

Permanency Innovations Initiative

Defining a Target Population & Selecting an Intervention
by the Kansas Intensive Permanency Project (KIPP)

Co-Principal Investigators: Becci Akin and Tom McDonald



Today's Presentation

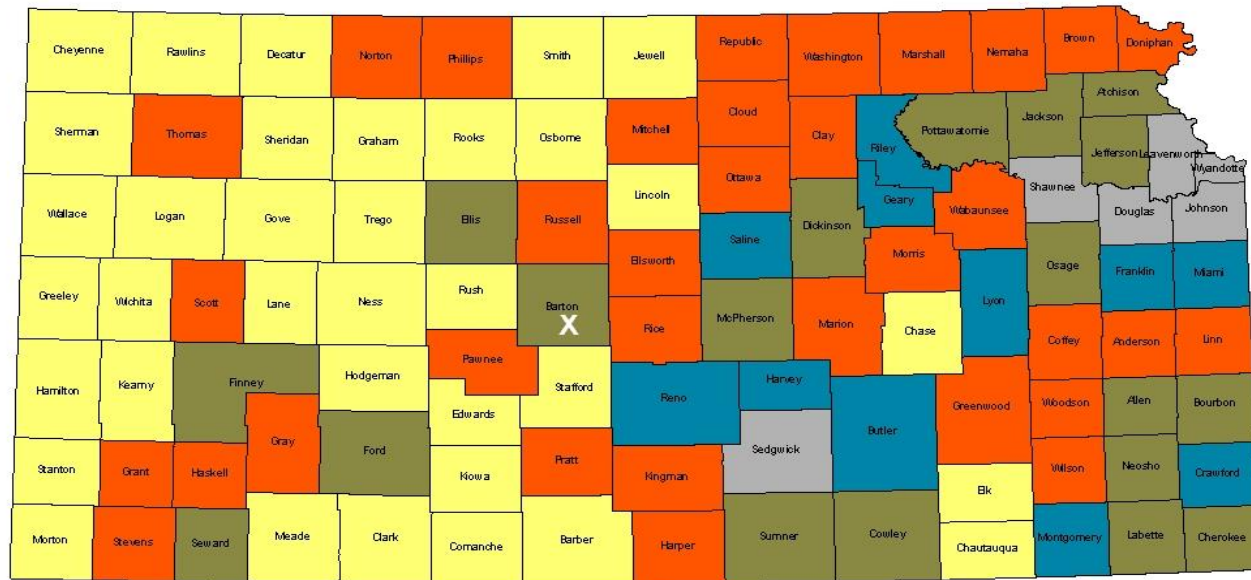
- Brief Kansas context/background
- Defining target population
- Selecting an intervention
- Lessons learned from this planning process

Kansas Context

- PII Project: Kansas Intensive Permanency Project (KIPP)
- Convened by: University of Kansas School of Social Welfare
- Key partners
 - State public child welfare agency (Kansas DCF)
 - State's network of foster care providers
 - KVC Behavioral Healthcare
 - St. Francis Community Services
- Privatized foster care since 1997
- Long history of public-private-university partnership

Map of Kansas Counties by Population Density

Population Density Peer Groups for Counties in Kansas



The X in Barton County designates it as the central county of Kansas.
Source: The Geography of Kansas: Part 1: Political Geography by Walter H. Schoewe (pg. 255) Transactions of the Kansas Academy of Science (1903) copyright 1948 Kansas Academy of Science

Population Density Peer Group

- Frontier (less than 6 persons per sq. mile)
- Rural (6 to 19.9 persons per sq. mile)
- Densely-settled rural (20 to 39.9 persons per sq. mile)
- Semi-Urban (40 to 149.9 persons per sq. mile)
- Urban (150+ persons per sq. mile)

Based on 2007 U.S. Census Bureau Population Estimates using the peer group definition adopted by the Kansas Department of Health and Environment. For more information, see the following website: <http://www.socwel.ku.edu/occlviewProject.asp?ID=76>

Defining KIPP's Target Population

KIPP's Initial Problem Definition

- Children with serious emotional and behavioral problems get stuck in foster care
- Lack of dedicated parent services
- Impact of parental trauma
- Widening gap between parent & child

Confirming the Target Population

- Key questions asked:
 1. What are risk factors of LTFC?
 2. What are families' critical barriers to permanency?
 3. What are system barriers to permanency?

