISP) together with the family and with the help of a supervisor. This plan may include an immediate referral to family preservation or a referral to any other ongoing services.

Families referred for ongoing services may later be assigned to Family Options. Families initially assigned to foster care also may be referred later to Family Options, so long as the child has not been in care for more than 30 days. A permanent Individual Service Plan is developed for each family in the program after the family has stabilized, and in conjunction with the family, the family workers, and any others whom the family requests.

Currently the target population for the Family Options program is children (O-I 8) at-risk of removal or at-risk of entering state-paid care within 5 days. While clients from the juvenile justice and mental health systems may be served, they must enter through an abuse and neglect report, a judge's court order, or by a parent attempting to voluntarily place a child in foster care.

Imminent risk is determined by the worker and is based on the worker's assessment of the family's history and current situation, and on the family's willingness to participate in the program.

There is county variation in the populations served and types of cases excluded from services. For example:

- Jefferson County reported that it tended to serve single-parent families. Families must be willing to work with the program. Almost all of the referrals to Jefferson County in 1994 were child welfare referrals except for 5-10 percent which were court-ordered referrals for children in need of supervision (CHINS). In FY 94, 108 families were referred to the program for services, and an additional 26 for consultation only. Of the 108 families referred for services, 75 were accepted; 20 of these did not complete the initial 72 hour assessment period put in place by the program. Of the 33 families that were not accepted, 20 were refused by the program because there was no vacancy and 13 were refused because the child referred was not at imminent risk of placement.
- The Montgomery County program requires at least one adult willing to work with the program. If the child at risk of placement is a teenager, he or she must agree

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## 2. Arizona

Arizona has been operating its family preservation programs since 1989. Services for CPS clients are provided through the state's Department of Economic Security (DES), Division of Social Services by private contractors. Currently, there are family preservation programs in each of the state's six districts, but not in every county. By the end of FY 95, there will be a total of 25 family preservation services teams across the state. There are also family preservation programs provided through the state mental health and juvenile justice agencies by private contractors.

### a. Structure

Currently, there are nine private providers of family preservation services to CPS clients. Of these, three serve the Phoenix area, and two serve the Tucson area. Together, these two areas contain the majority of the state's general and child welfare populations. Statewide, in 1993 approximately 195 families received services. The statewide model of family preservation prescribes six-eight weeks of service with a possible extension of four weeks. There is some variation in how private providers structure their family preservation programs. For example, in Tucson, the two providers, Arizona Children's Home Association (ACHA) and Our Town each have a different program model.

- **Arizona Children's Home Association.** The ACHA program established in 1989, is an eight-week program that uses two-person teams (therapist and parent aide) and has a caseload of six families per team. The model provides structural strategic therapy in addition to concrete services. Flexible funding of \$300 is available per family. In FY 93, ACHA served 34 families.'

ACHA is the largest provider of family preservation services in Arizona. In addition to the DES program, it has two other family preservation contracts. The agency

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'An Analysis of Arizona Family Preservation Services, Fiscal Year 1993, Prepared by Arizona DES, DSS and ACYF, January, 1994

contracts with mental health in Phoenix to provide a five-week intensive program established in 1992. This program uses three-person teams which include a special education teacher and focuses particularly on behavior management. These teams carry a caseload of 10 families. The Association also has a contract with juvenile court to provide Renewing Arizona's Family Traditions (RAFT) to probation clients. RAFT uses a four-week, two cases per worker, Homebuilders model.

- **Our Town.** Our Town provides a Homebuilders model (four weeks, two families per worker). In FY 93, Our Town served 35 families.

**b. Operation**

Referrals to the family preservation program are made by CPS intake workers, in consultation with their supervisors. Currently, the state's child welfare program serves only CPS families. However, as mentioned earlier, several of the providers, such as Arizona Children's Home, have contracts with other agencies (such as probation and mental health) to provide family preservation services to their clients.

No imminent risk criteria are provided by the state. The workers use their own judgment concerning risk of placement.

State program definition prohibits the program from serving: substance abusers when an abuser was unwilling to seek treatment, severely retarded parents, and parents exhibiting psychotic behavior. The Arizona Children's Home Association reports that it is dealing more often with sexual abuse cases and is beginning to focus more on cases involving chronic chemical dependency. The respondents noted that the criteria are looser in rural areas. The Association will take referrals there that they might refuse in Phoenix or Tucson, where there are more available resources.

c. **Evaluation**

The state completed an analysis of Arizona's family preservation services in FY 93.<sup>2</sup> This evaluation focused on three areas:

- information on client families;
- information on program outcomes; and
- information on program costs.

The evaluation found that a total of 195 families with 567 children were accepted to the program during FY 93. Most of the children who entered the program (67 percent) were age ten or younger. The average family was enrolled in the program for 56 days, and received an average of 45 direct service hours. Follow-up services were provided to **57** percent of the families after they exited the program, usually community-based services.

Outcomes were based on before-and-after comparisons conducted in three areas: the risk levels of families, the number of substantiated reports of maltreatment, and the number of **out-of-home** placements. No control group was used for this comparison. The evaluation reports that the program enjoyed a high degree of success based on these criteria.

The average program cost per family was calculated at \$2,901. Emergency grants provided to 38 percent of the families by the program averaged \$123. Families spent these grants on car and household repairs, rent, food, and utilities.

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<sup>2</sup>An Analysis of Arizona Family Preservation Services, Fiscal Year 1993, Prepared by Arizona DES, DSS and ACYF, January, 1994.

### 3. California

California has had family preservation programs in place for over a decade. Original authorizing legislation funded a number of demonstration sites to provide **preplacement** prevention services. Subsequent legislation provided funding through a competitive process to four pilot counties. Beginning in 1993, state authorizing legislation opened up the potential for program funding to any county that wishes to apply. Currently, California has state-subsidized family preservation programs available in 16 counties.

Any county that wishes to receive state funding for a family preservation program must submit a plan for services that specifies how foster care placements will be redirected. Subject to state approval of the county's plan, each county can design and provide its own continuum of services, including reunification services. Savings in foster care dollars are also projected by the county. Counties that do not meet these projections in out-years can lose part of their state contribution.

Following are details of the programs in Contra Costa, Los Angeles, Sacramento, San Diego and Solano counties. According to the state representative and others, these are among the largest and best-established programs in California.

#### a. Contra Costa County

Family preservation services in Contra Costa County are provided by **FamiliesFirst**, a private, non-profit agency under contract to the county. The program includes the usual range of concrete and support services.

In addition to the Families First program, Contra Costa County has contracted with five community agencies to provide after-care, such as parent education, parent aides, and counseling. Service may be provided for up to one year after the intensive program ends.

**FamiliesFirst** is the only provider of intensive crisis-oriented services in the county.

In 1994, 774 children entered foster care in Contra Costa County. Of these, 589 were referred by DSS and 185 by Probation.

1) Structure

The Contra Costa County program was established in 1988. It follows a modified Homebuilders model. The caseload for the program is two to three families per worker. Service is provided for four to six weeks, except for cases referred by the mental health agency, which receive service for eight weeks. Flexible funds are available to provide less intense, longer term services to families through specialized contracts. Third party and private pay contracts are also accepted for individualized Family Preservation Services.

The objectives of the program are to ensure safety, negotiate outcomes, achieve those outcomes, and prevent placement. Success is defined case by case and involves assessing the family's behavior and acquisition of skills.

The program operates at capacity. It served 178 families in 1994.

Families in Contra Costa are eligible for aftercare services by five designated agencies within the three county regions. The services range from individual and family services to in-home support services. All services are available for a minimum of six months and a maximum of one year.

2) Operation

**FamiliesFirst** serves children age 0-18 at risk of placement. Referrals come from CPS (60%) and Probation (40%), and under a separate contract, from the county mental health agency (15-20 families per year).

There are no guidelines for determining risk of imminent placement: the determination is made by the referring worker and, according to the county contact, interpretation varies widely. Referrals from Probation follow a suspended court order for placement. Referrals from CPS follow the filing of an abuse/neglect petition.

Contra Costa County has a Review Committee that screens worker referrals. Occasionally, in an emergency, a case is referred directly, but it is later referred to the Committee for review. **FamiliesFirst** may screen referrals also, but usually only to determine whether the referral is timely.

Criteria for acceptance into the program are broadly defined. The program includes substance abusing parents. It excludes families in which there has been a death caused by a parent; homeless families; psychotics who refuse medication; and sexual abuse cases if the perpetrator (other than a sibling perpetrator) is still in the home.

**b. Los Angeles County**

The Los Angeles County Family Preservation Program (FPP) has been in operation since 1991. It is operated by the County under contracts with lead agencies for Community Family Preservation Networks. Funding for the FPP comes from state funds administered by the county Department of Children and Family Services. A citizen's advisory group helps to set policy and direction and oversees the operation of the program. The Family Preservation Program began with nine networks in the six Los Angeles County Community areas with the highest number of foster care placements. In 1994, three more communities and networks were added, and three additional networks were added to the original nine in the initial six community areas. FPP currently comprises 18 separate programs, including 15 community family preservation networks and 3 special county programs for Black and **Latino** families. Each of the networks is led by a

different community agency (which sub-contracts with other local agencies). The overall program includes placement prevention, reunification, and juvenile diversions.

Since January 1993, FPP has served 7,000 children, one-third of these with reunification services, and two-thirds with placement prevention services. In 1994, 13,359 children entered foster care in Los Angeles County. Of these, 11,881 were referred by child welfare and 1,478 by Probation.

#### 1) Structure

The Los Angeles program has developed its own service model, having rejected the Homebuilders model in favor of a program that provides Homebuilder-type services coupled with 21 other services that include accessing health, education and social services at the community level.

The program defines family preservation as “an integrated, comprehensive approach to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe, secure and nurturing environment.” The program goals are to assure the safety of children; empower families to resolve their own problems; build on family strengths; identify problems early and solve them; involve the **community** in family support; decrease the need for public resources over time; and break multi-generational dependency upon public services.

The community network outreach workers carry a caseload of 5-8 families. Services are usually provided for 3-12 months, average 4.9 months, and must be reauthorized every 3 months. Services can extend beyond one year, with the approval of the Deputy Director of the Department

of Children and Family Services. Cases are closed when the child is no longer at risk. DCFS workers serve as case managers and carry a caseload of about 38 children.

## 2) Operation

Cases are referred from Probation and CPS and are assigned to the appropriate community network for services. These networks provide both direct services and linkages to other agencies. The direct services include in-home/outreach service and several types of counseling; homemakers; emergency caretakers; parent training; transportation; mental health treatment matched with **Medi-Cal**; therapeutic day treatment; auxiliary funds; and self-help groups. The linkages are made to a range of agencies providing such services as substance abuse testing and treatment, housing, employment support, health care, child care, education and developmental services.

The program began with a focus on imminent risk of placement, but it found that local agencies had to broaden their referral criteria to include cases in which there is a problem with family functioning in order to receive adequate funding. The family rate per month payment mechanism resembles an HMO arrangement with flexibility in use of the **capitated** funding. The program does not screen out cases referred to it, however, referral sources exclude cases involving sex offenders with uncontrolled access to children and families that refuse services.

### c. **Sacramento**

Family preservation services have been provided in Sacramento County since 1991. The program began with two units and expanded by two additional units in 1992 and 1993. The program, called Family Preservation and Child Protection (FPCP), is one of five divisions within the Department of Health and Human Services. Public staff from the FPCP division provide all case management activities, and the program contracts with nine partner agencies to provide client services such as drug counseling, service centers, homeless family shelters, anger control counseling, family support, and housing assistance. Other services, such as mental health

services, nursing, and drug and alcohol counseling are provided by public employees from within the Department.

