



Family Connections National Replication Project: Lessons Learned from the First Two years

NIH Neglect Consortium Meeting, January 19, 2006

**Melissa Lim Brodowski, Children's Bureau/OCAN
Howard Dubowitz, University of MD, Baltimore
Jill Filene, James Bell Associates**

Overview of Presentation

- **Overview of the original Family Connections Program**
- **Prevention Replications Cluster**
 - **Funding Announcement & funded programs**
 - **Planning Year**
 - **Partners at JBA, CDC and NDACAN**
 - **Year 1 of Implementation (Year 2 of the grant)**
- **Overview of the National Cross-Site evaluation**
- **Questions?**

FC Acknowledgements

- **1996 - 2002 Development & Demonstration of Family Connections**
 - **Original support: US DHHS Children's Bureau**
 - Diane DePanfilis, PI
 - Howard Dubowitz & Esta Glazer-Semmel, Co-PIs
 - **Additional support:**
 - Annie E. Casey Foundation
 - Baltimore City Department of Social Services
 - Jimmie Swartz Fund
 - MD Children's Trust Fund
 - MD Department of Human Resources
 - Title IVE Education for Child Welfare Program
 - U.S. DHHS, SAMHSA, Center for Substance Abuse Prevention
 - Philanthropic gifts (e.g., Maryland Charity Campaign, personal donations, in-kind support)

Family Connections: Mission



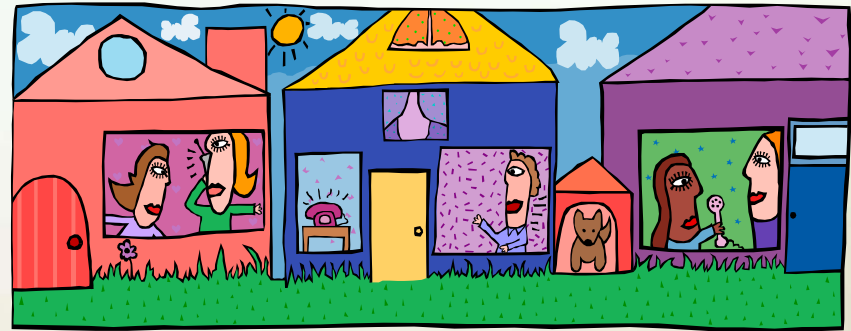
- To promote the safety, well-being, and stability of children, families, & communities
- By combining education, service, and research

