

Site Visit Report: Illinois Trauma Focus Model for Reducing Long-Term Foster Care Project

<https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/PII>

Award #: 90-CT-0156

Cluster: Permanency Innovations Initiative

Grantee: Illinois Department of Children and Families Services

Contact: Larry Small, larry.small@illinois.gov

Last Update: August 2016

Site Visit Report: Illinois Trauma Focus Model for Reducing Long-Term Foster Care Project

PROJECT DESCRIPTION

The Permanency Innovations Initiative (PII), a Presidential initiative, is a 5-year multisite demonstration project designed to improve permanency outcomes for children in foster care who have the most serious barriers to permanency. In 2010, the Children's Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services released a funding opportunity announcement (FOA) titled "Initiative to Reduce Long-Term Foster Care."¹ The purpose of the FOA was to fund demonstration projects that support the implementation and test the effectiveness of innovative intervention strategies to improve permanency outcomes for subgroups of children who have experienced the most serious barriers to permanency.

The following are the intended purposes of the projects funded through this FOA:

- Implement innovative intervention strategies that are informed by the relevant literature in order to reduce long-term foster care (LTFC) stays and improve child outcomes
- Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities
- Rigorously evaluate the validity of research-informed innovations and adapted evidence-based interventions in reducing LTFC
- Build an evidence base and disseminate findings to build knowledge in the child welfare field

The projects were to address site-specific issues in order to help children leave foster care in fewer than 3 years. The projects were to identify local barriers to permanent placement and implement the innovative intervention strategies that mitigate or eliminate those barriers throughout the continuum of services.

The Children's Bureau entered into cooperative agreements with six grantees from across the country, including the Illinois Department of Children and Family Services (DCFS) for its project, the Illinois Trauma Focus Model for Reducing Long-Term Foster Care Project (IL PII). IL PII is a partnership between DCFS, the Intensive Placement Stabilization (IPS) network² the DCFS Child Welfare Advisory Committee (CWAC),³ Northwestern University, the University of Illinois at Chicago, Chicago State University, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin-Milwaukee.

¹ The FOA is available at <https://ami.grantsolutions.gov/view/HHS-2010-ACF-ACYF-CT-0022>.

² A network of child-serving agencies and private foster care providers across the State whose main goal is placement stabilization.

³ CWAC was established to provide a forum for collaboration between public and private child welfare agencies in Illinois, with an explicit purpose of advising DCFS on "programmatic and budgetary matters related to the provision of purchase of child welfare services" (Illinois Administrative Code 428.50).

The Illinois PII project involves the implementation of an evidence-based trauma intervention, Trauma Affect Regulation: Guide for Education and Therapy (TARGET), to assist youth and families in developing greater internal capacities to mitigate stress responses.⁴ Detailed information about TARGET is included in the Intervention section of this report.

For more information about the PII approach and the other PII grantees, visit the [PII Project Resources](#) page on the Children's Bureau's website.

Need for Service

When DCFS applied for the grant, foster care numbers in Illinois were relatively low, but children remained in foster care for lengthy periods. Children in Illinois who remained in foster care for longer than 2 years tended to have mental health issues, usually had more than one placement during their episode in foster care, and were likely to remain in foster care. The project's data analysis and case reviews identified the following as the most significant barriers to achieving permanency:

- Youth's emotional and behavioral issues, which were frequently related to histories of complex trauma
- Low engagement of biological parents, which led to these parents not completing services required to achieve reunification
- Insufficient or ineffective services for biological parents to address the issues underlying their child welfare involvement
- Foster parents' lack of support and training to address the needs and behaviors of the children and youth in their care

Based on these findings, IL PII determined that it could increase the likelihood of permanency for children who are at risk of spending long periods in foster care by using an intervention to help them manage their reactions to various stressors. IL PII also decided it would involve the foster and biological parents when implementing this approach.