Annually, the county receives about 3,000 reports of child abuse and neglect per month, and responds to approximately 500 of these. Currently in the county, 3,000 children are in foster care, with 633 entering in 1994.

1) Structure

Family preservation services in Sacramento County are provided by a team of a social worker and a family support worker who serve 8-10 families each. Services are provided for 90 days, with extensions possible. Clients are involved for approximately 5-20 hours per week (including services provided by contract agencies), and families are able to access a program social worker via the 24 hours a day, seven days a week emergency response line.

The Family Preservation/Emergency Response Unit targets multiple referral cases and pregnant adolescents. With the latter group, services are provided pre-birth and 90 days post delivery. The Family Preservation units in Family Maintenance and Family Reunification target imminent risk cases. The Family Preservation/Emergency Response Program is considered a primary prevention program.

2) Operation

The program keeps accumulative statistics on the number of children served since 1991. It is estimated that approximately 65 family cases were referred and accepted each month (or approximately 1,000 children per year). The majority of these referrals originate following a child placed in protective custody and involve neglect and drugs. In addition, approximately one percent of referrals originate from mental health, and the program is required to accept 200

female juvenile justice referrals per year. The program accepts all cases (including substance abuse) with the exception of those involving sexual abuse. However, the program will continue to serve such cases if sexual abuse comes to light after the case has been accepted.

The average age of the parent served is 31, and the average age of the child is six. Most of those referred are poor and live in urban areas; the majority of those served live in the eight highest poverty areas in the city.

CPS cases enter family preservation through either the **24-hour** emergency response line or the Dependent Intake Unit. Cases that enter through the emergency response line are assessed for imminent risk and referred by the Assessment worker and his or her supervisor. Cases that enter through the Dependent Intake Unit are assessed for imminent risk and referred by the Assessment worker and supervisor and by a family preservation worker and supervisor. After the assessment is completed, a decision is made to: screen the case out, refer to child welfare services (Family Maintenance), refer the child to family preservation services, or place the child in foster care on an emergency basis.

**d. San Diego County**

San Diego's Intensive Family Preservation program has been in existence since January 1991. The program operates as a division within the county CPS office and is staffed by CPS employees. It serves high-risk families, using both child welfare staff and private providers. Moderate and low-risk families are served by private providers who are under contract to the agency. A case manager oversees these cases and controls the services provided and their intensity.

In 1994, the intensive family preservation program estimates they served approximately 230 families. The program operates at capacity. That year, there were an average of 6,390

reports of child abuse and neglect per month in San Diego county. The average monthly number of children in foster care totaled 5,481. An average of 2,400 children enter foster care each year.

1) Structure

Services in the intensive program are flexible and designed to meet the needs of the individual family. Some cases are teamed, others are served by a single caseworker. Service duration varies from two weeks to 90 days, with extensions permissible up to nine months. Caseworkers are assigned no more than four cases (most have three on average). A maximum of \$500 per month in flexible funds is available.

Services provided include traditional family preservation services such as counseling and also include public health, mental health, substance abuse treatment, transitional residential, and international liaison services for recent immigrants. All of these services are provided by program staff. Additional services are furnished by private providers on a contractual basis.

2) Operation

There are multiple referral sources for the San Diego family preservation program, including CPS, child welfare services, juvenile justice, courts, developmental disabilities, mental retardation, mental health, and children in residential care. In addition, program staff routinely track cases in foster care and advocate that they be referred for intensive services. Imminent risk is not a criteria for referral, although the program contact stresses that many of these cases are served. During November 1994, 49 cases were referred, 23 were rejected, and 19 were opened.

The program contact also stresses that the program serves many types of families and problems, including sexual and substance abuse cases. The program does not accept cases in which there is a high probability of a child's death. The program defines these cases as cases

involving psychotic parents, parents with IQs below 70, cases of sadistic abuse, and cases in which a child has sustained serious blows to the head, burns, or bone breaks. The program also excludes parents whom a psychiatric evaluation has found incapable of parenting.

e. **Solano County**

Family preservation services in Solano county are provided by **FamiliesFirst**, a private, non-profit agency under contract to the county. The program provides both family preservation and reunification services. It includes the usual range of concrete and support services.

**FamiliesFirst** is the only provider of intensive crisis-oriented services in the county. Solano County Department of Social Services has some family preservation workers who provide ongoing services.

In 1994, 300 children entered foster care in Solano County. Of these, 148 were referred by DSS and 152 by Probation.

1) Structure

The Solano County program was established in 1983. It follows a modified Homebuilders model. The caseload for the program is two to three families per worker. Service is provided for four to six weeks. Flexible funds are available to provide less intense, longer term services to families through specialized contracts. Third party and private pay contracts are also accepted for individualized Family Preservation Services.

The objectives of the program are to ensure safety, negotiate outcomes, achieve those outcomes, and prevent placement. Success is defined case by case and involves assessing the family's behavior and acquisition of skills.

The program operates at capacity. It served 92 families in 1994.

2) Operation

**FamiliesFirst** serves children age 0-18 at risk of placement. Referrals come from CPS (60%) and Probation (40%).

There are no guidelines for determining risk of imminent placement: the determination is made by the referring worker and, according to the county contact, interpretation varies widely. Referrals from Probation follow a suspended court order for placement.

Solano County has a Review Committee that screens worker referrals. Occasionally, in an emergency, a case is referred directly, but it is later referred to the Committee for review. **FamiliesFirst** may screen referrals also, but usually only to determine whether the referral is timely.

Criteria for acceptance into the program are broadly defined. The program includes substance abusing parents. It excludes families in which there has been a death caused by a parent; homeless families; psychotics who refuse medication; and sexual abuse cases if the perpetrator (other than a sibling perpetrator) is still in the home.

f. **Evaluation**

**Statewide evaluation.** Walter R. McDonald and Associates (WRMA) has conducted several evaluations of California's effort to impact foster care placement. These evaluations are funded through the state authorizing legislation.

Currently, ten sites are being evaluated. Nine of these sites are providing case-specific data through mini-automated systems. The tenth, Los Angeles County, is undergoing a separate process evaluation. This evaluation is entering its second year. For a previous evaluation,

completed in 1990, WRMA collected data on over 700 families that were referred to family preservation services. These data included:

- the characteristics of the families and children served;
- the kinds of problems they faced;
- services planned and provided; and
- placement outcomes for the eight months following referral to the program.

In addition, during the third year of this evaluation, five programs participated in a comparison study in which data were collected on a group of families and children referred for services. These referrals were assigned to either receive intensive in-home services or other child welfare services.

No significant differences in placement rates were observed between these two groups. Eighty-two percent of the project's children in the treatment group were not subsequently placed in foster care compared to 83 percent of those in the control group. Approximately one-quarter of the families in each group had a subsequent investigation for child abuse and neglect. In addition, no significant differences between the two groups were found in terms of placement incidents, length of time in placement, and overall placement costs.

**Contra Costa and Solano Counties.** Families First, the family preservation program in Contra Costa and Solano Counties, has been evaluated several times. In 1987-88, the University of California-Davis conducted an extensive evaluation of the program, using an experimental design. This research found that children whose families received family preservation services did not require outside placement at the rate of those in the conventional group, who received only traditional counseling services. Families First also was part of the WRMA evaluation and is currently being evaluated by the State.

**Los Angeles County.** The Los Angeles County Family Preservation Program has recently undergone a process evaluation by Walter R. McDonald and Associates.

In the three months since February 1992, the increase in the number of foster care placements has risen 3 percent in the initial 6 communities as compared to 36 percent in all other communities in Los Angeles.

**Sacramento and San Diego Counties.** Sacramento County (like the other 16 Family Preservation counties) was involved in a year long comprehensive evaluation by Walter McDonald, whose report is due in December 1995. Since its inception, Family Preservations' fiscal success and foster care avoidance have been evaluated by the State. County statistics indicate over 90 percent of the children in Family Preservation/Family Maintenance are home two years after termination of Family Preservation services. One hundred percent of the children served by Emergency Response/Family Preservation are home 1 year after termination of services.

#### 4. Florida

In Florida, the Department of Health and Rehabilitative Services (DHRS) is responsible for the administration of family preservation programs. There are two statewide programs offered in all 15 DHR districts: Intensive Crisis Counseling Program (ICCP) and Family Builders (FB). There is variation in implementation among the districts. Both programs exist in all of the large population centers, but some of the geographic areas are too large and not densely populated enough to support one or the other program. Services are delivered by private providers contracting with the 15 state districts.

Recent legislation establishing a “family response system,” has had an impact on who receives family preservation services. When a child abuse and neglect report is received at the District level, families are prioritized and placed into two groups: 1) Family Services Response (FSR) or 2) Investigation. Families that are sent to FSR receive any type of family preservation service (home maker, child care and intensive in-home services), without entering the child welfare system. Investigation families enter the child welfare system and are investigated. Some of these families may later be referred for family preservation services. The Office of Alcohol, Drug Abuse and Mental Health also has developed a family preservation model called SEDNET, which works to stabilize severely emotionally disturbed (SED) children in their families, through a variety of community supports.

According to the state contact, Hillsborough County (the Tampa area) has one of the oldest and best-established family preservation programs in Florida, and it has a reunification program as well. Details of the Hillsborough County program are included in the following description.

**a. Structure**

The two major family preservation programs in Florida are **ICCP** and Family Builders (FB).

**ICCP.** ICCP, which began as a pilot program 1982, is the older and larger of the two Florida family preservation models. Staff of this program provide a basic Homebuilders model, serving caseloads of two-four families for service durations of four--six weeks. While the program itself does not have any flexible funds attached, new legislation allows districts to use leftover emergency assistance funds or foster care funds to help preserve families. **ICCP** workers use these dollars as flexible funds. In FY 94, **ICCP** served 2,418 families statewide.

In Hillsborough County, **ICCP** services have been somewhat modified. Family preservation services are provided by a single private agency. Service is provided by two-person teams comprising a professional and a **para-professional**. The caseload is six families per team. The duration of service is six weeks, with a possible two-week extension.

Hillsborough's **ICCP** serves about 225 families per year. In 1994, 423 children entered foster care in the county. In December 1994 there were 1,075 children in foster care in the county. In November 1994, 1,072 families, representing 2,283 children, received protective services.

**Family Builders.** Family Builders was established in 1990. The program pairs a professional with a **para-professional** to provide services to four-six families at a time. The teams serve families for three-four months. There is also up to \$500 of flexible funding available per family. Florida officials consider this the more intensive of their two programs. It is possible that a family that "failed in ICCP," might be referred to Family Builders, but for the most part these programs are mutually exclusive.

In FY 94, Family Builders served 1,397 families statewide. Discussions with the program contact revealed that this underrepresented the actual number, since only 11 of the 15 districts had reported for the last quarter. He estimated the number should be 25 percent higher.

Some districts have modified the basic Family Builders program. In Jacksonville, for example, there is a well-defined follow-up program which includes pairing families with more functional community families for six months after they leave the program.

Hillsborough County's Family Builders program sticks to the model and uses two-person teams who carry a caseload of six families per team. Services are provided for 90 days and may be extended for an additional month. Family Builders serves about 175 families per year.

**b. Operation**

**ICCP.** Referrals to **ICCP** can come from juvenile justice or child welfare, but they cannot be court ordered. Ninety percent of the referrals come from child welfare. According to the state contact, this is partly because juvenile justice is developing its own program. Referrals generally come from investigators (75 percent), but can also come from any other DHRS workers, (protective supervision, adoption, foster care, or Voluntary Family Services worker).

Imminent risk is required for entry into **ICCP**, but the state has not defined the term. According to the state representative, workers use their own judgment to make the determination.

To receive family preservation services there must be a parent who is willing to work with the program and substance abusers must be willing to accept treatment. Policy also states that there must be the knowledge that with services, risk can be reduced.

