United States General Accounting Office

GAO

Report to Congressional Requesters

June 1995

CHILD WELFARE

Opportunities to Further Enhance Family Preservation and Support Activities

GAO/HEHS-95-112

GAO

United States
General Accounting Office
Washington, D.C. 20548

Health, Education, and
Human Services Division

B-257596

June 15, 1995

The Honorable E. Clay Shaw, Jr.
Chairman
The Honorable Harold E. Ford
Ranking Minority Member
Subcommittee on Human Resources
Committee on Ways and Means
House of Representatives

The Honorable Rick Santorum
United States Senate

In the past 20 years, social, cultural, and economic changes—such as increases in substance abuse, community violence, and poverty—have increased the severity of families' problems and the number of families coming to the attention of American child welfare agencies. From 1976 to 1992, the rates of child abuse and neglect increased fourfold. And from 1988 to 1993, the number of foster children increased almost one-third, to nearly 450,000. States have struggled to keep up with the increased demand for child welfare services, but worsening state fiscal difficulties have further strained the child welfare system's ability to serve vulnerable children and their families.[1]

To enable states to provide services designed to support families and help keep them together, the Congress enacted legislation as part of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (P.L. 103-66) that authorized new funding for family preservation and family support services. More recently, the Congress has considered several proposals that would incorporate these funds, along with various other child welfare programs, into a block grant program for states.

This report responds to a request from the Subcommittee on Human Resources of the House Committee on Ways and Means that we monitor the implementation of the family preservation and support (FPS) provisions of OBRA 1993. The report (1) describes the condition of child welfare in America that precipitated OBRA 1993, (2) assesses federal and state efforts

[1]While many public, private, and nonprofit entities provide a range of services to families in need, the primary governmental responsibility for child and family services rests with the states. Each state has its own legal and administrative structures and programs that address the needs of children and families. Traditionally, the child welfare system encompasses services available to all children, including the disabled, homeless, abused and neglected, and dependent.

to implement its provisions, and (3) highlights areas in which these efforts could be enhanced.

To develop information about the state of child welfare before 1993, we reviewed our past work and related congressional documents. To assess federal and state implementation efforts and suggest areas where improvements could be made, we conducted two nationwide surveys, one of state child welfare agencies[2] and another of 509 FPS program administrators; interviewed Department of Health and Human Services (HHS) officials in its headquarters and 10 regional offices; and interviewed representatives of organizations involved in assisting states with implementing the new law, such as national associations, child advocacy groups, national resource centers, and foundations.

Results in Brief

Reliance on foster care decreased in the early years following enactment of the Adoption Assistance and Child Welfare Act of 1980. However, by the mid-1980s, the incidence of poverty, substance abuse, and child abuse and neglect began to rise. Greater and greater demands were being made on a service-delivery system ill-equipped to handle the flow of troubled children and families coming to its attention. Although states attempted to stem this tide by focusing on services designed to prevent or remedy family crises that might result in foster care placement, their efforts were often constrained by funding limitations and fragmented service-delivery systems.

Early state implementation of the FPS provisions of OBRA 1993 has appropriately focused on understanding the law and federal guidelines, applying for funds, and initiating a comprehensive process designed to culminate in a long-range plan. HHS' involvement with the states has been one of partnership through ongoing consultation and assistance.

While activities implementing the new law appear to be on target, opportunities exist to further enhance state efforts to develop a viable plan and monitor results. In particular, states anticipate difficulties in (1) developing various aspects of their 5-year plans, such as identifying useful and appropriate baseline information to use in setting goals, making funding and service decisions, and tracking results, and (2) performing their own comprehensive program evaluations, which could help ensure

[2]State child welfare agencies are responsible for administering Title IV-B of the Social Security Act in each of the 50 states and the District of Columbia. Examples of child welfare services include child protection, care of the homeless and neglected, child social and nutritional development, and out-of-home care.

that children and families' needs continue to be met and determine if intended results are achieved. Whether child welfare programs continue to exist under the FPS program or as a block grant, states having the ability to set outcome-based goals and to effectively measure progress towards achieving these goals is important in ensuring adequate support for our nation's vulnerable children and families.

Background

The FPS provisions of OBRA 1993 are administered by HHS' Administration for Children and Families (ACF). OBRA 1993 authorized $930 million in funding to states over a 5-year period to initiate or expand family preservation services and community-based family support services. The Congress appropriated $60 million for fiscal year 1994, of which $2 million was reserved for federal evaluation, research, training, and technical assistance, and $600,000 was earmarked for grants to Indian tribes. The balance was available for grants to states to fund family preservation and support services. State grant amounts are to be based on each state's percentage of children receiving Food Stamps, a food subsidy program for low-income households. States may use up to $1 million of their grant amount for planning purposes during the first year, with no required state match. States must match the funds used for FPS services.[3]

FPS funding under OBRA 1993 is limited compared with that of many other federal programs. There is consensus among child welfare experts and practitioners that these new dollars can best be used strategically and creatively to stimulate the broader system reform that is already underway in many states and communities. For example, about one-half of the states had initiated a children's agenda or comprehensive strategy to coordinate and integrate services for children and families before OBRA 1993 was enacted. In addition to funding new or expanded FPS services, the law enables each state to use FPS funds during the first year to broadly review current strategies for meeting the service needs of children and their families. The planning period is viewed as especially critical because the legislation provides a new focus on family-centered services and community linkages that may require a change in the way that child welfare services within each state are designed and delivered.

[3]Each state may receive federal matching grants for up to 75 percent of the costs to provide FPS services or an amount equal to the state's grant amount, whichever is less. Other federal funds may not be used for the state's match.

Family Preservation and Support Services

Family preservation and family support services emphasize safety; a focus on the family; and a service-delivery approach that is flexible, accessible, coordinated, and culturally relevant. The distinction between these two types of services is sometimes unclear because many service-delivery models or programs are available and services may overlap. Family preservation services typically target families in crisis whose members have experienced child abuse or neglect. Family support services, while primarily available to the general population, are often aimed at at-risk populations—those identified as being in increased danger of becoming abusive, such as families headed by single mothers or low-income families.

Family Preservation Services

Family preservation services are typically designed to help families alleviate crises that, left unaddressed, might lead to the out-of-home placement of children. Although more commonly used to prevent the need to remove children from their homes, family preservation services may also be a means to reunite children in foster care with their families. The goals of such services are to maintain the safety of children in their own homes, when appropriate, and to assist families in obtaining services and other support necessary to address the families' needs. Examples of family preservation services include crisis-related services to prevent the need for out-of-home placement, respite care for parents and other caregivers, services to improve parenting skills and support child development, and follow-up services to support adoptive and reunited families.

Family Support Services

Family support services are primarily community-based activities designed to promote the well-being of vulnerable children and their families. The goals of family support services are to increase the strength and stability of families, increase parents' confidence and competence in their parenting abilities, afford children a stable and supportive family environment, and otherwise enhance child development. Examples of such services include respite care for parents and caregivers; early developmental screening of children; mentoring, tutoring, and health education for youth; and a range of home-visiting programs and center-based activities, such as drop-in centers and parent support groups.

During the 104th Congress, legislators have considered several block grant proposals to replace various child welfare programs, including the FPS program authorized under OBRA 1993. The largest of these programs are Title IV-B (Child Welfare Services and FPS) and Title IV-E (Foster Care and Adoption Assistance). Other categorical programs that could be incorporated into a block grant include the Abandoned Infants Assistance Act, Adoption Opportunities program, Child Abuse Prevention and

Treatment Act, Family Violence Prevention and Treatment Act, and Temporary Child Care for Children with Disabilities and Crisis Nurseries Act.

In general, block grants are a form of federal aid authorized for a wider range of activities than categorical programs, which are usually more specific in scope. Grantees are given greater flexibility to use funds on the basis of their own priorities and to design programs and allocate resources as they deem appropriate, although funding levels are usually lower. Administrative, planning, fiscal, and other types of reporting requirements are kept to the minimum amount necessary to ensure that national goals are being accomplished.

Before OBRA 1993 Child Welfare Was in Crisis

In 1980, the Congress enacted the Adoption Assistance and Child Welfare Act (P.L. 96-272) to combat the problems of increasing numbers of children entering and remaining in foster care for long periods of time. The primary goals of this act were to prevent the unnecessary separation of children from their families, improve the quality of care and services to vulnerable children and their families, and ensure that children did not languish in foster care.

The 1980 law appeared to have achieved its intended effect as the number of children in foster care decreased in the first few years after its passage. By the mid-1980s, however, the foster care population had begun to swell again. From 1988 to 1993, the number of children in foster care rose 32 percent—from 340,000 to 449,000—according to the American Public Welfare Association's Voluntary Cooperative Information System. This new growth in foster care was fueled in part by an increasing number of child abuse and neglect cases. According to the American Humane Association, reports of child abuse and neglect quadrupled from 670,000 in 1976 to 2.9 million in 1992; an estimated 40 percent of these reports were substantiated. Child welfare experts also attribute the rise in the foster care population to such trends as the increasing use of illegal drugs, especially among young mothers in inner-city areas; rising numbers of homeless families; and growing numbers of children and families living in poverty.

States faced substantial challenges in containing burgeoning foster care costs while meeting the needs of the most troubled children and families under these difficult conditions. Increasingly, these families had multiple problems that required the intervention of two or more service-delivery

systems, such as child welfare, mental health, employment, housing, child care, and drug treatment. Families in these situations were expected to navigate among the various service-delivery systems in order to arrange the "package of services" that they needed. Ironically, negotiating these systems required the greatest effort and sophistication from precisely those families least capable of responding to this challenge. Furthermore, services were often more focused on managing crises—such as investigating allegations of abuse and neglect and removing children from their families—and less focused on prevention and treatment.

Intent on improving services for children and their families as well as reducing foster care placements and expenditures, states began to reconsider their crisis-intervention approach to child welfare; that is, they began to focus more on prevention and treatment and on providing services that addressed the causes of family dysfunction before removing children from their homes became necessary. These services became known as family preservation and family support services.

Originally, states funded these services themselves or with nonfederal funds, but fiscal pressures led them to seek additional funding from federal sources. Funds for FPS services were available from two programs authorized by the Social Security Act—Title IV-B Child Welfare Services and Title XX Social Services Block Grant—but funding levels were capped and insufficient to keep pace with increasing demand for services. So some states made greater use of uncapped entitlement programs, including Titles IV-A Emergency Assistance, XIX Medicaid, and IV-E administration.[4]

Despite the new focus on prevention, child welfare agencies became increasingly constrained by insufficient resources, high caseloads, and overburdened workers. By the time we surveyed FPS programs in 1994, more than one-half said that they were unable to serve all the eligible families that requested their services. The child welfare system had become unable to fully realize the goals of the 1980 law.

OBRA 1993 Implementation Is on Target

During the first 18 months after OBRA 1993 was enacted, state implementation activities proceeded according to schedule. All states obtained funding for the first year and began extensive planning efforts. Moreover, during that time, HHS worked collaboratively with the states to

[4]Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers (GAO/HRD-93-76, June 29, 1993).

help them implement the new law. HHS' contributions to implementation of OBRA 1993 included working closely with the states to educate and support them in their implementation and planning efforts and arranging for evaluation of state efforts.

States' Implementation Activities

Within the first year after enactment of OBRA 1993's FPS provisions, all states applied for and received first-year funding. They also initiated planning processes that included conducting needs assessments; including a diverse group of involved individuals and groups[5] in plan development; and coordinating with other service systems—such as public health and mental health. According to HHS officials, states' planning efforts progressed at a pace that generally reflected previous or existing state efforts to provide FPS services, reform child welfare service delivery, or both. HHS said that it expects all states to meet the June 30, 1995, due date for their 5-year plans. (See app. II for summary baseline information about previous state efforts at providing FPS services and reforming child welfare service delivery.)

During fiscal year 1994, states planned to use $55.5 million in OBRA 1993 grant funds to develop their 5-year plans and provide FPS services, as shown in table 1. In the 22 states that slated first-year funds for services, 47 percent of the service dollars were allocated for family preservation services and 53 percent for family support services.[6]

Table 1: Allocations for Fiscal Year 1994 Grant Funds, by Purpose

Purpose	Dollar amount (in millions)	Percent of total dollars
Services	$26.1	47
Planning	23.2	42
Training and technical assistance	4.0	7
Administration	1.5	3
Other	0.7	1
Total	**$55.5**	**100**

Source: HHS analysis of state applications.

[5]People and groups involved in child and family service delivery include representatives from public—federal, state, and local—and nonprofit agencies and community-based organizations with experience in administering programs of services for children and families, including FPS services, special interest and minority groups, parents, and other care providers.

[6]More details about states' use of funding are available in HHS' Draft Preliminary Report: Analysis and Synthesis of First-Year Grant Applications, Family Preservation and Family Support Services Implementation Study (Washington, D.C.: 1995).

Furthermore, 25 states planned to contribute additional resources—over and above their federal allotment and existing funding levels—for planning and FPS service provision. Eleven of these states planned to add resources for both planning activities and providing FPS services; 12 states, only for FPS services; and 2 states, only for planning purposes.

HHS' Implementation Contributions

Overall, the federal approach to implementing the new law during its first 18 months was one of open, active collaboration and coordination with the concerned individuals and groups. To assist in crafting guidelines and regulations, HHS consulted and held focus groups with experts in FPS and related programs as well as with public child welfare administrators, national advocacy and professional organizations, parents, and foster parents. To familiarize federal and state staff with OBRA 1993's FPS requirements, HHS sponsored training and technical assistance conferences and worked directly with state staff as they applied for first-year funds and initiated the planning process. In addition, HHS took steps toward improved coordination at the federal level by exploring and acting on opportunities for collaboration among the various federal programs that serve vulnerable children and their families.

HHS also participated in ongoing discussions, consultations, and negotiations with states to help them develop their 5-year plans. This process enabled federal staff to monitor state implementation of the FPS provisions of OBRA 1993 and to identify areas in which additional training and technical assistance would be useful to the states. For example, according to HHS officials, states did not always involve all the concerned groups, particularly community-based organizations, in the planning process. To ensure that the state planning process was inclusive, HHS convened monthly conference calls to discuss this issue with regional staff and continued discussions with state staff.

Finally, HHS began efforts to fulfill the OBRA 1993 requirement of a national evaluation of the effectiveness of FPS services. In September 1994, HHS awarded three 5-year contracts to collectively assess state implementation and the effectiveness of several FPS programs. The state implementation study will annually analyze all state applications and plans. It will also develop in-depth case studies on the processes being used and the impact of the law's implementation in 10 states and 20 communities. A second study will synthesize the family preservation research literature and assess program effectiveness at six family preservation sites. In addition, a third study will synthesize the family support literature and assess program

effectiveness at up to 10 family support sites. The family preservation evaluation, in particular, will use rigorous methodologies, such as randomly assigned experimental and control groups. At the time that we prepared this report, these three evaluations were in the planning and design stage; interim reports are expected by fall 1997.

Opportunities Exist to Further Enhance Implementation Efforts

While implementation of OBRA 1993 has progressed according to schedule, we identified several areas in which efforts could be enhanced by additional assistance from HHS. More than one-half of the states reported that they were experiencing or expected to experience difficulty in certain areas of implementation. Concerns include developing information that will enable states to set meaningful goals and measure results. In addition, states could benefit from further technical assistance from HHS in evaluating their programs. HHS is aware of states' concerns and has taken some general steps to help them address these issues.

States Underscore Areas in Which Planning Is Difficult

Twenty-nine states reported that developing baseline and trend information—which should form the basis for developing their plans, making sound service and funding decisions, and monitoring results—will not be easy. States must analyze available information on the well-being and needs of children and families and on the adequacy of existing services and then identify trends in these areas over time. HHS has suggested possible measures or indicators of child and family well-being and the status of service delivery. But the states are still responsible, although they are inexperienced at using indicators, for selecting the most meaningful indicators for their unique circumstances.

Receiving additional, individualized guidance in developing appropriate baseline and trend information should help states overcome several other areas that they cited as problematic. For example, 27 states reported that making decisions on targeting their funding will be difficult, given the limited funding provided under OBRA 1993 and the strong competition among various state, local, and community entities for service dollars. Once states identify the vulnerable populations or target areas, they should be able to select priorities for targeting funding and services.

In addition, states' inexperience or past difficulties in defining measurable outcomes and indicators of change have fueled their trepidation about setting outcome-based goals and measuring progress. Thirty-four states reported that developing outcome-based goals—an element of the

required state plan—will be difficult. Goals must be based on improved outcomes expected for children and families' safety and well-being. Further, states' goals must be realistic, specific, and measurable. Even once they have set goals, 26 states believe that measuring progress in accomplishing their goals will be difficult. Again, selecting appropriate indicators to measure outcomes makes this task challenging.[7]

States Could Learn From Evaluating Their FPS Services as They Implement OBRA 1993

Another method by which states could measure progress and monitor results would be to evaluate their FPS programs. While OBRA 1993 mandates a national evaluation of FPS services, it makes no such requirement of the states. Nevertheless, conducting their own evaluations of FPS services could help states manage their programs better. For example, evaluations could provide information about the economic efficiency of states' FPS programs and the impact on the children and families served, the community, and the service-delivery system itself. Yet 33 states reported that program evaluations would be difficult for them to do, and 38 states indicated that HHS has not provided enough assistance in this area.[8]

Further, the methodologies of previous FPS evaluations limited the ability of evaluators to draw meaningful conclusions about the long-term effectiveness of FPS services in helping to keep families together, improving the well-being of vulnerable children and their families, and reducing foster care placements and costs. Evaluations employing rigorous methodologies, such as randomly assigned experimental and control groups, are needed to determine the effectiveness of FPS services as compared with other service-delivery strategies. Evaluations are also needed to provide insight into which methods of intervention work best for which populations of children and families.[9]

The national evaluations of state implementation and the effectiveness of FPS programs are designed to address these issues. Although the national evaluations have begun and should continue to provide useful information about the effectiveness of FPS services, states may not have sufficient information about how well they have implemented OBRA 1993 and how

[7]See appendix II for additional information about previous state monitoring efforts.

[8]Some states reported that they have evaluated their FPS programs in the past; however, these results are not yet available. (See app. II for more information about previous state evaluation efforts.)

[9]See Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers (GAO/HRD-93-76, June 29, 1993) and Karl Ensign, "Prevention Services in Child Welfare: An Exploratory Paper on the Evaluation of Family Preservation and Family Support Programs," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (Washington, D.C.: 1991).

effective their programs are. States could benefit from additional technical assistance to enable them to conduct their own program evaluations, if they wish to do so.