Findings to Q1: What Are the Risk Factors of LTFC?



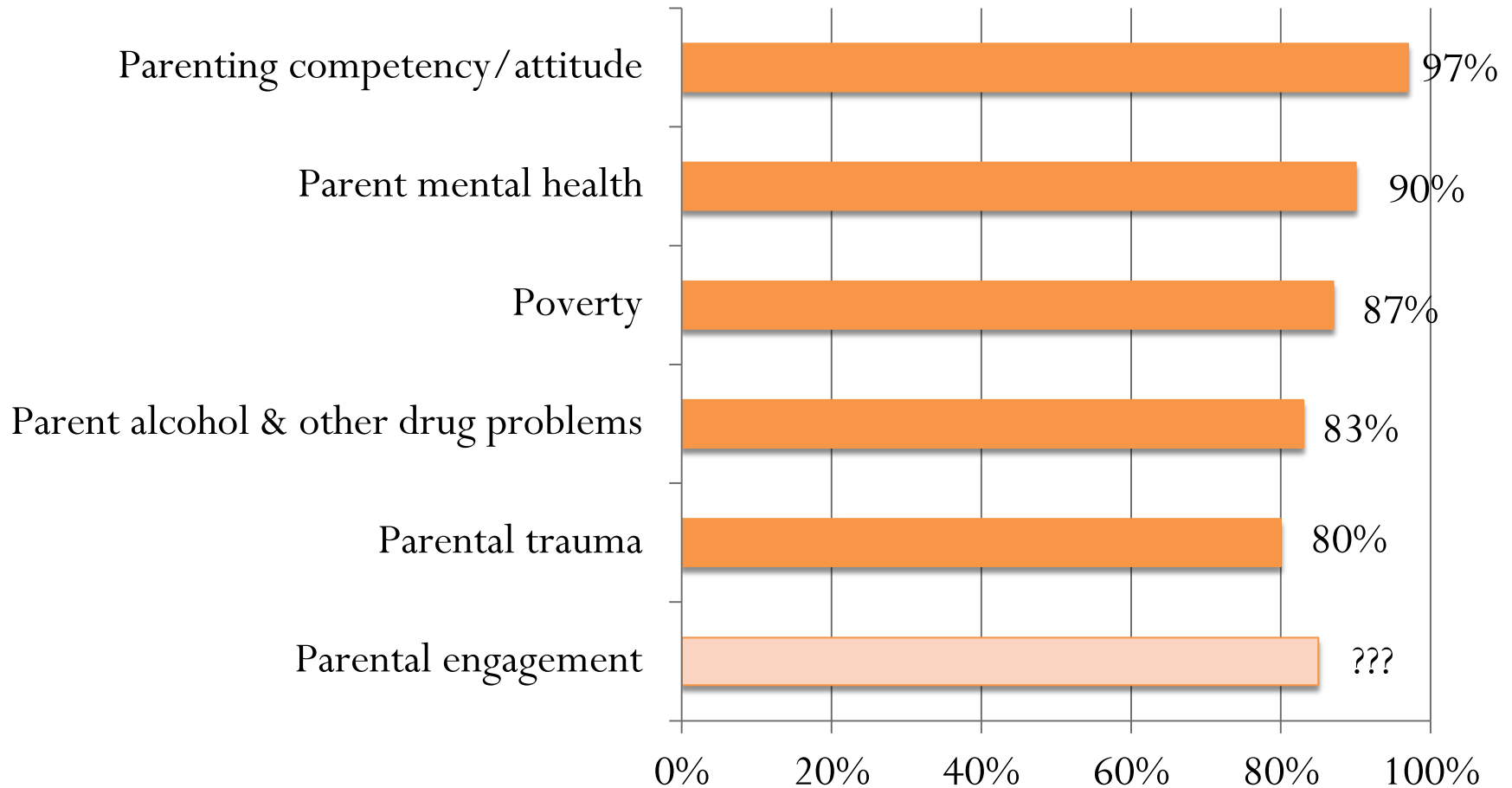
- Children at highest risk of LTFC = children with SED
 - Children with SED were 350% more likely to experience LTFC
- Both externalizing and internalizing behaviors
 - Most common dx = behavior disorders
 - More likely to present with co-occurring SED & DD

