Findings from the 2011 Division of Family Services (DFS) Prevention Survey
August 2011

Executive Summary

In 2009, a statewide DFS Prevention Committee was convened to promote child safety, placement stability and permanency throughout the child welfare services continuum (See addendum). The purpose of the Committee is to:

a. Give clarity to the definition of prevention that provides the framework for a common language to use across the continuum of child welfare services;
b. Promote prevention services as a “core” program within the VDSS system;
c. Develop the capacity of our local departments to recognize, promote, and support prevention services;
d. Build a repertoire of prevention strategies and best practice guidelines that can be used by localities in their delivery of prevention services;
e. Create a presence for prevention in the DSS database so that services can be recorded and outcomes measured;
f. Coordinate and collaborate with our community partners to maximize our prevention efforts.

In spring, 2011 the Prevention Unit of the Division of Family Services conducted a survey of local departments of social services (ldss) to ascertain the types of early prevention services they provide to families (delivered prior to a valid CPS referral), the populations who receive the services, and the funding sources used to purchase the services.

The purposes of the survey were to provide baseline data to inform the effort to create a presence for prevention services in the Division’s Guidance Manual and to make the necessary changes to OASIS to allow local agencies to record their prevention-related services.

Local agencies responded overwhelmingly, with a 96% return rate for the survey. This level of response, along with the work of the Prevention Committee, will ensure the relevance and accuracy of the guidance created for prevention services.

Key Findings from the Survey

The focus of the survey was on Early Prevention services, which are defined as those prevention-related services provided prior to, or in the absence of, a current valid CPS referral. Three types of prevention services were identified: Public education and awareness activities to the general public; services to groups of individuals at high risk for abuse/neglect/out of home care; and, services to specific families who are at risk of abuse/neglect/out home care but who are not currently involved with child protective services.

Survey responses revealed that the great majority of local agencies provide some type of Early Prevention services. These services include but are not limited to: providing information to the general public; specific high risk groups (e.g. single parents and fathers) and individual families; training to community–based organizations; distributing parent education and child development materials to high
risk groups; case management; finding relatives to enhance parent support for individual families and facilitating parents’ placing children with other families, either temporarily or permanently, to avoid foster care placement. Tables 1 and 2.

Services to the general public and to high risk groups are most frequently funded by the Safe and Stable Families Program and local community resources. Comprehensive Services Act funds, budget line 829 Family Preservation funds, and the Promoting Safe and Stable Families Program are the most frequently used funding sources for individual families, although community resources also play a significant role in this funding. Table 3.

Staffing: In May 2011, 93% of LDSS utilized current staff to provide prevention services. Most agencies use a wide range of available staff who may be working in any child welfare, adult services or eligibility program (CPS investigation, family assessment, CPS on-going, Foster Care, VIEW, other benefit programs and child care). Staff utilized to provide prevention services include workers and supervisors in all program areas, as well as local directors, family support workers, school based workers, intake workers in all program areas, interns, generic workers, training staff, Family Partnership Meeting (FPM) coordinators and volunteers (included in “Other Worker” stats below). In some instances, staff members volunteer their time for prevention efforts when it is not their primary program responsibility. In other agencies, since they began using Family Partnership Meetings, they have been able to divert children from foster care and use foster care workers to conduct prevention activities. Tables 4, 5, and 6.

Family Strengthening to Groups and Families: A key component of prevention services in LDSS involves efforts to strengthen families so that they can remain intact and their children do not have to enter foster care. Local departments identified low income families and single parents as the two most frequently served groups. Forty-three percent (43%) of the respondents identified fathers as a focus of their group prevention efforts, indicating their attention to involving and re-involving fathers in their children’s lives.

The survey results also revealed that Family Partnership Meetings (FPMs) are frequently used as a family strengthening tool. While the majority of agencies reported they use FPMs while responding to CPS referrals, 50% utilize FPM’s for Early Prevention cases for which there has been no CPS referral. Survey respondents also indicated that they utilize FPMs to avoid disruption of foster and adoptive placements and for youth in independent living arrangements who are preparing to leave the supervision of the local agency. Family Engagement and Family Partnership Meetings are already imbedded in Child Protective Services and Foster Care guidance. These results indicate that local agencies recognize the efficacy of FPMs across child welfare programs at various stages, including Early Prevention. Tables 7 and 8.