HHS Has Provided States General Assistance in These Areas

According to HHS officials, HHS is aware of the difficulties that states face and is interested in using our report results to enhance its efforts to identify states' training and technical assistance needs. Further, HHS is aware of the varying levels of expertise among the states in areas related to developing the 5-year plan, providing FPS services, and reforming child welfare service delivery. To support the states in dealing with these challenges, HHS awarded a contract in September 1994 to (1) coordinate efforts among a host of resource organizations, including public agencies that administer federal programs for children and families, national resource and research centers, and national organizations and foundations involved with FPS; (2) support regional conferences for federal and state staff; and (3) provide direct assistance to individual states, as needed. HHS has encouraged states to use these resources and is committed to continuing to assist states through technical assistance and joint planning.

While federal involvement would be minimized if child welfare services were administered through block grant programs, the Congress and federal agencies likely would maintain an interest in the use and effectiveness of federal funds. Current federal efforts to assist states in implementing the FPS provisions of OBRA 1993 would still be worthwhile and have long-term ramifications. For example, by the time a block grant went into effect, the states would have already developed their comprehensive 5-year plans setting quantifiable goals and methods for measuring outcomes. These plan elements would help states focus on accountability for results; that is, ensure the safety and improved well-being of vulnerable children and their families. As we have previously reported, accountability is critical to preserving state flexibility and, hence, reducing the likelihood of increased federal intervention.[10] With continued HHS assistance now, states could have in place the mechanisms to ensure such accountability under a block grant environment.

Agency Comments and Our Evaluation

In its May 15, 1995, comments on our draft report, HHS agreed that early implementation of the FPS provisions of OBRA 1993 was on target and attributed this initial success to the partnerships established between federal and state staff. HHS reemphasized its commitment to provide

[10]Block Grants: Characteristics, Experience, and Lessons Learned (GAO/HEHS-95-74, Feb. 9, 1995).

technical assistance to states as they develop their plans and monitor progress; these efforts will also include technical assistance to those states interested in conducting evaluations. At HHS' suggestion, we added language in the report to more fully describe the characteristics of family preservation services (see pp. 4 and 29). HHS also suggested minor technical revisions to the draft, which we incorporated as appropriate.

HHS expressed concerns that under a block grant arrangement (1) federal technical assistance efforts would be curtailed if funds were not appropriated for this purpose and (2) states may not have sufficient funds to serve the numbers of children and families who could benefit from FPS services. A copy of HHS' comments is included in appendix V.

We are providing copies of this report to the Secretary of Health and Human Services, state child welfare directors, and state FPS program administrators. We will also make copies available to other interested parties upon request. Should you or your staffs have any questions or wish to discuss the information provided, please call me at (202) 512-7230. Other GAO contacts and staff acknowledgments are listed in appendix VI.

Jane L. Ross
Director, Income Security Issues

Contents

Abbreviations

ACF	Administration for Children and Families
ASPE	Assistant Secretary for Planning and Evaluation
FPS	Family preservation and support
HHS	U.S. Department of Health and Human Services
OBRA 1993	Omnibus Budget Reconciliation Act of 1993

Scope and Methodology

To develop information about the condition of child welfare before the enactment of OBRA 1993, we reviewed our past reports and related congressional documents.

To obtain information about federal and state implementation efforts, we interviewed officials from HHS' ACF, which is responsible for the FPS provisions of OBRA 1993 at the federal level, in HHS' headquarters and its 10 regional offices. We also reviewed federal guidelines and proposed regulations[11] related to implementing the FPS legislation, available literature on existing FPS programs, and national and regional conference notes and literature related to training and technical assistance provided to both HHS and state staff. In addition, we interviewed representatives from several national organizations involved with assisting states in their efforts to implement OBRA 1993, including national associations, child advocacy groups, national resource centers, and foundations.

To determine how states plan to use first-year funds, we reviewed HHS documents that summarized state grant applications and surveyed the state child welfare agency in each of the 50 states and the District of Columbia. We did not verify the accuracy of these data; however, we did review a sample of grant applications and verified some amounts.

To obtain information about federal evaluation efforts, we interviewed officials from HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) and ACF who are responsible for overseeing the three national evaluation contracts that will collectively assess state implementation and the effectiveness of FPS programs. We also attended or reviewed the proceedings from meetings of the national evaluation advisory panels[12] and reviewed drafts of interim products that were prepared under the national evaluation contracts as well as available research literature on the effectiveness of FPS programs. Information was not readily available on current state evaluation efforts.

GAO Survey Instruments

We designed two questionnaires to obtain baseline information about existing state efforts related to child welfare service delivery and FPS services. We developed separate questionnaires to collect information about state efforts from the following two perspectives: (1) the state child

[11]Notice of proposed rulemaking pertaining to the implementation of the FPS provisions of OBRA 1993 was issued in October 1994; final regulations are expected in June 1995.

[12]Each of the three national evaluations has established an advisory panel, which is comprised of outside experts on related issues, to help guide the work of the project.

welfare agency that is responsible for implementing the FPS provisions of OBRA 1993 and (2) program administrators who are responsible for operating or administering state FPS programs. In some cases, the state child welfare agency also administered one or more FPS programs and, thus, would have received both questionnaires.

We discussed development of the two questionnaires with HHS headquarters staff; several state child welfare agency officials; staff from the Subcommittee on Human Resources of the House Committee on Ways and Means; and representatives from such national organizations as the American Public Welfare Association, Family Resource Coalition, and National Resource Center for Family-Based Services. In addition, some of these individuals reviewed drafts of both questionnaires.

Before mailing the two questionnaires, we conducted two pretests—one in Georgia and one in Oklahoma—involving the state Title IV-B agency official responsible for implementing OBRA's FPS provisions (for the state questionnaire) and the state program administrator from two different FPS programs (for the program questionnaire). These officials represented states and programs of different size, geographic location, and FPS emphasis. Using the pretest results, we revised the questionnaires to try to ensure that the questions (1) would be easy for respondents to answer and (2) were relevant, clear, and free from bias.

We did not verify the information obtained through the questionnaires. However, we believe that our interviews with federal and state staff and representatives from other national organizations as well as our review of the literature reasonably ensure that the information gathered through our questionnaires fairly represents the described programs.

State Questionnaire Regarding Child Welfare Service Delivery

We surveyed the state child welfare agency in each of the 50 states and the District of Columbia regarding the delivery of state child welfare services, the role of FPS services, and monitoring efforts before enactment of OBRA 1993. The questionnaire also asked about state implementation of the new law and federal assistance provided. In late August 1994, we mailed the questionnaire to the 51 child welfare agencies and received responses from each one.

Program Questionnaire Regarding FPS Services

We designed a second questionnaire to obtain information about FPS programs that were under the auspices of a state government; that is,

administered by, operated by, or otherwise affiliated with a state child-serving agency—and which operated before enactment of OBRA 1993.[13] The questionnaire asked about these FPS programs' history and administration, specifications, staffing, goals, funding, and experiences with monitoring and evaluation.

Before mailing this questionnaire, we asked the child welfare agencies to identify the universe of state-affiliated FPS programs in their state. We mailed each state a listing of FPS programs that we were aware of. The state child welfare agencies corrected our list and added other programs, thus, identifying our universe of 552 state FPS programs.[14]

In late August 1994, we mailed the program questionnaire to the 552 FPS programs. To encourage participation and increase response rates, we mailed a second copy of the questionnaire to all nonrespondents in early October and a third copy in early November.

From the 552 questionnaires we mailed, we received 436 responses. Based on returned questionnaires and telephone contacts from several respondents, we adjusted our population size to 509 and the number of valid responses to 393 to exclude 11 programs that did not meet our selection criteria and 32 programs whose responses were incorporated with responses from other programs (some agencies operated more than one FPS program). The 393 valid responses resulted in an overall response rate of 77 percent.

We conducted our audit work from January 1994 to March 1995 in accordance with generally accepted government auditing standards.

[13]Child-serving agencies outside of the child welfare system include mental health, juvenile justice, education, and other public health agencies.

[14]We recognized in March 1994 that states were just beginning the grant application process and generally had not inventoried FPS programs within the states. Until states had conducted this inventory—a requirement for the state plan due in June 1995—the true universe of state and nonstate FPS programs would be unknown.

Baseline Information on Existing FPS Efforts

The underlying principles of FPS services—services that are family-focused, coordinated, flexible, accessible, and culturally relevant—are not radically new to most states. Before enactment of OBRA 1993, many state child welfare agencies had begun to change child welfare service delivery in their respective states and provide FPS services in ways similar to those promoted under the new law. In addition, every state had one or more FPS programs operating, although most FPS services were not available on a statewide basis.

Based on responses to two GAO questionnaires—one to each state child welfare agency and the other to FPS program administrators—we established baseline information about state child welfare service delivery and FPS services before the new law. In the following sections, we describe

- previous efforts on the part of state child welfare agencies, who are responsible for implementing the new law, to provide FPS services, reform child welfare service delivery, and monitor results; and
- the characteristics of FPS programs that were affiliated with a state child welfare agency, another state child-serving agency—such as mental health or juvenile justice—or both.

Unless otherwise noted, the term state refers to the state child welfare agency. FPS program refers to a program of FPS services provided under the auspices of a state child-serving agency, both within and outside the child welfare system.

State Child Welfare Agencies Can Build on Previous Efforts

Many state child welfare agencies had taken steps to provide FPS services and reform child welfare service delivery before enactment of OBRA 1993. The extent of these efforts may not have been as widespread or comprehensive as the new law and proposed federal regulations require, but can still form a basis from which states can move forward.

The FPS provisions of OBRA 1993 and draft regulations set out requirements for states as they implement the new law. Before states can use new federal funds to provide FPS services, they must undertake a planning process that includes broad consultation and involvement, an assessment of needs, and joint planning. States are encouraged to develop a child and family service system that keeps children and families safe; builds on the resources and strengths of families; offers a continuum of services that is family-focused, easily accessible, and culturally relevant; and links this service continuum to other community services and service-delivery

systems—such as mental health and education—to ensure that families have access to comprehensive services to meet their individual needs.

From our survey of state child welfare agencies, we provide information about state efforts in these areas before enactment of OBRA 1993. We did not assess the adequacy or completeness of the survey information nor did we determine compliance with applicable laws or how far along states might be in their planning process; rather, this information provides some insight into states' previous experiences that could form a basis for future planning, service delivery, and monitoring activities. (See app. I for more details on our survey methodology and app. III for a copy of the state child welfare agency questionnaire.)

Guiding Principles Provide a Framework

Both family preservation and family support services are based on a common set of principles or characteristics that help ensure their responsiveness and effectiveness for children and their families. These principles should provide an organizing framework as states plan for new FPS services, according to proposed federal rules. Before enactment of OBRA 1993, 45 states had established guiding principles for family preservation services, family support services, or both. Such principles were formalized primarily in internal agency documents, such as program instructions, policy manuals, and plans. In addition, 27 states had embodied guiding principles in state law. Most states shared similar principles as those outlined in proposed federal regulations, with primary emphasis on maintaining the welfare and safety of children, strengthening and preserving families, focusing on the family as a whole, and delivering services that were intensive enough to meet family needs.

In addition, 48 states had previously developed initiatives for child welfare service delivery to meet objectives similar to those promoted by the new law. Of these states, 44 had initiatives to either begin or expand family preservation services and improve the well-being of vulnerable children and their families, particularly those at risk of or experiencing child abuse and neglect. In addition, 39 states had initiatives to start or expand family support services and about 37 states had initiatives to develop a continuum of services that are family-focused, comprehensive, and coordinated.

States' initiatives were most commonly the result of state legislation, initiation or replication of a pilot or demonstration project, or a formal planning process. However, 12 states had undertaken these initiatives in

response to a court order or consent decree. In addition, 39 states indicated that their efforts were part of broader state initiatives or reform efforts, such as reinventing government or welfare reform. About one-half of the states had initiatives underway to develop a comprehensive service-delivery strategy for child and family services.

Most States Offered Full Array of Services

Every state offered most of the types of services that might optimally comprise a full array of child welfare services. Among elements that would ideally be part of a child welfare services continuum, according to proposed federal rules, are FPS services; child welfare services, including child abuse and neglect prevention, intervention, and treatment services; foster care; and services to support reunification, adoption, kinship care, independent living, or other permanent living arrangements. States were least likely to offer family support services as well as services after a child had left foster care (although 38 states and 34 states, respectively, offered these services). Most services were offered statewide; services that were not, were generally moving in that direction.

Before OBRA 1993, 29 states reported that they emphasized family preservation services more than family support services. A total of 48 states offered family preservation services compared with 38 states for family support services. While FPS services were included in most states' array of available services, FPS services were least likely to be available statewide. Family preservation services were available statewide in 29 states and family support services in 22 states.

Child Welfare Services Were Often Linked to Other Services

In addition to a continuum of services, according to proposed federal rules, linkages to other services and service-delivery systems, such as health, mental health, housing, employment, education, and child care, complete the picture of a responsive service-delivery system. Effective coordination of a broad spectrum of services provides a holistic approach to serving children and families and increases the likelihood of matching families' needs with appropriate services rather than merely providing available services.

Many state child welfare agencies were connected to other service-delivery systems by virtue of their organizational structure and by establishing formal arrangements. The state child welfare agencies had various types of formal arrangements or linkages with other state programs that provide child and family services. Regardless of the state

program, the most common types of formal arrangements were service coordination and collaboration, use of other programs' services, and joint planning. State child welfare agencies were least likely to have integrated services or pooled funds with other state programs. Formal arrangements were most common with juvenile justice and mental health programs—a situation that may be facilitated by organizational structure because 43 state child welfare agencies were part of an umbrella or consolidated agency, most commonly with employment, juvenile justice, and mental health programs. Few states had formal arrangements with state housing programs.

In addition to connecting with other state service-delivery systems, most states had established ties at the community level during the 5 years before enactment of OBRA 1993. In particular, 35 states had initiatives that drew upon community-based programs for the design, implementation, or both of the delivery of child welfare services. Furthermore, about 35 states had established linkages with community-based organizations related specifically to the delivery of FPS services.

Of the 39 state child welfare agencies that offered both family preservation services and family support services, the most common linkages between the delivery of these two services were service collaboration and coordination. Furthermore, most of these states had ties between the two services within the state child welfare agency as well as with other entities, such as other state programs and community-level child welfare service providers. In 9 states, the delivery of family preservation services was separate and distinct from family support services.

States Had Previously Conducted Some Planning Activities

As states develop their 5-year plan, proposed federal rules require them to establish baseline and trend information from which to base funding and service decisions. Such information is needed to help determine target populations, assess service needs and resources, identify service gaps, and develop opportunities for bringing about more effective and accessible services for children and families. Most states had collected some of this information related to the delivery of FPS services, as shown in table II.1, before enactment of OBRA 1993. Furthermore, as the table illustrates, more states undertook these activities for family preservation services than for family support services. In addition, HHS recommends that FPS services be targeted towards populations and in locations of greatest need. Before the new law, most states that offered FPS services targeted these services in various ways.

Table II.1: States That Undertook Planning Activities and Targeted FPS Services Before OBRA 1993

	Family preservation services	Family support services
Activity		
Develop new and more effective approaches to delivering services	45	31
Identify available resources	38	27
Establish linkages with community-based organizations	35	32
Assess family and community needs	34	29
Identify child welfare service overlaps and gaps	30	22
Targeting		
By client population	38	25
At county or local discretion	29	27
At selected locations	29	24
To support collaborative, community-based service-delivery strategies	21	23

Measuring Progress Was Difficult

While 40 states monitored results for family preservation services compared with 29 states for family support services, measuring progress in accomplishing goals for either type of service was difficult for most of these states in the 5 years before enactment of OBRA 1993. States monitored progress towards accomplishing FPS goals, primarily by internal program reviews and periodic progress reports prepared by program staff. Fewer states relied heavily on external program evaluations to monitor progress—20 states for family preservation services and 7 states for family support services. In addition to monitoring progress in accomplishing FPS goals, most of these states used the monitoring results to assist in program development. Furthermore, 34 states had evaluated or reviewed family preservation services to determine program effectiveness, compared with 18 states for family support services. Information was not readily available on the scope, methodologies, and results of state evaluations.

Although states undertook a variety of activities to measure the progress of FPS services in accomplishing goals, most states found these activities difficult to carry out. Regardless of whether the progress of family preservation or family support services was tracked, states had difficulties with or did not conduct the following activities:

- collecting useful and complete data,
- selecting appropriate indicators,

- measuring cost effectiveness,
- identifying correlates of success or the program or client characteristics that affect the likelihood of successful outcomes, and
- defining measurable outcomes.

In general, states had not used indicators to monitor results for FPS services—less than one-half of the states for family preservation services and less than one-fourth for family support services. Those states that did used various indicators to measure the progress of FPS services, as shown in table II.2. Most common were indicators related to expenditures and child abuse and neglect reports. Beyond that, for family preservation services, most states focused primarily on indicators related to cost, systems, and service delivery, and less so on family and child indicators. For family support services, fewer states used indicators, but those that did focused more on family indicators. States found these indicators to be of varying usefulness, leaving little or no clear picture of what indicators would be most useful for states to set goals, base funding and service decisions, and track results.

Table II.2: Most Common Indicators That States Used to Measure Progress in Accomplishing FPS Goals Before OBRA 1993

		Family preservation		Family support	
Indicator	Type	Number of states[a]	Usefulness[b]	Number of states[a]	Usefulness[b]
Expenditures	Systems	33	Moderate/ somewhat	17	Somewhat
Cost effectiveness	Cost	31	Spread[c]	11	[d]
Caseloads	Systems	29	Moderate	16	Somewhat
Cases per worker	Service delivery	27	Spread[c]	10	[d]
Staffing	Service delivery	25	Moderate	15	Somewhat
Child abuse and neglect reports	Community-wide	23	Moderate	17	Somewhat
Timeliness	Service delivery	23	Spread[c]	11	[d]
Family functioning	Family	22	Moderate	16	Moderate/ somewhat
Child's well-being	Child	21	Very/ moderate	16	Spread[c]
Parent-child relationships	Family	15	[d]	15	Moderate/ somewhat

[a]Represents number of states that indicated they used the indicator to measure the progress of family preservation services (based on n≤42) and family support services (based on n≤29) in accomplishing goals.

[b]Based on scaled response of "very/moderate/somewhat/not at all useful," with "very" being the most useful and "not at all" being the least; level of usefulness determined by majority of respondents.

