Working with Children and Youth

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- The California Evidence-Based Clearinghouse for Child Welfare (CEBC) contains tested strategies for disruptive behavior problems; however, many of them have not been tested for use with the child welfare population.

Strategies for Safely Reducing Congregate Care

In the U.S. Children's Bureau report (2015), "A National Look at the Use of Congregate Care in Child Welfare," CB synthesized qualitative information into common themes that embody the two-pronged approach and suggest additional strategies. Those themes are divided into two strategies: practice and program.

Practice Strategies

The practice level strategies are designed to assist agencies in the provision of services to youth and families with complex clinical needs.

- Expanding services to avoid removal and support the safe return home
  - Evidence-based interventions and strategies help to build capacity in both preventing UHPRYDO DQG VXSSRUWLQJ UHXQL4FDWLRQ (YLGHQFH EDVHG WUHI clinical issues of children/youth with disruptive behaviors and their families could allow for step-down or complete avoidance of congregate care. Each of the following interventions has the California Evidence-Based Clearinghouse for Child Welfare Rating of 1: Well Sup - ported by Research Evidence: [18]
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[18] &KDGZLFN &HQWHU &KDSLQ +DOO 8VLQJ HYLGHQFH WR DFFHOHUDWH WKH VDIH DQ involved with child welfare. San Diego, CA & Chicago, IL: Collaborating at the Intersection of Research and Policy. Retrieved from http:// ZZZ FKDSLQKDOO RUJ VLWHV GHIDXOW 4OHV H•HFWLYH UH.GXFWLRQ RI FRQJUHJDWH F

- Youth Connections Scale (YCS). YCS is used to help young people in foster care strengthen and build supportive safety nets and achieve relational permanence with caring adults. Youth's perceptions about their level of connectedness and the strength of their emotional and social networks are captured in the assessment. Results can be used for a variety of functions from guiding the case planning process to facilitating discussions with youth around rebuilding connections. Four sections of the YCS measure (1) the number of meaningful connections/relationships with supportive adults; (2) strength connections between the youth and adult, including frequency of contact and consistency of support provided by the adult; (3) specific types of support in domains for example holidays, emotional support, help with school, and so on; and (4) overall level of connectedness to caring and supportive adults. The YCS is available in the public domain and used nationwide in a number of States, including New York, Wisconsin, and Minnesota as part of case planning ongoing supervision.[33] It can be used in conjunction with other evidence-based assessments.

Voices from the Field: Colorado Department of Human Services

Colorado uses trauma-informed screenings with all children in IV-E waiver counties who have an open child welfare case and refers those who screen positive for symptoms for additional assessment at community mental health centers in order to initiate appropriate trauma-informed treatment by a clinician, if needed. The Southwest Michigan Children's Trauma Screening Checklist is used to screen for signs and symptoms of trauma in children and youth, while the Trauma Symptom Checklist for Young Children (ages 3–7) and the Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale (ages 8–18) are used to

[33] The Center for Advanced Studies in Child Welfare (CASCW) & Anu Family Services. (2012). Measuring relational permanence of youth: The Youth Connections Scale implementation guideCASCW at the University of Minnesota School of Social Work & Anu Family Services. Retrieved from http://cascw.umn.edu/wp-content/uploads/2013/12/YCSImplementation.pdf .

Voices from the Field: Michigan

The iCare365's guided transition permanency model—"Planning a Transition with Hope Home (PATH Home)"—was designed to improve permanency outcomes for youth in residential treatment settings and piloted as an essential component of the Diligent Recruitment ProjectiCARE 365 in the State of Michigan. The PATH Home model consisted of three phases: selection, training/preparation, and service integration/transition. It was designed to build cross-system partnerships for the transition planning process. PATH Home enhanced the focus of individualized transition planning for youth leaving residential care. $JHQF\ VWD• ZHUH WUDLQHG LQ WUDQVLWLRQ SODQQLQJ DQG JLYH their skills with the youth on their caseloads. The model was developed in collaboration ZLWK \RXWK FRPPXQLW\ PHQWDO KHDOWK SURYLGHUV DJHQF\ VWD

nurturing and therapeutic family environment are combined with active and structured

quently requested supports by resource families, and most agencies already have respite policies in place; however, accessibility is often a challenge.[40]