The state representative noted that **ICCP** seems to be serving families with older children. There is some district to district variation in target populations because certain providers have

contracted to serve special populations, such as substance abusers, teen parents or Spanish speaking populations.

In Hillsborough County, the referring caseworker uses a risk assessment tool to assess risk of imminent placement. Workers have to determine that the child will be placed within 24 hours to meet the imminent risk criterion. The program excludes families who are not willing to participate in the program and substance abusers who are not willing to accept treatment services.

**Family Builders.** The Family Builders target population is similar to ICCP, but the program tends to serve the more complex cases and younger children. In most cases, these children are under seven years old, and they are more likely to be under five years old. Imminent risk is required for entry into Family Builders.

In Hillsborough County, Family Builders excludes the same types of families excluded from ICCP.

**c. Evaluation**

The state has just completed a two and a half year evaluation of its family preservation programs. The evaluation was conducted with Florida State University in the first four districts of Family Builders. Hillsborough County was among the sites studied.

## **5. Iowa**

Although family preservation services have been available since 1974, the Iowa Family Preservation Program (IFPP) began on a demonstration basis in 1987 and became available statewide in the Fall of 1990. Home-based preventive services are available throughout the state through a number of public and private providers, some of which operate multiple sites across the state. Among the largest of these providers are: Lutheran Social Services, Gerard Treatment Program, Alternative Treatment Associates and Boys Town.

### **a. Structure**

Throughout the state, two home-based preventive services programs are available: 1) Iowa's Family Preservation Program (IFPP) and 2) Family-Centered Services.

**IFPP.** IFPP is housed within the Department of Human Services in Des Moines and five regional offices. Services are provided by ten agencies, some with multiple sites across the state. The basic outline of the program is proscribed, including caseload size, service duration, and core services to be provided.

The worker providing family preservation services is in contact with the family every day at the start of the intervention and is available to the family on a **24-hour** basis. Caseload size averages 3.5 families per worker; however, service standards for FY 95 shall reduce caseloads to three families. Services can be provided for up to 60 days, but the average length of service is about 45 days. The services are geared toward providing immediate services in order to relieve a crisis situation and include restorative living skills, social skills, therapy and counseling, psychological/social evaluations, and family skills development. Family preservation providers have access to flexible family assistance funds to meet concrete family needs.

Polk County (Des Moines) is the largest catchment area in Iowa. In Polk, approximately 33 families are served during a month. With an average length of service delivery of 45 days, approximately 297 families are served in a year. The majority of the families in Polk are served through one private agency.

In FY 94, there were 2,097 incidents of abuse or neglect involving 3,264 children reported in Polk County. Of these, 669 reports involving 919 children were substantiated. The average monthly number of children in foster care was 425. In 1993, statewide, 2,415 families were provided intensive family preservation services; over 2,450 were served in 1994.

**Family-Centered Services.** Iowa's Family-Centered Services program is statewide and is also targeted at families in crisis. However, it is implemented differently in every site. Services are provided by a combination of private providers and Department of Human Services (DHS) staff.

Most family-centered services are court-ordered. The services usually begin with contact with the family approximately three times per week, although no caseload size is prescribed. The major components of family-centered services are: parent skills training, therapy, recreation/leisure, diagnosis and evaluation and supervision. Specific services include day care, homemaker, therapy, and specialized assessments.

Diagnosis and evaluation is limited to 45 days. All other components are limited to six months but can be extended for another six months. The average length of intervention is seven and one-half months.

In 1994, 2,500 families were provided family-centered services statewide. Boys Town provides an example of how private providers may structure family-centered services. The Boys Town family preservation program provides services in six southwest Iowa counties and includes

both an intensive crisis program, which was established in 1989, and an ongoing program, Family Center, which was established in 1994. The programs are differentiated by the level of risk in the family.

At Boys Town, family preservation services are not time limited. The duration of services averages 7 weeks, but it may last 20 weeks or more. Boys Town workers carry a caseload of two or three families each, and flexible funds are available. The program provides the usual range of concrete and support services with an emphasis on teaching.

Last year, Boys Town's intensive program served a total of 70 families, with one unit. A second unit is being added, and the program expects to serve 100 families this year. The ongoing program served eight families in 1994.

**b. Operation**

Iowa's 99 counties and regions both play a role in the child welfare case flow. Investigations and court procedures take place on the county level. Investigators or judges refer cases to a regional Clinical Assessment and Consultation Team (CACT). The team also takes referrals from juvenile justice and mental health, however 80 percent of the family preservation referrals come from child welfare.

The CACT serves as gatekeeper for all services and determines whether a family is appropriate for Family Preservation. CACT teams are available 24 hours a day. When the CACT team has made the determination that the family should receive family preservation services, the family is given the choice of several providers.

Some of the family preservation providers are the same agencies who provide family-centered services. Some contracted providers may be targeted to serve specific

populations (e.g., a few mentally retarded/developmentally disabled children are served through family preservation, but more cases involve mentally retarded parents than mentally retarded children).

IFPP. Families referred for family preservation services must have a child at immediate or high risk of placement and be willing to participate in the program. According to the state contact, the definitions of risk levels have been operationalized; we have requested a copy of the operationalized definitions.

**Family-Centered Services.** Family-centered services are provided to the same target population as IFPP services. However, imminent risk of an out-of-home placement is not required for entry into the family-centered services program.

The Boys Town family preservation program serves children age 0-18 at risk of placement. Referrals come from DHS and may include abused and neglected children and children referred from juvenile justice and mental health agencies. The only criteria for acceptance in the program are a child at risk of placement and a parent willing to accept services. Referrals may occur at any time. Boys Town screens all cases referred, except for those in which the parents refuse services or the risk to the child is extreme. The program provides the usual range of concrete and support services, with an emphasis on teaching.

c. **Evaluation**

**Statewide evaluation.** Iowa State University conducted an outcome evaluation in 1993. This evaluation was mandated by the state legislature. It collected a large amount of data and information on family preservation services, but not on the other home-based services or foster care. The evaluation contained the following measures of success:

- Family functioning: Family Risk Scales were used at beginning and end of intervention;
- Foster care avoidance: The evaluation used avoidance of placement at 30 days, six months and 12 months after end of FP; dropping six month measure because essentially the same as 12 months.

A continuing problem in the evaluation was the control group. Originally DHS was to rate all families in family-centered services or in placement on a score of one to three, *from c/ear/y in need of placement, to need family preservation or would place in foster care, to would benefit from other family-centered services*. The second group (need family preservation or would place) was to be divided between families who got family preservation and families who could not get family preservation services because caseloads were full. The third group could get family-centered services or placement or other services, but not family preservation services. However, family-centered service workers modified their intervention to meet the needs of families who really were appropriate for family preservation. Thus, there was no longer a true “control” group.

The control group problem was even more significant in districts with private family preservation providers. In those districts, family-centered workers would not rate a family as needing family preservation if they did not know ahead of time that a slot was available for the family. The state family preservation program managers directed the local family preservation offices to follow the control group rules, and where family preservation services were publicly provided, referring workers went along with the procedures because the state family preservation

program seemed to want them to follow the procedures. However, where family preservation services were privately provided, there appeared to be less commitment to the research, and referring workers never really abided by the control group rules.

**Boys Town Evaluation.** Boys Town evaluates all of its programs in-house, using standardized instruments. Iowa is considered a research site and is heavily studied. The preservation rate for the Iowa program is 91 percent at termination, 87 percent at 30 days after termination, 85 percent at 90 days, and 79 percent at one year after termination. No control group has been studied. Preservation is not achieved if the child is placed for more than 13 days in non-kinship care.

## **6. Kentucky**

Kentucky's family preservation program began in 1985, with support from the Governor and legislature. The state provides preplacement prevention services, using the Homebuilders model, in all of its 14 districts. Currently, services are available in 93 of 120 counties, and the state is expanding to 10 more counties. The program is administered by the Cabinet for Human Resources Department for Social Services (DSS) and provided by 14 private agencies statewide. One of the largest programs, according to the state representative, is the program in the Jefferson County District (City of Louisville). Details of this program are included below.

A separate program, Kentucky Impact, is funded by the Robert Wood Johnson Foundation. The state classifies this program as a collaborative model of service delivery. Teams work with families with SED children to provide services to keep the family functioning and help children avoid hospitalization. This program is modeled on Florida's SEDNET program and is operational statewide. Implementation varies greatly from region-to-region. The state is currently developing a best practices guide to reduce variation.

### **a. Structure**

The state's preplacement prevention program adheres to the Homebuilders model. Family preservation workers carry a caseload of two families, and services are provided for four-six weeks. Flexible funds are available. DSS workers serve as case managers and carry caseloads of 30-35 families.

The state claims that little variation in the program exists between districts because state staff are involved with the interviewing and hiring of all program staff. All staff receive training by Behavioral Sciences Institute. Nevertheless, the state contact noted that service providers do not

always stick to the four-six week intervention period, and may allow services to extend longer. Jefferson County reported enforcing the six-week maximum.

In FY 93, the program served 772 families statewide. This represented 1,355 children who were at risk of being removed from the home. A comprehensive automated data system tracks all children in the child welfare system.

Jefferson County served 600 families in family preservation in FY 94. The County averages 600 CPS investigations per month; the range is **525-700** cases per month. Of these, 43-45 percent (260) cases are substantiated. In December 1994, there were 950 children in foster care in the county; 400 cases enter foster care per quarter.

**b. Operation**

Children are referred to Homebuilders from juvenile justice, mental health, and public health services. In FY 94, 69 percent of the referrals were CPS clients; the remainder were status offenders and mental health clients. Jefferson County reported that referrals may be made at intake or later.

The state has not developed criteria for imminent risk; workers make their own determinations of the level of risk. In Jefferson County, the investigative worker uses a risk assessment tool to determine imminent risk for CPS-referred cases. Status offender cases come through the court and are assumed to be at imminent risk because a petition has been filed. A supervisor screens the worker referrals and discusses them and the initial risk assessment with the provider. Another screening is conducted at the first family visit. The respondent noted that the definition of imminent risk, "is not as crisp as we would like."

In order to receive services, the family must have some apparent strengths and be willing to participate in the program. The program excludes cases involving sexual abuse if the perpetrator is in the home, and active abusers if that fact is known ahead of time.

**c. Evaluation**

There has been no formal outcome evaluation of the Kentucky family preservation program. There was a formative evaluation during the first years the program was in operation. It focused on implementation.

The Jefferson County program has been evaluated by the Cabinet for Human Resources Quality Assessment Branch.

## 7. Michigan

In 1987, in response to rapidly increasing state spending for foster care, the Michigan legislature appropriated \$5 million in redeployed foster care dollars as a line item for the development of family preservation services. The program, which is called Families First, began in 1988 in selected counties with more than 100 children in foster care. It is now operated statewide.

The program is administered by the Department of Social Services. Services are provided by some 47 agencies across the state. Ten Families First agencies serve Wayne County (Detroit).

### a. Structure

Families First is based on the Homebuilders model. Workers carry a caseload of two families and services are provided for four-six weeks. The program has a strong centralized training and quality assurance component.

As of March 1993, a total of 5,700 families had been served since the program's inception. In Wayne County, 1,500 referrals are made to Families First per year.<sup>3</sup> The program operates at 80 percent capacity. In January of 1993, 10,455 children were in foster care; 2,774 children were in the delinquency program.

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<sup>3</sup>Data collected during a site visit (May 1993) for the Evaluability Assessment of Family Preservation Programs conducted by James Bell Associates.

**b. Operation**

Families First targets families with:

- one or more children at risk of foster care placement;
- one or more children who have been in placement for less than 72 hours;
- children at high risk due to domestic violence;
- children recently adjudicated in juvenile **court**;
- children at risk of entering, or returning, from institutionalization.

