

Strategy for the Evidence-Based Aspects of the Family First Service Continuum

Models Recommended for the Mental Health Services Array

Spotlight on



FOSTERING
Healthy Futures

Presenter

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www.ColoradoLab.org



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Welcome!

Please drop your name/agency in the chatbox

- Framing from the Colorado Lab and CDHS
- Spotlight on Fostering Healthy Futures
- Time for Q&A at end
 - Submit questions in chatbox along the way!
- Next steps and wrap-up



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Project Purpose

Develop a short-, medium-, and long-term strategy for expanding Family First-eligible prevention services in Colorado

- Generate recommendations:
 1. for the **creation of an evidence-based service continuum** matched to needs.
 2. to **maximize federal drawdown**, including which services on the continuum should and should not be funded through Title IV-E prevention dollars.



Partnership Between



Step 1: Initial Approach to Defining a Strategy

Goal: Synthesize existing information to identify alignment between documented needs within Colorado and evidence-based services rated by the Title IV-E Clearinghouse. To do this, we:

- Gathered needs assessment data/reports
- Identified **“anchor”** program within each domain
- Identified **“complementary”** services to create a more comprehensive array

Mental Health

In-Home Parent-Skill-based

Substance Use

Kinship Navigator



Purpose of These Info Sessions

- To provide a foundational orientation to recommended models for the mental health services array
- Guiding Question: Is this a service you want to bring to your communities and/or scale?

