Integrating Safety, Permanency, and Well-Being for Better Outcomes

BRYAN SAMUELS, COMMISSIONER
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
ACYF’s Priority:
INTEGRATING WELL-BEING WITH SAFETY AND PERMANENCY TO ACHIEVE BETTER OUTCOMES FOR CHILDREN, YOUTH, AND FAMILIES

WELL-BEING
SAFETY
PERMANENCY
Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills.

Nurturing environments provide security and promote positive outcomes.

Systematic approaches to teaching coping skills and social skills.

Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills.

Safe, Supportive, and Responsive Relationships

Stress Reducing and Developmentally Appropriate Environments

Targeted Social and Emotional Supports

Intensive Intervention

Assessment drives individualized treatment plan with evidence-based interventions.

Knowledgeable and Effective Workforce

SOCIAL AND EMOTIONAL WELL-BEING FOR CHILDREN, YOUTH, AND FAMILIES

Adapted from the Technical Assistance Center on Social Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning
ONE WAY TO INTEGRATE SAFETY, PERMANENCY AND WELL-BEING: SAFE BABIES COURT TEAMS

- Major findings from ZERO TO THREE’s Safe Babies Court Teams evaluations:
  - 99.05% of the 186 infant and toddler cases examined were protected from further maltreatment while under court supervision. (JBA, 2009)
  - 97% of the 186 children received needed services. (JBA, 2009)
  - Children monitored by the Safe Babies Court Teams Project reached permanency 2.67 times faster than the national comparison group ($p=.000$). (McCombs-Thornton, 2011)

10 Core Components:
- Judicial Leadership
- Local Community Coordinator
- Active Court Teams Focus on the Big Picture
- Targeting Infants and Toddlers in Out-of-Home Care
- Placement and Concurrent Planning
- Family Team Meetings Monthly to Review All Open Cases
- Parent-Child Contact
- Continuum of Mental Health Services
- Training and Technical Assistance
- Evaluation
EFFECTIVENESS OF PARENT-CHILD INTERACTION THERAPY (PCIT)

A review of 17 studies that included 628 preschool-aged children with a disruptive behavior disorder concluded that involvement in PCIT resulted in significant improvements in child behavior functioning. Commonly reported behavioral outcomes of PCIT included (Gallagher, 2003):

- less frequent and less intense behavior problems as reported by parents and teachers
- increases in clinic-observed compliance
- reductions in inattention and hyperactivity
- decreases in observed negative behaviors such as whining or crying
- reductions in the percentage of children who qualified for a diagnosis of disruptive behavior disorder

AN EVIDENCE-BASED INTERVENTION THAT INTEGRATES SAFETY, PERMANENCY, AND WELL-BEING: KEEP
KEEPING FOSTER & KIN PARENTS SUPPORTED AND TRAINED (KEEP)

• Group intervention for foster and kin families with children who have demonstrated externalizing problems, mental health problems, problems in school, or problems with peer groups.

• KEEP is a form of Multi-dimensional Treatment Foster Care for regular foster and kinship families.

• Essential components include:

  Weekly parent support and training group sessions
  Supervision for parents in behavior management methods
  Parent Daily Report Checklist Calls

• Reduces changes in placement, increases reunification, increases positive parenting skills for foster parents.
## OVERVIEW OF KEEP COMPONENTS

<table>
<thead>
<tr>
<th>Who is served?</th>
<th>Regular state hired foster and kinship parents caring for children 4-12 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration components</td>
<td>16 weeks: (1) weekly foster/kinship parent support groups (90 min each); (2) weekly data collection on child behavior problems/progress</td>
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<tr>
<td>Staffing requirements</td>
<td>For 3 groups up to 90 foster/kin families</td>
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<tr>
<td></td>
<td>- Paraprofessional lead facilitator (1.0 FTE)</td>
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<tr>
<td></td>
<td>- Co-facilitator (.75 FTE)</td>
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<tr>
<td></td>
<td>- On-site supervisor (.10 FTE)</td>
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<tr>
<td>Implementation Support</td>
<td>5-day training + weekly consultation until facilitator is certified</td>
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<tr>
<td>Major Outcomes</td>
<td>Reduced changes in placement, increased reunification, and positive parenting skills for foster/kinship parents</td>
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RESULTS OF KEEP INTERVENTION: BEHAVIOR PROBLEMS

- Foster and kin parents in the KEEP intervention condition reported significantly fewer child behavior problems than those in the control condition.

- This effect was strongest for children with higher levels of behavior problems.

- The intervention was effective in increasing positive parenting skills and in reducing child behavior problems, especially among those children creating the greatest challenges to foster parents.
KEEP was effective in reducing behavioral problems among children with mild to severe behavior problems at baseline.

