

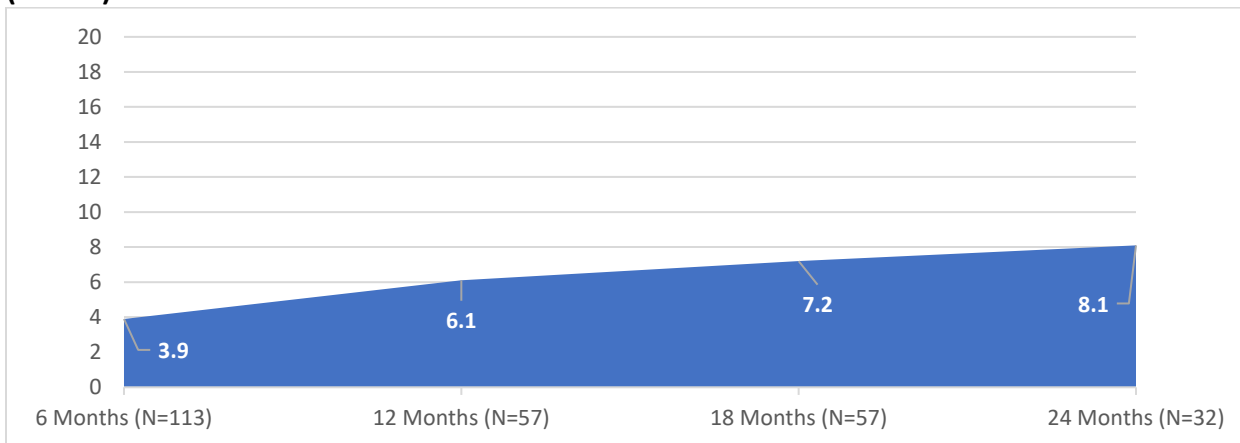


# FCCP Annual Report: Opening to DCYF within 24 Months, Entry Cohort FY 18 – 20, N=4,347

The Family Care Community Partnerships (FCCP) are the Department of Child Youth and Families’ (DCYF) primary prevention resource program. Serving children and families in their communities, by partnering with five agencies across the state, the program seeks to keep families out of the welfare system through a wraparound service model. The report below examines the percent of FCCP primary children that open to DCYF within 24 months after receiving at least one day of FCCP care in FY 2018, 2019 or 2020, and what factors are associated with opening. Opening to DCYF is defined as an indicated investigation, removal, or indicated and removed.

*Among the 4,347 FCCP participants in this cohort, 354 (8.1%) opened to RI DCYF within 24 months of FCCP program engagement (Figure 1).* Each 6-month time-point includes the previous period for a cumulative percent (i.e. 12 months are those that open between 0 and 12 months and includes the 113 that opened in the 6-month period). As length of stay in the FCCP program has become shorter over the years of the program (median length of stay in days = 88), the report explores how that may impact the likelihood of opening (Figures 2a and 2b). One note, that may be confounding the relationship, is that once a family is open to DCYF for an investigation, the FCCP will close services.

**Figure 1. Among FCCP Children\* (N=4,347), cumulative percent and time to open& to DCYF, FY 18 – 20, (N=354)**



\*Entry cohort from FCCP services; every consented primary child to FCCP service for at least 1 day is counted  
& Opened is defined as indicated investigation, removal, or indicated and removed

Table 1 explores the distribution of important characteristics of the cohort. Gender is evenly distributed as expected, with a median age of 10 that is typical for an FCCP cohort. *Race/ethnicity underrepresents White non-Hispanic participants, with a large group of unknowns in this cohort.* In later cohorts, such as FY 22, this has dropped significantly due to collaborative work between DCYF and FCCP programs (FY 22, Unknown race/ethnicity = 6%). FCCP regions are distributed in an expected way with West Urban Core being the largest region, and East Bay being the smallest. DCYF referrals make up two-thirds of this cohort. *Notably, 32% of the cohort does not reside in permanent housing at intake. As a self-reported measure, it is likely an undercount.*

