

DIRECTOR'S CORNER

In August, my family welcomed our second son, Ethan, into the world. Recently, as I fed him in the middle of the night, I reflected on how exhausting having a newborn is and how fortunate I am to have a healthy baby and great support from my family and friends.

However, many families with new babies are not so fortunate as they face additional challenges such as having to return to work too soon, securing quality childcare, isolation, poverty, postpartum depression, and health issues, to name just a few. Research has shown that the early childhood period has long-term impact on every aspect of a child's life (education, health, mental health, career, family, etc.). As such, we all have a stake in the well-being of our young children, whether we are parents, educators, service providers, business owners, or policymakers. It really does take a village to raise a child, and the work that we each do to support families has a unique but critical role in ensuring that the children in our communities have the opportunity to grow and succeed.



—Amy Mendenhall,
Director of CCF



CENTER *for*
CHILDREN
& FAMILIES

UNIVERSITY OF KANSAS
SCHOOL OF SOCIAL WELFARE

The Strengths Model for Youth: Piloting a New and Innovative Approach to Adolescent Mental Health Case Management

Since the 1980s, the University of Kansas' School of Social Welfare Center for Mental Health Research and Innovation has been the leader in the provision and evaluation of Strengths Model case management for adult mental health consumers experiencing severe and persistent mental illness. The Strengths Model, which was developed by researchers at the University of Kansas, is a recovery-oriented approach to working with adults with psychiatric disabilities. The Strengths Model is both a philosophy of practice and a set of tools designed to help people set meaningful and important life goals, while drawing upon both personal and environmental strengths to achieve them.

The Strengths Model has demonstrated positive results, such as reducing hospitalizations and increasing secondary education, independent living, and employment among adult consumers. As a result, in 2013, researchers Dr. Amy Mendenhall and Whitney Grube, with the School's Center for Children & Families, began work on adapting and implementing the model for adolescents.

To begin the adaptation of the model, researchers conducted focus groups and interviews throughout the state of Kansas with mental health providers and parents/guardians of adolescents receiving mental health services in order to gauge the current state of adolescent case management. Results of the focus groups and interviews indicated that adolescent case management in Kansas is lacking a theoretical framework, lacking consistency, and that providers utilize a "crisis" management model as opposed to a case management model.

At the conclusion of the focus groups and interviews, researchers began examining the language, principles, and concepts of the adult Strengths Model

and started making modifications based on the unique variables of the child and adolescent mental health system, such as specific regulations and parental/guardian involvement.

In November 2014, after initial adaptations, the Strengths Model for Youth, in partnership with Johnson County Mental Health, was piloted with a team of one supervisor and seven case managers. Since November 2014, researchers have met weekly with the case management team and provided consultation on the use of strengths assessments, personal plans, and the group supervision process. Researchers have also conducted field mentoring sessions, which involve researchers accompanying the supervisor and the case manager during a youth client meeting and providing guidance on the use of the tools during the meeting.

Though the model is still in the early phases of development and testing, researchers are encouraged by the results thus far. After taking baseline measurements of youth outcomes and baseline measurements of provider job satisfaction, researchers have seen positive trends. After six months of using the model, case managers reported feeling more compassion and satisfaction and less burnout and secondary traumatic stress. Additionally, positive trends are occurring in youth socialization and academic performance.

Researchers hope to continue to adapt and refine the model based on the unique needs of the adolescent mental health population and to further expand the model's use in additional locations throughout the state.

For more information, contact Whitney Grube at whitney1@ku.edu.



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RECENT PUBLICATIONS & PRESENTATIONS

Akin, B., Brook, J., Byers, K., & Lloyd, M. H., (accepted). Front line perspectives on implementation of evidence-based interventions in child welfare settings. *Journal of Child and Family Studies*.

Akin, B., Brook, J., & Lloyd, M. (in press). Co-occurrence of parental substance abuse and child serious emotional disturbance: Understanding multiple pathways to improved child and family outcomes. *Child Welfare*.

