

DCYF Prevention Program:
Family Care Community
Partnerships
2016 review

October 2017

The FCCPs are the primary providers of prevention services for DCYF

Goal of the FCCPs:

- Identify families with children who are at risk of abuse and neglect
- Strengthen families and reduce risk to prevent the incidence of abuse, neglect and dependency

Target population:

Families are referred to the FCCPs both from DCYF and directly from the community

Eligible families are:

- Families with children at risk of abuse, neglect or dependency
- Families with children who have SED
- Families with children who are existing the RITS or on probation

The FCCPs implement Wraparound with families

Wraparound is intensive care coordination that aims to build on families' strengths and meet their needs by building a team of professionals and natural supports that work together to prioritize and work on goals. The team connects families with community resources and natural supports that can help them meet their needs.

It is important that FCCPs have strong networks in the community so that they can identify at risk families and make sure families access and receive needed resources.

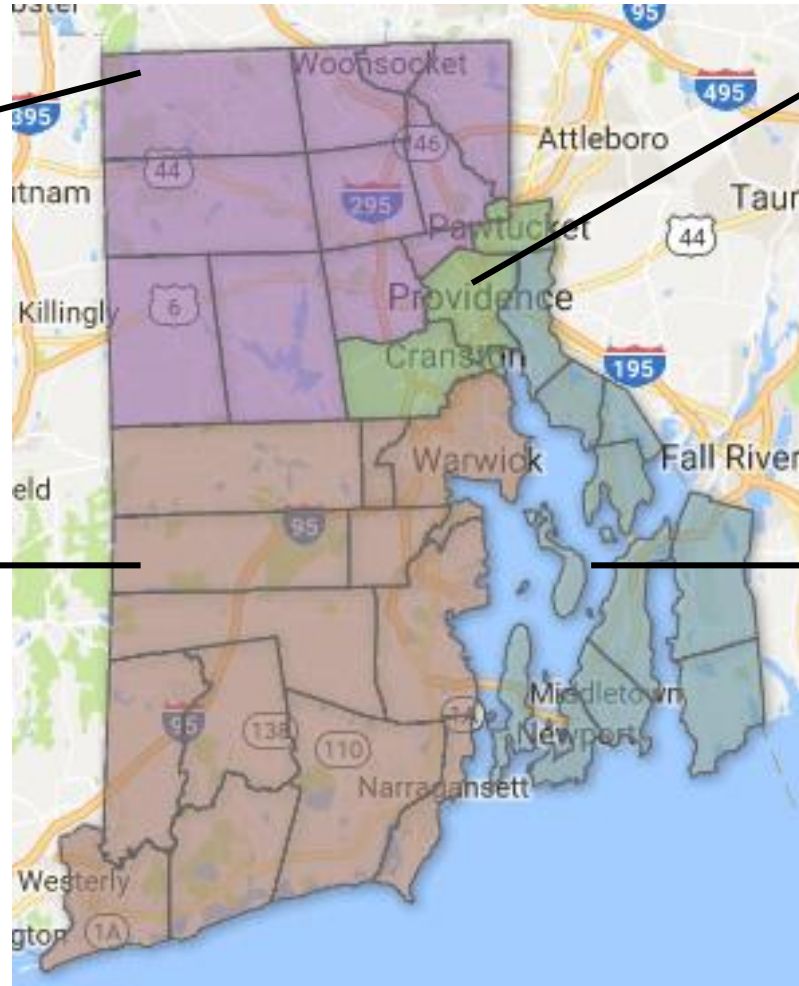
Wraparound values:

- Child centered, youth-guided and family driven
- Individualized and strength-based
- Cultural and linguistic competence
- Trauma-informed
- Community-based
- Collaborative
- Accountability

There are four lead regional FCCP agencies. In 2016, 1,143 families were referred to FCCP services

