Adapting Family Connections in LA

Co-Creation between the Developer and the Community

2017 Prevention Early Intervention Evidence Based Practices Symposium “Outreach to Outcomes: The continuum of Prevention and Early Intervention. Long Beach, CA, April 3-4, 2017
Presenters

- Diane DePanfilis, Ph.D., M.S.W., Family Connections Developer; Professor, Silberman School of Social Work at Hunter College, City University of New York

- Sheila Tsai Wu, Ph.D., M.A., Project Director- Caring for our Families, Family Connections LA Model; Assistant Director – Asian Pacific Counseling and Treatment Centers/Special Service for Groups
WELCOME & Introductions
Purpose of Session

• To outline the phases of adaptation and replication of Family Connections in Los Angeles through collaboration between the developer and a non-profit health and human service organization dedicated to building and sustaining community-based programs that address the needs of vulnerable communities. Prevention and implementation science guided the work.
Session objectives

• Describe the methods used to adapt Family Connections (FC) to respond to the unique needs of Cambodian and Korean families in LA County.
• Identify the core components of Caring for our Families (CFOF) and FC as implemented in LA County.
• Describe the risk and protective factors targeted by CFOF and FC-LA.
• Illustrate the essential installation and implementation steps for successful implementation of CFOF and FC-LA.
Family Connections
Model Overview & History

Brief Description of Components, History
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 to prevent child maltreatment and achieve safety, well-being, and permanency outcomes.

- FC Core Components
  - Intake
  - Outreach & engagement
  - Emergency/Concrete services
  - Comprehensive family assessment (assessment instruments)
  - Outcome driven service plans with SMART goals
  - Change focused intervention
    - Minimum of 1 hour per week of change focused interventions
    - Advocacy/service facilitation
  - Service plan evaluation (at least every 90 days)
  - Case Closure
Original Logic Model - Family Connections

**Inputs**
- Diverse Funding
- Eligibility Criteria and Referral Procedures
- Trained Staff
- Program Objectives

**Intermediate Outputs**
- Intake/Outreach/Engagement
- Emergency/crèche Assistance
- Comprehensive Family Assessment
- Outcome Driven Case Plans (SMART goals)
- Minimum 1 hour per week change focused intervention
- Advocacy/Service Facilitation
- Evaluation of Change/Case Closure

**Final Outputs**
- Intake/Outreach/Engagement
- Emergency/crèche Assistance
- Comprehensive Family Assessment
- Outcome Driven Case Plans (SMART goals)

**Short-Term/Intermediate Outcomes**
- Increase Protective Factors
  - Parenting Attitudes
  - Parenting Satisfaction
  - Social Support
- Decrease Risk Factors
  - Everyday Stress
  - Parental Stress
  - Parental Depression

**Long-Term Outcomes**
- Increase child safety
- Improve child behavior

**Intake/Outreach/Engagement**
- 154 Families randomized

**Program Objectives**
- Intermediate Outputs
- Final Outputs
- Short-Term/Intermediate Outcomes
- Long-Term Outcomes
<table>
<thead>
<tr>
<th>Year</th>
<th>Milestone</th>
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<tr>
<td>1999-2000</td>
<td>Testing FC adaptation targeting reunification when children placed in foster care – Baltimore City Department of Social Services</td>
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<tr>
<td>1999-2002</td>
<td>Family Connections’ family strengthening initiative – US DHHS, Substance Abuse &amp; Mental Health Services Administration (SAMHSA)</td>
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<td>2003 - 2009</td>
<td>Selected as “demonstrated effective program” by US DHHS, Office on Child Abuse &amp; Neglect; federal replication funding for 8 sites (CA-2 including CFOF in LA, MD, MI, TN, TX-2, WV); adaption with kinship caregivers</td>
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<td>2007</td>
<td>SAMHSA award to develop Family Informed Trauma Treatment (FITT) Center; Trauma Adapted Family Connections (TA-FC) developed</td>
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<td>2008-2009</td>
<td>Rated as a promising practice – CA Evidence-Based Clearinghouse for Child Welfare &amp; the Pew Charitable Trust report; Special Issue of Protecting Children; JBA preliminary cross-site findings presented</td>
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<td>2010-2017</td>
<td>Replications in CO, MD, NM, NJ, NV, TX, LA, NYC, FL</td>
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<td>2012</td>
<td>James Bell Associates (JBA) cross site replication evaluation report release</td>
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Development and Implementation of Caring for our Families in LA

Federal demonstration and beyond
Use of Prevention Science

• Built on the premise that there are empirically identifiable precursors to public health and social problems
Goals of Prevention Strategies:

• Decrease risk factors (*precursors that increase the likelihood of negative outcomes*)

• Increase protective factors (*moderators, reducing the effects of risk exposure*)
CFOF Use of Prevention Science

• In 2004 - One of 8 sites federally funded to replicate Family Connections for different target populations.
• Targeted risk and protective factors related to child maltreatment that were particularly relevant for Korean immigrant and Cambodian refugee families.
• Adapted the intervention manual (including changing the name) retaining the core components but culturally tailoring to target population.
Intervention Manual

Caring for Our Family
Family Connections – LA Model

Intervention Manual

• Specifies
  – Theory
  – Practice Principles

Adapted with permission from the University of Maryland School of Social Work Ruth H. Young Center for Families and Children, Family Connections Program © 2003, University of Maryland, Baltimore

Principal Author: Diane DePanfilis, Professor
University of Maryland School of Social Work

Acknowledgements:
Contributors to the Family Connections intervention manual include: Esta Glazer-Semmel, Michelle Farr, Gisele Ferretto, Fred Strieder, and Melissa McDermott-Lane.

