Addressing the Commercial Sexual Exploitation of Children and Youth in the Child Welfare System: An Example of a Collaborative Community Response in Miami-Dade County, FL

CHAIR: MELISSA H. JOHNSON
DISCUSSANT: NORÍN DOLLARD
Overview

1) The Miami CARES Project
   Melissa Johnson (on behalf of Yinay Ruiz, Program Director for Miami CARES)

2) The CHANCE Program
   Dr. Kimberly McGrath (Director for CHANCE)

3) Evaluation
   Monica Landers (Evaluator, Miami CARES and CHANCE)
Developing A Comprehensive Trauma Informed System of Care to Address the Needs of Commercially Sexually Exploited Youth: The Miami CARES Project

YINAY RUIZ
OUR KIDS OF MIAMI-DADE/MONROE, INC.
What is Human Trafficking

Federal and Florida Definition: Transporting, soliciting, recruiting, harboring, providing, or obtaining of another person for transport; for the purpose of forced labor, domestic servitude or sexual exploitation using force, fraud and/or coercion.

Sex Trafficking: Commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act is under the age of 18.
Prevalence

• In 2016, 8042 case of Human Trafficking were reported Nationally (Polaris Project)
  • Approximately 73% of reported cases are for sex trafficking

• An estimated 1.6 million children run away from home each year in the U.S. In 2015, an estimated 1 out of 5 endangered runaways reported to the National Center for Missing and Exploited Children were likely child sex trafficking victims.
  • Of those, 74% were in the care of social services or foster care when they ran.

• Miami has been identified by the FBI as a hotspot for child sex trafficking

Florida Reports (2016, children only)

<table>
<thead>
<tr>
<th>Reports</th>
<th>CSEC</th>
<th>Labor</th>
<th>Unspecified</th>
<th>Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1495</td>
<td>1324</td>
<td>160</td>
<td>11</td>
<td>308 (22%)</td>
</tr>
</tbody>
</table>
Florida Legislation

• Safe Harbor Act (House Bill 99)
  • Effective Jan. 1, 2013
  • Allows for a minor victim of human trafficking to be deemed as dependent instead of delinquent and gives law enforcement the discretion to deliver the child to a designated safe house, allowing these children to get help from child welfare professionals instead of being placed in juvenile delinquency

• House Bill 545
  • Effective March 8, 2016
  • Establishes that children cannot consent to prostitution; full decriminalization of “child prostitution”

• House Bill 7141
  • Establishes responsibilities of the Florida Department of Children and Families with regard to sexually exploited children
  • Screening and identification, service planning, placement requirements, specialized training for caseworkers
Miami CARES Project

5-year federally funded grant through the Administration for Children and Families (ACF), Children’s Bureau to address human trafficking within the child welfare system

Spans across Miami-Dade County, bringing together a cross-section of community organizations and government entities to:
- build infrastructure
- increase collaboration
- raise awareness
- interpret and enforce existing legislation
- ultimately develop infrastructure and protocols for a coordinated child welfare system response to the trafficking of minors

Overarching goals:
- Prevent trafficking of youth
- Improve identification of victims
- Provide a continuum of effective, specialized services
# Miami CARES Project
## Logic Model

### Mission:
To create an infrastructure for a coordinated child welfare system response to the trafficking of minors, focused on the development of strategies to:
1) prevent trafficking of minors, especially those in the child welfare system;
2) identify victims of trafficking; and
3) provide effective and coherent services to victims of trafficking.