[c]State responses were spread among the "very/moderate/somewhat useful" categories, without the majority of responses being in any one or two categories.

[d]Insufficient number of respondents (less than one-half of n).

State FPS Programs Varied, but Shared Some Commonalities

While family preservation programs encompass a variety of service-delivery strategies, family support programs encompass an even broader array of approaches. As a result, it is difficult to define a typical program of family preservation or family support services. From our survey of 393 FPS program administrators, we provide some information about the characteristics of these programs as they looked before enactment of OBRA 1993. We especially focus on those aspects that are highlighted in the new law, such as outcome-based goals and methods for monitoring progress towards achieving these goals. We did not assess the adequacy or completeness of the survey data. Furthermore, the information described below pertains only to the population of FPS

programs that responded to our questionnaire and cannot be projected to the universe of such programs. (See app. I for more details on our survey methodology and app. IV for a copy of the state FPS program questionnaire.)

About 66 percent of the programs we surveyed provided family preservation services and 79 percent provided family support services.[15] Regardless of whether a program provided family preservation or family support services, about 35 percent of the programs provided these services on a statewide basis. Over one-half of those programs that were not available statewide were moving in that direction.

Some FPS Goals Were Emphasized More Than Others

According to federal guidelines, which were based on focus group discussions and the literature on professional practice, the goals for FPS services should reflect the underlying principles of family-focus, accessibility, flexibility, coordination, and cultural relevance. Hence, FPS services should be directed towards assuring the safety of all family members; enhancing parents' ability to create an appropriate home environment that promotes healthy child development; assisting children and families with resolving crises and remaining safely together in their homes whenever possible; and avoiding unnecessary out-of-home placement of children and helping foster children reunite with their families or with placement in another planned, permanent living arrangement, such as adoption or legal guardianship.

Although goals varied among individual programs, most of the FPS programs we surveyed had goals similar to those articulated in federal guidelines. Programs that provided family preservation services focused most often on improving parenting skills and preventing the need for foster care placement, as shown in table II.3. Family support services were also designed to improve parenting skills as well as to connect or provide information to families with other community supports and services, as shown in table II.4. Regardless of whether family preservation or family support services were provided, program goals were least likely to include respite care of children to provide temporary relief to parents and other caregivers, as shown in both tables.

[15]The percentages reflect the number of respondents that answered specific questions related to FPS services; hence, the ratios are not always with respect to the total of 393 programs that responded to our questionnaire. In addition, programs provided family preservation, family support services, or both.

Table II.3: Percent of Programs That Provided Family Preservation Services With Goals Similar to Those Under OBRA 1993

Goal	Percent of programs[a]
Improve parenting skills	91
Help children at risk of foster care placement remain with their families	86
Prevent foster care reentry after children have been reunited with their families	77
Reunite children in foster care with their families	77
Place children for adoption, with a legal guardian, or some other permanent living arrangement when family reunification is not appropriate	27
Provide respite care of children for parents and other caregivers	25

[a]Represents percent of programs that actually responded (n≤171).

Table II.4: Percent of Programs That Provided Family Support Services With Goals Similar to Those Under OBRA 1993

Goal	Percent of programs[a]
Strengthen parent-child relationships	92
Connect families with and encourage use of other community supports and services	92
Improve parenting skills	91
Provide information and referral services	90
Improve family functioning	86
Prevent child abuse and neglect	79
Provide families with opportunities to interact with other families and program staff	73
Promote family self-sufficiency	70
Assess children's early developmental needs	60
Prevent out-of-home placement	59
Provide respite care of children for parents and other caregivers	36

[a]Represents percent of programs that actually responded (n≤198).

Most FPS Programs Could Not Fully Meet the Demand for Services

Almost two-thirds of the FPS programs experienced difficulty in meeting the demand for their services. Over one-half of the FPS programs were not able to serve all eligible families who requested services, primarily because of an insufficient level of funding and number of staff to provide FPS services. These factors, according to most program administrators, hindered the program's ability to achieve its primary goals for FPS services. Nevertheless, almost 90 percent of the program administrators felt that, overall, their program of family preservation services was very or moderately effective in reducing the number of families at-risk or in-crisis

that might lead to foster care placement. By comparison, almost 80 percent of the questionnaire respondents felt that family support services were similarly effective in reducing the number of families at-risk of or experiencing child abuse and neglect.

Progress Monitored Internally

Most programs monitored the progress of FPS services in accomplishing program goals primarily by internal program reviews or evaluations and periodic progress reports prepared by program staff. Less than one-half of the programs used indicators to measure program outcomes. In addition, less than one-half of the programs were reviewed or evaluated by an organization outside of the program. Results from these monitoring efforts were primarily used to determine program effectiveness and assist in program development.

In the last 5 years, just over one-half of the programs were formally evaluated. These evaluations focused primarily on the process of program implementation, the impact of FPS services, and compliance with applicable law or regulations. Furthermore, over 40 percent of the family preservation programs were in the process of being formally evaluated, compared with just over 50 percent for family support programs. Information was not readily available on the scope, methodologies, and results of these evaluations.

Service-Delivery Characteristics of FPS Programs

How FPS programs were administered and operated appeared to be related to the type of service offered. Family preservation services were more likely provided within the context of the child welfare system, while family support services were more likely provided under the auspices of other state child-serving agencies, such as mental health and education, as shown in table II.5. Moreover, family preservation programs were more likely operated by other private organizations under contract with a state or local public agency, while family support programs were most commonly operated by a community-based organization.

Table II.5: Comparison of FPS Programs Administered Within and Outside the Child Welfare System

Type of state agency	Percent of programs: Family preservation services (n=179)	Percent of programs: Family support services (n=207)
Child Welfare	74	43
Nonchild Welfare		
Mental Health	19	13
Juvenile Justice	11	4
Education	3	20
Maternal and Child Health	3	11
Other Public Health	1	4
Other	18	32
Total nonchild welfare[a]	55	84

[a]More than one type of agency may be responsible for administering family preservation services, family support services, or both.

Program approaches to the delivery of family preservation services varied in many ways. However, the intensity, duration, and packaging of services commonly differentiates such programs from the traditional delivery of child welfare services. One way to differentiate among family preservation programs is to describe them by the type of intervention they employ. According to the literature, such programs can be classified into three models—crisis intervention, family systems, and therapeutic family treatment.[16]

- The crisis intervention model forms the basis for the Behavioral Science Institute's Homebuilders service-delivery approach, which began in 1974 in Tacoma, Washington. Intervention occurs within 24 hours of a family's referral to the program. Services are typically intensive in nature and are provided in the home so that caseworkers can make accurate assessments and gain the trust of the family.
- The family systems model is typified by the FAMILIES program originated in Iowa in 1974. Attention is focused on the family as a whole, not specific family members, and seeks to correct dysfunction by working on the family's interaction with the community. Families actively participate in their assessment and help establish the treatment goals of improved

[16]Karl Ensign, "Prevention Services in Child Welfare," citing K.E. Nelson, M.J. Landsman, and W. Deutelbaumn, "Three Models of Family-Centered Placement Prevention Services," Child Welfare, Vol. LXIX, No. 1 (Jan.-Feb. 1990), pp. 3-21.

service linkages, perception, and relationships within the family and its environment.

- Therapeutic family treatment relies less on the provision of concrete, supportive services and more on family therapy. The treatment is also less intensive. One of the first such programs was the Intensive Family Services Program developed in Oregon in 1980. Treatment, which is also based on family systems theory, is comprised of three distinct phases—assessment, treatment, and termination.

While these are three models of family preservation service delivery, many variations of these models as well as other approaches exist.

Over one-half of the programs characterized their service-delivery approach for providing family preservation services as one of the three models described above. The remaining programs used either other approaches or different service-delivery strategies depending on the jurisdiction or program site. As shown in table II.6, programs that used the three family preservation service-delivery models had some commonalities as well as differences.

Table II.6: Characteristics of Three Family Preservation Service-Delivery Models

	Model		
Characteristic	**Crisis intervention**	**Family systems**	**Therapeutic family treatment**
Number of programs[a] (percent)	50 (30%)	27 (16%)	9 (5%)
Average caseload per worker	3 cases per worker	9 cases per worker	9 cases per worker
Percent of programs using a team approach	44%	78%	56%
Average duration of services	1.5 months	5.7 months	5.9 months
Availability of workers[b]	24 hours a day, 7 days a week	24 hours a day, 7 days a week	24 hours a day, 7 days a week
Types of families receiving services[b]	Birth; extended; foster; adoptive	Birth; extended; foster; adoptive	Birth; extended; foster; adoptive
Location of service delivery[b]	In family's home	In family's home	In family's home
Minimum educational requirement[b]	Bachelor's degree	Bachelor's degree	Master's degree

[a]Of a total of 169 programs, we describe the characteristics of 86 family preservation programs in this table; the remaining 83 programs used either other approaches or different service-delivery strategies depending on the jurisdiction or program site.

[b]As determined by the majority of respondents.

Unlike family preservation services, programs that provided family support services were less likely to follow a particular service-delivery model. Programs varied greatly in terms of targeted populations and types of family support services offered. However, according to the literature, family support programs can be differentiated either by their service-delivery configuration or by their service strategy. In terms of service-delivery configuration, family support services are typically provided in the home or in a center, such as program facilities or a school. With respect to service strategy, programs can be differentiated by the areas in which they focus, such as those that promote self-sufficiency or emphasize child abuse and neglect prevention. In actuality, family support programs are often not clearly delineated as services may be multidisciplinary and strategies may overlap.[17]

[17]Karl Ensign, "Prevention Services in Child Welfare," citing F. Farrow, T. Grant, and J. Meltzer, "Challenges and Opportunities for Public Policies on Family Support and Education," and G.C. Christopher, "Community-Based Family Support and Education: Local Program Examples," papers delivered at the Colloquium on Public Policy and Family Support (1990).

Over one-third of the family support programs provided services in the home and just under one-third were center-based. Some characteristics of these programs are arrayed in table II.7. The remaining programs' populations were configured in other ways or configurations varied depending on jurisdiction or program site.

Table II.7: Characteristics of Selected Family Support Service-Delivery Approaches, by Service Configuration

	Service-delivery configuration	
Characteristics	**Home-based**	**Center-based**
Number of programs[a] (percent)	69 (39%)	50 (29%)
Average caseload per worker	18 cases per worker	21 cases per worker
Percent of programs using a team approach	56%	69%
Targeted services[b]	By geographic area; parents at risk of child abuse or neglect	[c]
Average duration of services	10 months	7 months
Availability of workers[b]	[c]	[c]
Minimum educational requirement[b]	[c]	[c]

[a]Total of 175 programs.

[b]As determined by the majority of respondents.

[c]Responses varied with no majority for any one response category.

Over one-half of the family support programs focused on one of three service strategies—the prevention of child abuse and neglect; family self-sufficiency; and early child development and school success. These programs shared many common elements, as shown in table II.8.

Table II.8: Characteristics of Selected Family Support Service-Delivery Approaches, by Service Strategy

	Service strategy or program focus		
Characteristic	**Child abuse and neglect prevention**	**Family self-sufficiency**	**Early child development and school success**
Number of programs[a] (percent)	139 (67%)	109 (52%)	109 (52%)
Average caseload per worker[b]	19 cases per worker	21 cases per worker	23 cases per worker
Percent of programs using a team approach	65%	69%	64%
Targeted services[c]	By geographic area; families with children under age 5; parents at risk of child abuse or neglect; pregnant teens	By geographic area; parents at risk of child abuse or neglect	By geographic area; families with children under age 5; parents at risk of child abuse or neglect
Average duration of services	9 months	8 months	10 months
Availability of workers[c]	[d]	[d]	[d]
Location of service delivery[c]	[d]	[d]	[d]
Minimum educational requirement[c]	[d]	[d]	[d]

[a]Total of 208 programs; however, some programs focused on more than one area.

[b]One-half or more of the respondents indicated that workers did not have cases.

[c]As determined by the majority of respondents.

[d]Responses varied with no majority for any one response category.

GAO Questionnaire to State Child Welfare Agencies

In this section, we present our questionnaire to state child welfare agencies regarding child welfare service delivery before enactment of OBRA 1993. Each question includes the summary statistics and the actual number of respondents that answered each question. In each case, we use the format that we believe best represents the data, including frequencies, means, and ranges.

U.S. GENERAL ACCOUNTING OFFICE
Survey of States Regarding Child Welfare Service-Delivery

INTRODUCTION

The Congress has asked the U.S. General Accounting Office (GAO) to monitor the implementation of the family preservation and support provisions of the Omnibus Budget Reconciliation Act of 1993 (OBRA). The Congress would like to know how these provisions will affect children and families. Although we will be monitoring the implementation of this law over the next few years, the Congress has initially asked us to provide information about existing, or pre-OBRA 1993, delivery of state child welfare services.

This questionnaire asks about your state's approach for delivering child welfare services and the role of family preservation and support services prior to OBRA 1993. Specifically, it asks questions about your state's child welfare services: the structure of service-delivery, family preservation and support services, monitoring efforts, implementation of OBRA 1993, and federal assistance provided. We will not be assessing your state's compliance with any of the Act's provisions. The questionnaire data will be used to provide a nationwide picture of how states provided services before the new law was enacted. We will not use the data to compare service-delivery among states.

INSTRUCTIONS

The questionnaire should be answered by the person who is most knowledgeable about your state's delivery of child welfare services. If this person is unable to respond to all of the questions, he or she may wish to seek the help of others in completing this questionnaire.

Unless otherwise directed, please answer our questions about your state's child welfare system as it looked before OBRA 1993, that is, prior to October 1, 1993. In addition, we ask for some information for federal fiscal year (FFY) 1994 (October 1, 1993 through September 30, 1994). If your records are not organized by federal fiscal year, please respond for your state's fiscal year 1994.

Because terms and their usage may vary across states, we have provided a glossary of terms that we will be using in the questionnaire. For your convenience, the glossary listing the terms in alphabetical order is on the inside cover of this questionnaire.

Please return your completed questionnaire in the enclosed self-addressed, stamped envelope within 14 days after receipt. If you should lose or misplace the stamped envelope, please send the completed questionnaire to:

Karen Lyons
U.S. General Accounting Office
301 Howard St., Suite 1200
San Francisco, CA 94105

Or, you may fax a copy of your completed questionnaire marked "Attention Karen Lyons" at 916-974-1202.

If you have any questions, please call Karen Lyons or Rodina Tungol at 916-974-3341.

Please print the name and telephone number of the individual completing this questionnaire:

Name: _____

Title: _____

Agency: _____

Telephone number: ( ) _____

CHILD WELFARE SERVICE-DELIVERY

1. Prior to October 1, 1993, which of the following types of organizational structures best characterizes your state's agency that provided child welfare services (that is, the Title IV-B/IV-E agency)? (CHECK ONE) **(n=50)**

   1. **26** Part of an umbrella agency responsible for administering a number of human service programs under separate management
   2. **17** Part of a consolidated agency under which several human service programs or management functions have been integrated
   3. **5** A separate or autonomous agency (SKIP TO QUESTION 3.)
   4. **2** Other (SPECIFY): _____

   _____
   (SKIP TO QUESTION 3.)

2. What other types of programs served children and families under this umbrella or consolidated agency prior to October 1, 1993? (CHECK ALL THAT APPLY) (n=42)

   1. **2** Education
   2. **24** Juvenile justice
   3. **21** Drug and/or alcohol abuse
   4. **27** Employment/JOBS
   5. **3** Housing
   6. **23** Mental health
   7. **13** Maternal and child health
   8. **10** Other public health
   9. **29** Other (SPECIFY): _____

3. What was your state's primary approach for delivering child welfare services? (CHECK ONE) (n=49)

   1. **29** State-administered and state-delivered or state-contracted services
   2. **12** State-supervised but county or locally-delivered/contracted services
   3. **6** Combination of state and county/locally-delivered/contracted services
   4. **2** Other (SPECIFY): _____

4. Whether your state's approach to delivering child welfare services was state or locally based, prior to October 1, 1993:

   (A) Was any portion of each of the following areas of child welfare service-delivery contracted with local provider agencies?
   (B) If yes, about what proportion of services in these areas would you estimate were contracted?

SERVICE-DELIVERY AREA	(A) Was this contracted? (CHECK ONE FOR EACH) No	Yes		(B) What proportion was contracted? (IF YES, CHECK ONE FOR EACH) All or Almost All	More than Half	About Half	Less than Half	None or Almost None
1. Direct services (n=48)	7	41	If yes -->	5 (n=41)	5	7	20	4
2. Case management (n=48)	25	23	If yes -->	1 (n=23)	1	3	13	5
3. Licensing and/or certification (n=47)	38	9	If yes -->	0 (n=9)	0	0	4	5
4. Other (SPECIFY): (n=4) _____ _____		–	If yes -->	–	–	–	–	–

5. During the 5 years immediately prior to OBRA 1993, had your state developed a "Children's Agenda" for child and family service-delivery that applied across state human service programs? (n=50)

   1. **24** Yes
   2. **26** No

6. During the 5 years immediately prior to OBRA 1993, were any state initiatives developed for child welfare service-delivery to meet each of the following objectives? (CHECK ONE FOR EACH)

	OBJECTIVE	Yes	No
1.	Either initiate or expand family preservation services (n=50)	44	6
2.	Either initiate or expand family support services (n=50)	39	11
3.	Improve well-being for vulnerable children and their families, particularly those experiencing or at-risk of abuse and neglect (n=49)	44	5
4.	Develop continuum of comprehensive, coordinated services (n=49)	37	12
5.	Develop continuum of culturally relevant services (n=48)	26	22
6.	Develop continuum of family-focused services (n=47)	36	11
7.	Draw upon community-based programs for design and/or implementation of delivery of child welfare services (n=50)	35	15
8.	Other initiatives (SPECIFY) _____ (n=4) _____	--	

7. Did you check "yes" to any part of question 6 above? (n=49)

   1. **48** Yes (CONTINUE)
   2. **1** No (GO TO QUESTION 10)

8. Consider your response to question 6 related to state initiatives for child welfare service-delivery. During the 5 years prior to OBRA 1993, which of the following factors served as the impetus for these state initiatives? (CHECK ALL THAT APPLY) (n=49)

   1. **33** State legislation
   2. **12** Court order or consent decree
   3. **16** State reorganization
   4. **22** Change in leadership or vision unrelated to improving delivery of child welfare services
   5. **27** Formal planning process designed to improve delivery of child welfare services
   6. **19** State fiscal crisis or escalating costs
   7. **29** Either initiation or replication of a pilot or demonstration project
   8. **3** DHHS monitoring or program review
   9. **4** Other factor (SPECIFY):_____

9. Consider the state initiatives that were developed in the last 5 years, mentioned in question 6 above. Were any of these initiatives developed as a part of any of the following broader issues? (CHECK ALL THAT APPLY) (n=49)

   1. **8** Welfare reform
   2. **3** Health care reform
   3. **14** "Reinventing Government" effort
   4. **18** Child and Adolescent Services System Planning (CASSP)
   5. **26** A comprehensive strategy for child and family services for the state
   6. **11** Other broader initiative (SPECIFY):_____

   7. **10** None of the above

10. Consider the agency that provided your state's child welfare services (Title IV-B/IV-E agency) prior to October 1, 1993. Which of the formal arrangements listed across the top, if any, did that agency have with other state programs that provided child and family services? (FOR EACH STATE PROGRAM, CHECK ALL THE ARRANGEMENTS THAT APPLY) (n=51)

		What type of a formal arrangement did your child welfare agency have with the other state programs? Other State Programs (CHECK ALL THAT APPLY)						
OTHER STATE PROGRAMS	Not Applicable-No Formal Arrangements	Service Collaboration	Service Coordination	Funds Pooled	Use Other Program's Services	Service Integration	Joint Planning	Other (SPECIFY)
1. Education	10	21	27	15	22	7	22	2
2. Juvenile Justice	7	24	30	19	18	13	29	8
3. Alcohol and/or Drug Abuse	12	21	22	9	18	6	15	4
4. Employment/JOBS	13	14	22	6	20	12	13	1
5. Housing	23	7	5	1	8	1	3	0
6. Mental Health	6	29	30	23	27	13	32	3
7. Maternal and Child Health	12	20	22	8	18	4	21	0
8. Other Public Health	14	8	17	4	18	3	12	0
9. Other program (SPECIFY): _____		5	2	5	2	2	3	2

11. Listed below are types of services a state child welfare agency might potentially offer. (See glossary for definitions)

(A) Prior to October 1, 1993, was each a child welfare service offered by your state's Title IV-B/IV-E agency?
(B) If yes, was each service offered statewide, that is, were services available in all counties in your state?
(C) If the service was not offered statewide, is the service moving toward being offered statewide?

