

<p>Brief Description¹</p>	<p>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 and prevent child maltreatment.</p> <p>Adaptations of Family Connections:</p> <ol style="list-style-type: none"> 1. Grandparent Family Connections (GFC) – works with informal kinship families (community or public child welfare agency) 2. Trauma Adapted Family Connections (TA-FC) – targets families where parents and/or children screen with trauma symptoms at Intake (community agency) 3. SAFE-Family Connections (SAFE-FC) – targets families with children who have been evaluated as unsafe after a report of child abuse or neglect (public child welfare agency). In addition to FC core components, staff must conduct safety evaluations, create safety plans, and implement safety services.
<p>FC Core Components</p>	<ol style="list-style-type: none"> 1. Intake & screening 2. Outreach & engagement 3. Concrete/emergency services 4. Comprehensive family assessment (including the use of standardized clinical assessment instruments) 5. Outcome driven case plans with SMART goals 6. Change focused intervention <ol style="list-style-type: none"> a) Minimum of 1 hour per week of purposeful change focused interventions b) Advocacy/service facilitation 7. Multi-family recreational supportive activities (optional) 8. Case plan evaluation/progress assessment (at least every 90 days after the initial case plan) – including the assessment of change over time using standardized assessment instruments 9. Case closure
<p>Target Population</p>	<p>Families with children (birth to 18) who meet risk criteria (criteria are adapted based on geographic differences)</p>
<p>Outcomes</p>	<p>Original research indicated positive change over time in protective factors (parenting attitudes, parenting competence, social support); diminished risk factors (parental depressive symptoms, parenting stress, life stress); and improved child safety (physical and psychological care of children) and child behavior (internalizing and externalizing behavior). Agencies replicating FC have demonstrated similar changes in risk and protective factors.</p>
<p>Length of Service</p>	<p>Versions of FC have been delivered for 3, 4, 6, 9, or 12 months, partly dependent on the target population. Since shorter interventions have demonstrated greater cost effectiveness in relation to risk and protective factors, most agencies choose to serve families intensively for 3 months (post assessment and case plan) with the option of delivering another 3 months of intervention if family circumstances indicate high need.</p>
<p>Staff Qualifications</p>	<p>BSW or MSW under the supervision of an Advanced MSW Clinical Social Work</p>

¹ Additional information provided in DePanfilis, D., Filene, J. H., & Lim Brodowski, M. (2009). Introduction to Family Connections and the national replication effort. *Protecting Children*, 24(3), 4-14.

	Supervisor. At least one hour of individual consultative supervision/coaching and 1 hour of group supervision are required per week.
Workload/Caseload	Fidelity criteria focus on performance of core intervention components (e.g., at least one hour per week of face to face change focused interventions), rather than a pre-determined caseload size. Most individual providers meet fidelity with caseloads of 7-8 families partly dependent on other service responsibilities that may be required by a funding source.
Process & Costs of Implementation²	
Exploration & Adoption	<p>Following a brief presentation at an open house, individual phone meetings may be scheduled to discuss “fit” of FC.</p> <ol style="list-style-type: none"> 1. Provide information about FC for review by agency leadership. 2. Initial Phone or Go-To Meeting consultation to explore “fit” with agency goals 3. Optional – 1-day Orientation on site with Agency Implementation Team (Including individualized agenda/plan) (Cost - \$3,600 plus travel) to discuss the process of implementation and further delineate model components. 4. Negotiation of individualized installation and implementation budget based on needs/size of agency. Costs below are ballpark based on the usual implementation process.
Installation	<p>Work with local agency or collaborative to tailor FC to the local site (40 days @ \$1,800 per day plus travel)³ including⁴:</p> <ol style="list-style-type: none"> 1. Review of existing program policies/procedures/requirements 2. Consult on FC intervention manual revisions proposed by agency leaders for congruence with agency and purpose/requirements 3. Agree on operationalization of fidelity criteria 4. Technical assistance to develop a charter and roles and responsibilities of a required implementation team. 5. Guide implementation team to develop a logic model, select standardized clinical assessment measures, make decisions about needed changes to agency information system, and case record documentation system (e.g., case plan format, case progress assessment format) 6. Develop training materials based on training plan and adaptations to the FC intervention manual (in collaboration with implementation team who will contribute sample case materials) (10 days @ \$1800 per day) 7. Collaborate with implementation team to select organizational readiness, culture, and climate assessment instruments. 8. Technical assistance to develop an implementation plan with implementation team (3 days @ \$1800 per day plus travel for 1 day meeting)

² To replicate Grandparent Family Connections, contact Dr. Fred Strieder – fstrieder@ssw.umaryland.edu; to replicate Trauma Adapted Family Connections, contact Dr. Kathryn Collins – kcollins@ssw.umaryland.edu

³ Travel is estimated at \$500 a day

⁴ NOTE: if some tasks have already been completed in relation to a IVE Waiver Demonstration project, there is no need to duplicate these installation tasks.

