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.

Source: RIFIS, QA Report 1/1/2016 – 9/1/2017
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.

Note: referrals from other FCCPs are not shown
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.

<table>
<thead>
<tr>
<th>DCYF Involvement at or in 6 months following FCCP services</th>
<th>No DCYF involvement in 6 months following FCCP services</th>
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<tbody>
<tr>
<td>10%</td>
<td>90%</td>
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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)

Source: RIFIS, QA Report 1/1/2016 – 9/1/2017
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%.

Only ~3% of families that close with all, most or partial goals met have a subsequent indicated investigation or removal.

Source: RIFIS, QA Report 1/1/2015 – 9/1/2017
Denominator includes only cases that closed at a stage of the Wrap process, or closed because they opened to DCYF
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:

- **Other**: 8.3% (10/120)
- **Triaged and referred out**: 7.5% (8/106)
- **Family moved out of area**: 7.4% (7/95)
- **Unable to contact**: 7.3% (23/315)
- **Family declined service**: 6.8% (13/191)
- **No goals**: 6.1% (14/231)
- **Partial goals**: 5.3% (19/360)
- **All/most goals**: 2.6% (17/653)

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

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

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.

Source: RIFIS, QA Report 1/1/2015 - 12/31/2015 and 1/1/2016 – 9/1/2017
## NCFAS domains and sub-questions

<table>
<thead>
<tr>
<th>A. Environment</th>
<th>C. Family Interactions</th>
<th>E. Child Well-Being</th>
<th>G. Self-Sufficiency</th>
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<tbody>
<tr>
<td>Housing Stability</td>
<td>Bonding with Children</td>
<td>Children’s Behavior</td>
<td>Caregiver Employment</td>
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<tr>
<td>Safety in the Community</td>
<td>Communication with Children</td>
<td>School Performance</td>
<td>Family Income</td>
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<tr>
<td>Environmental Risks</td>
<td>Expectations of Children</td>
<td>Relationship with Parent / Caregiver</td>
<td>Financial Management</td>
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<tr>
<td>Habitability of Housing</td>
<td>Mutual Support Within the Family</td>
<td>Relationship with Sibling(s)</td>
<td>Food and Nutrition</td>
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<td>Personal Hygiene</td>
<td>Relationship Between Parents/Caregivers</td>
<td>Relationship with Peers</td>
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<td>Learning Environment</td>
<td>Family Routines/Rituals</td>
<td>Cooperation / Motivation to Maintain the Family</td>
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<td>Family Recreation and Play</td>
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### 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