Northern RI
Community Care Alliance
273 families referred in 2016

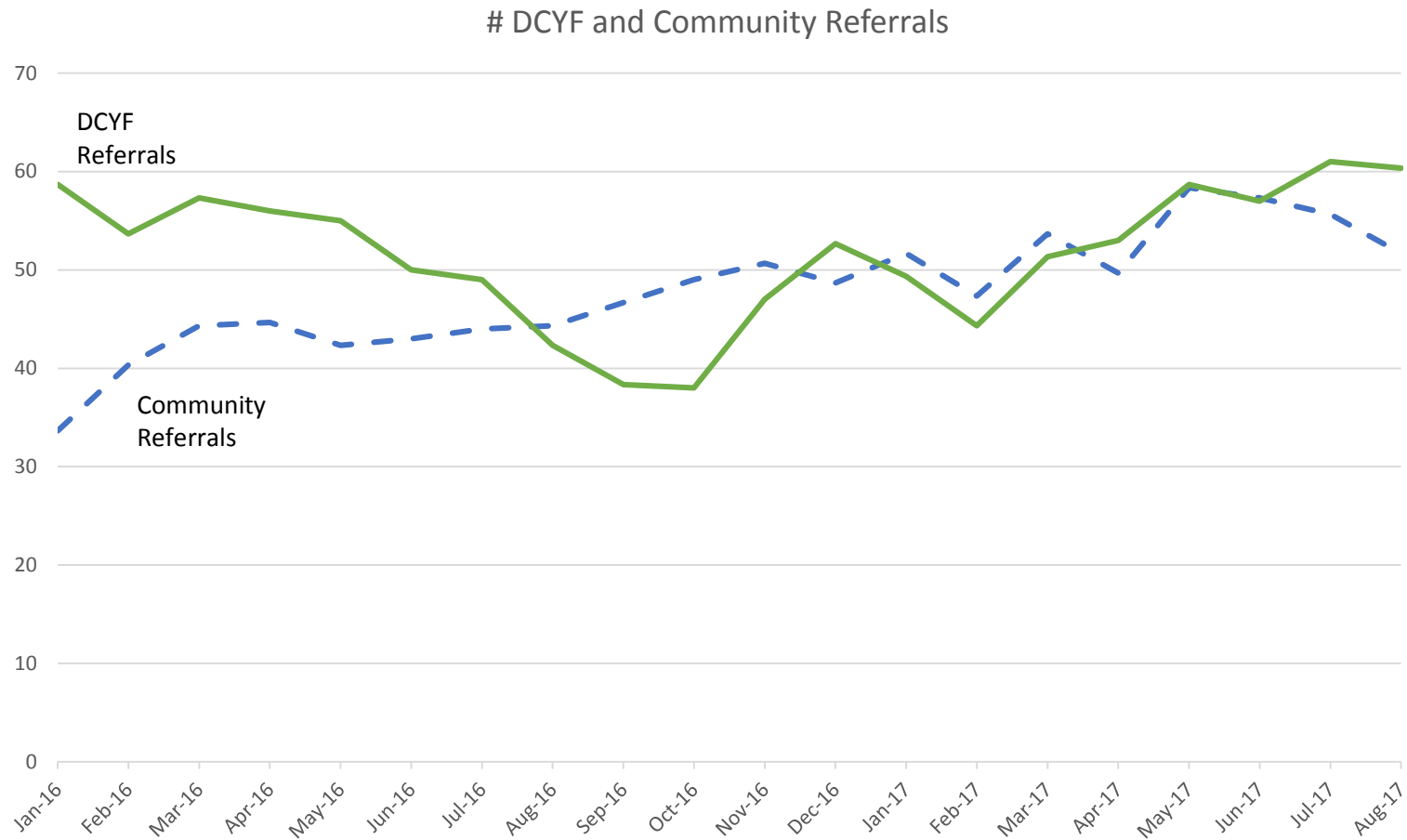
South County
South County Community
Action
220 families referred in 2016



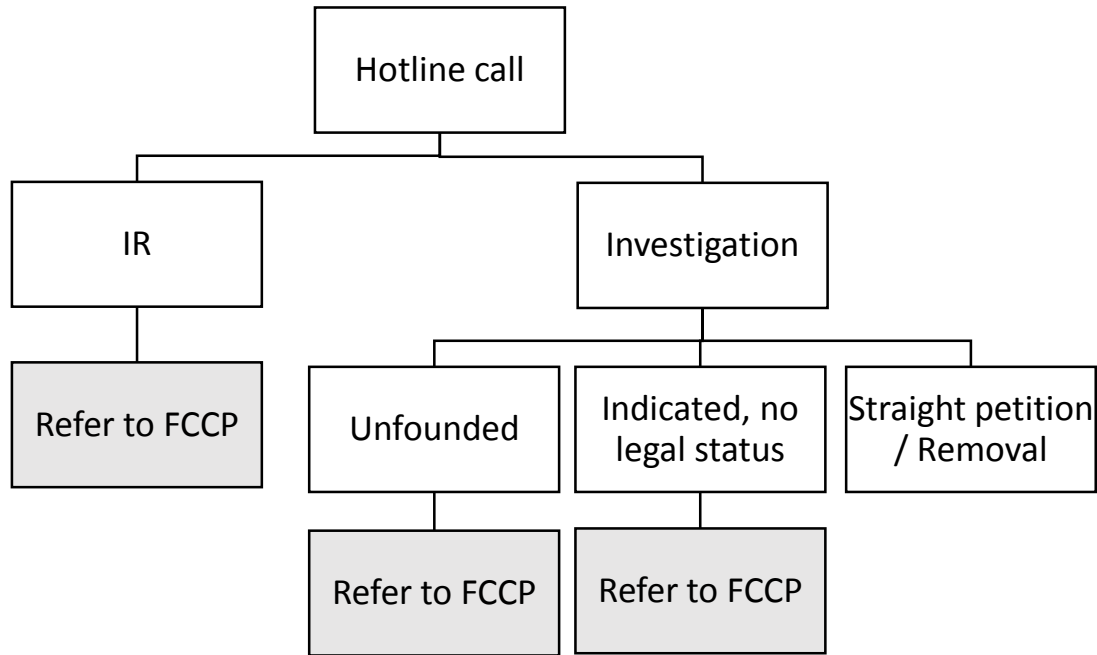
Urban Core
Family Service of Rhode
Island
513 families referred in 2016

East Bay
Child & Family of Newport
137 families referred in 2016

FCCPs receive referrals from both DCYF and directly from the community. Over the last two years the number of referrals from the community has grown.