**Table 1. Descriptive Statistics, Entry Cohort FY 18 – 21, N=4,347**

|   |                              | N (%)     |
|---|------------------------------|-----------|
| Gender                                  | Male                         | 2236 (51) |
|   | Female                       | 2111 (49) |
| Age* (median, min, max)                 |                              | 10, 0, 21 |
| Race/Ethnicity                          | White Non-Hispanic           | 1299 (30) |
|   | Black Non-Hispanic           | 284 (7)   |
|   | Hispanic                     | 1152 (27) |
|   | Other/Multiracial            | 300 (7)   |
|   | Unknown**                    | 1312 (30) |
| FCCP Region                             | East Bay                     | 523 (12)  |
|   | Northern                     | 825 (19)  |
|   | West Urban Core              | 1429 (33) |
|   | East Urban Core <sup>%</sup> | 685 (16)  |
|   | Washington Kent              | 885 (20)  |
| Urban Core <sup>†</sup>                 | Yes                          | 2379 (55) |
|   | No                           | 1910 (44) |
|   | Out of State                 | 4 (1)     |
| Referral Type                           | DCYF                         | 2736 (63) |
|   | Community                    | 1611 (37) |
| Residing in Permanent Housing at Intake | Yes                          | 2973 (68) |
|   | No                           | 1374 (32) |
| Opening to DCYF                         | No Opening                   | 3993 (92) |
|   | Open within 24 Months        | 354 (8)   |

Data Notes:

Data source: RICHIST and RIFIS; data are current as of 11/14/2022

- Those who consented to care were included. Opening date is defined by consent date. Any case that is open for 0 days or less are omitted

- Opening to DCYF is defined as indicated investigation, removal, or indicated and removed

- Perfect presented in table is a column percent

\*Age at entry

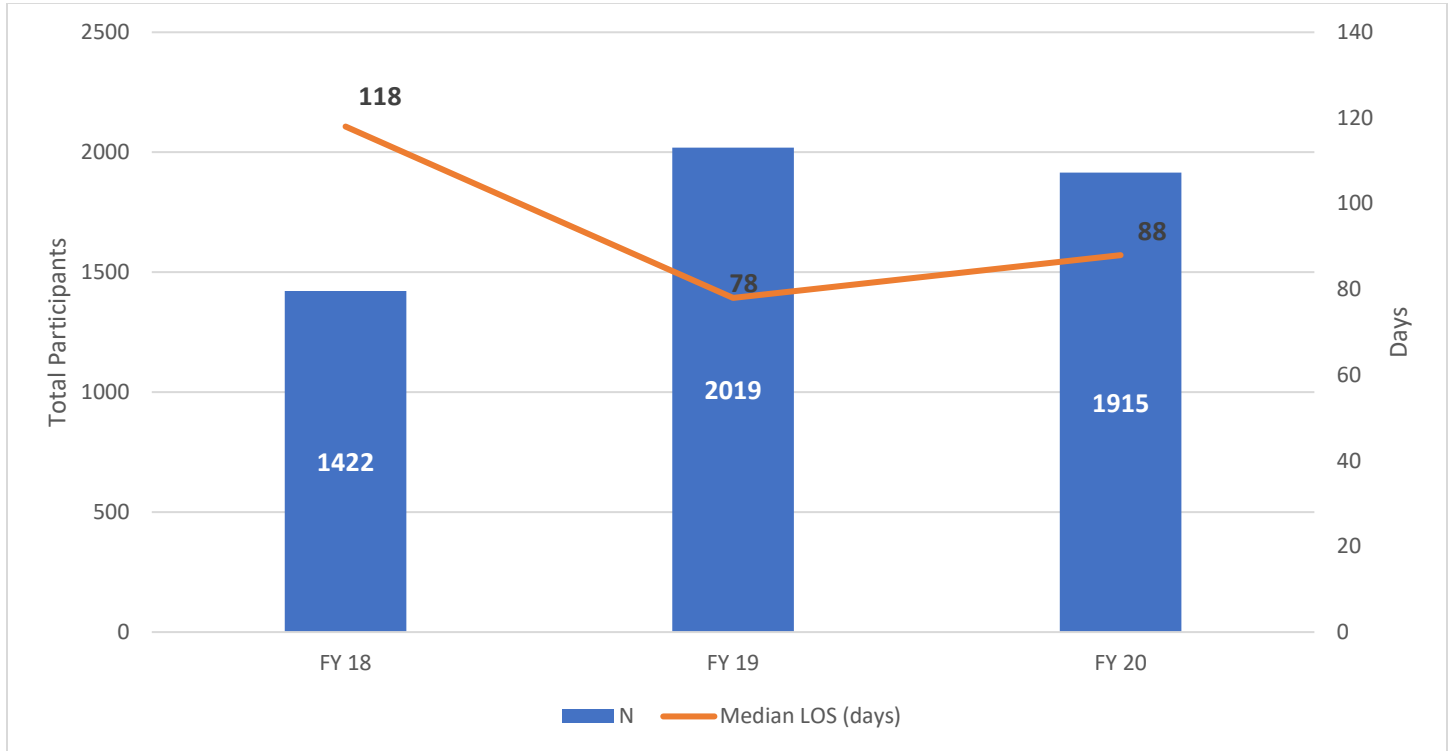
\*\*Unknowns in more recent cohorts are <10%