### Context
- **Population of focus:** Youth ages 9-17 who have been identified as victims of trafficking or are at-risk of being trafficked.
- **Miami has been identified by the FBI as one of the nation’s 13 High Intensity Child Prostitution areas.**

### Inputs
- History of successful collaboration
- Strong community-based care child welfare system
- Commitment of agency partners: Our Kids, CHN, Women’s Fund, Homeless Coalition, Shared Hope International, courts, the Bridge, DCF, DJJ, CIA, USF
- Pilot treatment program for youth victims of trafficking
- University-based researchers

### Goals
1. Institutionalize cross-system collaboration among key agencies and organizations to address the trafficking of minors.
2. Increase awareness and utilization of multi-disciplinary interventions.
3. Develop and implement policies, practices, and strategies that are informed by state policy/legislation to:
   a) Prevent trafficking
   b) Identify victims
   c) Provide a continuum of effective services victims
4. Increase system-wide awareness of trafficking and the risk for children in the child welfare system.
5. Develop and implement a comprehensive data system to gather and track critical information on trafficked youth across agency partners.
6. Disseminate knowledge and findings generated through the project to the field.

### Strategies
- Establish an interagency task force.
- Develop and adopt a model and protocol for collaboration to address trafficking with clear roles for all partner agencies.
- Identify best practice guidelines and policies to adopt into local policy, including multi-disciplinary interventions and trauma-informed approaches.
- Train child welfare and cross-agency partner staff on new policies, procedures, and practices for identifying and responding to child victims of trafficking.
- Create an array of coordinated services to ensure a continuum of care is available for victims.
- Develop educational and promotional materials and provide community trainings to increase awareness.
- Create a shared, cross-system database and protocol for collecting and sharing data across agency partners.
- Develop products and identify venues to disseminate findings to various audiences locally and nationally.

### Outcomes
- Increased collaborative capacity of Miami CARES Interagency partners.
- Reduction in # of youth being recruited into trafficking.
- Earlier identification of youth that have been trafficked.
- Improved social, emotional, behavioral, and health outcomes for youth victims.
- Increased awareness and ability to identify and respond to risk factors among community stakeholders.
- Consistent collection, sharing, and use of data to inform practice, policy, and decision-making.
- Practitioners, leaders, and policy-makers outside of the collaborative group are able to access information, data, and findings.

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**Evaluation & Continuous Quality Improvement**
## Partners

<table>
<thead>
<tr>
<th>Miami Dade Human Trafficking Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OurKids (Community Based Care)</strong></td>
</tr>
<tr>
<td><strong>Department of Children and Families</strong></td>
</tr>
<tr>
<td><strong>Miami Dade State Attorneys Office</strong></td>
</tr>
<tr>
<td><strong>Citrus Health Network (CHANCE Program)</strong></td>
</tr>
<tr>
<td><strong>Homeland Security</strong></td>
</tr>
<tr>
<td><strong>Kristi House</strong></td>
</tr>
</tbody>
</table>
Coordination

- Centralized, single point-of-contact for all human trafficking cases

CARES Program Director

DCF

CMAs

SAO

GAL

Txmt Providers

DJJ

Law Enforcement

Law Enforcement

OurKids of Miami-Dade/Monroe, Inc.
Training

Human Trafficking 101 training required for all case managers handling CSEC cases
  - OurKids has made this a requirement for ALL case managers

In addition, training has been made available to other community partners:
  - Guardian Ad litem
  - Foster parents
  - Law enforcement
  - Children Legal Services Attorneys
  - Attorney’s Ad Litems
  - Judges

More recently, Human Trafficking 201 training is being offered
Multi-disciplinary Interventions

• Multi-disciplinary Team (MDT) Staffings
  o Initial staffings – newly identified victim; discuss allegations and evidence, determine how to proceed with case, including placement and service recommendations
  o Ongoing staffings – every 60-90 days to assess progress and ongoing treatment needs

• Human Trafficking Child Plan and Recovery (HT CPR)
  o Multi-disciplinary team that discusses specific cases and develops plan for recovery of children who are currently missing; ensure there is a placement and treatment plan in place that can be implemented immediately upon recovery
G.R.A.C.E. Court

GROWTH
RECOVER
ADVANCE
COURAGE
EMPOWERMENT
The MISSION of GRACE Court

• The mission of the Human Trafficking Court is to serve young victims of human trafficking who entered the court system under a Chapter 39 Petition and/or a delinquency petition filed under Statute 985.

• This specialized court will provide victims with comprehensive services and support in order to recover from “the life.” It is the hope of this court to assist these victims in a successful transition to independence, and begin to lead a healthy life; physically, spiritually, mentally and emotionally.

