



Providing a Continuum of Comprehensive Services to Meet the Needs of CSE Youth in Child Welfare: One-year Findings

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SUPPORT

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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 program began October 1, 2013.
- The CHANCE Program addresses the emotional and behavioral needs of teenage survivors of commercial sexual exploitation.



How

MANY CHILDREN ARE SERVED BY THE CHANCE PROGRAM?

- Currently, there are 53 clients in the CHANCE program, between the ages of 13 and 17
 - 13 in Specialized Therapeutic Foster Care
 - 40 with the Community Response Team
- The capacity of the program, based on funding:
 - 15 in Specialized Therapeutic Foster Care
 - 40 with the Community Response Team
- The Daily Rate for the STFC program is \$210 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.

How

IS THE CHANCE PROGRAM EVALUATED?

- The University of South Florida (USF) has been contracted to evaluate the CHANCE Program.
- The evaluation will assess the appropriateness and effectiveness of treatment interventions, fidelity to the program model, and outcomes of youth receiving the CHANCE intervention.



How

IS THE CHANCE PROGRAM EVALUATED?

- The fidelity assessment will examine whether services have been provided as intended, based on the specified program model.
- The outcomes evaluation will focus on youth outcomes associated with the CHANCE treatment program to assess whether functional and strengths outcomes for youth improved.
- Youth outcomes include:
 - Functioning at home, school and in the community
 - Placement stability
 - Reintegration into society
 - Conducting age appropriate activities
 - Improved emotional and behavioral functioning, including trauma symptoms.



Population

- Are 9 through 17 years of age
- Are living or have been placed in Miami-Dade County, FL
- Have serious mental health/behavioral problems that meet the admission criteria for the CHANCE pilot program
- Have been identified by a qualified professional as a victim of commercial sexual exploitation
- Are in the child welfare dependency system

Study purpose:

- To implement and evaluate CHANCE
 - for feasibility in real world public sector settings,
 - fidelity to the model,
 - longer term outcomes.

Research Questions

- What are the characteristics of youth served in the CHANCE program?
- Are the youth in the program being provided the intensity and types of services appropriate to their level of need?
- What are youth outcomes for the programs 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

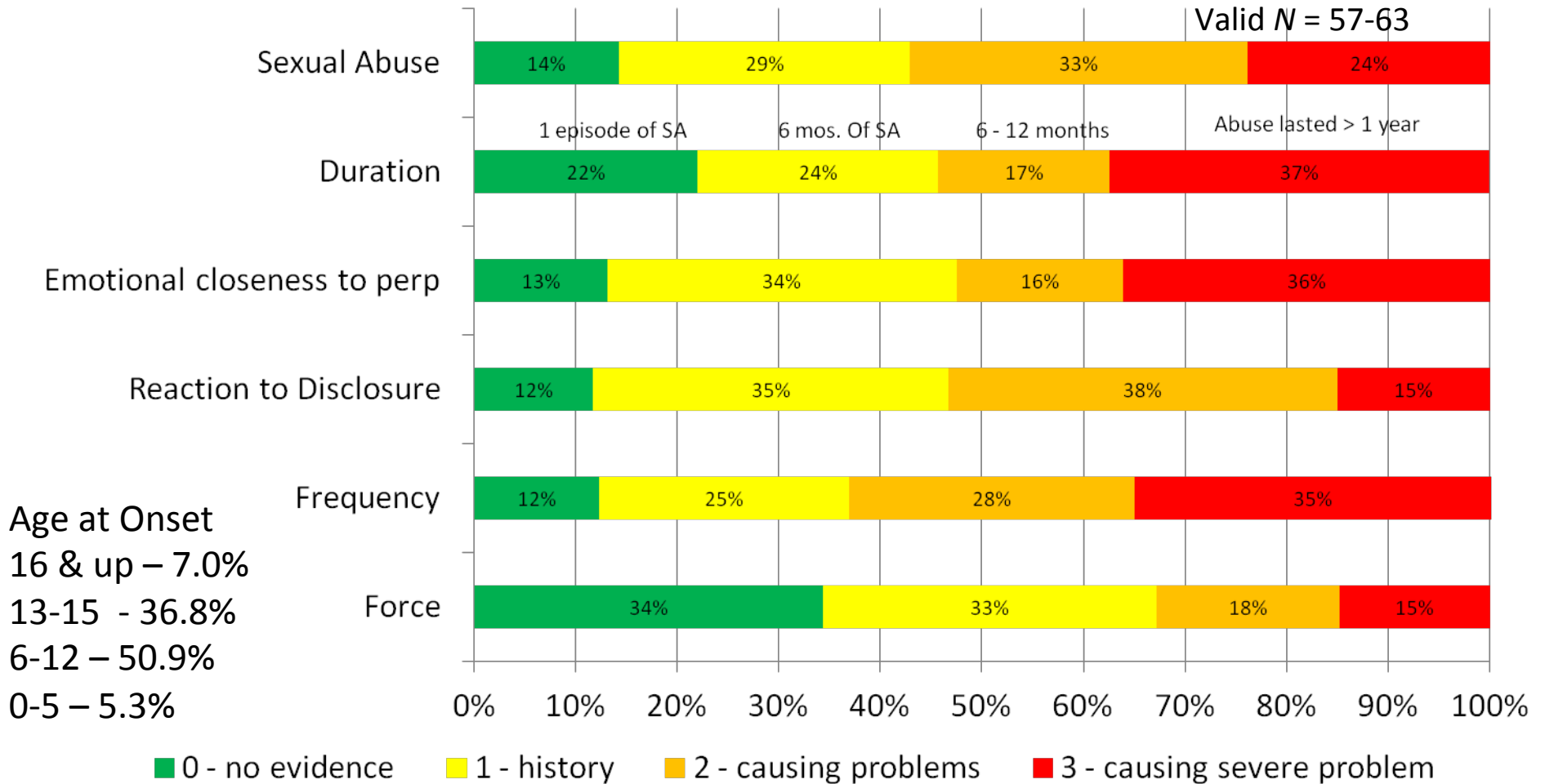
- Fidelity data to ensure fidelity of implementation
- Administrative data from Citrus, adult and youth justice, state mental health, and Medicaid management information systems
- Primary data are collected from youth and their caregivers at baseline and every three months:
 - Child & Adolescent Needs & Strengths-CSE version
 - Behavioral and Emotional Rating Scale-2nd Edition
 - UCLA Post Traumatic Stress Disorder Reaction Index
 - Child Report of Post-traumatic Symptoms and Parent Report of Post-traumatic Symptoms