<sup>%</sup>East Urban Core established as a region in May 2018 (end of FY 2018). Cases from that catchment area earlier were seen by West Urban Core

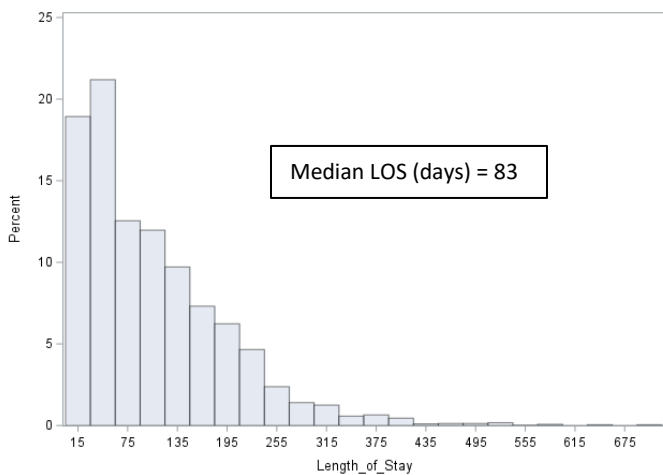
<sup>†</sup>Defined by case address. Missing case addresses are omitted (n=54, 1%)

Length of stay in the FCCP program has been a predictor of less favorable outcomes in other FCCP analyses, therefore it is explored in the below figures. *Over the fiscal years in this cohort, the length of stay does shorten while the size of the cohort grows (Figure 2).* Despite that, when stratified by opening to DCYF, *there is no difference in median length of stay between the groups (Figures 2a and 2b).*

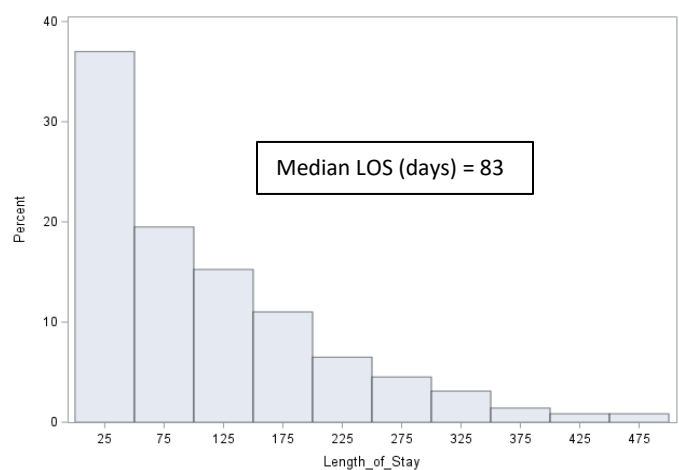
**Figure 2. Number of FCCP Children\* by Fiscal Year and Median Length of Stay (days), Entry Cohort FY 18 – 21, N=4,347**



