



FCCP Annual Report: Opening to DCYF within 24 Months, Entry Cohort FY 19 – 21, N=4,692

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 2019, 2020 or 2021, and what factors are associated with opening. Opening to DCYF is defined as an indicated investigation, removal, or indicated and removed. As the annual report unfolds year over year, a later cohort year has been dropped and a new cohort year has been picked up (FY 18 dropped, FY 21 picked up).

Among the 4,692 FCCP participants in this cohort, 370 (8.0%) opened to RI DCYF within 24 months of FCCP program engagement (Figure 1a). This is an increase in number of participants from the previous reporting period (N= 4,347, Figure 1b.), as well as an increase in the number of families opening to DCYF (N=354, Figure 1b.). 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 178 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 = 75), 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 1a. Among FCCP Children* (N=4,692), cumulative percent and time to open& to DCYF, FY 19 – 21, (N=370)

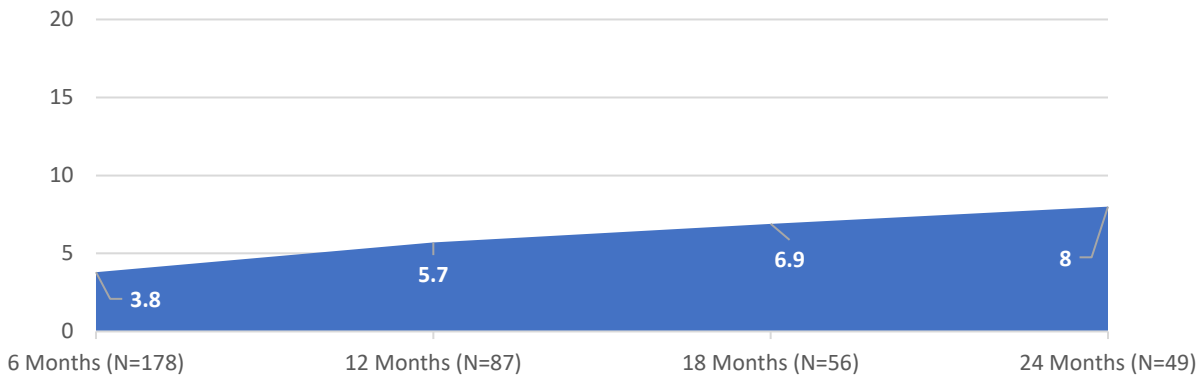
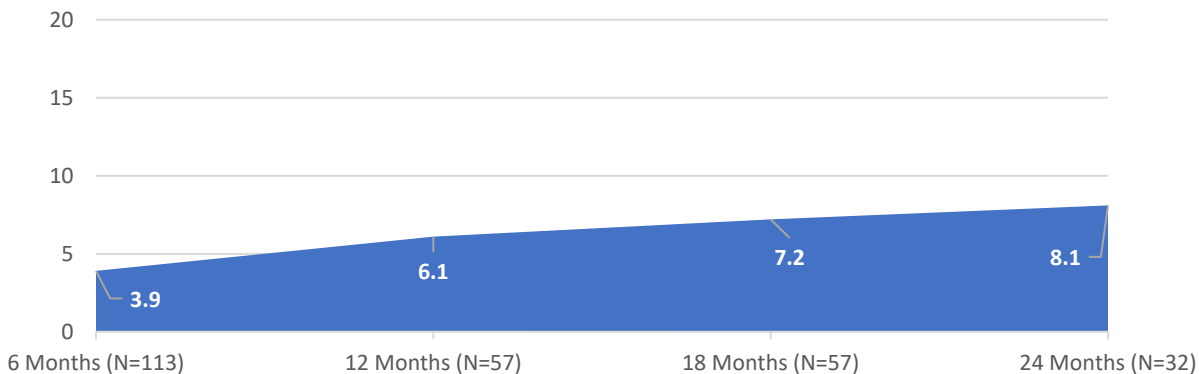


Figure 1b. Among FCCP Children* (N=4,347), cumulative percent and time to open& to DCYF, FY 18 – 20, (N=354)



*Entry cohort from FCCP services; 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. All cases follow for 2 years

& 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 11 that is typical for an FCCP cohort. *Race/ethnicity underrepresents White non-Hispanic participants, with a large group of unknowns in this cohort.* 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 half of this cohort, where in previous reporting period, DCYF referrals were 63%. *Notably, 32% of the cohort does not reside in permeant housing at intake, which despite being the same overall percentage as the last reporting period, the total number of families have increased significantly from 1,391 to 1,481.* As a self-reported measure, it is likely an undercount.