Brook, J. (2015, September 17). *Building community structure for family and child well-being: Substance use and abuse focus*. United Community Services of Johnson County, Lenexa, KS.

Brook, J. (2015, September 18). *Prenatal substance exposure and its impact on children*. University of Kansas, School of Social Welfare, Overland Park, KS.

Brook, J., DeCerchio, K., & Dennis, K. (2015, August 20). *Statewide systems reform program: Data systems and evaluation*. Online webinar supported by The National Center on Substance Abuse and Child Welfare and the Office of Juvenile Justice and Delinquency Prevention Office of Justice.

Byers, K. (2015, September 8). *Strengthening families to buffer toxic stress in early childhood*. US DHHS, Administration for Children and Families, Region VII Federal Site Visit, Kansas City, MO (invited).

Carlson, J., Carolo, H., & DeGeer, I. (2015, September 21). *Fatherhood, gender equality, and violence prevention: Examining data and exploring possibilities for practice and paradigms*. Webinar for Battered Women Justice Project.

(Continued on page 3)

Foster Care Alumni's Perceptions of the Path from Foster Care to Stable and Lasting Adoption

Approximately 51,000 children are adopted from U.S. foster care every year. However, the majority of states continue to face serious challenges to achieve timely and stable adoptions. To explore the facilitators and barriers to successful adoption, CCF researchers recently published findings from a qualitative study conducted with foster care alumni.

This study was part of a demonstration project funded by the Administration for Children, Youth, and Families, Children's Bureau and corresponded to the project's Exploration Stage to define the target population and identify the service array needs. The larger study comprised three major data collection efforts: (a) online survey of multiple stakeholders ($n = 325$, including 9 youth); (b) 59 individual interviews, including adoptive parents and professionals across systems; and (c) 2 focus groups with youth who had experiences in foster care.

The present study used the youth subsample of 9 from the online survey and a purposive sample of 16 participants that was recruited and convened in two focus groups to explore their perspectives as consumers of the foster care system ($n = 25$). Focus groups were audiorecorded, transcribed, and analyzed using theoretical thematic analysis. Emergent themes were organized within a theoretical framework consisting of child, family, and system-level facilitators and barriers to successful adoption.

At the child level, youth in foster care identified self-determination as a key factor that influences adoption outcomes. For participants, the trauma-related and behavioral health needs are prevalent among youth in foster care and youth's trust issues are heightened by adoption disruption

and dissolution. At the family level, youth reported the need for better adoptive parent training to understand and address their adopted children's needs, including preparation on trauma, trust, attachment, loss, communication, realistic expectations, and relationship building. The most important barriers identified at the system level were worker turnover, fragmented systems, and discontinuity in subsidies. System-level facilitators included formal and informal supports which can make a difference for youth and adoptive families.

Findings from this study highlight these youths' plea for foster care and adoption systems to make methodical efforts to better match children and families and to prioritize youths' voices; to build a more youth-centered adoption process and child welfare system; and to improve the overall systems' understanding and response to trauma. In this study, youths' voices were loud and clear. To improve adoption outcomes, youth suggested: continuity in state-sponsored benefits (e.g., adoption subsidy, medical card); youth mentoring; more comprehensive preparation for parents and youth; more knowledge, skills, and effective treatments to respond to children's trauma and behavioral health needs; and effective cross-system collaboration.

For full text of the article see: Mariscal, E. S., Akin, B. A., Lieberman, A., Washington, D. (2015). Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. *Children and Youth Services Review*, 55, p.111-120. For additional information, email Becci Akin at becci@ku.edu or Alice Lieberman at alichel@ku.edu.

