High or Very High Risk:
What Works for Making Family Connections and Keeping Children Safe

Introduction
Partnership for Strong Families

Circuit 3:
- Columbia
- Dixie
- Hamilton
- Lafayette
- Madison
- Suwannee
- Taylor

Circuit 8:
- Alachua
- Baker
- Bradford
- Gilchrist
- Levy
- Union

Objectives
Objectives

- Understand the benefits of selecting an evidence-based program to serve families with children determined safe and with family risk levels that are high/very high
- Identify considerations for how we evaluated programs
- Gain an understanding of Family Connections
- Identify implementation activities
- See Florida FCC in action
- Understand monitoring for fidelity
- Consider lessons learned

Safety Methodology
Safety Methodology

- Changes that occurred with Methodology
  - Diversion
- Gaps discovered
- Understanding what would be needed to address the gaps, why was the shift needed?
- Where to start?
- Why Evidence-Based?

Determining Fit
What should be considered in finding an evidence-based program?

- Identify the need for intervention
- Leadership and stakeholder support
- Review of research
- Comprehensiveness
- Cost, time and resources required to develop and implement the intervention!
  - Internal development of resources
- Fidelity Monitoring
- Consultation/Support/Training

Family Connections
What is Family Connections?

Family Connections is a multi-faceted community-based program that works with vulnerable families in their homes, in the context of their neighborhoods, to help them meet the basic needs of their children to prevent child maltreatment and achieve safety, well-being and permanency outcomes.

<table>
<thead>
<tr>
<th>Family Connections</th>
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<tbody>
<tr>
<td>- Family Connections was developed using prevention science. FC was specifically designed to:</td>
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<tr>
<td>- reduce risk factors associated with maltreatment</td>
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<tr>
<td>- enhance protective factors that may help families more adequately meet the basic needs of their children.</td>
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<td>- Multi-modal intervention: individualized services geared to increase protective factors and decrease risk factors.</td>
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<td>- Practitioners use an Intervention manual to guide &amp; tailor service delivery.</td>
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FL Family Connections Core Components

- Emergency and Concrete Needs
- Comprehensive Family Assessments
- Outcome driven Family Plans (SMART Goals)
- Change Focused Interventions and Advocacy Coordination
- Weekly 1 hr. minimum contact
- Engagement and Outreach
- Family Plan Evaluation (90 Days)
- Intake
- Case Closure

FL FCC Philosophical Principles

- Community Outreach
- Comprehensive family assessment and individualized, tailored intervention
- Development of a helping alliance
- Empowerment approaches
- Strengths perspective
- Cultural competence
- Developmental appropriateness
- Outcome driven family plans with SMART goals
- Focus on the practitioner
- Critical thinking
Focus on FC Specialist

- Selection of staff with positive attitudes and qualities of helpers
- Teaching FC model and skills
- Coaching and mentoring
- Individual and group supervision
- Emphasis on fidelity of implementation
- Building and sustaining a professional approach to FC practice

FL Family Connections Logic Model

<table>
<thead>
<tr>
<th>Need/Problem Addressed</th>
<th>Objectives</th>
<th>Program Activities</th>
<th>Intermediate Outcomes</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of In-home Services</td>
<td>Increase Protective Factors</td>
<td>Intake</td>
<td>Families receive services in an accessible and timely manner</td>
<td>Increased Number and Access to Services for Most Appropriate Level of Service Setting</td>
</tr>
<tr>
<td>Repeat Maltreatment</td>
<td>Increase Client Engagement, Participation, and Follow Through</td>
<td>Outreach and Engagement</td>
<td>Increased Family Engagement</td>
<td>Decreased Resistance of Child Maltreatment</td>
</tr>
<tr>
<td>Entry to Care</td>
<td>Increase Protective Factors</td>
<td>Emergency / Crisis Services</td>
<td>Improvement in Family Functioning in the following areas:</td>
<td>Decreased Entry to Care</td>
</tr>
<tr>
<td>Maintain Children In Least Restrictive, Most Appropriate Setting</td>
<td>Decrease Risk Factors</td>
<td>Comprehensive Family Assessment</td>
<td>Living Conditions - Financial Conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change-focused Intervention</td>
<td>Support to Caregiver Caregiver/Child Interaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocacy / Service Facilitation</td>
<td>Developmental Stimulation Caregiver to Caregiver Interaction</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Family Plan Evaluation</td>
<td>Case Closure</td>
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</table>

8/21/2015
What Makes Family Connections Unique?