CHILD WELFARE SERVICES	(A) Did your state offer this service? (CHECK ONE FOR EACH)			(B) Was this service offered statewide? (CHECK ONE FOR EACH)			(C) Is service moving toward being offered statewide? (CHECK ONE FOR EACH)	
	No	Yes	If yes --->	Yes	No	If no --->	Yes	No
1. Family support services (n=49)	11	38	If yes --->	22 (n=38)	16	If no --->	16 (n=16)	0
2. Family preservation services (n=50)	3	47	If yes --->	29 (n=46)	17	If no --->	18 (n=18)	0
3. Child protective services (n=50)	0	50	If yes --->	50 (n=50)	0	If no --->	0 (n=0)	0
4. Family foster care (n=50)	0	50	If yes --->	50 (n=50)	0	If no --->	0 (n=0)	0
5. Kinship foster care (n=48)	6	42	If yes --->	41 (n=42)	1	If no --->	0 (n=0)	0
6. Therapeutic or specialized family foster care (n=50)	1	49	If yes --->	33 (n=49)	16	If no --->	16 (n=16)	0
7. Group home care (n=50)	1	49	If yes --->	44 (n=49)	5	If no --->	2 (n=5)	3
8. Residential treatment (n=50)	1	49	If yes --->	44 (n=49)	5	If no --->	3 (n=5)	2
9. Family reunification services (n=50)	2	48	If yes --->	43 (n=48)	5	If no --->	5 (n=5)	0
10. Adoption services (n=50)	0	50	If yes --->	50 (n=50)	0	If no --->	0 (n=0)	0
11. Other permanent living arrangements (SPECIFY): (n=16) _____	--	--	If yes --->	-- (n=9)	--	If no --->	-- (n=0)	--
12. Independent living services (n=50)	1	49	If yes --->	42 (n=49)	7	If no --->	6 (n=6)	0
13. Aftercare services (n=44)	10	34	If yes --->	27 (n=34)	7	If no --->	7 (n=7)	0
14. Other child welfare services (SPECIFY): _____ (n=3) _____		--	If yes --->	-- (n=2)	--	If no --->	-- (n=1)	--

FAMILY PRESERVATION AND SUPPORT SERVICES

12. Within the context of your state Title IV-B/IV-E agency's approach to delivering child welfare services, were family preservation or family support services offered prior to OBRA 1993? (CHECK ONE) (n=51)

    1. **39** Both family preservation services and family support services (CONTINUE)
    2. **7** Family preservation services only (GO TO QUESTION 15)
    3. **1** Family support services only (GO TO QUESTION 15)
    4. **4** Neither family preservation nor family support services (GO TO QUESTION 22 ON PAGE 8)

Linkages Between Family Preservation Services and Family Support Services

13. What types of linkages existed between your state's delivery of family preservation services and its delivery of family support services? (CHECK ALL THAT APPLY) (n=39)

    1. **25** Service collaboration
    2. **19** Funding collaboration
    3. **24** Coordination
    4. **16** Integration of services
    5. **22** Information sharing
    6. **4** Media
    7. **20** Contracting
    8. **3** Other (SPECIFY):_____

    _____

    9. **9** None of the above-- delivery of family preservation services was separate and distinct from family support services

14. Prior to October 1, 1993, were there any linkages between your state's delivery of family preservation services and its delivery of family support services in the following areas: within your child welfare agency (Title IV-B/IV-E), with other state programs, or with other local level service providers? (CHECK ONE FOR EACH)

	Linkages between family preservation services and family support services ...	Yes	No	N/A
1.	Within state child welfare agency (n=37)	33	4	0
2.	With other state programs (n=33)	22	11	0
3.	With other local, community level, child welfare service providers (n=36)	28	6	2
4.	Other (SPECIFY): (n=0) _____ _____	--		

Guiding Principles

15. Prior to October 1, 1993, had your state established any guiding principles for family preservation and/or support services for vulnerable families and children? (n=47)

    1. **45** Yes (CONTINUE)
    2. **2** No (GO TO QUESTION 19)

16. In which of the following types of documents, were your state's guiding principles for family preservation and/or support services articulated? (CHECK ALL THAT APPLY) (n=45)

    1. **27** State law
    2. **16** State regulations
    3. **33** State policy
    4. **37** Program or departmental instructions
    5. **32** Planning or strategy document
    6. **3** Other (SPECIFY): _____

    _____

17. Which of these principles were explicitly addressed in these documents? (CHECK ALL THAT APPLY) (n=45)

1. **44** To maintain the welfare and safety of children
2. **45** To strengthen and preserve the family whenever possible
3. **33** To support families in order to promote children's healthy development
4. **42** To focus on the family as a whole
5. **33** To make services easily accessible
6. **33** To deliver services in a manner that respects cultural and community differences
7. **37** To provide services that are flexible and responsive to family needs
8. **29** To link a wide variety of supports and services outside the child welfare system
9. **28** To provide services that are community-based and involve community organizations and residents in their design and delivery
10. **39** To provide services that are intensive enough to meet family needs and keep children safe
11. **34** To empower families
12. **4** Other (SPECIFY): _____

_____

18. Consider the principles you checked in question 17. Please write the corresponding numbers of the five principles that your state primarily emphasized prior to October 1, 1993. (n=41)

1. _____
2. _____
3. _____
4. _____
5. _____

Role of Family Preservation and Support Services Within Child Welfare Service-Delivery System

19. Consider the total funding, regardless of source, for your state's child welfare services for the 5 years prior to OBRA 1993. In general, did the proportion for family preservation and support services increase or decrease over that period?

Did the proportion of family preservation and support services change? (CHECK ONE FOR EACH SERVICE)

	Greatly Increased	Somewhat Increased	Remained about the same	Somewhat Decreased	Greatly Decreased	Don't Know	Not Applicable--State did not provide services
1. Family preservation (n=46)	14	21	7	2	1	1	0
2. Family support (n=46)	6	18	15	2	0	1	4

20. Do you anticipate that the level of funding for family preservation services and family support services as a proportion of total funding, regardless of source, for all child welfare services in your state will increase or decrease over the next 5 years? (CHECK ONE FOR EACH)

SERVICE	Greatly Increase	Somewhat Increase	Remain the Same	Somewhat Decrease	Greatly Decrease	Unknown	State Does Not Provide Service
1. Family preservation (n=47)	11	23	10	1	0	2	0
2. Family support (n=47)	14	23	5	1	0	3	1

21. Prior to October 1, 1993, did your state place more emphasis on family preservation services or more emphasis on family support services? (CHECK ONE) (n=43)

1. 16 Much more emphasis placed on family preservation services than family support services
2. 13 More emphasis placed on family preservation services than family support services
3. 6 About the same emphasis on each
4. 5 More emphasis placed on family support services than family preservation services
5. 2 Much more emphasis placed on family support services than family preservation services
6. 1 Not applicable-- did not offer both types of services

Strategies for Service-Delivery

22. Prior to October 1, 1993, had your state undertaken any of the following activities related to the delivery of **family preservation services and family support services**? (FOR EACH TYPE OF SERVICE, CHECK ONE FOR EACH ACTIVITY; IF SERVICE WAS NOT OFFERED, CHECK "N/A")

ACTIVITIES	Activities for Family Preservation Services? (CHECK ONE FOR EACH)			Activities for Family Support Services? (CHECK ONE FOR EACH)		
	N/A	Yes	No	N/A	Yes	No
1. Developed new and more effective approaches to delivering services	2 (n=51)	45	4	6 (n=44)	31	7
2. Assessed family and community needs	2 (n=50)	34	14	5 (n=44)	29	10
3. Identified child welfare service overlaps and gaps	4 (n=49)	30	15	8 (n=43)	22	13
4. Identified available resources	2 (n=49)	38	9	7 (n=44)	27	10
5. Established linkages with community-based organizations	1 (n=49)	35	13	6 (n=44)	32	6
6. Developed strategies for blended financing	3 (n=49)	23	23	6 (n=45)	20	19
7. Developed common application forms	3 (n=48)	5	40	10 (n=44)	6	28
8. Simplified case management procedures	5 (n=48)	12	31	9 (n=44)	6	29
9. Evaluated or reviewed program to determine effectiveness	2 (n=48)	34	12	6 (n=43)	18	19
10. Other (SPECIFY):_____		n=0			n=0	

23. During the past five years,:

(A) Did your state identify a need to change its degree of emphasis on policies regarding family preservation and support services? (CHECK ONE FOR EACH; IF STATE DID NOT PROVIDE SERVICE, CHECK "N/A")
(B) If yes, was more or less emphasis on each service needed?
(C) Were any steps taken to change this degree of emphasis prior to October 1, 1993?

SERVICE	(A) Identified need to change emphasis over last 5 years? (CHECK ONE FOR EACH)				(B) What change in degree of emphasis was needed? (IF YES, CHECK ONE FOR EACH)				(C) Steps taken to change emphasis?	
	N/A	No	Yes	If yes -->	Much more emphasis was needed	Somewhat more emphasis was needed	Somewhat less emphasis was needed	Much less emphasis was needed	Yes	No
1. Family support (n=50)	7	7	36	If yes -->	25 (n=36)	11	0	0	29 (n=35)	6
2. Family preservation (n=51)	2	3	46	If yes -->	28 (n=46)	17	1	0	40 (n=42)	2

24. Prior to October 1, 1993, how, if at all, were family preservation services or family support services targeted? (FOR EACH TYPE OF SERVICE, CHECK ONE FOR EACH METHOD OF TARGETING; IF SERVICE WAS NOT OFFERED, CHECK "N/A")

TARGETING	Targeting for family preservation services? (CHECK ONE FOR EACH)			Targeting for family support services? (CHECK ONE FOR EACH)		
	N/A	Yes	No	N/A	Yes	No
1. At county or locality discretion	5 (n=45)	29	11	9 (n=43)	27	7
2. At selected locations	6 (n=45)	29	10	9 (n=41)	24	8
3. By client population	4 (n=48)	38	6	9 (n=41)	25	7
4. To support collaborative, community-based service-delivery strategies	7 (n=43)	21	15	9 (n=42)	23	10
5. Other (SPECIFY):_____	-- (n=1)	--	--	-- (n=1)	--	--

Goals, Monitoring, and Evaluation for Family Preservation Services

25. Prior to October 1, 1993, did your state's IV-B/IV-E agency offer family preservation services? (n=51)

1. **48** Yes (CONTINUE)
2. *3* No (GO TO QUESTION 32 ON PAGE 13)

26. Prior to October 1, 1993, was each of the following a stated goal for your state's family preservation services? **If yes,** overall, how successful, if at all, was your state in meeting that goal?

STATED GOAL	(A) A goal of your state? (CHECK ONE FOR EACH) No	Yes	If yes -->	(B) Overall, how successful in meeting goal? (IF YES, CHECK ONE FOR EACH) Very Successful	Somewhat Successful	About as Successful as Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Help children at risk of foster care placement remain with their families	2 (n=47)	45	If yes -->	22 (n=42)	16	4	0	0
2. Prevent children from reentering an out-of-home placement after they have been reunited with their families	13 (n=47)	34	If yes -->	9 (n=30)	17	4	0	0
3. Reunite children with their families	8 (n=47)	39	If yes -->	10 (n=36)	20	5	1	0
4. Help children who cannot be reunited with their families to be placed for adoption, with a legal guardian, or some other planned, permanent living arrangement	27 (n=47)	20	If yes -->	3 (n=19)	12	2	2	0
5. Provide respite care for parents and other caregivers, including foster parents	33 (n=47)	14	If yes -->	2 (n=14)	7	3	2	0
6. Improve parenting skills	10 (n=46)	36	If yes -->	10 (n=36)	22	4	0	0
7. Other goals (SPECIFY):_____ _____		(n=1)	If yes -->	-- (n=1)	--	--	--	--

27. 1. In the 5 years immediately prior to OBRA 1993, how was progress towards accomplishing these goals for **family preservation services** (listed in the preceding question) primarily monitored? (CHECK ALL THAT APPLY) **(n=45)**

2. **6** U.S. Census Bureau or other published data sources
2. **29** Periodic progress reports prepared by program staff
3. **29** Internal program review
4 **6** DHHS monitoring or program review
5 **11** External program review
6 **20** External program evaluation
7 **17** Computerized management information systems
8. **20** Use of indicators to measure outcomes
9. **16** Client surveys
10. **6** Other (SPECIFY): _____
_____
11. **5** Progress not monitored prior to October 1, 1993 (GO TO QUESTION 32 ON PAGE 13)

28. Of the methods you checked in question 27, please write the corresponding numbers of the two your state relied on most to monitor progress towards its goals in the 5 years before OBRA 1993. **(n=40)**

1. _____

2. _____

29. Prior to October 1, 1993, did your state use each of the following indicators to measure the progress of its **family preservation services** in accomplishing its goals? If yes, how useful, if at all, was each in measuring the progress towards these goals?

	Did state use indicator?			If used, how useful, if at all, was each indicator? (IF YES, CHECK ONE FOR EACH)			
	No	Yes	If yes --->	Very Useful	Moderately Useful	Somewhat useful	Not At All Useful
Systems Indicators							
1. Caseloads (n=42)	13	29		6 (n=27)	14	7	0
2. Expenditures (n=41)	8	33		6 (n=31)	12	12	1
Communitywide Indicators							
3. Child abuse and neglect reports (n=39)	16	23		6 (n=20)	10	4	0
4. Poverty indicators (n=40)	31	9		3 (n=8)	2	3	0
5. Number of births (n=41)	37	4		0 (n=3)	1	2	0
6. Childhood mortality (n=40)	37	3		0 (n=2)	1	1	0
Service-delivery Indicators							
7. Staffing (n=42)	17	25		4 (n=23)	13	6	0
8. Amount of training (n=39)	24	15		3 (n=15)	8	4	0
9. Cases per worker (n=42)	15	27		8 (n=25)	10	6	1
10. Timeliness (n=41)	18	23		7 (n=21)	6	8	0
Family Indicators							
11. Parent-child relationships (n=38)	23	15		6 (n=12)	3	3	0
12. Family satisfaction (n=40)	22	18		7 (n=17)	7	3	0
13. Family functioning (n=38)	16	22		7 (n=19)	10	2	0
Child Indicators							
14. Child's well-being (n=40)	19	21		7 (n=15)	7	1	0
15. Child's development (n=40)	32	8		6 (n=7)	0	1	0
16. School performance or readiness (n=39)	32	7		5 (n=6)	1	0	0
Cost, Success and Other Indicators							
17. Cost effectiveness (n=42)	11	31		7 (n=28)	9	8	4
18. Correlates of success (program or client characteristics that affect likelihood of success) (n=39)	24	15		3 (n=12)	6	3	0
19. Other indicator (SPECIFY): (n=8)		--		-- (n=7)	--	--	--
20. Other indicator (SPECIFY): (n=1)		--		-- (n=2)	--	--	--

30. In addition to monitoring its progress in accomplishing your state's goals for **family preservation services**, in which of the following ways did your state primarily use the results from its monitoring efforts? (CHECK ONE FOR EACH)

USES FOR MONITORING	Yes	No
1. To identify training needs (n=39)	31	8
2. To identify technical assistance needs (n=39)	32	7
3. To assist in program development (n=42)	38	4
4. To identify areas needing a change in emphasis (n=37)	29	8
5. To identify gaps in service-delivery (n=38)	31	7
6. To document program effectiveness (n=40)	35	5
7. To identify areas for further study (n=37)	22	15
8. Other uses for monitoring (SPECIFY):_____ (n=3) _____	--	

31. The following is a list of activities that a state might have undertaken to measure the progress of its **family preservation services** in accomplishing its goals. Prior to October 1, 1993, did your state find this activity easy or difficult to carry out?

ACTIVITIES	How easy or difficult to do? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy Nor Difficult	Somewhat Difficult	Very Difficult
1. Defining measurable outcomes (n=42)	2	3	10	5	11	11
2. Selecting appropriate indicators (n=42)	2	1	9	2	20	8
3. Identifying appropriate data sources (n=42)	2	3	8	10	14	5
4. Collecting useful and complete data (n=42)	1	1	3	8	14	15
5. Measuring cost effectiveness (n=41)	3	1	6	6	13	12
6. Identifying correlates of success (program or client characteristics that affect likelihood of success) (n=42)	8	1	4	4	11	14
7. Other (SPECIFY): (n=1) _____ _____		--	--	--	--	--

Goals, Monitoring, and Evaluation for Family Support Services

32. Prior to October 1, 1993, did your state offer family support services? (n=50)

    1. 38 Yes (CONTINUE)
    2. 12 No (GO TO QUESTION 39 ON PAGE 17)

33. Prior to October 1, 1993, was each of the following a stated goal for your state's **family support services**? **If yes**, overall, how successful, if at all, was your state in meeting that goal?

