Performance Target 4, 2007: Improving Quality of Care (Outcomes) for DCF-Involved Youth who Disrupt out of a First or Second Foster Home Placement

Project Summary
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Sponsor:	Laurie Van der Heide
CT BHP Contributors:	Sarah Bennett
	Terri Hubbard
DCF Contributors:	Lois Berkowitz
	Stacey Gerber
	Joan Twiggs
	Alan Kalisher
Consultant:	Lisa Dierker

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Section I: Performance Target Contract Language

Target 4: Improving Quality of Care (outcomes) for DCF-Involved Youth who Disrupt Out of a First or Second Foster Home Placement

Value: 1%

In calendar year 2007, the Contractor will collaborate with DCF to collect and review data to determine if there is a correlation between disruption of a first or second foster home placement and behavioral health utilization indicators. If such a correlation is found, these behavioral health indicators will be used proactively to identify youth that are at risk of disrupting out of a first or second foster home placement, and to develop appropriate preventive interventions. Qualitative data will also be gathered to explore reasons for disruption of a first or second foster home placement.

In calendar year 2008, contingent upon the results of the data analysis completed in calendar year 2007 showing a correlation between disruption of a first or second foster home placement and behavioral health utilization indicators, the Contractor will collaborate with DCF to develop an appropriate clinical intervention targeted at reducing disruption in foster home placement.

A. By 3/1/07, DCF will provide Contractor with a list of youth who have disrupted out of a first or second foster home placement during the target time period of 7/1/06 – 12/31/06. DCF will also provide Contractor with a list of youth who are matched for age, location, gender, and length of placement who remained stable in a foster home placement during the target time period of 7/1/06 – 12/31/06. Additional information will be requested relative to variation in placement (e.g., experience of foster family, number of other children in the home, etc….) if the analysis suggests a correlation.

B. For those disruption cases identified by DCF in "A," the Contractor will review utilization data for a time period of 6 months prior to the target disruption date. The target date for the non-disrupted cases will be established by calculating the average length of time between placement and disruption in the "disrupted" population. The data set will include behavioral health utilization data from the ASO (need to define which levels of care to look at) and Managed Care Organization (MCO) Emergency Department (ED) data for both behavioral health and medical presentations. The MCO ED data will be provided by DSS and will come from the DSS data warehouse. DSS will provide this MCO data set to Contractor by 4/15/07.

C. By 8/1/07, Contractor will analyze the data set identified in "B" to determine if there is a either positive or negative correlation between disruption of a first or second foster home placement and behavioral health utilization indicators. Additionally, if data regarding specific characteristics of the foster families has been made available, the Contractor will look for possible relationships between disruption and those family characteristics (e.g., same family has had multiple disruptions, presence of other foster children of certain age or gender categories correlates with disruption).

D. In the event that the data analysis reveals a correlation between disruption of a first or second foster home placement and behavioral health utilization indicators, the Contractor will move forward in a collaborative process with stakeholders and DCF to develop an appropriate clinical intervention targeted at reducing disruption in foster home placement. In the event that no correlation is discovered, the Contractor will return to the Departments with this finding, and will develop an alternative plan for completing the performance target.

E. The Contractor will conduct a series of outreach interviews and focus groups with foster families in which disruption has occurred. By 5/15/07, DCF will provide the Contractor with a list of foster families in which a first or second placement disruption has occurred during Q1 of 2007. The Contractor will use the information gleaned from various sources to inform the development of the outreach interviews and focus groups conducted by CT BHP Peer and Family Specialists. This outreach work will be completed by 8/1/07. A summary of the qualitative data gathered through this process, including themes and recommendations, will be produced by the Contractor by 9/15/07.

F. By 10/15/07, the Contractor will produce a draft year-end report for this performance target, summarizing the results of all data collection and analysis. If the data analysis has shown a correlation between utilization indicators and foster home disruption, this report will include a proposal with recommendations for:

- Clinical interventions to reduce the number of youth that disrupt out of a first or second foster care placement;
- Possible training needs/support that could be provided to foster families to improve outcome, and
- Issues for further study identified by the data analysis.