Implementation
What To Consider?

- Identifying target population (Intake Criteria)
- How do you get "buy-in?"
- Identifying key partners
- Putting a plan into action (What's Next?)
- Collecting data/Fidelity Monitoring
  - What data, who collects it, where is it collected?

What's Next?
FCC Installation Activities

1. Ensure our education about the program
2. Finalize an Implementation Team
3. Determine standardized assessment instruments/developing forms and materials
   - Licensing or Fees associated with copyrighted materials (FAF Web)
4. Identify standard, core FCC Outcomes
5. Develop a logic model
6. Identify partners to provide these services
7. Tailor and complete FCC Intervention Manual
8. Develop Learning and Coaching Plan
What's Next?
FCC Initial Implementation

1. Training for front line FC Specialists, Supervisors and QA staff
   - Building competency through training, consultation and practice of skills with support and feedback!
2. Ensuring our key stakeholders understood the program and what we were trying to accomplish
   - Communicate plans!
3. Figuring out how we are going to monitor for fidelity and creating thoughtful tools
4. Ensuring that we have the tools and capacity for proper data collection

What's Next?
FCC Initial Implementation

5. Put it all together

6. Set a kick-off date and ensure all key stakeholders are aware of the start date and how to access the program!

7. Get Started (one family at a time)! Blast Off!

8. Monitor progress to maintain momentum and use feedback to adjust implementation strategies to increase fidelity!

9. Share early wins and success!
Full Implementation

- Everything doesn’t stop after implementation!

- It takes a team:

Florida Family Connections in Action
How it works

What Have We Found So Far?

- Out of all the families that agreed to participate and were available for engagement, 79% actively engaged in services to accomplish at least one FC Outcome.
- There were 36 families from March 2014 through December 2014 and 30 families from January 2015 through May 2015 who agreed to participate and were available for engagement. Approximately 66% increase in referrals appropriate for engagement.

*Data from program inception through 5/31/15
What Have We Found So Far?

- Families who agreed to participate in services and who were available for engagement, culminated the following statistics 6 months or more post services:
  - 37% had new reports post closure
  - 7.1% had verified re-abuse/neglect (2 families)
    - Both families had verified abuse more than 6 months post closure
  - 7.1% had verified abuse or neglect that occurred during the investigation that resulted in the referral to FC. (2 families)
    - These cases originated before full implementation of Safety Methodology (CPI originally had “safe” decision then determined “unsafe”)

*Data from program inception through 1/31/15
N=28

What Have We Found So Far?

- 88% of all families who completed the Family Connections program showed positive improvement in at least one family level functioning area (measured by the FAF)

*Data from program 1/1/2015 through 6/30/15
N=17
Fidelity

How Do We Know What Degree of Fidelity We are Practicing to the Model?

- Who is responsible for a Fidelity Review?
- What do you learn out of the review?
  - Areas for improvement
  - Areas for celebration
- Moving forward!
Lessons Learned

- Safety Net for unequal distribution of referrals
  - What to do when one area is utilizing services more than other areas
- Slow startup and continuous training and consultation
  - Continuous training/coaching is a MUST!
- Open communication around what support is needed
- Fidelity monitoring takes time and lots of data
Why We Do It

For more information please contact:

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Kim Baker: kim.baker@pfsf.org
Tarrin Reed: tarrin.reed@action4cp.org
Resources and References

- Original demonstration (1996-2002) (DePanfilis (P)), Dubowitz & Glazer-Semmel (Co-Pi(s))
  - *Family Preservation Journal* (DePanfilis, Okundaye, Glazer-Semmel, Kelly, & Swanson-Ernest, 2002)
  - *Child Maltreatment* (Harrington, Zusvin, DePanfilis, Dubowitz, & Ting, 2002)
  - *Child Maltreatment* (DePanfilis & Dubowitz, 2005)
  - *Research on Social Work Practice* (Girvin, DePanfilis, & Daining, 2007)
  - *Child Abuse & Neglect* (DePanfilis, Dubowitz, & Kunz, 2008)
  - *Children Australia* (DePanfilis, 2009)
  - *Research on Social Work Practice* (Lindsay, Hayward, & DePanfilis, 2010)

- Cross site Replication
  - *Protecting Children* (DePanfilis, Filene, & Bredowski, 2009) — contributions from most sites on different experiences with replication — e.g., cultural competence, focus on helping relationship, use of standardized clinical assessment measures, recording costs of service units, etc.