Community Collaboration: Local departments partner with a wide variety of community groups and organizations to deliver Early Prevention Services. Schools, Child Advocacy Centers, Virginia Cooperative Extension offices, Prevent Child Abuse Virginia, Healthy Families programs, and the Stop Child Abuse Now organization are just a few of the local partners who share responsibility for Early Prevention Services in Virginia localities. Among a multitude of other prevention activities, community partners in 65% of responding localities offer workshops and trainings directed toward the general public, high risk families, foster families and a number of high risk groups. Tables 9, 10, and 11.
**Foster Care Diversion:** Foster Care Diversion in Virginia is defined as: “a strategy to prevent foster care placement by engaging caregivers in a process to identify relatives and nonrelatives who can provide short term care for their children.” Ninety four per cent (94%) of the agencies responding indicated that they diverted children from foster care, indicating that foster care diversion is a widespread prevention practice in Virginia. An estimate of the number of children diverted in FY 2010 ranges from 1400 to 1800+. Forty per cent (40%) of respondents indicated that diversion cases remained opened for 5-6 months. Referral for services and case management were the most frequently indicated services for diversion cases, with other services such as child care, school transfer, and therapeutic respite care were also being provided.  

**Tables 12, 13, 14 and 15.**

**Next Steps:**

1 The overwhelming response to the Local Agency Prevention Services survey underscores the need for program guidance, coordinated support for local agencies, and a standard method for local staff to record their work in OASIS. The DFS Prevention Unit and the Prevention Committee will lead the effort to meet these needs through the work of the Committee.

2 Local departments rely heavily on the same handful of funding sources for the provision of early Prevention Services. The Division of Family Services’ Prevention Unit will organize the search for additional funding through websites and other information sources operated by private child welfare orgs, the federal HHS Child Welfare Bureau, and other state and local agencies and service providers.

3 Due to their frequent use as prevention strategies, Family Engagement and Foster Care Diversion will be specifically addressed in prevention guidance by including best practice guidelines gained from the ChildTrends FC Diversion study and this survey.
**TABLE 1** The table below shows the types of early prevention services provided by local agencies. 74% of responding agencies indicated they provide early prevention services to the general population. 32% provide services to high risk groups. 94% provide services to individual families prior to a valid CPS referral.

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>Type of service</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Services to the general</td>
<td>Services to High Risk Groups</td>
<td>Services to Families before a current valid CPS Referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>16</td>
<td>7</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>21</td>
<td>8</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>18</td>
<td>12</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Piedmont</td>
<td>16</td>
<td>4</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Western</td>
<td>13</td>
<td>6</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Total # of respondents</td>
<td>84</td>
<td>37</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>32%</td>
<td>94%</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 identifies the most frequently provided direct services by targeted population

<table>
<thead>
<tr>
<th>General Population</th>
<th>High Risk groups</th>
<th>Individual families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing info on available services</td>
<td>Info on available services</td>
<td>Information and referral</td>
</tr>
<tr>
<td>Training to community-based organizations</td>
<td>Distributing parent educ/child devel material</td>
<td>Case management/coordination</td>
</tr>
<tr>
<td>Public speaking</td>
<td>Parent education for high risk groups</td>
<td>Advocacy on behalf of the family</td>
</tr>
<tr>
<td>Information and referral</td>
<td>Financial assistance</td>
<td>Finding relatives to enhance parent support</td>
</tr>
<tr>
<td>Community collaboration</td>
<td>Public speaking to high risk groups</td>
<td>Other financial assistance</td>
</tr>
<tr>
<td>Distributing parent educ/child devel material</td>
<td>Parent training for high risk groups</td>
<td>Transportation</td>
</tr>
<tr>
<td>Child Abuse Prevention Month activities</td>
<td>Parent support groups</td>
<td>LDSS funded child care</td>
</tr>
</tbody>
</table>
TABLE 3 The table below shows the most frequently used funding sources for early prevention services. The Total number under each column indicates the number of agencies that use each funding source for early prevention services for the general population, high risk groups, and individual families.
PSSF=Promoting Safe and Stable Families funding 829-Family Stabilization SSBG

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>General population</th>
<th>FUNDING SOURCES</th>
<th>High risk groups</th>
<th>Individual families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PSSF</td>
<td>Comm. resources</td>
<td>Local Only</td>
<td>Other</td>
</tr>
<tr>
<td>Central</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Northern</td>
<td>12</td>
<td>10</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Piedmont</td>
<td>7</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Western</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL number of respondents</td>
<td>50</td>
<td>43</td>
<td>34</td>
<td>19</td>
</tr>
</tbody>
</table>
Note: For all tables, “n” represents the number of agencies responding to a particular survey question. For example, in Table 4, 84 agencies responded to that question.