Youth Demographics & Background

Demographics (N = 68)

- 95.6% female
- 64.2% African-American/ Black, 20.9% Caucasian (n=67)
- 32.8% Hispanic (n=67)
- 16.1 years at admission (range 12-18) (n=66)

Sexual Abuse

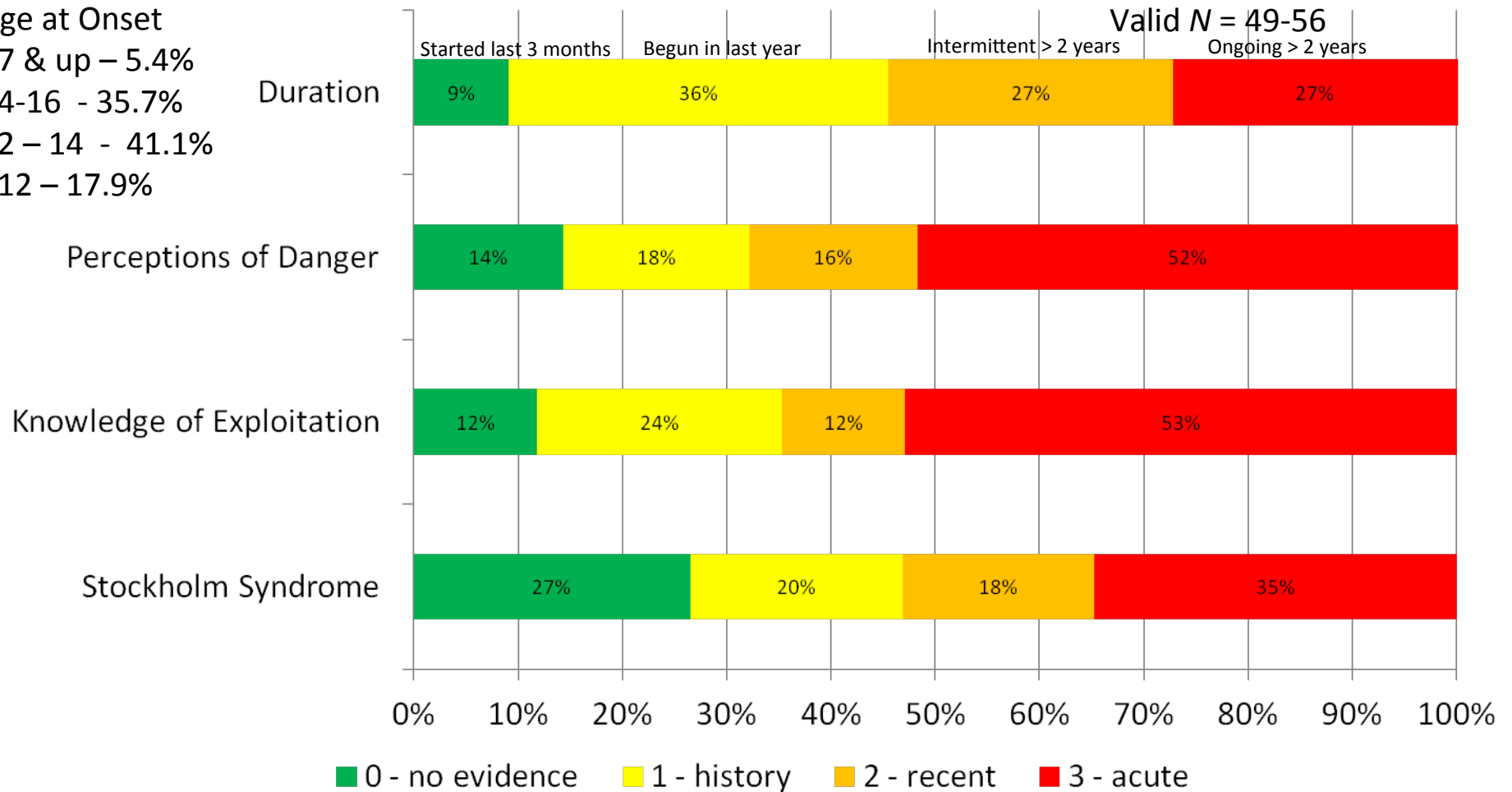


Age at Onset
 16 & up – 7.0%
 13-15 - 36.8%
 6-12 – 50.9%
 0-5 – 5.3%