Project Goals

Although all PII grantees have the overarching goal of improving permanency outcomes among children in foster care who have the most serious barriers to permanency, each grant can have its own specific goals. IL PII also is focusing on the following goals:

- Increasing rates of permanency for the target population by addressing the effects trauma has on youth and their parents by using an evidence-based therapy
- Teaching parents and caregivers to support youth in managing the emotional-behavioral effects of trauma

⁴ TARGET was developed by Julian Ford, Ph.D., at the University of Connecticut and is implemented by Advanced Trauma Solutions (ATS). It is an educational and therapeutic approach for the prevention and treatment of posttraumatic stress disorders. For more information, refer to the ATS website at <http://www.advancedtrauma.com/services.html>.

- Increasing the State’s capacity to assist youth in the target population in regulating their emotions and behavior, which would likely result in the increased ability to form relationships and maintain their placements
- Assisting biological parents in regulating their emotions and behaviors to help them complete services, resolve issues that led to their involvement with child welfare, and increase reunification rates across the State
- Providing foster parents with a better understanding of the effects of trauma on children, youth, and biological parents
- Training foster parents on how to support and assist youth with self-regulation in order to increase placement stability and improve permanency outcomes

Theory of Change

IL PII developed the following theories of change with the assistance of the PII training and technical assistance team:

- Youth with histories of trauma and/or emotional-behavioral issues have difficulty regulating their emotions and behavior, which leads to difficulty forming relationships. Building youth's skills in emotional and behavioral regulation can increase their capacity to manage stress, reduce behavior problems, and form relationships. An improved ability to form relationships will lead to increased placement stability and permanency.
- 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 children in their care. Their increased ability to assist youth with disruptive emotions and behaviors will result in decreased stress, greater placement stability, and, ideally, legal permanency.
- Biological parents often have their own histories of trauma, which 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.

Target Population

The cooperative agreements allowed grantees flexibility in the identification of their target populations and the design of the interventions. Each project selected a target population and an intervention based on guidelines provided by the Children’s Bureau and the barriers to permanency that they identified.

The target population for the IL PII project consists of youth ages 11–16 who (1) were placed in traditional, relative, and specialized foster homes throughout the State and (2) upon reaching their 2-year anniversary of entering foster care were experiencing mental health symptoms and had at least one placement change. In addition, the youth must have an IQ of 70 or higher and must not—at the time of selection—be suicidal or homicidal. Although not a requirement, IL PII engaged the parents and/or caregivers in participating with the youth in TARGET treatment.

In order to select the target population, the IL PII team analyzed administrative data, conducted case record reviews of 29 cases, and conducted focus groups with caseworkers and casework supervisors. Additionally, Westat, a statistical survey research company, conducted an independent analysis of administrative data.

The qualitative case review instrument developed for the case file review process was organized into the following sections:

- Child information
- Placement history
- Engagement and permanency planning
- Service planning and delivery
- Biological parent and caregiver trauma
- Child/youth trauma
- Court decisions, advocacy, and process
- Barriers to permanency

The case review instrument was designed to answer the following primary questions:

- What are the characteristics of youth who are most likely to remain in foster care for the longest periods of time (2 or more years)?
- What are the major service needs of this group of youth and their families?
- What are the identified strengths for this group of youth?
- What are the major barriers preventing this group of youth from achieving permanency?

The youth in the cases randomly selected for the review had been in foster care in Illinois at least 3 years and experienced one or more moves during one of these years. The team explored the age of entry and time in foster care with the risk of LTFC and determined that the risk of LTFC was greatest for youth who entered foster care at 9 years of age or older. Additionally, it was determined that placement instability was a significant predictor of LTFC. The data also indicated that youth who had been in foster care for 2 years and had exited to a permanent placement (e.g., reunification with parent) had significantly fewer placement changes than those who remained in care for 3 or more years. Based on this information, it was recommended that the participants for the project be limited to youth who entered foster care at 9 years of age or older.