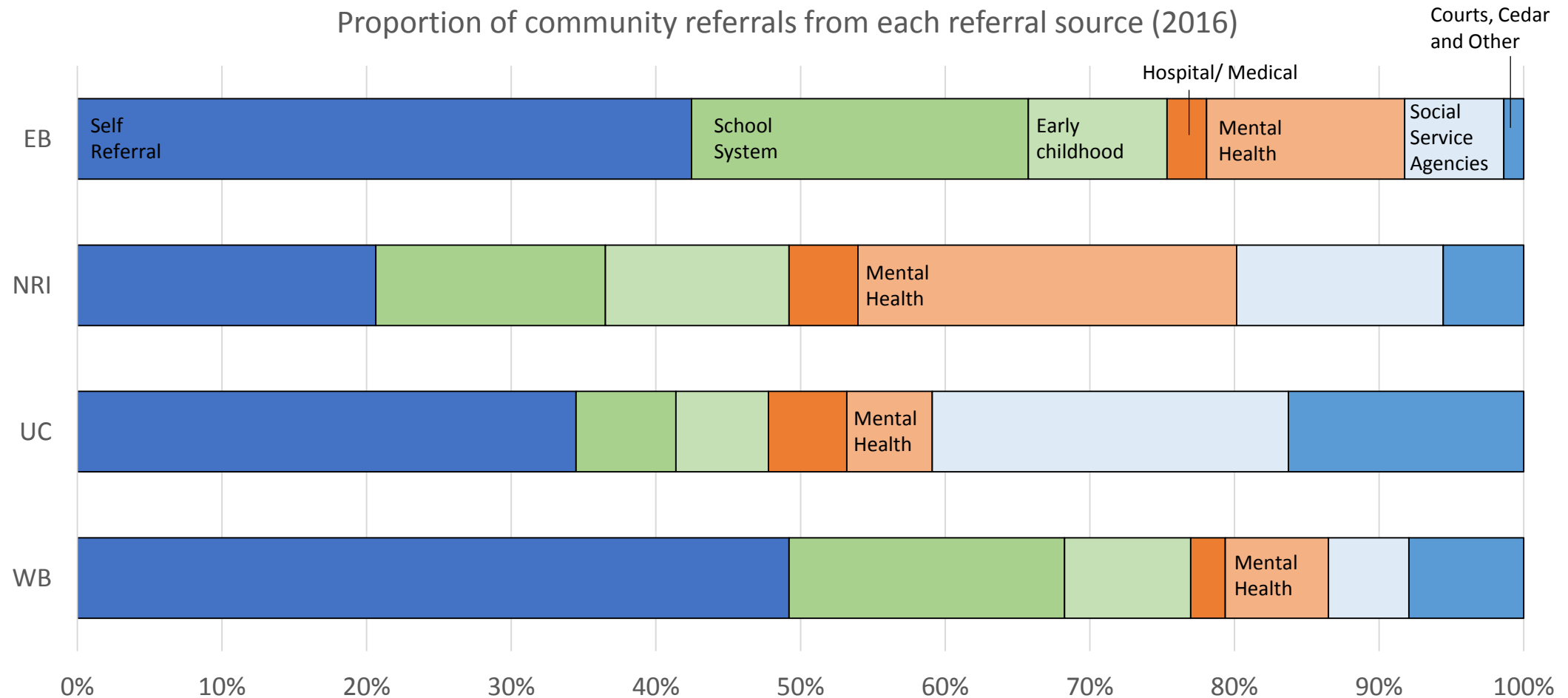
DCYF investigators and intake or monitoring workers can make referrals to FCCP



DCYF refers families to FCCP when...

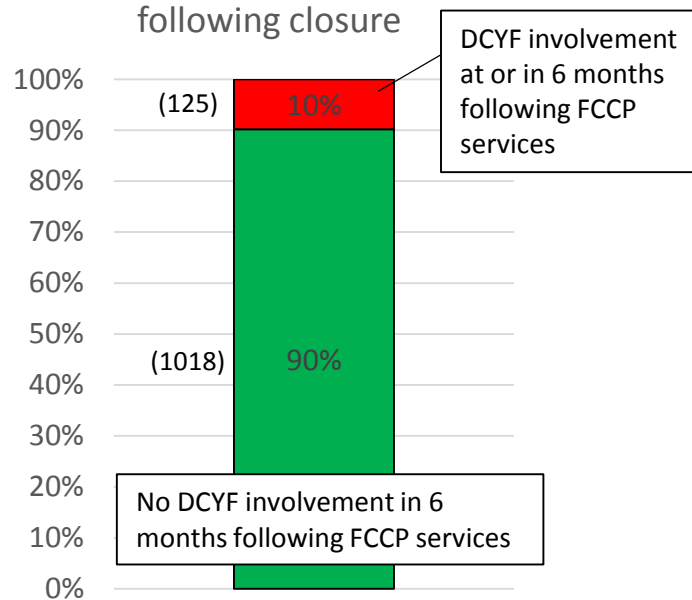
- The case is unfounded but likely to become indicated without supportive services in place
- The family need support accessing services and/or with basic needs (including housing), but not more intensive support
- Parents have few natural supports
- The family is having trouble with their children's behavior
- A child has a special need
- The family is a good match for FCCP and likely to engage

FCCPs receive self-referrals and referrals from schools, early childhood programs, hospitals and healthcare providers, mental health providers and social service agencies.