CCF Online Resources

The CCF website has a Resources section available to the public (www.childrenandfamilies.ku.edu/resources). This section houses archived newsletters, links to helpful state and national websites, archived reports, and resource guides. The following are recent Resource Guide additions:

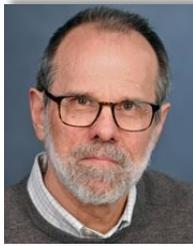
Professional Resource Foster Care Recruitment Toolkit. This toolkit contains information and tools that may be helpful to use in targeted recruitment of resource home providers. These resources are intended to be copied and shared.

Integrated Care Resource Guide for Local Providers. This guide is developed to provide information and tools for use at the local level primarily for providers serving children and youth with co-occurring Intellectual or Developmental Disabilities (IDD) and mental health challenges (sometimes referred to as "dually diagnosed"). It is specifically targeted at increasing collaboration and integrated care to better meet their needs.

Overview of the Patient-Centered Medical Home for Rural Patients, Caregivers, and Healthcare Stakeholders. The purpose of this overview is to give information about the Patient-Centered Medical Home or PCMH. This overview discusses what PCMH is, how it has been used in rural areas, and how it works. There is special attention given to the "patient-centered" part of PCMH.

Results Oriented Management: Web-based Report Tools

Over the last ten years, one CCF project has expanded its reach to 12 states across the country in an effort to improve outcomes in child welfare. The Results Oriented Management project, simply known as ROM, has worked with states to develop a web-based reporting system that provides timely data on outcomes and key performance indicators.



The ROM project, led by Terry Moore, had its start in 2005. The reporting system has built-in analytic tools that provide ongoing performance feedback for informing program improvement efforts. The KU staff works in partnership with LHHeimbach, Inc., a small woman-owned business in the Kansas City area, for all aspects of the technology and software development needed. Casey Family Program has been the major funder of the project, helping states with initial start-up as well as ongoing enhancements.

The ROM staff works with state agencies to map already existing data from large databases to the ROM longitudinal data structure. ROM generates over 80 standard reports for child protective services, foster care, and in-home services. States also develop reports for other measures specific to state practice models. The states participating in the project are Connecticut, Montana, Maine, Kansas, Missouri, Iowa, Ohio, Oregon, New Hampshire, Colorado, New Mexico, and Vermont.

ROM users can see their performance over time as well as cross-tabulate data by staffing units (e.g., regions, offices, supervisors, caseworkers) or many other variables, such as client characteristics. ROM is mostly used by agencies for internal reporting, but some states have created a public data portal to increase transparency to the public. Colorado is one such state that uses ROM for public reporting (www.cdhsdatamatters.org).

In addition to the quantitative reporting tool, a companion system was developed over the last five years to record and report on more qualitative information data gathered from in-depth case reads and interviews. The system, which uses all the questions and protocols for CFSR Round 3 federal reviews, can also be used for additional review questions desired by the state.

The ROM project has a 10-year history in child welfare but, over the last few years, has also been used for reporting in mental health and juvenile justice. In Kansas, ROM is being used for children and adult mental health services delivered by Community Mental Health Centers (CMHCs) as well as for reporting for Psychiatric Residential Treatment Facilities (PRTF).

"The goal of making this kind of data available is to inform the ongoing efforts to improve services and achieve better client outcomes." Terry Moore also added that "the foundational idea for ROM came right out of what KU Social Welfare administrative students called the 'Blue Book,'" referring to the Rapp and Poertner (1991) book, *Social Administration: A Client-Centered Approach*. This book is certainly a major text book that has been used at the KU School of Social Welfare for a long time.

ROM continues to grow and develop. The ROM Leadership Council represented by all participating states meets on at least a quarterly basis to discuss common needs and plan for further development. For more information on ROM, please contact Terry Moore at terrym@ku.edu.

DePaolis, K. (2015). Cyberbullying: Implications for social work assessment. *School Social Work Journal, 39*, 15-30.

Frauenholtz, S., Williford, A., & Mendenhall, A. N. (2015). Abilities of school staff to recognize and intervene with children experiencing mental health symptoms: Implications for school social work. *School Social Work Journal, 39*(2), 46-62.