Additional analysis included measuring mental health indicators of youth from a subset of items from the Child and Adolescent Needs and Strengths (CANS)⁵ assessment tool. The analysis indicated that mental health indicators at the time the children entered foster care and at the 2-year anniversary of entering foster care were predictive of LTFC. Additionally, the case reviews

⁵ The CANS assessment tool is a multipurpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 25 States in child welfare, mental health, juvenile justice, and early intervention applications. CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices. CANS, an inventory of needs and strengths, is grouped into nine domains: life domain functioning, emotional/behavioral needs, risk behaviors, trauma experiences, traumatic stress symptoms, strengths, transition to adulthood, caregiver needs and strengths, and acculturation. John Praed Foundation. (2015). *Child and adolescent needs and strengths*. Retrieved from <http://praedfoundation.org/>.

conducted on randomly selected cases determined that the most frequently needed services for youth, as identified in CANS, were individual counseling, home visiting, family counseling/therapy, substance abuse treatment, psychiatric assessment/evaluation, child academic instruction, group counseling/therapy, medication management, and recreational activities. Further analysis of the completed CANS tools indicated that the most frequent trauma indicators displayed by and identified for youth were lack of anger control, traumatic grief/separation, low social functioning, poor adjustment to trauma, inability to pay attention/lack of concentration, impulsivity, depression, oppositional behavior, poor school behavior, low school achievement, and anxiety. (An example of a CANS assessment form can be viewed at <http://praedfoundation.org/general-forms-cans.>)

In 62 percent of the cases reviewed, caseworkers identified that the biological parents had experienced trauma. The most frequently identified trauma experiences were family violence, sexual abuse, emotional abuse, and traumatic grief/separation. The most frequent trauma indicators displayed by biological parents were substance use, depression, lack of anger control, and risk of suicide.

Focus groups were conducted with caseworkers and casework supervisors to understand front line staff's perspectives on the youth most likely to remain in foster care for the longest periods of time, as well as perspectives about their families. Questions for caseworkers and supervisors included, but were not limited to, the following topics:

- Barriers to finding permanent homes for children and youth
- Supports or strategies used to achieve permanency for youth
- Factors related to achieving permanence for youth
- Staff's relationships with biological parents
- Staff's relationships with foster parents
- Accessing services for family members
- Mental health and trauma experiences of the biological parents
- Role of caseworker supervision

Grant Partners

DCFS partnered with university-based researchers, private agencies, and policy organizations to develop and implement the IL PII project. One of the primary partners is the IPS network, which includes various child-serving agencies and private foster care providers across the State whose main goal is placement stabilization. The PII project governance structure includes Northwestern University, the University of Illinois at Chicago, Chicago State University, and Chapin Hall at the University of Chicago.

Implementation

All grantees in this cluster have followed the PII approach when implementing their interventions. The PII approach consists of four implementation stages:

- **Exploration:** This stage includes activities that help grantees define their target population, identify factors that put the target population at risk of LTFC, coordinate teaming structures, select and promote interventions, and plan for implementation and evaluation.
- **Installation:** During this stage, grantees ensure that the structural and functional changes to support implementation are in place, including, but not limited to, staff selection protocols, staff training and coaching, and data systems to monitor the fidelity of program processes.
- **Initial implementation:** During this stage, all implementation supports are at least partially in place, and children and families begin to participate in the intervention. Grantees test key processes and data collection activities. Additionally, grantees modify components as needed to improve intervention processes, ensure the implementation supports focus on the right processes, and ensure that formative evaluation can begin. Once project staff have the requisite skills for the intervention processes and have institutionalized the necessary organizational and systems changes, the grantees move into the full implementation stage.
- **Full implementation:** In this stage, grantees review and refine implementation teams. They also monitor and assess implementation supports and intervention fidelity.

When grantees determine that the intervention is stable and that the formative evaluation shows the program outputs and short-term outcomes are trending in the proper direction, the grantees move to the summative evaluation.⁶ (More information about the evaluation process is included in the Evaluation section of this report.)