Table 1. Descriptive Statistics, Entry Cohort FY 19 – 21, N=4,692

		N (%)
Gender	Male	2437 (52)
	Female	2111 (49)
Age* (median, min, max)		11, 0, 21
Race/Ethnicity	White Non-Hispanic	1557 (33)
	Black Non-Hispanic	390 (8)
	Hispanic	1405 (30)
	Other/Multiracial	385 (8)
	Unknown	955 (20)
FCCP Region	East Bay	545 (12)
	Northern	947 (20)
	West Urban Core	1357 (29)
	East Urban Core	938 (20)
	Washington Kent	905 (19)
Urban Core [†]	Yes	2574 (55)
	No	2059 (44)
	Out of State	3 (1)
Referral Type	DCYF	2327 (50)
	Community	2365 (50)
Residing in Permanent Housing at Intake	Yes	3211 (68)
	No	1481 (32)
Opening to DCYF	No Opening	4322 (92)
	Open within 24 Months	370 (8)

Data Notes:

Data source: RICHIST and RIFIS; data are current as of 3/6/2024

- 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. All cases follow for 2 years

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

- Perfect presented in table is a column percent

*Age at entry

[†] Missing case addresses are omitted (n=56, 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 has some changes, but largely stays the same, while the size of the cohort decreased (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).* This trend has remained true since the last reporting period.

Figure 2. Number of FCCP Children* by Fiscal Year and Median Length of Stay (days), Entry Cohort FY 19 – 21, N=4,692

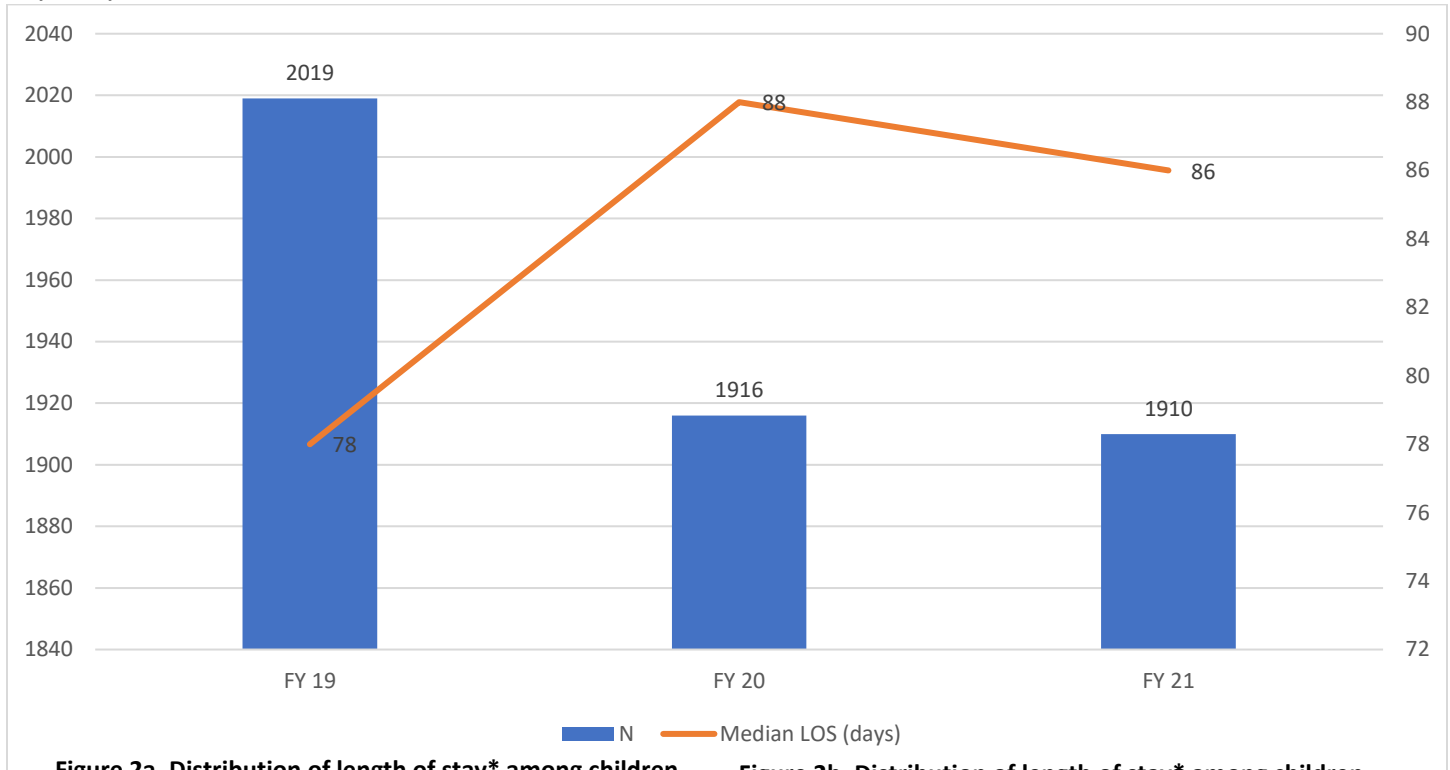


Figure 2a. Distribution of length of stay* among children who did not open& to DCYF, FY 19 - 21, (N=4,322)