Example of Quantitative Analysis

	All Children/Youth			Total N	Bivariate		Multivariate		95% Conf Intv for Multivar OR	
	No LTFC	Yes LTFC	% Yes LTFC		p	Odds Ratio	p	OR	Lower	Upper
Child Characteristics										
All children	6111	988	13.9%	7099	-	-	-	-		
Gender										
Female	3148	493	13.5%	3641						
Male	2963	495	14.3%	3458	0.346	1.07	0.736	0.98	0.84	1.13
Age at Entry										
Age at entry (years)	8.4	6.9	-	-	0.000	0.96*	0.000	0.91*	0.90	0.93
Race										
White	5024	722	12.6%	5746						
Black	922	245	21.0%	1167	0.000	1.85**	0.000	1.85**	1.55	2.20
Other	165	21	11.3%	186	0.605	0.89	0.495	1.18	0.73	1.91
Disability										
No Disability	4602	467	9.2%	5069						
Disability	1509	521	25.7%	2030	0.000	3.40***	0.000	2.50***	2.17	2.91
Mental Health Problems										
Not SED	3026	236	7.2%	3262						
SED	3085	752	19.6%	3837	0.000	3.13***	0.000	3.61***	3.02	4.32
Primary Removal Reason										
Neglect	1516	304	16.7%	1820						
Physical Abuse	872	146	14.3%	1018	0.099	0.84	0.114	0.83	0.66	1.05
Sexual Abuse	358	59	14.1%	417	0.202	0.82	0.647	0.93	0.67	1.28
Other	3365	479	12.5%	3844	0.710	0.71	0.150	0.88	0.74	1.05
Placement Characteristics										
Prior removals										
No	5501	868	13.6%	6369						
Yes	610	120	16.4%	730	0.038	1.25*	0.262	1.14	0.91	1.42
Initial Type of Placement										
Kinship	1311	118	8.3%	1429						
Family Foster Care	3810	720	15.9%	4530	0.000	2.10**	0.000	1.77**	1.43	2.19
Congregate Care	938	144	13.3%	1082	0.000	1.71**	0.004	1.54**	1.15	2.06
Other	52	6	10.3%	58	0.574	1.28	0.494	1.37	0.56	3.37
Siblings in Foster Care										
No	2195	231	9.5%	2426						
Yes	3916	757	16.2%	4673	0.000	1.84**	0.000	1.48**	1.24	1.77
Early Stability										
No (3+ placements)	1118	235	17.4%	1353						
Yes (0-2 placements)	4993	753	13.1%	5746	0.000	0.72*	0.010	0.79*	0.66	0.94
Runaways										
No	5581	869	13.5%	6450						
Yes	530	119	18.3%	649	0.001	1.44*	0.000	2.17**	1.662	2.821

Findings to Q2:

What Are Families' Critical Barriers to Permanency?