Family Connections: Goals

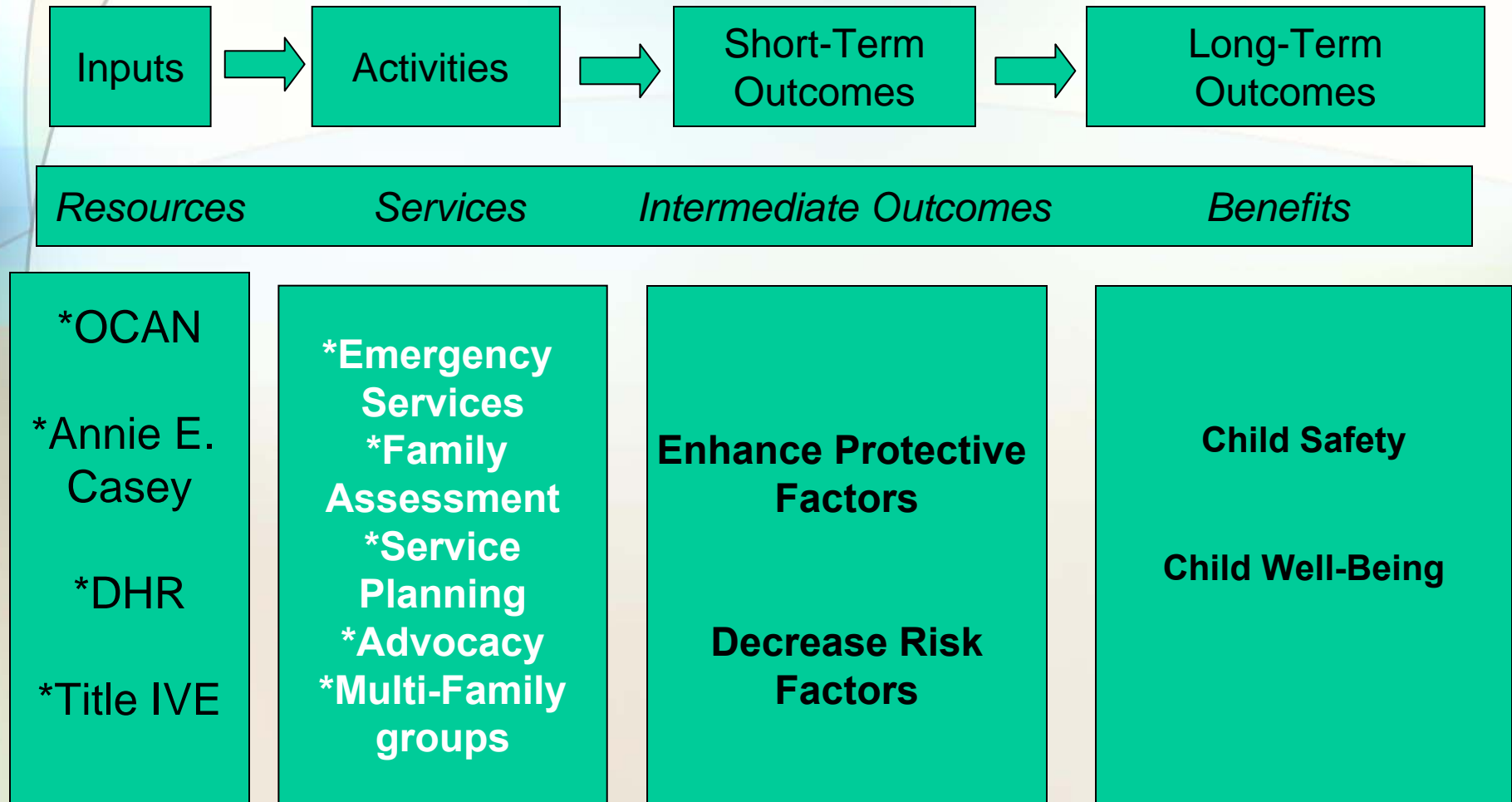
- **reduce risk factors for neglect**
- **enhance protective factors to help families more adequately meet their children's basic needs**

Family Connections: Intervention

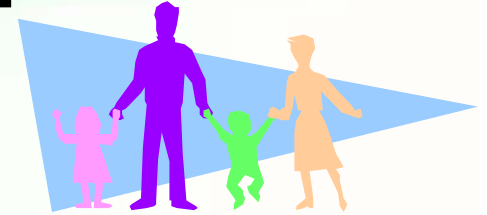
- **Multi-faceted intervention: Individualized services geared to increase protective factors and decrease risk factors.**



Family Connections: Logic Model



Family Connections: Target Population



- **Geographic location**
 - The family lives in the West Baltimore Empowerment Zone
- **Family demographics**
 - Child 5 -11 years, living in the household
- **Presence of at least 2 risk factors**
- **Risk of at least one sub-type of neglect**
- **Voluntary status**
 - There is no current CPS involvement
 - The family agrees to participate

FC: Intervention Research Questions

- Is there change over time in:
 - risk factors?
 - protective factors?
 - child safety and well-being?
- Does length of services affect change in:
 - risk factors?
 - protective factors?
 - child safety and well-being?

FC Intervention*: Random Assignment

- **3-Month vs. 9-Month Intervention**
 - **Emergency assistance**
 - **Home-based counseling**
 - **Family Assessment**
 - **Outcome driven service plans**
 - **Referrals**
 - **Service coordination and facilitation**

** Social work interns followed an intervention manual to deliver services to both groups.*

FC: Results

- Analyses suggest positive change over time in the following:
 - Reducing **Risk Factors**
 - depressive symptoms
 - parenting stress
 - life stress
 - Increasing **Protective Factors**
 - parenting attitudes and satisfaction
 - social support

AND.....