Opening Remarks





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Mental Health Services

1. Mental health needs of children and youth
2. Family functioning



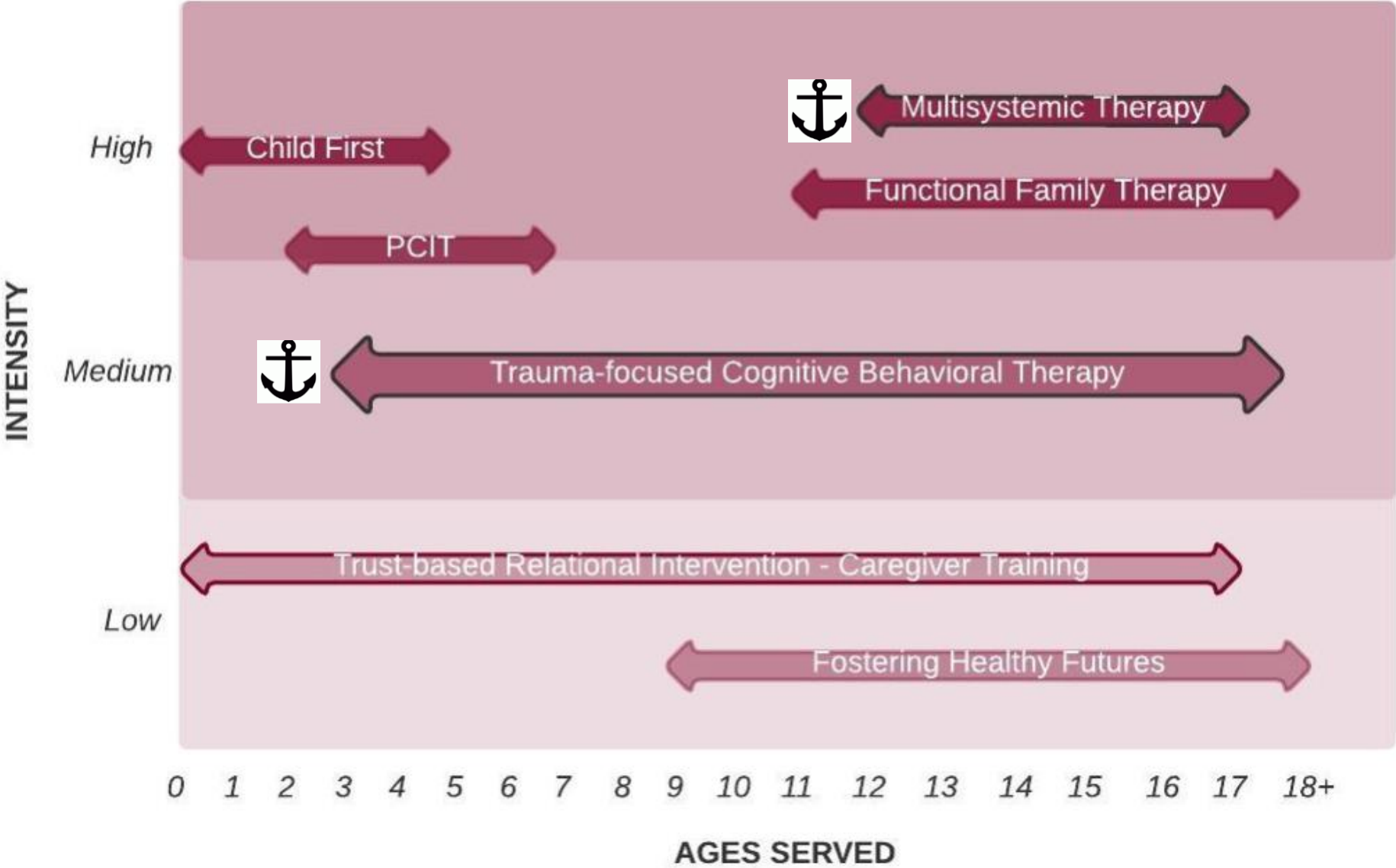
Mental Health Services

Continuum of Mental Health Services

Anchor Services:

TF-CBT: Mental
Heath of Youth

MST: Family
Functioning
Needs



Fostering Healthy Futures Evidence Rating

Colorado's Independent Systematic Review (ISR) Process to Claim Transitional Payments for Title IV-E Prevention practices

- Preteen: Well-Supported
- Teen: Supported

	<input checked="" type="checkbox"/> to Verify
There is <i>NOT</i> sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service.	
	<input checked="" type="checkbox"/> the Designation and Provide a Response to the Questions Relevant to that Designation
Well-Supported	
<ul style="list-style-type: none">• Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples³ that were carried out in a usual care or practice setting?	
<ul style="list-style-type: none">• Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome?	
Supported	
<ul style="list-style-type: none">• Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome?	
Promising	
<ul style="list-style-type: none">• Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one 'target outcome'?	

OR -- Does not meet criteria at this time





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& Now...the main show!





FOSTERING Healthy Futures

- Program Overviews
- Research and Outcomes
- Implementation Considerations



PROGRAM OVERVIEWS

Fostering Healthy Futures®
Preteen and Teen

POSITIVE YOUTH DEVELOPMENT

- Reject deficit model
- More than just preventing problems
- Emphasizes the many positive attributes of youth
- Focuses on developing strengths and assets to promote healthy behaviors



FOSTERING HEALTHY FUTURES® PRETEEN

- Children ages 9-11 who have previous or current child welfare involvement due to one or more adverse childhood experiences (ACEs)
- 1:1 Mentoring by graduate students
- Weekly skills groups
- 30-week program across academic year



SKILLS GROUPS

- Manualized curriculum
- 8 children per group
- Mental health clinicians & graduate trainees facilitate
- 1 hour group and then dinner with mentors
- Improve skills, process feelings related to the child welfare experience and major life stressors, and reduce stigma

KEY SKILLS



Basic Social Skills

- Feelings
- Perspective Taking
- Problem Solving
- Healthy Communication



Adolescent Issues

- Anatomy and Puberty
- Dealing with Peer Pressure
- Resisting Drug/Alcohol Use
- Healthy Dating Relationships



Healthy Coping

- Anger Management
- Positive Self-Talk
- Dealing with Worry
- Active Coping Strategies



Change and Loss

- Mixed Emotions
- Abuse and Neglect
- Healthy Relationships
- Panel Night



Program Ending

- Future Orientation
- Career Shadows
- Healthy Goodbyes
- GRADUATION!

MENTORING

- 3-4 hours per week of individual time
- Graduate student mentors help youth generalize the skills learned in group to real-world settings
- Focus on engaging them in their communities and teaching them advocacy skills
- Mentors interface with other adults in child's life and create web of support

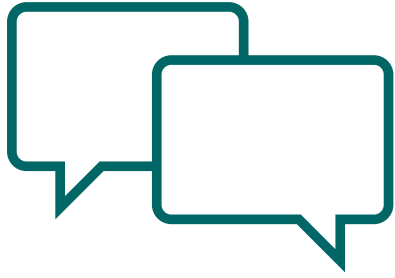


FOSTERING HEALTHY FUTURES FOR TEENS™

- 8th and 9th graders with current or previous child welfare involvement due to one or more adverse childhood experiences (ACEs)
- 1:1 Mentoring by graduate students
- Teen Workshops
- 30-week program across academic year