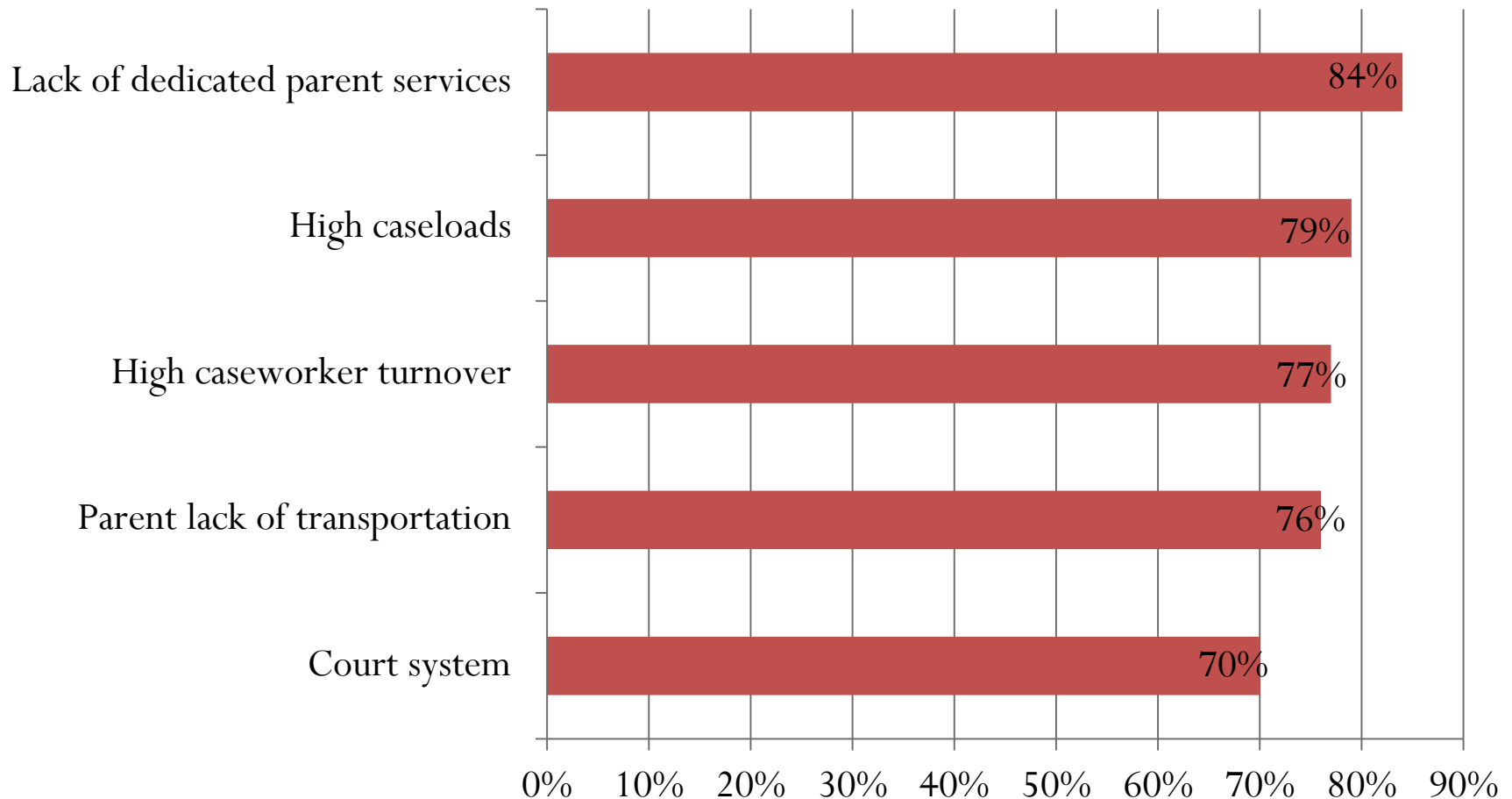
Example of Case Record Data Collection

- Family Structure
 - # of caregivers
 - # of children in care
- Poverty & Resource Issues
 - Poverty related issues
 - Housing not stable
 - Lack of social supports
 - Multiple services/ need help with coordination
- Clinical Needs/Presenting Problems
 - Mental health problems
 - Parent history of trauma
 - Parent history of foster care
 - Alcohol & other drug issues
 - Developmental/Intellectual Disabilities
 - Medical problems
- Parenting
 - Competency
 - Attitude
 - Cooperation or engagement problem
 - Prior CW involvement
- Home Environment
 - Domestic violence
 - Legal or criminal issues
 - Other stress or caregiver strain