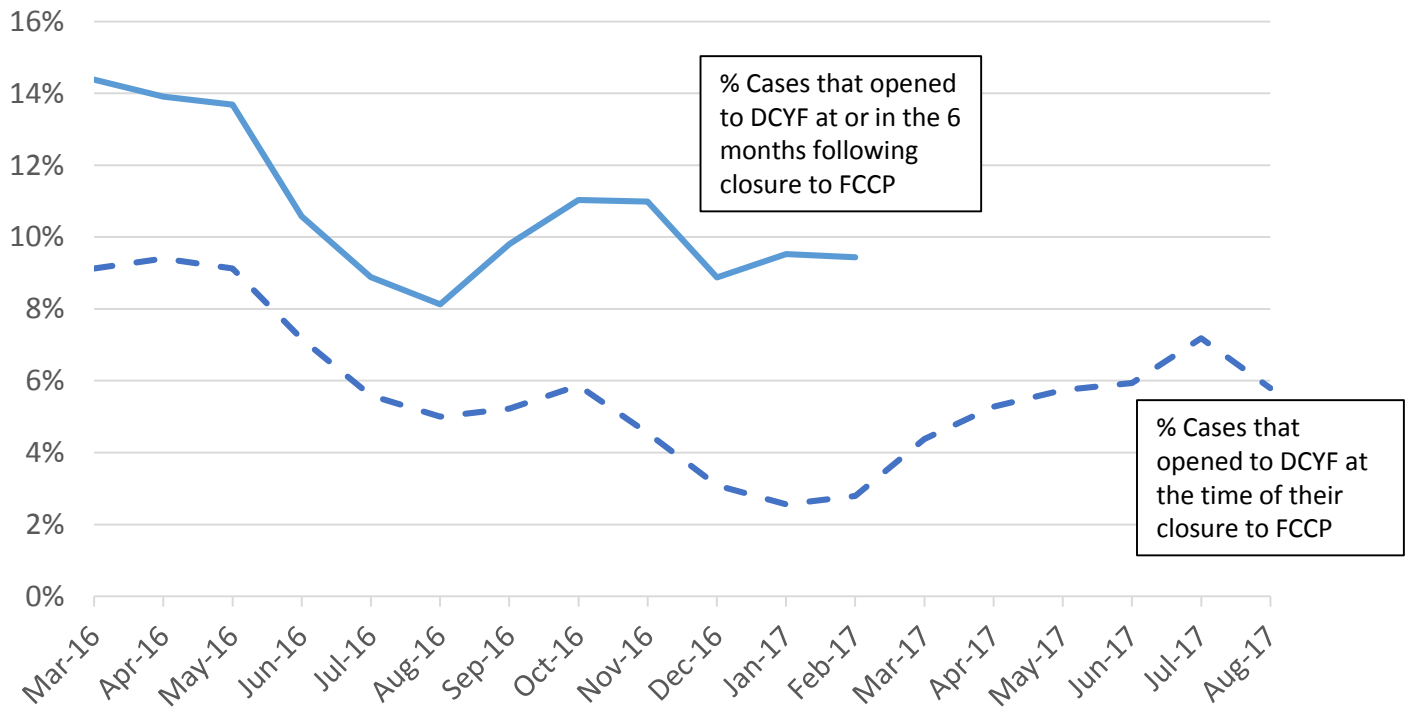


The goal of the FCCP program is to support the family and manage risk so they do not require DCYF intervention. In 2016 90% of all families referred to the FCCPs remained out of DCYF involvement.