For more information about the PII implementation process, refer to [The PII Approach: Building Implementation and Evaluation Capacity in Child Welfare](#) on the Children's Bureau website.

Intervention

The IL PII project team researched seven interventions before selecting TARGET. The project chose TARGET because it is compatible with the needs identified in the theory of change, addresses the target population's key barriers to permanency, and is family centered and strength based. TARGET also meets other criteria set by the project, including being able to occur within the home;⁷ being short term; and including skill building for youth, biological parents, and foster parents.

⁶ Permanency Innovations Initiative Training and Technical Assistance Project, & Permanency Innovations Initiative Evaluation Team. (2013). *The PII approach: Building implementation and evaluation capacity in child welfare* (Rev. ed.). Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/pii-approach-building-implementation-and-evaluation-capacity-in-child-welfare>

⁷ TARGET was not used in families' homes prior to IL PII. Project staff worked with ATS, the TARGET purveyor, to tailor it for use in the home. Previously, TARGET had only been used in group settings like residential and juvenile detention centers.

The implementation of TARGET was infused into the existing IPS network. According to IL PII staff, IPS provided the ideal foundation for TARGET due to an existing organizational structure and staff's capacity and willingness to learn to implement evidence-based programs such as TARGET.

TARGET has a strong psycho-educational component that teaches people to understand how stress affects them and helps them become familiar with their own stress responses. TARGET also teaches people how to regulate their thoughts and feelings to prevent high levels of distress. Once these skills have been learned and implemented, youth are better able to regulate their emotions and address conflicting feelings. Youth can participate in as many sessions with the therapists as necessary to help them learn the approach's steps, work on recognizing their stressors, and learn how to better react to stress and emotional triggers. These sessions may include booster sessions to address content that is not being fully comprehended by youth or their families.

The TARGET model consists of seven essential core skills that are referred to as FREEDOM steps:

- **Focus:** This step teaches youth to use the SOS skill (slow down, orient, self-check) to help pay attention to body signals and their immediate environment and to use a simple scale to measure their stress and control levels.
- **Recognize personal triggers:** By recognizing emotional and trauma triggers, youth can anticipate and reset personal "alarms" as they learn to distinguish between what is really a threat and what is actually a reminder of previous trauma.
- **Emotion self-check:** The goal of this skill is to identify two types of emotions. The first are alarm or reactive emotions, such as terror, rage, shame, hopelessness, and guilt. The second type of emotions are main emotions, which include positive feelings, such as happiness, love, and comfort, and feelings that represent positive strivings, such as hope, interest, confidence, sadness, and grief. By balancing both kinds of emotions, youth can reflect and draw on their own values and hopes even when their alarms are activated.
- **Evaluate thoughts:** When the brain is in alarm mode, thinking tends to be rigid and catastrophic. Evaluating thoughts, like identifying emotions, is about achieving a healthier balance of positive and negative thinking. Through a two-part process, youth learn to evaluate situations and their options, with a focus on how they choose to act. They are assisted in moving from reactive thoughts to main thoughts.
- **Define goals:** Reactive goals tend to be limited to just making it through the immediate situation or away from the source of danger. This step teaches youth how to begin to create main goals that reflect their deeper hopes and values.
- **Options:** The only options that are available when the brain's alarm is activated are automatic "flight or fight" or "freeze and submit" reactive behaviors that may be necessary in emergencies, but are often unhelpful in everyday living. This step helps youth identify the positive intentions that are often hidden by the more extreme reactive options generated by the alarm system.

- **Make a contribution:** When the brain's alarm is activated and reacting to ordinary stressors as if they were emergencies, it is very difficult for youth to come away from experiences with a feeling that they have made a positive difference. The goal of TARGET is to empower youth to be in control of the reactions to the alarms in their lives and, as a result, be able to recognize their unique contributions.

For additional information on the seven core skills, refer to the California Evidence-Based Clearinghouse for Child Welfare at <http://www.cebc4cw.org/program/trauma-affect-regulation-guidelines-for-education-and-therapy/>.