Summary of Case Record Review Findings

	Family Structure			Poverty/Resources/Supports				Clinical Needs/Presenting Problems						Parenting				Home Envir/Other Stressors		
	# of CG	# of Children in OOH Care	# of Children in Home	Poverty Related Issues	Housing Not Stable	Lack of Social Supports	Multiple Services; Need Help Coordin Services	Mental Health Problems	Hx of Trauma	Parent Hx of Foster Care	AOD Issues	Devel Disab/ Cognit Probs	Medical Probs	Parent Compt	Parent Attitude	Coop Prob or Engage Prob	Prior CW Involv/ Reports/ Subst	Dom Viol	Legal Issues or Criminal Involv	Other Stress/ Caregiv Strain
Case 1	2	3	0	1	0	1	0	1	1	0	1	1	1	1	1	0	1	1	1	99
Case 2	1	3	0	1	1	1	0	1	1	99	1	0	0	1	1	1	1	1	1	99
Case 3	1	7	0	1	1	0	1	0	1	0	1	0	0	99	1	1	1	0	0	1
Case 4	1	5	0	1	0	1	0	99	99	99	1	99	99	1	1	1	1	0	1	1
Case 5	1	4	0	1	1	1	0	1	1	0	1	0	0	1	1	1	1	0	0	1
Case 6	1	3	0	1	0	1	0	1	1	0	1	0	0	1	1	1	1	1	1	1
Case 7	2	4	2	1	1	1	1	1	1	0	1	1	1	1	0	0	1	0	0	1
Case 8	1	5	0	1	1	1	0	1	1	0	1	1	0	1	1	1	1	1	1	1
Case 9	2	3	0	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1
Case 10	2	1	2	1	1	1	0	1	99	99	1	0	1	1	1	1	1	1	1	0
Case 11	2	3	0	1	1	1	0	1	1	1	0	1	0	1	1	1	0	0	1	1
Case 12	2	4	0	1	1	1	0	1	1	0	1	0	0	1	1	1	1	1	1	0
Case 13	1	2	1	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	0	0
Case 14	2	3	2	0	0	1	1	1	1	1	1	0	0	1	1	1	0	0	1	1
Case 15	2	5	0	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	0
Case 16	2	0	1	1	0	1	0	99	1	99	1	0	1	1	1	1	1	0	0	0
Case 17	1	1	0	0	0	1	0	1	0	0	0	1	1	1	0	0	1	0	0	1
Case 18	1	2	0	1	1	0	0	1	0	0	1	1	0	1	1	0	1	0	1	0
Case 19	2	4	0	1	0	1	0	1	1	99	1	0	0	1	1	1	0	1	1	0
Case 20	2	5	0	1	1	1	0	1	1	1	0	0	0	1	0	1	1	1	0	0
Case 21	2	1	2	1	0	0	1	1	1	0	0	0	0	1	1	0	1	0	0	1
Case 22	3	2	0	1	1	1	1	1	1	0	1	0	1	1	99	1	1	99	1	99
Case 23	2	2	0	99	99	99	0	1	1	99	1	99	99	1	0	0	1	1	1	99
Case 24	1	3	0	1	0	1	1	1	1	0	1	0	0	1	0	1	1	1	1	0
Case 25	2	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	99
Case 26	1	7	0	1	1	1	1	1	99	0	1	0	0	1	1	0	1	1	0	1
Case 27	2	3	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0
Case 28	2	1	3	0	0	0	1	1	99	0	0	0	0	1	0	0	1	0	0	0
Case 29	1	3	0	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	1
Case 30	2	1	0	1	1	0	1	1	1	1	1	0	0	1	1	0	1	1	1	0
TOTAL		3.03		26	18	22	13	27	24	6	25	7	11	29	23	20	27	18	20	13
%				87%	60%	73%	43%	90%	80%	20%	83%	23%	37%	97%	77%	67%	90%	60%	67%	43%

What Are the System Barriers to Permanency?



Summary of Target Population Findings

Target population: Children, 3-16, who meet criteria for serious emotional disturbance (SED)

Point of intervention: Parents of children with SED

Families' critical barriers to permanency

Parenting competency

Parent MH, AOD, Poverty
issues

Parental trauma

Parental engagement

System barriers to permanency

Lack of dedicated parent
services

High caseloads

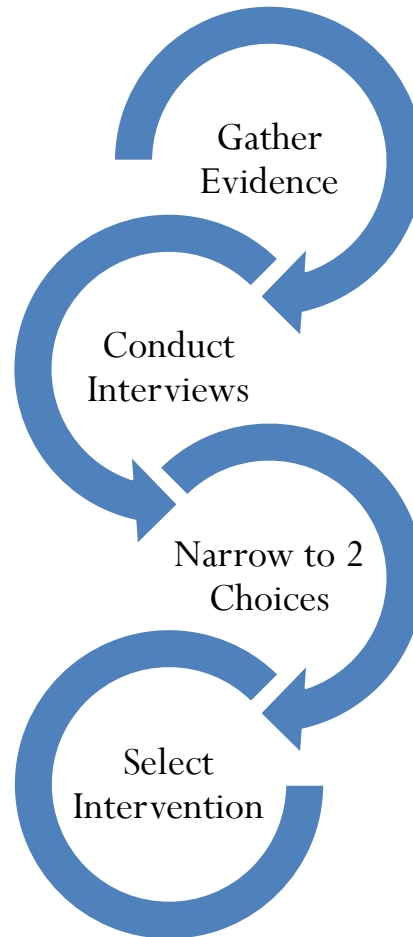
High worker turnover

Lack of transportation

Court/Legal system

Selecting an Intervention

4 Step Process, Iterative Not Linear



Example Matrix on Interventions/Programs

Program	Age	Description/ Format	Intended population	Intended outcomes	Level of evidence	Studied in CW pop	Training requirement	Fidelity monitoring	CW outcomes
Program Name	0-18	Individual, group, Home visitor, 1:1	Parents, youth, foster parent	Reunification, Placement stability	Level 2 CEBC	Yes/no	5 days of training plus coaching	Yes, video observation; checklist by practitioner;	Permanency Safety Well-being