- Adaptation with Grandparent Headed Families
  - *Protecting Children* (Sharpe, DePanfilis, Strieder, & Gregory, 2009)

- Trauma Adapted Family Connections

- California Evidence Based Clearinghouse for Child Welfare
  - [www.caliefar.org](http://www.caliefar.org)
  - Provides information on evidence based practice targeted to child welfare practitioners and agencies.
# General Description about Replication of Family Connections

**Brief Description**

Family Connections (FC) is a multi-faceted community-based program that works with vulnerable families in their homes, in the context of their neighborhoods, to help them meet the basic needs of their children and prevent child maltreatment.

**Adaptations of Family Connections:**

1. **Grandparent Family Connections (GFC)** – works with informal kinship families (community or public child welfare agency)
2. **Trauma Adapted Family Connections (TA-FC)** – targets families where parents and/or children screen with trauma symptoms at Intake (community agency)
3. **SAFE-Family Connections (SAFE-FC)** – targets families with children who have been evaluated as unsafe after a report of child abuse or neglect (public child welfare agency). In addition to FC core components, staff must conduct safety evaluations, create safety plans, and implement safety services.

**FC Core Components**

1. Intake & screening
2. Outreach & engagement
3. Concrete/emergency services
4. Comprehensive family assessment (including the use of standardized clinical assessment instruments)
5. Outcome driven case plans with SMART goals
6. Change focused intervention
   a) Minimum of 1 hour per week of purposeful change focused interventions
   b) Advocacy/service facilitation
7. Multi-family recreational supportive activities (optional)
8. Case plan evaluation/progress assessment (at least every 90 days after the initial case plan) – including the assessment of change over time using standardized assessment instruments
9. Case closure

**Target Population**

Families with children (birth to 18) who meet risk criteria (criteria are adapted based on geographic differences)

**Outcomes**

Original research indicated positive change over time in protective factors (parenting attitudes, parenting competence, social support); diminished risk factors (parental depressive symptoms, parenting stress, life stress); and improved child safety (physical and psychological care of children) and child behavior (internalizing and externalizing behavior). Agencies replicating FC have demonstrated similar changes in risk and protective factors.

**Length of Service**

Versions of FC have been delivered for 3, 4, 6, 9, or 12 months, partly dependent on the target population. Since shorter interventions have demonstrated greater cost effectiveness in relation to risk and protective factors, most agencies choose to serve families intensively for 3 months (post assessment and case plan) with the option of delivering another 3 months of intervention if family circumstances indicate high need.

**Staff Qualifications**

BSW or MSW under the supervision of an Advanced MSW Clinical Social Work

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General Description about Replication of Family Connections

<table>
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<tr>
<th>Workload/Caseload</th>
<th>Fidelity criteria focus on performance of core intervention components (e.g., at least one hour per week of face to face change focused interventions), rather than a pre-determined caseload size. Most individual providers meet fidelity with caseloads of 7-8 families partly dependent on other service responsibilities that may be required by a funding source.</th>
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**Process & Costs of Implementation**

**Exploration & Adoption**

Following a brief presentation at an open house, individual phone meetings may be scheduled to discuss “fit” of FC.

1. Provide information about FC for review by agency leadership.
2. Initial Phone or Go-To Meeting consultation to explore “fit” with agency goals
3. Optional – 1-day Orientation on site with Agency Implementation Team (Including individualized agenda/plan) (Cost - $3,600 plus travel) to discuss the process of implementation and further delineate model components.
4. Negotiation of individualized installation and implementation budget based on needs/size of agency. Costs below are ballpark based on the usual implementation process.

**Installation**

Work with local agency or collaborative to tailor FC to the local site (40 days @ $1,800 per day plus travel)\(^3\) including\(^4\):

1. Review of existing program policies/procedures/requirements
2. Consult on FC intervention manual revisions proposed by agency leaders for congruence with agency and purpose/requirements
3. Agree on operationalization of fidelity criteria
4. Technical assistance to develop a charter and roles and responsibilities of a required implementation team.
5. Guide implementation team to develop a logic model, select standardized clinical assessment measures, make decisions about needed changes to agency information system, and case record documentation system (e.g., case plan format, case progress assessment format)
6. Develop training materials based on training plan and adaptations to the FC intervention manual (in collaboration with implementation team who will contribute sample case materials) (10 days @ $1800 per day)
7. Collaborate with implementation team to select organizational readiness, culture, and climate assessment instruments.
8. Technical assistance to develop an implementation plan with implementation team (3 days @ $1800 per day plus travel for 1 day meeting)