If no correlation was found, Contractor will follow through with the plan identified in "D."

Section II: Project Summary

Summary of Findings of Analysis of Foster Care Disruption Data:
The Connecticut Behavioral Health Partnership (CT BHP), in collaboration with the Connecticut Department of Children and Families (CT DCF), conducted a retrospective analysis of data on children and adolescents placed in foster care to identify any relationship between use of behavioral health services and disruption from a first or second foster home placement. This project grew out of clinical discussions with the Departments regarding children who experienced delayed discharges from emergency departments (ED). An unknown number of children were brought to the ED by foster families who felt they were no longer able to care for these children as a result of their behavioral health problems. This led to questions regarding whether a foster child appearing in the ED should trigger an urgent behavioral health intervention to prevent a possible disruption from the foster care placement. Early in 2007, a decision was made to include a Performance Target in the Year Two contract between ValueOptions and the Departments that would determine if there is a correlation, hereafter described as a relationship, between disruption of a first or second foster home placement and use of behavioral health services. Part of that Performance Target (Target 4; Section B & C) describes a retrospective analysis of foster care youth to determine whether there was any evidence of a relationship between the use of behavioral health services and disruption from foster care placement.

ValueOptions engaged in multiple meetings with DCF staff throughout the study, initially to determine what data set was needed to assess this issue, and later as the analysis of the findings proceeded. DCF's Internal Review Board reviewed and approved the project design and released the data to ValueOptions. A Weslyan University statistician was engaged to conduct the data analysis. The reader is referred to Appendices A and B for comprehensive write-ups of the study design, implementation, statistical analyses performed and analysis of the findings.

In June 2007, DCF provided ValueOptions with a file extract containing data regarding the children who had been removed from their homes and placed in foster care between July 1, 2006 and December 31, 2006. This allowed ValueOptions to attach any authorization data that might have been entered into the information system during the six (6) months before removal and during the six (6) months after removal, as well as ED data routinely received from the Department of Social Services (DSS), in order to then analyze the data for possible relationships between use of services and disruption. Please note that data describing the specific characteristics of the foster families was not made available and is not part of this data analysis.

The data analysis indicated that a relationship between disruption of foster care placement and authorization of behavioral health care services does exist, as summarized below.

1. Across all comparisons, disruption rates for youth placed in relative care or special study care were significantly lower than for youth placed in traditional foster care.
2. Most disruptions occur within the first 7 days of removal from the home.
3. Between 25% and 47% of youth placed in foster care experienced a care disruption between their first placement and May 1, 2007. The rate of disruption was dependent on the definition of disruption being used. For youth in relative care/special study, the rate of disruption was from 9% to 12%, depending on the definition of disruption.
4. Older youth (age 10 to 18) were more likely to experience a disruption than children ages birth to 10. Gender did not appear to be related to disruption rates. Certain ethnicity issues did appear to be related to disruption; Hispanic youth entering foster care and African American youth entering relative care/special study were more likely to experience a disruption than respective comparison groups despite the definition of disruption being used.
5. When disruptions were categorized into negative and positive types, foster care youth who had been authorized for behavioral health services during the six (6) months before foster care placement were significantly more likely to disrupt (52.4%) than those without service authorizations (35.8%). There was no association, however, when other definitions of disruption were considered.
6. Among foster care youth and those in relative care/special study, those who had been authorized during the six (6) months after placement were significantly more likely to disrupt than those without services authorizations.
7. The original anecdotal question of whether children in foster care accessing the ED were an indicator for subsequent disruption from that placement could not be examined. There was inadequate sample size to test this hypothesis; there was null data for 99.5% of the 722 children in foster care and 100% null data for the 280 children in Relative/Special Study Care.

Another component of this project included the gathering of qualitative data through a series of outreach contacts with foster families in which a disruption had occurred. During October and November of 2007, focus groups were held with the members of two ongoing Foster Parent Support Groups. On October 30, 2007, ValueOptions joined the Torrington Support Group and on November 15, 2007, ValueOptions joined the New Britain Foster Parent Support Group. The reader is referred to Appendix C for a comprehensive write up of the Focus Groups.