State policy defines imminent risk as children who are at risk of removal from their home.

This is operationalized to mean that placement would occur in the next 72 hours without preventive services, or that a child has been in placement less than 72 hours. One adult family member must be willing to participate in the program.

**c. Evaluation**

An evaluation of Families First was conducted between June 1988 and December 1990. The state claims that this evaluation showed that foster care placements declined by 12.2 percent in counties with Families First programs, while placements rose by 29 percent in counties without the program. Since there was no comparison group, one cannot necessarily attribute observed changes to the program.

**NOTE:** At the request of the state contact, we deferred contacting local family preservation and reunification programs. We plan a site visit to Michigan in the near future, when we will be able to obtain more information on the state's programs.

8. **Missouri**

The State of Missouri's family preservation services program, called Families First, was initiated in 1987 by the Department of Mental Health in cooperation with the Departments of Social Services and Elementary and Secondary Education. The program was designed to prevent out-of-home placements of SED children and youth. In 1988, the three departments joined with Citizens for Missouri's Children to develop a model that could be replicated statewide and also serve abused and neglected children. This family preservation program became statewide in 1992.

New state legislation, Senate Bill 595, has instituted a two-track approach to investigations of child abuse and neglect. When an allegation is made, cases are referred to one of two categories, based on their severity. These categories are criminal investigation and assessment and services. The goal of the new program is to approach families in the second category not as child abusers, but as troubled families in need of services.

The City and County of St. Louis (together called St. Louis Metro) comprise the largest catchment area in the state. St. Louis Metro includes one-half of the state's population and the majority of the child welfare population. Jackson County, which includes Kansas City, is one of the next largest catchment areas. Details of the programs in these two areas are included below.

**a. Structure**

Families First programs funded by the state are held to basic Homebuilders standards, but each program is allowed to develop its own project plan. Workers carry caseloads of two families each. Service is provided for four-six weeks. Flexible funds are available.

Services are provided by a mixture of private and public contractors. Statewide, there are a total of 40 Division of Family Services (DFS) staff and 150 contracted staff providing services. These services focus on teaching skills, including problem solving and parenting.

Families First served 1,397 families (including 3,721 children in FY 94).

The St. Louis Metro Project operates under the aegis of the State of Missouri, as part of the public child welfare system, though some services are contracted out to private providers. The St. Louis Metro Project has 40 family preservation specialists located in the St. Louis City/County area. In addition to the St. Louis Metro Project there is a Families First Program in St. Louis County.

During FY 94, St. Louis Metro received 519 family preservation referrals and served 348 families. St. Louis City served 241 families and St. Louis County served 107 families. During this time, Jackson County received 383 referrals and served 137 families.<sup>4</sup>

In addition, in FY 94, St. Louis City, St. Louis County and Jackson county reported the following statistics:

	<b>St. Louis City</b>	<b>St. Louis County</b>	<b>Jackson County</b>
Abuse/neglect reports	6,098	5,169	7,230
Cases substantiated	1,711	1,027	1,665
Children in foster care	2,950	1,289	1,641
Children entering care	879	392	449

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<sup>4</sup>Missouri Department of Social Services, Family Preservation Services, Annual Report, FY 94.

**b. Operation**

Referrals to Families First can come from a variety of sources. In FY 94, St. Louis received 79 percent of its referrals from DFS and **21** percent from other sources. The majority of other referrals came from the court. Jackson County received 96 percent of its referrals from DFS and **4** percent from the court. The statewide average is **75** percent from DFS, and 25 percent from other sources.

All referrals must be made by someone with the authority to remove a child (this includes the court and law enforcement). Once the referral is made, the provider and DFS decide if it is appropriate for the program. According to the St. Louis Metro Project, targeting decisions are made by DFS investigators in conjunction with Juvenile Court officials and sometimes law enforcement personnel. (The latter sometimes places children directly without the child welfare agency having a say in the matter.) Decisions are made through discussions among the principal actors.

St. Louis reported that the state defines imminent risk as the child is at high-risk of being placed within **72** hours of the allegation, or within **72** hours after the child has been placed, if an emergency placement has occurred.

In order to be accepted into the program at least one of the parents must be willing to participate in services. According to state staff, this requirement tends to rule out families with serious drug abuse problems. In addition, the program does not accept cases involving mentally retarded parents, substance abusers unwilling to complete treatment, serious abuse or sexual abuse if the perpetrator remains in the home.

c. **Evaluation**

An annual report published by the Missouri Department of Social Services for FY 94 summarizes program activities and client characteristics throughout the state and for all 35 individual family preservation program sites. The report presents information from two different computer systems: the Referral System and the Intake and Tracking System. The numbers from these two systems do not reconcile because of the more complete capture of data in the Intake and Tracking system, however both systems provide valuable information.

From the Referral System:

- 2,178 families referred;
- 1,052 accepted (48 percent);
- 1,126 not accepted (52 percent) -- of these, 21 percent due to no immediate likelihood of placement, 19 percent due to a lack of program openings -- child remains at home, 16 percent due to child safety, 15 percent due to a lack of service openings -- child placed, 13 percent because the primary caretaker was unwilling to participate, and 7 percent because the primary caretaker was unavailable;

From the Intake and Tracking System:

- 1,397 families (3,721 children) accepted;
- 75 percent of referrals from the Division of Family Services, 8 percent by the courts;
- 1,008 families exiting (with 85 percent intact at that time);
- 2,054 at-risk children exiting (with 87 percent intact at that time);
- head of household characteristics: 80 percent female, 66 percent white, 33 percent black, 48 percent aged 30-39, 21 percent aged 23-29, 57 percent unemployed, and 53 percent earning less than \$10,000; and
- at-risk children characteristics: 10 percent under one year old, 29 percent 1-5 years old, 35 percent 6-12 years old, and 26 percent were 13 and over.

## **9. New Jersey**

The New Jersey family preservation initiative began in 1987 with programs in four counties. New Jersey is currently operating preplacement prevention in 14 of its 21 counties and plans are underway to expand the program to the remaining seven counties. The Division of Youth and Family Services funds 12 community-based agencies to provide services.

According to the state, all of the family preservation programs operate similarly. State authorizing legislation mandates that programs adhere to the Homebuilders model and specifies the qualifications for staff. Training is provided to all programs by Rutgers University, through the State Family Preservation Institute. In addition, BSI trains all supervisors and front-line staff.

Several other preventive programs also serve various target populations. Two of these include: 1) The Family Managed Care program which works to maintain children in their homes, stabilize foster care placements, and reunify children who have been cared for in institutional settings; and 2) The Youth Incentive Program (YIP) serves families with SED children. It provides both family preservation and family reunification services. YIP follows a multi-disciplinary model involving several levels of coordinating councils.

### **a. Structure**

The state's intensive preplacement prevention program is based on the Homebuilders model. Caseworkers carry a caseload of two families (three if one is terminating). Services are provided for four-six weeks. In FY 94, the program served 742 families statewide.

Following are the number of cases referred in FY 93 and their disposition by county:

County	Number of Referrals	Appropriate and Served	Appropriate, No Slots	Not Appropriate
Atlantic	71	74.6%	19.7%	5.6%
Bergen	120	52.5%	44.2%	3.3%
Burlington	73	76.7%	19.2%	4.1%
Camden	212	34.4%	56.1%	9.4%
Cape May	41	87.8%	4.9%	7.3%
Cumberland	99	55.6%	37.4%	7.1%
Essex	215	41.9%	49.8%	8.4%
Gloucester	83	44.6%	45.8%	9.6%
Hudson	121	57.9%	37.2%	5.0%
Mercer	130	76.2%	20.8%	3.1%
Monmouth	144	59.0%	20.1%	20.8%
Passaic	109	56.9%	42.2%	0.9%
Salem	62	77.4%	21.0%	1.6%
Union	162	54.3%	43.2%	2.9%
Total	1,642	55.7%	37.4%	6.9%

**b. Operation**

The state's intensive preplacement prevention program targets "all" children at risk. Statewide, the program referrals average 63.5 percent from CPS, 11 percent from mental health crisis intervention units, 10.5 percent from the courts, and 15 percent from other sources. Referrals must be made by someone with placement authority. A CPS caseworker screens referrals from mental health crisis intervention units, from the courts, and all other sources before referring them to family preservation.

In New Jersey, imminent risk means that foster care placement would occur within 72 hours in the absence of services. Currently, there is a lot of discussion throughout the state on what constitutes imminent risk and what constitutes exhausting all other resources. The state views its intensive **preplacement** prevention program as the last resource that should be used before placement occurs.

The program serves cases involving sexual abuse and substance abuse. There are no exclusions. Most of the children served are over age 10.

**c. Evaluation**

An evaluation of the state's family preservation program was completed in December 1991. For this study, 214 eligible children were randomly assigned to family preservation services or a control group that used other existing services. The evaluation found that family preservation families had fewer children enter placement and that they entered placement at a slower rate than the control group. However, the study also found that this trend dissipated fairly rapidly over time. By the end of the first year, 42.7 percent of the family preservation families had a child in placed in foster care compared to 56.7 percent of the control group.

No statistically significant differences were found in the type of substitute care utilized nor the time spent in out-of-home care. In addition, few measures of change in family functioning or social support were significant between the two groups.

10. New York

In 1988, the New York State legislature established the Family support services program, designed to enhance the State's capacity to support and strengthen families and avert foster care placements. The three programs established under this initiative were: intensive home-based family preservation services, respite care services and therapeutic foster boarding home programs. These efforts built on the already existing statewide program of preventive services for families with children at risk of foster care. The preventive services program, created by the Child Welfare Reform Act of 1979, is funded with 75 percent State and 25 percent local funds. Families are entitled to receive such services where their child has been deemed as at risk of foster care. Preventive services include case management and planning, clinical services, homemaker, parent aide/training, day care, transportation, housing subsidies, and other supportive services. Preventive services may also be provided to families where the risk of foster care is not imminent; such services are reimbursed with 50 percent State funds.

In 1988, \$6 million was made available for the Family support initiative for start up of programs. On-going operating funds would be provided through existing preventive and foster care funding streams. Over the years since then, 20 localities have received funding for start up of intensive home based family preservation services. In addition, a number of localities have initiated such services on their own, notably the City of New York, which made such services available city-wide.

In 1993, the State legislature appropriated \$10 million for the creation and expansion of family preservation centers within the State's highest need communities. These centers serve as a resource for information and referral, support, networking and community planning.

**a. Structure**

**New** York State's intensive family preservation programs follow a modified Homebuilders model. State guidelines specify that caseworkers are to carry a caseload of two families (four maximum) and be available to families 24 hours per day. Services are provided to families for 30 days with an additional **30-day** extension possible. State guidelines do not define the scope of services, beyond specifying that a mixture of therapeutic and concrete services must be provided at an intensity of at least **10-15** hours per week. At least one-half of the services provided must be delivered within the family's home. Families also can be referred to services within the community.

The four largest catchment areas currently served by the intensive family preservation program are New York City, Long Island (Nassau and Suffolk counties), Buffalo (Erie county), and Rochester (Monroe county). Erie and Monroe Counties belong to the Upstate Intensive Family Preservation Network, which includes a total of 15 programs. Among other activities, the Network facilitates training with BSI. Programs in this Network appear to adhere the closest to the Homebuilders model.

Following is information on Erie, Monroe and Suffolk Counties. All of these programs are operating at capacity and do not keep a waiting list.