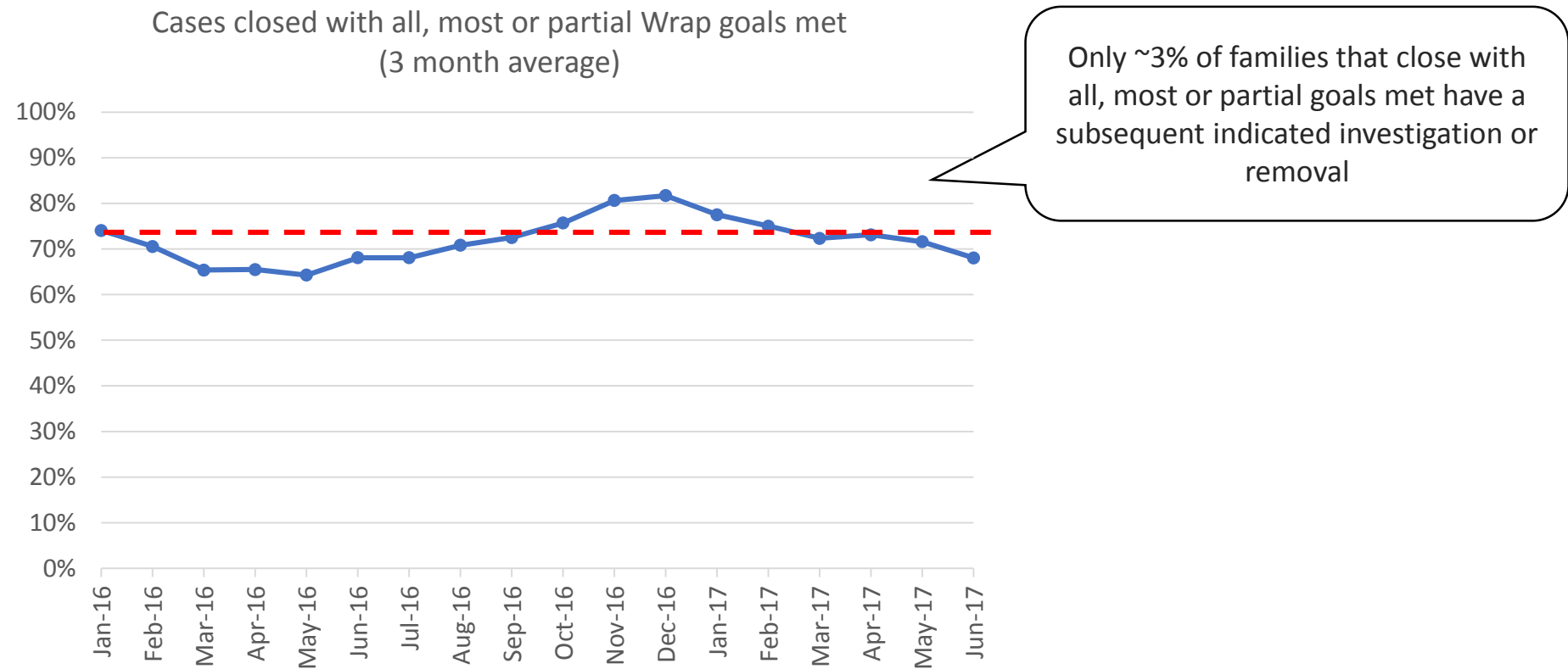
Of families that were referred to FCCP in 2016, outcomes in the 6 months following closure



Of cases that close to FCCP, % that become involved with DCYF at closure and in the 6 months following (3 month average)

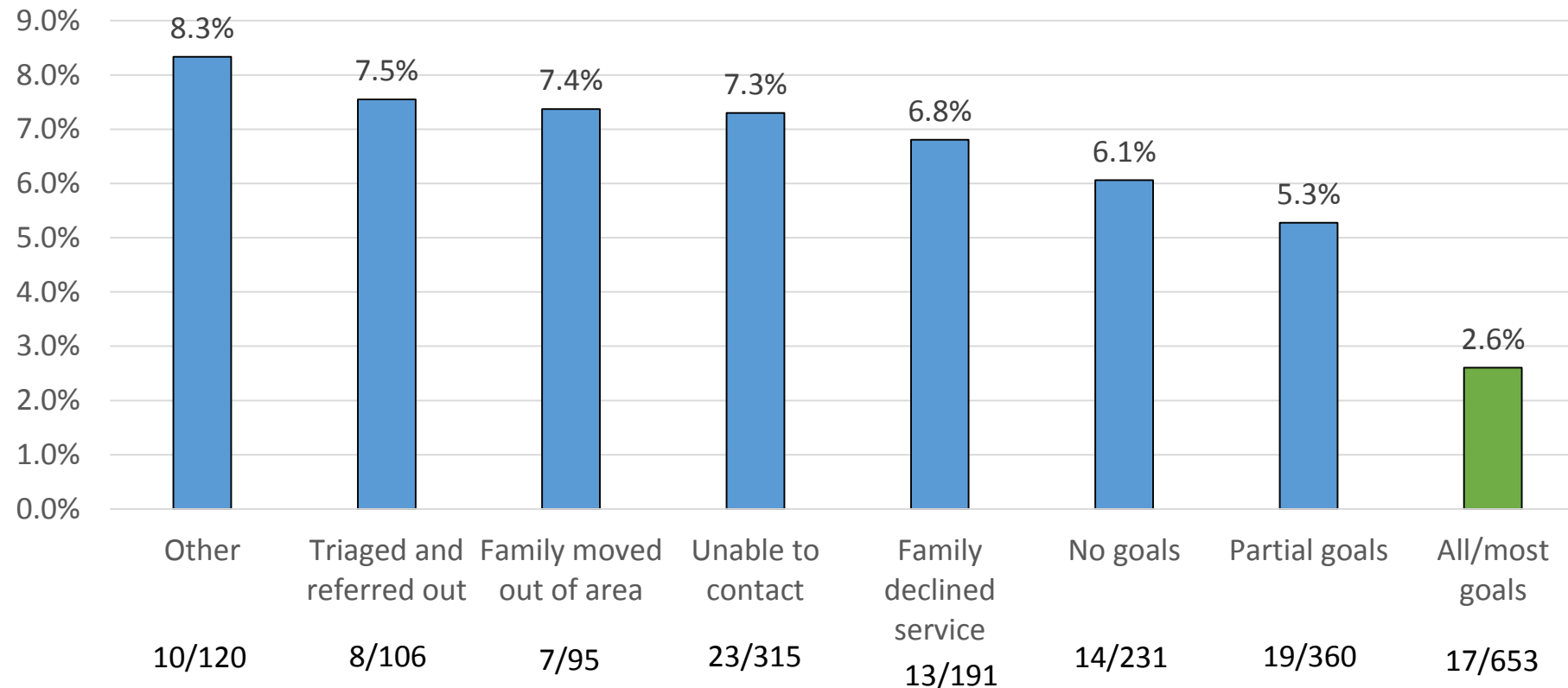


FCCPs implement the Wraparound model with families. The target for the number of cases closing with all, most or partial Wrap goals met is 75%.