Grube, W. A., & Mendenhall, A. N. (in press). Adolescent mental health case management: Provider perspectives. *Social Work in Mental Health*.

Huber-Smith, M., & Williford, A. (2014). Building family strengths through successful parental involvement strategies: A case study with Latino immigrant families and elementary school staff. *Journal of Family Strengths, 14*(1), article 14.

Mariscal, E. S., Akin, B. A., Lieberman, A. A., & Washington, D. (2015). Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. *Children and Youth Services Review, 55*, 111-120. doi:10.1016/j.childyouth.2015.05.017

Palmer, A., Elliott, W., & Cheatham, G. (accepted). Effects of extracurricular activities on postsecondary completion for students with disabilities. *The Journal of Educational Research*.



CCF MISSION

The Center's mission is to positively impact the lives of children and families through empirically-driven local, national, and international research, training, and policy initiatives. By utilizing a collaborative, strengths-oriented, child and family-driven approach, we strive to improve child and family well-being across settings and systems.

CCF GOALS

Overall, the CCF has a goal of improving child and family well-being and outcomes. We strive to meet this primary goal through several specific goals:

1. Improvement of systems and service delivery for children and families through: research, policy development, program evaluation, community development, and technical assistance and education.
2. The development, identification, evaluation, and dissemination of prevention and intervention strategies for at-risk children and families.
3. Improvement of statewide capacity and practices for addressing child and family issues.
4. Establish the CCF as a vital community resource and a nationally recognized research team with expertise in child and family well-being.

Prenatal Substance Exposure and Its Impact on Children

On September 18, the Center for Children & Families hosted the first presentation in the series of CEUs and Coffee events at the University of Kansas Edwards Campus. The series was designed to promote connections in the social work community and disseminate research and evaluation findings which can be applied to work with at-risk children and families.

Dr. Jody Brook began with a brief introduction of herself and the CCF. Dr. Brook is an Assistant Professor at the University of Kansas. She has served as a National Research/Doctoral Fellow for the Administration for Children and Families in the area of substance abuse in child welfare. She also serves as Principal investigator for three externally funded programs, all in the area of community responsiveness to substance abuse and child welfare.

Her presentation, *Prenatal Substance Exposure and Its Impact on Children*, began with an overview of the problem—the impact of prenatal substance use is difficult to measure. Dr. Brook reviewed the importance of co-occurring conditions and identified specific substances of abuse-prevalence and the impact each can have. She summarized the most important points of research and introduced intervention strategies, such as family drug courts which increase access to treatment services, oversight, communication, incentives, and employ evidence-based parenting. A bibliography of sources and select resources can be found at <http://bit.ly/CCFCnC-PrenatalExposure>.

The event was well-attended, with more than 45 participants from a variety of local agencies and organizations. Each attendee earned one hour of continuing education credit for free.*



The second event in the series, *Bullying and Its Implications for Social Work Practice*, will be delivered by Dr. Anne Williford at the Kansas Union on the University of Kansas Lawrence Campus on January 29, 2016. This workshop will define bullying, including its forms and functions, and propose assessment and intervention strategies that practitioners can use to offset the negative developmental outcomes that often result for the youth involved.

On May 20, 2016, Sharah Davis will present the third event, *Parent Support and Training (PST)*, at the University of Kansas Edwards Campus. PST services are offered to caregivers who have children with special needs. The goal of PST services is to help families successfully navigate the various health care systems and services required to help their children.

To register and obtain additional information about the courses and presenters, visit <http://bit.ly/CCFCnC>. Registration questions can be directed to Amy Mendenhall, 785-864-4792 or amendenhall@ku.edu.

*The University of Kansas School Social Welfare is approved as a provider for social work continuing education by the Kansas Behavioral Sciences Regulatory Board (AP-02-011).

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