Tables 4, 5 AND 6 The tables below reflect how local agencies utilize staff to provide Early Prevention Services. While agencies use a variety of staff, CPS workers most frequently provide prevention-related services.

| TABLE 4: STAFF WHO PROVIDE UNIVERSAL PREVENTION SERVICES TO THE GENERAL PUBLIC |
|---------------------------------|-----------------|-----------------|
| Worker Type                     | Number of Responding Agencies | Percent of Responding Agencies (n=84) |
| CPS investigative worker        | 64               | 76.19           |
| CPS on-going worker             | 54               | 64.29           |
| Intake worker                   | 51               | 60.71           |
| Foster care worker              | 50               | 59.52           |
| CPS family assessment worker    | 49               | 58.33           |
| Other worker                    | 40               | 47.62           |
| Generic worker                  | 36               | 42.86           |
| Staff devoted primarily to prevention | 34           | 40.48           |
| Adoption worker                 | 29               | 34.52           |

| TABLE 5: STAFF WHO PROVIDE SELECTIVE EARLY PREVENTION SERVICES TO HIGH RISK GROUPS |
|---------------------------------|-----------------|-----------------|
| Staff                           | Number of Responding Agencies | Percent of Responding Agencies (n=37) |
| Family stabilization or other staff | 21             | 56.76           |
| CPS on-going services worker    | 20               | 54.05           |
| CPS investigative worker        | 19               | 51.35           |
| Other worker                    | 18               | 48.65           |
| CPS family assessment worker    | 17               | 45.95           |
| Foster care worker              | 16               | 43.24           |
| Adoption worker                 | 11               | 29.73           |
| Generic worker                  | 11               | 29.73           |
### Table 6: All Staff Who Provide Selective Early Prevention Services to Specific Families at Risk

<table>
<thead>
<tr>
<th>Staff</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=106)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS on-going services worker</td>
<td>73</td>
<td>68.87</td>
</tr>
<tr>
<td>CPS investigative worker</td>
<td>65</td>
<td>61.32</td>
</tr>
<tr>
<td>Intake worker</td>
<td>61</td>
<td>57.55</td>
</tr>
<tr>
<td>CPS family assessment worker</td>
<td>55</td>
<td>51.89</td>
</tr>
<tr>
<td>Foster care worker</td>
<td>54</td>
<td>50.94</td>
</tr>
<tr>
<td>Family stabilization staff</td>
<td>48</td>
<td>45.28</td>
</tr>
<tr>
<td>Generic worker</td>
<td>41</td>
<td>38.68</td>
</tr>
<tr>
<td>Adoption worker</td>
<td>33</td>
<td>31.13</td>
</tr>
<tr>
<td>Benefit program worker</td>
<td>27</td>
<td>25.47</td>
</tr>
<tr>
<td>Other worker</td>
<td>22</td>
<td>20.75</td>
</tr>
</tbody>
</table>

Tables 7 and 8: These tables represent responses that identified high risk groups which receive Prevention Services as well as categories of families for whom Family Partnership Meetings are being utilized.

### Table 7: Groups Targeted for Early Prevention Services (High Risk)

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income families</td>
<td>25</td>
<td>67.57</td>
</tr>
<tr>
<td>Single parents</td>
<td>18</td>
<td>48.65</td>
</tr>
<tr>
<td>Fathers</td>
<td>16</td>
<td>43.24</td>
</tr>
<tr>
<td>Parenting teens</td>
<td>13</td>
<td>35.14</td>
</tr>
<tr>
<td>Parents with disabilities</td>
<td>12</td>
<td>32.43</td>
</tr>
<tr>
<td>Parents with children with disabilities</td>
<td>11</td>
<td>29.73</td>
</tr>
<tr>
<td>Other targeted groups</td>
<td>11</td>
<td>29.73</td>
</tr>
<tr>
<td>Non-English speaking parents</td>
<td>7</td>
<td>18.92</td>
</tr>
<tr>
<td>Incarcerated parents</td>
<td>6</td>
<td>16.22</td>
</tr>
<tr>
<td>Pregnant teens</td>
<td>6</td>
<td>16.22</td>
</tr>
</tbody>
</table>
### Table 8: Service Categories that have used a Family Partnership Meeting within the last year