CORE SKILLS



Communication

- Assertiveness
- Perspective taking
- Refusal skills



Emotion Regulation

- Mindfulness
- Stress management
- Healthy self-talk



Healthy Behaviors

- Good nutrition
- Exercise
- Sleep



Problem Solving

- Decision making
- Slowing down



Academic and Organizational Skills

- Study skills
- Planning
- Goal setting

SUMMARY

Preteen

- 4-6 hours of contact per week
- 1 mentor: 2 children (mentor time spent individually, not together)
- Weekly skills groups: Mentors reinforce skills during visits
- 2 Supervisors
(Intern and Group Supervisor)

Teen

- 2-4 hours of contact per week
- 1 mentor: 3 teens (mentor time spent individually, not together)
- 6 workshops: Mentors teach skills during visits
- 1 Supervisor
(Intern Supervisor)

RESEARCH AND OUTCOMES

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ENROLLMENT, ATTENDANCE AND GRADUATION RATES

Preteen

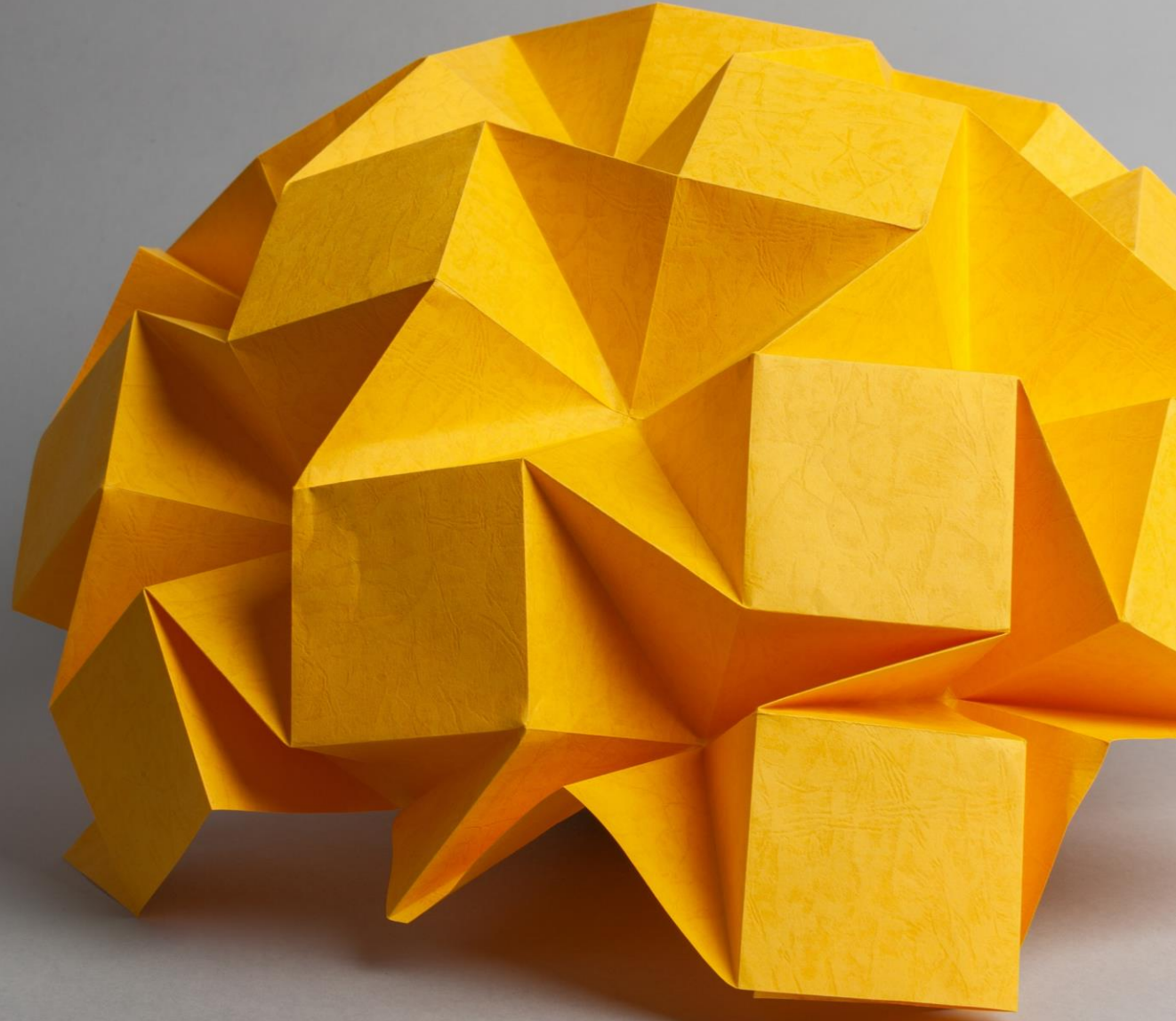
- 95% of those offered the program enrolled
- 87% of possible mentoring visits and skills groups attended
- 92% graduation rate