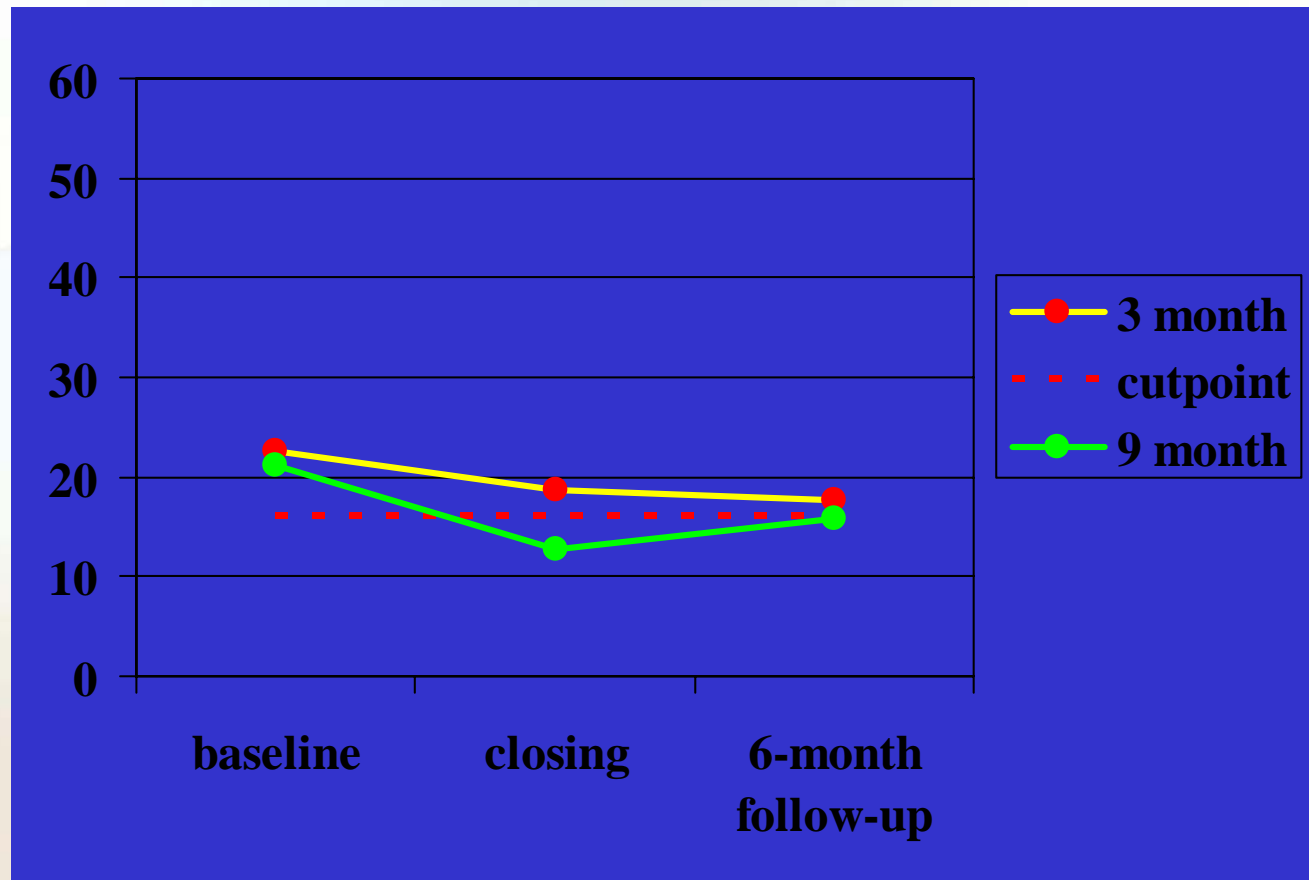
FC: Results

- Results suggest improvement in targeted outcomes, for the total sample:
 - **Child Safety**
 - decreased CPS involvement
 - fewer housing problems
 - improved mental health care
 - enhanced parental teaching of children
 - **Child Well-Being (Behavior)**
 - decreased externalizing behavior and internalizing behavior
- Most of the positive effects endured 6 months following case closure.