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\(^2\) To replicate Grandparent Family Connections, contact Dr. Fred Strieder – fstrieder@ssw.umaryland.edu; to replicate Trauma Adapted Family Connections, contact Dr. Kathryn Collins – kcollins@ssw.umaryland.edu

\(^3\) Travel is estimated at $500 a day

\(^4\) NOTE: if some tasks have already been completed in relation to an IVE Waiver Demonstration project, there is no need to duplicate these installation tasks.
### General Description about Replication of Family Connections

<table>
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<tr>
<th>Initial Implementation</th>
<th>Deliver Training According to Training Plan (Agency provides location and manages logistics; usual training plan described below).</th>
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<tbody>
<tr>
<td>9. Collaborate on format for agency fidelity self-assessment instruments based on operationalization of fidelity criteria during installation. (5 days @ $1800 per day plus travel for 1 day meeting)</td>
<td>10. One-day orientation on site for all program staff and community partners identified by implementation team. ($9,200 for 2 trainers including travel). Handouts @ $15 per participant.</td>
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<tr>
<td>11. 2-Day supervisory training (1st 2 days of a 4 day program) including building coaching skills and expertise in the intervention (prior to worker training) 3 trainers on site for up to 25 participants. ($20,700 including travel; $25 per participant for training materials)</td>
<td>12. Supervisory practicum</td>
</tr>
<tr>
<td>13. 2-Day supervisory training (2nd 2 days of a 4 day program) including building coaching skills and expertise in the intervention (prior to worker training) 3 trainers on site for up to 25 participants. ($20,700 including travel; $25 per participant for training materials).</td>
<td>14. Worker &amp; Supervisory Training 5 days separated by 3 days, practicum, 2 days- Phases 1 and 2 Training sessions (3 days); Practicum; Phase 3 training session. $2800 per participant (minimum of 5 participants). Includes cost of travel and participant materials.</td>
</tr>
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<table>
<thead>
<tr>
<th>Fidelity and Building Capacity</th>
<th>1. Launch organizational survey and write report (5 days @ $1800 per day).</th>
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<tbody>
<tr>
<td>2. Provide Monthly off-site coaching by phone or Skype for each supervisor. ($450 per month for each supervisor).</td>
<td>3. On-Site Peer Networking for supervisors based on agency needs ($4600 per month for one consultant, including travel)</td>
</tr>
<tr>
<td>4. Collaborate with implementation team monthly ($4600 per month for one consultant, including travel)</td>
<td>5. Conduct on-site fidelity assessment (required every 6 months following agency self-assessment) including case reviews and TA to agency leadership - cost individualized based on numbers of families served.</td>
</tr>
<tr>
<td>6. Prepare fidelity reports every six months based on review of self-assessment and case reviews, minimum of 5 days @$1800 a day per report.</td>
<td>1. Conduct on-site fidelity assessment of Family Connections practice through case reviews completed by Family Connections Technical Assistance Team. Completed every 6 months following the agency self-assessment-cost individualized based upon number of families served and agency size.</td>
</tr>
<tr>
<td>2. Prepare fidelity reports every six months based upon review of self-assessment and case reviews-cost individualized based on numbers of families served and size of agency.</td>
<td>3. Provide training and technical assistance, as requested by the</td>
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5 Fidelity and capacity building begins post initial implementation. Anticipated agency timeframe for continued technical assistance and fidelity assessments is three years. Range in cost is dependent upon agency size, number of families served and agency requested on-going technical assistance. Anticipated yearly costs range between $35,000-$50,000 per year.
**General Description about Replication of Family Connections**

agency, to support increased fidelity and capacity building based upon fidelity reports and agency self-assessment-cost dependent on type of service and support requested. Daily, hourly, and travel rates would be applied.

**CONTACT**
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**Published Papers about Family Connections:**


**Dissertations using Family Connections data:**


Gaynell Simpson – An exploration of social support and coping and the impact on caregiver well-being among African American grandmothers who provide care for their grandchildren. Ph.D. 2003, University of Maryland, Baltimore.
Faculty and Staff Affiliated with Family Connections – Baltimore.