



REGIONAL PARTNERSHIP GRANTS ROUND 5 2018–2021

PRESERVING FAMILIES AND PROTECTING CHILDREN

LEAD AGENCY: Family Support Services of North Florida, Inc.

LOCATION: Jacksonville, FL

PROGRAM FUNDING: \$1,683,000

GEOGRAPHIC AREA: Duval County

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: Region 4

CONGRESSIONAL DISTRICT SERVED: FL District FL-004

BRIEF PROGRAM DESCRIPTION

Family Support Services of North Florida, Inc. (FSSNF), the lead agency for child welfare services in Northeast Florida, is the lead for the Preserving Families and Protecting Children (PFPC) program. PFPC augments the Family Assessment Support Team (FAST) Voluntary Non-Judicial program by integrating substance abuse, mental health, and child welfare services to maximize efficiencies and improve outcomes for children from birth to age 5 and their families. PFPC services result in enhanced safety, well-being, and permanency of children; increased family functioning and stability, and increased adult recovery from substance abuse disorders. The service delivery model uses the guiding principles of the Strengthening Families Approach to provide family-centered services that recognize individual needs, build on family strengths and protective factors, promote optimal child development and reduce the likelihood of child abuse and neglect. The FAST service array includes home visiting/case management provided by certified child welfare staff, parenting and behavior modification, in-home counseling, Family Team Conferencing, anger management, monitoring the development of participating infants/children utilizing standardized developmental screening tools, substance abuse education and treatment, domestic violence advocacy/counseling, and other services and supports to meet the concrete needs of families. Enhanced services/interventions offered through this program include health care coordination to ensure that the health needs of children and families are being met in a timely fashion and that Parent Educator/Advocates increase parent engagement/retention in services, strengthen parent-child relationships, and increase family functioning.

TARGET POPULATION AND PROJECTED NUMBERS SERVED

The target population is families with a child welfare investigation in Duval County, where substance use disorder is a factor and where a child aged 0–5 in the home is deemed unsafe. FSSNF's PFPC program will serve 400 families over the 3-year grant period.

MAJOR PROGRAM GOALS

GOAL 1: Enhance safety, well-being, and permanency of children.

GOAL 2: Increase family functioning and stability.

GOAL 3: Increase adult recovery from substance abuse disorders.

GOAL 4: Increase Systems Collaboration.

MAJOR PROGRAM SERVICES

- **Case Management and Case Conferencing**
 - FAST-Home Visiting (by a trained home visitor/certified child welfare staff)
 - Intervention FAST (iFAST)—in-home parent educator
 - Family Team Conferencing
- **Wraparound and In-Home Services**
 - Wraparound/Intensive In-Home Comprehensive Services
- **Parenting/Family Strengthening**
 - iFAST-in-home parent educator
 - Nurturing Parenting Program (NPP)
 - Strengthening Families Program (SFP)
 - Child-Parent Psychotherapy (CPP)
- **Mental Health and Trauma Services for Adults**
 - Trauma-Informed Cognitive Behavioral Therapy
- **Substance Use Disorder Treatment for Adults**
 - Gateway Community Services
 - Motivational Enhancement Therapy
 - Seeking Safety
 - Center for Applied Sciences (CENAPS) Model of Relapse Prevention Therapy
- **Children's Screening/Assessment**
 - Ages & Stages Questionnaire (ASQ)
 - ASQ: Social Emotional (ASQ: SE)
 - The Child and Adolescent Needs and Strengths (CANS)

- The health care coordinator will administer a risk assessment tool through a motivational interview evidence-based practice. The tool assesses risk factors across the following four domains: (1) health care (parent’s and infant’s health and health care plan), (2) parenting and child care (child care plans, parent-infant relationship, and management of infant’s crying), (3) family violence and safety (ability to meet basic needs such as food, clothing, and shelter; family violence; and history with parenting difficulties), and (4) parent’s mental health and well-being (depression and anxiety, substance abuse, and social support).
- **Adult Screening/Assessment**
 - Gather, Assess, Integrate, Network, and Stimulate (GAIN)
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Adverse Childhood Experiences (ACE)
 - Trauma Symptom Checklist
 - Edinburgh Postnatal Depression Scale
 - Anger Management
 - Protective Factors Survey
 - Adult Adolescent Parenting Inventory-2
 - Nurturing Parenting Program
 - Nurturing Parenting Program (including Families in Substance Abuse Treatment & Recovery)
 - Functional Family Assessment
 - Family Function Assessment-Ongoing (FFA-O)
- **Children’s Services**
 - Early Head Start
 - Northeastern Local Early Steps
- **Housing Services**
 - Ability Housing
- **Cross-Systems/Interagency Collaboration—Clinical-Related Activities**
 - Integrated Practice Team Staffing
 - Family Team Conferences
 - Birth to Age 3 Case Staffing
 - Co-Located Domestic Violence Staff—Hubbard House
 - Family Intervention Specialist—Substance Use Disorder

