Missouri Extreme Recruitment



Diligent Recruitment of Families for Children in Foster Care

- Missouri Children's Division
- Missouri Coalition of Children's Agencies
- * Foster and Adoptive Care Coalition
- Missouri Institute of Mental Health
- St Louis Region Case Management Contractors
- Adoption Exchange of Missouri and AdoptUSKids

Project Components

Extreme Recruitment

- 12-20 week individualized recruitment effort that includes:
 - Preparing the child for permanency
 - Conducting a diligent search in order to reconnect youth with kin
 - Achieving permanency through concurrent general, targeted, and child-specific recruitment

• Extreme Education, Training, and Supports

- Training for potential resource families is conducted by a centralized source
- "Connector" services are provided to families immediately to:
 - Coordinate with the public/private agency case mangers and licensing staff during
 - the home study process
 - •Provide "trouble shooting" and problem-solving if barriers to licensing emerge
 - •Provide support groups and specialized training designed for kin resource families
 - Provide services to strengthen the family after placement of the children
- Evaluation
- Generalized Recruitment Campaign

Intended Outcomes

The program will serve 150 youth during the grant period:

- Ensuring a system of supportive adults for at least 90% of those youth
- Achieving permanency through adoption or guardianship for at least 70% of those youth

Observed Outcomes of Extreme Recruitment

- Since the beginning of year two our random assignment model has served 22 youth and 9 siblings.
- 6 of the youth served and 3 of their siblings have been matched with permanent resources.



Challenges/Steps being taken

- Inappropriate goals assigned or goals not updated timely
 - Missouri has started using a Concurrent Planning Checklist adapted from the NRC for Foster Care and Permanency Concurrent Planning Training Guide.
 - Permanency Coach concept within Extreme Recruitment being considered
- Available resource providers for large sibling groups
 - Streamlined Recruitment Tool
 - Development of Youth specific recruitment campaign using Adoption Opportunities Grant Funding in Year 2

Challenges/Steps being taken cont'd

- TPR Incomplete
 - Timeline to complete TPR petition, hearing, and appeal is a long process and teams/court are reluctant to begin it without identified resources
 - Media orders from the court to allow recruitment activities prior to TPR and/or with APPLA as the goal
- Lack of Team Commitment
 - Philosophy that the child is stable and we shouldn't disrupt that and take risk of finding a permanent home
 - Balancing appreciating foster parents and pushing for permanency
 - Both of these challenges require open communication and education by the ER teams to court and child welfare staff of the importance of permanency

Challenges/Steps being taken cont'd

- Missouri law requires non-custodial parents be considered for placement. Siblings often have different non-custodial parents resulting in a split.
 - Missouri's has policy in place regarding sibling placements as well as a process in place for monitoring cases to re-unite siblings whenever possible.
 - The ER project is committed to sibling placements whenever possible. Sibling information is shared on each child randomly assigned to the project. Outcomes indicate sibling impact.
 - Family Engagement Focus in Missouri Child Welfare Practice.
 - Educational stability supported by Fostering Connections and Missouri State Law
- Lack of adoption or guardianship subsidy for youth adopted or achieving guardianship after age 18

Challenges/Steps being taken cont'd

- Age of child
 - 18-year-olds who are preparing for aging out rather than for permanency
 - Older youth objecting or not cooperating with the team's attempts to improve education, placement, family connections, etc.
- Extreme Recruitment Workgroup is working to determining ways to address the older youth population to ensure best exit planning and explanation of need for permanency using older youth with experience aging out.

What Are We Doing?

Purpose

To improve safety, permanency, and wellbeing outcomes for children in the St. Louis region

Objectives

1) To enhance services and increase collaboration based on feedback, information and analyses

2) To develop a sustainable evaluation

3) To develop a center for excellence

Empowerment Evaluation: Definition

" An evaluation approach that aims to increase the probability of achieving program success by: 1) providing program stakeholders with tools for assessing planning, implementation, and self-evaluation of their program, and 2) mainstreaming evaluation as part of the planning and management of the program/organization" (Fetterman & Wandersman, 2005, pg. 28).



