CONNECTING THE DOTS: Safety, Permanency, and Well-being

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Career Path

1. ED, Chapin Hall at U of Chicago
2. Commissioner, HHS & ACYF
3. Chief of Staff, Chicago Public Schools
4. Director of Child Welfare, DCFS
5. Consultant, Missouri DSS
6. Deputy Director, Nebraska DSS
7. Assistant to Governor for Human Services, State of Illinois
8. Adjunct Professor, U of Chicago

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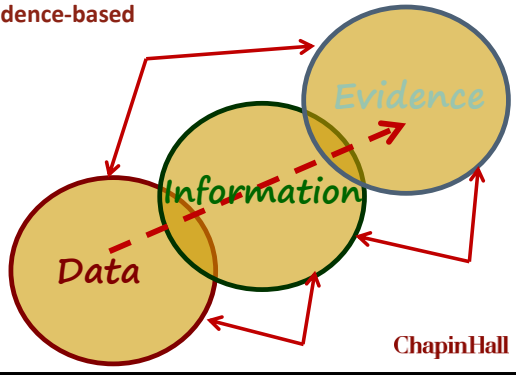
Child Welfare: Moving from Data-driven to Evidence-based



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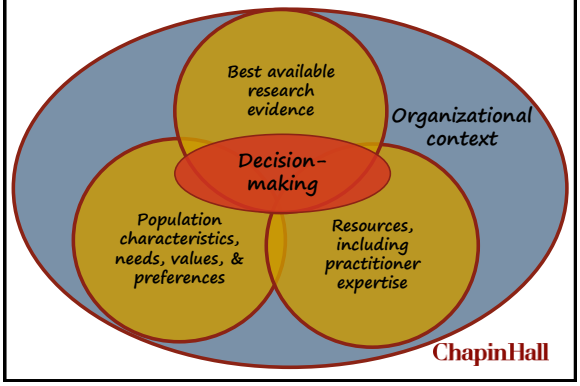
Broader Definition of Evidence based Practice



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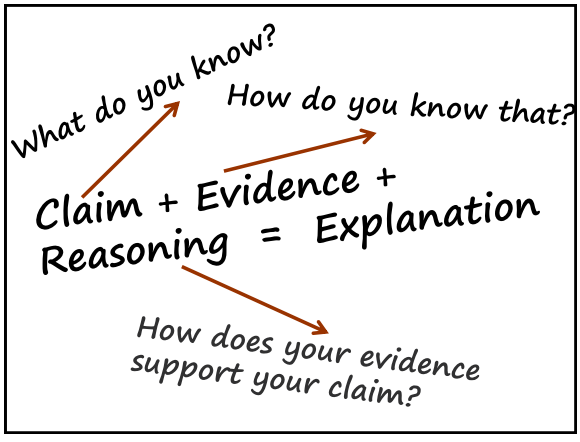
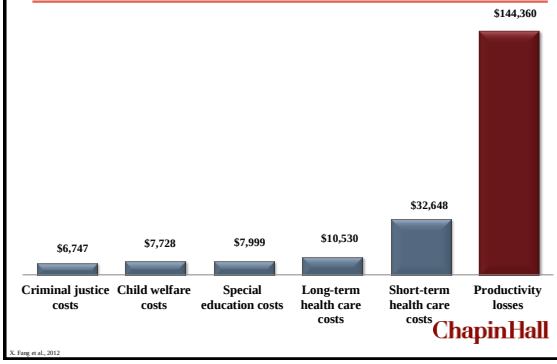


Average Lifetime Cost of Maltreatment: $210,000



X. Fang et al., 2012

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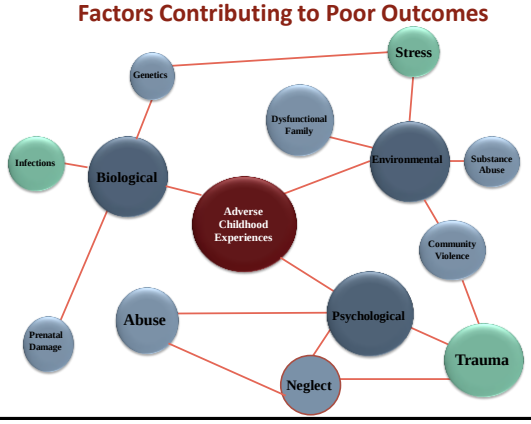
Factors Contributing to Poor Outcomes



