Providing a Continuum of Comprehensive Services to Meet the Needs of CSE Youth in Child Welfare

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Florida Faith-Based and Community-Based Advisory Council
• 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 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.

• During calendar year 2014, the Center provided care to a total of 30,072 patients. That includes primary care services to 16,650 individuals, behavioral health services to 17,666 individuals and enabling/social services to 3,075 individuals, providing a total of 225,486 encounters.
In 2012, CHN was approached by the Department of Children and Families and asked to create a program to address the needs of youth involved in commercial sexual exploitation in South Florida.

In response, in 2013, a pilot program, Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE), was 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 through a commitment to continuity of care.
How Does the CHANCE Program Provide Services?

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

• Many youth may best be served in a family environment with intense clinical services and support if they are initially receptive to treatment services and intervention.

• Some children will be in the care and custody of their parents or guardians from the onset of treatment.

• Other children may also reside in regular foster homes, shelters, group homes, or in relative and non-relative care.

• Youth that need more intensive services than those delivered in a therapeutic foster home may receive services in the Statewide Inpatient Psychiatric Program-CHANCE Track.

• The CHANCE Community Response team will work with youth 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.
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.

**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.
What services does the CHANCE Program provide?

- Children in the CHANCE Program 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 other services does the CHANCE Program provide?

- Children in the CHANCE team will receive the following wraparound services upon entering the program:
  - Assessment and Evaluation
  - Individualize Treatment and Service Plan Development
  - 24/7 On Call Clinical Staff: For CHANCE clients and foster parents
  - Regular Monitoring: To ensure that the service and treatment plans goals and objectives are consistently pursued
  - Psychiatric Services
  - Substance Abuse Treatment
  - Primary Care Health Services

Children in the CHANCE SIPP Program also receive 24 hour monitoring by behavioral health technicians in a secure environment in which they receive milieu therapy.
Commitment to Continuity

- The CHANCE team follows the client provides services in lower levels of care (including relative and non-relative care, foster care placement, adoption, and reunification), or higher levels 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.
Phase 1 • Engagement
Building Trust
Adjusting to New Placement
Establishing Rapport
Providing Psychoeducation
Building Skills
Meeting Basic Needs
Identifying Strengths and Barriers
Linking to Services

Phase 2 • Trauma Processing
Trauma Informed Care
TF-CBT
Increased Disclosure
Continued Psychoeducation

Phase 3 • Transition and Maintenance
Reinforce Skill Building
Safety/Relapse Planning
How Many children are served by The CHANCE Program?

- As of July 1, 2015, there are 56 clients in the CHANCE program, between the ages of 13 and 18
  - 14 in Specialized Therapeutic Foster Care
  - 50 with the Community Response Team
  - 14 in Statewide Inpatient Psychiatric Program

- The CHANCE program has served 32 clients in STFC and 83 clients in the CRT since it originated in October 2013.

- 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.
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.
Exploitation

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

Perceptions of Danger

Knowledge of Exploitation

Stockholm Syndrome

Duration

Valid N = 49-56

<table>
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<tr>
<th>0 - no evidence</th>
<th>1 - history</th>
<th>2 - recent</th>
<th>3 - acute</th>
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<tbody>
<tr>
<td>Started last 3 months</td>
<td>Begun in last year</td>
<td>Intermittent &gt; 2 years</td>
<td>Ongoing &gt; 2 years</td>
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<tr>
<td>9%</td>
<td>36%</td>
<td>27%</td>
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<tr>
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<td>18%</td>
<td>35%</td>
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Life Domain Functioning – CANS-CSE (mean scores)

***Family
***Living Situation
***Social
***Recreational
Developmental
Legal
*Sexuality
Ed. Attainment
*School Bx
School Achievement
School Attendance

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

***p < .001 level
*p < .05 level
(Comparing significance between baseline and 6 months)
Youth Risk Behaviors—CANS-CSE (mean scores)

*Intentional Misbehave

Delinquency

*Runaway

^Sexual Agg

Danger to Others

Other self-harm

Self-harm

Suicide

9 Months (N = 23)
6 Months (N = 39)
3 Months (N=52)
Baseline (N=66)

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

^almost significant (p < .06)

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

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Youth Mental Health & Trauma Symptoms
Youth Behavioral / Emotional Needs – CANS-CSE (mean scores)

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

^Substance Use
*Anger Control
*Adjustment to Trauma
*Conduct
*Oppositional
Anxiety
Depression
*Impulse / Hyper
Psychosis

9 Months (N=21)
6 Months (N=34)
3 Months (N=45)
Baseline (N=63)

*p < .05 level (comparing significance between baseline and 6 months)
^almost significant (p < .06)
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.