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[40] Hughes, K. (2015). Research summary: Supporting, retaining & recruiting resource families Public Child Welfare Training Academy: Academy for Professional Excellence at San Diego State University School of Social Work. Retrieved from http://theacademy.sdsu.edu/wp-content/uploads/2015/10/pcwta-research-support-retention-recruitment-oct-2015.pdf; Payne, 2016.

CANS and YCS are standardized assessments that inform each youth's intervention plan. A customized intervention strategy blends the evidence-based practice of Think: Kids Collaborative Problem Solving with evidence-informed practices adapted from Darla Henry's 3-5-7 Model of Preparing Children for Permanency and Annie E. Casey Foundation's Lifelong Families Model.

The Plummer Intervention Model Matrix is an in-house tool measuring progress against individual JRDOV DQG 4GHOLW\ WR WKH LQWHUYHQWLRQ PRGHO $ custom-designed, cloud-based case management and outcomes reporting system collects, analyzes, and reports data. Data measure a variety of indicators related to the outcome areas of permanency, preparedness, and community. Post intervention follow-up surveys are designed to measure satisfaction and success related to number, strength, and longevity of permanent relationships established or strengthened during the Plummer intervention; education and employment success; and overall satisfaction with the Plummer services.

- Restructure contracting with providers from a structure with a set number of beds and service levels to a contract for an array of services, which could be delivered in multiple settings such as congregate care, treatment foster homes, regular foster homes, and family or relative homes.

- Developing a highly skilled, clinically informed workforce to work with children and youth who are likely candidates of congregate care

  The following strategies can build workforce capacity:

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Voices from the Field: Arizona Department of Child Safety

The Arizona Department of Child Safety uses data to better inform its resource family recruitment and increase foster family options for children. Since 2007, maps and reports have been developed using Geographic Information Systems (GIS) technology every six months. These products identify areas of the state with the highest number of children entering out-of-home care and the lowest number of licensed resource families, providing a graphic representation of communities with the highest need for new foster families.

The maps are designed to show both the total number of children in each area who need a foster family as well as the percentage of children who need a foster family compared to the total number of children removed from the area. By mixing these two variables, the maps allow foster home recruiters to compare need between urban and rural areas. In addition, the maps and related reports summarize various demographic information about the children removed from each neighborhood and school district, including age, gender, race, and ethnicity. These GIS products are regularly shared with foster home recruiters and assist them in recruiting families who live in the same neighborhood from which the children are removed.

These map products were expanded in 2015 to include a market segmentation analysis of successful family foster homes. The analysis uses Tapestry™, a product of ESRI, Inc., to GHYHORS D SUR4OH RI IRVWHU KRPHV EDVHG RQ FRPPRQ GHPRJUDS KDYLRUV 7KLV SUR4OH FDQ KHOS WDUJHW IRVWHU KRPH UHFUXLW FXVWRPL]H PDUNHWLQJ VWUDWHJLHV WRZDUGV VSHFL4F IDPLO\ SUI

- Use State data to identify children/youth currently in congregate care settings.
- 8VH GDWD WR LGHQWLI\ VWD• FDSDFLW\ EXLOGLQJ QHHGV WR HQVX prepared to meet the array of needs of children in its particular communities.
- Use data to work with congregate care providers to ensure that the available service array PHHWV WKH QHHGV RI VSHFL4F SRSXODWLRQV

- Developing a multidisciplinary committee review process
  - Institute a placement review process prior to placing youth in a congregate care setting and review the placement every six months. Reviews should be led by system leaders and include representation from the provider community.