Empowerment Evaluation: Principles

- Improvement
- Community ownership
- Inclusion
- Democratic participation
- Social justice

- Community knowledge
- Evidence-based strategies
- Capacity building
- Organizational learning
- Accountability

Empowerment Evaluation: Steps

Step 5 – Repeat steps 2-4 Step 4 – Identify credible documentation to monitor efforts Step 3 – State goals and strategies to accomplish these goals. Step 2 – Identify and prioritize the most significant program activities and rate how well the program is doing in each of those activities, typically on a 1 (low) to 10 (high) scale. <u>Step 1</u> – Establish a mission/ vision statement about the program



Sample DR Credible Documentation

Surveys

- Implementation
- Meeting feedback
- Satisfaction
- Delphi

Program documents

- Recording system meeting frequency, attendance, meeting content, outcomes, dosage data, etc.
- Logic model
- Interagency agreements (MOAs -FACC and CHS; contracts- MCCA, Data Exchange Agreement- Children's Division)

Doing Delphi

<u>Purpose</u> → To obtain the most reliable consensus of group members' opinions



Data Collection: Baseline 5 months 12 months 24 months

Date:

First Name:_____

Who Are My Supports?

<u>First</u>: Please rank as many as 5 people in your life who are important to you. The person with a ranking of "1" would be the most important; the person with a ranking of "2" would be the second most important person, etc.

<u>Second</u>: For each person, we would like to know how long ago you had contact with them. Within the last week (A), Within the last month (B), Within the last six months (D) or No contact in the last 6 months (E).

<u>Third</u>: For each person you list, we want to know what your relationship is like. Please tell us if each statement is Very True (1), True (2), Somewhat True (3) or Not At All True (4) of your relationship.

		1 "Very Tr	What is n ue" 2 "True"			'Not at All
Top 5 people (name and role)	Last Contact A. Within last week. B. Within last month. C. Within last 3 months. D. Within last 6 months. E. No contact in last 6 months.	l trust	is committed to my success.	antre no and the no and the no and the no and the no matter what.	is always there for me.	listens to me.
1.						
2.						
3.						
4.						
5.						

Administere d By:_____ DCN #:_____

Education -Last Grade Level Completed:

The Design

Inclusion/Selection Criteria

*At least 10 years old

*Receiving child welfare services for at least 15 months *Reside in either St. Louis City, St. Louis County, St.

Charles County, or Jefferson County

Exclusion Criteria

*Youth with a goal of reunification *Youth with a goal of adoption, already in placement <u>Random Assignment</u>

*Assignment occurs at the CD level

*150 youth receive Extreme Recruitment Intervention *150 youth receive services as usual

*Collect the same case-level data on the same schedule

Data Collection Points ¹	Social Support Survey ³	Child and Adolescent Functional Assessment Scale (CAFAS)	Training Measure	Satisfaction ²	Fidelity ²	Children's Division Database: Outcomes	Dosage (Amount/ Type) ²	Education/ Support Data ²	Cost Data	
Baseline	<u>Foster and</u> <u>Adoptive Care</u> <u>Coalition</u> (FACC)– Intervention <u>Missouri</u> <u>Institute of</u> <u>Mental Health</u> (MIMH) - Control	<u>FACC</u> – Intervention <u>MIMH</u> - Control	CHS – Case Managers	CHS- Training Satisfaction Collected at Extreme Recruitment Service Closure <u>FACC</u> - Satisfaction Survey- Interventio n	CHS- Training Satisfaction Collected at Extreme Recruitment Service Closure <u>FACC</u> -		Administrative data (including # of placements & case managers) provided by the <u>CD</u> to the <u>MIMH</u>	<u>Preparation</u> <u>Services</u> Mental Health Physical Health Education <u>CD</u> - Intervention & Control (Monthly) <u>Recruitment</u>	<u>CHS</u> - provide education/ training dosage data (-type of training/	
5-Months Post- Baseline	<u>MIMH</u> – Intervention & Control					Weekly Log (Client		<u>Services Checklist</u> <u>FACC</u> – Intervention (Service	# of hours; -type of group/ # of hours;	To be
12- Months Post- Baseline	<u>MIMH</u> Intervention & Control	<u>MIMH</u> – Intervention & Control				Action Plan) <u>FACC</u> –	Administrative	Closure) <u>CD</u> - Control Group (Service Closure)	 # of hours; -type of therapy/ # of hours; -type of 	provided annually by the Children's Division
24- Months Post- Baseline	<u>MIMH</u> - Intervention & Control		CHS – Case Managers		Interventio n	data (including # of placements & case managers) provided by the <u>CD</u> to the <u>MIMH</u> (24 mo.)	<i>Federal Indicator</i> <u>Data</u> # of Families Recruited # & % of Families Trained # of Families with Approved Home Study <u>CD</u> - Intervention & Control (every 6 months)	interaction / # of hours) & Satisfaction Survey (Provided Quarterly)- Interventio n	(Amy)	