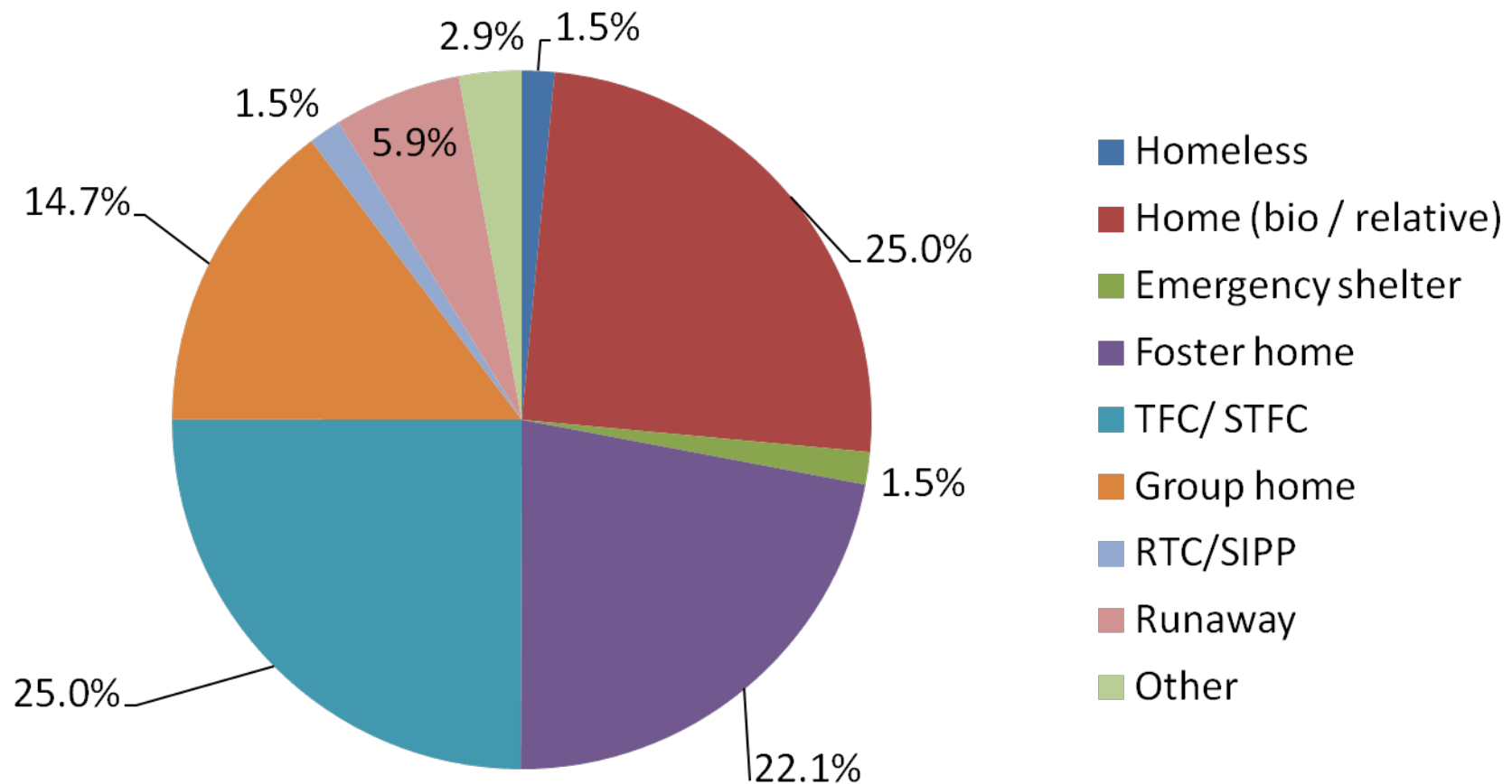
Exploitation

Age at Onset
 17 & up – 5.4%
 14-16 - 35.7%
 12 – 14 - 41.1%
 <12 – 17.9%

Valid N = 49-56



Living Situation at Intake (N = 68)



N = 68

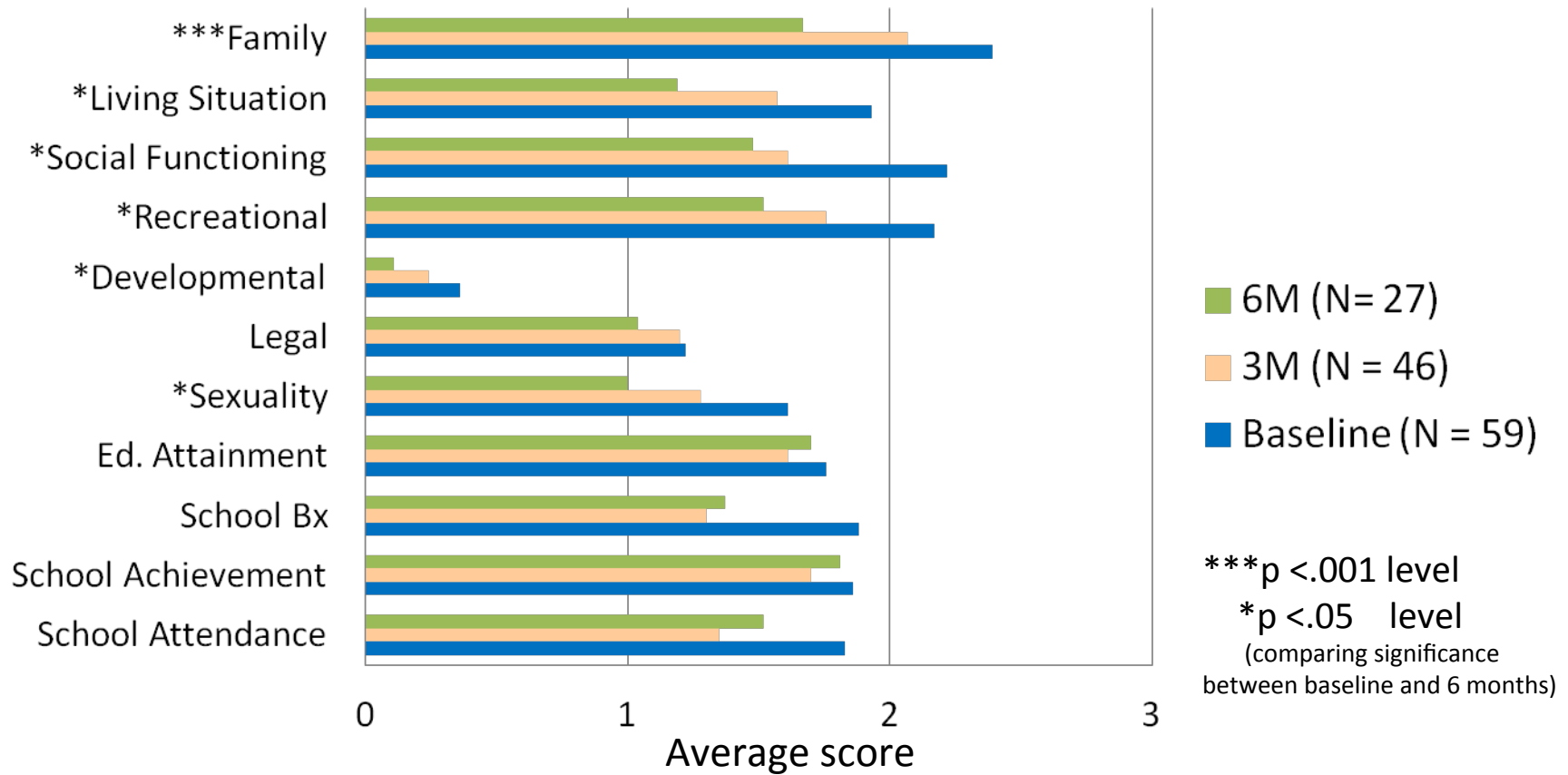


CHANCE™

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Youth & Caregiver Functioning & Strengths