• Current focus on implementing trauma-informed principles within the court
  • Use of trauma-informed language by all parties
  • Survivor advocates in the court room
  • Modifications to physical environment
Providing Comprehensive Services to Meet the Needs of CSE Youth in Florida

Kimberly McGrath, Psy.D., Citrus Health Network, Inc.
About Citrus Health Network, Inc.

• Citrus Health Network was established as a Community Mental Health Center in 1979 intended to serve the Northwest area of Miami Dade County.

• Citrus Health Network, Inc. (CHN) was established as a Federally Qualified Health Center (FQHC) in 2004 and is the only FQHC to receive a Gold Seal of Approval recognition from Joint Commission in the state of Florida.

• Over the years, Citrus has expanded to other areas of the state. Services now include primary care, housing assistance, foster care, and case management services. Staff on site include: psychiatrists, primary care doctors, pediatricians, obstetrics/gynecologist, psychologists, Licensed Clinical Social Workers, case managers and peer support staff.
Support & Acknowledgements

This work is supported in part by the Florida Department of Children and Families and Our Kids of Miami-Dade / Monroe, Inc.

We would also like to acknowledge Mary Armstrong, PhD, Melissa Johnson, MA, MPH, Rene Anderson & Norín Dollard, PhD, from the USF research team

AND

The CHANCE program therapists and foster parents
What is the CHANCE Program

- **Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE)** is a pilot program developed by Citrus Health Network, as part of a partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, Inc., with research being conducted by the University of South Florida.

- The CHANCE Program addresses the emotional and behavioral needs of teenage survivors of commercial sexual exploitation.

- Citrus Health Network developed three program tracks to meet the needs of this population:
  - Statewide Inpatient Psychiatric Program-CHANCE Track
  - CHANCE Specialized Therapeutic Foster Care (STFC)
  - CHANCE Community Response Team

- Many of the youth in these programs receive their primary care from the CHN FQHC
Identification of CSEC involved Youth
*Primary Care, Law Enforcement, DCF

Remains in home with CHANCE CRT services

Shelter Petition filed. Child placed in CHANCE STFC home or Alternative setting with CHANCE CRT services

STGH

SIPP
What is CHANCE Specialized Therapeutic Foster Care?

- Children are placed in a stable and secure family unit that will commit to their care.

- The intervention model includes a foster parent specially trained in both the behavioral and emotional needs of this population and the unique social factors related to commercial sexual exploitation. The foster parents are available 24 hours per day, 7 days a week, to respond to crises or to the need for special therapeutic interventions.
• Foster parents are uniquely trained to deal with the special needs of this challenging population and they are an integral part of the treatment team.
• CHN developed a 24 hour Train- The- Trainer Foster Parent Training Program
• Covered Topics include:
  • Risk factors associated with CSEC
  • How does commercial sexual exploitation affect victims’ physical, emotional and social well being
  • The role of Domestic Violence/Sexual Abuse in sexual exploitation
  • Helping and empowering survivors to transition out CSEC
What are some of the components of CHANCE Specialized Therapeutic Foster Care?

- **Single Child Home:** Victims of abuse are vulnerable to exploitation, recruitment, and manipulation by peers. The CHANCE Program requires that the CHANCE child be the only foster child placed in the home.

- **Secure Home:** The homes are secured with an advanced alarm system that will both alert the foster parent of intruders and if the child is leaving the home without permission.

- **Home Support Staff:** The program also includes the opportunity to enhance the services that the child receives in the home with the inclusion of appropriately trained Specialized Home Support Staff available 24 hours-a-day, 7 days a week.
Why does CHANCE need a Community Response Team?

• At this time the number of survivors of commercial sexual exploitation in Miami-Dade County exceeds the number of CHANCE STFC homes available.

• Children may reside in foster homes, shelter, group homes, or in relative and non-relative care. Some children will be in the care and custody of their parents or guardians from the onset of treatment.