RESULTS OF KEEP INTERVENTION: PLACEMENT CHANGES

• Positive exits: any exit from foster or kinship placement home that was made for a positive reason, such as a reunion with biological parent, placement with a relative, or an adoption. Negative exits: negative reasons for a child’s exit from the home, such as being moved to another foster placement, being placed in a more restrictive environment, or runaways.

• Children in the KEEP intervention were nearly twice as likely to experience a positive exit by the end of the intervention period than children in the control group.

• The number of prior placements significantly predicted a greater likelihood of negative exits in the control group – but this risk was mitigated by the KEEP intervention.
EXAMPLE OF STATEWIDE KEEP IMPLEMENTATION

- According to an evaluation of KEEP results, if the intervention were implemented in a large State, the following outcomes could be expected:

![Bar chart showing moves and exits without and with intervention.](chart.png)

TITLE IV-E CHILD ABUSE AND NEGLECT DEMONSTRATION PROJECTS
TITLE IV-E CHILD WELFARE DEMONSTRATION PROJECTS

• HHS may waive title IV-E requirements for States with approved projects, allowing them to use funds flexibly and reinvest savings

• HHS prioritized well-being and addressing trauma as the focus of the demonstrations

• States are encouraged to align screening, assessment, and evidence-based interventions with the needs and characteristics of the target population in order to achieve improved well-being
INTEGRATING SAFETY, PERMANENCY, AND WELL-BEING

• Knowledge building and developing practice
  – Training staff and foster parents
  – Providing supports to staff to address secondary trauma

• Validated screening & assessment
  – Screening and continual functional assessment that gathers information from multiple sources

• Case planning and management
  – Requires sensitive and responsive relationship between child and social worker, birth parents, foster parents, etc.

• Scaling-up of evidence-informed services
  – Skilled mental health providers available
  – Increasing capacity to deliver trauma-focused mental health treatment

• Cross-system partnerships and system collaboration
  – Work with Medicaid and mental health respond to trauma-informed needs being identified

ACHIEVING BETTER OUTCOMES

therapeutic, responsive & supportive settings & relationships

Validated Screening

Clinical Assessment

Functional Assessment

Case Planning for Safety, Permanency, and Well-being

Evidence-based Intervention(s)

Outcomes

Progress Monitoring

social-emotional functioning
MATCHING POPULATIONS, OUTCOMES, AND APPROACHES: IV-E DEMONSTRATION PROJECT EXAMPLES

Population
- Children, 8-17
- Children, 13-17
- Children, 2-7

Screening & Assessment
- UCLA PTSD Index
- Strengths & Difficulties Questionnaire
- Child & Adolescent Needs & Strengths
- Strengths & Difficulties Questionnaire
- Child & Adolescent Needs & Strengths
- Trauma Symptoms Checklist for Young Children
- Infant Toddler Emotional Assessment
- CBCL

EBIs
- Trauma-Focused Cognitive Behavioral Therapy
- Multisystemic Therapy
- Parent-Child Interaction Therapy

Outcomes
- Behavior problems
- PTS symptoms
- Depression
- Delinquency/Drugs
- Peer problems
- Family cohesion
- Conduct disorders
- Parent distress
- Parent-child interaction

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EXAMPLE: PENNSYLVANIA

- **Target population**: Children in or at-risk of entering placement, discharged from placement, or receiving in-home services

- **Geographic scope**: 5 counties initially

- **Key outcomes**: Improved parent behavioral health and functioning; increased parenting skills; improved child and youth functioning in home, school and community; reduced use of congregate care and other restrictive placement settings; increased placement in most appropriate and least restrictive settings

- **Evidence-based or promising programs considered**: PCIT; MST; MTFC; TF-CBT; Triple P; NFP; SFP; Incredible Years; Why Try?
INTEGRATING SAFETY, PERMANENCY, AND WELL-BEING FOR CHILDREN AND FAMILIES MEANS:

1. Focus on child & family level outcomes
2. Monitor progress for reduced symptoms and improved child/youth functioning
3. Proactive approach to social and emotional needs
4. Developmentally specific approach
5. Promotion of healthy relationships
6. Build capacity to deliver EBPs
WHAT CAN COURTS DO TO PROMOTE WELL-BEING?
COLLABORATING WITH TREATMENT PROVIDERS

Essential activities for treatment providers working within the court settings:

1. Collection of all referral and eligibility criteria documentation from caseworkers (referrals, Dependency Petition, etc.)

2. Child-parent assessment

3. Collaboration with other professionals working with the court (lawyers, caseworkers, etc.)

4. Protecting therapeutic relationship with court client: Preparation for hearing (providing opportunities for client to ask questions, share critical aspects of what is to be reported in court, etc.)

5. Participation in the dependency court hearing (providing verbal report of treatment status, compliance, status of child’s developmental functioning and extent to which needs are being met, etc.)

6. Reflective supervision of court cases