STATED GOAL	(A) A goal of your state? (CHECK ONE FOR EACH) No	Yes	If yes -->	(B) Overall, how successful in meeting goal? (IF YES, CHECK ONE FOR EACH) Very Successful	Somewhat Successful	About as Successful as Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Provide information and referral services (n=37)	9	28	If yes -->	4 (n=26)	19	2	1	0
2. Assess children's early developmental needs (n=35)	17	18	If yes -->	2 (n=15)	10	1	2	0
3. Strengthen parent-child relationships (n=37)	2	35	If yes -->	2 (n=31)	22	7	0	0
4. Improve parenting skills (n=36)	2	34	If yes -->	3 (n=30)	19	7	1	0
5. Provide respite care for parents and other caregivers (n=36)	14	22	If yes -->	2 (n=19)	11	4	1	1
6. Improve family functioning (n=35)	3	32	If yes -->	2 (n=30)	20	8	0	0
7. Promote family self-sufficiency (n=37)	8	29	If yes -->	2 (n=26)	18	6	0	0
8. Provide families with opportunities to interact with other families and program staff (n=37)	17	20	If yes -->	3 (n=18)	13	2	0	0
9. Connect families with and encourage use of other community supports and services (n=36)	6	30	If yes -->	4 (n=28)	19	4	1	0
10. Prevent out-of-home placement (n=35)	9	26	If yes -->	6 (n=24)	11	3	4	0
11. Prevent child abuse and neglect (n=36)	2	34	If yes -->	4 (n=31)	17	7	3	0
12. Other goles (SPECIFY):_____ (n=1) _____		--	If yes -->	-- (n=1)	--	--	--	--

34. In the 5 years immediately prior to OBRA 1993, how was progress towards accomplishing these goals for **family support services** (listed in the preceding question) primarily monitored? (CHECK ALL THAT APPLY) (n=37)

1. **4** U.S. Census Bureau or other published data sources
2. **21** Periodic progress reports prepared by program staff
3. **20** Internal program review
4. **5** DHHS monitoring or program review
5. **10** External program review
6. **7** External program evaluation
7. **12** Computerized management information systems
8. **8** Use of indicators to measure outcomes
9. **8** Client surveys
10. **3** Other (SPECIFY):_____

_____

11. **8** Progress was not monitored prior to October 1, 1993 (GO TO QUESTION 39 ON PAGE 17)

35. Of the methods you checked in question 34, please write the corresponding numbers of the two your state relied on most to monitor progress towards its goals in the 5 years before OBRA 1993. (n=27)

1. _____

2. _____

36. Prior to October 1, 1993, did your state use each of the following indicators to measure the progress of its **family support services** in accomplishing its goals? If yes, how useful, if at all, was each in measuring the progress towards these goals?

	Did state use indicator?			If used, how useful, if at all, was each indicator? (IF YES, CHECK ONE FOR EACH)			
	No	Yes	If yes --->	Very Useful	Moderately Useful	Somewhat useful	Not At All Useful
Systems Indicators							
1. Caseloads (n=29)	13	16		0 (n=16)	6	10	0
2. Expenditures (n=29)	12	17		0 (n=16)	6	10	0
Communitywide Indicators							
3. Child abuse and neglect reports (n=29)	12	17		3 (n=16)	4	9	0
4. Poverty indicators (n=28)	20	8		0 (n=8)	4	4	0
5. Number of births (n=28)	21	7		1 (n=7)	3	3	0
6. Childhood mortality (n=28)	21	7		1 (n=6)	2	3	0
Service-delivery Indicators							
7. Staffing (n=29)	14	15		0 (n=15)	6	9	0
8. Amount of training (n=29)	18	11		1 (n=11)	3	7	0
9. Cases per worker (n=29)	19	10		1 (n=10)	6	3	0
10. Timeliness (n=29)	18	11		0 (n=10)	5	5	0
Family Indicators							
11. Parent-child relationships (n=29)	14	15		2 (n=14)	6	6	0
12. Family satisfaction (n=27)	15	12		3 (n=11)	4	3	1
13. Family functioning (n=29)	13	16		2 (n=15)	6	7	0
Child Indicators							
14. Child's well-being (n=28)	12	16		4 (n=15)	5	6	0
15. Child's development (n=27)	18	9		3 (n=8)	2	3	0
16. School performance or readiness (n=27)	18	9		3 (n=8)	1	4	0
Cost, Success and Other Indicators							
17. Cost effectiveness (n=28)	17	11		1 (n=10)	2	7	0
18. Correlates of success (program or client characteristics that affect likelihood of success) (n=26)	18	8		2 (n=7)	1	4	0
19. Other indicator (SPECIFY): (n=4)		--		-- (n=3)	--	--	--
20. Other indicator (SPECIFY): (n=2)		--		-- (n=1)	--	--	--

37. In addition to monitoring its progress in accomplishing your state's goals for **family support services**, in which of the following ways, if any, did your state primarily use the results from its monitoring efforts? (CHECK ONE FOR EACH)

USES FOR MONITORING	Yes	No
1. To identify training needs (n=27)	15	12
2. To identify technical assistance needs (n=26)	19	7
3. To assist in program development (n=28)	24	4
4. To identify areas needing a change in emphasis (n=28)	22	6
5. To identify gaps in service-delivery (n=27)	20	7
6. To document program effectiveness (n=27)	20	7
7. To identify areas for further study (n=26)	12	14
8. Other uses for monitoring (SPECIFY):_____ (n=2) _____	--	

38. The following is a list of activities that a state might have undertaken to measure the progress of its **family support services** in accomplishing its goals. Prior to October 1, 1993, did your state find this activity easy or difficult to carry out?

ACTIVITIES	How easy or difficult to carry out? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy Nor Difficult	Somewhat Difficult	Very Difficult
1. Defining measurable outcomes (n=28)	5	0	4	3	6	10
2. Selecting appropriate indicators (n=28)	4	0	5	3	8	8
3. Identifying appropriate data sources (n=28)	3	0	3	9	6	7
4. Collecting useful and complete data (n=28)	3	1	1	4	8	11
5. Measuring cost effectiveness (n=28)	4	0	3	4	10	7
6. Identifying correlates of success (program or client characteristics that affect likelihood of success) (n=28)	6	0	3	4	6	9
7. Other (SPECIFY): (n=0) _____ _____		--	--	--	--	--

IMPLEMENTATION OF OBRA 1993

39. As your state implements OBRA 1993, what proportion of your state's fiscal year 1994 allocation will be spent on planning and providing services? (ENTER PERCENTAGE: IF NONE, ENTER '0')

1. Planning (n=41)	**Range=0-100** **Mean=69 %**
2. Family preservation services (n=24)	**Range=0-67** **Mean=23 %**
3. Family support services (n=24)	**Range=0-81** **Mean=25 %**
4. Other (training and technical assistance for service-delivery, administrative costs, etc.) (n=24)	**Range=0-100** **Mean=13 %**
TOTAL	100 %

5. **10** Proportions will not be known until the state completes its 5-year plan prior to June 30, 1995.

40. Does your state plan to pass through any of its fiscal year 1994 allocation for family preservation and support services to community-based organizations? (CHECK ONE) (n=47)

1. **19** Yes, funds will be passed-through for both family preservation and support services
2. **1** Yes, funds will be passed through for family preservation services only
3. **3** Yes, funds will be passed through for family support services only
4. **15** No, FY94 funds will not be passed-through for either kind of services
5. **9** Unknown--pass-throughs, if any, will not be known until the state completes its 5-year plan prior to June 30, 1995.

41. Consider the amount of your state's current funding level plus its OBRA 1993 allocation, excluding any applicable state match. In FFY 1994, will your state add any resources over and above this amount to fund its strategic planning activities or family preservation and support services? (CHECK ONE) (n=50)

1. **11** Yes, both strategic planning activities and family preservation and support services
2. **2** Strategic planning activities only
3. **8** Both family preservation and support services only
4. **2** Family preservation services only
5. **2** Family support services only
6. **6** Neither strategic planning activities nor family preservation and support services
7. **19** Don't know

42. Listed below are activities which states could conduct to implement the family preservation and support provisions of OBRA 1993. How easy or difficult is each activity for your state to conduct? (CHECK ONE FOR EACH; IF STATE NEED NOT DO THE ACTIVITY, CHECK "N/A")

ACTIVITIES	Is activity easy or difficult to conduct? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy Nor Difficult	Somewhat Difficult	Difficult
1. Identify the major stakeholders (n=49)	0	17	25	4	2	1
2. Coordinate with the various state and local public child-serving agencies (n=49)	0	1	23	6	16	3
3. Coordinate with Indian tribes (n=49)	15	3	13	3	9	6
4. Consult with community groups (n=49)	0	5	24	8	10	2
5. Consult with consumers (n=49)	0	2	9	14	19	5
6. Recruit and retain qualified staff (n=48)	5	2	8	10	17	6
7. Train staff (n=49)	6	2	9	16	14	2
8. Conduct a needs assessment (n=49)	1	2	12	19	11	4
9. Establish baseline and trend information (n=48)	0	3	6	10	21	8
10. Describe the nature and scope of public and private family preservation and support services (n=49)	0	2	14	11	17	5
11. Establish outcome-based, measurable goals (n=48)	0	1	4	9	26	8
12. Monitor progress in accomplishing goals (n=49)	0	1	5	17	19	7
13. Design and conduct evaluations (n=48)	0	1	3	11	27	6
14. Decide how to target funding (n=49)	0	2	6	14	17	10
15. Fund state's share of family preservation and support services under OBRA 1993 that is, fund the state match, if applicable (n=47)	1	7	8	17	9	5
16. Other activities (DESCRIBE) (n=2)		--	--	--	--	--

43. Listed below are conditions which could affect a state's ability to implement the family preservation and support provisions of OBRA 1993.

To what extent, if any, will each condition hinder your state's ability to implement the family preservation and support provisions of OBRA 1993?

CONDITIONS	To what extent condition hinders? (CHECK ONE FOR EACH)					
	N/A	Very Great Extent	Great Extent	Moderate Extent	Some Extent	Little or No Extent
a. State legislation must be enacted in order to implement OBRA 1993 and state's 5-year plan (n=49)	23	1	1	3	3	18
b. Competition within the state exists for limited funding (n=50)	2	12	18	8	9	1
c. Federal funding streams are categorical (n=50)	0	21	9	14	4	2
d. Other conditions (DESCRIBE) (n=6)		--	--	--	--	--

44. Of the **activities** you checked in question 42 and the **conditions** in question 43, please write the corresponding numbers/letters of the three activities/conditions that will be most difficult for your state to conduct/address and will most hinder your state's implementation of OBRA 1993. (n=41)

1. _____ 2. _____ 3. _____

45. For each of the three difficulties/hindrances that you identified in the preceding question, if any, please describe your state's strategy for addressing them.

1. Strategy for activity/condition #1: (n=43)
   14 Unknown

2. Strategy for activity/condition #2: (n=42)
   18 Unknown

3. Strategy for activity/condition #3: (n=40)
   13 Unknown

DHHS ASSISTANCE

46. In implementing OBRA 1993, has DHSS provided more or less than enough of each of the following types of assistance? (CHECK ONE FOR EACH)

TYPE OF ASSISTANCE	How much is DHHS meeting your state's OBRA 1993 planning needs?				
	Much More Than Enough	More Than Enough	Enough	Less Than Enough	Much Less Than Enough
1. Training (n=49)	1	5	30	12	1
2. Technical assistance (n=49)	0	12	27	8	2
3. Regulation and guidelines (n=50)	1	8	25	11	5
4. Dissemination of information, such as program models, research results, and best practices (n=49)	2	7	30	7	3
5. Program evaluation, including technical assistance for conducting state or local evaluations (n=50)	0	2	10	28	10
6. Joint planning (n=50)	0	8	33	9	0
7. Other areas (SPECIFY) (n=5) _____ _____	--	--	--	--	--

47. Compared to DHHS assistance provided to your state before OBRA 1993, is DHHS assistance currently better or worse?

TYPE OF ASSISTANCE	How does DHHS assistance in implementing OBRA compare to pre-OBRA 1993? (CHECK ONE FOR EACH)				
	Much Better	Somewhat Better	About the Same	Somewhat Worse	Much Worse
1. Training (n=50)	7	22	20	1	0
2. Technical assistance (n=50)	12	21	15	2	0
3. Regulation and guidelines (n=50)	7	16	23	3	1
4. Dissemination of information, such as program models, research results, and best practices (n=49)	9	22	17	1	0
5. Program evaluation, including technical assistance for conducting state or local evaluations (n=49)	3	12	30	4	0
6. Joint planning (n=50)	11	20	17	2	0
7. Other areas (SPECIFY) (n=2) _____ _____	--	--	--	--	--

48. In implementing OBRA 1993, how involved, if at all, has the DHHS regional office staff been in your state's planning process thus far? (CHECK ONE) **(n=51)**

    1. **23** Very involved
    2. **21** Moderately involved
    3. **6** Somewhat involved
    4. **1** Not involved

49. How satisfied, if at all, are you with the level of involvement of DHHS regional office staff in your state's planning process thus far? (CHECK ONE) **(n=51)**

    1. **22** Very satisfied
    2. **19** Generally satisfied
    3. **8** As satisfied as dissatisfied
    4. **2** Generally dissatisfied
    5. **0** Very dissatisfied

50. Consider your responses to the preceding four questions related to your level of satisfaction with the extent of involvement and assistance provided by DHHS office staff in your state's planning process and implementation plans.

    Please comment in the space below on the quality of DHHS assistance since October 1, 1993. What factors did you consider when making your assessment? How does DHHS assistance compare to pre-OBRA 1993? What is DHHS doing well? Where there is a need for improvement, how can DHHS better meet your state's needs? **(n=42)**

COMMENTS

51. Please provide below any additional information about your state's approach to delivering child welfare services-- such as information about creative or innovative strategies for delivering, funding, coordinating, or evaluating services. **(n=23)**

52. Please provide below any information that you would like the Congress to consider in monitoring and evaluating the impact of the family preservation and support provisions of OBRA 1993. (n=25)

Thank you for completing our questionnaire.

GLOSSARY

Child welfare services are services that protect the welfare of children. Such services encompass a broad range of activities, including child protection, care of the homeless and neglected, child social and nutritional development, and out-of-home care. In addition to family preservation and family support services, child welfare services include:

child protective services for children who are the subject of an alleged or substantiated report of child abuse or neglect. Services may include the receipt, investigation, and substantiation of maltreatment reports, direct services and/or service referrals, assistance related to court proceedings, case management, and case planning.

family foster care involving the removal of children from their homes and placement with a foster family.

kinship foster care involving the removal of children from their homes and placement within the homes of relatives.

therapeutic or specialized family foster care for children who are placed in foster family homes as an alternative to group homes or residential treatment. Specialized foster parents receive additional support and are trained to handle the types of problems they are likely to encounter when caring for children with special needs.

group home care involving the removal of children from their homes and placement in a foster care setting where they receive 24-hour care by paid staff. Facilities encompass such settings as emergency shelters, receiving homes, and group homes.

residential treatment involving the removal of primarily youths from their homes and placement in a residential facility where they are taught skills and provided specialized treatment. The youths who are placed into residential treatment often exhibit multiple behavior problems, such as poor school performance, substance abuse, delinquency, and early unprotected sexual activity.

family reunification services designed to help reunite families who have had children removed from their homes and placed into foster care.

adoption services associated with helping a child to secure an adoptive home and includes assistance related to terminating parental rights and recruitment and evaluation of prospective adoptive parents.

independent living services designed to help prepare youths who would eventually be emancipated from the foster care system. Services generally fall into the categories of basic skills training (money management, health, food and nutrition), education (GED and college preparation), and employment (job training and placement).

aftercare services after children leave foster care in order to prevent their reentry into foster care.

Family preservation services are typically designed to help families (including adoptive and extended families) at risk or in crisis. Services may be designed to (1) prevent foster care placement, (2) reunify families, (3) place children in other permanent living arrangements, such as adoption or legal guardianship, (4) provide followup care to reunified families, (5) provide respite care for parents and other caregivers, and/or (6) improve parenting skills. This definition appears in the family preservation and support provisions of the Omnibus Budget Reconciliation Act of 1993.

Most family preservation services are tailored to the family's needs to help ameliorate the underlying causes of dysfunction while the child remains at home. The intensity, duration, and packaging of services differentiates family preservation programs from the traditional delivery of children's services.

Family support services are primarily community-based preventive activities designed to promote the well-being of children and families. Services are designed to (1) increase the strength and stability of families (including adoptive, foster, and extended families), (2) increase parents' confidence and competence in their parenting abilities, (3) afford children a stable and supportive family environment, and (4) otherwise enhance child development. This definition appears in the family preservation and support provisions of the Omnibus Budget Reconciliation Act of 1993.

Community-based family support services include: (1) in-home visits, parent support groups, and other programs designed to improve parenting skills; (2) respite care; (3) structured activities to strengthen the parent-child relationship; (4) drop-in centers to enable families to informally interact with other families and with program staff; (5) information and referral services; and (6) early developmental screening of children.

GAO Questionnaire to FPS Program Administrators

In this section, we present our questionnaire to state-affiliated FPS program administrators regarding FPS services before enactment of OBRA 1993. Each question includes the summary statistics and the actual number of respondents that answered each question. In each case, we use the format that we believe best represents the data, including frequencies, means, and ranges.

U. S. General Accounting Office
Survey of State Family Preservation and Support Programs

INTRODUCTION

The Congress has asked the U.S. General Accounting Office (GAO) to monitor the implementation of the family preservation and support provisions of the Omnibus Budget Reconciliation Act of 1993 (OBRA). The Congress would like to know how these provisions will affect children and families. Although we will be monitoring the implementation of this law over the next few years, the Congress has initially asked us to provide information about existing, or pre-OBRA 1993, family preservation and support programs.

As part of this effort, we are conducting a survey of all family preservation and support programs in the United States that are under the auspices of a state government (that is, administered by, operated by, or otherwise affiliated with a state child-serving agency) and which operated before OBRA 1993. Your program was identified as such a program by your state's child welfare agency. We will not be assessing compliance with any of the Act's provisions. The survey data will be used to provide a nationwide picture of state family preservation and support programs as they looked before the new law was enacted. We will not use the data to compare programs among states.