FC: Results

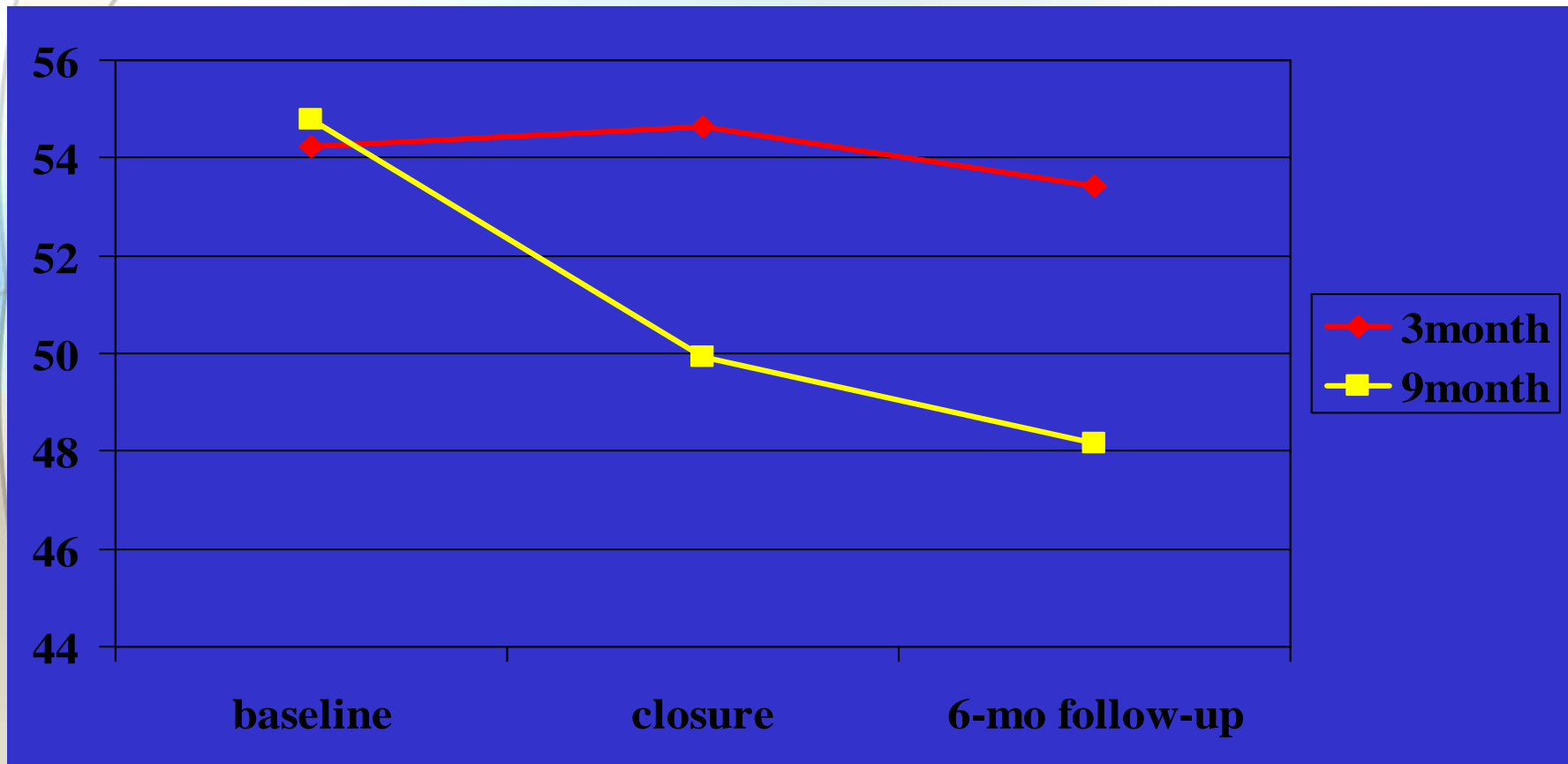
- Significant benefit over time in the 9-mos. group compared to the 3-mos. Group in:
 - Caregiver depressive symptoms
 - Child behavior
- No differences between groups in other domains
 - (e.g., parenting stress, life stress, parenting attitudes, social support, household safety).