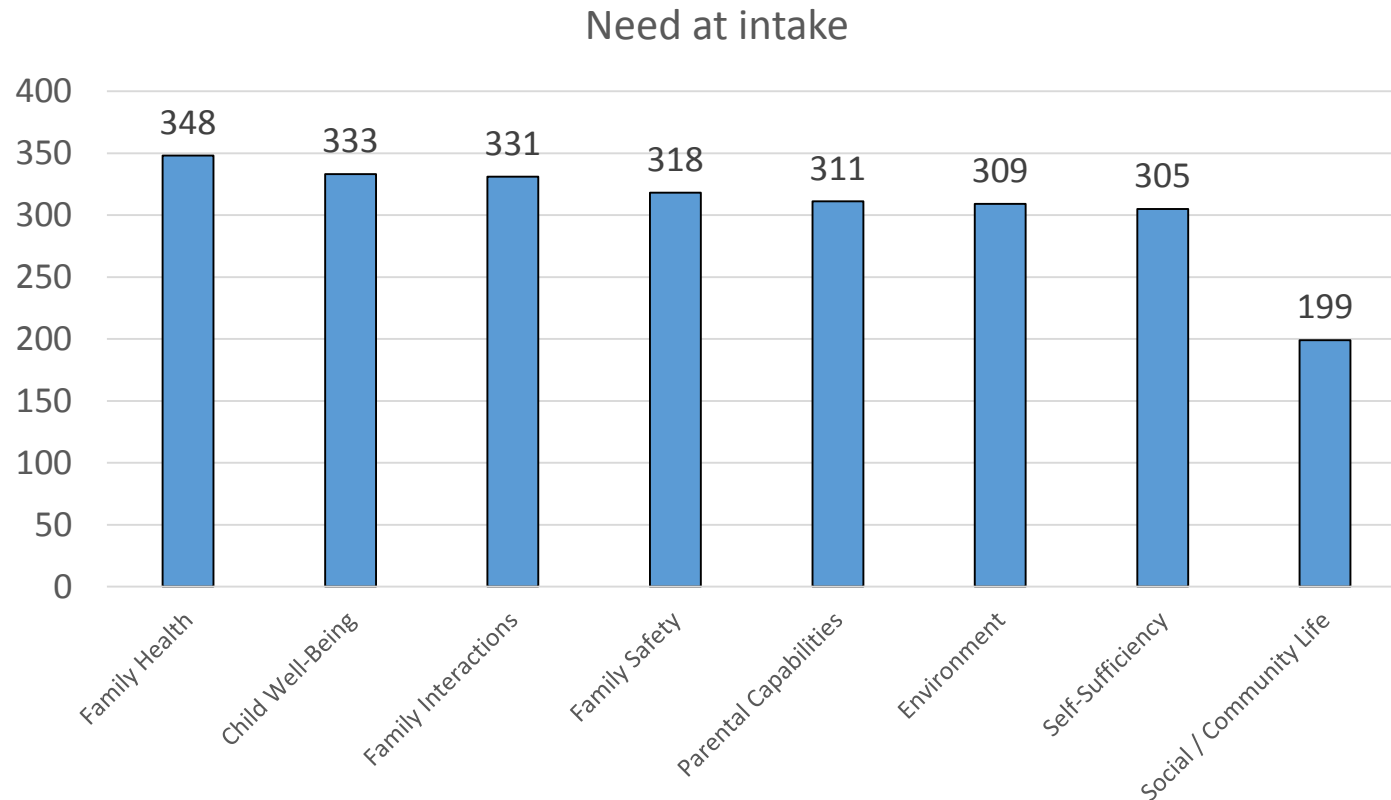
Families that met all or most Wrap goals were the least likely to subsequently experience a removal or indicated investigation

Of families that closed to FCCP in 2015 and 2016, proportion that experienced an indicated investigation or removal in the 6 months following case close, by close reason



Source: RIFIS, QA Report 1/1/2015 - 12/31/2016, Matched with DCYF Report 675
 Sample: Cases that closed to FCCP in 2015 and 2016, excluding: cases that closed because they opened to FCCP immediately, cases that closed because the primary child changed or the FCCP changed