This questionnaire asks about your program's family preservation and/or family support services. Specifically, it asks about your program's history and administration, program specifications, staffing, goals, funding, and experiences with monitoring and evaluation.

INSTRUCTIONS

Please complete this questionnaire for the program named on the label affixed above.

This questionnaire should be completed by the person who is most knowledgeable about your program's family preservation or support services. If this person is unable to respond to all of the questions, he/she may wish to seek the help of others in completing this questionnaire

If your program provided only family preservation or only family support services, you will need to complete *only half of the questionnaire. Otherwise, if your* program provided both services, we ask that you complete the entire questionnaire.

Unless otherwise directed, please answer our questions about your program as it looked before OBRA 1993, that is, prior to October 1, 1993. Some questions ask for information by federal fiscal year (FFY) 1993 (October 1, 1992 through September 30, 1993). If your records are not organized by federal fiscal year, please respond for your state's fiscal year 1993.

Because some terms and their usage may vary across programs, we have provided a glossary of terms that we will be using in the questionnaire. For your convenience, the glossary, listing the terms in alphabetical order, is on the inside cover of this questionnaire.

Please return your completed questionnaire in the enclosed self-addressed, stamped envelope within 14 days after receipt. If you should lose or misplace the stamped envelope, please send the completed questionnaire to:

Karen Lyons
U.S. General Accounting Office
301 Howard St., Suite 1200
San Francisco, CA 94105

Or, you may fax a copy of your completed questionnaire marked "Attention Karen Lyons" at 916-974-1202. If you have any questions, please call Karen Lyons or Rodina Tungol at 916-974-3341.

Thank you for your assistance.

Please print the name, title, agency, and telephone number of the individual completing this questionnaire: n=352

Name: _____

Title: _____

Agency: _____

Telephone number: ( ) _____

PROGRAM INFORMATION

1. Prior to October 1, 1993, did your program provide either family preservation or family support services ? (See glossary for definitions.) (CHECK ONE) **n=381**

   1. **31%** Both family preservation and family support services
   2. **21%** Family preservation services only
   3. **34%** Family support services only
   4. **14%** Neither family preservation nor family support services--->**(STOP! PLEASE RETURN QUESTIONNAIRE.)**

2. Was this program either administered or operated by (for) a state agency prior to October 1, 1993? **n=320**

   1. **87%** Yes **(CONTINUE)**
   2. **13%** No **(STOP! PLEASE RETURN QUESTIONNAIRE.)**

FAMILY PRESERVATION SERVICES

3. Prior to October 1, 1993, did your program provide family preservation services? **n=269**

   1. **66%** Yes
   2. **34%** No (GO TO QUESTION 53 ON PAGE 14)

History and Administration of Family Preservation Services

4. In what month and year did your program begin providing family preservation services? (ENTER MONTH AND YEAR) **n=168**

   _____
   MONTH/YEAR

5. Prior to October 1, 1993, under what authority did your program of family preservation services operate? (CHECK ALL THAT APPLY) **n=171**

   1. **25%** Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)
   2. **14%** Child Abuse Prevention and Treatment Act
   3. **11%** Other federal legislation (SPECIFY NAME OF LAW): _____
   4. **39%** State legislation which specifically authorized your program
   5. **10%** Other state legislation
   6. **36%** State regulation or administrative decision
   7. **18%** Other authority (SPECIFY): _____ _____

6. What type of state agency was responsible for administrative oversight of your program's family preservation services? (CHECK ALL THAT APPLY) **n=179**

   1. **74%** Child welfare
   2. **3%** Education
   3. **11%** Juvenile justice
   4. **19%** Mental health
   5. **3%** Maternal and child health
   6. **1%** Other public health
   7. **18%** Other (SPECIFY):_____ _____

7. What type of agency had primary responsibility for the day-to-day provision of your program's family preservation services ? (CHECK ONE) **n=167**

   1. **23%** State public agency
   2. **15%** Local public agency
   3. **23%** Community-based organization
   4. **29%** Other private organization under contract with a state or local public agency
   5. **4%** No primary agency-- type of agency varied by jurisdiction or program site
   6. **6%** Other type of agency (SPECIFY):_____ _____

8. As of October 1, 1993, was your program a state-wide program, that is, were family preservation services available in all counties in your state? **n=177**

   1. **34%** Yes (GO TO QUESTION 11)
   2. **66%** No (CONTINUE)

9. Is your program of family preservation services moving toward becoming a state-wide program? **n=116**

   1. **60%** Yes
   2. **40%** No

10. As of October 1, 1993, in about what percent of the counties in your state did your program provide family preservation services? (ENTER NUMBER) **n=97**

    Range=0-100 % of counties in state
    Mean=30.42

11. As of October 1, 1993, what was the status of your program's family preservation services? (CHECK ONE) **n=178**

    1. **11%** A pilot or demonstration project
    2. **17%** A partially implemented program—> When is full implementation anticipated?

       MONTH/YEAR: _____
    3. **67%** A fully implemented program
    4. **1%** Discontinued or no longer operating as a distinct program
    5. **4%** Other (SPECIFY)_____

       _____

Program Specifications for Family Preservation Services

12. Prior to October 1, 1993, what criteria did children and families meet to receive family preservation services from your program? (CHECK ALL THAT APPLY) **n=179**

    1. **74%** Child must be in imminent risk of either initial or continued out-of-home placement
    2. **39%** Child is being considered for out-of-home placement, but is not at imminent risk
    3. **1%** Both parents must be living at home
    4. **19%** At least one parent must be living at home
    5. **3%** Income must not exceed a specific amount
    6. **8%** Court or court-appointed body must approve family's participation
    7. **48%** Referral must be made by a public child-service agency
    8. **20%** Program is available to anyone requesting family preservation services
    9. **31%** Other (SPECIFY): _____

       _____

13. What types of populations, if any, were specifically excluded from receiving family preservation services from your program? (CHECK ALL THAT APPLY) **n=179**

    1. **6%** Sexual abuse cases
    2. **3%** Substance abuse cases
    3. **25%** Involuntary clients
    4. **3%** Absent parent families
    5. **4%** Homeless families
    6. **10%** Other (SPECIFY):_____

       _____

    7. **74%** No specific populations were excluded as long as the eligibility requirements were met

14. What types of family preservation services did your program offer? (CHECK ALL THAT APPLY) **n=179**
    1. **88%** Parenting education
    2. **42%** Parent or in-home aide
    3. **37%** Child care (daycare for young children, before and after school, respite)
    4. **28%** Aftercare services
    5. **35%** Services after completing participation in family preservation program
    6. **16%** Job training or readiness
    7. **40%** Emergency financial assistance
    8. **21%** Housing
    9. **63%** Transportation
    10. **79%** Counseling (clinical, family, group)
    11. **24%** Substance abuse treatment
    12. **78%** Client advocacy
    13. **86%** Service referral
    14. **45%** Mental health services
    15. **27%** Health services
    16. **31%** Other types of family preservation services offered (SPECIFY):

    _____

15. Which of the following best characterized the service delivery model used by your program to provide family preservation services? (See glossary for definitions.) (CHECK ONE) **n=169**
    1. **30%** **Crisis intervention technique**, similar to the Behavioral Science Institute's "Homebuilders" approach
    2. **16%** **Family systems technique**, similar to the "FAMILIES" approach originated in Iowa
    3. **5%** **Therapeutic family treatment**, similar to the "Intensive Family Services Program" in Oregon
    4. **22%** Service delivery model varied by jurisdiction or program site
    5. **27%** Other service delivery model (SPECIFY):____

    _____

16. What was the recommended average number of cases for a family preservation worker to have at any one time during FFY 1993? (ENTER NUMBER OF CASES) **n=129**

    Range=2-150 cases per worker
    Mean=9.37

    (n=32) Not Applicable-- workers did not have cases

17. Were family preservation services provided using a team approach? **n=177**
    1. **66%** Yes (CONTINUE)
    2. **34%** No (GO TO QUESTION 19)

18. What types of workers usually formed the team? (CHECK ALL THAT APPLY) **n=117**
    1. **62%** Caseworker
    2. **38%** Program administrator
    3. **51%** Therapist
    4. **41%** Counselor
    5. **51%** Social worker
    6. **32%** Teacher
    7. **27%** Other parent(s)
    8. **56%** Other (SPECIFY):_____

    _____

19. What was the recommended average number of months for a family to receive family preservation services at any one time during FFY 1993? (ENTER NUMBER OF MONTHS) **n=141**

    Range=1.0-24.0 months per family in program
    Mean=4.73

20. Prior to October 1, 1993, at what time(s) were workers available to work with clients needing family preservation services? (CHECK ONE) **n=167**
    1. **2%** By appointment only
    2. **8%** During regular business hours
    3. **57%** 24 hours a day, 7 days a week
    4. **2%** After school or during the evening
    5. **20%** Times varied by jurisdiction or program site
    6. **11%** Other (SPECIFY)_____

    _____

21. What types of families received family preservation services? (CHECK ALL THAT APPLY) **n=176**
    1. **96%** Birth families
    2. **88%** Extended families (includes grandparents or other relatives)
    3. **53%** Foster families
    4. **67%** Adoptive families
    5. **12%** Other families (SPECIFY)_____

    _____

22. Where did families most often receive family preservation services? (CHECK ONE) **n=157**

1. **76%** In their home
2. **8%** In program facilities
3. **1%** In a school
4. **0%** In a health facility
5. **4%** In other community facility (SPECIFY):_____

6. **9%** Location varied by jurisdiction or program site

7. **2%** Other (SPECIFY):_____

Staffing for Family Preservation Services

23. How many paid, full-time equivalent (FTEs) family preservation workers provided direct services during FFY 1993? **Family preservation workers** are frontline program staff who work with families and children on a day-to-day basis. They may include caseworkers, social workers, therapists, counselors, teachers, and parents. (ENTER NUMBER)
n=131
Range=0-251 Paid employee FTEs **n=39** Unknown
Mean=25.66

24. How many full-time equivalent (FTEs) unpaid family preservation volunteers provided direct services during FFY 1993? (ENTER NUMBER)
n=91
Range=0-75 Volunteer FTEs **n=64** Unknown
Mean=1.99

25. What was the minimum educational requirement, if any, for family preservation caseworkers? (CHECK ONE) **n=155**

1. **9%** High school diploma or equivalent
2. **3%** Associates degree
3. **50%** Bachelors degree
4. **21%** Masters degree
5. **8%** Other minimum educational requirement (SPECIFY): _____
6. **8%** No minimal educational requirement

26. Were your program's family preservation caseworkers typically required to have had previous work experience? **n=168**

1. **79%** Yes--->Please describe: **(n=125)**
_____
2. **21%** No

27. Before working with their first client, were your program's family preservation caseworkers required to receive any training related to providing family preservation services? **n=167**

1. **75%** Yes---> Number of hours: **(n=85)** **Range=5-128** **Mean=33.80**
2. **25%** No

28. Were your program's family preservation caseworkers required to complete a minimum number of hours of in-service training related to providing family preservation services each year? **n=169**

1. **53%** Yes---> Minimum hours of training hours each year:**(n=74)** **Range=2-240** **Mean=26.76**
2. **47%** No

Participation in Family Preservation Services

29. **Since its inception,** about how many families and about how many children have received family preservation services from your program? If your program did not count participation by the number of families or children, please indicate below how participation was counted and enter the count. (ENTER UNDUPLICATED COUNTS)
n=96
Number of families:_____ **n=68** Unknown
Range=8-40,000
Mean=2,396

n=74
Number of children: _____ **n=87** Unknown
Range=8-30,000
Mean=3,116

30. **During FFY 1993,** about how many families and about how many children received family preservation services from your program? If your program does not count participation by the number of families or children, please indicate below how participation is counted and enter the count. (ENTER UNDUPLICATED COUNTS)
n=125
Number of families: _____ **n=34** Unknown
Range=7-139,000; Mean=1,692

n=102
Number of children: _____ **n=48** Unknown
Range=4-84,094; Mean=1,877

31. Prior to October 1, 1993, did your program serve all eligible families who requested (or were referred for) family preservation services within its service area? (CHECK ONE) **n=177**

1. **28%** Yes (GO TO QUESTION 34)
2. **65%** No (CONTINUE)
3. **7%** Don't know (GO TO QUESTION 34)

32. Which of the following was a major, moderate, minor, or not a reason why your program could not serve all eligible families who requested (or were referred for) family preservation services in its service area? (CHECK ONE FOR EACH REASON)

REASON	Major Reason	Moderate Reason	Minor Reason	Not a Reason
1. Insufficient number of staff to provide services **(n=103)**	**63%**	**19%**	**6%**	**12%**
2. Insufficient amount of funds to provide services **(n=104)**	**71**	**14**	**6**	**9**
3. Regardless of funds or staffing, space was full **(n=96)**	**27**	**21**	**16**	**36**
4. Families chose not to participate in the program **(n=102)**	**8**	**9**	**50**	**33**
5. Other reason(s): **(n=7)**	--	--	--	

33. What most often happened to the eligible families in your service area needing family preservation services that could not be served by your program? (CHECK ONE) **n=103**

1. **32%** Families referred to other less intensive services
2. **6%** Families referred to another family preservation program
3. **20%** Families placed on a waiting list for your program's family preservation services
4. **16%** Children removed from the families and placed in an out-of-home placement
5. **6%** Other (SPECIFY): _____
6. **19%** Don't know

34. Prior to October 1, 1993, of those families that requested (or were referred for) family preservation services from your program in your service area, to about how many, if any, were you able to provide these services? (CHECK ONE) **n=116**

1. **19%** All or almost all
2. **34%** More than half
3. **9%** About half
4. **13%** Less than half
5. **1%** None or almost none
6. **24%** Don't know

Goals for Family Preservation Services

35. Prior to October 1, 1993, was each of the following a stated goal for your program when providing family preservation services? **If yes**, how successful, if at all, was your program in meeting that goal?

STATED GOAL	A program goal? (CHECK ONE FOR EACH)			How successful was your program in meeting goal? (IF YES, CHECK ONE FOR EACH)				
	No	Yes	If Yes -->	Very Successful	Somewhat Successful	About As Successful As Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Help children at risk of foster care placement remain with their families (n=171)	14%	86%	If yes --->	67% n=142	30%	3%	0%	0%
2. Prevent children from reentering an out-of-home placement after they have been reunited with their families (n=165)	23	77	If yes --->	53 n=121	40	7	0	0
3. Reunite children with their families (n=164)	23	77	If yes --->	47 n=117	44	9	0	0
4. Help children who cannot be reunited with their families to be placed for adoption, with a legal guardian, or some other planned, permanent living arrangement (n=150)	73	27	If yes --->	37 n=41	51	7	5	0
5. Provide respite care for parents and other caregivers, including foster parents (n=150)	75	25	If yes --->	67 n=39	26	5	0	3
6. Improve parenting skills (n=170)	9	91	If yes --->	47 n=149	48	5	0	0
7. Other goal (SPECIFY): (n=39) _____		--	If yes --->	--	--	--	--	--

36. Prior to October 1, 1993, was each of the following a measurable outcome to determine your program's success when providing family preservation services? **If yes**, how successful, if at all, was your program on this outcome?

OUTCOME	A measurable outcome for your program? (CHECK ONE FOR EACH) No	Yes		How successful was your program on this outcome? (IF YES, CHECK ONE FOR EACH) Very Successful	Somewhat Successful	About as Successful as Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Family functioning **(n=160)**	**31%**	**69%**	If yes --->	**36% n=108**	**54%**	**9%**	**1%**	**0%**
2. Recurrences of child abuse or neglect **(n=159)**	**34**	**66**	If yes --->	**57 n=101**	**39**	**4**	**0**	**0**
3. Child behavior **(n=151)**	**37**	**63**	If yes --->	**33 n=93**	**57**	**10**	**0**	**0**
4. School performance **(n=143)**	**59**	**41**	If yes --->	**29 n=56**	**62**	**9**	**0**	**0**
5. Client satisfaction **(n=159)**	**30**	**70**	If yes --->	**70 n=109**	**28**	**2**	**1**	**0**
6. Cost effectiveness of the program **(n=149)**	**38**	**62**	If yes --->	**69 n=87**	**24**	**3**	**3**	**0**
7. Placement prevention **(n=158)**	**20**	**80**	If yes --->	**72 n=122**	**26**	**2**	**0**	**0**
8. Family reunification **(n=150)**	**39**	**61**	If yes --->	**46 n=84**	**45**	**8**	**0**	**0**
9. Other (SPECIFY): **(n=10)** _____ _____		--	If yes --->	--	--	--	--	--

37. Prior to October 1, 1993, overall, how effective, if at all, was your program in reducing the number of families at-risk or in-crisis that might lead to out-of-home placement of children? (CHECK ONE) **(n=161)**

1. **54%** Very effective
2. **33%** Moderately effective
3. **12%** Somewhat effective
4. **1%** Of little or no effect

Funding for Family Preservation Services

38. During FFY 1993, did your PROGRAM receive funds for providing family preservation services from each of the following sources? (CHECK ONE FOR EACH)

FUNDING SOURCES	Yes	No
FEDERAL SOURCES		
1. Title IV-E Foster Care (n=108)	24%	76%
2. Title XIX Medicaid (n=116)	33%	67%
3. Title IV-A Emergency Assistance (n=111)	21%	79%
4. Title IV-B Child Welfare Services (n=117)	44%	56%
5. Title XX Social Services Block Grant (n=112)	38%	62%
6. NCCAN grant (n=98)	14%	86%
7. Other federal sources (n=30) (SPECIFY):_____	--	
STATE SOURCES		
8. State general revenue (n=134)	69%	31%
9. Reallocation of state funds (SPECIFY SOURCE): (n=77) _____	20%	80%
10. State agency discretionary funds (n=90)	24%	76%
11. Special state appropriation (n=100)	41%	59%
12. Other state sources (SPECIFY): (n=17) _____	--	
LOCAL SOURCES		
13. Local sources (SPECIFY): (n=116) _____	56%	44%
PRIVATE SOURCES		
14. Private sources (SPECIFY): (n=106) _____	42%	58%
ALL OTHER SOURCES		
15. All other sources (SPECIFY): (n=16) _____	--	

39. During FFY 1993, what was the amount of funds your program received for family preservation services from each of the following sources? (ENTER DOLLAR AMOUNTS; IF NONE, ENTER "O")

1. Federal sources (n=119) **Range=$0-113,400,000 Mean=$1,967,603**
2. State sources (n=133) **Range=$0-60,000,000 Mean=$2,672,538**
3. Local sources (n=117) **Range=$0-13,469,486 Mean=$160,531**
4. Private sources (n=112) **Range=$0-3,000,000 Mean=$41,367**
5. Other sources (n=113) **Range=$0-364,148 Mean=$10,078**
6. TOTAL FUNDING (n=120) **Range=$0-212,100,100 Mean=$6,085,922**

Monitoring and Evaluation of Family Preservation Services

40. Prior to October 1, 1993, how did your program monitor the progress of its family preservation services in accomplishing its goals? (CHECK ALL THAT APPLY) (n=177)

1. **77%** Internal program review or evaluation
2. **44%** Program review or evaluation by an organization outside your program
3. **71%** Periodic progress reports prepared by program staff
4. **29%** Internal computerized management information systems
5. **46%** Indicators which measured outcomes
6. **43%** Client surveys
7. **11%** Other(SPECIFY)_____
8. **3%** Progress was not monitored prior to October 1, 1993

41. Of the methods you checked in question 40, please write the corresponding numbers of the two that your program relied on most to monitor the progress towards its goals prior to October 1, 1993.