**Figure 2a. Distribution of length of stay\* among children who did not open& to DCYF, FY 18- 20, (N=3,993)**



**Figure 2b. Distribution of length of stay\* among children who opened& to DCYF, FY 18- 20, (N=354)**



**Data Notes:**

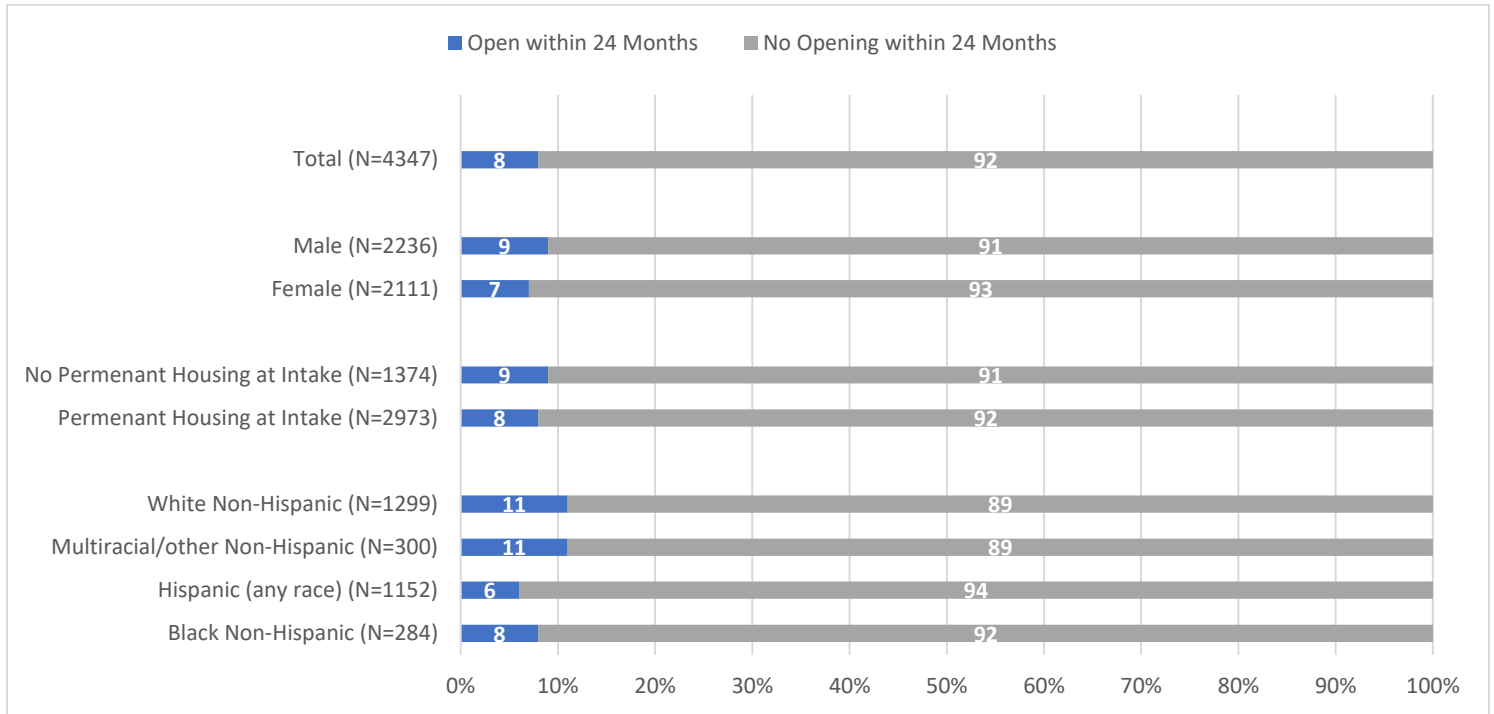
Data source: RIFIS; data are current as of 11/14/2022

\*Entry cohort from FCCP services; every consented primary child to FCCP service for at least 1 day is counted

