



SAN FRANCISCO CHILD ABUSE
PREVENTION CENTER

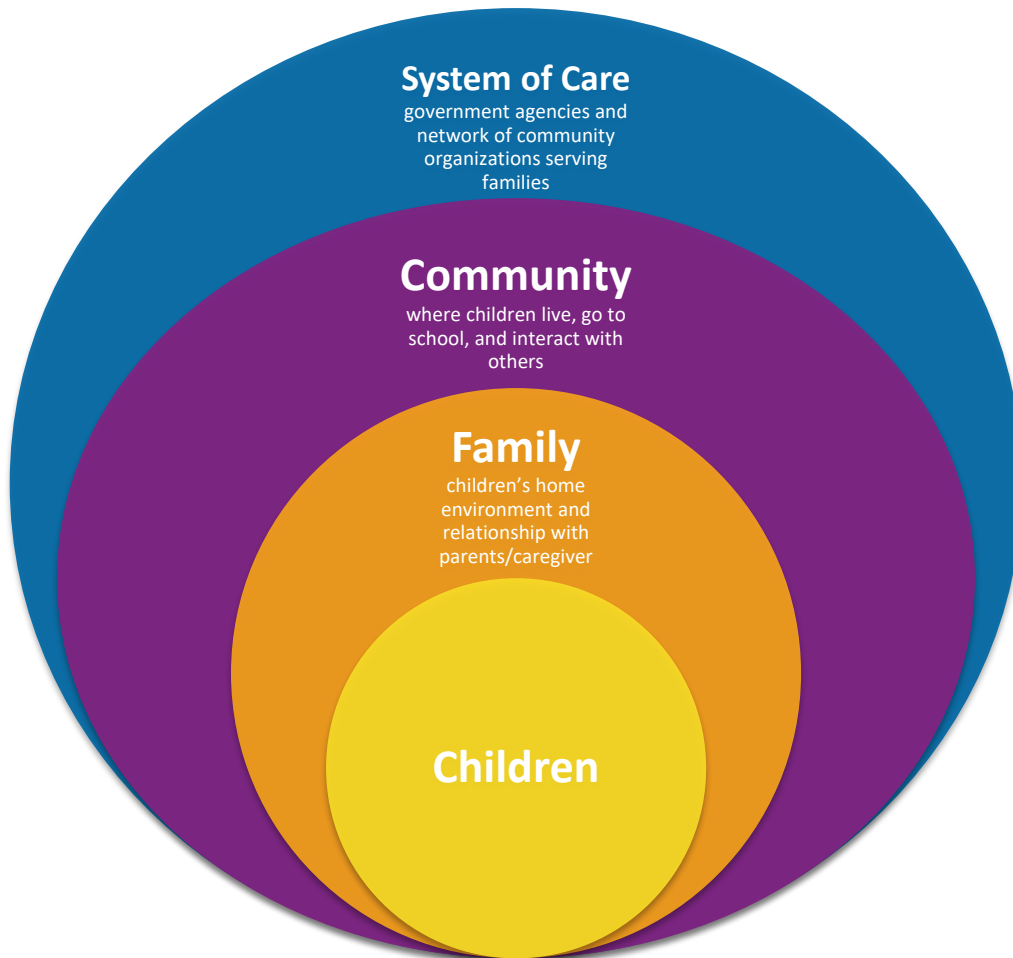
*Integrated Family Services:
A Model for Prevention*

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San Francisco Child Abuse Prevention Center

Our mission is to prevent child abuse and reduce its devastating impact.



Strategic Partnerships

- Child Abuse Council
- Children's Advocacy Center

Community Education

- Safety awareness training
- Public awareness campaigns

Children & Family Services

- Family Resource Center
- 24/7 Phone Support

- **11,000** children, parents, providers annually
- **99%** direct services clients are extreme/low poverty
- Majority are single mothers





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INTEGRATED FAMILY SERVICES

STRENGTHENING FAMILIES THROUGH 2-GENERATION
PROTECTIVE FACTORS

Integrated Family Services: Pathway to Protective Factors

- Previous 40 years at SFCAPC:
 - Many high-quality services with little coordination, “siloes” within organization
 - No outcome measurement
 - No performance management
- IFS (past 3 years):
 - Measurement of Five Protective Factors as outcomes for ALL services
 - 2-Generation approach
 - Coordination of services
 - Focus resource-intensive services on greatest need



