COLLABORATIVE PERMANENCY

DEVELOPING SYSTEM PARTNERSHIPS TO CHANGE INTERVENTIONS AND OUTCOMES FOR YOUTH IN FOSTER CARE

INTRODUCTIONS AND OVERVIEW

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- **Collaborative Permanency**: Traditional roles of behavioral health and child welfare agencies have often led to battles over funding, placement, and treatment modalities. The number of children in out-of-home care in Arizona is at a record high and these children experience on-going trauma, loss, and separation from their homes and communities. The balance of ensuring child safety and treating trauma and mental health issues can create cross-system challenges that impact outcomes for children and families.
- **This presentation seeks to set a new framework for systems to engage in collaborative problem-solving to achieve permanency and promote successful outcomes for children in care.**
UN-SILOING SYSTEM MANDATES

CHILD WELFARE

- CHILD SAFETY
- PLACEMENT STABILITY
- PERMANENCY

BEHAVIORAL HEALTH

- HEALTH OF THE MIND
- PREVENTION OR REDUCTION OF SYMPTOMS/SYNDROMES

TRENDS FOR CHILDREN IN OUT-OF-HOME CARE

(Data from Arizona Department of Child Safety Semiannual Report, 2015.)
FOSTER CARE DATA (AZ)

Length of time in out-of-home care

- 58.5%
- 4.7%
- 25.6%
- 18.4%

Reason for leaving care

- Reunification (59.2)
- Living with other relatives (27)
- Adoption (1,576)
- Guardianship (343)
- Aged Out (406)
- Transfer to another Agency (62)
- Runaway (58)
- Death of Child (6)

(CASA of Arizona, 2015)

WHAT ARE THE COSTS OF PLACEMENT CHANGES FOR CHILDREN?

(CASA of Arizona, 2015)
MEDICATING TRAUMA

• Children in foster care are prescribed psychotropic medication at a rate 4x higher than that of the general child population.

• Children in foster care are also more likely to be prescribed multiple psychotropic medications at higher doses than the general child population.

(INSTITUTIONALIZATION)

• Residential Treatment Centers (RTCs) are among the most restrictive placement options

• Designed to treat children with serious mental/behavioral health needs

• At least half of all children in RTCs are prescribed psychotropic medications

• Lack of evidence to support successful outcomes for children in RTCs

• One study found seven years after treatment 75% of children were back in institutions

• On average states spend 25% of mental health dollars on RTCs while they account for only 8% of placement for children with mental health disorders
AGING OUT

• More than one in five will become homeless after age 18
• Only 58 percent will graduate high school by age 19 (compared to 87 percent of all 19 year olds)
• 71 percent of young women are pregnant by 21, facing higher rates of unemployment, criminal conviction, public assistance, and involvement in the child welfare system
• At the age of 24, only half are employed
• Fewer than 3 percent will earn a college degree by age 25 (compared to 28 percent of all 25 year olds)
• One in four will be involved in the justice system within two years of leaving the foster care system

(CASA of Arizona. 2015)

DEFINING PERMANENCY

• Permanent relationships and positive opportunities must be the foundation for healing not an earned outcome for good behavior
• Working two tracks for stability and permanency: what’s now and what’s next
• What would it take?
• What is getting in our way?
WHAT IS ‘TRAUMA’?

• ANY EXPERIENCE THAT CREATES AN UNDUE, PROLONGED AMOUNT OF STRESS ON THE BRAIN.

THE 4RS AND TRAUMA – INTERPRETATION GUIDES YOUR INTERVENTION

- Relationships
- Regulation
- child
- Rules
- Respect
PROJECT CONNECTIONS

- **PROJECT CONNECTIONS** focuses on identifying key family and community member relationships that can maintain connection with a child. Long-term supportive relationships within the family and community are developed through creating safe opportunities for children to have access to people outside of the paid professionals that make up their lives. Some of the support activities include:
  - Family finding
  - Identifying key relationships
  - Promoting opportunities
  - Documenting key relationships
  - Helping teams

“I firmly believe in the power of the story to change the world… and the power of ONE story to change one life at a time.”

- Sherman Alexie
VIGNETTES

MATT: CAME INTO CARE AT AGE 15 AFTER ADOPTIVE PARENT LEFT HIM WITH A FAMILY FRIEND AFTER FEELING UNABLE TO CARE FOR HIM DUE TO HIS BEHAVIORS. SHE THEN LEFT THE COUNTRY. SHORTLY AFTER LEAVING, THE FRIEND FELT UNABLE TO CARE FOR HIM AND SHE PLACED HIM IN A SHELTER AND DCS WAS TOOK CUSTODY. MATT DISRUPTED FROM SHELTER AND WAS MOVED OUT OF TOWN. BETWEEN AGE 15-18, MATT HAD 23 PLACEMENT CHANGES RANGING FROM SHELTER, FOSTER CARE, THERAPEUTIC FOSTER CARE, INPATIENT HOSPITALS, AND RESIDENTIAL FACILITIES. MATT’S MOTHER WAS NOT WILLING TO ENGAGE IN ANY CONTACT OR REUNIFICATION SERVICES. NO OTHER PERMANENCY OPTIONS WERE KNOWN.

MATT’S BEHAVIORS INCLUDED CONCERNS FOR SEXUALIZED BEHAVIORS, RUNAWAY, AGGRESSION TOWARD ANIMALS, TRUANCY, VICTIM OF SEXUAL ABUSE, ATTACHMENT ISSUES, PSYCHOSIS.