Guiding Principles of ASFA 1997

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- Child welfare system must focus on results and accountability
- Federal funding should be used to promote **safety, permanency, and wellbeing**

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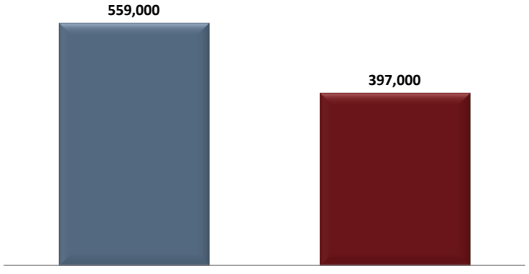
Decline in the Child Welfare 2002-2011



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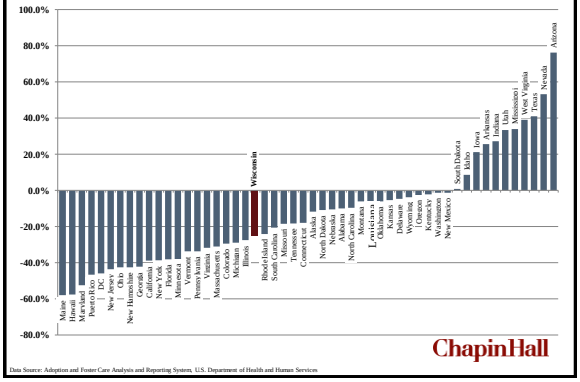
25% Decline in Caseloads 2002-2011



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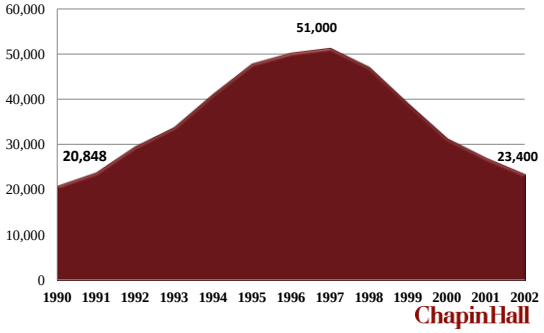
Data Source: Adoption and Foster Care Analysis and Reporting System, U.S. Department of Health and Human Services

Illinois' Child Welfare Population 1990 to 2003



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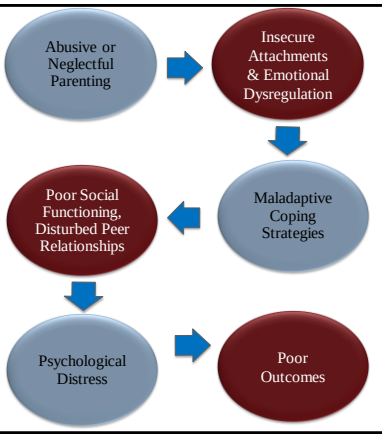
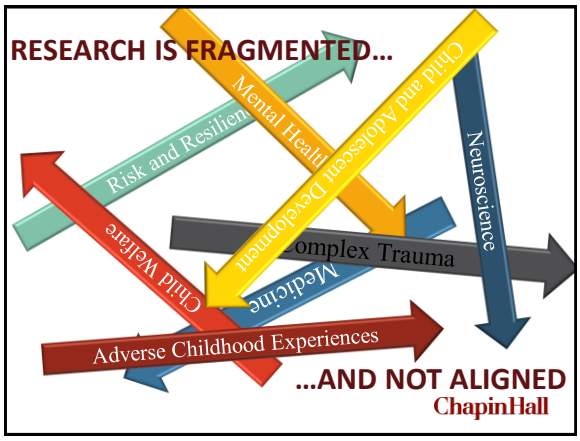
Pathway to Poor Outcomes for Children and Youth





Integrating Safety, Permanency & Well-being

Lessons Learned from Illinois 1997-2003

1. Focusing on permanency benefits some children and youth in care
2. Focusing exclusively on permanency leaves well-being needs unaddressed
3. Older youth face significant challenges to achieve independence

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Introducing a New Approach in Illinois

Goals

1. Early identification of trauma
2. Strong correlation between trauma, treatment plan and services
3. Improved well being outcomes
4. Sustainable life foundation
5. Supporting young adults requires a comprehensive approach