1. n=166_____
2. n=149_____

42. In addition to monitoring progress in accomplishing program goals related to family preservation services, in which of the following ways, if any, did your program primarily use the results from its monitoring efforts? (CHECK ONE FOR EACH)

USES FOR MONITORING	Yes	No
1. To identify training needs (n=162)	79%	21%
2. To identify technical assistance needs (n=153)	65	35
3. To assist in program development (n=164)	93	7
4. To identify areas needing a change in emphasis (n=161)	86	14
5. To identify gaps in service-delivery (n=155)	74	26
6. To determine program effectiveness (n=167)	95	5
7. To identify areas for further study (n=143)	59	41
8. Other uses for monitoring (SPECIFY): (n=16) _____ _____	--	

43. The following is a list of activities that programs might have undertaken to measure the progress of its family preservation services in accomplishing its goals.

Prior to October 1, 1993, did your program find this activity easy or difficult to conduct?

ACTIVITIES	How easy or difficult to conduct? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy Nor Difficult	Somewhat Difficult	Very Difficult
1. Defining measurable outcomes (n=166)	7%	14%	28%	11%	31%	10%
2. Selecting appropriate indicators (n=165)	6	13	22	16	34	9
3. Identifying appropriate data sources (n=163)	9	11	26	19	28	7
4. Collecting useful and complete data (n=165)	6	5	18	15	41	16
5. Measuring cost effectiveness (n=164)	12	7	18	15	27	21
6. Identifying correlates of success (program or client characteristics that affect likelihood of success) (n=164)	19	4	15	13	31	19
7. Other (SPECIFY): (n=3) _____ _____		--	--	--	--	--

44. Has your program of family preservation services been formally evaluated in the last 5 years? (n=176)

1. 54% Yes (CONTINUE)
2. 46% No (GO TO QUESTION 49)

45. What types of formal evaluations of family preservation services have been done in the past 5 years? (CHECK ALL THAT APPLY) (n=102)

1. 57% Compliance-- which determines if the program complied with laws or regulations
2. 72% Process-- which determines if the program implemention corresponded to program design
3. 74% Impact-- which gauges the extent to which the program caused change in the desired direction
4. 37% Economic efficiency -- which assesses the cost-benefit or cost-effectiveness of the program
5. 14% Other type of evaluation (SPECIFY):

_____

_____

46. In what month and year was the most recent formal evaluation of family preservation services completed? (ENTER MONTH/YEAR) (n=91)

_____
(MONTH/YEAR)

47. Are your program's family preservation services currently being formally evaluated? (CHECK ONE) (n=108)

1. 42% Yes--> Anticipated completion date: (n=32)

_____
(MONTH/YEAR)

2. 58% No

48. Please provide the name, organization, and telephone number of the person responsible for conducting the most recent completed or ongoing formal evaluation of your program's family preservation services. (n=97)

Name: _____

Organization: _____

Telephone number: ( ) _____

49. Listed below are activities that might affect your program's ability to achieve its primary goals related to family preservation services. During FFY 1993, did your program find each activity easy or difficult to carry out?

ACTIVITY	Easy or difficult to carry out during FFY93? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy/nor Difficult	Somewhat Difficult	Very Difficult
1. Identify families "at risk" (n=168)	7%	37%	30%	10%	14%	1%
2. Recruit or retain qualified program workers (n=168)	4	9	30	21	33	4
3. Retain qualified service providers (n=166)	14	13	27	17	27	1
4. Coordinate services with other public agencies (n=169)	2	8	32	15	37	5
5. Coordinate services with private organizations (n=166)	8	5	30	25	31	2
6. Meet demand for services (n=168)	1	5	13	17	48	17
7. Tailor services to local areas (n=168)	5	13	36	26	19	1
8. Target program services (n=163)	8	15	31	33	11	2
9. Fund or support program evaluation(s) (n=168)	20	4	8	18	24	26
10. Conduct program evaluation(s) (n=166)	10	2	14	26	30	18
11. Other state government-related activities: (Describe): (n=23) _____ _____ _____		--	--	--	--	--
12. Other activities not related to state government (Describe): (n=11) _____ _____ _____		--	--	--	--	--

50. Listed below are factors that might affect a program's ability to achieve its primary goals related to family preservation services. Did your program have more or less than enough of each to provide these family preservation services during FFY 1993?

More or less than enough to achieve primary goal during FFY 1993?
(CHECK ONE FOR EACH)

FACTOR	Much More than Enough	More than Enough	Enough	Less Than Enough	Much Less Than Enough
a. Level of funding (n=173)	0%	1%	26%	42%	31%
b. Number of service providers (n=170)	1	0	35	48	16
c. Amount or number of staff skills to operate program (n=169)	0	6	42	43	10
d. Other factors: (n=11) _____ _____	--	--	--	--	--

51. Of the **activities** in question 49 and **factors** in question 50 that were checked, please write the corresponding numbers/letters of the three activities/factors that most hindered your program's ability to meet its primary objectives for family preservation services. (ENTER NUMBER FROM QUESTION 49 OR LETTER FROM QUESTION 50 ABOVE)

1. n=150_____ 2. n=145_____ 3. n=134_____

52. What strategies, if any, does your program have for addressing each of these three hindrances?

1. 18% Unknown (n=148)

   82% filled in

2. 22% Unknown (n=126)

   78% filled in

3. 29% Unknown (n=114)

   71% filled in

FAMILY SUPPORT SERVICES

53. Prior to October 1, 1993, did your program provide family support services? **n=261**

1. **79%** Yes (CONTINUE)
2. **21%** No (GO TO QUESTION 108 ON PAGE 25)

History and Administration of Family Support Services

54. In what month and year did your program begin providing family support services? (ENTER MONTH AND YEAR) **n=188**

_____
MONTH/YEAR

55. Prior to October 1, 1993, under what authority did your program of family support services operate? (CHECK ALL THAT APPLY) **n=204**

1. **9%** Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)
2. **10%** Child Abuse Prevention and Treatment Act
3. **18%** Other federal legislation (SPECIFY NAME OF LAW): _____
4. **44%** State legislation which specifically authorized your program
5. **14%** Other state legislation
6. **24%** State regulation or administrative decision
7. **20%** Other authority (SPECIFY): _____ _____

56. What type of state agency was responsible for administrative oversight of your program's family support services? (CHECK ALL THAT APPLY) **n=207**

1. **43%** Child welfare
2. **20%** Education
3. **4%** Juvenile justice
4. **13%** Mental health
5. **11%** Maternal and child health
6. **4%** Other public health
7. **32%** Other (SPECIFY): _____ _____

57. What type of agency had primary responsibility for the day-to-day provision of your program's family support services ? (CHECK ONE) **n=199**

1. **21%** State public agency
2. **20%** Local public agency
3. **25%** Community-based organization
4. **21%** Other private organization under contract with a state or local public agency
5. **8%** No primary agency-- type of agency varied by jurisdiction or program site
6. **6%** Other type of agency (SPECIFY): _____

58. As of October 1, 1993, was your program a state-wide program, that is, were family support services available in all counties in your state? **n=206**

1. **35%** Yes (GO TO QUESTION 61)
2. **65%** No (CONTINUE)

59. Is your program of family support services moving toward becoming a state-wide program? **n=125**

1. **51%** Yes
2. **49%** No

60. As of October 1, 1993, in about what percent of the counties in your state did your program provide family support services? (ENTER NUMBER) **n=109**

Range=0-100 % of counties in state
Mean=31.69

61. As of October 1, 1993, what was the status of your program's family support services? (CHECK ONE) **n=200**

1. **12%** A pilot or demonstration project
2. **13%** A partially implemented program---> When is full implementation anticipated?
   MONTH/YEAR: _____
3. **66%** A fully implemented program
4. **1%** Discontinued or no longer operating as a distinct program
5. **8%** Other (SPECIFY): _____ _____

Program Specifications for Family Support Services

62. Prior to October 1, 1993, did your program provide family support services to anyone who requested its services? **n=206**

1. **37%** Yes
2. **63%** No

63. Prior to October 1, 1993, did your program target family support services to any specific population of children and families? **n=207**

1. **88%** Yes (CONTINUE)
2. **12%** No (GO TO QUESTION 65)

64. Prior to October 1, 1993, what population of children and families did your program target its family support services? (CHECK ALL THAT APPLY) **n=184**

1. **48%** Specific geographic areas, including communities or neighborhoods
2. **10%** Specific ethnic and minority groups
3. **23%** Specific income levels
4. **45%** Families with children less than 5 years of age
5. **23%** Families with school-aged children
6. **33%** Families with a child who is developmentally disabled, medically fragile, or seriously emotionally disturbed
7. **32%** Public agency referrals
8. **52%** Parents at high risk of becoming abusive or neglectful
9. **37%** Pregnant or parenting teens, or teens at risk of becoming pregnant
10. **27%** Pregnant or postpartum women
11. **36%** Other (SPECIFY): _____

_____

65. On what areas of family support services did your program focus? (CHECK ALL THAT APPLY) **n=208**

1. **52%** Family self-sufficiency
2. **39%** Families having children with special developmental needs or disabilities
3. **38%** Teen parent support
4. **52%** Early child development and school success
5. **36%** Maternal and child health
6. **67%** Child abuse and neglect prevention
7. **21%** Literacy
8. **29%** Other (SPECIFY): _____

66. What types of family support services did your program offer? (CHECK ALL THAT APPLY) **n=209**

1. **88%** Information and service referral
2. **66%** Community outreach
3. **70%** Support groups
4. **65%** Client advocacy
5. **86%** Parenting education
6. **44%** Child care
7. **48%** Early childhood development services
8. **20%** Job training or readiness
9. **20%** Literacy training
10. **49%** Social services
11. **38%** Mental health services
12. **34%** Health services
13. **34%** Other types of family support services offered (SPECIFY):

_____

_____

67. What was the recommended average number of cases for a family support worker to have at any one time during FFY 1993? (ENTER NUMBER OF CASES) **n=91**
Range=4-100 cases per worker
Mean=20.65
(n=93) Not Applicable-- workers did not have cases

68. Were family support services provided using a team approach? **n=202**

1. **63%** Yes (CONTINUE)
2. **37%** No (GO TO QUESTION 70)

69. What types of workers usually formed the team? (CHECK ALL THAT APPLY) **n=129**

1. **54%** Caseworker
2. **50%** Program administrator
3. **32%** Therapist
4. **41%** Counselor
5. **57%** Social worker
6. **49%** Teacher
7. **36%** Other parent(s)
8. **63%** Other (SPECIFY): _____

_____

70. What was the recommended average number of months for a typical family to receive family support services at any one time during FFY 1993? (ENTER NUMBER OF MONTHS) **n=130**

Range=1-60 months per family in program
Mean=8.92

71. Was the delivery of family support services time-limited? **n=205**

1. **44%** Yes
2. **56%** No

72. Prior to October 1, 1993, at what time(s) were workers available to work with clients needing family support services? (CHECK ONE) **n=186**

1. **5%** By appointment only
2. **16%** During regular business hours
3. **20%** 24 hours a day, 7 days a week
4. **3%** After school or during evenings
5. **41%** Times varied by jurisdiction or program site
6. **15%** Other (SPECIFY):_____

_____

73. What types of families received family support services? (CHECK ALL THAT APPLY) **n=206**

1. **90%** Birth families
2. **82%** Extended families (includes grandparents or other relatives)
3. **58%** Foster families
4. **63%** Adoptive families
5. **18%** Other types of families (SPECIFY):_____

_____

74. Where did most families receive family support services? (CHECK ONE) **n=175**

1. **39%** In their home
2. **15%** In program facilities
3. **7%** In a school
4. **1%** In a health facility
5. **6%** In other community facility (SPECIFY):_____

_____

6. **25%** Location varied by jurisdiction or program site
7. **7%** Other (SPECIFY):_____

_____

Staffing for Family Support Services

75. How many paid, full-time equivalent (FTEs) family support workers provided direct services during FFY 1993? (ENTER NUMBER) **n=124**
Range=0-2000
Mean=42.69 Paid employee FTEs **n=71** Unknown

76. How many full-time equivalent (FTEs) unpaid family support volunteers provided direct services during FFY 1993? (ENTER NUMBER) **n=78**
Range=0-400
Mean=15.26 Volunteer FTEs **n=107** Unknown

77. What was the minimum educational requirement, if any, for family support caseworkers? (CHECK ONE) **n=182**

1. **19%** High school diploma or equivalent
2. **7%** Associates degree
3. **41%** Bachelors degree
4. **7%** Masters degree
5. **12%** Other minimum educational requirement (SPECIFY): _____
6. **15%** No minimal educational requirement

78. Were your program's family support caseworkers typically required to have had previous work experience? **n=185**

1. **67%** Yes--->Please describe: **n=111 (filled in)**
_____

_____

2. **33%** No

79. Before working with their first client, were your program's family support caseworkers required to receive any training related to providing family support services? **n=184**

1. **68%** Yes---> Number of hours: **(n=81) Range=4-200 Mean=31.07**
2. **32%** No

80. Were your program's family support caseworkers required to complete a minimum number of hours of in-service training related to providing family support services each year? **n=174**

1. **53%** Yes---> Minimum hours of training hours each year: **(n=74) Range=1-160 Mean=26.69**
2. **47%** No

Participation in Family Support Services

81. **Since its inception,** about how many families and about how many children have received family support services from your program? If your program did not count participation by the number of families or children, please indicate below how participation was counted and enter the count. (ENTER UNDUPLICATED COUNTS)

Number of families:(n=79) (n=99) Unknown
Range=10-219,883
Mean=10,516.65
Number of children: (n=73) (n=101) Unknown
Range=13-311,128
Mean=13,143.25

82. **During FFY 1993,** about how many families and about how many children received family support services from your program? If your program does not count participation by the number of families or children, please indicate below how participation is counted and enter the count. (ENTER UNDUPLICATED COUNTS)

Number of families: (n=116) (n=53) Unknown
Range=3-123,000
Mean=5,396.64
Number of children:(n=102) (n=61) Unknown
Range=4-300,000
Mean=7,677.50

83. Prior to October 1, 1993, did your program serve all eligible families who asked for family support services within its service area? (CHECK ONE) n=195

1. 38% Yes (GO TO QUESTION 86)
2. 56% No (CONTINUE)
3. 6% Don't know (GO TO QUESTION 86)

84. Which of the following was a major, moderate, minor, or not a reason why your program could not serve all eligible families asking for family support services in its service area? (CHECK ONE FOR EACH REASON)

REASON	Major Reason	Moderate Reason	Minor Reason	Not a Reason
1. Insufficient number of staff to provide services (n=104)	54%	17%	14%	15%
2. Insufficient amount of funds to provide services (n=109)	84	6	5	6
3. Regardless of funds or staffing, capacity was full (n=95)	20	14	17	50
4. Families chose not to participate in the program (n=101)	8	7	45	41
5. Other reason(s): (n=13) _____ _____	--	--	--	

85. What most often happened to the eligible families in your service area needing family support services who could not be served by your program? (CHECK ONE) n=102

1. 32% Families provided information and referral services only
2. 21% Families referred to another family support program
3. 28% Families placed on a waiting list for your program's family support services
4. 0% Families were turned away with no referrals
5. 8% Other (SPECIFY):
6. 12% Don't know

86. Prior to October 1, 1993, of those families that requested (or were referred for) family support services from your program in your service area, to about how many, if any, were you able to provide these services? (CHECK ONE) n=112

1. 26% All or almost all
2. 36% More than half
3. 6% About half
4. 12% Less than half
5. 1% None or almost none
6. 19% Don't know

Goals for Family Support Services

87. Prior to October 1, 1993, was each of the following a stated goal for your program when providing family support services? **If yes**, how successful, if at all, was your program in meeting that goal?

STATED GOAL	A program goal? (CHECK ONE FOR EACH) No	Yes	If Yes -->	How successful was your program in meeting goal? (IF YES, CHECK ONE FOR EACH) Very Successful	Somewhat Successful	About As Successful As Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Provide information and referral services (n=198)	10%	90%	If yes -->	69% n=173	25%	4%	1%	2%
2. Assess children's early developmental needs (n=182)	40	60	If yes -->	51 n=105	37	7	2	3
3. Strengthen parent-child relationships (n=191)	8	92	If yes -->	44 n=170	45	8	2	1
4. Improve parenting skills (n=196)	9	91	If yes -->	37 n=173	49	12	2	1
5. Provide respite care for parents and other caregivers (n=173)	64	36	If yes -->	40 n=60	37	15	8	0
6. Improve family functioning (n=193)	14	86	If yes -->	26 n=158	56	15	2	1
7. Promote family self-sufficiency (n=183)	30	70	If yes -->	17 n=122	54	25	2	1
8. Provide families with opportunities to interact with other families and program staff (n=187)	27	73	If yes -->	50 n=133	32	11	5	2
9. Connect families with and encourage use of other community supports and services (n=196)	8	92	If yes -->	44 n=170	46	7	1	2
10. Prevent out-of-home placement (n=183)	41	59	If yes -->	46 n=101	46	5	2	0
11. Prevent child abuse and neglect (n=184)	21	79	If yes -->	42 n=136	43	12	3	1
12. Other goals (SPECIFY): (n=29)		--	If yes -->	--	--	--	--	--

88. Prior to October 1, 1993, was each of the following a measurable outcome to determine your program's success when providing family support services? **If yes**, how successful, if at all, was your program on this outcome?