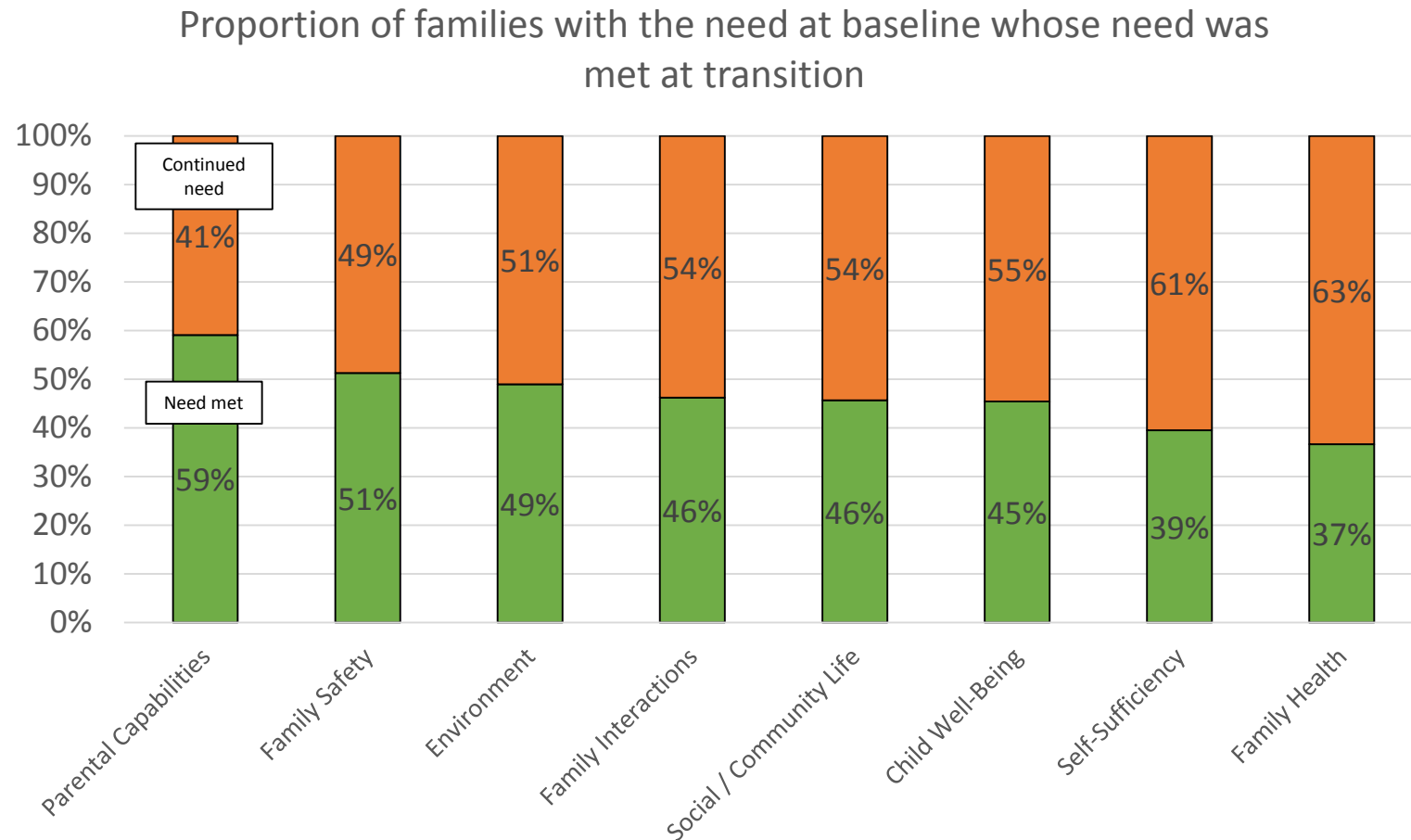
In 2016 families referred to FCCP were most likely to need support with Social / Community life, Parental Capabilities, Family Interactions and Family Safety



See slide 14 for details about each domain

Source: RIFIS, NCFAS 1/1/2016 - 12/31/2016
In 2016 there were 1,525 cases in total; 1058 were open long enough to require a NCFAS baseline; 698 had a NCFAS baseline completed

FCCPs are best at meeting families' needs in parental capability and family safety. Self-sufficiency, family health and child-wellbeing are harder to solve.