Voices from the Field: Connecticut and Maine

Connecticut has instituted removal team meetings and an approval process that requires the commissioner to personally approve any new congregate care placements. Maine's 2]FH RI &KLOG DQG)DPLO\ 6HUYLFHV 2&)6 UHTXLUHV SULRU DXWK UHYLHZbE\ $36 +HDOWKFDUH RI DOO FKLOGUHQ DQG \RXWKbLQ KLJK UHVLGHQWLDO SODFHPHQW ZDV UHGH4QHG DV WHPSRUDU\ WUHDWP LQWHQVLYH WHPSRUDU\ UHVLGHQWLDO WUHDWPHQW –757 2&)6 FC \RXWKbLQ –757 SODFHPHQW RYHU PRQWKV WKURXJK D UHFRUG UH with providers to discuss barriers and develop strategies to ensure safe return to family.

Appendix: Organizational Assessment

This assessment is designed to assist child welfare agencies in a systematic review of their policies and practices and help to identify areas for improvement. The assessment provides a framework for identifying and assessing agency strengths and challenges in implementing child welfare practices pertaining to congregate care.

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partners wherever appropriate. Child welfare agencies should designate a team leader to spearhead the assessment and include team members representing the expertise of agency representatives and key VWDNHKROGHUV 'L•HUHQW WHDP PHPEHUV PD\ EH DVVLJQHG WR FRPSOH
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assessment is as accurate, comprehensive, and current as possible.

Results of the assessment can be used to develop implementation plans with clear outcomes and target dates to ensure positive results, as well as be incorporated into current CQI (Continuous Quality –PSURYHPHQW H•RUWV

Administrative Policies and Procedures

What policies and procedures are in place to ensure children and youth with complex clinical needs are placed and monitored in the most appropriate setting?

Does the agency leadership demonstrate a strong commitment to placement of children with complex clinical needs in the most appropriate setting? _ _Yes __No

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How is serving children and youth with complex clinical needs supported at the various levels of the organization?

Does your agency have a multi-disciplinary committee process that reviews assessments and placement recommendations?

How often are cases reviewed?

Are reviews led by agency leadership to ensure adherence to process and procedures?

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meeting in the needs of children and youth with complex clinical needs?

Has there been any cross training? Yes __No__
If yes, what type of training has taken place _____

Review of Current Data

How many children are currently in congregate care settings? _ _____

What types of congregate settings are youth currently placed in?
___Group home
___Residential treatment facility
___Psychiatric hospital

Age Distribution:

Birth - 1
2 - 5
6 - 12
13 -15
16 - older

What is the average length of time that they have been in out-of-home care?

What is the average length of time that they have been in a congregate care setting?

What is the average number of placement changes have that they had?

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What are their permanency goals?
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Adoption_____
Guardianship_____
APPLA_____

What are the types of circumstances that led them to be placed in congregate care settings?

No Clinical Indicators
DSM mental health diagnosis
Child behavior problems
Disability diagnosis (visual, hearing, or cognitively impaired; physically disabled; or having other conditions requiring special medical care)

How is your data used to identify and track children and youth with complex clinical needs?

How is your data used to recruit and support family-based options?

Has there been any analysis of the available service array as compared to the needs of children and youth with complex clinical needs?

Is your data collection system used to identify children and youth currently in congregate care setting?

Does the case management system (or other data collection system) support placement decision making
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I R V W H U K R P H W K D W V H U Y H V F K L O G U H Q Z L W K V S H F L 4 F P H G L F D O R U P H Q W

Continuous Quality Improvement (CQI)

Does part of your agency's overall QA/QI or CQI system include the monitoring of experiences and outcomes of this population? Yes ___ No____

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Are practice-related conversations regularly informed and supported by administrative and/or case review data?
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	Very Strong				Very Weak
Financial support	5	4	3	2	1
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health care coverage	5	4	3	2	1
Mental health services for youth	5	4	3	2	1
Mental health services for adults	5	4	3	2	1
Crisis intervention services	5	4	3	2	1

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Overall Strengths and Challenges in Congregate Care Practices