<b>County</b>	<b>1994 # Served FPS</b>	<b>1993 # CAN Reports</b>	<b>1993 Foster Care Caseload</b>
Erie	240 families	8,229, 1,882 indicated	2,161, 839 entered
Monroe	100 families	5,555, 1,050 indicated	1,156, 617 entered
Suffolk	100 families	9,267, 2,681 indicated	782, 453 entered

In Erie County, intensive family **preservation** services are provided through three non-profit agencies. One private agency in Monroe County and one in Suffolk County, provide services. All of these agencies also offer a wide array of other child welfare and related preventive and follow-up services.

**b. Operation**

Variation among the New York family **preservation** programs primarily exists in the referral process. According to the state contact, CPS workers do not always trust programs provided by non-profit agencies. As a result, many programs had problems receiving an adequate number of referrals during start-up. Most programs have remedied this shortfall by accepting referrals from Children's Services; foster care cases that are in the process of being reunified (approximately 10-15 percent of all cases).

Other than the risk criteria mandated by the 1979 state Child Welfare Reform Act for all referrals, the state does not provide criteria governing imminent risk. The Act mandated that the following be taken into account when making referrals:

- health and safety needs of child;
- child service need (danger to self and others);
- parent need (emotional, physical, or financial);
- unborn child at-risk (substance abuse by pregnant woman);
- parent unwilling to take care of child; and
- various other risk factors or behavior.

Generally, counties use the "seven day criteria" in conjunction with the above criteria. If a determination is made that the child is at high-risk (on a low, medium, or high scale) of being

placed in foster care within seven days, that child is considered eligible for family preservation services.

**Erie County.** In Erie County, there are three family preservation programs; they are operated by private providers under contract. One of these programs serves the general population, another serves a primarily African American population, and the third serves the Native American community. Virtually all of the cases referred to the first two of these family preservation programs originate from CPS, except for substance abuse cases, unless the parent has just undergone treatment. Because the programs operate at capacity, program staff conduct their own assessment and often quiz the referring CPS worker on the appropriateness of the referral and actual risk of child removal.

The Native American program, the smallest of the three programs in Erie county, does not accept non-Native American referrals and primarily targets families in which substance abuse places the child at-risk of foster care placement. Although the program keeps no waiting list, in the past, families have been provided substance abuse treatment or other less-intensive preventive services until intensive family preservation services become available.

**Monroe County.** In comparison to Erie County, Monroe County is less strict in its targeting. According to the respondent, the provider works closely with the DHSS liaison who knows the program capacity and only refers cases when there is an opening. All referred cases are accepted by the program.

A joint assessment is conducted by the investigative worker and the referring worker to determine whether one family member is in crisis and whether one child is at-risk of foster care placement. The DHHS liaison takes referrals from multiple sources. In 1993, the program served

22 CPS cases, 40 community mental health referrals, 21 cases in which families referred themselves for services, 10 from other preventive services, and 8 probation cases.

**Suffolk County.** Suffolk County focuses primarily on serving voluntary foster care placements. The program excludes cases of domestic violence and unmotivated parents. Cases are received directly from the foster care system. In addition, the program receives referrals from the Office of Mental Retardation, the Office of Mental Health, and Probation in cases in which parents are voluntarily placing their children. The program reports that many of the referrals originate when voluntary placement support cases are not processed quickly enough by the referring agency. In these instances, some families refer themselves to the program.

**c. Evaluation**

**New** York State has conducted an evaluation of its oldest family preservation programs. Erie County was included in this evaluation. An outcome evaluation of these programs was scheduled to be completed in 1994.

## 11. Ohio

Ohio has a county-administered child welfare system. All program information was obtained through contacts at the county level. Specific information on placement prevention programs was obtained for two counties -- Cuyahoga (Cleveland) and Franklin (Columbus).

### a. Cuyahoga County

#### 1) Structure

Cuyahoga County runs the public child welfare agency, but contracts all services out to private providers (e.g., residential treatment facilities) and one public agency (Public Mental Health Board), depending on service needs. The county agency makes referrals and reviews cases with the contracting agencies who then provide all direct services.

In 1994, 12,846 reports were made to CPS, of which 3,050 (24%) were substantiated. Also, in 1994, 3,463 children were placed in foster care, as follows: 904 were placed in relative's homes, 936 were placed in non-relative foster homes, and 1,623 entered specialized placement.

Cuyahoga County's Family Preservation Program defines itself **as not** Homebuilders. The goal of the program is to refer moderate risk children and their families in order to prevent foster care placement. The caseload is usually two families per worker; at times three families will be shared by a 2-worker team. Service duration in the 42-day program model of intensive home services, is as follows: 1 st week - 12 hours; 2nd week - 10 hours; 3rd week - 10 hours; 4th week - 8 hours; 5th week - 6 hours; and 6th week (termination week) - 4 hours. In FY 94, the program served 404 families. It functions close to, but not at, capacity.

Cuyahoga also has other family preservation programs. These programs are usually of eight weeks duration, with face-to-face contact five hours per week. Typical services are foster parent support services for a limited period of time each week with the family (families are

provided a total of six weeks of service); homemaker services; and a parenting conflict program that deals with the problems of unruly teenagers. (The Family Court also has a delinquency prevention program).

2) Operation

The target population for the program consists entirely of child abuse and neglect cases. Chronic mental illness and mental retardation cases are excluded, as are families with substance abusing caretakers. The latter are offered inpatient or outpatient services, and when substantial progress has been made, may qualify for the program.

Imminent risk of placement is determined through the use of the Washington State Risk Assessment Tool. This targeting device establishes severity, chronicity and baseline risk. Caseworkers initiate the process, after which a case review takes place. Input from the family is also obtained.

b. **Franklin County**

1) Structure

Franklin County's Planning Unit both provides and contracts with private providers for family preservation services. The county offers two programs: Crisis Intervention and Intensive Home-based Services. Eight county workers provide the Crisis Intervention Services. Three county teams (2 or 3 workers on a team) and five private agencies provide Intensive Home-based Services. Crisis intervention Services have been provided for the past seven years while Intensive Home-based Services have been provided for the past four or five years.

**Crisis Intervention Services** are provided by workers with caseloads of approximately five families. Families are served for 30-45 days.

**Intensive Home-based Services** are provided through a **90-day** program. Caseloads are three to four families for a 2-worker team. The workers are assigned either primary or secondary roles for each case, having primary roles on some cases and secondary roles on others in their caseload. The five private providers do not adhere strictly to the same program model in terms of caseload and duration of services. Each of the four regional offices in the county use a private provider and the fifth provider is used for case overflow. Services include individual and family counseling, parent education, employment, financial and housing assistance.

Flexible funds are available on an informal basis to all families receiving family preservation services. The funds can be used for paying off utilities bills or for other reasons.

The following table provides information on the number of children served by Franklin County.

<b>Number in December, 1994</b>	
<b>Children Placed</b>	110
<b>Children Referred for Placement</b> (remainder will likely be placed the following month)	232
<b>Children in Placement</b>	1,700
<b>Families in Ongoing Protective Services</b> <b>- Children in Ongoing Protective Services</b>	2,987 5,735
<b>Investigations</b>	810
<b>1994</b>	
<b>Investigations</b>	11,508
<b>Children Who Entered Family Foster Care</b>	947
<b>Families Served by Crisis intervention</b>	150
<b>Families Served by 90-day intensive, home-based services</b>	60-75

## 2) Oneration

Referrals to Crisis Intervention and Intensive Home-based Services come from one of three agencies -- child welfare, juvenile court, or mental health. However, the majority are child welfare cases.

There is no established definition of risk of placement. Investigation workers use a risk assessment protocol to establish risk. After a referral has been investigated, the planning unit is notified by the investigating worker. The planning supervisor and the investigating worker decide whether or not family preservation services are warranted. A meeting is scheduled with a team of individuals (including two administrative staff outside the investigative unit), planning unit staff, the investigating worker and his/her supervisor, and the family. The meeting usually takes place within a day or two after the investigation on serious cases and within two weeks on less serious allegations. The team uses the STRIDE (Situation, Targeted goals, Roadblocks, Ideas around roadblocks, Decision, and Evaluation) to reach a decision regarding whether or not the family should receive Crisis Intervention or Intensive Home-based Services.

**Crisis Intervention Services** are usually provided to cases in which there has been an isolated incident of abuse/neglect and not chronic neglect. These cases tend to be families with unruly older children, and there is parent-child conflict that has escalated to the point at which the family is ready to have the child placed.

Services are provided to families with short, or non-existent, histories with the child welfare agency, however families with an extensive history with the child welfare agency but recent improvements or a record of improvement can also be accepted. One of the main reasons these services are provided is so that an official agency case does not need to be opened and the families can remain "out" of the system. The child can be out of the home in emergency care

when the family is first served. There are no “hard and fast” rules as to the maximum period of time a child can be out of the home and services still be provided.

**Intensive Home-based Services** provided by private providers primarily target abuse/neglect cases involving younger children for whom an official case is or already has been opened and closer supervision of the caretaker is needed.

**c. Evaluation**

There has been no recent evaluation of family preservation services in Ohio.

## 12. Oregon

Oregon has had family preservation programs in place since 1982. The programs are administered by the Oregon Department of Human Resources Children's Services Division (CSD). In the past, state employees directly provided many family preservation services, but the state recently concluded that case management case load sizes have become too large. As a result, the state has moved all of its employees into case management and has contracted out all of the treatment programs to private providers.

Oregon has two family preservation models. Its older model, Intensive Family Services (IFS), began in 1982. The new model, intensive Home-Based Services (IHS), is a pilot program that began in 1994. In addition to these two models, there are placement prevention services that target juveniles at risk of involvement in the juvenile justice system, a Family Sex Abuse Treatment Program, Family Unity meetings that find and build on a family's resources, a parent training program, and a respite care program.

The following section focuses on the IFS and IHS programs and includes descriptions of the programs in Multnomah County (Portland). These programs were named by the state contact as programs of special interest.

### a. Structure

**Intensive Family Services (IFS).** IFS operates statewide, except in a few rural areas that do not have complete coverage. The model is a family systems treatment based model which serves 1 0-1 1 families for up to 120 days. A case manager oversees services provided by a family treatment worker.

Most of the services or treatment provided by the family therapist are considered "soft services" (e.g., family empowerment). Therapists are able to make client referrals through the

CSD worker to homemaker services or parent skills training sessions. Agencies that contract with CSD to deliver IFS, provide different approaches. Some, but not all, use an in-home approach to maximize the service hours in the home of the family.

One example of the IFS program is found in Multnomah County. This program was established in 1980. It was originally designed to help families with a child at imminent risk of placement and served primarily parents requesting placement of an unruly adolescent child. Now the program serves younger children who have been abused or neglected.

Workers receive four new cases per month and carry 12 open cases at any given time. Families receive services for four months, and these services can be extended. The Multnomah program opens approximately 40 cases per month and serves about 450 cases per year. At any one time in Multnomah County, there are an estimated 2,400 children in out-of-home care, of whom 1,900 are in foster family care.

**Intensive Home-Base Services (IHS).** IHS is a pilot program offered in nine sites. This program is a clearly defined Homebuilders model which provides services to two-four families for four-six weeks. Services are provided by private contractors, except in a few rural sites where the Children's Services Division (CSD) case manager may provide services.

One of these programs, Self-Enhancement, Inc., is a private, non-profit agency under contract with CSD to provide family preservation services to low-income, minority families in Portland.

The program, which was established in April 1994, follows a modified Homebuilders model, targeted toward a special population, African American families. Intensive services are provided for four-six weeks, followed by up to 90 days of aftercare. During the intensive phase,

workers carry caseloads of two families and provide direct services. During the aftercare phase, workers carry a caseload of 18 or 19 families and broker and monitor services.

The objective of the program is to re-engage the family so that the home is safe for the children. Measures of success include the child's staying safe and the family's staying out of CSD for 90 days, and no repeat referrals for the same issue.

The program, which is operating at capacity, had served 47 families, including 117 children, by the end of 1994.