• The CHANCE Community Response team will work with survivors who reside in alternative placements in an effort to stabilize them in their current environment or assist in the identification and transition of the client to an appropriate living situation.

• These children will be offered all of the same clinical services available to CHANCE STFC clients.
What Services Does the CHANCE Program Provide?

- Children in both the CHANCE STFC and Community Response tracks are assigned the following upon entering the program:
  - **An Individual Therapist:** 2-5 times per week based on clinical necessity, on call 24/7
  - **A Family Therapist:** available when necessary
  - **A Life Coach:** 24 hour support, assistance and advocacy from a CSEC survivor
  - **Group Therapy:** Psycho-educational groups for CSEC survivors-16 week manualized curriculum
  - **A Targeted Case Manager**
  - **Certified Behavioral Analyst Services:** as clinically indicated
What Services Does the CHANCE Program Provide?

- Children in both the CHANCE STFC and Community Response Team tracks will receive the following wraparound services upon entering the program:
  - **Assessment and Evaluation**
  - **Individualized Treatment and Service Plan Development**
  - **24/7 On Call Clinical Staff**: For CHANCE clients and foster parents
  - **Regular Monitoring**: To ensure that the goals and objectives of the service and treatment plans are consistently pursued
  - **Psychiatric Services**
  - **Substance Abuse Treatment**
Commitment to Continuity

- The CHANCE team will follow the client and continue to provide services in the lower level of care (including relative and non-relative care, adoption, and reunification), or a higher level of care (SIPP) as long the child continues to reside in Miami-Dade County. Services will continue until they are no longer deemed clinically indicated.
How many children are served by the CHANCE Program?

• Currently, there are 44 clients in the CHANCE program, between the ages of 13 and 18
  • 12 in Specialized Therapeutic Foster Care
  • 28 with the Community Response Team

• The CHANCE program has served 69 clients in STFC and 167 clients in the CRT since it originated in October 2013 as of January 25, 2017.

• The Daily Rate for the STFC program ranges from $235-$188 per child per day; combined funding from Medicaid and DCF. This includes all services, and room and board.

• Currently, the majority of clients in the program are girls, but the program is designed to serve both boys and girls. We serve LGBTQ youth as well.
Training for Clinicians

• Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)
• The impact of complex trauma on development
• The principals and tenets of a trauma informed approach
• How commercial sexual exploitation affects a youth’s physical, emotional and social well being
• The unique factors related to the trauma of commercial sexual exploitation.
• Trauma Bonding and Stockholm Syndrome
• The impact of co-occurring disorders on the treatment process
• Identification and assessment of commercially sexually exploited youth
• Factors to consider when working with sexually exploited males and LGBT youth
• Treatment implications for youth involved in gang trafficking
• Secondary trauma and the importance of self-care to prevent burn-out
• Teaching and fostering healthy relationships
• Helping with career building and teaching independent living skills
Training for Clinicians

Essentials
- Stages of Change Model
- Motivational Interviewing Techniques
- Trauma Focused-Cognitive Behavioral Therapy Training

3 Phase Treatment Model
- Phase 1 ● Engagement
  - Meeting basic needs
  - Identifying strengths and barriers to treatment
  - Overcoming the barriers to building trust and establishing rapport
  - Providing Psychoeducation about commercial sexual exploitation
  - Building skills-anger management, conflict resolution, effective communication

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Treatment Process

**Engagement Phase**
- Building Trust
- Adjusting to new placement
- Establishing rapport
- Providing Psychoeducation
- Building Skills
- Meeting basic needs
- Identifying strengths and barriers
- Linking to services

**Trauma Processing Phase**
- Trauma Informed Care
- TF-CBT
- Increased Disclosure
- Continued Psychoeducation

**Transition and Maintenance Phase**
- Reinforce Skill Building
- Safety/Relapse Planning

Critical Incident/Crisis Intervention
Assessing the Impact of Miami’s Response to Trafficking: An Evaluation of Miami CARES and CHANCE