Specific Results: Depressive Symptoms (N=125)



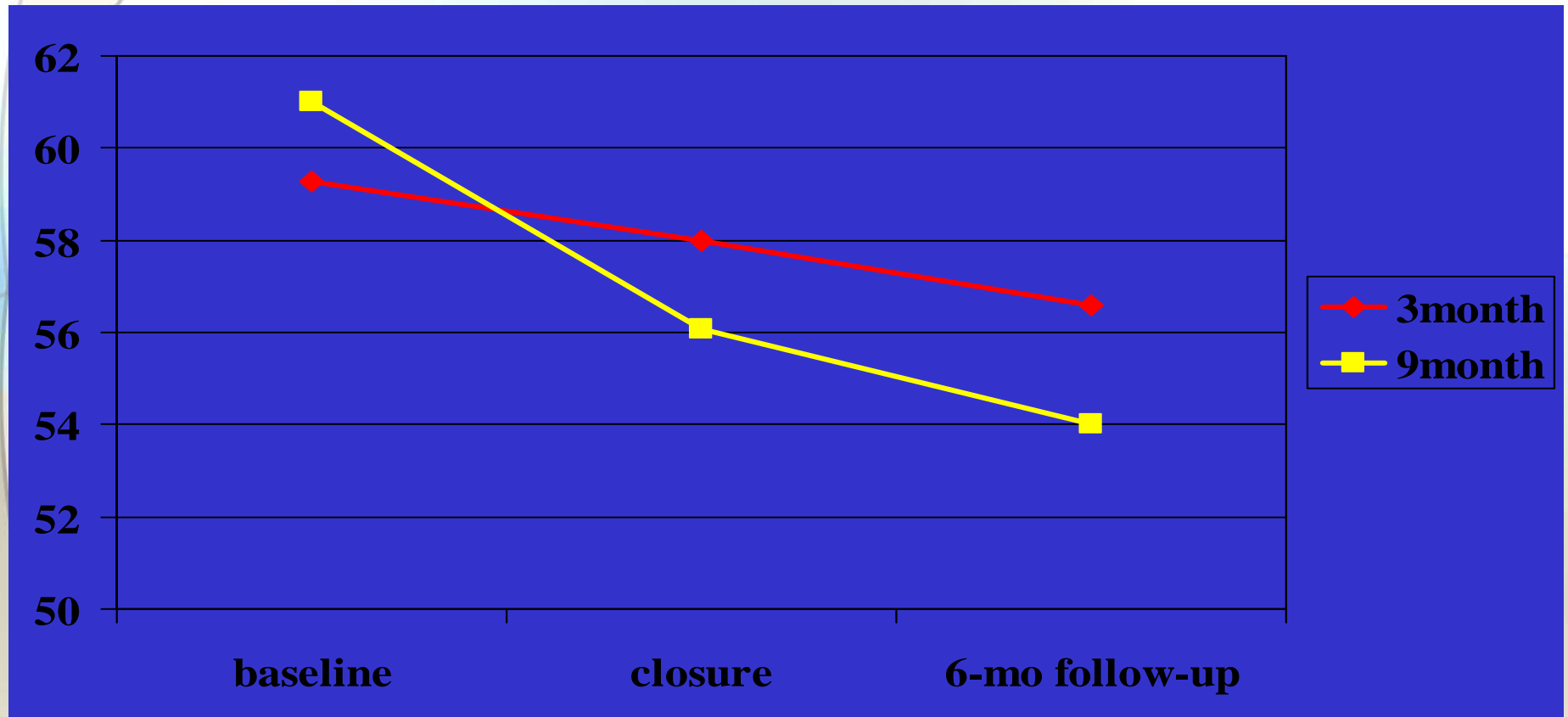
- 9 month group had larger decrease between baseline & closing
- 9-month group dropped below cut-point
- At follow-up, 9-month group still has lower score (at cut point)

Specific Results: Internalizing Behavior (N=111)



Whereas internalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Specific Results: Externalizing Behavior (N=111)



Whereas externalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Background on Prevention Replications

- In FY2003, OCAN released the report, *Emerging Practices in the Prevention of Child Abuse and Neglect*
- Family Connections was the only program highlighted as a Demonstrated Effective Program through the nomination process
- In FY2003, CB issued a funding announcement for Replications of Demonstrated Effective Prevention Programs
- Out of 75 applications, the top 8 selected for funding all chose to replicate the FC program with different populations and settings