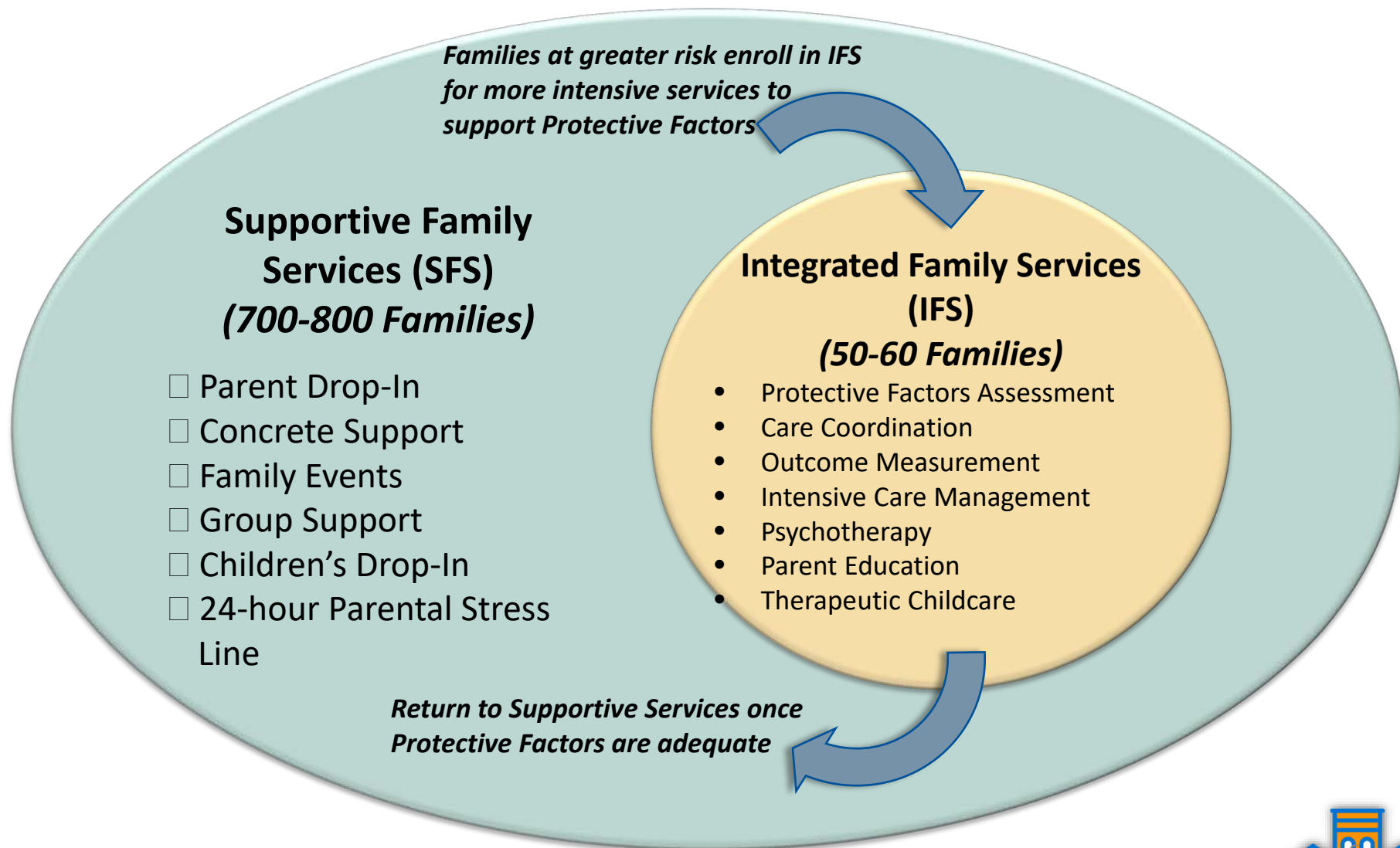


YT Family Story

- 39 Year Old Mother
- 43 Year Old Father
- 5 Year Old Son

- Risk of family dissolution
- Significant cultural differences between parents
- Family isolation

Our Service Delivery Model



Strengthening Families' Protective Factors

Research shows that when protective factors are well established in a family, likelihood of child abuse and neglect diminishes.

Protective Factor	Definition
Parental Resilience	Parent has the ability to manage and bounce back from all types of challenges that emerge in their family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with their own child, and knowing how to seek help when necessary.
Social Connections	The family has healthy interactions with family friends, family members, neighbors and community members who provide emotional support, help solve problems, offer parenting advice and give concrete assistance.
Concrete Support in Times of Need	When the family encounters a crisis similar to, but not limited to the following: domestic violence, mental illness or substance abuse; the family knows how to access adequate services to provide stability, treatment and help for family members in order to get through the crisis.
Knowledge of Parenting and Child Development	Parents has accurate information about child development and appropriate expectations for children's behavior at every age to help parents see their children and youth in a positive light and promote their healthy development.
Social and Emotional Competence of Children	The child has the ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings with their family, other adults, and peers.

Source: Center for the Study of Social Policy



Integrated Family Services: Pathway to Protective Factors

- **Screening:** focus enrollment criteria on most vulnerable families
- **Assessment:** measure baseline on each protective factor
- **Action:** use data from assessment and family interview to develop and implement customized action plan, including services from internal AND external providers
- **Reassessment:** measure progress and adjust action plan every three months, in collaboration with family
- **Completion:** provide aftercare at less intensive level to ensure family maintains adequate protective factors



= Internal Providers



= External Providers



Integrated Family Services: Clinical Care Coordinator, *Key to the Model*

- Suggested qualifications:
 - Advanced MH degree or equivalent experience
 - Experience with assessments, service planning, coordinating service providers, managing outcomes
- Responsibilities:
 - Present through all phases of IFS process
 - Primary holder of relationship with family
 - Accountable for outcomes
 - Designs action plan in collaboration with family
 - Coordinates all service provision
 - “Decider” in the absence of consensus
 - Conducts all assessments and reassessments and tracks family’s progress



Integrated Family Services: Screening

Eligibility:

- Youngest child is 12 or younger
- Reside in SF City/County

Risk Factor Checklist

- Developed by SFCAPC using various sources
- Relationship to ACEs
- Used for triage, to compare relative risk factors among families—NOT an absolute measure of risk