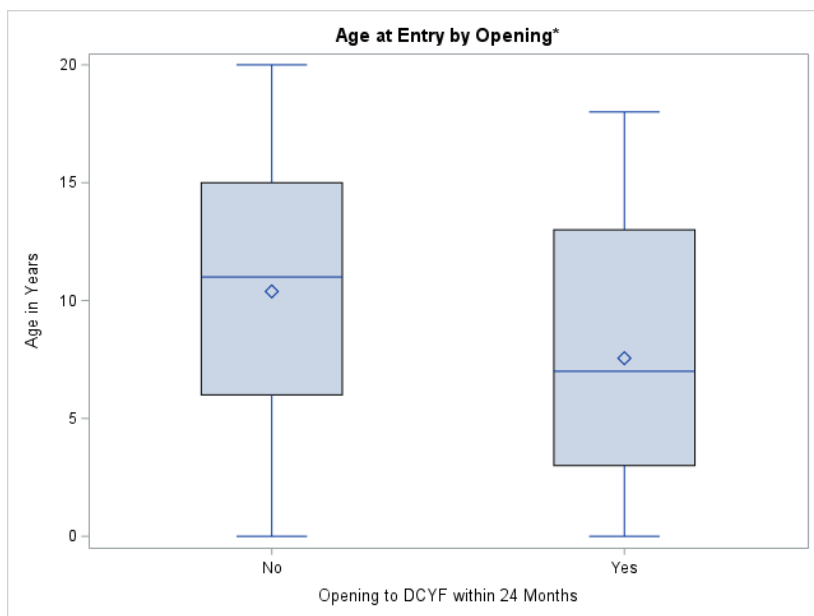
& Opened is defined as indicated investigation, removal, or indicated and removed

In Figure 3a and 3b, important characteristics from Table 1 are explored by opening to DCYF. In the figure, only the statistically significant relationships are displayed. Among all children who received at least one day of FCCP care, **8% opened to DCYF within 24 months**. Among **White non-Hispanic and Multiracial non-Hispanic children, 11% opened to DCYF while Hispanic any race and Black non-Hispanic children opened 6% and 8%, respectively**. Other stratifications are less pronounced, but **male children and those not residing in permanent housing at intake open more often** in this cohort. There are differences between mean age among children opening to DCYF within 24 months (Figure 3b). Among **children who opened to DCYF, their mean age was younger, 7.7 years old, while those that did not open to the department were older, 10 years old**.