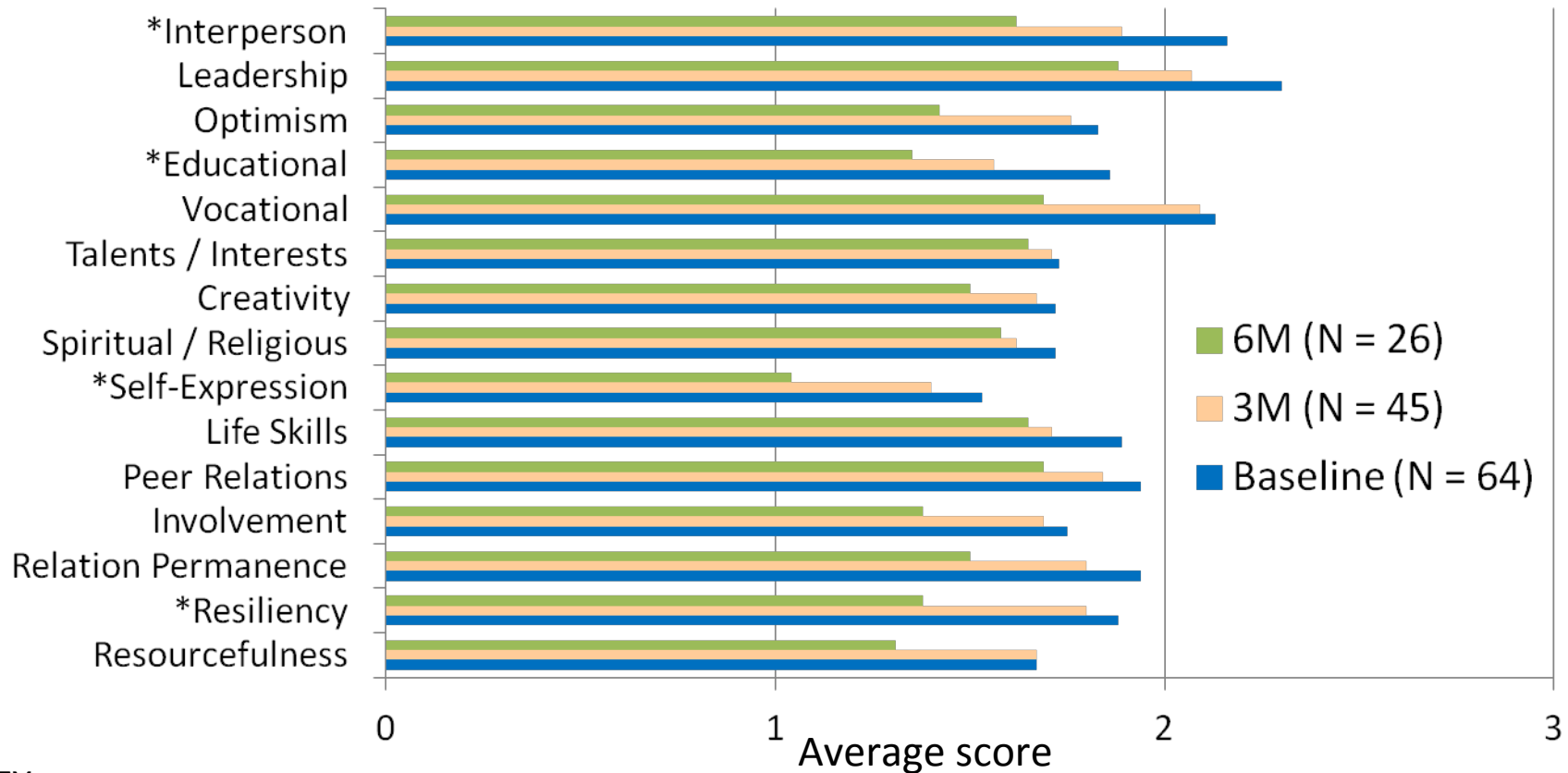
Life Domain Functioning – CANS-CSE



KEY:

0 = no evidence of problems 2 = moderate needs
 1 = history, minimal 3 = severe needs

Youth Strengths – CANS-CSE



KEY:

0 = Centerpiece strength

1 = Useful strength

2 = Identified strength

3 = No identified strength

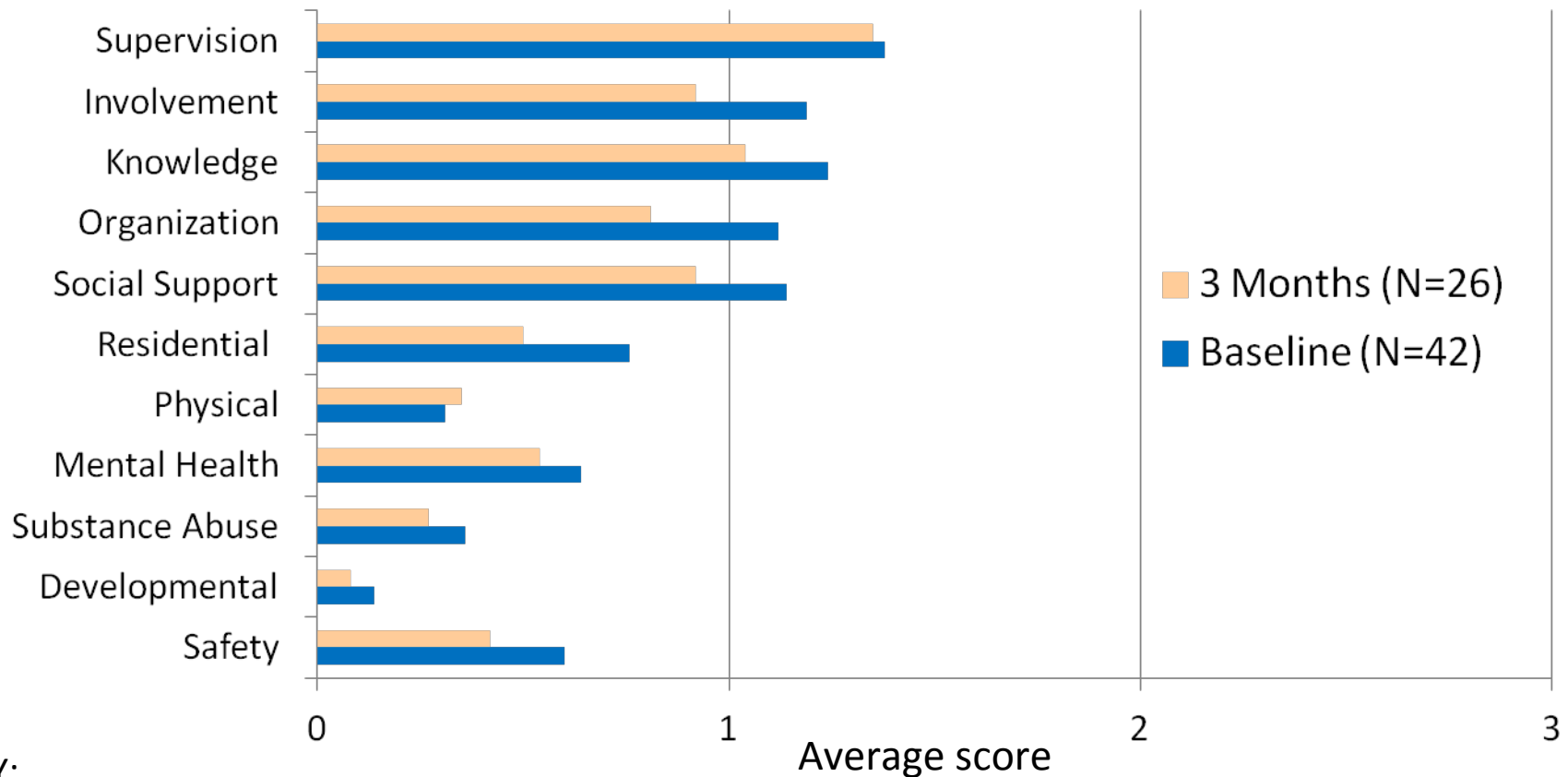
*p < .05 level

(comparing significance between baseline and 6 months)

Youth Strengths – BERS 2nd Edition

| Strength subscale ^a | BERS-2C Average Score | | BERS-2Y Average Score | | |
|-----------------------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| | Baseline (n = 18) | 3 months (n = 12) | Baseline (n = 31) | 3 months (n = 14) | 6 months (n = 12) |
| Interpersonal Strength | 6.9 | 8.2 | 8.8 | 10.3 | 9.3 |
| Family Involvement | 7.3 | 7.3 | 7.7 | 9.1 | 8.8 |
| Intrapersonal Strength | 7.0 | 7.1 | 10.1 | 10.9 | 9.8 |
| School Functioning | 5.7 | 6.1 | 8.2 | 8.8 | 7.6 |
| Affective Strength | 7.2 | 8.5 | 7.8 | 8.1 | 8.4 |
| Career Strength | 9.2 | 8.0 | 12.2 | 12.6 | 11.9 |
| Strength Index^b | 78.2 | 82.3 | 89.6 | 95.9 | 91.6 |

Permanency Caregivers Needs & Strengths – CANS-CSE



KEY:

0 = no evidence of problems

1 = history, minimal

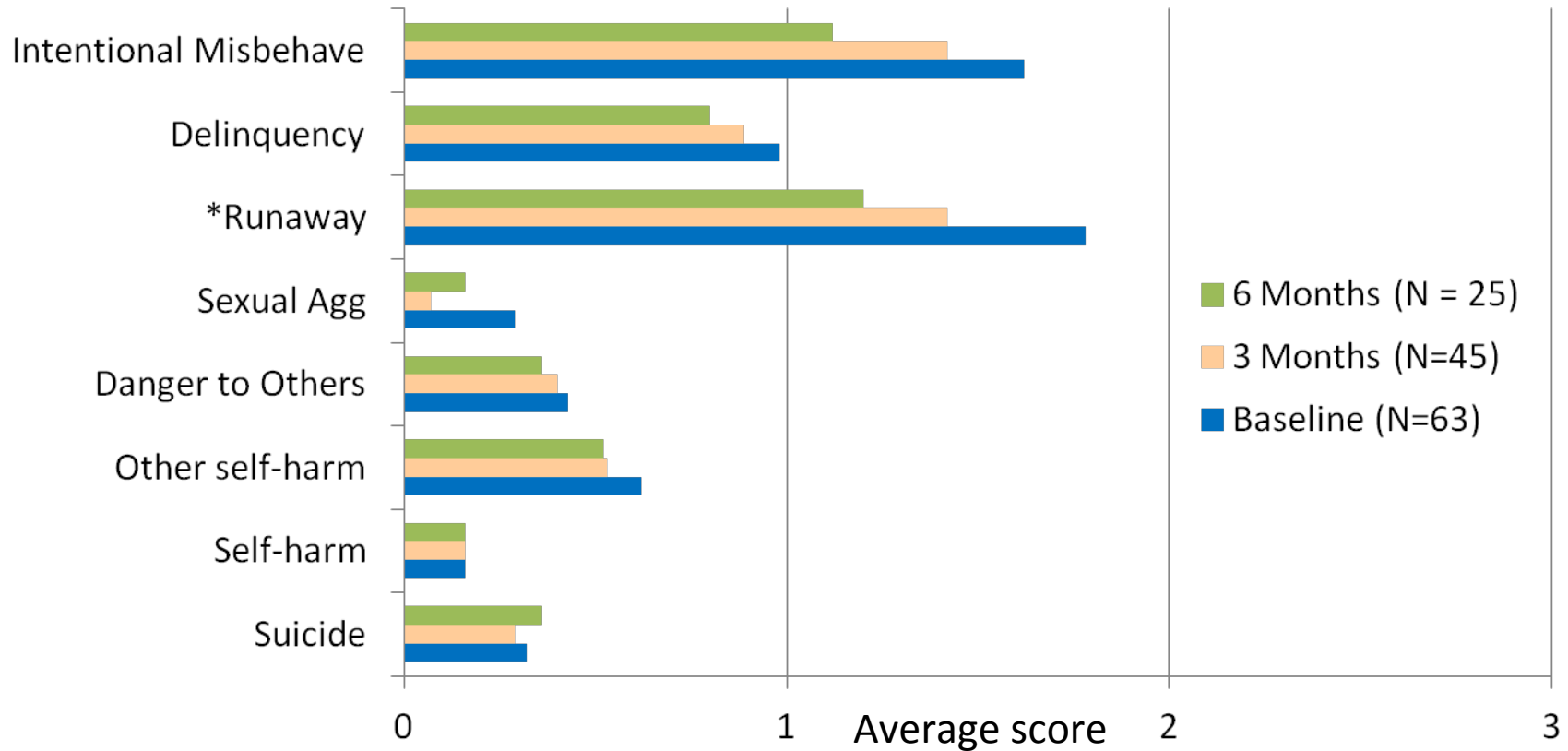
2 = moderate needs

3 = severe needs

No significant change

Youth Risk Behaviors

Youth Risk Behaviors— CANS-CSE



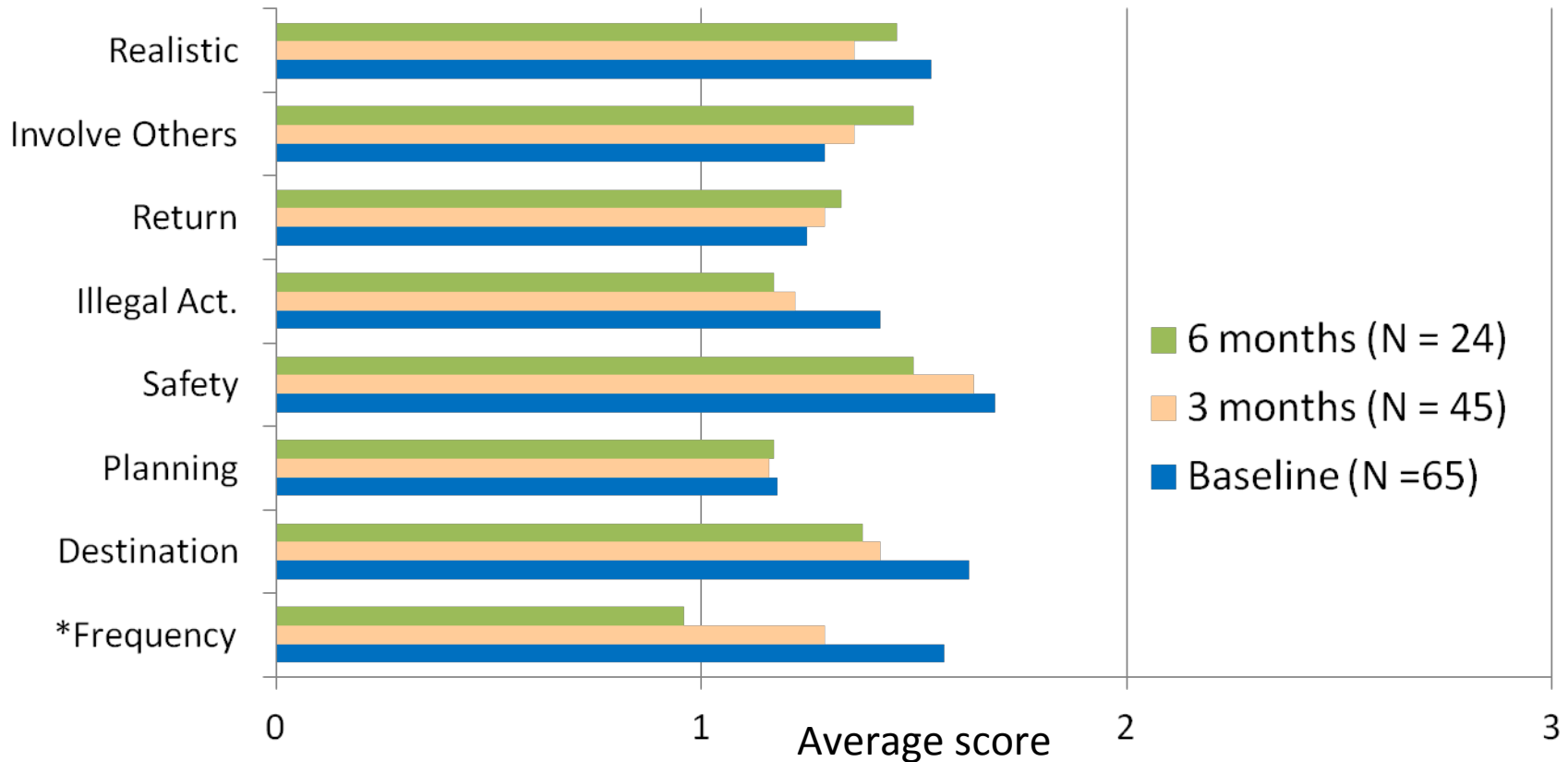
KEY:

0 = no evidence of problems
1 = history, minimal

2 = moderate needs
3 = severe needs

*p < .05 level
(comparing significance between
baseline and 6 months)