MAX AND SAMMY: NATIVE AMERICAN SIBLINGS AGES 3 AND 7 MONTHS. ORIGINALLY REMOVED DUE TO CONCERNS OF PHYSICAL ABUSE AND LACK OF SUPERVISION. CONCERNS WITH PARENTS ALSO INCLUDED SUBSTANCE ABUSE AND HOMELESSNESS. THE SIBLINGS HAD SEVERAL FOSTER PLACEMENTS, BOTH TOGETHER AND SEPARATE. PARENTS DID NOT PARTICIPATE IN ANY REUNIFICATION SERVICES BUT DCS LOCATED GRANDMOTHER AND COMPLETED A HOMESTUDY. THE HOMESTUDY WAS DENIED DUE TO A WARRANT FOR UNPAID TRAFFIC TICKETS IN ANOTHER STATE.

MAX WAS ABOUT TO BE MOVED TO A NEW FOSTER HOME SEPARATE FROM HIS SIBLING DUE TO BEHAVIOR CHALLENGES.

TONY: TONY WAS DUALLY ENROLLED IN THE DCS AND DDD SYSTEMS. HE WAS REMOVED FROM HIS MOTHER AT A YOUNG AGE AND PLACED WITH GRANDPARENTS ALONG WITH HIS SIBLINGS. THE GRANDPARENTS STRUGGLED FINANCIALLY AND HAD A HARD TIME DEALING WITH TONY’S BEHAVIORAL CHALLENGES. BY AGE 10 HE HAD MULTIPLE INPATIENT HOSPITALIZATIONS AND RESIDENTIAL STAYS AND WAS EVENTUALLY PLACED IN AN OUT OF STATE FACILITY. THE TEAM WAS MOVING TOWARD ENDING FAMILY INVOLVEMENT AND REUNIFICATION EFFORTS.

TONY’S BEHAVIORS INCLUDED CONCERNS FOR VIOLENT AND AGGRESSIVE BEHAVIOR, RUNAWAY, DANGEROUS AND IMPULSIVE BEHAVIOR. FAMILY CONCERNS INCLUDED RESOURCE ISSUES, PHYSICAL SPACE, AGGRESSIVE VERBAL INTERACTIONS WITH TEAM, DIFFICULTY MANAGING CHILD’S BEHAVIORS.

DOUG: DCS TOOK CUSTODY OF 10 YEAR OLD DOUG AFTER HIS RELATIVE PLACEMENT DISRUPTED DUE TO HIS BEHAVIORAL ISSUES. HE WAS PLACED IN AN INPATIENT HOSPITAL FOLLOWED BY A RESIDENTIAL FACILITY. THE TEAM WAS FOCUSING ON HIS BEHAVIORAL ISSUES, INCLUDING AUTISM, AND LOOKING FOR A STEP-DOWN THERAPEUTIC FOSTER PLACEMENT. DAD LIVED OUT OF STATE, MOTHER’S WHEREABOUTS WERE NOT KNOWN, THE PREVIOUS RELATIVE PLACEMENT WAS NOT WILLING TO HAVE HIM BACK. A NUMBER OF EXTENDED FAMILY MEMBERS WERE VISITING CHILD AT THE TREATMENT FACILITY. MATERNAL AND PATERNAL FAMILY HAD A STRAINED RELATIONSHIP AS THE MOTHER WAS A MINOR AT THE TIME OF HER INVOLVEMENT WITH DOUG’S FATHER WHO WAS A YOUNG ADULT AT THE TIME.
WHAT WOULD IT TAKE?
RETHINKING TREATMENT APPROACHES

- Empathy
- Curiosity about the story
- Refocusing behavioral health interventions
- Assessing values
- Creating new team dialogue
- Psycho-education for CFT members
- Shared interventions for safety and risk
- Early engagement with family
- Wrap-around services
- Record reviews
- Family finding / Family tree
- Life lines and youth/family interviews
- Narrative storytelling
- Youth and family voice at CFTs
- Flexible funding
- Visit coaching and transition support
- Family meetings
- Using technology

RECOMMENDATIONS FOR IMPLEMENTATION

PRACTICE
- Cross-system partnerships
- Maximizing child and family team practice (beyond meetings)
- Keeping energy through transitions
- Identifying and resolving barriers in creative ways
- Communication, transparency, permission
- Neutral permanency review process
- Supervision

POLICY
- Political and policy framework to support the vision
- Agency support
- Values that impact outcomes
- Flexible funding
QUESTIONS AND COMMENTS

RECOMMENDED READING

- The Explosive Child by Ross Greene
- The 4Rs and Trauma by CFSS
- The Boy Who Was Raised as a Dog by Bruce Perry & Maia Szalavitz
- Born for Love by Bruce Perry & Maia Szalavitz
- Tattoos on the Heart by Gregory Boyle
- Everything Is Normal Until Proven Otherwise by Karl Dennis
- The Heart & Soul of Change by Duncan, Miller, & Wampold
- The Great Behavior Breakdown by Bryan Post
- The Teenage Brain: A Neuroscientist’s Survival Guide to Raising Adolescents and Young Adults by Frances E. Jensen
REFERENCES

BURNS, B.J., HOAGWOOD, K. & MAULTSBY, L.T., IMPROVING OUTCOMES FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL AND BEHAVIORAL DISORDERS: CURRENT AND FUTURE DIRECTIONS.


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