**Figure 3a. Descriptive Statistics, Stratified by Opening to DCYF, Entry Cohort FY 18 – 21, N=4,347\*\***



**Figure 3b. Descriptive Statistics, Stratified by Opening to DCYF, Entry Cohort FY 18 – 21, N=4,347\*\***



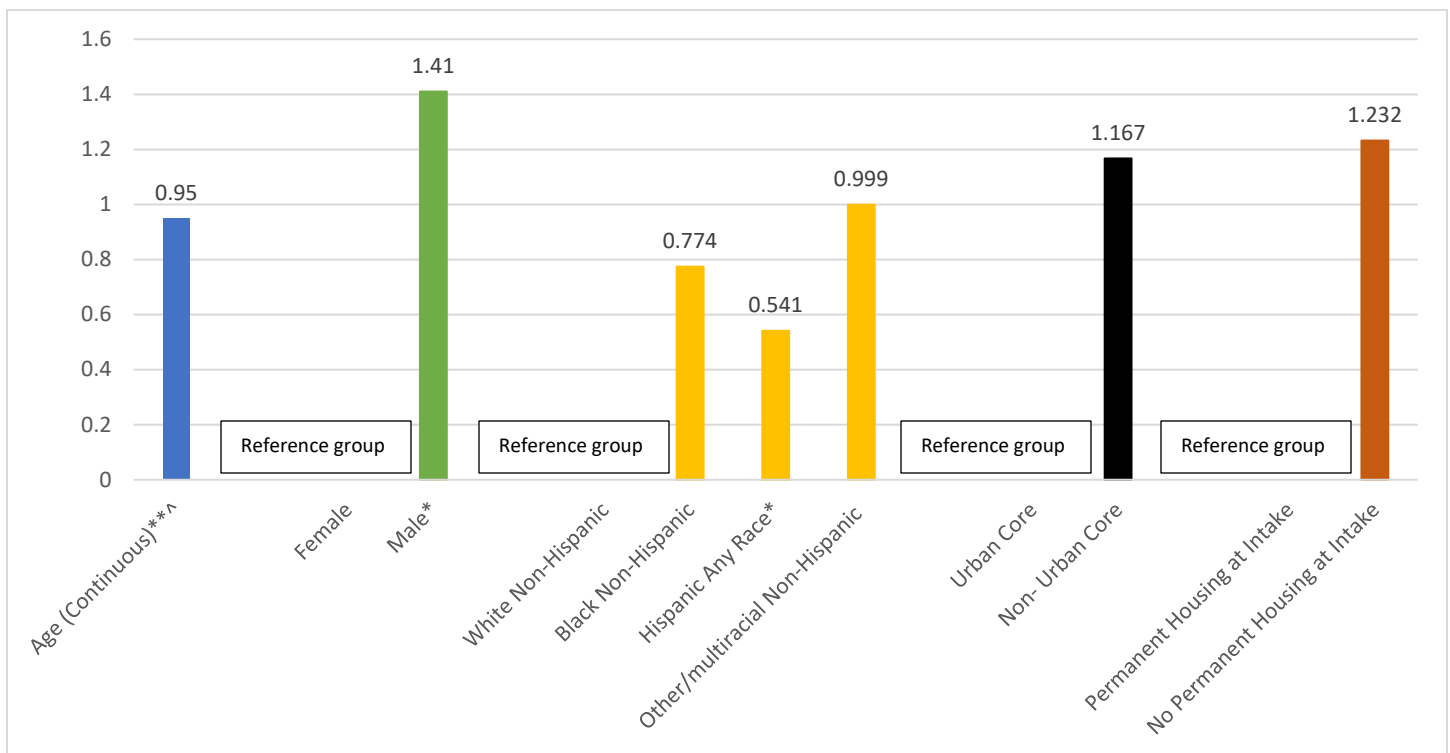
Data Notes:  
 Data source: RIC HIST and RIFIS; data are current as of 11/14/2022  
 - Those who consented to care were included. Opening date is defined by consent date. Any case that is open for 0 days or less are omitted  
 - Opening to DCYF is defined as indicated investigation, removal, or indicated and removed  
 - Only statistically significant variables are shown, at 95% confidence  
 \*Age at entry  
 \*\* Chi-square test used, except where cells have a count of <5, then a Fisher's Exact Test was used. Continuous variables, a t-test was performed  
 †Defined by case address. Missing case addresses are omitted (n=29, 2%), out of state cases defined as missing for this analysis

A multivariate model was run to examine the relationship between opening to DCYF in 24 months. All variables are displayed in the model. Comparison in the variable group is displayed as the reference group (i.e. Males compared to Females). Those variables that are statistically significant and denoted by an asterisk. Age is continuous, meaning, for *every 1-year increase in age, holding all other variables in the model constant, the odds of opening to DCYF decreases by 5%.*

Also significant is Hispanic any race. *Hispanic children, as compared to white children, holding all other variables in the model constant, have 46% less odds of opening to DCYF.* The reason for this difference needs to be explored further, most especially because it is the opposite of other trends of Hispanic children in DCYF care. In future versions of this analysis, incorporating risk measures from the CANS, and engagement measures or fidelity to WRAP from WFI-EZ.

Despite permanent housing at intake not being statically significant, it is suggestive of a relationship (p-value 0.08), and routinely, it is a predictor of less positive outcomes among FCCP families.

**Figure 4. Factors Associated with Opening to DCYF in 24 months, Adjusted Odds Ratios presented, Entry Cohort FY 18 – 20 (N=4,289 Multivariate Model#)**



Data Notes:

Data source: RICHIST and RIFIS; data are current as of 11/14/2022

- Those who consented to care were included. Opening date is defined by consent date. Any case that is open for 0 days or less are omitted

- Opening to DCYF is defined as indicated investigation, removal, or indicated and removed

- Logistic regression was performed; all variables in model are shown

#Total N=4,337

^Unknown race/ethnicity not shown

‡Defined by case address. Missing case addresses are omitted (n=58, 1%), out of state cases defined as missing for this analysis

\* p-value <0.05: for example, male compared to females or Hispanic compared to white non-Hispanic

\*\* p-value <0.0001