Prevention Replications Grant Overview

- **5 year Cooperative Agreements**
- **Year 1 for planning**
- **Years 2-5 for implementation and conducting the local evaluations**
- **\$175,000 for planning year**
- **\$350,000 per year for the next 4 implementation years**
- **10% required match**

FC Replication Grantees

- **Black Family Development, Inc., Detroit, MI**
 - **Families living in two high-risk communities in Wayne County: Detroit and Highland Park.**
- **Child and Family Tennessee, Knoxville, TN**
 - **At-risk families living within the Knoxville Empowerment Zone.**
- **Children's Institute International, Los Angeles, CA**
 - **High-risk families with children birth to three years old in several neighborhoods in South Central Los Angeles.**
- **DePelchin Children's Center, Houston, TX**
 - **Families with children 5-14 years old attending selected schools in Dickinson, Texas.**

FC Replication Sites (continued)

- **Respite Care of San Antonio, Inc., San Antonio, TX**
 - **Families with children with disabilities living in San Antonio, Texas**
- **Special Service for Groups, Los Angeles, CA**
 - **At-risk Cambodian and Korean families living in Los Angeles.**
- **University of Maryland Baltimore, Baltimore, MD**
 - **Intergenerational families who are at-risk for neglect living the West Baltimore Empowerment Zone.**
- **Youth Health Service, Inc., Elkins, WV**
 - **Rural families living in Randolph and Barbour counties, West Virginia**

Requirements of the cooperative agreement

- **Year 1 Planning**
- **Submit Implementation Plan (Replication Manual) for CB review and approval at 9 months**
- **Must include rigorous local evaluation including cost analysis**
- **Must include assessment of fidelity to original model**
- **Must enter into a mentoring agreement with original program (FC at UMB)**

Key Partners

- **James Bell Associates provided evaluation technical assistance and helped prepare sites for cross-site evaluation**
- **FC at UMB provided training and technical assistance on the program and critical components**
- **CDC National Center for Injury Control and Prevention provided consultation on cost analysis**
- **National Data Archive on CAN provided consultation on cross-site data collection templates**

Year 1 Planning activities

- **Identified and agreed upon the Family Connections fidelity criteria which outline the critical components of the model;**
- **Identified and agreed upon cross-site outcome measures and instruments in the domains of risk and protective factors, and child safety and well-being;**
- **Identified and agreed upon cross-site data elements to be submitted to the National Data Archive on Child Abuse and Neglect;**
- **Identified and agreed upon cross-site cost analysis data elements for the Pre-Implementation and Implementation phases of the project;**
- **Agreed upon a common framework for the local evaluations which include informed consent and random assignment to treatment and control groups, and a plan for conducting intent to treat analysis as part of their evaluation plans.**

Process for Developing Fidelity Criteria

- **Reviewed literature about best approaches for developing fidelity criteria**
- **Reviewed models for replicating other intervention programs**
- **Reviewed the FC Intervention Manual and brainstormed core FC elements**
- **Developed draft criteria and discussed with all programs replicating FC, revised criteria, finalized criteria**

FC Fidelity Criteria Categories

- **Philosophical principles**
- **Program structure**
- **Administrative activities**
- **Professional development activities**
- **Research activities**

First Year Implementation activities

- **Monthly conference calls**
- **Adhoc workgroup calls for cost analysis and cross-site data**
- **FC UMB technical assistance via conference calls**
- **Drafted Supervision Log and Case Review Log**
- **Continued to refine the Semi-Annual Program Progress Report format**

First Year Implementation (Year 2) Issues

- **Research and data collection burden significant for all sites**
- **Lower than anticipated number of families served for some sites**
- **CPS involved families and collaboration with CPS agencies**
- **Need for continued TA on the model and operationalizing the fidelity criteria**
- **Staff changes**

National Cross-Site Evaluation

- **Funded in October 2005**
- **Purpose: Determine the extent to which the model can be implemented effectively in other settings**
- **Partners**
 - **Children's Bureau**
 - **JBA**
 - **CDC**
 - **NDACAN**
 - **Evaluation Advisory Group/ 8 Replication sites**

Evaluation Advisory Group (EAG)

