Community-Based Clinical Practice

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Building a Family-Centered Agency: GCI’s Unique Approach

- Act on all available opportunities and create others
  - Multi-year state contracts
  - Pilot projects
  - Grantmaking
  - Fundraising
  - Agency merger
- Strive to bridge gap between research and practice
- Develop best practice models

GCI’s Community-Based Model

GCI’s Continuum of Family Services

Family After School Program
Intensive Family Services
Child & Family
Meeting Place

Child Advocacy
Schools
Special Communities
Pediatrics
Cambridge Youth Guidance Center
Family Support Services

Child Protective Workers
Courts
Child Care Centers
Police Domestic Violence Unit
Early Head Start
Business Community
Day Treatment
Community Specialty Providers

Challenges to Creating a Continuum

- Discrete program funding streams result in siloed
  - intake processes
  - data collection
  - assessment tools
  - outcome measures
  - performance standards
- Families experience barriers to service continuity
- Staff experience isolated practice
- Field research is constrained by silos

If you can’t change the system, change the practice.

From Silos to Continuum: Opportunities Realized

- Nurture family partnerships within which services can be tailored to meet developmental, mental health and family support needs
- Improve application of sophisticated community knowledge and relationships
- Create a robust continuum within which family centered prevention and intervention models may be shaped and evaluated
- Build on synergies between GCI program staff and community colleagues to enhance capacity to hold families over time
- Advocate for system reform
From Silos to an Integrated Continuum of Family Services

Funder A
Funder B
Funder C
Funder D

GCIs 16 Programs
Multiple In-House Program Databases

CURRENT METHOD

FIELD RESEARCH

Funder
Funder
Integrated Data
Collection System
Ongoing Best
Practices and Staff
3
Training
Integrated Field
Research Projects

FUTURE HOPE

Field Research Successes

• Empirical description of
  • Client population
  • Functional assessment
  • Demographic measures
  • Clinical outcomes
• Correlation of variables with service intensity,
duration and cost
• Development of best practice model
  - Family Advocacy, Stabilization and Support Team (FASST)

FASST Data (Field Research Example)

FAMILY RISK FACTORS

- 35%
- 30%
- 14%
- 33%
- 57%
- 54%
- 77%
- 64%
- 32%
- 28%
- 18%
- 41%
- 20%
- 16%
- 63%
- 55%

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Intake
Discharge
CAFAS AND GAF SCORES PRE AND POST TREATMENT

FASST Data (Field Research Example)

DISCHARGE DISPOSITION

- Met Goal
- More Supportive Program
- DSS custody

N=145
FASST Data (Field Research Example)