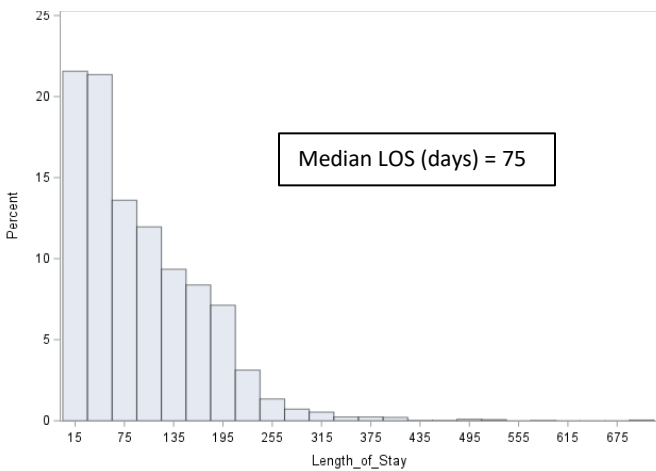
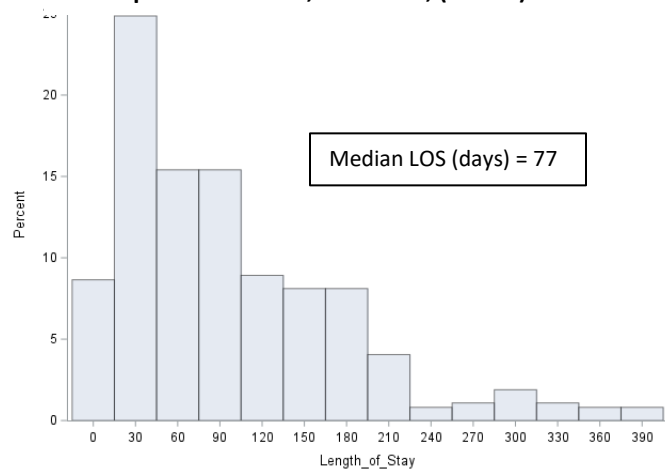


Figure 2b. Distribution of length of stay* among children who opened& to DCYF, FY 19 - 21, (N=370)



Data Notes:

Data source: RICHIST and RIFIS; data are current as of 3/6/2024

*Entry cohort from FCCP services; 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. All cases follow for 2 years

& 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, 10% opened to DCYF while Hispanic any race and Black non-Hispanic children opened 5% and 8%, respectively**. Characteristics that have a higher percentage of opening within 24 months are: **wrap goals not met at FCCP closure, non-Urban Core, DCYF referrals, WB and EB regions and no permanent housing at intake**. 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, 8.2 years old, while those that did not open to the department were 10.2 years old**.

Figure 3a. Descriptive Statistics, Stratified by Opening to DCYF, Entry Cohort FY 19 – 21, N=4,692**