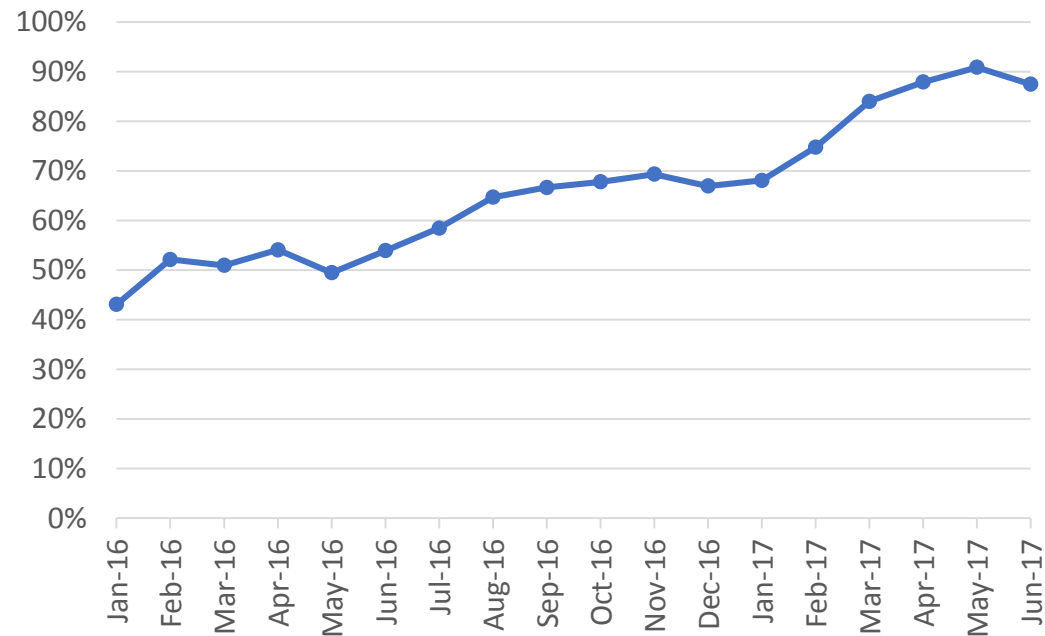


Source: RIFIS, NCFAS 1/1/2016 - 12/31/2016

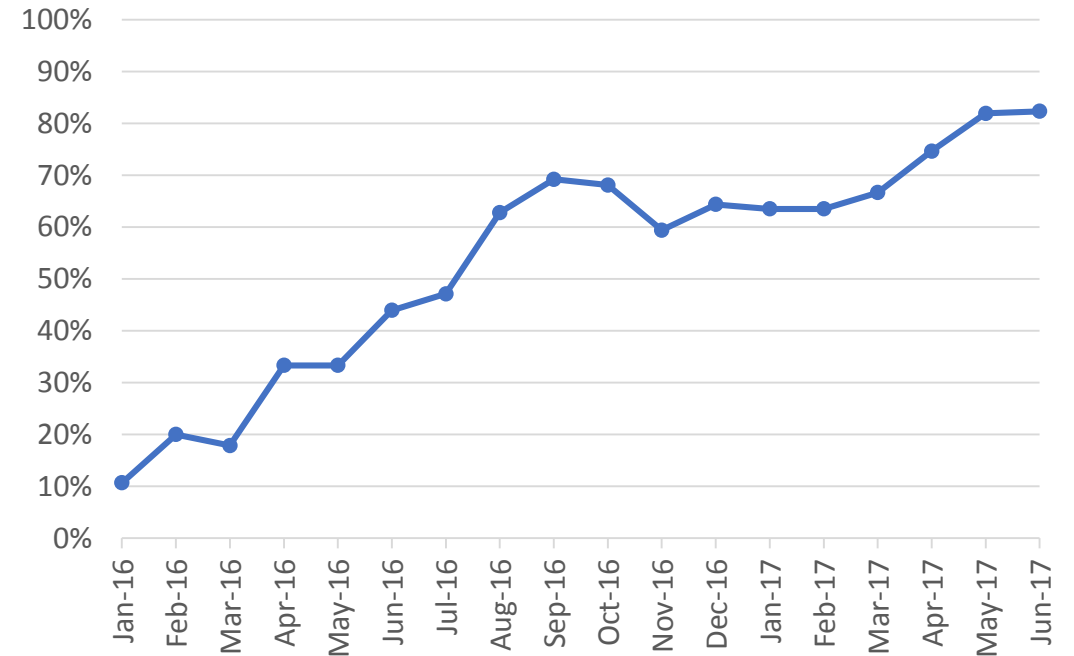
Sample: families with a need at intake who had a transitional assessment more than 3 months after the baseline assessment

Over the last year DCYF contract management has included a focus improving assessment completion rates so that we can assess families' strengths and needs, and progress with FCCP

NCFAS Baseline and Transitional Assessments
(3 month average)



% OHIO baseline and transitional
(3 month average)



NCFAS domains and sub-questions

A. Environment

Housing Stability
 Safety in the Community
 Environmental Risks
 Habitability of Housing
 Personal Hygiene
 Learning Environment

C. Family Interactions

Bonding with Children
 Communication with Children
 Expectations of Children
 Mutual Support Within the Family
 Relationship Between
 Parents/Caregivers
 Family Routines/Rituals
 Family Recreation and Play
 Activities

E. Child Well-Being

Children's Behavior
 School Performance
 Relationship with Parent /
 Caregiver
 Relationship with Sibling(s)
 Relationship with Peers
 Cooperation / Motivation to
 Maintain the Family

G. Self-Sufficiency

Caregiver Employment
 Family Income
 Financial Management
 Food and Nutrition
 Transportation

B. Parental Capabilities

Supervision of Children
 Disciplinary Practices
 Provision of Developmental/
 Enrichment Opportunities
 Use of Drugs / Alcohol interferes
 with Parenting
 Promotes Children's education
 Controls Access to Media /
 Reading Material
 Parent/Caregiver's literacy

D. Family Safety

Domestic Violence Between
 Parents / Caregivers
 Other Family Conflict
 Physical Abuse of Children
 Emotional Abuse of Children
 Sexual Abuse of Children
 Neglect of Children
 Access to Weapons

F. Social / Community Life

Social Relationships
 Relationships with Child Care,
 Schools & Extracurricular
 Services
 Connection to Neighborhood,
 Cultural Community
 Connection to Spiritual /
 Religious Community
 Initiative and Acceptance of
 Available Help / Support

H. Family Health

Parent/Caregiver Physical Health
 Parent/Caregiver Disability
 Parent/Caregiver Mental Health
 Child Physical Health
 Child Disability
 Child Mental Health
 Family Access to Health / Mental
 Health Care