Teen

- 81% of those offered the program enrolled
- 80% of possible mentoring visits were completed
- 88% graduation rate

PRETEEN MENTAL HEALTH OUTCOMES

- Fewer mental health problems on a multi-informant index
- Fewer trauma symptoms
- Fewer symptoms of dissociation
- Less mental health treatment
- Better quality of life



PRETEEN PLACEMENT AND PERMANENCY OUTCOMES

- 71% reduction in residential placements
- 44% fewer placement changes
- 5 times greater permanency
- 3 times more adoptions
- 2 times as many reunifications

PRETEEN DELINQUENCY OUTCOMES

- **Self-reported delinquency**

- 30% less delinquency at age 14
- 59% less delinquency at age 16
- 82% less delinquency at age 18

- **Court records of delinquency charges**

- 15% fewer total delinquency charges at ages 15 and 16
- 28-30% fewer violent delinquency charges at ages 15 and 16

TEEN OUTCOMES

- Youth in FHF-T experienced a rate of child welfare case closure 7x greater than the control group
- Preliminary findings suggest a reduction in delinquency

ALIGNMENT WITH FFPSA

FHF's outcomes are consistent with the FFPSA's goals including:

- ✓ Increasing permanency
- ✓ Reducing congregate care
- ✓ Supporting kinship care
- ✓ Using evidence-based practices



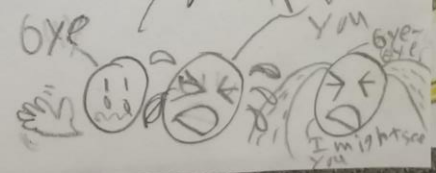
You help me with
my problems in the
world. You mean the

World to me



I will
miss

you



I will always
be in your heart
and you will
be in my heart



Attending this
Group is Going
to make a huge
Difference in my Life

TEXT FROM A TEEN:

“I really enjoyed your letter that you wrote to me. I was very touched and thankful to have someone that cared and had such a positive outlook on my future! Even if it was just talking about my week I always learned something different and learning how to deal with things differently. I am definitely upset that we won't be able to chat every week. But I will never forget the inspirational, fun-filled, and bright mentor I had in my crazy 9th grade year! One thing that I would never possibly forget would be your beautiful personality! Even though I was a mess all the time I always felt really good inside noticing that there was a text in my inbox reminding me to strive for something better in life... And never settling for less. I couldn't have asked for something better! Thank you for actually caring and making a change in my life.”



CAREGIVER FEEDBACK

“I think most kids [with child welfare involvement] don’t really have a lot of hope and don’t think outside their situation. The program helps them see the big picture and start to dream again like kids should do.”

“[Mentor] is helping her look for a new school—to enter high school. Mentor helps with communication. When she has a problem, the mentor helps her communicate that to important adults in her life. She helps her feel more secure.”

IMPLEMENTATION CONSIDERATIONS

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CURRENT IMPLEMENTATION (PRETEEN PROGRAM)

- Denver Metro-Area (Adams, Arapahoe, Douglas, Jefferson)
- El Paso and La Plata
 - Enrolled children in our hybrid program (online skills group and in-person mentoring)
- Providers (as of 2021-2022 Academic Year): Adoption Options and Lutheran Family Services
 - Plans to continue to serve Denver-Metro, El Paso, and potentially Larimer and Weld

INFRASTRUCTURE

Kempe Center staff to serve as intermediary to help scale (with current support from TGYS)

- Selection of sites/providers
 - Readiness assessment and other supporting documents
- Training
- Ongoing TA
- Fidelity monitoring
- Cultural considerations and adaptations
 - Highly acceptable to diverse families and partners



PROGRAM SPECIFICATIONS (PRETEEN EXAMPLE)

1 PROGRAM DIRECTOR/INTERN SUPERVISOR

(.8 FTE during academic year; .5 FTE during summer months)

- Manages and oversees daily operations of program
- Licensed or license-eligible behavioral health provider, typically an LCSW for MSW field placement requirements
 - Minimum of 5 years clinical experience
 - Experience with children who have emotional and behavioral challenges and/or children who have experienced child maltreatment/child welfare involvement
 - Experience supervising college/graduate students or clinicians
- Supervises 8 mentors (each of whom spend 16-20 hrs/wk on field placement)