- **Voluntary participation of ≥ 1 member from each site**
- **Conference calls bi-monthly or quarterly as needed**
- **Examples of roles & responsibilities:**
 - **Provide feedback on cross-site evaluation design and research questions**
 - **Provide feedback on data collection methods, instruments, and protocols**
 - **Provide feedback on data analysis plan**
 - **Assist with interpretation and dissemination of cross-site evaluation results**

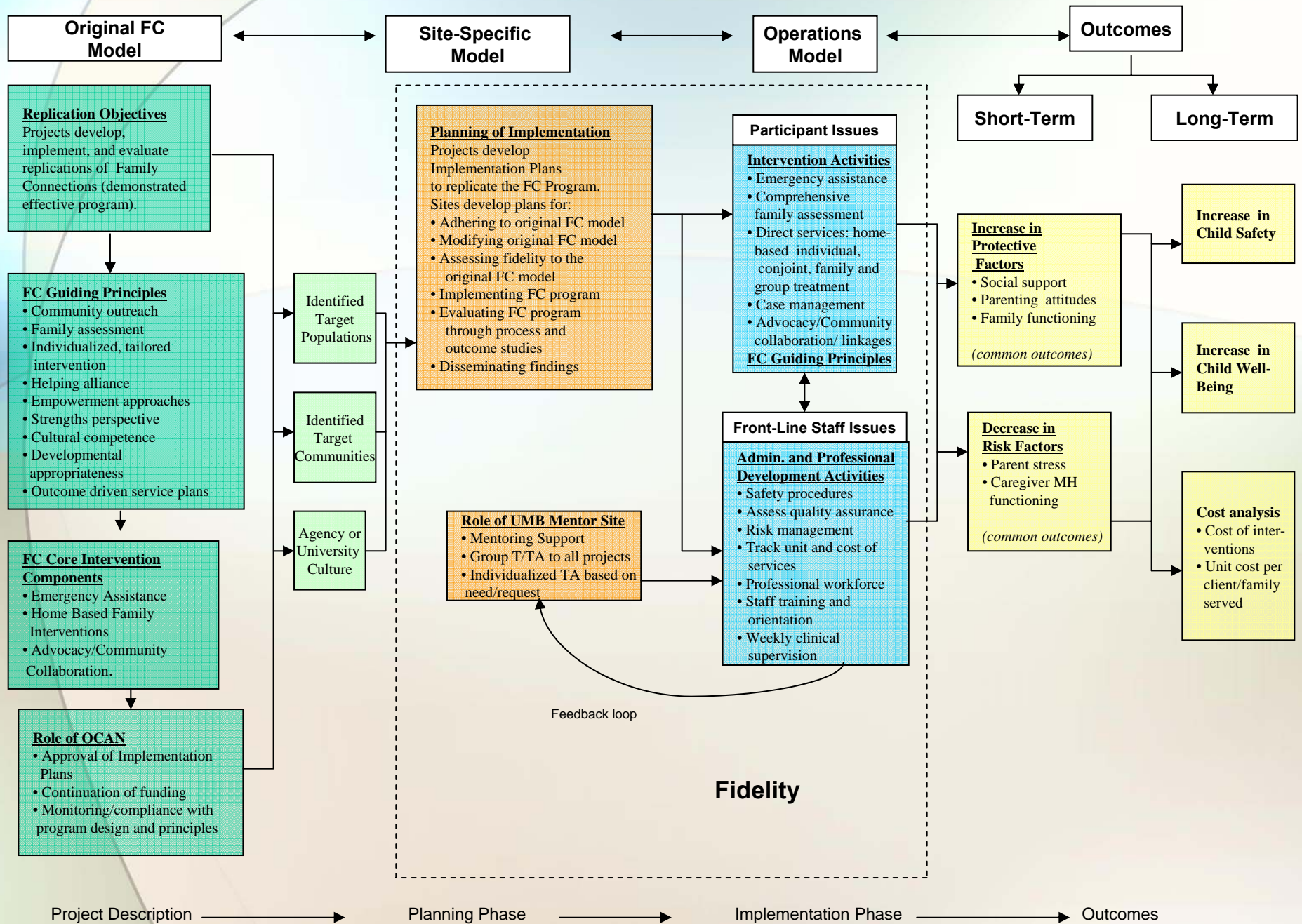
C-S Evaluation Design

- **Retrospective and prospective data**
- **Process, cost, and outcome components**
- **Existing cross-site measures and CPS data (no additional outcome measures)**
 - **PSI, AAPI, CESD, CBCL, SFS**
 - **Demographics**
- **Annual site visits**
 - **Interviews and focus groups**
 - **Feedback loop to University of Maryland for TTA**
- **Intent to treat design**