Integrated Family Services: Screening

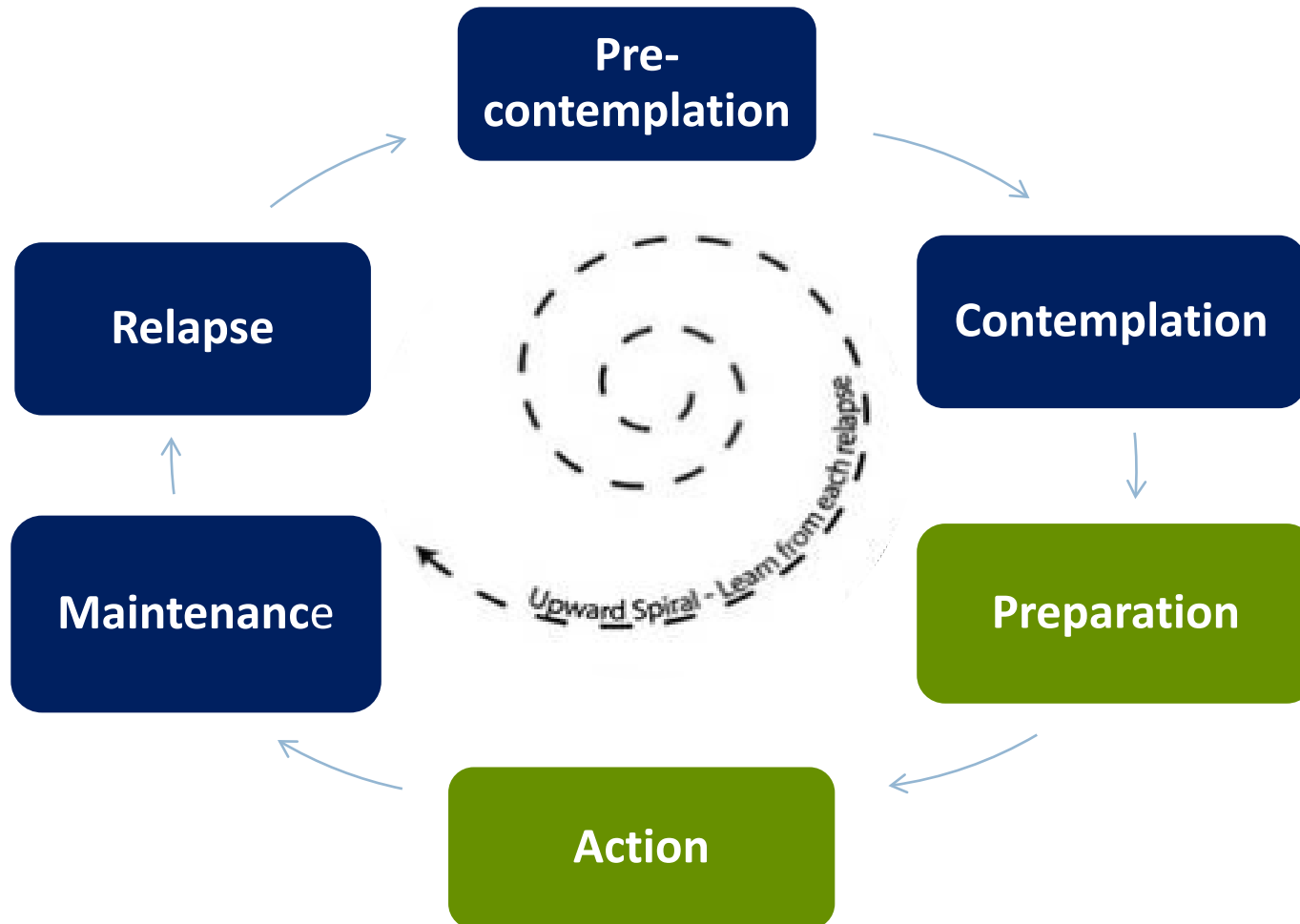
Relative Risk Indicators

- 3 points each:
 - **Past or current violence within the family, including intimate partner violence (whether or not the child is a direct witness/victim)**
 - **A prior incident or substantiated report of child abuse within the immediate family**
 - **Parent has a mental health diagnosis, with significant current clinical impairment or distress**
 - **Parent actively abusing substances**
- 2 points each:
 - **Poor parent-child relationships and consistently negative interactions**
 - Social isolation
 - Lack of understanding of children's needs, child development, and parenting skills
 - Children younger than 5 years
 - Poverty AND other socioeconomic disadvantage such as unemployment or lack of education
- 1 point each:
 - **History of child abuse in family of origin**
 - Stress and distress
 - Young, single parent with non-biological caregiver(s) present (e.g., mother's male partner)
 - The presence of violence in the family's immediate community
 - Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections
 - Child has special needs that may increase caregiver burden (e.g., physical disability, developmental disability, mental health issues, and chronic physical illnesses)
 - **Family disorganization or dissolution**
 - Chronic exposure to community violence



Integrated Family Services: Screening

Change Readiness



Integrated Family Services: Assessment, *Key to the Model*

Primary Tools for Protective Factors Measurement:

- **North Carolina Family Assessment Scale (NCFAS):**
 - Provider-rated assessment, every 3 months
 - Published by National Family Preservation Network (www.nfpn.org)
- **Parents' Assessment of Protective Factors:**
 - Self-report, every 3 months
 - Published by Center for the Study of Social Policy (www.cssp.org)
- **Family Development Matrix (Modified):**
 - Alternative to NCFAS, requires less training to administer
 - Developed by SFCAPC