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families who had a valid referral</td>
<td>86</td>
<td>76.79</td>
</tr>
<tr>
<td>Families at risk prior to valid referral</td>
<td>56</td>
<td>50.00</td>
</tr>
<tr>
<td>Foster families at risk of placement disruption</td>
<td>52</td>
<td>46.43</td>
</tr>
<tr>
<td>Youth in IL arrangements</td>
<td>29</td>
<td>25.89</td>
</tr>
<tr>
<td>Adopted child/family at risk of disruption</td>
<td>28</td>
<td>25.00</td>
</tr>
<tr>
<td>Other use of FPM</td>
<td>22</td>
<td>19.64</td>
</tr>
<tr>
<td>Child aging out of foster care</td>
<td>19</td>
<td>16.96</td>
</tr>
<tr>
<td>Foster families at risk of abuse/neglect</td>
<td>12</td>
<td>10.71</td>
</tr>
<tr>
<td>None of the above</td>
<td>10</td>
<td>8.93</td>
</tr>
<tr>
<td>Adopted child/family at risk of abuse/neglect</td>
<td>9</td>
<td>8.04</td>
</tr>
</tbody>
</table>

Tables 9, 10 and 11: These tables reflect the community collaboration that takes place in Virginia to provide a comprehensive array of services to the general public and high risk populations.

### Table 9: Community Groups with whom the agency collaborates for funding and/or services for universal prevention

<table>
<thead>
<tr>
<th>Community Groups</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=84)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>75</td>
<td>89.29</td>
</tr>
<tr>
<td>Community based resources</td>
<td>52</td>
<td>61.90</td>
</tr>
<tr>
<td>Local CSA</td>
<td>52</td>
<td>61.90</td>
</tr>
<tr>
<td>Health department</td>
<td>39</td>
<td>46.43</td>
</tr>
<tr>
<td>Local or regional coalitions</td>
<td>37</td>
<td>44.05</td>
</tr>
<tr>
<td>Prevent Child Abuse Virginia</td>
<td>31</td>
<td>36.90</td>
</tr>
<tr>
<td>Smart Beginnings</td>
<td>23</td>
<td>27.38</td>
</tr>
<tr>
<td>Other groups</td>
<td>21</td>
<td>25.00</td>
</tr>
<tr>
<td>Home visiting programs</td>
<td>19</td>
<td>22.62</td>
</tr>
<tr>
<td>Other physicians and clinics</td>
<td>13</td>
<td>15.48</td>
</tr>
<tr>
<td>Foundations and corporations</td>
<td>9</td>
<td>10.71</td>
</tr>
<tr>
<td>Parent groups</td>
<td>7</td>
<td>8.33</td>
</tr>
<tr>
<td>OB/GYN clinics</td>
<td>3</td>
<td>3.57</td>
</tr>
</tbody>
</table>
### Table 10: Community-based resources used to provide prevention services in any program area

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public mental health providers</td>
<td>107</td>
<td>96.40</td>
</tr>
<tr>
<td>Intensive in-home service providers</td>
<td>106</td>
<td>95.50</td>
</tr>
<tr>
<td>Head Start</td>
<td>93</td>
<td>83.78</td>
</tr>
<tr>
<td>Schools</td>
<td>93</td>
<td>83.78</td>
</tr>
<tr>
<td>Mentoring program providers</td>
<td>83</td>
<td>74.77</td>
</tr>
<tr>
<td>Private mental health providers</td>
<td>82</td>
<td>73.87</td>
</tr>
<tr>
<td>Public health providers</td>
<td>78</td>
<td>70.27</td>
</tr>
<tr>
<td>Domestic violence prevention providers</td>
<td>78</td>
<td>70.27</td>
</tr>
<tr>
<td>Churches</td>
<td>71</td>
<td>63.96</td>
</tr>
<tr>
<td>Part C Early Childhood Intervention</td>
<td>69</td>
<td>62.16</td>
</tr>
<tr>
<td>Private health providers</td>
<td>67</td>
<td>60.36</td>
</tr>
<tr>
<td>Healthy Families providers</td>
<td>65</td>
<td>58.56</td>
</tr>
<tr>
<td>Workshops and trainings by community groups</td>
<td>61</td>
<td>54.95</td>
</tr>
<tr>
<td>VA Cooperative Extension programs</td>
<td>59</td>
<td>53.15</td>
</tr>
<tr>
<td>Child Advocacy Centers</td>
<td>58</td>
<td>52.25</td>
</tr>
<tr>
<td>Respite care providers</td>
<td>53</td>
<td>47.75</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>52</td>
<td>46.85</td>
</tr>
<tr>
<td>Other home visiting providers</td>
<td>45</td>
<td>40.54</td>
</tr>
<tr>
<td>Parent support group providers</td>
<td>43</td>
<td>38.74</td>
</tr>
<tr>
<td>Sexual Assault Centers</td>
<td>40</td>
<td>36.04</td>
</tr>
<tr>
<td>Other early childhood intervention programs</td>
<td>36</td>
<td>32.43</td>
</tr>
<tr>
<td>Stop Child Abuse Now</td>
<td>22</td>
<td>19.82</td>
</tr>
<tr>
<td>Other resources</td>
<td>9</td>
<td>8.11</td>
</tr>
<tr>
<td>Foundations and corporations</td>
<td>7</td>
<td>6.31</td>
</tr>
</tbody>
</table>