**b. Operation**

**Intensive Family Services (IFS).** Families receiving IFS must be child welfare clients. Imminent risk is not a criterion for referral. The program identifies three categories of risk for families: 1) imminent risk (within 30 days a child would be placed in out-of-home care); **2)** potential risk (within some unspecified amount of time, perhaps three months, the child would be placed); and 3) families at risk because a child is returning from foster care.

In Multnomah County, all cases served by IFS are open cases in CSD. Referrals to IFS are made by the child's CSD worker. IFS must, by contract, accept every family referred for assessment. The program serves every family referred and assessed, except for those families who refuse services, after three attempts to engage them have been made. After referral, intake staff decide which services a family should receive. Family Unity meetings, a meeting of all sources of formal support (program and service staff) and informal support (extended family, religious community, etc.), are sometimes a part of the services provided. In order for a family unity meeting to be held, a separate case is opened for funding purposes. The same workers who provide IFS services also facilitate family unity meetings, but not for their own clients.

**Intensive Home-Based Services (IHS).** IHS serves only child welfare clients. According to the state official interviewed, imminent risk has been defined in legislation but he acknowledged that it is not mandatory for referral to family preservation. Theoretically, participation in IFS and IHS should be mutually exclusive. It is possible that either might refer families to FSAT or Parent Training.

Self-Enhancement, Inc. in Multnomah County, serves African American children age 0-6. Referrals come only from CSD and are limited to abused and neglected children. Most of the children referred are at imminent risk of placement: the referring worker has determined that placement will occur. Some of the children referred are already in placement, pursuant to a court order. The director describes Self-Enhancement as a program of last resort.

The program provides the usual range of concrete and support services and screens the referrals it receives. The program accepts families with a high probability of success and excludes cases of sexual abuse.

c. **Evaluation**

A study of IFS was completed in April, 1985 by William Showell, Roland Hartley, and Marcia Allen. A total of 261 children (one per family) that had been approved for placement and were referred to IFS were tracked for a total of 15 months. The study period covered the **90-day** treatment period and included a **12-month** follow-up period.

In Multnomah County, CSD evaluates IFS every two years. The division also tracks child placement among families served by the program.

### **13. Tennessee**

The Tennessee family preservation program, Home Ties, began in 1989 in a limited number of sites. It was expanded in 1992, and now operates statewide. Home Ties is administered by an interdepartmental committee which includes the Departments of Human Services, Mental Health, Youth Corrections, and Finance and Administration. Services are provided under contract by 15 agencies, all but 3 of which are community mental health providers. The 15 agencies represent 27 teams of family preservation workers. The state believes each county's providers are keeping the program model consistent. According to the state contact, the largest and best-established programs are in Davidson County (Nashville), Knox County (Knoxville), and Shelby County (Memphis). The Shelby County program is included in the following description.

#### **a. Structure**

Home Ties, the family preservation program in Tennessee, is a behaviorally oriented, intensive, short-term, in-home crisis intervention and family education program that replicates the Homebuilders model. Workers serve two families each and must serve a minimum of 18 families per year. The Home Ties specialists are available to their families 24 hours a day; 7 days a week. Services are provided for four to six weeks, with an average length of service of four weeks. Flexible funds of \$250 per family are available. Funds spent must be documented in detail and have some therapeutic value.

Home Ties services include teaching problem resolution by assisting the family in its examination of alternatives to prevent the reoccurrence of abuse, neglect or family conflict; direct provision of any identified service needs such as parenting education, child development training, anger management, advocacy, family, individual and marriage counseling, communication and

negotiation skills, home maintenance skills, concrete services, job readiness training, and developing linkages with natural helping networks; referral and linkage with any needed concrete or follow-up services. Flexible funds are available at a maximum of \$250 per family.

In 1993-94, the Davidson County program served 432 families, the Knox County program served 180 families, and the Shelby County program served 378 families.

In addition to Home Ties, the Shelby County contract agency has an ongoing family preservation program, called Lifecoach. Lifecoach was established in 1994. It follows a modified Homebuilders model. Workers carry a caseload of four families. Service is provided for four-eight hours per week for an unlimited number of weeks. Lifecoach has served 40 families to date.

**b. Operation**

In Tennessee, families are referred to family preservation programs by anyone with placement authority; including mental health providers, juvenile court judges and CPS investigators and youth correction officers. Children and families are served based on behavioral criteria rather than legal or psychological labels. Overall, 49.7 percent of referrals come from human services agencies, 22.4 percent come from mental health/mental retardation agencies, 12.5 percent come from youth corrections programs, 6.9 percent come from community health agencies; and 8.5 percent come from other sources.

In Tennessee, imminent risk means that the child would be placed if the Home Ties program was filled to capacity. Eligible families must meet all of the following criteria:

- at least one child at imminent risk of removal (if Home Ties was not operating or there were no opening) worker will proceed with placement within five days;
- the child at risk of removal must be either severely emotionally disturbed (diagnosed), unruly adolescent or status offender, adjudicated delinquent or pending charges, receiving aftercare supervision from DYD, or child is dependent

neglected or abused; (NOTE: Sexual abuse cases where perpetrator in the home are excluded, as are youth convicted of serious crimes).

- less intensive community services have been exhausted or were not appropriate;
- referring worker has seen family within two days of making referral, discussed the Home Ties program with the family and at least one member of the family has agreed to services;
- families with a child in out-of-home placement 30 days or less are eligible if the child will be returning within seven days of the Home Ties specialist's initial contact; and
- at least one adult or teen-aged member of family must confirm that out-of-home placement of a member who is 17 years of age or less is imminent.

Originally, Home Ties teams targeted families with "at risk" children due to serious emotionally disturbance, unruly/status offender behavior or delinquent behavior. These children were selected because they were known to be the hardest children to serve successfully, the most expensive to place, and the most difficult to reunify. When the program was expanded, younger children who had been abused or neglected were included.

In Shelby County, the contract provider of Home Ties services reported that it screens all referrals and can withdraw from the case within seven days if it believes the referral is inappropriate. Imminent risk is defined to mean that there must be risk of placement within one week. If no slot is available but there will be an opening in a few days, the child can go to a shelter for a few days, (but for no more than five days before placement).

The contract agency's other family preservation program, Lifecoach, serves families who do not meet the imminent risk criteria. Families may be referred from one program to the other. However, families cannot be referred to Home Ties for six months after case closure. If a family in this situation still needs services, a referral to Lifecoach is made. Both programs provide the usual range of concrete and support services. In addition, Lifecoach has a therapist on call.

Both Home Ties and Lifecoach exclude children who have committed serious crimes against persons and perpetrators of sexual abuse who are still in the home.

**c. Evaluation**

The University of Tennessee - Knoxville recently completed a three-year evaluation of Home Ties, including the program in Shelby County. The evaluation used an overflow design. Control group families were families who were referred to Home Ties but for whom there was no opening. Results of the evaluation were positive enough (79 percent of the children were still at home 6 months following the intervention and 69 percent were still home at 12 months) to support statewide expansion.

14. **Texas**

Texas has had family preservation services since 1982, but the implementation of these programs has varied significantly across the state. State legislation, enacted in 1992, has expanded the overall family preservation program and has established standards to improve program consistency. The state also is working to establish multi-disciplinary committees comprised of representatives from all the departments. Both Child Protective Services (CPS) and the Department of Mental Health and Mental Retardation (DMHMR), have family preservation programs. There is also a new program being developed by the Juvenile Probation Commission.

The state child welfare agency administers the family preservation program. Services are delivered through 10 regional offices and provided by both public and private providers through regionally issued contracts.

The largest catchment areas served are the counties of Dallas, Harris, Tarrant, El Paso, and Bexar, which include Dallas, Houston, Ft. Worth, El Paso, and San Antonio. The Dallas, Houston, and Bexar County programs are described separately below.

**a. Structure**

Service models are not specifically defined in legislation. The CPS programs use a state developed model with a family systems approach. The DMHMR programs follow a modified Homebuilders model.

Currently, there are 40 CPS family preservation programs statewide in Texas. The CPS family preservation model is not prescriptive. Most providers adhere to caseloads of up to six families. Service duration is 90 days and can be extended to 120 days, if necessary. Workers make at least two in-home contacts per week. A caseworker is available 24 hours a day, seven

days a week. Services provided are defined as mostly educational, and a mixture of therapeutic and concrete. Most programs have flexible funds available for families.

The DMHMR program follows a modified Homebuilders model. Workers carry a caseload of two-four families. Service is provided for four-eight weeks, but can be extended to six months.

**Bexar County.** In Bexar County (San Antonio area), CPS has provided FPS since 1993. The program follows a family systems model. Workers carry a caseload of three-five families for three-eight months. Flexible funding is not available.

The program operates at capacity. In 1994, it served 40 families. In Bexar County, in FY 93, 17,614 children received protective services.

**Dallas County.** In Dallas County, one private provider provides in-home services to low-risk families. CPS provides services to high-risk families through four intensive units and to moderate-risk families through two units. The first of the intensive CPS units was started in 1986; the fourth, a joint project with the Juvenile Justice Department, was instituted in October, 1994. The first of two other moderate risk CPS units was initiated in March, 1994. The second began in September, 1994.

During FY 94, the three established intensive CPS family preservation units each served approximately 80 families. The program does not have a waiting list. In FY 93 in Dallas County, an average of 95 children were placed in foster care each month. During that year, a total of 12,632 investigations of child abuse and neglect were completed. In December 1994, 1,028 children were in foster care.

Workers in the Dallas County moderate risk units serve 10-12 families for four-six months duration: however, services can be extended up to nine months. Workers must make a minimum

of one in-home visit per week. The services provided by moderate risk units are the same as the services provided by the intensive units including: individual and family counseling, parent education and assistance with employment and housing. Flexible funds of \$150 per family are available for both moderate and intensive family preservation cases.

The moderate risk program currently operates at capacity. Since September, 1994, the program has served 133 families.

**Harris County.** In Harris County (Houston area), three intensive family preservation units are located in Department of Protective and Regulatory Services. Two of these units were instituted in 1984; the third was started in 1994. State employees provide services, along with private providers of protective day care and psychiatric evaluations.

The program has only recently begun to keep statistics on the number served. However, based on the average number of referrals logged by the program each month (16-20), and the percentage of referrals accepted (70 percent) the program estimates that it serves a total of 140 to 168 families each year. The program usually operates at or near capacity; it does not have a waiting list.

In FY 93, 13,607 families, involving 30,650 children, were reported for child abuse and neglect in Harris County. That year, the county's foster care caseload totaled 3,801, with 1,321 children entering care.<sup>5</sup>

A separate provider, Depelchin Children's Center, has provided less intensive family preservation services in Harris County since 1982. It is the oldest provider of these services in the State of Texas. Depelchin Children's Center follows a family systems therapy model. Families are provided individual and group counseling services for three to six months.

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<sup>5</sup>Harris County Children's Protective Services, 1993 Annual Report.

Caseworkers carry a caseload of eight to ten families and see families once or twice a week. One caseworker is always available to families 24 hours a day, seven days a week.

Depelchin is under contract to Harris County to provide family preservation services to 77 CPS families per year. Depelchin has similar contracts with three other counties to serve an additional combined total of 36 cases.

**b. Operation**

The state does not have a general definition of imminent risk, other than that there is risk of placement in the “immediate future.”

**Bexar County.** In Bexar County, the FPS unit serves abused and neglected children at imminent risk of placement, or those that have been recently placed. Cases are referred by the family’s worker. Imminent risk is decided by the referring worker, using a risk assessment model.

FPS staffs and screens each referral and recommends appropriate services. Within 24 hours, the staff also meets with the family to develop a service plan. The program reports that it staffs and screens cases more intensively in which the child has been formally removed, since the plan will be presented in court. The program provides the usual mix of concrete and supportive services.