Integrated Family Services: NCFAS – 5PF Crosswalk

Parental Resilience	Social Connections	Concrete Support in Times of Need	Knowledge of Parenting and Child Development	Social and Emotional Competence of Children
Parents will be able to find ways to solve problems, build and sustain trusting relationships with their own child, and know how to seek help when necessary.	Families will have a network of support, help solve problems, offer parenting advice, and give concrete assistance to parents.	Families will feel confident and better able to ensure the safety and well-being of their children. Families will identify and know how to access local resources to meet their own basic needs for food, clothing, housing, and transportation.	Parents will have adequate information about child development and appropriate expectations for children's behavior at every age to help parents see their children and youth in a positive light and promote their healthy development.	Children will be able to interact positively with others, self-regulate their behavior, and effectively communicate their feelings with their family, adults, and peers.
Family Health	Social/Community Life	Environment	Parental Capabilities	Child Well-Being
Overall Family Health	Overall Social/Community Life	Overall Environment	Overall Parental Capabilities	Overall Child Well-Being
Parent(s)/Caregiver(s)'s Physical Health	Social Relationships	Housing Stability	Supervision of Child(ren)	Child(ren)'s Behavior
Parent(s)/Caregiver(s)'s Disability	Relationships with Child Care, Schools, and Extracurricular Services	Safety in the Community	Disciplinary Practices	School Performance
Parent(s)/Caregiver(s)'s Mental Health	Connection to Neighborhood, Cultural/Ethnic Community	Environmental Risks	Provision of Developmental/Enrichment Opportunities	Child(ren)'s Relationship with Parent(s)/Caregiver(s)
Family Safety	Connection to Spiritual/Religious Community	Habitability of Housing	Promotes Child(ren)'s Education	Child(ren)'s Relationship with Sibling(s)
Overall Family Safety	Parent(s)/Caregiver(s)'s Initiative and Acceptance of Available Help/Support	Personal Hygiene	Controls Access to Media/Reading Material	Child(ren)'s Relationship with Peers
Absence/Presence of Domestic Violence Between Parents/Caregivers		Learning Environment	Parent(s)/Caregiver(s)'s Literacy	Cooperation/Motivation to Maintain the Family
Absence/Presence of Other Family Conflict		Self-Sufficiency	Family Interactions	Family Health
Absence/Presence of Access to Weapons		Overall Self-Sufficiency	Overall Family Interactions	Child(ren)'s Physical Health
		Caregiver Employment	Bonding with Child(ren)	Child(ren)'s Mental Health
Family Interactions		Family Income	Communications with Child(ren)	Child(ren)'s Disability
* Mutual Support within the Family		Financial Management	Family Routines/Rituals	Family Safety
*Relationship Between Parents/Caregivers		Food and Nutrition	Family Recreation and Play Activities	Absence/Presence of Physical Abuse of Child(ren)
Parental Capabilities		Transportation		Absence/Presence of Emotional Abuse of Child(ren)
Use of Drugs/Alcohol Interferes with Parenting		Family Health		Absence/Presence of Sexual Abuse of Child(ren)
		Family Access to Health/Mental Care		Absence/Presence of Neglect of Child(ren)

Integrated Family Services: Assessment

Supplemental Tools:

- **Parental Stress Index:** Provides additional parent/child measures (pre- and post-testing only)
- **Child and Adolescent Needs and Strengths (CANS):** Required assessment tool for Medi-Cal funded child therapy
- **DASS-21:** Measures caregiver's depression, anxiety, and stress.
- **ASQ-SE:** Screening tool for children's social and emotional development.
- **Short-Term Outcome Indicators:** Clients' perception of progress towards goals and relationship satisfaction (Based on Scott Miller's Feedback Informed Treatment model)



Integrated Family Services: Action

IFS CLIENT SERVICE PLAN

Client's Name: _____ Sample Family_____

Date: _05/13/2014_

Protective Factor	Short-Term Goal	Method Strategy	Person Responsible	Notes	Status of Goal
<input checked="" type="checkbox"/> Parental Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Concrete Support In Times Of Need <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Social and Emotional Competence in Children <input type="checkbox"/> Nurturing and Attachment	Parent's psychological well-being supports her in meeting individual and family needs.	<input checked="" type="checkbox"/> Adult Counseling <input type="checkbox"/> Child Counseling <input type="checkbox"/> Children's Playroom <input type="checkbox"/> Clinical Case Coordination (CCC) <input type="checkbox"/> Case Management <input type="checkbox"/> Family Counseling <input type="checkbox"/> Parent Education <input type="checkbox"/> TALK Line <input type="checkbox"/> Ongoing Counseling <input checked="" type="checkbox"/> Other: <u>Couples Therapy</u> _____	John Fenwick & Emily Bonelli-Padow	Couples therapy & Individual Therapy	<input checked="" type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Review Date <u>_6_/27_/2014_</u> <input type="checkbox"/> Completed <u>___/___/___</u> <input type="checkbox"/> Ongoing <input type="checkbox"/> Review Date <u>___/___/___</u> <input type="checkbox"/> Completed <u>___/___/___</u>
<input type="checkbox"/> Parental Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Concrete Support In Times Of Need <input type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Social and Emotional Competence in Children <input type="checkbox"/> Nurturing and Attachment	Child demonstrates awareness of self.	<input type="checkbox"/> Adult Counseling <input checked="" type="checkbox"/> Child Counseling <input type="checkbox"/> Children's Playroom <input type="checkbox"/> Clinical Case Coordination (CCC) <input type="checkbox"/> Case Management <input type="checkbox"/> Family Counseling <input type="checkbox"/> Parent Education <input type="checkbox"/> TALK Line <input type="checkbox"/> Ongoing Counseling <input type="checkbox"/> Other: _____	Daphne Humes	To assist child's motivation to succeed in life, a sub-goal of the therapy will be that child will demonstrate improvement in the skills he needs to succeed in life, academically, socially and emotionally.	<input checked="" type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Review Date <u>_6_/27_/2014_</u> <input type="checkbox"/> Completed <u>___/___/___</u> <input type="checkbox"/> Ongoing <input type="checkbox"/> Review Date <u>___/___/___</u> <input type="checkbox"/> Completed <u>___/___/___</u>
<input type="checkbox"/> Parental Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Concrete Support In Times Of Need <input type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Social and Emotional Competence in	Child builds positive, lasting relationships	<input type="checkbox"/> Adult Counseling <input type="checkbox"/> Child Counseling <input checked="" type="checkbox"/> Children's Playroom <input type="checkbox"/> Clinical Case Coordination (CCC)	Andrew Tan	Tutoring and mentoring in the Playroom A sub-goal of the therapy and the playroom service will be that child will	<input checked="" type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Review Date <u>_6_/27_/2014_</u> <input type="checkbox"/> Completed <u>___/___/___</u>