1 GROUP SUPERVISOR

(.6 FTE during academic year; .2 FTE during summer months)

- Responsible for implementation of all aspects of the skills group component
- Behavioral Health provider, licensed preferred
 - Minimum of 3 years clinical experience
 - Experience leading groups with children
 - Experience with children who have emotional and behavioral challenges and/or children who have experienced child maltreatment/child welfare involvement
 - Knowledge of, and comfort with, delivering manualized curricula
- Leads 2 skills groups/week for 30 weeks

MAJOR CONSIDERATIONS

- Access to graduate schools and graduate students for mentors
 - Potential use of undergraduates
- Provider agencies and staffing
 - Licensed or license-eligible clinicians
 - Part-time vs. full time positions
- Geographic location of children
 - Driving and mileage reimbursement
 - Option for online/hybrid



QUESTIONS, COMMENTS, DISCUSSION



FOSTERING Healthy Futures

Ensure that children facing adversity have access to positive, empowering, and growth-promoting programming.

Questions? Contact:
Jessica Corvinus
Director of Dissemination
Jessica.Corvinus@cuanschutz.edu

CITATIONS/PUBLICATIONS

Taussig, H.N., & Culhane, S.E. (2010). Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Archives of Pediatrics and Adolescent Medicine*, 164, 739-746.

Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A. and Fadell, M. (2019). A Positive Youth Development Approach to Improving Mental Health Outcomes for Maltreated Children in Foster Care: Replication and Extension of an RCT of the Fostering Healthy Futures Program. *American Journal of Community Psychology*.

Taussig, H.N., Culhane, S.E., Garrido, E., & Knudtson, M.D. (2012). RCT of a mentoring and skills group program: Placement and permanency outcomes for foster youth. *Pediatrics*, 130:e33-e39.

Taussig, H.N., Dmitrieva, J., Garrido, E., Cooley, J., & Crites, E. (in press). Fostering Healthy Futures preventive intervention for children in foster care: Long-term delinquency outcomes from a randomized controlled trial. *Prevention Science*.

Next Steps

- Conversations will continue as we invest in capacity-building for Family First, together

- Recording and slides will be posted
- Save the Date! Next Session will be:
 - Thursday, May 6th 12:30pm – 2pm on PCIT & Child First
- Help us advertise these sessions far and wide!

COLORADO
Office of Children,
Youth & Families
Department of Human Services

FAMILY FIRST PREVENTION SERVICES ACT
Mental Health Services Array

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You're invited to a series of **informational sessions** on the models recommended for the Mental Health Services array as part of Family First capacity-building efforts in Colorado!

These sessions are aimed at **County decision-makers and providers** interested in Family First efforts. Each foundational session will cover model approach, target populations, staffing and supervision requirements, capacity and implementation considerations, and areas of articulation for paired models.

By attending, you will gain a **better understanding** of where to start in expanding Family First mental health services for your area and how each model fits into **Colorado's comprehensive strategy** for expanding Family First-eligible prevention services that meet the needs of children, youth, and families.

All sessions will be **recorded** and made available shortly after the live offering.

LEARN MORE For questions, accessibility requests, or calendar invites contact: Courtney Everson at CourtneyE@coloradolab.org
www.coloradolab.org/ffpsa

FOSTERING Healthy Futures
May 3, 2021 from 1pm - 2pm
Presenter: Jessica Corvinus (CU Anschutz Medical Campus, Kempe Center)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/83273523841)
<https://udenver.zoom.us/j/83273523841>

child first With **PCIT**
May 6, 2021 from 12:30pm - 2pm
Presenters: Marisa Gullicksrud & Amanda Fixsen (Invest in Kids); Amanda N'zi (PCIT International)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/81734487315)
<https://udenver.zoom.us/j/81734487315>

FUNCTIONAL FAMILY THERAPY With **MST**
May 19, 2021 from 11:30am - 1pm
Presenters: Dana Garofalini & Sue Kerns (DU, Center for Effective Interventions; Norma Aguilar-Dave & Nicole DeHerrera (Savio House)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/86973541219)
<https://udenver.zoom.us/j/86973541219>

TF-CBT
Trauma Focused Cognitive Behavioral Therapy
Date TBD -- Stay Tuned!
Presenter: Monica M. Fitzgerald (CU Boulder, Center for Resilience & Well-Being in Schools)
Zoom session link forthcoming



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Many thanks!

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