Youth Runaway Behaviors – CANS-CSE



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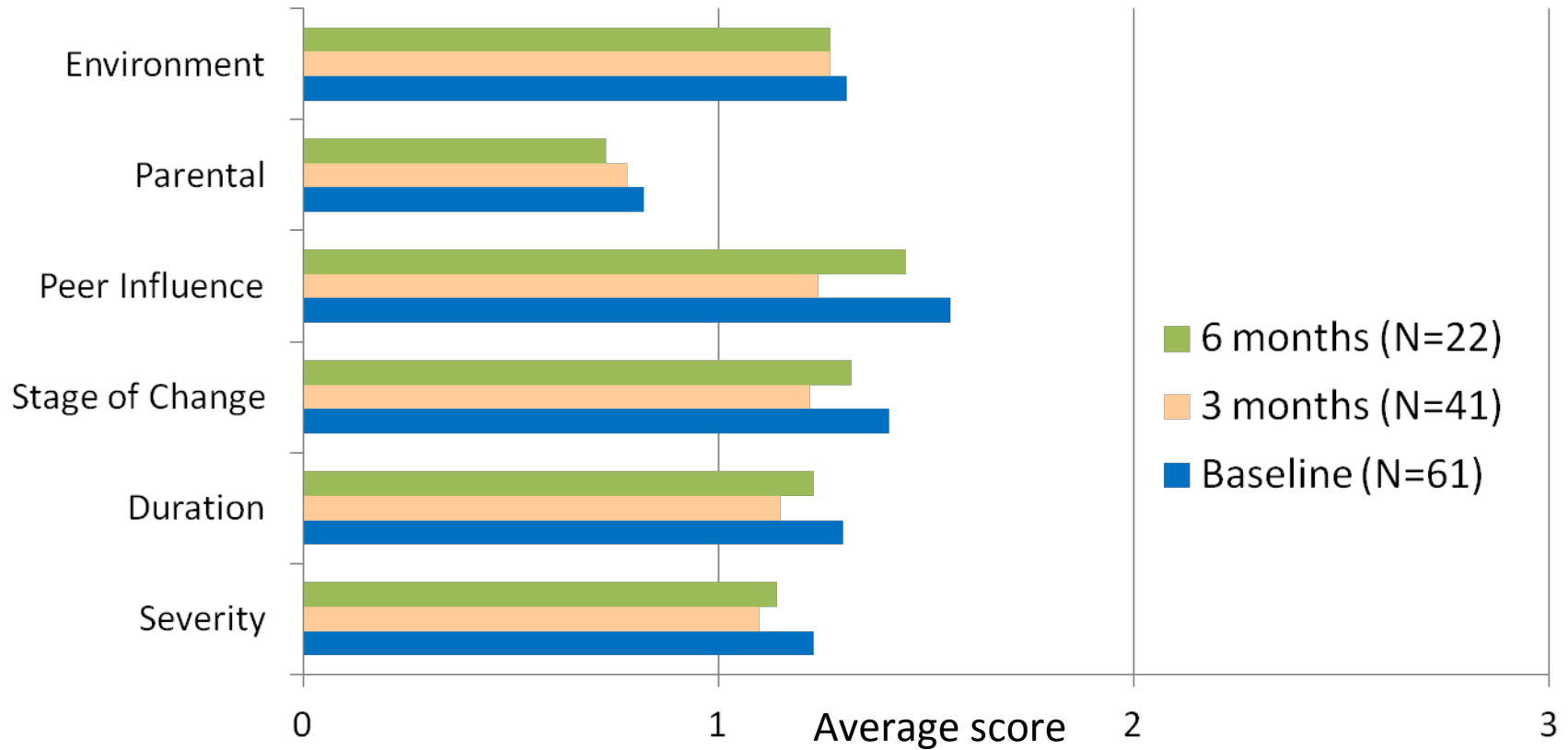
0 = no evidence
1 = recent, act

2 = history, watch/prevent
3 = acute, act immediately

***p < .05 level**

(comparing significance between baseline and 6 months)