The principal contributor to the Caring for Our Family version of this manual:
Sheila Wu, Assistant Director
Asian Pacific Counseling and Treatment Centers
Special Service for Groups
Los Angeles, CA

CDF is a community based intervention project supported through funds from California Mental Health Services Act’s (MHSA) Prevention and Early Intervention (PEI) program.
Use of Implementation Science*

- Promotes research about the most effective processes for implementing policies and practices
- Promotes the systematic translation of clinical research findings and other evidence-based practices into routine policies and practices.

*National Implementation Research Network (NIRN)*
CFOF Use of Implementation Science

• Developed an implementation team and replication manual.
• Adapted record-keeping to integrate to electronic case management system.
• Implemented research to track outputs and outcomes.
• Collaborated with the 7 other sites to assess fidelity and evaluate similarly measured outcomes.
Family Connection/CFOF Fidelity Criteria

• Philosophical principles
• Program structure
• Administrative activities
• Professional development activities
• Research activities
Philosophical Principles

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Cultural competence
- Outcome-driven service plans
- Focus on the practitioner
Program Structure*

- FC/CFOF screening inclusion criteria
- 1 business day response at intake
- At least 1 hr weekly service visits
- Comprehensive family assessment with clinical assessment instruments to target and tailor intervention
- Outcome driven service plans
- Services designed to increase protective & decrease risk factors
- Evaluates change over time

*Sample items.*
Program Administration*

- Tailors the intervention manual to the target population
- Establishes safety policies for practitioners related to work in the community
- Quality assurance procedures
- Risk management procedures
- Tracks time units of services

*Sample items
Professional Development*

- Professional workforce

- Orientation, training, and reinforcement of intervention manual

- Weekly supervision

- Organizational culture reinforcing FC principles

- Individualized training and methods to reinforce correctly implementing the model as intended
Research/Evaluation

- Use of a logic model
- Measures change over time
- Documentation of the process of intervention
- Implements strategies that document the process of implementation and the service delivery process
Consistent Results nationally and in LA

- Statistically significant reduction of risk factors associated with child maltreatment over time
- Statistically significant improvement in protective factors over time
- Improvement in child safety and well-being over time.
APCTC Random Assignment

- 6 months CFOF intervention
- 3 months CFOF program (comparison group)
Overall Impact of CFOF on Children and Families at APCTC

- Most Cambodian and Korean families in both the 6 month intervention and the 3 month control groups welcomed CFOF services.
- They experienced improvements at 6 and 12 months after beginning services in several areas.
Overall Impact of CFOF on Children and Families at APCTC

• **Mental health** areas including depression, anxiety, and stress, parental skills and competencies, and child well-being were all areas that improved over time.
Summary

• **Shorter** duration of services across the 8 program sites demonstrated equivalent change over time on average.

• **Longer** duration of CFOF may be more appropriate for higher need families. In the LA study, it would be the Cambodian families.
Purpose of new CFOF/FC-LA

Based on national and LA research that demonstrated changes in risk and protective factors over time, CFOF expanded through:

CFOF training sessions in LA – Co-Created with the Developer

- March 2010*
- June 2010*
- January 2011*
- September 2011
- March 2012
- September 2012
- September 2013
- October 2014
CFOF
Clinical Oversight Committee

- APCTC, OTTP, WEBER, PACS, TCCSC
- research & evaluation team
- clinical case discussion
- fidelity to model
- six months progress report
*new partner, SCHARP in October 2014
CFOF Community Advisory Board

Community Leaders:
1. Bobby J. Davis – LA County Department of Mental Health
2. Bruce Saito – Los Angeles Conservation Corps
3. Denis Woo – LA County Department of Children and Family Services
4. Donna Mills – Metropolitan Transit Authority
5. Fred Noya – LA County Sheriff’s Department
6. Jacquelyn McCroskey – USC Professor of Social Work
7. Kenneth Langie – Community Leader/Child Advocate
8. Michi Fu – Pacific Clinics
9. Nancy Au – First 5 LA
10. Virginia Culbertson - LA County Department of Children and Family Services
CFOF Community Advisory Board

Clinical Oversight Committee Representatives: (providers)
1. Andrea Mendoza - Occupational Therapy Training Program /LA (SSG/OTTP)
2. Eric Wat – Special Service for Groups (SSG)– Research and Evaluation Unit
3. Hayley Levy- SSG
4. Jennifer Schott – SSG/Weber Community Center
5. Michi Okano – Pacific Asian Counseling Services (PACS)
6. Naomi Kageyama – SSG
7. Tyra Torian– Tessie Cleveland Community Services Corporation (TCCSC)
8. Sheila Wu – Asian Pacific Counseling and Treatment Centers (SSG/APCTC)
Next Phase of Implementation

Potential Expansion of Family Connections - LA
Usual Stages of Implementation

- Exploration
- Installation
- Initial Implementation
- Full Implementation
  (Sustainability & Effectiveness)
Summary of Phases

• Initial demonstration in Baltimore
• Replication in 8 sites including LA - installation, initial implementation, full implementation
• Expansion of CFOF as “usual services” – Starting in 2010
• Further dissemination of FC-LA planned for 2017, including training in May 2017 – building on the lessons learned.
Questions/Reflections?