Youth are taught to step back, gain personal control, and think about what is important to them. The premise is that, by thinking about what is important to them, youth have the ability to gain control and manage their behavior.

TARGET therapists also work with the biological parents (when reunification is the permanency goal), the foster parents, and additional permanency resources to help the adults be a source of support for the youth. In some cases, joint sessions are conducted with the youth, the biological parents, and the foster parents. The project includes potential permanency resources and foster parents to provide them with an understanding of youth's stress responses, how TARGET skills could be used to regulate these responses, and how to support the use of TARGET skills.

For more information the IL PII TARGET intervention, refer to [What Is PII?](#) on the CB website.

Staffing

At the time of the site visit, there were 22 TARGET therapists located statewide at the IPS provider agencies, and there were four TARGET trainers in the State.

IL PII adopted protocols developed by ATS for training, ongoing supervision, and fidelity monitoring. All TARGET therapists are required to attend a 3-day initial training that provides information on how traumatic stress affects the brain, the effect stress has on social and emotional development, and the ability people have to regulate the effects of stress. TARGET therapists are also required to participate in ongoing clinical consultations and fidelity monitoring, as well as booster training sessions on an as-needed basis.

ATS provides ongoing case consultation and coaching for the therapists through email, individual telephone calls, and biweekly group conference calls. The intent of the consultations is to ensure that the TARGET therapists have the information and tools they need to work with families and youth. The therapists can ask case-specific questions or share case-specific situations to procure guidance and insight about how to best work with the family. During the conference calls, the ATS consultants work with the therapists to resolve challenges and teach TARGET concepts or activities not fully addressed in the initial training. Therapists are also invited to send questions to the consultants when more immediate assistance is needed.

Dissemination

IL PII participated in a proposal initiated by PII Evaluation Team and the PII Training and Technical Assistance Project for a panel presentation at the 2012 Society for Social Work and Research conference. Project staff also presented a brief overview of the initiative to a joint

meeting of the National Governors Association and the National Conference of State Legislatures in July 2012.

In addition, IL PII published two *PII Illinois* newsletters, both available on the [IL PII webpage](#). These newsletters provided an overview of the project, updates on implementation, sustainability plans, and youth stories. The project asked therapists and the youth they work with to provide personal narratives about their experiences with TARGET.

The 2014 National Foster Care Month website included an article, "[TARGET and Grandma's Care](#)," about a youth who received TARGET services through the IL PII project. The article, written by the youth, tells how TARGET helped him understand and control stress and how learning these skills helped him focus better in class.

At the time of the site visit, IL PII was in the process of editing a program manual to share with others who may want to develop or implement a project similar to IL PII.

Sustainability

IPS secured funding outside of the PII grant for TARGET, the primary intervention for the project, for fiscal year 2016. The funding came as part of a larger enhancement to the IPS program and included an expansion of the target population and those eligible to receive services. There are currently approximately 40 therapists covering the majority of the State.

SITE VISIT DETAILS

The site visit occurred on June 24, 2015, at the DCFS office in Chicago, IL. During the site visit, panel interviews were conducted with members of the IL PII team, including the following individuals:

- Larry Small, DCFS, deputy director
- Emily Fisher, JBS International, PII Training and Technical Assistance Project
- Domenico Carli, TARGET trainer
- Jennifer Marett, statewide administrator, Intensive Placement Stabilization
- Amber N. Stone, research study coordinator
- Mark Holzberg, Northwestern University, consultation and support, IL PII implementation
- Dana Weiner, Northwestern University, IL PII evaluation lead
- Carrie Keenan, IL PII research coordinator
- Lisa Liebenritt, TARGET therapist
- Reginald Owens, TARGET therapist
- Sonja Leathers, University of Illinois at Chicago, IL PII training and technical assistance

The panel interviews focused on the target population and the intervention selected by IL PII to reduce LTFC for children and youth in the State. Additional information to inform the site visit report was obtained from various documents submitted to the Children's Bureau by IL PII.