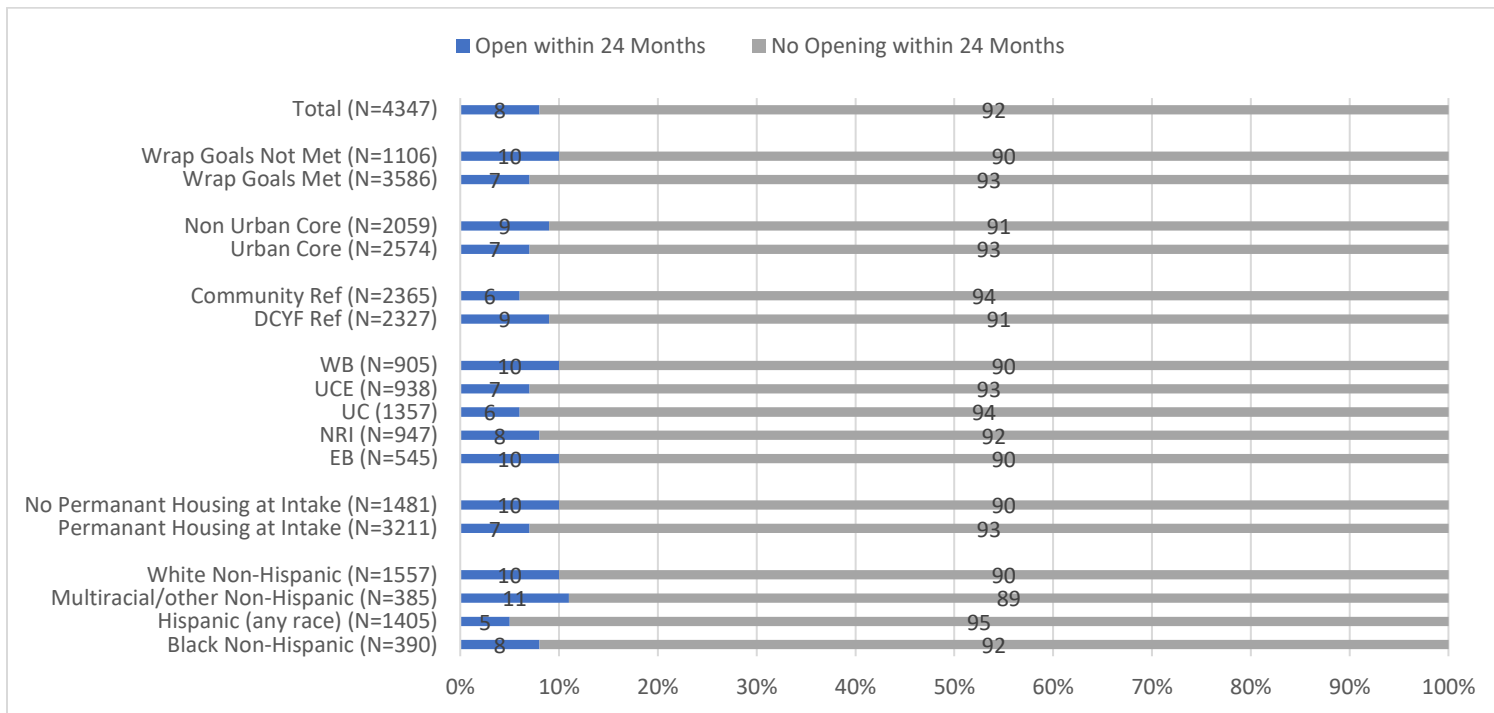
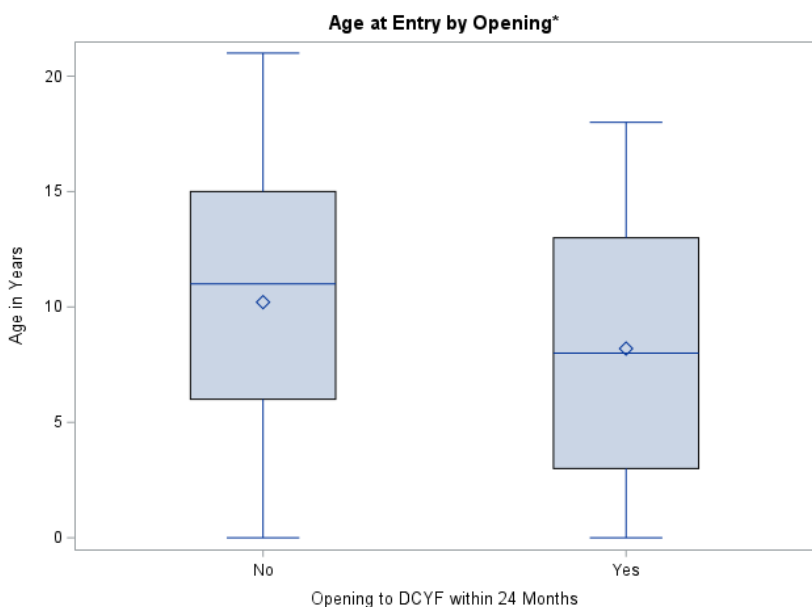


Figure 3b. Descriptive Statistics, Stratified by Opening to DCYF, Entry Cohort FY 18 – 21, N=4,347**



Data Notes:
 Data source: RICHIST and RIFIS; data are current as of 3/6/2024
 - 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. All cases follow for 2 years.
 - Opening to DCYF is defined as indicated investigation, removal, or indicated and removed
 - Only statistically significant variables are shown, at 95% confidence
 - Nonsignificant variables include gender, length of stay (days), number of children receiving services
 *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