- **Cross-Systems/Interagency Collaboration—Program and Policy-Related Activities**
 - Steering Committee
 - Collaborative Meeting
 - Oversight Committee—System of Care Initiative (SOI)
 - Steering Committee

PARTNER AGENCIES AND ORGANIZATIONS

- **Child Welfare**
 - Department of Children and Families
 - Jewish Family Services
 - Daniel Memorial
- **Substance Use Treatment**
 - Gateway Community Services
- **Housing**
 - Ability Housing
- **Education (Including Early Childhood)**
 - Lutheran Services Florida: Early Head Start
 - Northeastern Local Early Steps
 - Early Learning Coalition of Duval
- **Other Community and Child and Family Services**
 - Hubbard House
- **Evaluation/Data Collection, Training**
 - University of South Florida, The Louis de la Parte Mental Health Institute

EVALUATION DESIGN

Outcome Study Design: Quasi-Experimental Study (QED) With Group-Based Matching

The grantee’s local evaluation has three components: an impact study, a process study, and a partnership study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

Impact Study Design

The grantee is examining the impact of its RPG services using a randomized-controlled trial (RCT) and QED. In the RCT, the grantee is examining the impact of an enhanced version of the FAST Voluntary Non-Judicial diversion program among families with an investigation in Duval County for substance maltreatment who have a child aged 0–5 in the home who is deemed to be

unsafe. The program group and the comparison group receive standard FAST services, which may include home visiting and case management; parenting and behavior modification through Nurturing Parenting Programs, in-home counseling, trauma focused-cognitive behavior therapy, family team conferencing, anger management counseling, monitoring of child development, substance abuse education, domestic violence advocacy and counseling, and other services staff determine are needed by the family. The intensity and duration of FAST services are customized based on families' needs. Members of the program group receive an enhanced version of FAST, referred to as intervention FAST (iFAST). In iFAST, in addition to standard FAST services, families receive support from an in-home parent educator/advocate and a health care coordinator. Members of the comparison group receive only the standard FAST services. The RCT will include 400 families, with 200 in the iFAST program group and 200 in the FAST comparison group. In the RCT, the grantee is examining the impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

In the QED, the grantee is examining the impact of receiving either FAST or iFAST. The program group will include families who receive either FAST or iFAST (these are the same 400 families that will be part of the RCT). The comparison group will include families with a child aged 0–5 in Duval County with an investigation for maltreatment due to parental substance use and who receive business-as-usual services through the dependency system. The QED will include 800 families, with 400 in the program group and 400 in the comparison group. In the QED, the grantee will examine impacts in the following domains: permanency and safety.

Data sources for the RCT include administrative data and information collected by data collectors using standardized instruments. The QED will rely on administrative data. For the RCT, data will be collected three times for each family in both the program and comparison group: (1) when families begin services (baseline), (2) when each family ends services, and (3) 6 months after the end of services. Program staff will conduct data collection with standardized instruments for both groups at baseline and when the families end their iFAST or FAST services. The evaluation staff will conduct data collection for both groups at the 6-month follow-up time point.

Process Study Design

In the process study, the grantee will examine if the project reached its intended target population and if the services provided met the needs of the target population, as well as the array of services provided, stakeholder perspectives on the quality of services, implementation fidelity, and the inputs to implementation (for example, organizational and contextual factors). Data sources include observations of planning calls and staff trainings; document reviews; case file reviews for families in the program and comparison groups; semi-structured interviews and focus groups with project leadership, staff, and stakeholders; and surveys of project leadership, staff, community partners, and families.

Partnership Study Design

In the partnership study, the grantee will document who is involved with the project's collaborative partnership and examine how partners work together to carry out the project, the relationships established among partners, and how partners perceive progress toward project goals. Data sources include web-based surveys with project partners, observations of project partnership meetings, document reviews, and stakeholder interviews.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

FSSNF will build on the evidence base for Preserving Families and Protecting Children and make sustainability an ongoing agenda item and subject of discussion and oversight at collaborative meetings. In addition, FSSNF utilizes a checklist and established set of guidelines and strategies for sustainability planning to measure progress of the necessary indicators to ensure long-term success.

FSSNF recognizes that a key to ensuring sustained funding upon the completion of the grant is the ability to build the evidence base of the program by demonstrating the impact and effectiveness of the services employed so that it meets the criteria established by the Family First Prevention Services Act.

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