Local Data Collection: Schedule & Responsibilities

Diligent Recruitment Demographic Data (3/31/10)

	Intervention Group (N=15)	Control Group (N=7)
Gender	Male = 6 (40%) Female = 9 (60%)	Male = 4 (57%) Female = 3 (43%)
Age	Average = 15.27 Standard Deviation = 2.12 Range = 11 to 18	Average = 17.29 Standard Deviation = 0.49 Range = 17 to 18
Race	African American = 8 (53%) Caucasian = 6 (40%) Bi-Racial = 1 (7%)	African American = 5 (71%) Caucasian = 2 (29%)
Educational Level	5^{th} Grade = 2 (13%) 8^{th} Grade = 2 (13%) 9^{th} Grade = 7 (47%) 10^{th} Grade = 2 (13%) 11^{th} Grade = 2 (13%)	$10^{\text{th}} \text{ Grade} = 5 (71\%)$ $11^{\text{th}} \text{ Grade} = 1 (14\%)$ $12^{\text{th}} \text{ Grade} / \text{GED} = 1 (14\%)$

Average Child Adolescent Functional Assessment Scale Scores (CAFAS) (3/31/10)^a

^a Coding key: 0 "minimal or no impairment;" 10 "mild impairment;" 20 "moderate impairment;" 30 "severe impairment"

	Intervention Group (N=15)	Control Group (N=7)
School	Avg. = 10.67; Range = 0 to 30	<i>Avg.</i> = 14.29; <i>Range</i> = 0 to 30
Home	Avg. = 11.33; Range = 0 to 30	<i>Avg.</i> = 11.43; <i>Range</i> = 0 to 30
Community	Avg. = 3.33; Range = 0 to 30	<i>Avg</i> . = 12.86; <i>Range</i> = 0 to 20
Behavior	Avg. = 8.00; Range = 0 to 30	<i>Avg.</i> = 14.29; <i>Range</i> = 0 to 30
Mood	<i>Avg</i> . = 14.00; <i>Range</i> = 0 to 30	Avg. = 8.57; Range = 0 to 20
Substances	Avg. = 4.00; Range = 0 to 30	<i>Avg</i> .= 2.86; <i>Range</i> = 0 to 10
Thinking	Avg. = 2.00; Range = 0 to 10	Avg. = 1.43; Range = 0 to 10
Self Harm	Avg. = 4.00; Range = 0 to 20	Avg. = 2.86; Range = 0 to 20
CAFAS Total Score	Avg. = 52.67; Range = 0 to 120	Avg. = 68.57 Range = 30 to 140

Average Social Support Scores (3/31/10)^a ^aCoding key: 1 "very true;" 2 "true;" 3 "somewhat true;" 4 "not at all true"