Integrated Family Services: Action

Intensive Care Management

- Service plan design
- Track outcomes through evidence-based assessments
- Intensive support, guidance & referral
- Access to concrete support in times of need

Counseling

- Evidence-based psychotherapy for parent and child
- Telephone counseling
- Regular assessments of symptoms and progress toward goals

Parent & Child Education

- Evidence-based psychoeducational groups
- Parenting support groups
- Parent-child interactive groups
- Child skill-building & developmental support

Support

- Drop-in counseling & crisis intervention
- 24/7 parental telephone support
- Respite child care
- Family events
- Food pantry & other concrete needs support



Integrated Family Services: Completion

Completion Criteria:

- CCC team agree, together with family:
 - Family has adequate Protective Factors (measured by PAPF and NCFAS)
 - All service plan elements have been completed
- “Clinical Override” possible

Aftercare:

- Monthly contact and reassessment with PAPF
- Re-enrollment and/or referral to support as needed.
- Access to all Supportive Family Services until children turn 18





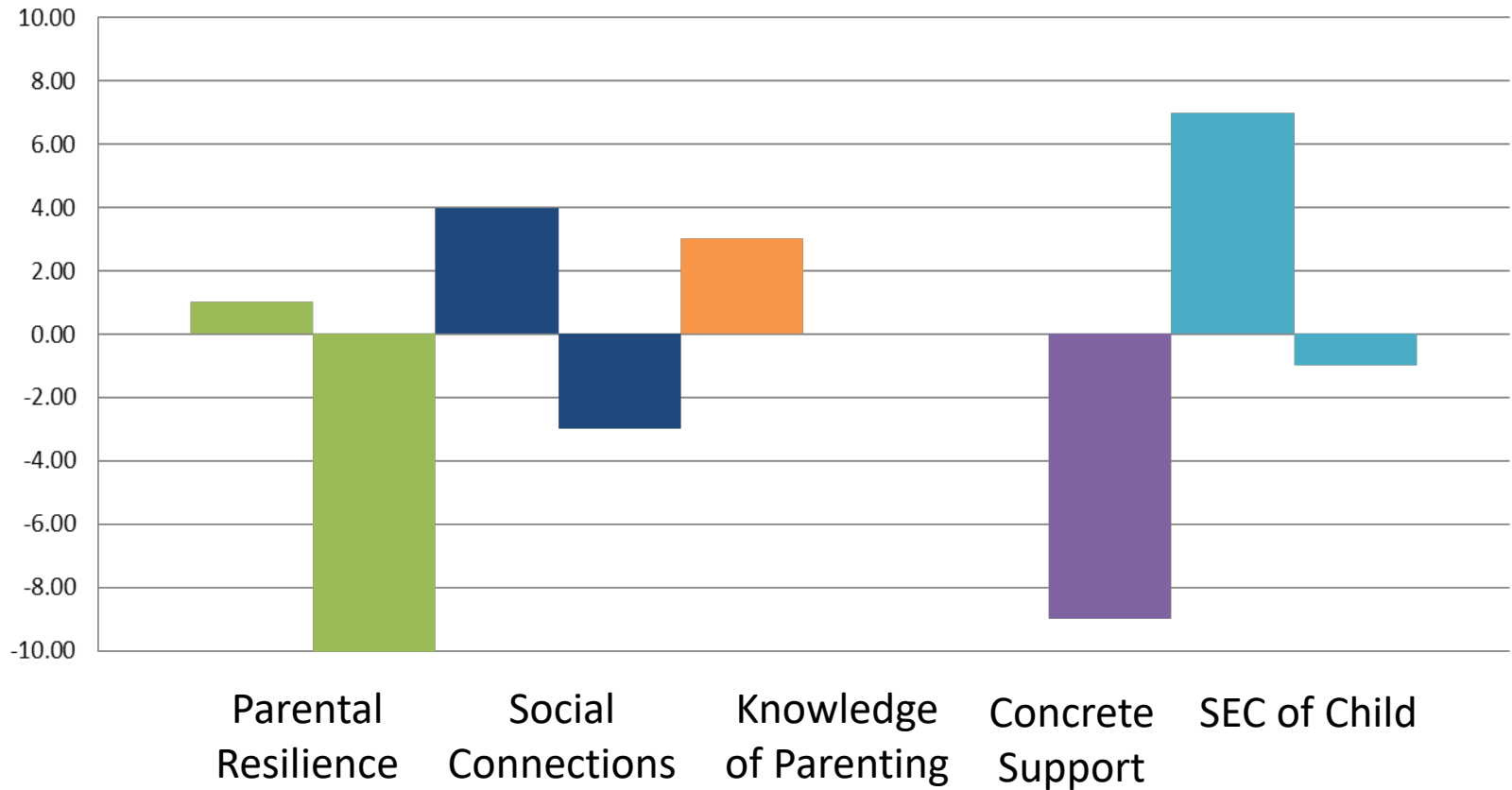
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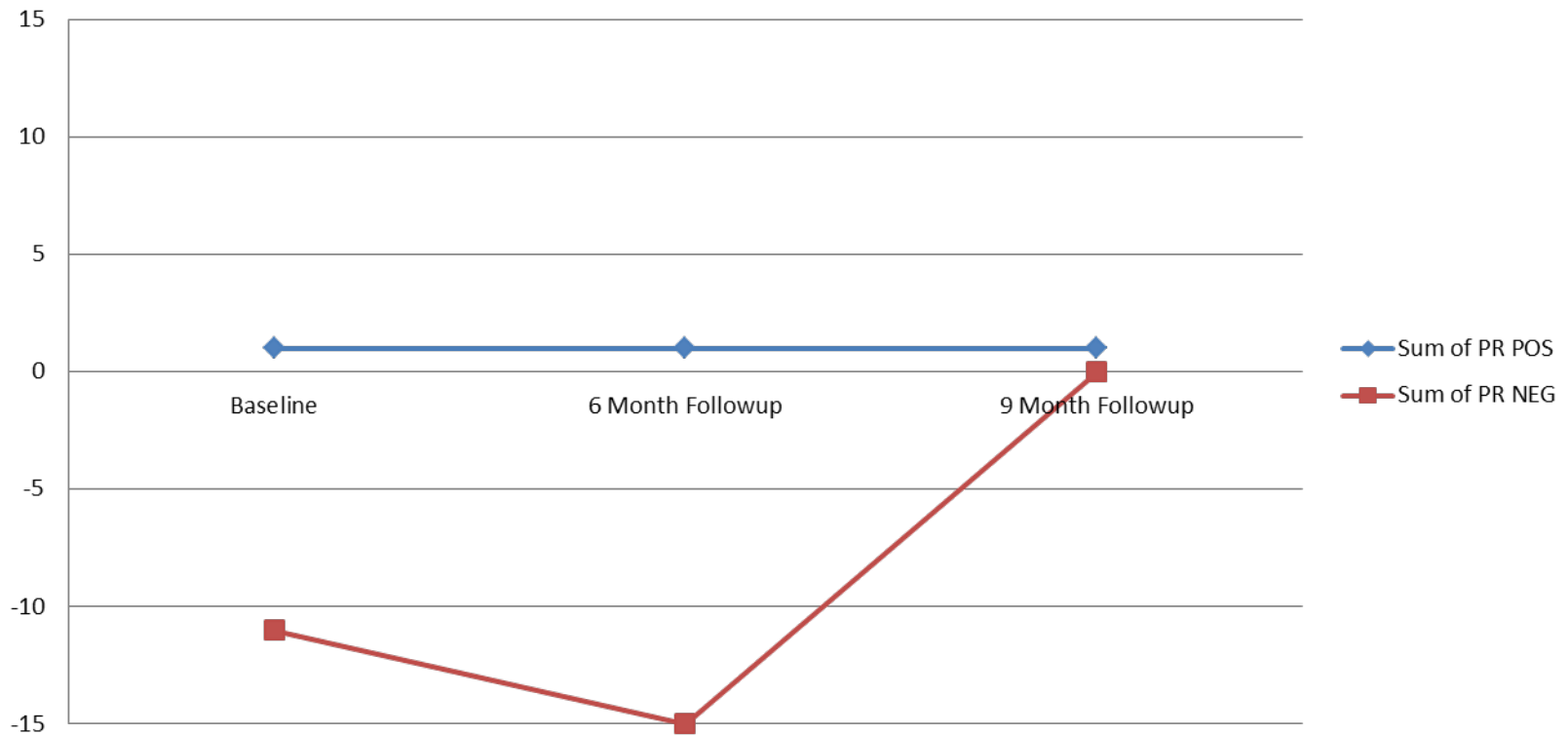
YT Family Baseline Scores – NCFAS

