



Illinois Trauma Focused Model for Reducing Long-Term Foster Care: Project Overview

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Permanency Innovations Initiative (PII)

Introduction—what we will cover today

- A model for reducing long-term foster care through trauma-informed intervention
- Why is this important to Illinois families and youth?
- How will this model be implemented?

Permanency Innovations Initiative (PII)

Background

What is PII?

- Multi-site federal demonstration project to improve permanency
- Focus on foster care children with serious barriers to permanency
- Introduces innovative intervention strategies
- Informed by relevant research

Support from the Children's Bureau

Children's Bureau awards grants to various states for proposed innovations to reduce long-term foster care placement.

Illinois DCFS applied and was awarded the grant!

- 6 grantee sites
 - ***Arizona:** Fostering Readiness and Permanency Project
 - **California:** California Partners for Permanency
 - **Kansas:** Kansas Intensive Permanency Project
 - **Washoe County, Nevada:** Initiative to Reduce Long-Term Foster Care
 - **Los Angeles, CA:** RISE (Recognize. Intervene. Support. Empower)
 - **Illinois:** Trauma Focus Model for Reducing Long-Term Foster Care
 - Grantees were charged with identifying the population most at risk for long term foster care and implementing a strategy to lower this risk
- *The Arizona Department of Economic Security relinquished their grant effective June 30, 2013. Additional tools and/or lessons learned will be available in the future.

The Challenge for Child Welfare

National Statistics:

Older Youth in Foster Care:

- 40- 48% of children in the foster care system are between 11- 16 years old
- 19% of youth in care are between 16- 21 years old
- Youth age 13 and older demonstrate more emotional, mental and behavioral problems
 - Harder to place in permanent homes
 - Remain in foster care longer, increasing the average length of stay in care
 - Many are emancipated without achieving family-based permanency

Permanency Outcomes for Older Youth:

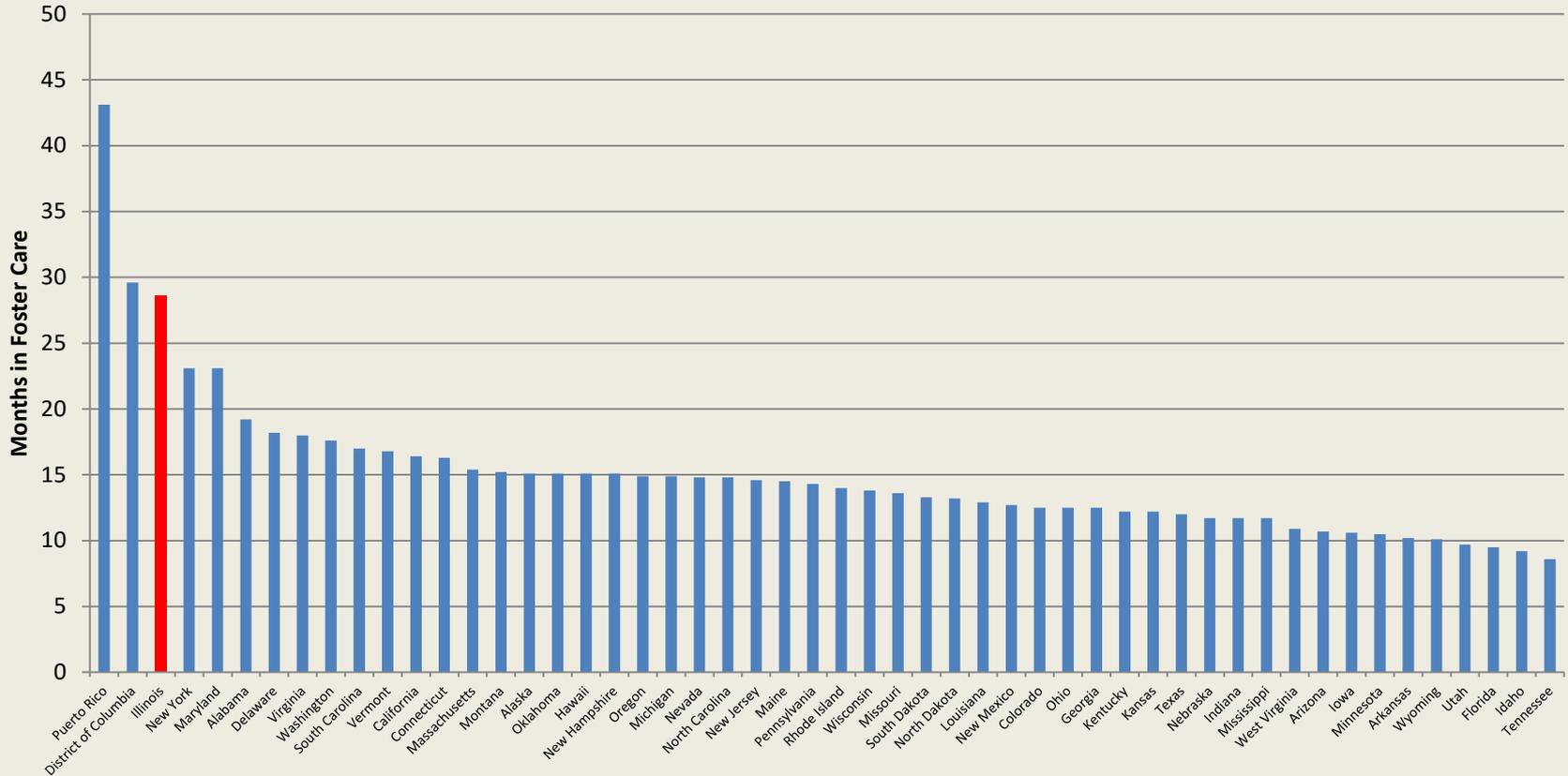
- Adoption decreases as age increases
- Odds of being adopted decrease starting at 13
- Only 30% of children from 11 to 18 achieve permanency before aging out