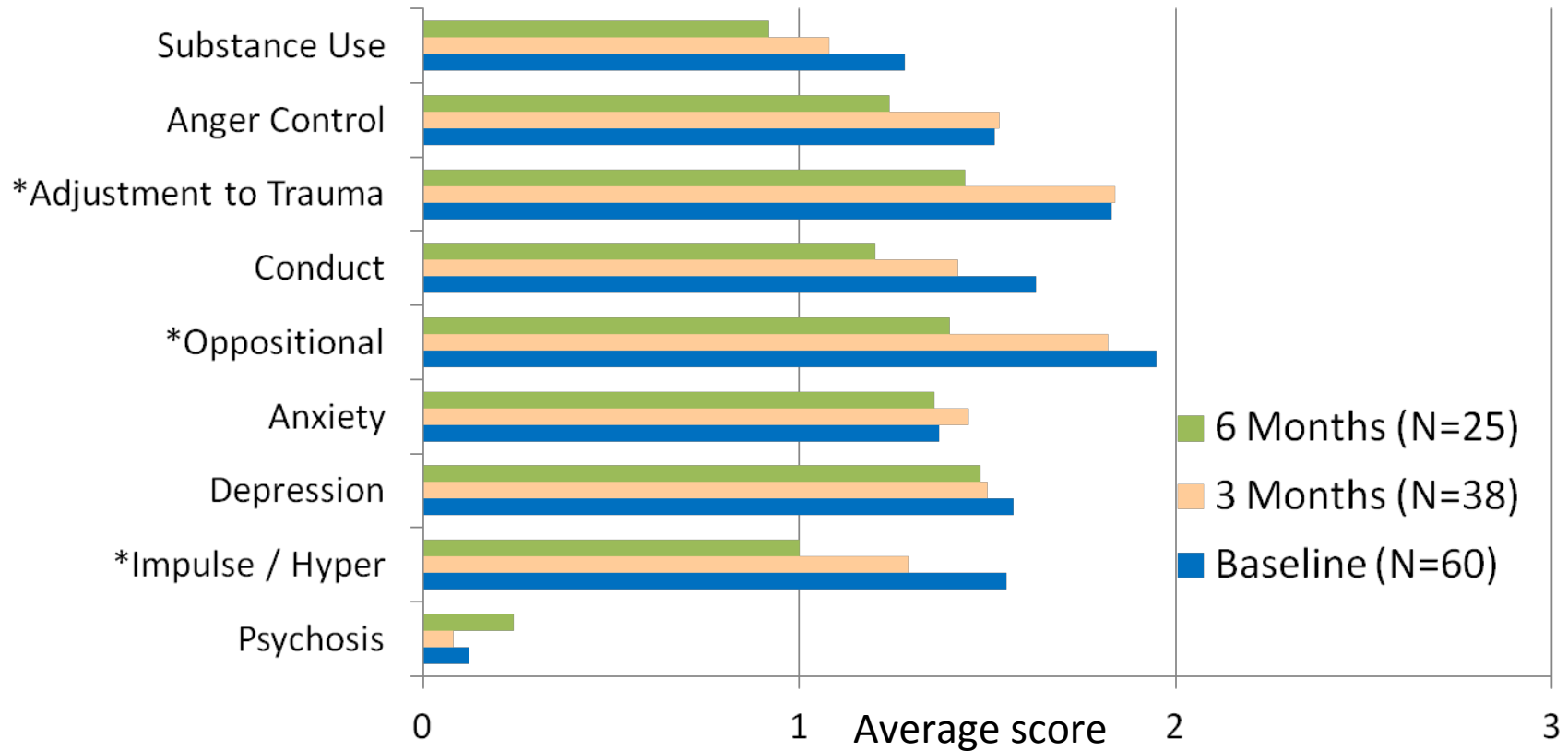
Youth Substance Use - CANS-CSE



KEY:
 0 = no evidence 2 = history, watch/prevent No significant changes
 1 = recent, act 3 = acute, act immediately

Youth Mental Health & Trauma Symptoms

Youth Behavioral / Emotional Needs – CANS-CSE



KEY:

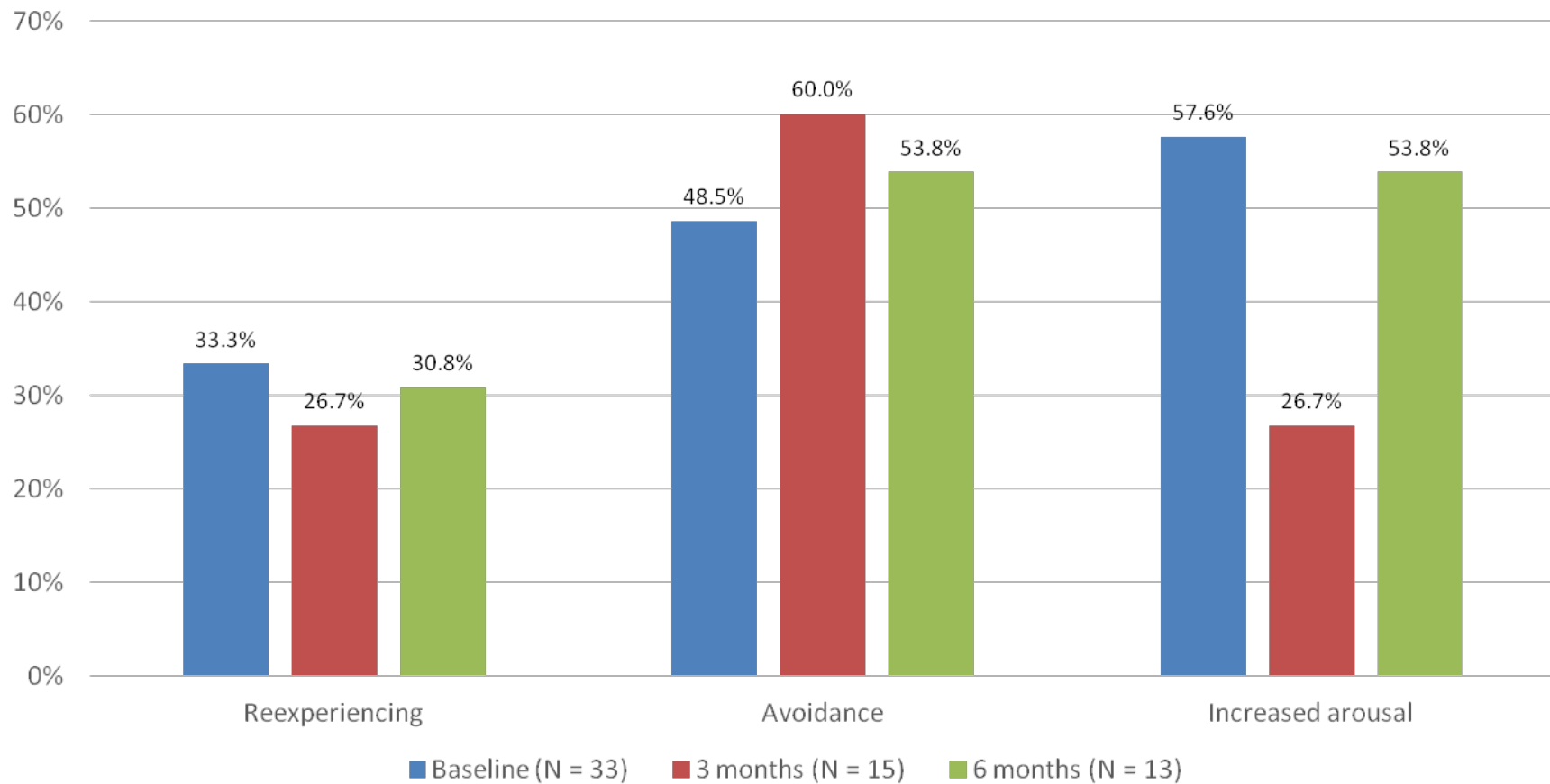
0 = no evidence 2 = causing problems
 1 = by history 3 = causing severe problems

*p < .05 level
 (comparing significance between
 baseline and 6 months)

Youth Post-traumatic Symptoms – CROPS & PROPS

| Time point | Youth Report (CROPS) | | | Caregiver Report (PROPS) | |
|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | Baseline (N = 33) (X, SD) | 3 months (N = 18) (X, SD) | 6 months (N = 13) (X, SD) | Baseline (N = 16) (X, SD) | 3 months (N = 12) (X, SD) |
| Total score (mean) | 21.0 (11.3) | 20.3 (11.9) | 17.0 (10.7) | 22.2 (12.7) | 26.3 (14.5) |
| % with clinical concerns | 51.5% | 50.0% | 38.5% | 75.0% | 75.0% |

Youth Experiencing PTSD Symptoms – PTSD-RI



Challenges to implementation

- 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.

Challenges to implementation

- * Services must be coordinated across systems and providers



Next Steps

Participate in the creation of a process in which all CSEC clients will be staffed by a multi-disciplinary team within 24 hours of identification.

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 a peer mentoring system

Develop an employment system for CHANCE Clients!