	<p>9. Collaborate on format for agency fidelity self- assessment instruments based on operationalization of fidelity criteria during installation. (5 days @ \$1800 per day plus travel for 1 day meeting)</p> <p>Deliver Training According to Training Plan (Agency provides location and manages logistics; usual training plan described below).</p> <p>10. One-day orientation on site for all program staff and community partners identified by implementation team. (\$9,200 for 2 trainers including travel). Handouts @ \$15 per participant.</p> <p>11. 2- Day supervisory training (1st 2 days of a 4 day program) including building coaching skills and expertise in the intervention (prior to worker training) 3 trainers on site for up to 25 participants. (\$20,700 including travel; \$25 per participant for training materials)</p> <p>12. Supervisory practicum</p> <p>13. 2- Day supervisory training (2nd 2 days of a 4 day program) including building coaching skills and expertise in the intervention (prior to worker training) 3 trainers on site for up to 25 participants. (\$20,700 including travel; \$25 per participant for training materials).</p> <p>14. Worker & Supervisory Training 5 days separated by 3 days, practicum, 2 days)- Phases 1 and 2 Training sessions (3 days); Practicum; Phase 3 training session. \$2800 per participant (minimum of 5 participants). Includes cost of travel and participant materials.</p>
<p>Initial Implementation</p>	<p>1. Launch organizational survey and write report (5 days @ \$1800 per day).</p> <p>2. Provide Monthly off-site coaching by phone or Skype for each supervisor. (\$450 per month for each supervisor).</p> <p>3. On-Site Peer Networking for supervisors based on agency needs (\$4600 per month for one consultant, including travel)</p> <p>4. Collaborate with implementation team monthly (\$4600 per month for one consultant, including travel)</p> <p>5. Conduct on-site fidelity assessment (required every 6 months following agency self-assessment) including case reviews and TA to agency leadership - cost individualized based on numbers of families served.</p> <p>6. Prepare fidelity reports every six months based on review of self-assessment and case reviews, minimum of 5 days @\$1800 a day per report.</p>
<p>CONTACT Diane DePanfilis</p>	<p>diane.depanfilis@hunter.cuny.edu; phone – 917-453-2296</p> <p>NOTE: Installation and Implementation Training and Technical Assistance provided by ACTION for Child Protection. http://action4cp.org/</p>

Published Papers about Family Connections:

Brodowski, M. L., & Filene, J. H. (2009). Engaging program staff in economic evaluation: Lessons learned and recommendations for practice. *Protecting Children, 24*(3), 70-77.

- Bridge, T. J., Massie, E. G., & Mills, C. S. (2008). Prioritizing cultural competence in the implementation of an evidence-based practice model. *Children and Youth Services Review, 30*, 1111-1118. doi: 10.1016/j.chidyouth.2008.02.005
- Collins, K. S., Strieder, F., DePanfilis, D., Tabor, M., Freeman, P., Linde, L., & Greenberg, P. (2011). Trauma Adapted Family Connections (TA-FC): Reducing developmental and complex trauma symptomatology to prevent child abuse and neglect. *Child Welfare, 90*, 29-47.
- Corso, P., & Filene, J. H. (2009). Programmatic cost analysis of the Family Connections Program. *Protecting Children, 24*(3), 78-88.
- DePanfilis, D. (In press, 2015). Family Connections: Using collaborative partnerships to support dissemination. *New Directions in Child and Adolescent Development*.
- DePanfilis, D. (2009). Using prevention science to reduce the risk of child neglect. *Children Australia, 34*(1), 40-44.
- DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreatment, 10*, 108-123. doi: 10.1177/1077559505275252
- DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. *Child Abuse & Neglect, 32*, 335-351. doi:10.1016/j.chiabu.2007.06.005
- DePanfilis, D., Filene, J. H., & Brodowski, M. L. (2009). Introduction to Family Connections and the national replication effort. *Protecting Children, 24*(3), 4-14.
- Filene, J. H., Brodowski, M. L., & Bell, J. (2014). Using cost analysis to examine variability in replications of an efficacious child neglect prevention program. *Journal of Public Child Welfare, 8*(4), 375-396. doi: 10.1080/15548732.2014.939249
- Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect preventive intervention. *Research on Social Work Practice, 17*, 674-685. doi: 10.1177/1049731507300285
- Lindsey, M. A., Hayward, R. A., & DePanfilis, D. (2010). Gender differences in behavioral outcomes among children at risk of neglect: Findings from a family-focused prevention intervention. *Research on Social Work Practice, 20*, 572-581. doi: 10.1177/1049731509349713
- Sharpe, T., DePanfilis, D., Strieder, F., & Gregory, G. (2009). Replication of Family Connections: Lessons learned from grandparents. *Protecting Children, 24*(3), 58-68.
- Stephens, K., Mills, C., Williams, C., Bridge, T., & Massie, E. (2009). Maximizing the therapeutic helping alliance with high-risk families. *Protecting Children, 24*(3), 28-38.
- Theriot, M.T., O'Day, K. R., & Hatfield, K. (2009). Client and service use predictors of successfully completing a child maltreatment prevention program. *Protecting Children, 24*(3), 39-50.

Wu, S. T., Mimura-Lazare, A., Petrucci, C. J., Kageyama, N., & Suh, C. (2009). Culturally competent practice with Cambodian and Korean families in Los Angeles: Results from a 5-year replication project of Family Connections. *Protecting Children, 24*(3), 16-27.

Zaid, S., Eames, C., Driver, D., & LeGendre, A. (2009). Integrating research and clinical practice through collaborative therapeutic assessment. *Protecting Children, 24*(3), 51-58.

Dissertations using Family Connections data:

Melissa Lim Brodowski – Factors associated with changes in parental depressive symptoms: A longitudinal multilevel analysis of parents at high risk for child maltreatment. Ph.D. 2012, University of Maryland, Baltimore.

R. Anna Hayward, Neighborhood conditions, father involvement, parenting competence, and behavior problems in a sample of children at risk for neglect: A structural equation model. Ph.D. 2009, University of Maryland, Baltimore.

Gaynell Simpson – An exploration of social support and coping and the impact on caregiver well-being among African American grandmothers who provide care for their grandchildren. Ph.D. 2003, University of Maryland, Baltimore.

Faculty and Staff Affiliated with Family Connections – Baltimore.