MONICA LANDERS, MELISSA H. JOHNSON, MARY ARMSTRONG, & NORÍN DOLLARD
DEPARTMENT OF CHILD & FAMILY STUDIES
UNIVERSITY OF SOUTH FLORIDA
Research Questions

- How has the initiative impacted collaborative capacity to address human trafficking within the child welfare system?
- How have training and educational efforts impacted community knowledge and awareness related to the trafficking of minors?
- What are the characteristics of youth served by the CHANCE program?
- What are youth outcomes for the CHANCE program in terms of problem behaviors and symptoms, and functioning at home, in school, and in the community, with a specific focus on assessment of trauma symptoms?
Data Collection - Measures

Part I: Collaboration
  ◦ Wilder Collaboration Factors Inventory (WCFI)

Part II: Knowledge and Awareness of HT
  ◦ Pre/Post Training Surveys

Part III: Youth Outcomes
  ◦ Child and Adolescent Needs and Strengths – CSE Version
    ◦ Life Functioning
    ◦ Education
    ◦ Emotional/Behavioral Needs
    ◦ Risk Behaviors
    ◦ Strengths
# Part I: Collaboration-WCFI

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Environment</td>
<td>History of collaboration or cooperation in the community</td>
</tr>
<tr>
<td></td>
<td>Collaborative group seen as a legitimate leader in the community</td>
</tr>
<tr>
<td>Member Characteristics</td>
<td>Mutual respect, understanding, and trust</td>
</tr>
<tr>
<td></td>
<td>Appropriate cross section of members</td>
</tr>
<tr>
<td></td>
<td>Members see collaboration as in their self-interest</td>
</tr>
<tr>
<td>Process/Structure</td>
<td>Multiple layers of participation</td>
</tr>
<tr>
<td></td>
<td>Development of clear roles and policy guidelines</td>
</tr>
<tr>
<td></td>
<td>Appropriate pace of development</td>
</tr>
<tr>
<td>Communication</td>
<td>Open and frequent communication</td>
</tr>
<tr>
<td></td>
<td>Established informal relationships and communication links</td>
</tr>
<tr>
<td>Purpose</td>
<td>Concrete, attainable goals and objectives</td>
</tr>
<tr>
<td></td>
<td>Shared Vision</td>
</tr>
<tr>
<td>Resources</td>
<td>Sufficient funds, staff, materials, time</td>
</tr>
<tr>
<td></td>
<td>Skilled Leadership</td>
</tr>
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</table>
Collaboration- WCFI

<table>
<thead>
<tr>
<th>Environment</th>
<th>Membership</th>
<th>*Process</th>
<th>Communication</th>
<th>Purpose</th>
<th>*Resources</th>
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</thead>
<tbody>
<tr>
<td>Time 1 (n=15)</td>
<td>Time 2 (n=9-10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.01</td>
<td>3.97</td>
<td>4.27</td>
<td>4.21</td>
<td>4.17</td>
<td>4.27</td>
</tr>
</tbody>
</table>

Strengths
Areas for action

* p < .05
Part II: Knowledge and Awareness of HT

Purpose: to examine changes in participants’ awareness and ability to identify and respond to risk factors of trafficked youth

Developed through a collaboration of the ACF Trafficking Grantee evaluators (Cronbach’s alpha=.865)

3 Domains: Knowledge, Beliefs, Comfort

Administered to HT training participants
- 82.8% Female
- 49.1% Black
- 72.6% Employed in Child Welfare field
- 37.1% Caseworkers
- 18.8% GALs
- 7.6% CPIs
Knowledge and Awareness of HT - Knowledge