Service and Intervention Challenges for Illinois

Illinois Statistics:

- Fourth largest foster care system (after New York, California, Pennsylvania)
- 16,500 (approximately) children in out-of-home care:
 - 13,000 in foster care
 - 2,000 in residential care
 - 1,500 in various independent living placements
- Third longest length of stay in the U.S.—an average of 28 months.
 - 11 to 16 yr olds in care --17% less than 2 yrs; 25% 2 to 5 yrs; 25% 5 yrs and longer.
- Illinois has the third highest percent of children who age out (at 21 years old)--21%

Median Length of Stay in Foster Care (2010)



Message from President Barack Obama

“My Administration is committed to achieving security for every child and supporting adolescents in foster care as they transition to adulthood. The Permanency Innovations Initiative ...is providing support to public-private partnerships focused on decreasing the number of children in long-term foster care. Over the next 5 years, this program will test new approaches to reducing time spent in foster care placements, and remove the most serious barriers to finding lasting, loving environments.”

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The At-Risk Population

Predictors of Risk for Length of Time in Foster Care

- Age (over nine at entry)
- Placement Instability
- Mental Health/Trauma Symptoms/Risk Behaviors
- Parental rights (no TPR by 2 years)
- Region (Cook County)
- Placement type (ever placed in IGH)

Identified Barriers

- Emotional-behavioral issues related to histories of complex trauma
- Lack of parent engagement and service completion required to achieve reunification
- Insufficient or ineffective services to address parents' underlying issues related to child welfare involvement
- Lack of support and training to foster parents to address the needs and behaviors of the children in their care.

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The PII Project in Illinois

Target Population

Youth ages 11 to 16

- In traditional, relative, and specialized foster care
- Reaching their 2 year anniversary of entering care
- Experiencing mental health symptoms or 2+ placement changes