The program excludes substance-abusing caretakers if they are not in treatment or willing to enroll. The program usually screens out cases involving sexual abuse, and consistently declines cases if the perpetrator is still in the home. The program also excludes cases with retarded or psychotic caretakers.

**Dallas County.** In Dallas County, the intensive family preservation units serve cases that would require the child's placement if immediate intensive work with the family were not provided. These cases include families with young children who have been abused or neglected, and teenage mothers with newborn infants, (many of which are classified as failure to thrive infants). These units do not accept sexual abuse cases; the county believes that cases involving sexual abuse cannot be treated with short-term services.

Three of the four intensive family preservation units serve cases referred by CPS. Most of the CPS cases are referred following an initial Child Abuse/Neglect report and investigation. Cases that are screened in are investigated by an in-home assessment team to determine risk of placement. Depending on the level of risk to the child, the worker can take custody of the child, refer the family to intensive family services, or provide less intensive services. If the family is referred to intensive services, the program conducts an emergency assessment. Some cases are referred to these units when families originally referred to less intensive services subsequently enter a crisis that may result in foster care placement. These cases also are assessed for imminent risk of placement. In all instances, program referral must be agreed to by the investigation worker and supervisor and the intensive services worker and supervisor. These intensive units do not accept cases in which the child is not at immediate risk of foster care placement

The fourth intensive family preservation unit serves cases referred by the Probation Department. Juvenile Probation Officers identify and refer to the unit families that have one older child (the juvenile) and younger children in the home who are being abused or neglected by a parent and are close enough in age to be impacted by the juvenile's behavior. The older child may be in the home or in out-of-home placement. Imminent risk of removal of the younger children, or of the juvenile, if he or she is at home, is not required for referral to this unit.

In Dallas County, the moderate risk units serve cases in which there is no imminent risk of removal. These cases tend to involve families with older children who have been abused or neglected, and families exhibiting chronic neglect and generational abuse or neglect. About half of their caseload involves sexual abuse cases.

**Harris County.** The family preservation caseload in Harris County is similar to the family preservation caseload in Dallas County, with one exception: A significant portion of Harris County caseload comprises families with adolescents. Harris County's referral process is very similar to Dallas County's. An in-house assessment is conducted by CPS to decide the appropriateness of the referral. Cases referred to FPS are then screened by the program. CPS and the program must agree on all referrals.

The program excludes cases involving mental retardation, severe mental illness, and active addiction. The program also excludes cases involving sexual abuse, believing that these cases require a longer intervention period than this program provides.

Depelchin Children's Center's family preservation program has two separate components. One serves cases involving voluntary foster care and institutional placement; the second serves CPS cases. Referrals to the CPS component originate from a county liaison who works closely with the program to determine program capacity and acceptable cases. The program does not refuse referrals from this source.

**c. Evaluation**

Outcome evaluation of Texas' family preservation program has only recently been initiated. Data collection began on January 1, 1994, and data analysis will take place in the next few months. The programs initiated during the early and mid-eighties did have an evaluation

component as part of their grant funding, but the operation of those programs and the program implemented statewide in 1994 is too different to provide worthwhile information.

The University of Texas at Arlington Graduate School of Social Work, conducted an evaluation of the **Tarrant** county program in 1993.

15. **Utah**

a. **structure**

Established in 1982, Utah is one of the oldest family preservation programs. It is one of two states in which state employees are the primary services providers (there are two private providers). Currently, the family preservation units are distinct units within the Division of Family Services.

**Family Preservation Service (FPS).** FPS is currently only offered in the major population centers, but should be available statewide by the end of this fiscal year. All of the sites have common model in terms of caseload size (four cases) and service duration (up to **60** days). However, a recent doctoral dissertation project uncovered differences in the services available from one county to the next (e.g., transportation, emergency funds, etc).

There are five mandated core services:

- eligibility, termination and casemanagement;
- counseling and parent skills training;
- drug and alcohol assessment;
- parent aide and homemaker; and
- visitation (specifically for foster care reunification case.

Flexible funds are also available.

**Other Family Preservation.** There are a variety of other services (or programs) that Utah considers family preservation. Examples include: protective supervision, parent skills training, homemaker services, protective services and day care services. Each of these programs has its own target group and referral criteria. The programs are supposed to be available statewide, but are, in fact, implemented to varying degrees depending on the funding

available in different regions. These services are provided by a combination of public and private providers. There are 12,000-14,000 families being served by home-based services statewide.

There should be a relationship between the other home-based services and FPS. FPS workers can refer their clients to these services both during the FPS service period and afterward as a follow-up.

**b. Operation**

**FPS** targets children who are at imminent risk of out-of-home placement due to abuse, neglect or ungovernability, and children being reunited with their families. There are five criteria that a family must meet to receive family preservation services:

- are at imminent risk of placement;
- less intensive services are not appropriate;
- have a parent who agrees to work with the program;
- child out of the home must be returned within 7 days; and
- need to be able to provide services safely.

There were 809 families served in the state in FY 94.<sup>6</sup> State officials expect this number to increase as more state funds are allocated to the program.

There are detailed criteria for establishing imminent risk. They use a risk scale with behaviorally anchored levels (1-5). Below 3 is not an imminent risk situation. They must be either a 4 or 5. Child must be referred by someone with placement authority (who can file a petition for removal), and a statement must be written explaining why risk is imminent. All referrals are reviewed and approved by a screening committee.

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<sup>6</sup>The National Governor's Association paper reports that 809 families were served in FY 1992.

c. **Evaluation**

There have been many evaluations undertaken since the inception of the program in 1982. Utah was part of the study conducted by Frasier and Pecora which resulted in the book, Families in Crisis: impact of Family Preservation. There are also several doctoral dissertations which have focused on various outcome measures. Currently, one researcher is working on a 3.5 year longitudinal study of outcomes, and another is comparing voluntary and court-ordered participation in family preservation.

## 16. Washington

Since 1974, Washington has provided placement prevention services to families in their own homes. The state provides both Homebuilders (in its current form since 1982) and other family preservation services, each of which is separately described below. Almost all family preservation services in Washington are provided through regional contracts with private providers.

### a. Structure

**Intensive Family Preservation Services (IFPS).** IFPS, the Homebuilders model, are provided solely by the Behavioral Sciences Institute<sup>7</sup>. Currently, the Homebuilders program is provided in portions of 12 of 39 counties in the state. IFPS (Homebuilders) serves two families per worker for a duration of four to six weeks. The goal of services is to prevent out-of-home placement. Homebuilders serves approximately 50 families per month.

**Other Family Preservation Services.** Washington also has Family Reconciliation Services (FRS) and Home Based Services (HBS) as part of its overall family preservation program. FRS comprises 15 hours of voluntary in-home counseling delivered within 30 days for families in conflict. The FRS program serves approximately 228 families per month. It served 3,319 families in 1990.

HBS is a service providing flexible funds for purchase of goods or services. The funds are being used for short-term, home-based therapy.

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<sup>7</sup>This may change, as a new RFP was released by the state in April 1995. The new contract is expected to be available in August 1995.

**b. Operation**

**IFPS.** Homebuilders defines imminent risk as a situation where the worker is planning to seek authorization through the court or the family is voluntarily accepting placement within 72 hours. A gatekeeper (which may be an individual or a team) must approve the services.

The Homebuilders intake worker asks the following questions to determine whether the criteria for “imminent risk” has been met:

- Is one child in the family at risk of imminent placement? Will placement occur within 72 hours?
- Has a parent agreed to participate with **BSI/HB**?
- Where would the placement occur? If the placement would have been with a relative or other non-state funded placement, referral is not considered appropriate.

The intake questions posed to the DCFS referring worker try to prompt options the worker may still need to consider (a placement with a relative, for example). The intake worker tries to narrow down which child in the family is at imminent risk because DCFS can re-refer to **BSI/HB** (without waiting the normal **90-day** period) if a different child becomes at risk of imminent placement.

**Other Family Preservation Programs.** The target population for FRS and HBS is similar to the target population for Homebuilders. However, FRS and HBS do not require a child to be at imminent risk of placement in order to receive services. FRS is a voluntary service program. It is more likely to serve families with adolescents at risk of running away than is HBS.

**c. Evaluation**

Homebuilders has conducted a recent study on targeting in intensive family preservation.

**1. Alabama**

There is no statewide reunification program operating in Alabama. There is a distinct program operating in Montgomery County. This program was recommended by the state contact and is described below.

Counties undergoing the child welfare reform process are placing special emphasis on reunifying children with their families for children whose case plan goal is "return home". While no special program may be identified with such efforts, county child welfare workers in conversion counties are identifying children with such case plan goals and are developing individualized service plans to quickly move the child to accomplishment of the plan to return home or to determine the need to revise the goal. In addition an emphasis is being placed on visitation between children and their families while in foster care and also in residential group care. New training is underway in conversion counties for foster parents to emphasize their role as partners with birth families in parenting the children placed in their care and in assisting birth families in achieving the goal of reunification with their children.

**a. Structure**

The Montgomery County program is operated by a separate unit within the county CPS, agency. The program, called Family Reunion, began in April of 1993. The caseload is five to seven families per worker, depending on the number of children involved, and the duration of service is unlimited. Services cease when the child is at home and the situation is stable. Flexible funding is not available. The program, which is not yet operating at full capacity, served 30 children in 1994.

**b. Operation**

The reunification program in Montgomery County serves children age 0-18 in any type of out-of-home placement for whom there is a chance for reunification. No cases are excluded from consideration.

Referrals, which come only from child welfare, are made by the child's worker. This worker, the reunification worker, the family, and any other providers working with the family prior to referral develop the reunification plan together.

Children and families may be identified for reunification at any point during foster care. The program noted that **80** percent of the families it has reunified are still together.

**c. Evaluation**

The Montgomery County program has not been evaluated.

## 2. California

There is no statewide reunification program in California. The programs in Los Angeles, Sacramento, and San Diego counties, which were recommended by the state contact are described below.

### a. Los Angeles County

#### 1) Structure

The Los Angeles County program is comprised of community-based networks under contract to the County Department of Children Services and the Probation Department. These networks are designed to help families access services in their communities. Some of these networks emphasize reunification or began as reunification projects. These networks are organized as described under the placement prevention section of this paper. Services are provided to 6-12 families per worker and families are served for 12-52 weeks.

Since January 1993, the Los Angeles County family preservation program has served 7,000 children, with an estimated 1,500 cases having received reunification services.

#### 2) Operation

The reunification component of the Los Angeles County program serves children who can be reunified within 90 days of referral. These children may be in foster care for any length of time and may include children in permanent placement referred to prevent adoption disruption. Referrals to the program come from both child welfare and probation.

3) Evaluation

The Los Angeles County program has recently undergone a process evaluation conducted by Walter R. McDonald and Associates.

**b. Sacramento**

1) Structure

In Sacramento County, there are two units providing Family Maintenance/Family Preservation, one unit providing Family Preservation/Emergency Response services, and one unit providing Family Preservation/Family Reunification. The Family Preservation/Family Reunification unit was instituted in the Fall of 1991. It is part of the county Division of Family Preservation and Child Protection, one of five divisions in the Department of Health and Human Services. The program targets new entrants into protective custody in an attempt to facilitate their return home. Visitation is pursued aggressively.

Like the placement prevention services, reunification services in Sacramento County are provided by a team comprising of a social worker and a family support worker. Each team serves 7-8 families. Services are provided for 90 days, with extensions possible. Clients are involved for approximately 5-20 hours per week (including services provided by contract agencies), and families are able to access via phone a program social worker 24 hours a day, seven days a week.