NCFAS Sub-Scores

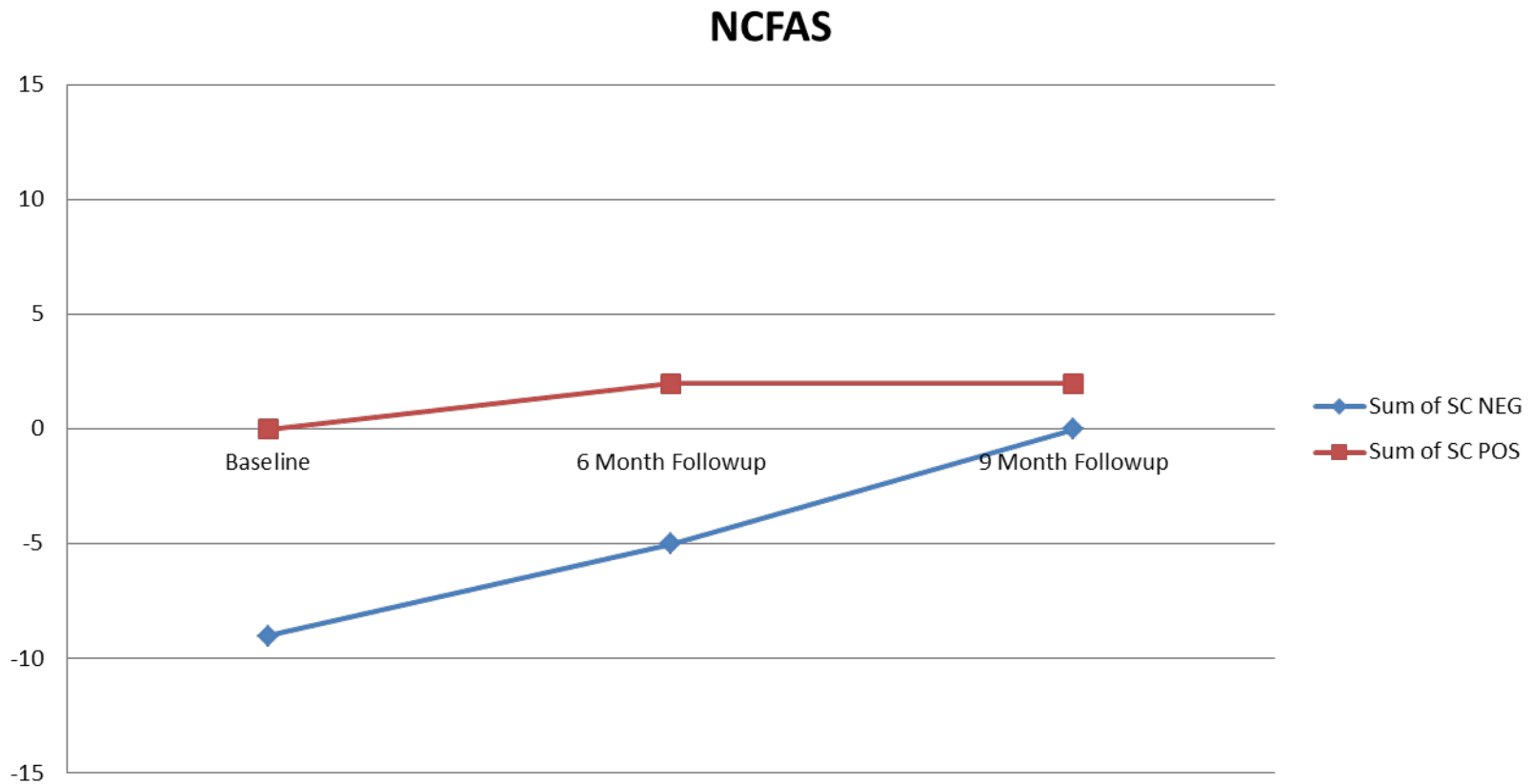


YT Family Parental Resilience – NCFAS

NCFAS

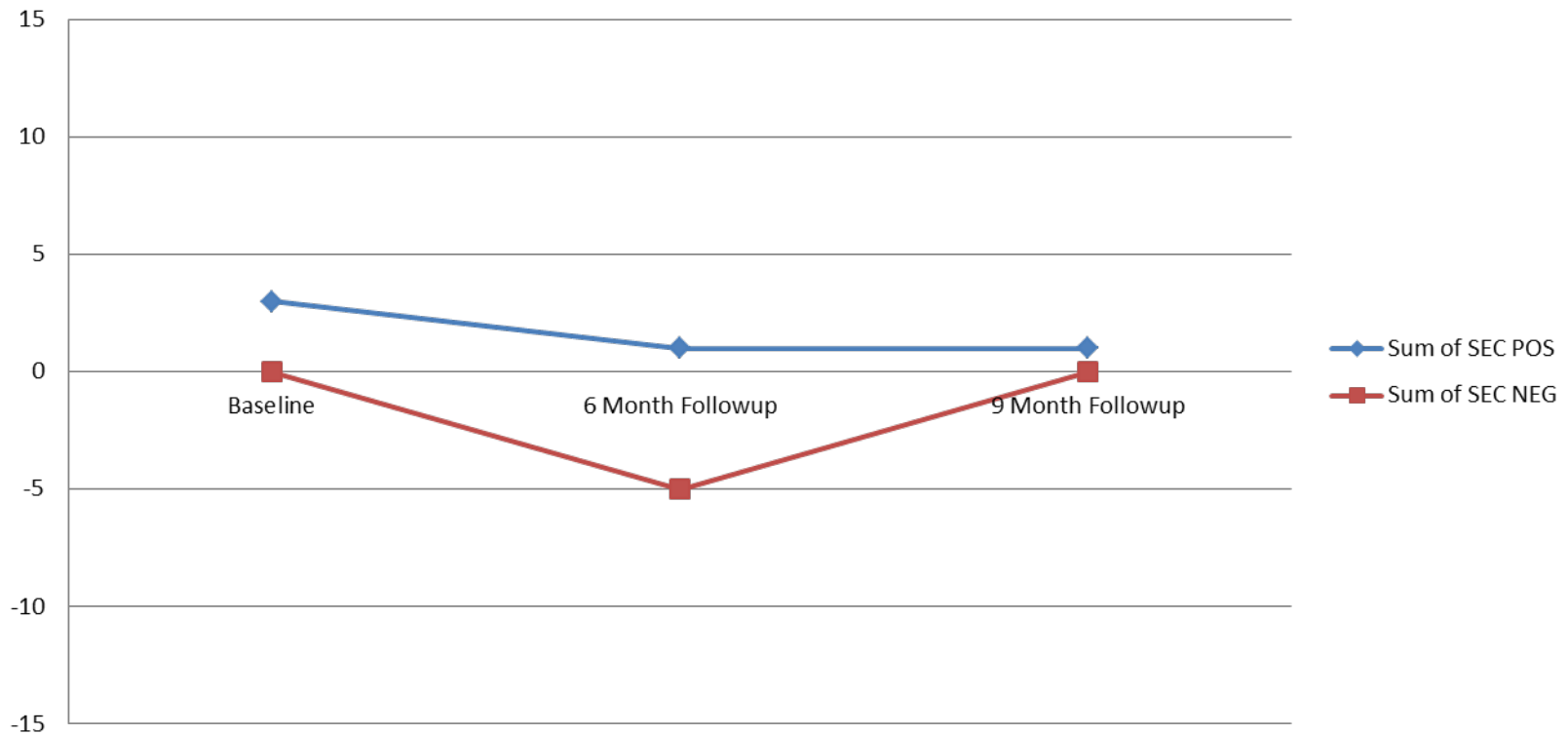


YT Family Social Connections – NCFAS

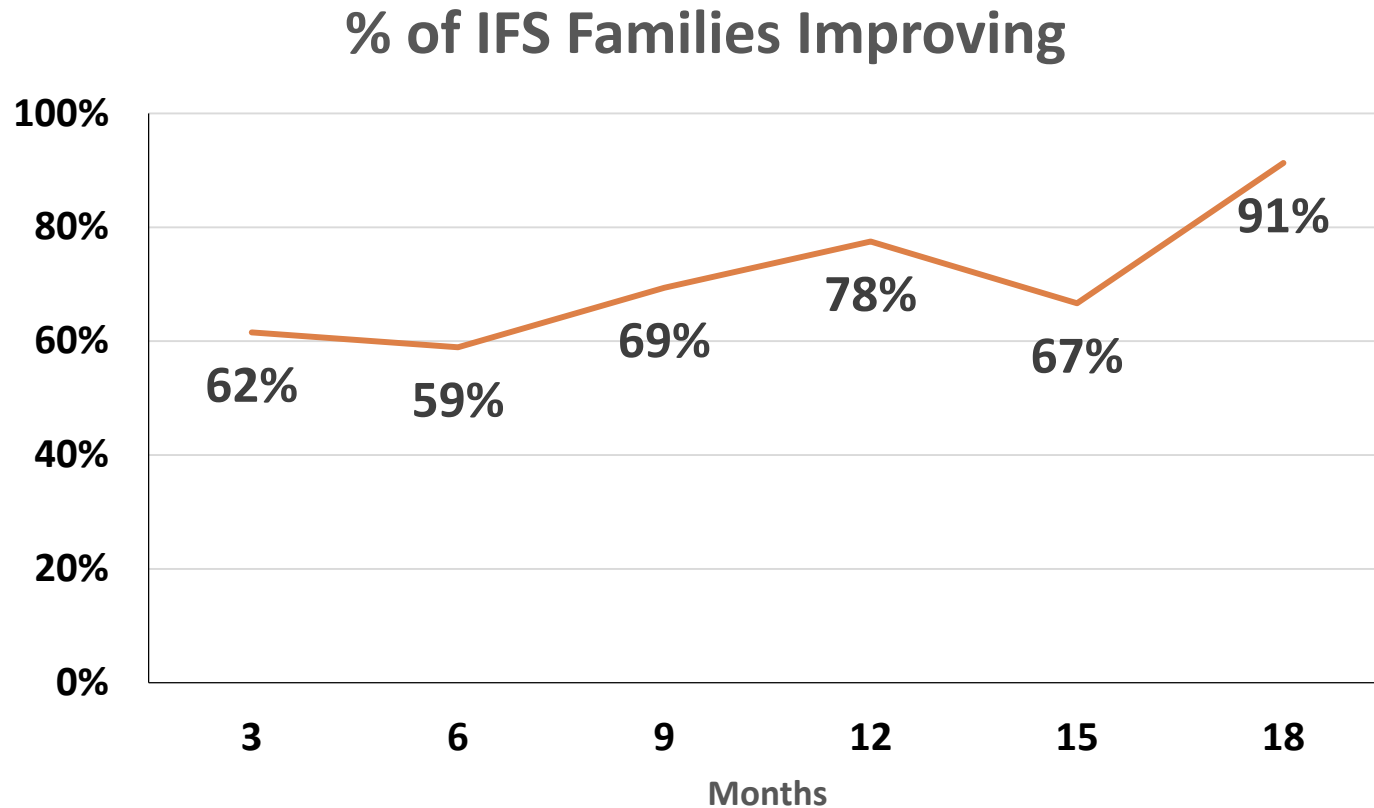


YT Family Social and Emotional Competence of Children – NCFAS

NCFAS



Promising Early Results



- 59% improved after 6 months; 78% after 12 months
- 63% w/ 3+ ACEs; 100% w/ 1 ACEs relating to child abuse, neglect or domestic violence
- 21 graduates to date



Integrated Family Services: Potential for Impact

- **Refine:** implement, test and refine model that helps clients achieve positive outcomes (measureable protective factors)
- **Sustain:** establish partnerships to enhance capacity and funding; develop expansion pilot
- **Expand:** develop evidence-informed replicable model, with reliable and validated tools; distribute provider implementation toolkit
- **Evaluate:** independently evaluate model
- **Scale to Impact:** replicate framework in other settings locally, statewide, and nationally; provide technical assistance to FRCs to implement



Questions?

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