### Table 11: Population(s) targeted for workshops and trainings provided by community groups

<table>
<thead>
<tr>
<th>Population</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The general public</td>
<td>55</td>
<td>49.55</td>
</tr>
<tr>
<td>Foster families</td>
<td>50</td>
<td>45.05</td>
</tr>
<tr>
<td>High risk families</td>
<td>46</td>
<td>41.44</td>
</tr>
<tr>
<td>Families where domestic violence is present/suspected</td>
<td>39</td>
<td>35.14</td>
</tr>
<tr>
<td>Families where abuse/neglect has occurred</td>
<td>38</td>
<td>34.23</td>
</tr>
<tr>
<td>Adoptive families</td>
<td>38</td>
<td>34.23</td>
</tr>
<tr>
<td>Families whose children have been removed</td>
<td>27</td>
<td>24.32</td>
</tr>
</tbody>
</table>
Tables 12, 13, 14, 15: These tables indicate the extensive use of foster care diversion as a prevention tool.

### Table 12: Number of Agencies that Facilitate Alternative Living Arrangements with Relatives or Non-relatives

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>106</td>
<td>94.64</td>
<td>94.64</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>5.36</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

### Table 13: Estimation of the Number of Children Diverted from Foster Care through Alternative Living Arrangement

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>37</td>
<td>34.26</td>
<td>34.26</td>
</tr>
<tr>
<td>6-10</td>
<td>22</td>
<td>20.37</td>
<td>54.63</td>
</tr>
<tr>
<td>11-15</td>
<td>15</td>
<td>13.89</td>
<td>68.52</td>
</tr>
<tr>
<td>16-20</td>
<td>14</td>
<td>12.96</td>
<td>81.48</td>
</tr>
<tr>
<td>21-30</td>
<td>6</td>
<td>5.56</td>
<td>87.04</td>
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<tr>
<td>31-40</td>
<td>1</td>
<td>0.93</td>
<td>87.96</td>
</tr>
<tr>
<td>41-50</td>
<td>1</td>
<td>0.93</td>
<td>88.89</td>
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<tr>
<td>More than 50</td>
<td>12</td>
<td>11.11</td>
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<tr>
<td>Total</td>
<td>108</td>
<td>100.00</td>
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</table>

### Table 14: Services that are Provided in Diversion Cases

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Responding Agencies</th>
<th>Percent of Responding Agencies (n=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral for services to providers outside agency</td>
<td>92</td>
<td>98.92</td>
</tr>
<tr>
<td>Referral for services within your agency</td>
<td>91</td>
<td>97.85</td>
</tr>
<tr>
<td>Case management</td>
<td>86</td>
<td>92.47</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>8.60</td>
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### Table 15: Average Length of Time Services are Provided in Diversion Cases

<table>
<thead>
<tr>
<th># of Agencies</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 months</td>
<td>10</td>
<td>10.75</td>
</tr>
<tr>
<td>3-4 months</td>
<td>27</td>
<td>29.03</td>
</tr>
<tr>
<td>5-6 months</td>
<td>38</td>
<td>40.86</td>
</tr>
<tr>
<td>More than 6 months</td>
<td>18</td>
<td>19.35</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.00</td>
</tr>
</tbody>
</table>
## ADDENDUM
DFS Prevention Committee Members
August, 2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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