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How We Redefined Success in Illinois

1. Redesign performance-based contracting in order to emphasize **well-being outcomes** (Chapin Hall study)
2. Implemented new placement system to keep children in the **same school** as before to substitute care (Chapin Hall study)
3. Introduced **evidence-based** services to address **trauma** (Bruce Perry studies)
4. Implemented a **comprehensive assessment** to understand needs and match services (Northwestern study)
5. Redesigned **transitional living** and **independent living** programs (Chapin Hall study)
6. Created a **child location unit** that tracks all youth who run away (Chapin Hall study)
7. Established **common measures** for residential treatment (U of Illinois study)

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Adverse Childhood Experience & Adult Outcomes

"We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for **alcoholism, drug abuse, depression, and suicide attempt**; a 2- to 4-fold increase in **smoking, poor self-rated health**, ≥50 **sexual intercourse partners, and sexually transmitted disease**; and a 1.4- to 1.6-fold increase in **physical inactivity and severe obesity**. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic **heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease**."

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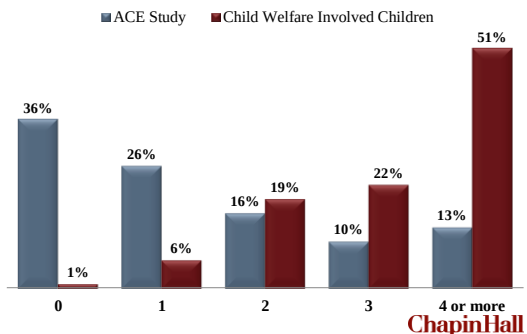
Felitti, VJ, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14(4):245.

ACEs and NSCAW Equivalents



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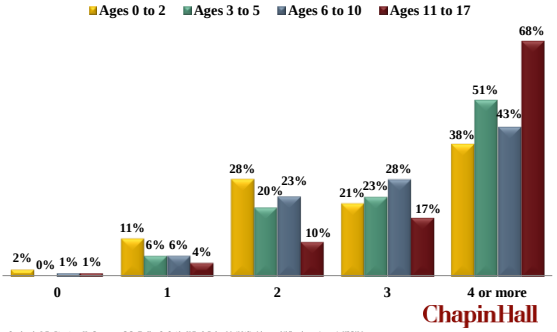
Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). *Adverse childhood experiences in NSCAW*. OPRE Report #2013-26, Washington, DC

ACEs for Child Welfare Involved Children by Age



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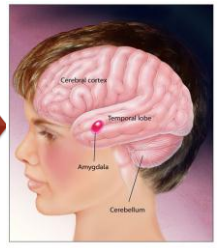
Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). *Adverse childhood experiences in NSCAW.*

Emotional, and Social Capacities Are Inextricably Intertwined Within the Architecture of the Brain

Maltreatment during early childhood can cause vital regions of the brain that **lead to a variety** of physical, emotional, cognitive, and mental health problems.



Maltreatment results in difficulties regulating emotional reactions, rage, dissociation, changes in perception of self and others, and changes in understanding and interpreting events.

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i. Siegel, DJ. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, "mindsight," and neural integration. *Infant Mental Health.* 22(1-2):67.
ii. Torr, LC. (1991). Acute responses to external events and Posttraumatic stress disorders. In Lewis, M (Ed.). *Child and adolescent psychiatry: a comprehensive* textbook New Haven, CT: Williams & Wilkins.

Maltreatment & Complex Trauma

- *Refers to children's experiences of* ***multiple traumatic events that occur within the caregiving system*** *– the social environment that is supposed to be the source of safety and stability in a child's life.*
- *Typically, complex trauma exposure refers to the* ***simultaneous or sequential occurrences of child maltreatment****—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are* ***chronic and begin in early childhood****.*
- *Moreover, the initial traumatic experiences (e.g., parental neglect and emotional abuse) and the resulting emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues,* ***often lead to subsequent trauma exposure*** *(e.g., physical and sexual abuse, or community violence)."*