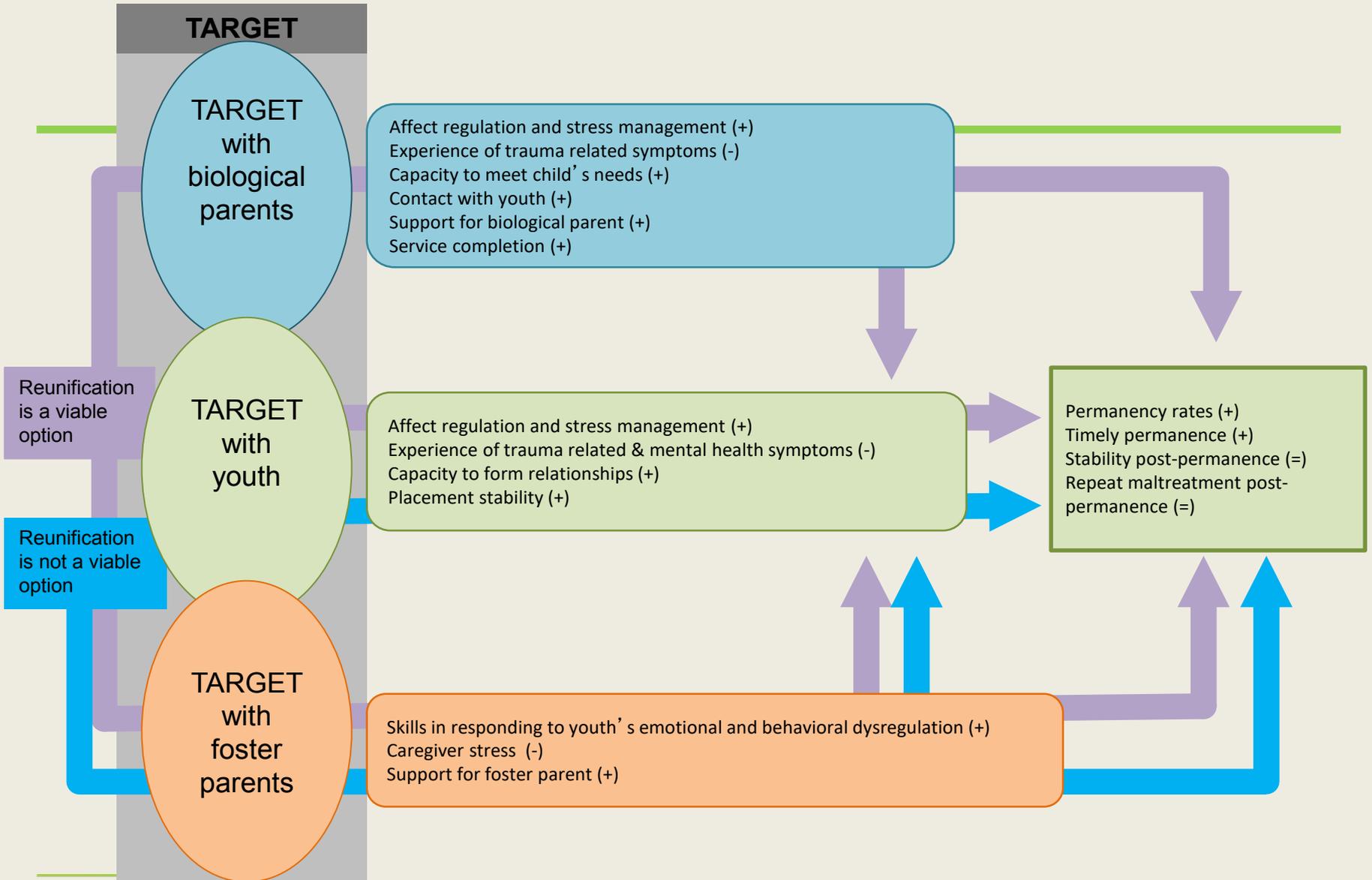
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

- Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strength-based approach to education and therapy when youth and their families have been affected by trauma or experience a high level of stress related to adverse experiences
- A strong psycho-educational component: the impact of trauma on cognitive, emotional, behavioral, and relational processes
- Teaches clients to identify their own stress triggers so that they can better regulate overwhelming feelings and make and achieve goals for themselves
- Provides skills training and aids (acronyms, graphics) to help individuals remember and use TARGET skills in the moment when they experience triggers for emotional dysregulation

Strengths of TARGET

- Evidence-based practice integrated into other practices
- Materials understood and received by youth & parents
- Addresses trauma symptomology and stress responses, (does not require PTSD diagnosis)
- Appropriate for emotional dysregulation for youth with behavioral disorders
- Strength-based, empowerment-focused
- Encourages family participation
- Developer expertise, availability, and involvement in implementation

Illinois PII Services Summary Diagram



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Research Design

Illinois Research Question

Do foster youth ages 11 to 16 placed in traditional, relative, and specialized foster homes throughout the state who, upon reaching the two-year anniversary of entering care, are experiencing mental health symptoms and/or have at least two placement changes have increased permanency rates within 3 years of entry if they receive TARGET services compared with similar youth who receive treatment as usual?

Evaluation Design

PII will evaluate TARGET intervention:

- Does youth have improvements in managing emotions and behaviors?
- Do youth and parents have increased contacts and enhanced relationships?
- Do foster parents improve skills in understanding and helping youth with emotional and behavioral difficulties?
- Does timeliness of permanency increase?

Evaluation Design

- Approximately 400 youth will participate in the evaluation study
- To test the effectiveness of the intervention, half of the youth enrolled will receive the TARGET therapy in addition to services as usual; the other half will receive services as usual.
- PII project will be evaluated in partnership with local universities and Federal consultants.

