Integrated Family Services: A Model for Prevention

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1 in 7
San Francisco Child Abuse Prevention Center

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

- **System of Care**
  - government agencies and network of community organizations serving families

- **Community**
  - where children live, go to school, and interact with others

- **Family**
  - children’s home environment and relationship with parents/caregiver

- **Children**

**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
INTEGRATED FAMILY SERVICES
STRENGTHENING FAMILIES THROUGH 2-GENERATION PROTECTIVE FACTORS
• Previous 40 years at SFCAPC:
  – Many high-quality services with little coordination, “siloed” within organization
  – No outcome measurement
  – No performance management
• IFS (past 3 years):
  – Measurement of Five Protective Factors as outcomes for ALL services
  – 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

Families at greater risk enroll in IFS for more intensive services to support Protective Factors.

Supportive Family Services (SFS) (700-800 Families)
- Parent Drop-In
- Concrete Support
- Family Events
- Group Support
- Children’s Drop-In
- 24-hour Parental Stress Line

Integrated Family Services (IFS) (50-60 Families)
- Protective Factors Assessment
- Care Coordination
- Outcome Measurement
- Intensive Care Management
- Psychotherapy
- Parent Education
- Therapeutic Childcare

Return to Supportive Services once Protective Factors are adequate
Strengthening Families’ Protective Factors

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

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Resilience</td>
<td>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.</td>
</tr>
<tr>
<td>Social Connections</td>
<td>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.</td>
</tr>
<tr>
<td>Concrete Support in Times of Need</td>
<td>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.</td>
</tr>
<tr>
<td>Knowledge of Parenting and Child Development</td>
<td>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.</td>
</tr>
<tr>
<td>Social and Emotional Competence of Children</td>
<td>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.</td>
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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
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

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
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

<table>
<thead>
<tr>
<th>Parental Resilience</th>
<th>Social Connections</th>
<th>Concrete Support in Times of Need</th>
<th>Knowledge of Parenting and Child Development</th>
<th>Social and Emotional Competence of Children</th>
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<tr>
<td>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.</td>
<td>Families will have a network of support, help solve problems, offer parenting advice, and give concrete assistance to parents.</td>
<td>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.</td>
<td>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.</td>
<td>Children will be able to interact positively with others, self-regulate their behavior, and effectively communicate their feelings with their family, adults, and peers.</td>
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### Family Health

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<tr>
<th>Social/Community Life</th>
<th>Environment</th>
<th>Parental Capabilities</th>
<th>Child Well-Being</th>
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<tr>
<td>Overall Family Health</td>
<td>Overall Social/Community Life</td>
<td>Overall Environment</td>
<td>Overall Parental Capabilities</td>
</tr>
<tr>
<td>Parent(s)/Caregiver(s)’s Physical Health</td>
<td>Social Relationships</td>
<td>Housing Stability</td>
<td>Supervision of Child(ren)</td>
</tr>
<tr>
<td>Parent(s)/Caregiver(s)’s Disability</td>
<td>Relationships with Child Care, Schools, and Extracurricular Services</td>
<td>Safety in the Community</td>
<td>Disciplinary Practices</td>
</tr>
<tr>
<td>Parent(s)/Caregiver(s)’s Mental Health</td>
<td>Connection to Neighborhood, Cultural/Ethnic Community</td>
<td>Environmental Risks</td>
<td>Provision of Developmental/Enrichment Opportunities</td>
</tr>
</tbody>
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### Family Safety

<table>
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<tr>
<th>Connection to Spiritual/Religious Community</th>
<th>Habitability of Housing</th>
<th>Promotes Child(ren)’s Education</th>
<th>Child(ren)’s Relationship with Sibling(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)/Caregiver(s)’s Initiative and Acceptance of Available Help/Support</td>
<td>Personal Hygiene</td>
<td>Controls Access to Media/Reading Material</td>
<td>Child(ren)’s Relationship with Peers</td>
</tr>
<tr>
<td>Learning Environment</td>
<td>Parent(s)/Caregiver(s)’s Literacy</td>
<td>Cooperation/Motivation to Maintain the Family</td>
<td></td>
</tr>
</tbody>
</table>