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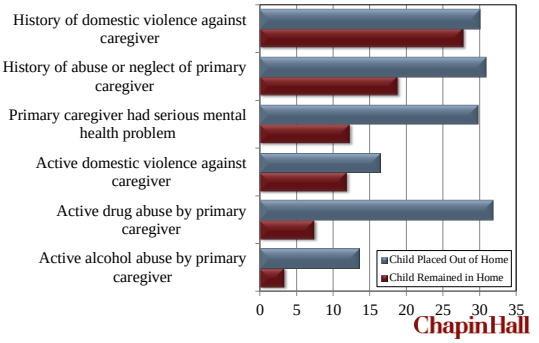
Connecting the Dots to Stress at Home



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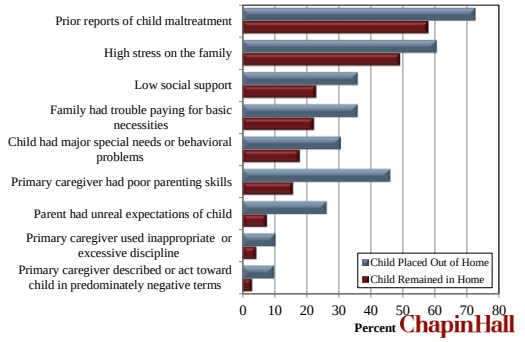
Connecting the Dots to Stress at Home



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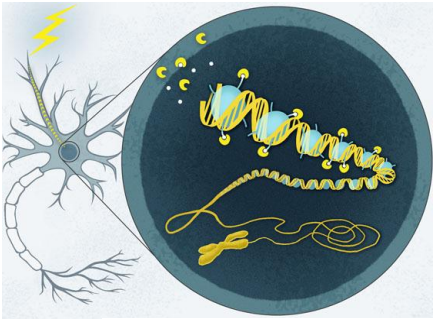
Connecting the Dots of How Early Experiences Alter Gene Expression

Extensive scientific research has shown that healthy development depends on how much and when certain genes are expressed in the cells of these systems.

Research has shown that environmental factors and early experiences have the power to impact whether genes are turned "on" or "off"—essentially whether and when genes are activated to do certain tasks.



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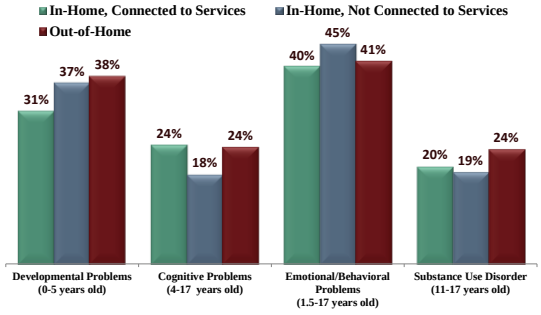
Connecting the Dots to Poor Outcomes Among Children Known to Child Welfare



Dolan, M., Casanueva, C., Smith, K., & Ringeisen, H. (2011). *NSCAW Child Well-Being Spotlight: Children Placed Outside the Home and Children Who Remain In-Home after a Maltreatment Investigation Have Similar and Extensive Service Needs.* OPRE Report #2012-32, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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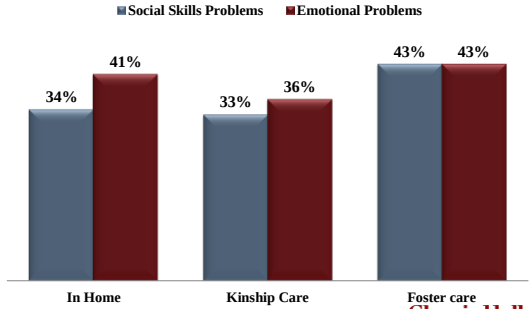
Connecting the Dots to Relational Skills and Social-Emotional Problems



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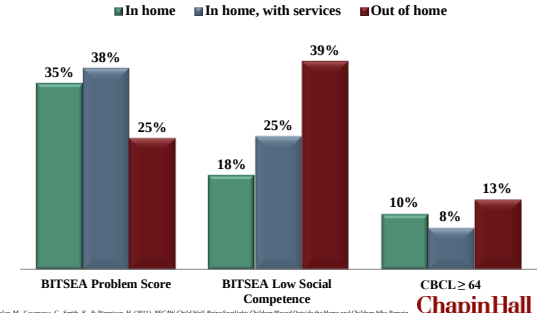
Mental Health Problems for Young Children in NSCAW