Higher scores indicate greater strength

**Knowledge of federal/state definitions**
Pre-test: 5.32, Post-test: 7.41

**Knowledge of terminology**
Pre-test: 6.06, Post-test: 7.65

**Knowledge of risk factors**
Pre-test: 6.2, Post-test: 7.87

**Knowledge of protective factors**
Pre-test: 5.49, Post-test: 7.69

**Knowledge of recruitment strategies**
Pre-test: 5.67, Post-test: 7.93

**Knowledge of impact on youth**
Pre-test: 6.11, Post-test: 8.02

**Knowledge of prevalence among youth**
Pre-test: 4.73, Post-test: 7.46

**Knowledge of ways to ID youth**
Pre-test: 5.16, Post-test: 7.63

**Knowledge of ways to engage youth**
Pre-test: 4.95, Post-test: 6.96

**Knowledge of agency's process to ID**
Pre-test: 4.93, Post-test: 6.9

**Knowledge of agency's referral process**
Pre-test: 4.86, Post-test: 7.22

Sample size (n=163-170)

**p<.01**
Knowledge and Awareness of HT - Beliefs

Belief that prostitution involving minors is a victimless crime

Belief that minors choose to engage in prostitution

Belief that minors could stop at any time

Belief that secure detention is necessary

Beliefs (n=156-165) *p<.05

Higher scores indicate greater strength
Knowledge and Awareness of HT - Comfort

**Comfort having conversation**
- Pre-test: 6.23
- Post-test: 7.73

**Comfort directly asking youth**
- Pre-test: 6.44
- Post-test: 7.8

**Comfort identifying youth victims**
- Pre-test: 6.05
- Post-test: 7.53

**Comfort identifying youth at risk**
- Pre-test: 6.04
- Post-test: 7.65

**Comfort responding appropriately**
- Pre-test: 6.6
- Post-test: 7.76

**Comfort referring youth**
- Pre-test: 7.16
- Post-test: 7.9

Higher scores indicate greater strength.

*Comfort (n=162-164)
*p<.05; **p<.01
Part III: Youth Outcomes

Child and Adolescent Needs and Strengths (CANS)
- Commercial Sexual Exploitation (CANS-CSE) version

Domains:
- Life Domain Functioning
- Education
- Emotional/Behavioral Needs
- Risk Behaviors
- Strengths

Participants (n = 112)
- 94.6% female (n=106)
- 56.8% African-American/ Black (n=63)
- 29.7% Caucasian/ White (n=33)
- 42.3% Hispanic (n=47)
- 16.02 years at admission (range 12-18)
Exploitation

Age at Onset
- 17 & up – 15.3%
- 14-16 - 36.7%
- 12 – 14 - 31.6%
- <12 – 16.3%

Valid N = 90 - 97

Duration
- Started last 3 months: 17%
- Begun in last year: 32%
- Intermittent > 2 years: 32%
- Ongoing > 2 years: 20%

Perceptions of Danger
- 21%

Knowledge of Exploitation
- 21%
- 16%
- 15%
- 48%

Stockholm Syndrome
- 34%
- 17%
- 17%
- 32%

Lower scores indicate greater strength
## Youth Trauma Experiences

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
<th>Moderate/Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>81.7% (n=85)</td>
<td>50.9% (n=20)</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>65.7% (n=73)</td>
<td>35.1% (n=39)</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>79.1% (n=83)</td>
<td>48.6 (n=51)</td>
</tr>
<tr>
<td>Neglect</td>
<td>73.2% (n=85)</td>
<td>53.4% (n=62)</td>
</tr>
<tr>
<td>Witness Family Violence</td>
<td>68% (n=79)</td>
<td>39.6% (n=46)</td>
</tr>
<tr>
<td>Witness Community Violence</td>
<td>68.1% (n=79)</td>
<td>36.2% (n=42)</td>
</tr>
<tr>
<td>Witness Criminal Activity</td>
<td>66.3% (n=75)</td>
<td>37.1% (n=42)</td>
</tr>
</tbody>
</table>
Youth Outcomes - Life Functioning

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Mean Score</th>
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<tbody>
<tr>
<td>Baseline (n=119)</td>
<td>1.78</td>
</tr>
<tr>
<td>3 Months (n=104)</td>
<td>1.56</td>
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<tr>
<td>6 Months (n=79)</td>
<td>1.46</td>
</tr>
<tr>
<td>9 Months (n=64)</td>
<td>1.55</td>
</tr>
<tr>
<td>12 Months (n=50)</td>
<td>1.47</td>
</tr>
<tr>
<td>15 Months (n=37)</td>
<td>1.35</td>
</tr>
<tr>
<td>18 Months (n=23)</td>
<td>1.38</td>
</tr>
</tbody>
</table>