Expert Interviews

18

- Interviewed child welfare researchers about effective intensive, in-home interventions
- Explained the “package” we were proposing



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- Early contact & engagement
- In-home, intensive
- Low caseload
- Accessible & responsive
- Trauma-informed
- Comprehensive assessment
- Concrete services
- Access to specialists for AOD, DV, DD
- Service coordination
- Emphasis on parent/child visits
- Concurrent planning
- Clinical & team supervision

Total Hours = 223

Date	Participants	Activity	Approx. hours
2/9/2011	Kansas SRS Leadership; Casey Family Programs (Lien Bragg, Peter Pecora, Page Walley, Barry Salovitz)	Presentation Expert interview: Peter Pecora suggested adopting PMTO.	3
2/22/2011	KU Management Team	Meeting	2
2/22/2011	Rick Barth, Maryland	Expert interview: Recommended PMTO and cautioned that combining interventions may reduce effectiveness.	2
2/23/2011	KIPP Steering Committee	Meeting	3
2/24/2011	T/TA Webinar	Webinar	2
3/1/2011	Lee Rone, Youth Villages	Implementer interview	1
3/1/2011	KU Management Team	Meeting	2
3/1/2011	Jim Wotring, Michigan	Implementer interview	1
3/2/2011	TA Site Visit	Meeting	6
3/3/2011	Robin Spath	Evaluator interview	1
3/4/2011	KU Management Team	Meeting	2
3/7/2011	Triple P	Purveyor interview	1
3/8/2011	KU Management Team	Meeting	2
3/8/2011	Patti Chamberlain, Oregon	Expert interview: Recommended PMTO.	1
3/8/2011	PMTO	Purveyor interview	2
3/9/2011	Intervention Working Team	Meeting	3
3/9/2011	Abi Gewirtz, Minnesota	Implementer interview	1
3/14/2011	PII T/TA	Meeting	1
3/14/2011	PMTO	Purveyor interview	1.5
3/14/2011	Jill Duerr-Berrick, California	Expert interview	1
3/17/2011	PII T/TA	WebEx	1.5
3/18/2011	PII T/TA	WebEx	1
3/23/2011	Intervention Working Team	Meeting	3
3/24/2011	KU Management Team	Meeting	2
To date	KIPP Team	Post meeting debriefings	78
TOTAL			223

Narrow to Two Choices

- Evidence based intervention
- Experience with our target population
- Proven effectiveness for addressing parent risk factors
- Certification time & transferability
- Fit within urban-frontier continuum
- Sufficient training, coaching & fidelity measures
- Cost
- Sustainability
- Parsimony

KIPP Selected PMTO

- Parent Management Training-Oregon Model
- Highest level of evidence (CEBC Rating 1)
 - Improving parenting capacity
 - Reducing problematic child behavior
- By helping mothers improve parenting, PMTO:
 - Reduces maternal depression
 - Speeds recovery from poverty
 - Reduces drug involvement and frequency of arrests

Connecting the Target Population to the Intervention (1)

Families' critical barriers to permanency

Parenting competency

**Parent MH, AOD,
Poverty issues**

Parental trauma

Parental engagement



KIPP's response

PMTO

**Comprehensive
assessment, robust
referrals & svc coord**

Trauma-informed PMTO

**Early contact; strengths-
oriented; in-home;
parent/child visits**

Connecting the Target Population to the Intervention (2)

System barriers to permanency

**Lack of dedicated
parent services**

High caseloads

High worker turnover

Lack of transportation

Court/Legal system



KIPP's response

KIPP/PMTO

Low caseloads

**Clinical & team
supervision**

In-home

Education & advocacy

KIPP's Service Model

Evidence Supported Intervention

Oregon Model of Parent Management Training (PMTO)