The program keeps accumulative statistics on the number served since the beginning of the program. The contact stated that the program capacity, which is always met, allows for 8-10 cases at any one time for approximately 90 days. This program contact estimated 150 cases (families) were served in a year.

2) Operation

Reunification referrals primarily originate from protective custody foster care cases. Each of these cases is screened weekly until the dispositional hearing is held. The program targets cases, especially those cases involving children recently placed in foster care, in which parents indicate interest in reunification by asking for visitation or inquiring about the child during this time period, and there is a likelihood with intensive services a child's safe return home would be expedited. These cases are referred to the reunification unit, space permitting. A few cases are referred to the reunification unit after the dispositional hearing has been held.

3) Evaluation

Sacramento County recently underwent evaluation by Walter McDonald and Associates. County statistics indicate a 42 percent rate of return from foster care following 90 days. This does not count cases returned after the 91st day.

c. **San Diego**

1) Structure

San Diego County has no separate reunification program. However, the intensive family preservation program, described in the placement prevention section of this paper, serves a number of reunification cases each year. The program operates in a division within the county child welfare office and is staffed by county workers. In November 1994, the program opened ten reunification cases. From this, program staff estimated that the program served approximately 120 reunification cases each year. In FY 94, there was a monthly average of 5,481 children in foster care with 2,400 children entering care each year.

2) Ooeration

San Diego County's placement prevention program accepts referrals from multiple sources, including child welfare, juvenile justice, mental retardation, and mental health. Since reunification services are provided through the county's placement prevention program, it is assumed that cases for reunification originate from multiple sources as well. Family preservation staff may also routinely review foster care cases to identify families who might benefit from reunification cases.

The reunification program accepts children residing in all types of foster care, including residential and family care. In addition, the program accepts children who have been in foster care for various lengths of time, including both new entrants and long-term foster care cases.

3) Evaluation

The San Diego program has not been evaluated.

### **3. Minnesota**

There is no separately established reunification program in the state of Minnesota. Reunification services are provided through Families First, the state placement preservation program. In addition, Hennepin County has a separate reunification program that is described below.

#### **a. Structure**

The Hennepin County DSS Children and Family Services Division was reorganized into a family preservation model comprising three functions: immediate response, reunification, and permanency.

The reunification program was established in 1992 adhering to these three functions. Three community agencies do whatever DCFS requires to facilitate reunification. Service is provided for 90 days, with extension possible. Workers carry two to four cases each, and flexible funds are available.

This program has served 200 families since its founding in 1992.

#### **b. Operation**

The reunification program serves children age 0-18 in the child welfare system and placed out of the home. It serves children in all types of placement and specialized originally in children who had been in placement for over one year.

Referrals may be made at any point, depending on the case. The reunification unit is mobilized when it appears that the child will be going home. A **30-day** notice of return is preferred. Workers decide which cases should be referred for reunification, and the supervisor

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reviews the referral. Then, the provider assesses the family, meets with agency staff, and draws up a reunification plan that becomes the agency-provider contract.

**c. Evaluation**

The Hennepin County program has not been evaluated.

4. **Missouri**

a. **Structure**

Family Reunion, is a pilot project that works to reunite families when it appears that the children would not otherwise be returned home. The program is available in Jackson County (Kansas City) and in St. Louis City and County (St. Louis Metro area). Workers carry a caseload of three families, and service is provided for 60 days, with a possible 30 day extension. Originally, the program was designed to return the child home within two weeks of referral and to use the remaining time to work with the intact family. However, it has actually taken closer to a month to ready the family for child's return, so most cases have been extended to 90 days of service. The pilot project facilitates visitation. In addition, flexible funds are made available to the family.

According to the state manual, program staff are expected to work intensively with 13-15 families per year. Up to 13 hours per week (an average of 5-10 hours) of face-to-face or telephone contact is expected to be devoted to each family. The majority of this contact is to be face-to-face. Staff are on-call to families 24 hours per day. During the three months the programs were operating in FY 94, St. Louis City/County served 31 families in the program and Jackson served 24 families.

Jackson County representatives explained that the child is returned home within two weeks after the specialist accepts the case. The specialist then works with the family for 8-12 weeks. Ninety days later, if the situation is stable, the court releases jurisdiction.

b. **Operation**

The target population for Family Reunion is children 0-18 who in the absence of the program would not otherwise be reunified in a six-month period. Jackson County representatives

explained that children are identified for reunion by the family's worker and supervisor. After the referral is made, the case is screened by a committee that includes the court, DFS and the provider. If the referral is approved, a specialist is assigned. The specialist, the DFS worker and the family meet for a final assessment. Specialists do not accept the case unless they believe reunification is going to work. The state does not specify the length of time a child must have remained in foster care before being referred to the program, but the court prefers that it have jurisdiction before referral.

Jackson County representatives described the program criteria as the following:

- The child is in alternative care and reasonable efforts have been made to return the child without this service;
- The family has not been in the family preservation program for the last six months;
- The goal for the family is reunification, but special services are needed to make it happen;
- Safety issues have been identified and resolved, or are being resolved;
- The child and at least one caretaker are willing to participate; and
- The court is in agreement.

All of the referrals to Family Reunion come from child welfare.

**c. Evaluation**

The Family Reunion program is currently being evaluated by the University of Missouri at St. Louis. The Jackson County Family Reunion program is a research project. The University of Missouri is tracking it. Of the 24 reunifications completed to date, six have disrupted, yielding a reunification rate of 75 percent.

information is kept by hand, but the state is working toward automating all of the Family Reunion data from the three research sites.

## **5. New York**

There is no reunification program in the state of New York. Some counties (such as Erie county) are providing reunification services through placement prevention services. In addition, a reunification demonstration project has been in operation in New York City. This project is described below.

### **a. Structure**

HomeRebuilders is an ambitious attempt to provide reunification services in a cost effective manner. The HomeRebuilders program is largely based on an analysis of New York State's administrative data which showed that children languishing in care (often with a goal of reunification) were driving up the state's foster care caseload and the cost of providing care.

This three-year reunification demonstration project operates in New York City, the sole catchment area. The program is targeted at children who have been residing in foster boarding homes, including relative's homes for some time. Six voluntary agencies are providing services. The demonstration is currently serving a total of 2,000 children, representing an estimated 7.5 percent of the City's eligible caseload.

Agencies that provide HomeRebuilders are reimbursed for the program through a **capitated** payment based on the estimated cost of providing care for the child in the absence of the program. Agencies are allowed to develop their own set (or sets) of specialized services, and to vary program implementation in terms of caseload size, and service duration.

**b. Operation**

HomeRebuilders defines its target population using the following factors:

- age of child (**16** and under);
- type of foster care placement (foster family homes, including relative's homes);
- permanency planning goal (reunification and/or adoption); and
- time in care prior to onset of demonstration.

HomeRebuilders is targeted at children who were in the system at the time the program started. Children accepted to the program usually have been cared for in the foster care system for at least 90 days, and often for much longer.

The Office of Case Management, New York City Child Welfare Administration, approves all program discharges and referrals. Individual programs decide in conjunction with the families and the Office of Case Management when services should cease. The **capitated** payment covers the board and maintenance rate, discharge planning, and aftercare services. The total amount of the payment is based on the estimated length of stay in care, in the absence of the program.

**c. Evaluation**

The demonstration project is currently being evaluated by the state.

## **6. Pennsylvania**

There is no statewide reunification program. The programs in Allegheny County and Philadelphia County are described below.

### **a. Allegheny County**

#### **1) Structure**

Allegheny County has both crisis-oriented and longer-term family reunification programs. The programs are operated by ten private providers under contract to Allegheny County Children and Youth Services. The crisis oriented program, which was established in 1992 operates countywide. It provides crisis response when a child has been returned home on short notice and without a plan. This program follows a modified Homebuilders model. Workers carry a maximum caseload of four families and provide services for six weeks.

The longer term program, which was established in February 1994, also operates countywide. This program follows the Iowa model. Workers in this program carry a caseload of four families and provide service for three months, with the possibility of extending service to seven months. Services decrease in intensity during these months.

#### **2) Operation**

The crisis-oriented component targets young children and children in short-term placement or shelters. It provides crisis intervention services countywide to children who are being returned home on short notice and without a plan. The longer-term component provides more traditional reunification services to families with a child in out-of-home placement for whom the plan is reunification. Currently, the program is focusing on children in shelter care and those who have been in foster homes for six months or less.

Referrals are made to the reunification program's central intake by the child's worker. The referrals are then screened by this unit. The reunification providers are grouped geographically by county regional office. Children are referred to the provider that serves the area in which the child's family lives.

No cases are categorically excluded from the program.

**3) Evaluation**

The State of Pennsylvania is currently evaluating the family preservation program through Shippensburg University. DCYS began an evaluation of the reunification program in January 1995.

**b. Philadelphia County, PA**

**1) Structure**

The Philadelphia County reunification program began in 1994. The county has contracted with three private providers to provide the services. Each of the providers follow the same 12-week model, philosophy and program. Program guidelines were established by the state, and programs must follow them in order to be eligible for grant funds.

Ideally, the program works with the child and family for six weeks before the child is returned and for six weeks more after reunification. Sometimes, however, this period must be shortened, for example, when the court orders a child to be returned immediately.

The program is not yet at capacity. It has served 75 families since it was established in April 1994. This number is expected to double this year.

2) Operation

The reunification program serves children in various types of foster care settings including institutions. There is a single criterion for entry into the program: a child for whom the plan is reunification and for whom reunification can be accomplished within the next six weeks. Children may be identified for reunification at any point in the case process.

Referrals are made by the child's worker to the Family Preservation unit. The Family Preservation unit directs referrals to specific programs, based in part on space available, and in part on the provider's experience and expertise. The providers are part of the assessment process, and the assessment is regarded as a collaboration between the agency and the provider.

3) Evaluation

No evaluation has been conducted.

7. **Texas**

The statewide reunification program is still in its formative stages. Policy is currently being developed by CPS to outline parameters for a reunification program. Bexar County (San Antonio) has two long established reunification programs; they are separately described below.

**a. Structure**

There are two reunification programs in Bexar County -- one for recently placed children and one for children in long-term placement. There is a separate unit for each program. Both programs follow a family systems model, and both serve only CPS cases and children for whom the agency has custody (called conservatorship in Texas).

The program for recently placed children was established in 1987. Workers in this unit carry a caseload of three to five families. Service is provided for as long as 18 months; the average is eight to nine months. The program for children in long-term placement was established in 1983. Workers in this program carry a caseload of six to eight families. Service is provided for six to nine months. Flexible funds are not available for either program.

The objective of the reunification program is to find permanency for the child. The unit for recently-placed children has served 138 families since 1987. The unit for children in long-term placement served 70 families in 1994.

**b. Operation**

The reunification program serves children for whom the agency has custody. One unit serves children who have just entered placement. These children are usually young and placed in foster family care. Their parents also tend to be young. The family has not yet been treated, and the goal is to have the child home within three weeks. Even if the child returns home, the

agency retains custody, and at six months files a petition to return custody to the parents if the situation warrants. Services continue until the situation is stable. Referrals are made by the child's worker. Sometimes the court or the child's guardian ad litem requests the service. The unit can screen the referrals.

A second reunification unit serves children who have been in care, usually for six months or longer. These children are typically older and may have been in any type of foster placement. The families have had treatment, and there is a plan to return the child. The agency retains custody for three to six months after the child is returned and may provide services after custody is returned to the parents, if the situation warrants.

Referrals are made by the child's worker when the worker decides that return is appropriate, usually four to six weeks before the child returns. Workers meet with the family, the foster family and other providers ahead of time for pre-unification work. This is the established protocol, but sometimes the court orders quicker action, and the agency must respond.

**c. Evaluation**

The reunification program has not been evaluated.