Westat

- Youth, foster parents, and parents (with return home goals) invited to participate in two interviews- at the start of their involvement in the study and 6 months after
- Calls foster parents to schedule consent and interview for youth and foster parent (45 minutes) in home
- Calls birth parents to gain consent and conduct individual phone interviews (15 minutes)
- Gift card incentive for interview completion: youth (\$20), parent (\$15), foster parent (\$20)
- Westat data collectors may contact the caseworker to assist with coordinating the youth interview at the caseworker's office if the foster parent declines release of their contact info

Eligibility Criteria 1:
1- second anniversary in care
2- living in relative, traditional or specialized foster home
3- between the ages of 11-16 (inclusive)
Youth must meet **all** these criteria

Eligibility Criteria 2:
Mental health symptom on the CANS

OR

Eligibility Criteria 3:
Two or more placement moves

PII Client Eligibility Screening (by caseworker):
Excludes youth who are not appropriate for TARGET

The DCFS Guardian will provide or deny consent for the youth to participate

Youth randomly assigned to control or experimental group;
current foster home receives same designation

TREATMENT GROUP

CONTROL GROUP

Westat: Consent for research*

Westat: Consent for research

Notification of Enrollment
Sent to therapist and caseworker

Data collected

TARGET
Orientation

*If youth or parents do not want to participate in the research, they will continue to be eligible for services.

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Casework Role & Activities

Caseworker Activities

When a youth is identified for PII:

- PII team will e-mail an Eligibility Screening Form to the caseworker; turn around ideally within 24 hours.
- The caseworker is asked to complete a current CANS if one has not been completed within the past 6 months
- The PII team notifies the caseworker if youth is in the control group or intervention group.

Caseworker and Therapist Activities for Youth in the Intervention Group

Caseworker

- Sends the therapist a copy of most recent CANS, IA, and Service Plan
- Schedules a TARGET Orientation and includes the youth, foster parents, and parents
- Introduces therapist to the family and youth
- Participates in ongoing case coordination with the TARGET therapist at least monthly

TARGET Therapist

- TARGET therapist initiates conference call with caseworker
- Therapist describes TARGET process and provides caseworker with dates and times for TARGET Orientation with family
- Provides an overview of PII and TARGET during the TARGET Orientation

Caseworker/ Therapist Conference Call

- What is the current permanency goal?
- When was the this goal assigned?
- Do you feel it is a viable goal? Why or why not?

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Caseworker and Therapist Roles

TARGET with Parents

TARGET Therapist

- Maximizes family engagement; involves role modeling of affect regulation by the helping professionals, using motivational approaches to promoting family “buy-in,” including parents and others even if the child is not in their custody or reside with them.
- Empowers family to build and support constructive collaborative decision-making and problem solving by all family members.
- Supports parent-child interaction; makes experience positive and affirming for youth and family
- Works with parents to restore ability to experience positive emotions essential in their care giving and to recognize and recover from negative emotions in the aftermath of trauma.
- Demonstrates ways to teach child how to become emotionally regulated; role models/uses FREEDOM steps in order to show they are “walking the walk”
- Shares observations with caseworker. Coordinates with caseworker around agency processes in which family participates.
- Communicates directly and frequently with Caseworker.

Agency Caseworker

- Supports TARGET participation
- Facilitates assessment, planning and reviews; ensures work toward goal is progressing.
- Shares developments, findings and recommendations from court process, critical decisions and changes in permanency plan with TARGET Therapist; incorporates TARGET recommendations into plan.
- Engages parents in change process; ensures regular contact; addresses reason for protective service intervention
- Facilitates visitation and family contacts; provides coaching and skill building through visitation and parent-child contact; acknowledges parents application of TARGET skills.
- Encourages parents increase in sole and shared parent experiences; enhances plan to increase role as parent demonstrates success.
- Incorporates positive changes resulting from TARGET intervention into permanency plan.
- Communicates directly and frequently with TARGET Therapist.

TARGET with Youth

TARGET Therapist

- Assists youth to identify personal goals, relationships, significant adults; works with youth, family and others to support lasting connections and relationships.
- Identifies significant others supporting youth and family; as appropriate, includes in TARGET intervention; assists youth in skills to build and sustain meaningful and lasting relationships with significant persons.
- Engages youth and family toward enhancing capacity and building skills; as capacity to self-regulate, manage stress and enhance significant relationships grow, stability in home, school and community increases.
- Supports parent in the primary role as parent; provides opportunities within TARGET intervention for youth to experience parents modeling positive response; shares observations with caseworker.
- Supports visitation and family contacts; provides parent with opportunity for success in parent-related roles and functions.
- Assists foster caregiver to know and apply TARGET skills in support of youth's work toward affect regulation.
- Identifies growth in self regulation and behavior management; documents observations and findings; makes recommendations to caseworker on how plan and enhanced tasks support goal achievement.