Summary of Focus Groups with Foster Families:
A total of 11 foster parents participated in the focus groups, six parents in one group and five in the other. The amount of time the participants had been taking in foster care children ranged in the first focus group from six months to over five years, and in the second group from one year to more than 20 years. In both meetings, a brief overview of the foster care disruption project was provided. The focus groups were extremely helpful in terms of helping us to understand that foster families do not tend to place great importance on getting all foster children into psychotherapy. Rather, they tend to place importance on obtaining:

1. More coaching services geared towards helping them be better foster parents especially in situations when their child acts out
2. Respite programs including structured after school programs and summer programs
3. Behavioral health assessments and care more immediately and potentially right in their home, especially when the child is extremely aggressive in their home.
4. Improved communication of available local services; current system is too dependent on word of mouth.

Based on the results obtained from the quantitative and qualitative data gathering and analyses, ValueOptions worked in collaboration with leadership from the State of Connecticut to identify recommendations and next steps.

Section III: Recommendations and Next Steps

As evidenced in Section II, a correlation between the use of behavioral health services and foster care disruption was identified during the course of this study.

A meeting was held with key stakeholders from our State Agency partners on Monday December 31, 2007 to review key findings and to articulate next steps. In attendance were:

- Karl Kemper, DCF Chief of Staff,
- Karen Andersson, DCF BHP Director,
- Frank Gregory, DCF Behavioral Health Clinical Manager,
- Lois Berkowitz, DCF BHP Director of Special Projects,
- Mark Schaefer, DSS BHP Director,
- Lori Szczygiel, CEO CT BHP,
- Laurie Van Der Heide, VP of Quality, CT BHP,
- Also invited but unable to attend, Stacey Gerber, DCF Director of Foster Care.

Through ongoing communications, including the 12/31/07 meeting, ValueOptions and DCF leadership have reached a consensus that more questions than answers resulted from this 2007 study. It was determined that it was premature to begin development of a clinical intervention or a possible training curriculum at this time. In fact, more work needs to occur in this important area of research. As a result, the following next steps were articulated for 2008 and are presented to the State of Connecticut for its consideration:

1. ValueOptions will conduct a literature review to identify Best Practice programs/interventions that have been found to mitigate risk factors associated with disruption from foster care related to behavioral health problems through the use of behavioral health services (i.e., the Child Welfare League of America, Multi-Dimensional Treatment Foster Care out of Oregon)
2. ValueOptions will conduct further analysis of data to support DCF's re-procurement strategies. These analyses include, but are not limited to: a re-run of the data removing the 0-3 year olds since they do not utilize behavioral health treatment and thus inflate the denominator, use of business objects to review behavioral health utilization for children/adolescents awaiting foster placement to proactively identify high risk individuals, etc. The specific scope of this step will be further detailed by the end of Q 1 2008.
3. ValueOptions will develop, at a minimum, 2 prototypes of easy to use Resource Manuals designed to inform and support Foster Families. The final Resource Manual, chosen with the input of multiple stakeholders, will be produced for wide distribution.
4. ValueOptions in conjunction with DCF will develop a metric for on-going measuring and monitoring of Foster Care disruption. This is to be accomplished no later than September 1, 2008.

5. Work with DSS and DCF to evaluate the feasibility of developing expertise within Enhanced Care Clinics (ECCs) as providers of specialized behavioral health treatment of foster children and their families. The following recommendations are dependent upon the availability of resources within the ECCs and on the State's timeframes for outcomes implementation within the ECC level of care. ValueOptions will evaluate the feasibility of:
    a. Establishment of Foster Care issues/treatment as a core clinical competency
    b. "Flagging" at risk children at time of placement, and identifying ECCs as the primary practice site, allowing for urgent access to outpatient care.

ValueOptions is strongly committed to continuing to work together with the State of Connecticut on this important initiative. ValueOptions' intent is to work with State leadership to craft a year three Performance Target for 2008 encompassing the recommendations referenced above.

Section IV: References

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