A multivariate model was run to examine the relationship between opening to DCYF in 24 months. Statistically significant variables in the model are displayed, holding all other variables in the model constant. 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 6%.*

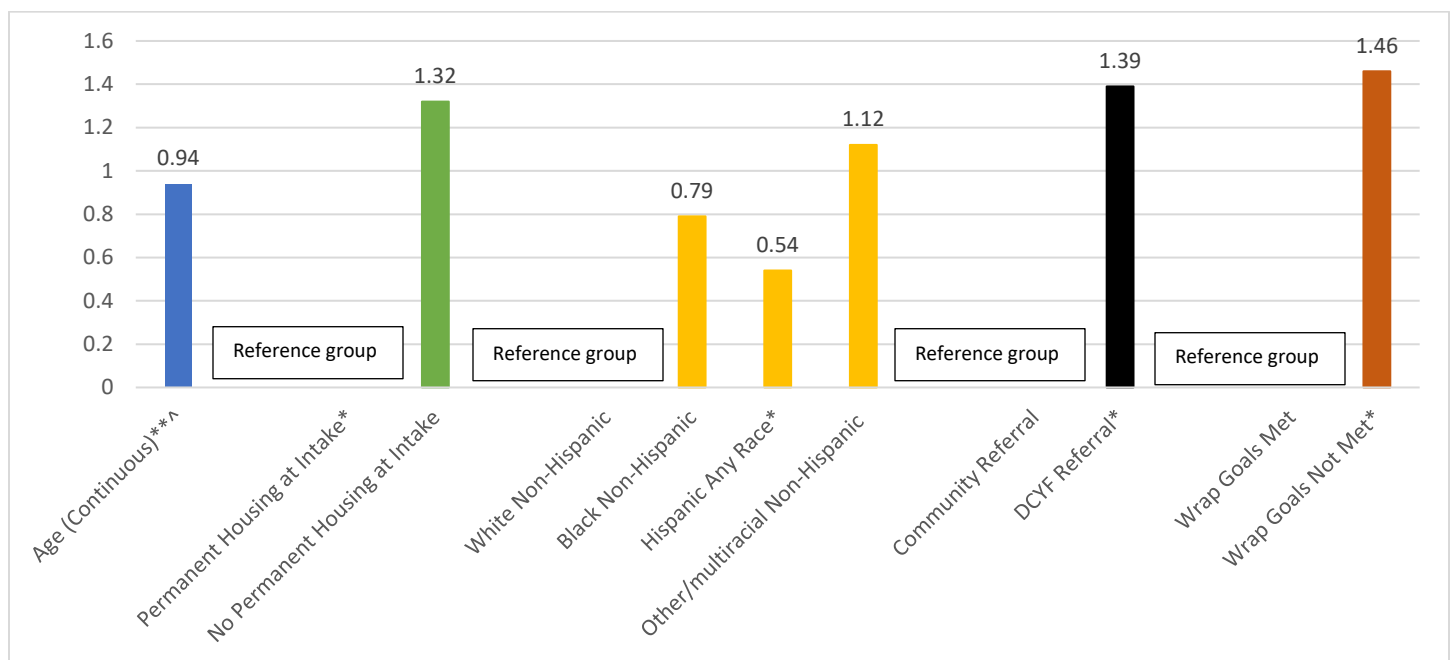
This reporting period, *permanent housing at intake is statically significant; those without permanent housing as compared to that that have at intake, have 1.32 times the odds of opening to DCYF holding all other variables constant.* Routinely, it is a predictor of less positive outcomes among FCCP families.

Also significant is Hispanic any race. *Hispanic children, as compared to white children, holding all other variables in the model constant, have 44% 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.

DCYF referrals are significant in this reporting period; *DCYF referrals, as compared to community referrals have 1.39 times the odds of opening to DCYF perhaps suggesting that those who are referred from DCYF are more likely to have complex cases increasing the likelihood of opening, compared to community referrals.*

This reporting period, Wrap goals were added at a characteristic to explore. *Those families who closed to the FCCP without their Wrap goals being met, as compared to those with wrap goals being met (fully or partially), have 1.46 times the odds of opening to DCYF.*

Figure 4. Factors Associated with Opening to DCYF in 24 months, Adjusted Odds Ratios presented, Entry Cohort FY 19 – 21 (N=4,633 Multivariate Model#)



Data Notes:

Data source: RIC HIST and RIFIS; data are current as of 3/6/2024

- 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. All cases follow for 2 years.

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

- Logistic regression was performed; only statistically significant variables in model at shown, FCCP Region not shown.

#Total N=4,692

^Unknown race/ethnicity not shown

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

** p-value <0.0001