Dolan, M., Casanueva, C., Smith, K., & Ringeisen, H. (2011). *NSCAW Child Well-Being Spotlight: Children Placed Outside the Home and Children Who Remain In-Home after a Maltreatment Investigation Have Similar and Extensive Service Needs.* OPRE Report #2012-32, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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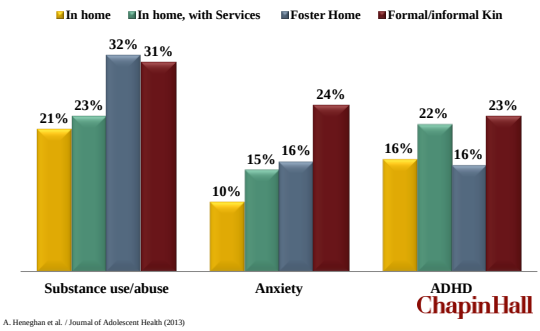
Clinical Level Problems for Youth 12-18 in NSCAW



A. Heneghan et al. / Journal of Adolescent Health (2013)

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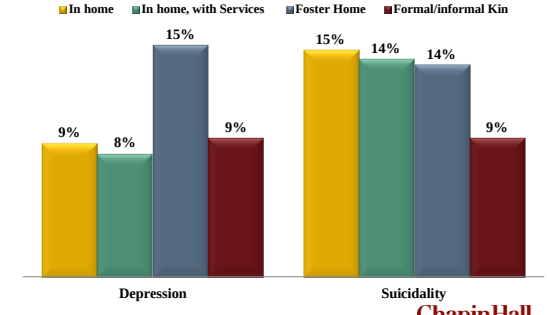
Clinical level Problems for Youth 12-18 NSCAW



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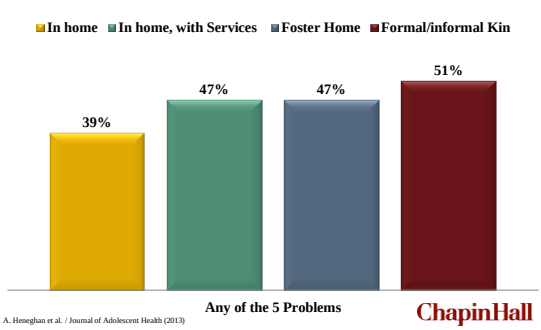
Clinical level Problems for Youth 12-18 NSCAW



A. Heneghan et al. / Journal of Adolescent Health (2013)

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Chronic Health Conditions in NCSAW II

- NSCAW II findings suggests that the true prevalence of CHC among children investigated by child welfare agencies is at least double.
- Depending on the measure used, **31.6% to 49.0%** of all children investigated were reported by their caregivers to have a **chronic health condition**.
- For children ages 11 and over, **41.6% to 64.9%** were reported by their caregivers to have a **chronic health condition**.
- These findings are dramatic and show that when compared with the health of the nation's children as a whole, the proportions of investigated children affected by health challenges are far higher for every method used than are the usual **national population-based rates of CHC of 12.8% to 19.3%** in the literature.
- These findings can be generalized to a large population of children at high risk: namely, the **5.9 million children** identified in 3.3 million child welfare reports, of whom 60% are investigated for potential abuse and neglect.

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Rolls-Reutz, Ellen J. Silver, Emily Fisher, John Landsverk and Sarah McCue Horwitz, Ruth E.K. Stein, Michael S. Hurlburt, Amy M. Heneghan, Jinjin Zhang, Jennifer, Chronic Conditions Among Children Investigated by Child Welfare, 2013

Developmental Impact of Maltreatment

"…maltreatment is not merely a risk factor for later outcomes, but also a causal agent, and, […] its effect is conditioned by the developmental stage at which the maltreatment occurs. Childhood-limited maltreatment significantly affects drug use, problem drug use, suicidal thoughts, and depressive symptoms – reactions to stress that are more inwardly directed. In contrast, maltreatment that occurs in adolescence has a more pervasive effect on early adult development, affecting 10 of the 11 outcomes including involvement in criminal behavior, substance use, health-risking sex behaviors, and suicidal thoughts."

Thornberry, TP; Henry, KL; Ireland, TO & Smith, CA. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health*. 46:359.