	Intervention Group (N=15)	Control Group (N=7)
# People Reported	<i>Avg.</i> = 4.29; <i>Range</i> = 2 to 5	<i>Avg</i> . = 5.00; <i>Range</i> = 5 to 5
Trust	<i>Avg.</i> = 1.51; <i>Range</i> = 1 to 3	<i>Avg</i> . = 1.31; <i>Range</i> = 1 to 3
Commit	<i>Avg</i> . = 1.37; <i>Range</i> = 1 to 3	<i>Avg</i> . = 1.54; <i>Range</i> = 1 to 3
Love	<i>Avg</i> . = 1.16; <i>Range</i> = 1 to 2	<i>Avg</i> . = 1.31; <i>Range</i> = 1 to 3
There for Me	<i>Avg</i> . = 1.46; <i>Range</i> = 1 to 3	<i>Avg</i> . = 1.66; <i>Range</i> = 1 to 3
Listens	<i>Avg</i> . = 1.44; <i>Range</i> = 1 to 3	<i>Avg</i> .= 1.51; <i>Range</i> = 1 to 3

Extreme Recruitment National Data Collection/PM-OTOOL

Data Collection Points	Indicators for 10/1-3/31	Person Responsible	
	352 Families Recruited	CD to Provide Data, MIMH to Upload	
Biannually Uploaded Due 4/30 for 10/1 thru 3/31	83 (24%) of Families Trained		
	303 Families with Approved Home Study		

Extreme Recruitment National Data Collection/PM-OTOOL presents the PM-OTOOL required federal indicator data. The Diligent Recruitment project has recruited 352 families during this reporting period; of the families recruited, 83 (24%) were trained. Last, 303 families received approved home studies

Dosage Data: Dosage data on the intervention group has been provided by FACC and data for the control group will be provided by the MO Children's Division (at case closure). Dosage data is defined as the amount and type of <u>concurrent recruitment services</u> provided by the service providers, FACC and MO Children' Division. Dosage data is reported at service closure. There were not control group case closures for this reporting period.

DR Dosage Data (3.31.10)

Diligent Recruitment Dosage Data	FACC Cases (%)
TOTAL ENROLLED	15
# RECEIVED CONCURRENT <u>RECRUITMENT</u> SERVICES	3(20%)
Recruitment of former residential staff provider	1 (7%)
Recruitment of current foster parents	3(20%)
Recruitment of former foster parents	3(20%)
Recruitment of sibling's adoptive parents	1 (7%)
Review of CD case file	2(13%)
Review of court file	2(13%)
Review of closed file	2(13%)
Genograms	2(13%)
Internet Searches	2(13%)
Family Interviews	2 (13%)

<u>Short Term:</u> Outcomes & Indicators

Indicator	<u>Acquisition</u> <u>Source</u>	Collection Schedule
Decrease % time from inquiry to home study	CD Database	Baseline, 24 months
Increase pool of culturally competent & developmentally appropriate resources	TBD	TBD
Increase % of child/youth educational, physical, & mental health needs being met	CAFAS	Baseline, 12 months
Increase amount and type of services provided to youth & families	FACC Dosage Data	Weekly logs
Increase amount and type of services provided to resource families	CHS Training Data (knowledge tests), Amount & type of training, attendance	Ongoing/per training

Long Term: Outcomes & Indicators

Indicator	Acquisition Source	Collection Schedule				
	Safety					
Decrease reoccurrence of maltreatment	CD Database	Baseline, 24 months				
Decrease reoccurrence of maltreatment in foster care	CD Database	Baseline, 24 months				
Permanency						
90% of youth are linked with a supportive adult	Social Support Survey	Baseline, 5 months, 12 months, & 24 months				
70% of youth achieve permanency	CD Database	Baseline, 24 months				
Well-Being						
Increase % children/youth physical & emotional well-being	CAFAS	Baseline, 12 months				

Data Analytic Plan

Service Process

- 1) Dosage
- 2) Fidelity
- 3) Satisfaction Survey
- 4) Satisfaction/Knowledge/Competencies Survey
- 5) Implementation Survey

Outcome

- 1) Establish program outcomes
- 2) Investigate moderators and mediators of outcomes