F=2.609; p<.05

Lower scores indicate greater strength
## Youth Outcomes - Life Functioning

<table>
<thead>
<tr>
<th>Category</th>
<th>F</th>
<th>Range of Scores</th>
<th>Δ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>6.25***</td>
<td>2.34 - 1.58</td>
<td>- 0.76***</td>
</tr>
<tr>
<td>Living Situation</td>
<td>1.98</td>
<td>1.83 - 1.32</td>
<td>- 0.51</td>
</tr>
<tr>
<td>Social</td>
<td>1.66</td>
<td>2.01 - 1.58</td>
<td>- 0.43</td>
</tr>
<tr>
<td>Recreation</td>
<td>2.89**</td>
<td>1.97 - 1.37</td>
<td>- 0.60**</td>
</tr>
<tr>
<td>Developmental</td>
<td>1.06</td>
<td>0.46 - 0.32</td>
<td>- 0.14</td>
</tr>
<tr>
<td>Legal</td>
<td>.314</td>
<td>1.12 - 0.89</td>
<td>- 0.23</td>
</tr>
</tbody>
</table>
Youth Outcomes - Education

Lower scores indicate greater strength
# Youth Outcomes - Education

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Range of Scores</th>
<th>Δ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Attainment</td>
<td>1.15</td>
<td>2.01 - 1.38</td>
<td>-0.63</td>
</tr>
<tr>
<td>Time out of School</td>
<td>1.45</td>
<td>1.72 - 1.13</td>
<td>-0.62</td>
</tr>
<tr>
<td>School Behavior</td>
<td>1.72</td>
<td>1.96 - 1.19</td>
<td>-0.77</td>
</tr>
<tr>
<td>School Achievement</td>
<td>1.57</td>
<td>2.10 - 1.44</td>
<td>-0.66</td>
</tr>
<tr>
<td>Attendance</td>
<td>1.95^</td>
<td>2.06 - 1.25</td>
<td>-0.81^</td>
</tr>
<tr>
<td>Attitude</td>
<td>1.10</td>
<td>1.68 - 1.13</td>
<td>-0.55</td>
</tr>
</tbody>
</table>
Youth Outcomes - Emotional/Behavioral Needs

Lower scores indicate greater strength
## Youth Outcomes - Emotional/Behavioral Needs

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Range of Scores</th>
<th>Δ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
<td>1.28</td>
<td>1.31-1.06</td>
<td>- 0.25</td>
</tr>
<tr>
<td>Anger</td>
<td>.42</td>
<td>1.43-1.65</td>
<td>+ 0.22</td>
</tr>
<tr>
<td>Trauma Adjustment</td>
<td>2.73*</td>
<td>1.70-1.18</td>
<td>- 0.52*</td>
</tr>
<tr>
<td>Conduct</td>
<td>1.61</td>
<td>1.48-.94</td>
<td>- 0.54</td>
</tr>
<tr>
<td>Oppositional</td>
<td>1.78</td>
<td>1.85-1.53</td>
<td>- 0.32</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.77</td>
<td>1.44-1.35</td>
<td>- 0.09</td>
</tr>
<tr>
<td>Depression</td>
<td>.67</td>
<td>1.58-1.65</td>
<td>+ 0.07</td>
</tr>
<tr>
<td>Impulse/Hyper</td>
<td>1.44</td>
<td>1.52-1.24</td>
<td>- 0.28</td>
</tr>
</tbody>
</table>
Youth Outcomes - Risk Behaviors