Agency Caseworker

- Shares initial and on going Integrated Assessment, youth's portion of service plan, and most recent CANS.
- Ensures diligent search is completed; identifies supportive relatives; identifies key persons in youth's life, both family and community.
- Understands TARGET focus on self regulation skills; supports application of skills in all domains, home, school and community with special emphasis on youth's relationships with parents and caregiver.
- Reinforces TARGET experiences; encourages youth and family in using skills to enhance relationships through visitation and family contact experiences; makes observations and shares with TARGET Therapist.
- Encourages parents to increase sole/shared parent experiences; encourages parent's role in youth key life decisions.
- As the youth works to improve affect regulation, the caseworker encourages the parent and foster parent to apply TARGET skills when responding to youth's needs.
- Collaborates and communicates directly with the TARGET Therapist; provides significant information on youth in all domains, home, school community; visitation, family (including sibling) interaction; discusses recommendations related to ongoing permanency plan and goal achievement.

TARGET with Foster Caregiver

TARGET Therapist

- Engages and supports foster caregiver to create an environment for positive change to occur with both the child and the child's parents.
- Provides support for foster caregivers' emotional well-being; educates foster caregiver that their affect regulation is a crucial part of the solution to the child's recovery from traumatic maltreatment.
- Helps foster caregiver understand behavioral manifestations of affect dysregulation as post-traumatic (survival mode) reactions.
- When maltreated children are able to regulate their emotions (affect), they can regain trust and emotional connectedness with caregivers – if the caregivers also are able to regulate their own emotions.

Agency Caseworker

- Works with foster caregiver as member of the service team
- Provides support and advocates for services; identifies and provides resources for the foster caregiver to better meet the needs of the child.
- Includes foster caregiver in all internal processes reviewing child's care and well being; supports foster caregiver contributions and adapts service plan to accommodate recommendations and requests.
- Provides education and training on needs of child and behavioral management techniques (directly or through specialty services).
- Supports foster caregiver's work with child's parents; encourages in home visitation and shared parenting.

Connection with Caseworker

Coordination: Caseworker shares Integrated Assessment, CANS and Family Service Plan with Therapist.

Communication: Caseworker and Therapist discuss their respective intervention, services and progress on a monthly basis. Therapist sends Caseworker monthly progress report.

Collaboration: Caseworker and Therapist work together toward achieving outcomes of service completion, placement stability and timely permanency.

How TARGET Skills Enhance Protective Factors

Protective Factors

TARGET

1. Parent Resilience
 1. TARGET is intended to mobilize a family's own resources and build on each member's internal strengths. **Restoring the parents ability to regulate emotions is the essential change that will enable them to feel and behave once again in a healthy manner.**
2. Social Connections
 2. One of the greatest contributions parents and families can make is to model how to regulate affect and to build healthy relationships that are based on mutual respect, love, and compassion. **It is important to help youth identify, build, and sustain key relationships with significant adults, or people with whom they have mutual love, respect and trust.**
3. Knowledge of Parenting and Child Development
 3. **Education about trauma, stress, and the brain enables parents' to understand why their child reacts the way they do** and how they can teach their child to effectively manage emotional and behavioral reactions.

How TARGET Skills Enhance Protective Factors

Protective Factors

TARGET

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|---|---|
| 4. Concrete Support in Times of Need | 4. Even when parents have access to help, they struggle to achieve the success in re-establishing a secure and healthy family for their children and themselves unless the services help them to address the challenge of emotional dysregulation as well. |
| 5. Social and Emotional Competence of Child | 5. TARGET supports both the parents and child to establish/reinforce permanent connections and relationships with significant (trusted) adults. When the child becomes comfortable with the full range of their healthy emotions, they trust themselves and their relationship with their parents and family once again. |
| 6. Healthy Parent-child Relationship | 6. TARGET helps family to develop a secure attachment and emotional connection to one another; works with youth , parents and caregivers to develop skills to build and sustain healthy relationships. |

Next Steps for Implementation

TASK	TIMEFRAME
Conduct Usability Testing (Cohort #1: 8 therapists)	Jan – March 2013
Begin Formative Evaluation (Cohort #2: 9 therapists)	May 2013
Train and deploy therapists (Cohort #3: 10 therapists)	November 2013
Last youth enrolled in study	February 2015

Questions?

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