OUTCOME	A measurable outcome for your program? (CHECK ONE FOR EACH) No	Yes		How successful was your program on this outcome? (IF YES, CHECK ONE FOR EACH) Very Successful	Somewhat Successful	About as Successful as Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
1. Child development or behavior (n=174)	42%	58%	If yes --->	50% n=97	37%	11%	0%	2%
2. Child health status (n=172)	58	42	If yes --->	43 n=70	54	0	0	3
3. Prevention of child abuse or neglect (n=179)	37	63	If yes --->	43 n=109	43	11	2	1
4. School readiness or performance (n=164)	62	38	If yes --->	36 n=62	50	14	0	0
5. Prevention of teen pregnancy (n=164)	76	24	If yes --->	12 n=40	60	25	2	0
6. Family functioning (n=177)	33	67	If yes --->	27 n=115	64	7	1	1
7. Client satisfaction (n=185)	24	76	If yes --->	69 n=137	27	2	2	0
8. Prevention of out-of-home placement (n=169)	50	50	If yes --->	50 n=82	40	8	0	1
9. Family self-sufficiency (n=170)	47	53	If yes --->	19 n=85	59	19	2	1
10. Other (SPECIFY): (n=18) _____ _____		--	If yes --->	--	--	--	--	--

89. Prior to October 1, 1993, overall, how effective, if at all, was your program in reducing the number of families at-risk or in-crisis of abusing or neglecting their children? (CHECK ONE) n=173

1. 38% Very effective
2. 42% Moderately effective
3. 18% Somewhat effective
4. 2% Of little or no effect

Funding for Family Support Services

90. During FFY 1993, did your program receive funds for providing family support services from each of the following sources? (CHECK ONE FOR EACH)

FUNDING SOURCES	Yes	No
FEDERAL SOURCES		
1. Title IV-E Foster Care (n=138)	8%	92%
2. Title XIX Medicaid (n=148)	20%	80%
3. Title IV-A Emergency Assistance (n=141)	6%	94%
4. Title IV-B Child Welfare Services (n=144)	16%	84%
5. Title XX Social Services Block Grant (n=148)	22%	78%
6. NCCAN grant (n=141)	19%	81%
7. Other federal sources (n=55) (SPECIFY):_____	--	
STATE SOURCES		
8. State general revenue (n=157)	69%	31%
9. Reallocation of state funds (SPECIFY SOURCE): (n=88) _____	16%	84%
10. State agency discretionary funds (n=117)	27%	73%
11. Special state appropriation (n=129)	44%	56%
12. Other state sources (SPECIFY): (n=30) _____	--	
LOCAL SOURCES		
13. Local sources (SPECIFY): (n=140) _____	61%	39%
PRIVATE SOURCES		
14. Private sources (SPECIFY): (n=131) _____	50%	50%
ALL OTHER SOURCES		
15. All other sources (SPECIFY): (n=29) _____	--	

91. During FFY 1993, what was the amount of funds your program received for family support services from each of the following sources? (ENTER DOLLAR AMOUNTS; IF NONE, ENTER "O")

1. Federal sources (n=144)	**Range=$0-13,000,000.00 Mean=$614,286**
2. State sources (n=166)	**Range=$0-63,779,715.00 Mean=$2,915,008**
3. Local sources (n=142)	**Range$0-17,603,200.00 Mean=$284,411**
4. Private sources (n=139)	**Range=$0-3,100,000.00 Mean=$91,516**
5. Other sources (n=131)	**Range=$0-67,620,365.00 Mean=$533,952**
6. TOTAL FUNDING (n=133)	**Range=$0-87,882,342.00 Mean=$3,425,501**

Monitoring and Evaluation of Family Support Services

92. Prior to October 1, 1993, how did your program monitor the progress of its family support services in accomplishing its goals? (CHECK ALL THAT APPLY) **n=202**

1. **80%** Internal program review or evaluation
2. **38%** Program review or evaluation by an organization outside your program
3. **77%** Periodic progress reports prepared by program staff
4. **27%** Internal computerized management information systems
5. **39%** Indicators which measured outcomes
6. **50%** Client surveys
7. **9%** Other(SPECIFY):_____
8. **3%** Progress was not monitored prior to October 1, 1993

93. Of the methods you checked in question 92, please write the corresponding numbers of the two your program relied on most to monitor the progress towards its goals prior to October 1, 1993.

1. **n=187** _____
2. **n=178** _____

94. In addition to monitoring progress in accomplishing program goals related to family support services, in which of the following ways, if any, did your program primarily use the results from its monitoring efforts? (CHECK ONE FOR EACH)

USES FOR MONITORING	Yes	No
1. To identify training needs (n=181)	77%	23%
2. To identify technical assistance needs (n=180)	76	24
3. To assist in program development (n=189)	93	7
4. To identify areas needing a change in emphasis (n=183)	87	13
5. To identify gaps in service-delivery (n=176)	83	17
6. To determine program effectiveness (n=187)	94	6
7. To identify areas of further study (n=163)	60	40
8. Other uses for monitoring (SPECIFY): (n=14) _____ _____	--	

95. The following is a list of activities that programs might have undertaken to measure the progress of its family support services in accomplishing its goals.

Prior to October 1, 1993, did your program find this activity easy or difficult to conduct?

ACTIVITIES	How easy or difficult to conduct? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy Nor Difficult	Somewhat Difficult	Very Difficult
1. Defining measurable outcomes (n=193)	8%	9%	27%	10%	30%	16%
2. Selecting appropriate indicators (n=193)	7	8	28	11	37	9
3. Identifying appropriate data sources (n=189)	10	9	26	23	27	5
4. Collecting useful and complete data (n=192)	6	4	20	17	36	17
5. Measuring cost effectiveness (n=191)	16	6	14	12	27	26
6. Identifying correlates of success (program or client characteristics that affect likelihood of success) (n=187)	17	4	15	11	34	19
7. Other (SPECIFY): (n=5) _____ _____		--	--	--	--	--

96. Has your program of family support services been formally evaluated in the last 5 years? **n=202**

1. **51%** Yes (CONTINUE)
2. **49%** No (GO TO QUESTION 101)

97. What types of formal evaluations of family support services have been done in the past 5 years? (CHECK ALL THAT APPLY) **n=109**

1. **68%** Compliance/monitoring-- which determines if the program complied with laws or regulations
2. **80%** Process-- which determines if the program implemention corresponded to program design
3. **68%** Impact-- which gauges the extent to which the program caused change in the desired direction
4. **19%** Economic efficiency -- which assesses the cost-benefit or cost-effectiveness of the program
5. **13%** Other type of evaluation (SPECIFY):

_____

_____

98. *In what month and year was the most recent formal* evaluation of family support services completed? (ENTER MONTH/YEAR) **n=91**

_____
(MONTH/YEAR)

99. Are your program's family support services currently being formally evaluated? (CHECK ONE) **n=114**

1. **51%** Yes--> *Anticipated completion date:* **(n=43)**_____
(MONTH/YEAR)
2. **49%** No

100. Please provide the name, organization, and telephone number of the person responsible for conducting the most recent completed or ongoing formal evaluation of your program's family support services. **n=102**

Name:_____

Organization: _____

Telephone number: ( ) _____

101. Listed below are activities that might affect your program's ability to achieve its primary goals related to family support services. During FFY 1993, did your program find each activity easy or difficult to carry out?

ACTIVITY	Easy or difficult to carry out during FFY93? (CHECK ONE FOR EACH)					
	N/A	Very Easy	Somewhat Easy	Neither Easy/nor Difficult	Somewhat Difficult	Very Difficult
1. Identify families "at risk" (n=196)	15%	38%	30%	8%	8%	1%
2. Recruit or retain qualified program workers (n=193)	4	11	27	19	35	5
3. Retain qualified service providers (n=192)	10	15	27	20	24	4
4. Coordinate services with other public agencies (n=193)	3	10	37	24	22	5
5. Coordinate services with private organizations (n=192)	6	9	29	27	27	3
6. Meet demand for services (n=198)	2	3	12	20	40	23
7. Tailor services to local areas (n=196)	4	21	39	21	13	2
8. Target program services (n=187)	10	18	39	20	11	3
9. Fund or support program evaluation(s) (n=194)	16	5	10	16	22	31
10. Conduct program evaluation(s) (n=195)	11	5	13	26	27	20
11. Other state government-related activities: (n=17) (Describe):_____		--	--	--	--	--
12. Other activities not related to state government (Describe): (n=10) _____		--	--	--	--	--

102. Listed below are factors that might affect a program's ability to achieve its primary goals related to family support services. Did your program have more or less than enough of each to provide these family support services during FFY 1993?

More or less than enough to achieve primary goal during FFY 1993?
(CHECK ONE FOR EACH)

FACTOR	Much More Than Enough	More Than Enough	Enough	Less Than Enough	Much Less Than Enough
a. Level of funding (n=194)	<1%	0%	12%	50%	38%
b. Number of service providers (n=191)	<1%	1	27	56	16
c. Amount or number of staff skills to operate program (n=192)	2	5	42	43	8
d. Other factors: (n=13) _____ _____	--	--	--	--	--

103. Of the **activities** in question 101 and **factors** in question 102 that were checked, please write the corresponding numbers/letters of the three activities/factors that most hindered your program's ability to meet its primary objectives for family support services. (ENTER NUMBER FROM QUESTION 101 OR LETTER FROM QUESTION 102 ABOVE)

1. n=167_____ 2. n=155_____ 3. n=136_____

104. What strategies, if any, did your program have for addressing each of these three hindrances?

1. 24% Unknown (n=165)

   76% filled in

2. 27% Unknown (n=135)

   73% filled in

3. 34% Unknown (n=116)

   66% filled in

LINKAGES BETWEEN FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

105. Prior to October 1, 1993, did your program provide both family preservation services and family support services? n=211

1. 45% Yes (CONTINUE)
2. 55% No (GO TO QUESTION 108)

106. What types of linkages existed between your program's delivery of family preservation services and family support services? (CHECK ALL THAT APPLY) n=94

1. 51% Collaboration
2. 60% Coordination
3. 66% Integration of services
4. 58% Information sharing
5. 7% Media
6. 27% Contracting
7. 14% Other (SPECIFY):_____

_____

8. 14% None of the above--delivery of family preservation services was separate and distinct from family support services

107. Prior to October 1, 1993, were there any linkages between the delivery of family preservation services and the delivery of family support services within your program or with other family preservation and support programs? (CHECK ONE FOR EACH)

Linkages between family preservation services and family support services ...	Yes	No	N/A
1. Within your same program (n=84)	89 %	11 %	0%
2. With other family preservation and support programs (n=81)	67	26	7
3. Other (SPECIFY): (n=2) _____ _____	--		

COMMENTS

108. What would you say was the greatest accomplishment achieved by your program's family preservation and/or family support services? n=236

109. Please provide any information about your program that we have missed or would help describe your program further-- such as information about creative or innovative strategies for delivering/funding family support or preservation services, or any other characteristics or outcomes of your program. n=139

110. Please provide below or on separate sheets any suggestions you may have to help the Congress identify factors which should be considered in monitoring and evaluating the impact of the family preservation and support provisions of OBRA 1993. n=86

Thank you for completing our questionnaire.

GLOSSARY

Crisis intervention technique is a model of family preservation service-delivery that forms the basis for the Behavioral Science Institute's **Homebuilders** approach. Intervention occurs within 24 hours of a family's referral to the program. Caseworkers typically carry small caseloads of two families at a time and are available to families on a 24-hour basis for 4 to 6 weeks. Services are typically intensive in nature and are provided in the home so that caseworkers can make accurate family assessments and gain the trust of the family.

Family preservation services are typically designed to help families (including adoptive and extended families) at risk or in crisis. Services may be designed to (1) prevent foster care placement, (2) reunify families, (3) place children in other permanent living arrangements, such as adoption or legal guardianship, (4) provide followup care to reunified families, (5) provide respite care for parents and other caregivers, and/or (6) improve parenting skills. This definition appears in the family preservation and support provisions of the Omnibus Budget Reconciliation Act (OBRA) of 1993.

Most family preservation services are tailored to the family's needs to help ameliorate the underlying causes of dysfunction while the child remains at home. The intensity, duration, and packaging of services differentiates family preservation programs from the traditional delivery of children's services.

Family support services are primarily community-based preventive activities designed to promote the well-being of children and families. Services are designed to (1) increase the strength and stability of families (including adoptive, foster, and extended families), (2) increase parents' confidence and competence in their parenting abilities, (3) afford children a stable and supportive family environment, and (4) otherwise enhance child development. This definition appears in the family preservation and support provisions of OBRA 1993.

Community-based family support services include: (1) in-home visits, parent support groups, and other programs designed to improve parenting skills; (2) respite care; (3) structured activities to strengthen the parent-child relationship; (4) drop-in centers to enable families to informally interact with other families and with program staff; (5) information and referral services; and (6) early developmental screening of children.

Family systems technique is a model of family preservation service-delivery typified by the **FAMILIES** program, originated in Iowa in 1974. Attention is focused on the family as a whole, not specific family members, and seeks to correct dysfunction by working on the family's interaction with the community. Caseworkers carry a caseload of 10 to 12 families, seeing families in their homes for an average of four and one-half months. Families actively participate in their assessment and help establish the treatment goals of improved service linkages, perceptions, and relationships within the family and its environment.

Family preservation workers and **family support workers** are the frontline program staff who work with families and children on a day-to-day basis. They may include social workers, therapists, counselors, teachers, and parents. Program managers, supervisors, and administrative support staff would generally be excluded unless they provide direct family preservation or support services to families and children.

Therapeutic family treatment is a model of family preservation service-delivery that relies less on the provision of concrete, supportive services and more on family therapy. The treatment is also less intensive and can be delivered in either an office or home setting. One of the first such programs was the **Intensive Family Services Program** developed by Oregon's Children's Services Division in 1980. Caseworkers carry a caseload of 11 families. Service duration is 90 days. The treatment, which is also based on family systems theory, is comprised of three distinct phases--assessment, treatment, and termination. Follow-up services occur weekly for 3 to 5 1/2 months.

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

MAY 15 1995

Ms. Jane L. Ross
Director, Income Security Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Ms. Ross:

Enclosed are the Department's comments on your draft report, "Child Welfare: Opportunities to Further Enhance Family Preservation and Support Activities." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

Michael Mangano

for June Gibbs Brown
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S. GENERAL ACCOUNTING OFFICE'S DRAFT REPORT, CHILD WELFARE: OPPORTUNITIES TO FURTHER ENHANCE FAMILY PRESERVATION AND SUPPORT ACTIVITIES," REPORT NO. GAO/HEHS-95-112

General Comments

The Department appreciates the opportunity to comment on the General Accounting Office's (GAO) draft report.

The draft report recognizes the timely and effective early implementation of the Family Preservation and Support Service provisions of the Omnibus Budget Reconciliation Act (OBRA) of 1993. We attribute these initial successes to the partnership being established and maintained between the Department and the States. The partnership is designed to support State flexibility, creativity, and system reform while maintaining Federal involvement in a manner that allows each unit of government to apply its unique strengths and expertise to the enhancement and/or expansion of family preservation and support (FPS).

The draft report identifies a number of potential problems for States in certain aspects of plan development and monitoring such as identifying useful and appropriate baseline information which can be used in setting outcome goals, making funding and service decisions, and tracking results toward accomplishing goals. We share these concerns and have developed and implemented a comprehensive, long-term technical assistance initiative involving Federal central and regional offices, national resource centers and a technical assistance coordination contractor which we believe will effectively respond to many of these issues. The viability of the technical assistance initiative is, however, jeopardized by pending block grant legislation which neither identifies the need nor appropriates funds for technical assistance. Assuming that Federal technical assistance capacity is maintained, the Department's Administration for Children and Families (ACF) believes it can tailor technical assistance efforts to address these issues and others that will emerge as implementation proceeds.

The draft report notes over half of FPS programs admitted they cannot meet the demand for services due to insufficient funds and numbers of trained staff. The Department is especially concerned about this finding in relation to the budget caps on spending that are a part of pending block grant legislation. The OBRA 1993 built in higher appropriation levels from year to year for FPS to support the expansion of State activities and meet levels of need. The block grant legislation could place the States in the position of not having sufficient financial resources to have trained personnel and serve the numbers of children and families that can benefit from FPS.

Page 2

The draft report indicates that States believe they will need help in conducting evaluations. The Department, while not making State FPS program evaluation a requirement, will take steps to communicate accurate information on this issue to the States. The ACF will provide technical assistance to States which are interested in conducting evaluations. For example, ACF has used and will continue to employ discretionary funding streams and title IV-E training to help build and strengthen partnerships between State child welfare agencies and social work education programs at colleges and universities. We will work with States to expand those partnerships and link State FPS program activities with higher education's research and evaluation capabilities.

The draft report's discussion of family preservation categorizes the programs according to the type of intervention they employ, and suggests over 50 percent employ either a crisis intervention, family system, or therapeutic family treatment model. While this is certainly a legitimate way of categorization, the Department would like to see the draft report contain a fuller discussion of the importance of the intensity of service that characterizes family preservation, as well as a clearer exposition that family preservation is used for both placement prevention and reunification purposes.

GAO Contacts and Acknowledgments

GAO Contacts

Karen E. Lyons, Evaluator-in-Charge, (916) 974-3341
Robert L. MacLafferty, Assistant Director, (415) 904-2000

Acknowledgments

In addition to those named above, the following individuals made important contributions to this report: Rodina S. Tungol led the data analyses related to the FPS program questionnaire and coauthored the report; Luann M. Moy assisted in developing, pretesting, finalizing, and distributing the questionnaires; and Leonard J. Hamilton and Wayne J. Turowski conducted the computerized analyses of the questionnaire data.

Ordering Information

The first copy of each GAO report and testimony is free. Additional copies are $2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

Orders by mail:

U.S. General Accounting Office
P.O. Box 6015
Gaithersburg, MD 20884-6015

or visit:

Room 1100
700 4th St. NW (corner of 4th and G Sts. NW)
U.S. General Accounting Office
Washington, DC

Orders may also be placed by calling (202) 512-6000
or by using fax number (301) 258-4066, or TDD (301) 413-0006.

Each day, GAO issues a list of newly available reports and testimony. To receive facsimile copies of the daily list or any list from the past 30 days, please call (301) 258-4097 using a touchtone phone. A recorded menu will provide information on how to obtain these lists.

PRINTED ON RECYCLED PAPER

United States
General Accounting Office
Washington, D.C. 20548-0001

[redacted]