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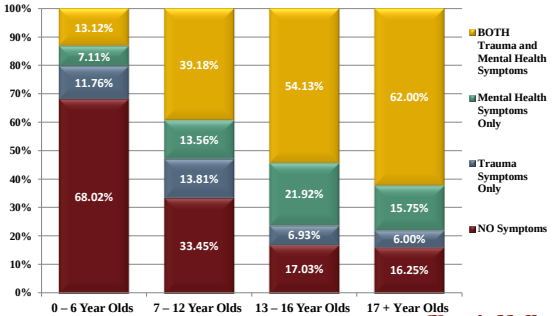
Overlap of Trauma & Mental Health Symptoms



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(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel , 2012)

Developmental Impact of Maltreatment

1. This data calls into question the assumption that **early maltreatment has stronger and more enduring negative effects** on future adaptation. **Recency and persistence of maltreatment both impact its effect on outcomes.**
2. The data highlights the **importance of using developmentally specific measures** of maltreatment in assessing its subsequent effect. When a global measure of any maltreatment was used , maltreatment did not appear to be causally related to early adult outcomes.
3. The data suggests need to develop **effective and developmentally appropriate programs for adolescent victims**. Fewer treatment programs exist for adolescent victims than for child victims, and many adolescent interventions are either downward extensions of adult programs or upward extensions of child programs.

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Safety & Permanency are Necessary *but not* Sufficient to Ensure Well-Being

REUNIFICATION	KINSHIP CARE	ADOPTION
• "Children who went home and stayed home had a four fold **increase in internalizing behavior** problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline" (1).	• "Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care. … [M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child's foster care experience" (2).	• In assessments of children at 2, 4, and 8 years following adoption, "**Adopted foster youth were more behaviorally impaired than their non-FC counterparts**, although a striking number of non-FC youth displayed behavior problems as well" (3)

1. Bellamy, J. (2008). Behavioral problems following reunification of children in long-term foster care. Children and Youth Services Review. 30:216.
2. Fechter-Leggett, MO & O'Brien, K. (2010). The effects of kinship care on adult mental heath outcomes of alumni of foster care. Children and Youth Services Review. 32(2):206.
3. Simmel, C; et al. (2007). Adopted youths psychosocial functioning: A longitudinal perspective. Child and Family Social Work, 12(4):336.

Chaffee Programs Yield Poor Outcomes

Chaffee Foster Care Independence Program Type	Outcomes Measures	Findings
Tutoring and Mentoring	Age percentile in reading and math, school grades, high school completion, highest grade completed, and school behavior problems	**No statistically significant difference on key outcomes**
Life Skills Training	High school completion, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	**No statistically significant difference on key outcomes**
Employment	High school completion, college attendance, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	**No statistically significant difference on key outcomes**
Intensive Case Management and Mentoring	High school completion, college enrollment and persistence, current employment, employment past year, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	**Higher rates of college attendance and persistence among treatment than control group youth but difference was largely explained by continued child welfare system involvement among youth in the treatment group**

Kuhall, Heather, et al. (2011). *Synthesis of Research and Resources to Support At-Risk Youth, OPRE Report # OPRE 2011-22, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.*

Using the Best Available Science to Create a Well-being Framework

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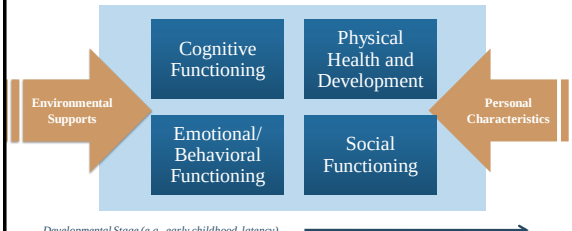
Integrating Safety, Permanency, and Well-being

Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities.



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Rethinking Child Welfare Procedures and Practices

- Maltreatment investigations
- Removals from biological home
- Caseworker visits
- Training and monitoring of foster parents
- Case planning and progress monitoring
- Termination of parental rights
- Sibling placement and connections
- Pre/post support for adoption and guardianship
- Pre/post support for reunification
- Case/transition planning for youth aging out of care
- Placement disruptions, dissolutions or (un)anticipated moves

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Rethinking Child Welfare Policies, Practices, and Approaches

Strategies for meeting well being needs

1. **Reduce stress** in children's lives, both by addressing its source and helping them learn how to cope with it in the company of competent, calming adults;
2. **Foster social connection** and open-ended creative play, supported by adults;
3. **Incorporate vigorous physical exercise** into daily activities, which has been shown to positively affect stress levels, social skills and brain development;
4. **Increase the complexity of skills** step-by-step by finding each child's "zone" of being challenged but not frustrated; and
5. **Include repeated practice** of skills over time by setting up opportunities for children to learn in the presence of supportive

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Screening, Functional Assessment, and Progress Monitoring

"Functional assessment—assessment of multiple aspects of a child's social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being**."

"Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children's progress towards functional outcomes**."

"Rather than using a "one size fits all" assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups." (O'Brien, 2011)

Valid and **reliable** mental health, behavioral health, and developmental **screening and assessment tools** should be used to understand the impact of maltreatment on vulnerable children and youth.

TRAUMA SCREENING

- Child and Adolescent Needs and Strengths (CANS) Trauma Version
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)

FUNCTIONAL ASSESSMENT

- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)
- Emotional Quotient Inventory Youth Version (EQ-i:YV)

Time to Stop Counting Service

"It is common for child welfare systems to gauge their success based on whether or not services are being delivered. One way to focus attention on well-being is to measure how young people are doing behaviorally, socially, and emotionally and track whether or not they are improving in these areas as they receive services" (ACYF-CB-IM-12-04).

Measuring Services

How many children received…?
How many hours of training were delivered?
What percent of children got…?

Measuring Outcomes

Are trauma symptoms reduced?
Did services increase relationship skills?
Do children have healthier coping strategies?

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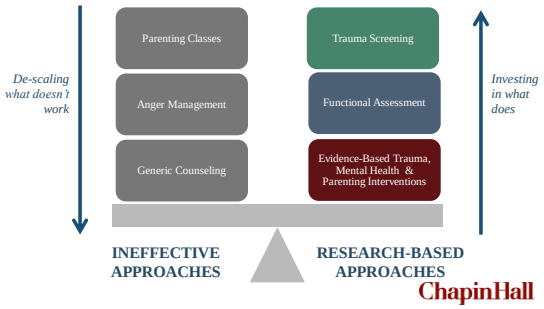
Establishing The Right Services Array: De-scaling What Doesn't Work, Scaling Up What Does



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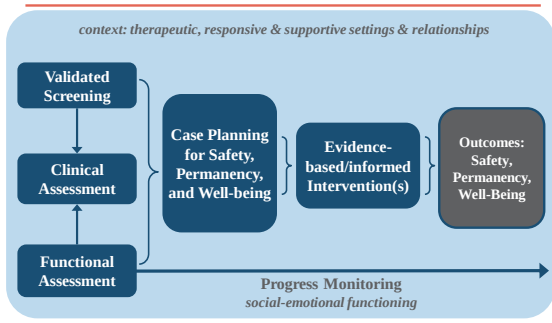
Achieving Better Outcomes



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Intervention Must be Strong Enough to Meet Complex Profiles

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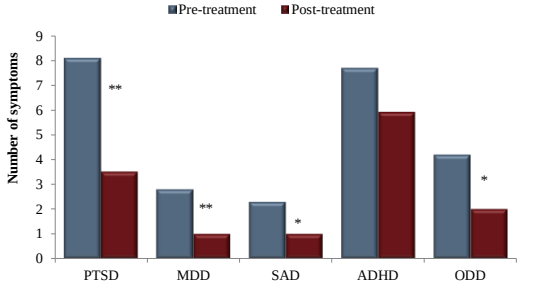

*p<.001, **p<.0001

Scheerings, M. and Gonzales, R.. Clinical treatment approaches to trauma. Tulane University School of Medicine. (April 15, 2013 presentation to at the CWLA Neuroscience and Child Maltreatment Conference).

4/25/2013

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PROMOTING WELL-BEING ACROSS THE U.S.