Tailor PMTO for Parents of Children with SED in Kansas Foster Care

Early intervention & engagement	Comprehensive family assessment
In-home, intensive	Robust referrals
Low caseload	Service coordination
Accessible & responsive	Emphasis on parent/child visits
Trauma-informed	Clinical & team supervision

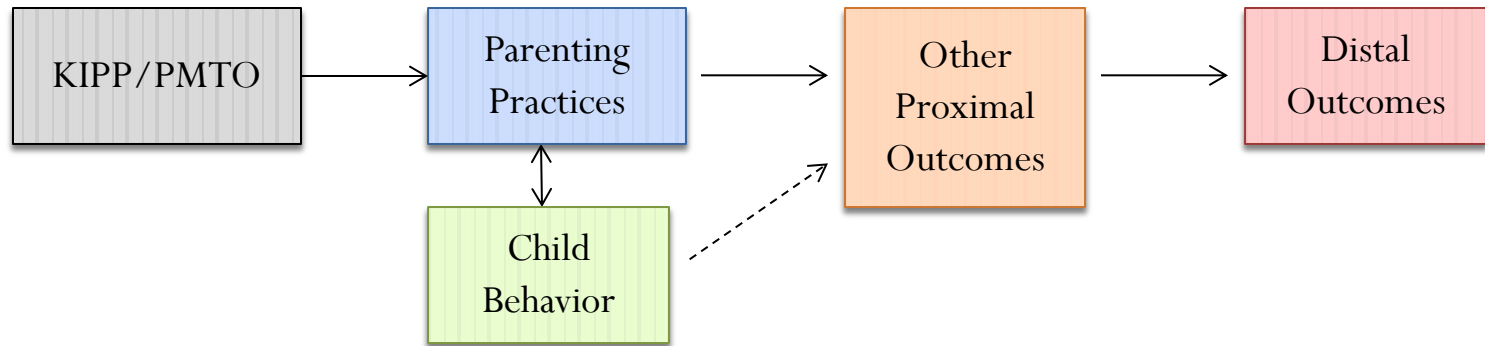
Proximal Outcomes

- Increase in positive parenting behaviors
- Decrease in coercive parenting practices
- Increase in use of community resources and social supports
- Increased readiness for reunification
- Improvements in parental mental health and substance use
- Decrease in child problematic behavior
- Increase in child functioning

Distal Outcomes

- Increase reunification rates
- Decrease long-term foster-care rates
- Increase in stable permanency rates

KIPP's Theory of Change



Parenting Practices

Positive Parenting Practices

- Skill Encouragement
- Positive Involvement
- Effective Discipline
- Problem-Solving
- Monitoring/Supervision

Coercive Parenting Practices

- Negative Reciprocity
- Escalation
- Negative Reinforcement

Child Behavior

- Prosocial Skills
- Problem Behaviors
- Mental Health Functioning

Other Proximal Outcomes

- Community Supports
- Parent MH and AOD
- Readiness for Reunification

Distal Outcomes

- Timely Reunification
- Long-Term Foster Care
- Stable Reunification
- Child Safety

Lessons Learned about this Approach

- Promotes data driven decision-making & program design
- Requires resources for data collection, analysis, and interpretation
- Opens opportunity to find a different target population and understand risk factors in greater depth
- Creates sense of urgency for and strengthens commitment to target population
- Assists in selecting the intervention with a systematic and thorough process

Further Reading on KIPP

- Akin, B. A., Bryson, S. A., McDonald, T., & Walker, S. (2012). Defining a target population at high-risk of long-term foster care: Barriers to permanency for families of children with serious emotional disturbances. *Child Welfare, 91*(6).
- Bryson, S., Akin, B. A., Blase, K. A., McDonald, T., & Walker, S. (in press). Selecting an EBP to reduce long-term foster care: Lessons from a university-child welfare agency partnership. *Journal of Evidence-Based Social Work*.
- Akin, B. A., Bryson, S., Testa, M. F., Blase, K. A., McDonald, T., & Melz, H. (2013). Usability Testing, Initial Implementation and Formative Evaluation of an Evidence-Based Intervention: Lessons from a Demonstration Project to Reduce Long-Term Foster Care. *Evaluation and Program Planning, 41*, 19-30.

Contact Info:

Becci Akin
Assistant Professor
University of Kansas School of Social Welfare
beccia@ku.edu