Key C-S Research Questions

- **To what extent are the projects able to replicate the original program successfully?**
- **To what extent have the projects made adaptations to the original model and what is the impact of those changes?**
- **To what extent are the Replication projects able to demonstrate positive outcomes in reducing the risk factors and increasing protective factors for child neglect that were found in the original FC program?**

Conceptual Framework for the Cross-Site Evaluation of Family Connections Replication Projects



Fidelity Assessment

- **Review Sites' current methods for assessing fidelity (minimize burden)**
- **Management Information Systems**
- **Self Report**
 - **Semi-Annual Reports**
 - **Interviews & focus groups**
- **Case record review**
- **Minimally, focus on practice-oriented fidelity criteria**

Cross-site Measures by Data Collection Time Point ¹

	Baseline (BL)	Mid-point <i>Collected during the service period</i>		Post-test (P-T) <i>Collected at completion of services</i>				Follow-up <i>Collected at specified time following completion of services</i>			
		3 mos. after BL	6 mos. after BL	3 mos. after BL	6 mos. after BL	9 mos. after BL	12 mos. after BL	3 mos. after P-T	6 mos. after P-T	9 mos. after P-T	12 mos. after P-T
Black Family Development											
3 mos. intervention	X			X				X			
6 mos. intervention	X	X			X			X			
Child & Family Tennessee											
3 mos. intervention ²	X			X					X		
9 mos. intervention ²	X	X				X			X		
Children's Institute, Inc.											
9 mos. FC intervention	X		X			X			X		
9 mos. Project Stable Home ³	X		X			X			X		
Information & Referral Group	X										
DePelchin Children's Center											
3 mos. intervention ⁴	X			X					X		
6 mos. intervention ⁴	X	X			X				X		
Respite Care of San Antonio											
Services as usual	X				X				X		
6 mos. intervention	X				X				X		
12 mos. intervention	X		X				X		X		
Special Services for Groups											
3 mos. intervention	X			X					X		
6 mos. intervention	X				X				X		
University of Maryland											
Information & Referral Group	X			X					X	X	
3 mos. intervention	X			X					X	X	
6 mos. intervention	X				X				X		
6 mos. intervention enhanced ⁵	X				X				X		
Youth Health Service											
6 mos. intervention ⁶	X				X				X		X
12 mos. intervention ⁶	X		X				X		X		

1. The agreed-upon cross-site measures include: PSI, CESD, AAPI-2, Support Functions Scale, CBCL, and FAF. (Projects may vary as to the time FAF data is collected.)
2. Half of the participants will participate in parenting groups in addition to the core Family Connections services.
3. As of FY2006, families will no longer be randomly assigned to Project Stable Home.
4. Half of the participants will participate in "Just for Me" activities (parental self nurturing activities) in addition to the core Family Connections Services.
5. Enhanced = receive additional health and legal services.
6. Half of the participants will receive motivational interviewing.

References

For more information on the Family Connections Program and relevant research, visit:

http://www.family.umaryland.edu/community_services/fc.htm

Emerging Practices in the Prevention of Child Abuse and Neglect available at:

<http://nccanch.acf.hhs.gov/topics/prevention/emerging/report/index.cfm>

Contact Information

- **Melissa Lim Brodowski**
Federal Project Officer
Children's Bureau, Office on Child Abuse and Neglect
Phone: 202-205-2629
Email: mbrodowski@acf.hhs.gov
- **Jill Filene**
National Cross-Site Evaluation, Project Manager
James Bell Associates
Phone: 703-528-3230
Email: Filene@jbassoc.com
- **Diane DePanfilis**
Co-Director Center for Families
University of Maryland, Baltimore
Phone: 410-706-3609
Email: ddepanfilis@ssw.umaryland.edu