LESSONS LEARNED

Successful Strategies

The IL PII site visit panel reported that the following strategies have contributed to the success of the project:

- The right "user-focused" people at the table allowed for efficient "amazing" collaboration and effective problem solving.
- Quarterly evaluation surveys about the therapist consultations helped ATS refine the consultation strategies and better support therapists providing TARGET services.
- The team was able to make TARGET "kid-friendly," which allowed for youth to buy into the intervention.
- The project was built on the existing IPS framework and could borrow from IPS staff's experience implementing evidence-based programs and providing community-based and in-home services directed at improving placement stability. In addition, the therapists reported that the IPS infrastructure provided them with a great deal of support as they worked with their assigned families.
- The therapists were reliable (i.e., they kept coming back to work with the youth), and the structure of the intervention has been consistent, which helps youth feel safe. This also helps youth be more open to practicing the skills they learned in the sessions, which increases the likelihood that they will use the skills outside of the sessions.
- Some therapists held a graduation for the youth after they had successfully completed the program. The youth were allowed to invite whomever they wanted or were allowed to select an outing of some type.
- TARGET therapists said that youth receiving the TARGET intervention are able to articulate stressors and use the seven FREEDOM steps to manage stressors at school or in their foster homes. The youth also realize that just because something upsets them does not mean they have to react to it.

Challenges

The following challenges were described during the site visit:

- IL PII staff reported that turnover among DCFS leadership was problematic for the project. Each time a new director was appointed, the project had to resell the IL PII theory of change, which affected sustainability planning.
- TARGET therapists reported that it was challenging to complete TARGET training and then, in some instances, wait several months before being assigned their first case.
- IL PII staff indicated it was sometimes challenging to get caregivers to buy into and actively participate in the TARGET intervention. They did report, however, that caregivers who did participate reported the intervention was helpful to the youth in their homes and beneficial to the relationship between the youth and the caregiver.

Recommendations

The following are recommendations from project staff:

- Projects should not modify the evidence-based practice to accommodate the project's purpose. If the theory of change suggests that the practice will be effective, it should be tested in its original form.
- Projects should build strong relationships with child welfare caseworkers and their supervisors. It helps to have one designated staff member foster that relationship and be the main point of contact for all caseworkers.
- It would be helpful to have built-in mechanisms for gathering more intermediate data to better assess early outcomes for the project, which perhaps could assist with sustainability planning and funding.

EVALUATION

The evaluation for the PII cluster uses two processes to examine the implementation and effectiveness of the initiative: site-specific evaluations and a cross-site evaluation. The site-specific evaluations consists of two phases: a formative evaluation and a subsequent summative evaluation. The formative evaluation monitors relationships between program outputs and short-term outcomes, specifically if the interventions selected by the grantees result in the expected outcomes. When the formative evaluation shows that program outputs and short-term outcomes are trending in the right direction, the grantees proceed to the summative evaluation. The summative evaluation, a rigorous evaluation of the long-term effects of the interventions, determines whether long-term outcomes are achieved and the extent to which these outcomes can be attributed to the intervention.

The cross-site evaluation uses a mixed-method approach that includes an administrative data study, an implementation study, and a cost study. The administrative data study looks at information from the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and State data systems. The implementation study examines key implementation activities, and the cost study examines the costs of implementing the PII interventions. Additionally, the cross-site evaluation will examine key implementation activities and the context in which the programs operate. Westat is leading the PII evaluation team in partnership with James Bell Associates, the University of North Carolina School of Social Work, CLH Strategies and Solutions, Andy Barclay, and Ronna Cook Associates.

To learn more about the PII evaluation process, visit the [PII - Evaluation Team \(PII-ET\)](#) page on the Children's Bureau website.

To learn more about the IL PII evaluation process, refer to [Illinois Evaluation Overview](#) on the Children's Bureau website. Evaluation findings will be published on the PII page as they become available.