### Family Interactions

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<tr>
<th>Self-Sufficiency</th>
<th>Family Interactions</th>
<th>Family Health</th>
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<td>Overall Self-Sufficiency</td>
<td>Overall Family Interactions</td>
<td>Child(ren)’s Physical Health</td>
</tr>
<tr>
<td>Caregiver Employment</td>
<td>Bonding with Child(ren)</td>
<td>Child(ren)’s Mental Health</td>
</tr>
<tr>
<td>Family Income</td>
<td>Communications with Child(ren)</td>
<td>Child(ren)’s Disability</td>
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</table>

### Parental Capabilities

<table>
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<tr>
<th>Financial Management</th>
<th>Family Routines/Rituals</th>
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<tbody>
<tr>
<td>Food and Nutrition</td>
<td>Family Recreation and Play Activities</td>
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### Family Health

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<th>Family Safety</th>
<th>Family Recreation and Play Activities</th>
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<tbody>
<tr>
<td>Absence/Presence of Physical Abuse of Child(ren)</td>
<td>Absence/Presence of Emotional Abuse of Child(ren)</td>
</tr>
<tr>
<td>Absence/Presence of Sexual Abuse of Child(ren)</td>
<td>Absence/Presence of Neglect of Child(ren)</td>
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### Family Interactions

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<td>Family Access to Health/Mental Care</td>
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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)
## IFS Client Service Plan

### Client's Name: Sample Family

#### Date: 05/13/2014

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>Short-Term Goal</th>
<th>Method Strategy</th>
<th>Person Responsible</th>
<th>Notes</th>
<th>Status of Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Resilience</td>
<td>Parent’s psychological well-being supports her in meeting individual and family needs.</td>
<td>Adult Counseling, Child Counseling, Children’s Playroom, Clinical Case Coordination (CCC), Case Management, Family Counseling, Parent Education, TALK Line, Ongoing Counseling, Other: Couples Therapy</td>
<td>John Fenwick &amp; Emily Benelli-Padow</td>
<td>Couples therapy &amp; Individual Therapy</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Parental Resilience</td>
<td>Child demonstrates awareness of self.</td>
<td>Adult Counseling, Child Counseling, Children’s Playroom, Clinical Case Coordination (CCC), Case Management, Family Counseling, Parent Education, TALK Line, Ongoing Counseling, Other: Couples Therapy</td>
<td>Daphne Humes</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Parental Resilience</td>
<td>Child builds positive, lasting relationships</td>
<td>Adult Counseling, Child Counseling, Children’s Playroom, Clinical Case Coordination (CCC)</td>
<td>Andrew Tan</td>
<td>Tutoring and mentoring in the Playroom</td>
<td>Ongoing</td>
</tr>
</tbody>
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**Notes:**
- 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.
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
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
YT Family Baseline Scores – NCFAS

NCFAS Sub-Scores

- Parental Resilience
- Social Connections
- Knowledge of Parenting
- Concrete Support
- SEC of Child

The chart illustrates the baseline scores for various aspects of family functioning as measured by NCFAS. The scores are represented on a scale from -10.00 to 10.00, with each category showing a different color and shape.
YT Family Parental Resilience – NCFAS

NCFAS

- Baseline
- 6 Month Followup
- 9 Month Followup

Sum of PR POS

Sum of PR NEG
YT Family Social Connections – NCFAS
YT Family Social and Emotional Competence of Children – NCFAS

NCFAS

- Baseline
- 6 Month Followup
- 9 Month Followup

Sum of SEC POS

Sum of SEC NEG
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
- 15 graduates to date, 3-4 more graduates by end of 2016
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; produce 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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