Illinois: Trauma Focus Model for Reducing Long-Term Foster Care

In 2010, the Children's Bureau (CB) awarded the Illinois Department of Children and Family Services (DCFS) a Permanency Innovations Initiative (PII) grant. DCFS partnered with university-based researchers, private agencies, and policy organizations to develop and implement the Trauma Focus Model for Reducing Long-Term Foster Care. Although DCFS decreased the foster care caseload by 70 percent between 2000 and 2010, specific groups of young people remained in foster care. The goal of this project was to demonstrate a statewide approach to reducing long-term foster care by addressing trauma to improve permanency and child well-being outcomes.

PII is a 5-year demonstration project designed to implement and evaluate interventions intended to improve permanency outcomes for children most at risk of remaining in long-term foster care. PII is building the child welfare evidence base by integrating evaluation research and implementation science. This integration is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and to provide evidence about program effectiveness. The federal government supported the PII Grantees as they implemented and evaluated their interventions through two offices within the Administration for Children and Families. Through the PII Training and Technical Assistance Project (PII-TTAP), the CB provided training and technical assistance (T/TA) to PII Grantees to strengthen their use of best practices in implementation. The Office of Planning, Research and Evaluation (OPRE) supported rigorous within-site and cross-site evaluations of PII Grantees' interventions.

The following is a profile of the Illinois initiative.

Target Population

The target population was youth 11-16 years of age placed in traditional, relative, and specialized foster homes throughout the State of Illinois, and who (upon reaching the 2-year anniversary of entering care) were experiencing mental health symptoms and/or have had at least one placement change.

Barriers to Permanency

The most prominent barriers to permanency identified in this population included: (1) emotional-behavioral issues of the identified youth, frequently related to histories of complex trauma; (2) lack of biological parental engagement and service completion required to achieve reunification; (3) insufficient or ineffective services to address biological parents' underlying issues related to

child welfare involvement; and (4) lack of support and training for foster parents to address the needs and behaviors of the children in their care.

Theory of Change

Illinois' theory of change was threefold:

1) Youth with histories of trauma and/or emotional-behavioral issues have difficulty regulating their emotions and behavior, leading to difficulty in forming relationships. Building skills in emotional and behavioral regulation can increase their capacity to manage stress, reduce behavioral problems, and form relationships. An improved ability to form relationships will lead to increased placement stability and permanency.
2) Foster parents often feel unprepared to care for children with trauma-related and mental health symptoms. The intervention will educate foster parents and build their capacity to assist the child. An increase in their ability to assist youth with disruptive emotions and behaviors will result in decreased stress, greater placement stability, and ideally, legal permanency.
3) Biological parents often have their own histories of trauma that may lead to difficulty with emotional and behavioral regulation. The intervention will teach biological parents skills in emotional and behavioral regulation, allowing them to better address their own needs and parent their children. This will result in higher rates of reunification.

Initiative and Associated Intervention(s)

After intensive exploration and analysis, Illinois chose to adapt and implement Trauma Affect Regulation: Guide for Education and Therapy (TARGET). It is a strengths-based approach to education and therapy for youth, biological parents, and foster parents who have been affected by trauma or experience a high level of stress related to adverse experiences.

TARGET has a strong psycho-educational component that teaches youth, biological parents, and foster parents about the impact of trauma on cognitive, emotional, behavioral, and relational processes. It explains that the brain's stress (alarm) system can become stuck in survival mode after experiencing a trauma, and therefore can have difficulty partnering with the brain's thinking and memory systems, especially at times of stress. This intervention teaches youth and biological parents how to better understand their own stress triggers so that they can regulate overwhelming feelings and make and achieve goals for themselves. It teaches foster parents to understand and support the youth in their care.

In Illinois, TARGET was delivered in individual and group sessions with youth and as the basis for family therapy with youth and their biological and/or foster parents.

Intervention Start Date and Number Served

Illinois began providing TARGET services on December 18, 2012, and served 151 children through October 30, 2015.

INTERVENTION STATUS UPDATE

Although TARGET was an already developed intervention, it historically had been used in group-based settings, largely with youth involved in the juvenile justice system. DCFS worked with the program developer to modify three items in the TARGET model to effectively engage youth residing in a foster home. The three modifications to the TARGET model included: (1) adaptation for use in a home-based setting; (2) incorporation of evidence-based engagement practices with youth and parents; and (3) language that targeted the use of the intervention with youth, foster parents, and biological parents. As part of the implementation process, DCFS developed plans to embed the intervention into the existing Illinois agency structure and to collect and monitor data. DCFS also worked with the program developer to adapt existing implementation supports, such as training, coaching, and fidelity assessment.

Throughout the initiative, Illinois encountered barriers while also achieving many implementation successes. In Year 1, Illinois submitted an implementation plan that was not approved by the CB and OPRE. During Year 2, Illinois repeated the exploration phase and successfully defined the target population, determined barriers to permanency, coordinated a teaming structure, promoted buy-in for the intervention, and planned for implementation and evaluation of the intervention. While enrolling participants in TARGET, Illinois experienced numerous delays. To address this issue, Illinois conducted a time study and was able to pinpoint different areas where the amount of time between identification of the child and enrollment in TARGET could be reduced.

The implementation of TARGET in Illinois was successful in part because of the agency's ability to use mapping data to effectively assign and transfer cases to therapists statewide and to embed TARGET into an already existing program management structure. Other successes experienced through the life of the project included revising the teaming structure as necessary to respond to the changing needs of the project and to focus on how best to sustain TARGET. Additionally, DCFS participated in a "train the trainers" program that allowed DCFS to have a cadre of trainers, which greatly aided the agency's ability to sustain TARGET with minimal involvement by the program developer.

DCFS achieved full implementation of the TARGET model during the initiative. The early integration of TARGET into an existing program management structure allowed DCFS to sustain TARGET under the umbrella of the broader System of Care (SOC) services array. By doing so, DCFS was able to expand the service age range. DCFS continues to enroll children in TARGET under the new expanded service.

EVALUATION STATUS

Each PII intervention is undergoing independent evaluation, overseen by OPRE. Youth meeting study criteria were randomized into the intervention or the comparison group. Study enrollment for the summative evaluation ended on February 28, 2015. Illinois randomized 462 youth (n=219 control and n=243 treatment) into the summative sample. At the end of enrollment, siblings accounted for 22% of the sample. Data were collected at two time points (baseline and

a follow-up at the completion of the study). Baseline response rates were 86% for the youth,[1] 72% for the foster parents, and 64% for biological parents. Follow-up data collection ended on October 31, 2015, and response rates were 89% for youth, 82% for foster parents, and 63% for biological parents. Final counts of completed follow-ups are 265 youth, 223 foster parents, and 47 biological parents. The final sample of 47 biological parents may limit overall analysis with this population. The evaluators anticipate clustering at both the sibling and the therapist level. Preparation and reconciliation of the analysis file was completed in April 2016 with a final usable analytic sample of 447 youth.[2]

As of the date of this publication, evaluation results were forthcoming. See the Permanency Innovations Initiative page on the OPRE website in late 2016 for more information (http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation).

[1] The response rates exclude siblings since they were excluded from primary data collection and include youth in treatment and control groups.
[2] 15 youth became ineligible for the study after randomization dropping the number from 462 to 447.