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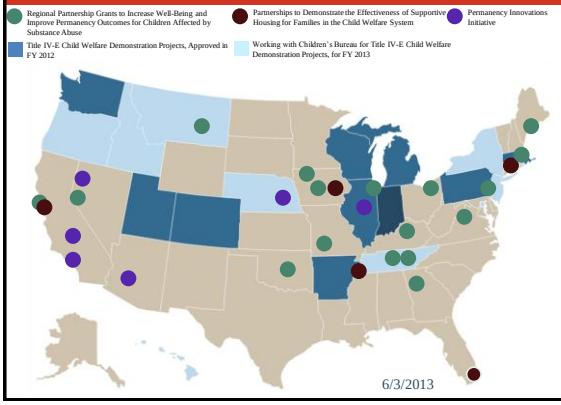

6/3/2013

Example From KANSAS: KIPP

- Part of the Permanency Innovations Initiative (PII), KIPP is conducting a five-year demonstration to reduce long-term foster care, targeting children ages 3-8 with severe emotional disturbances (SED)
- During the planning year, KIPP engaged in an intensive, intentional process to understand their population and design an effective intervention strategy

KIPP
KANSAS INTENSIVE PERMANENCY PROJECT
A SERVICE OF THE CHILDREN'S BUREAU
KU THE UNIVERSITY OF KANSAS School of Social Welfare

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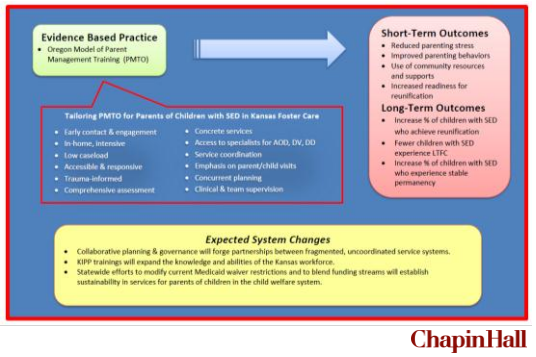
KIPP Service Model Overview



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Keeping Foster and 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, and increases positive parenting skills for foster parents

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Overview of KEEP Components

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

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Well-Being Thru SAFE BABIES Count 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)

Core Components:

1. Judicial Leadership
2. Local Community Coordinator
3. Active Court Teams Focus on the Big Picture
4. Targeting Infants and Toddlers in Out-of-Home Care
5. Placement and Concurrent Planning
6. Family Team Meetings Monthly to Review All Open Cases
7. Parent-Child Contact
8. Continuum of Mental Health Services
9. Training and Technical Assistance
10. Evaluation

How We Re-Defined Success in Illinois: Results

- **Reduced caseload ratios** from 20 cases per worker to 14
- **Decreased child welfare population** from 23,500 to 16,500
- **Reduced percent of African American children in foster care** from 69.3% to 60%
- **Decreased number of youth "on run"** by 40% and number of days "on run" by 50%
- **Decreased late investigations** by 60%
- **Reduced distance between home of origin and foster care placement** from 20 miles to 7.8 miles by using new school placement strategy
- **Reduced time** in residential treatment by 20%
- **Reduced trauma symptoms** in 70% of children served

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Connecting the Dots to Brain Science

1. While the healthy body can restore itself quickly after a stressful incident (running for a late bus, facing an important examination, etc.), this is not the case with **long term stress overload**.
2. Chronic (toxic) stress causes the brain to **secrete an excess of hormones**, such as cortisol. Excessive secretion of cortisol interferes with **memory, retention, focus, and learning**.
3. As a result of experiencing extreme traumatic stress over time, the part of the brain responsible **for learning new things** can become damaged.
4. An overload of **stress can cause an imbalance** in the functioning of the brain's hemispheres.
5. When we are excessively depressed, anxious, and stressed, the **right hemisphere becomes dominant**. This interferes with cognition, self-regulation, and the ability to focus and remember.

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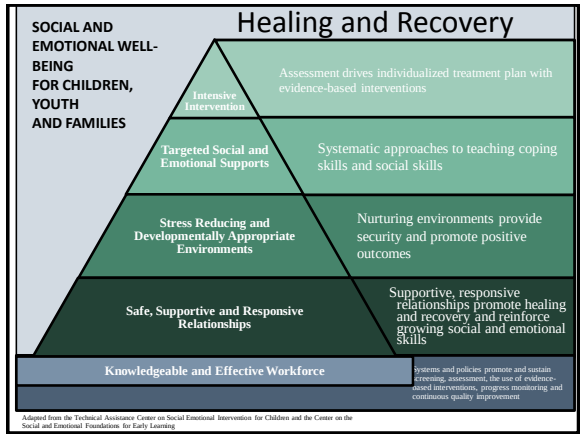

QUESTIONS?

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