Lower scores indicate greater strength
# Youth Outcomes - Risk Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>F</th>
<th>Range of Scores</th>
<th>Δ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm</td>
<td>.52</td>
<td>0.27 - 0.35</td>
<td>+ 0.08</td>
</tr>
<tr>
<td>Danger</td>
<td>.26</td>
<td>0.35 - 0.26</td>
<td>- 0.09</td>
</tr>
<tr>
<td>Sexual</td>
<td>1.07</td>
<td>0.27 - 0.09</td>
<td>- 0.18</td>
</tr>
<tr>
<td>Runaway</td>
<td>4.04**</td>
<td>1.69 - 0.70</td>
<td>- 0.99**</td>
</tr>
<tr>
<td>Delinquency</td>
<td>2.50*</td>
<td>0.98 - 0.39</td>
<td>- 0.59*</td>
</tr>
<tr>
<td>Judgment</td>
<td>2.17*</td>
<td>1.76 - 1.17</td>
<td>- .059*</td>
</tr>
<tr>
<td>Intention</td>
<td>1.45</td>
<td>1.39 - 1.04</td>
<td>- 0.35</td>
</tr>
<tr>
<td>Exploitation</td>
<td>.74</td>
<td>0.42 - 0.13</td>
<td>- 0.29</td>
</tr>
</tbody>
</table>
Youth Outcomes - Youth Strengths

Lower scores indicate greater strength
## Youth Outcomes - Youth Strengths

<table>
<thead>
<tr>
<th>Category</th>
<th>F</th>
<th>Range of Scores</th>
<th>Δ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>2.02</td>
<td>2.02 - 1.68</td>
<td>-0.34</td>
</tr>
<tr>
<td>Leadership</td>
<td>2.57*</td>
<td>2.23 - 1.80</td>
<td>-0.43*</td>
</tr>
<tr>
<td>Optimism</td>
<td>1.29</td>
<td>1.82 - 1.63</td>
<td>-0.19</td>
</tr>
<tr>
<td>Educational</td>
<td>1.68</td>
<td>1.81 - 1.37</td>
<td>-0.44</td>
</tr>
<tr>
<td>Vocational</td>
<td>2.02</td>
<td>2.20 - 1.79</td>
<td>-0.41</td>
</tr>
<tr>
<td>Creativity</td>
<td>2.27*</td>
<td>1.79 - 1.26</td>
<td>-0.53*</td>
</tr>
<tr>
<td>Spiritual</td>
<td>1.55</td>
<td>1.88 - 1.53</td>
<td>-0.35</td>
</tr>
<tr>
<td>Self Expression</td>
<td>1.11</td>
<td>1.55 - 1.21</td>
<td>-0.34</td>
</tr>
<tr>
<td>Life Skills</td>
<td>3.71**</td>
<td>1.89 - 1.37</td>
<td>-0.52**</td>
</tr>
<tr>
<td>Peer</td>
<td>1.31</td>
<td>1.90 - 1.74</td>
<td>-0.16</td>
</tr>
<tr>
<td>Involvement</td>
<td>1.32</td>
<td>1.69 - 1.32</td>
<td>-0.37</td>
</tr>
<tr>
<td>Resiliency</td>
<td>2.26*</td>
<td>1.73 - 1.16</td>
<td>-0.57*</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>1.67</td>
<td>1.64 - 1.32</td>
<td>-0.32</td>
</tr>
</tbody>
</table>
Challenges and Lessons Learned

• Implementation Challenges
  • Stigma and misperception about the population continues to be rampant which fosters resistance among service providers and parents
  • Recruitment of foster parents for this population is extremely challenging due to misperceptions
  • Chronic elopements hinder engagement and bonding with foster families
  • Population is extremely challenging for treatment providers and caseloads must be minimized which is costly
  • Services must be coordinated across systems and providers

• Evaluation Challenges
  • Chronic elopements make it difficult to collect data from youth; results in incomplete data
  • Lack of participation from foster parents
  • Ability to conduct post-discharge follow up
Next Steps

• Recruitment of additional foster parents to increase capacity in the CHANCE STFC Program
• Recruitment of additional foster parents to provide respite for current CHANCE parents
• Develop an employment system for CHANCE Clients!
• Collect data on fidelity
• Incorporate administrative data into the outcomes analysis
• Compare youth in STFC and youth in CRT
• Add a qualitative study component