



**Performance Target 4, 2009:
Improving Quality of Care (outcomes) for DCF-
Involved Youth in Foster Home Placement**

**Project Summary
March 15, 2010**

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Section I. Performance Target Contract Language

Target 4: Improving Quality of Care (outcomes) for DCF-Involved Youth in Foster Home Placement

Value: 1%

In a study conducted during 2007 of the disruption patterns of DCF-involved children in a first foster home placement, a correlation between the use of behavioral health services and foster care disruption was identified. During 2008, the Contractor, in conjunction with DCF, developed a method for proactively identifying foster children with a high risk of disruption and piloted a program in two area offices. Children who were treated for behavioral health issues within 6 months prior to removal were identified and services to support both the child and the foster family were offered within two weeks of placement.

The goal of the performance target for 2008 was to initiate a pilot program by the end of the calendar year. The goals of the performance target for 2009 are as follows:

- A. The Contractor, in conjunction with DCF, will establish measures to assess the success of the pilot programs in the two area offices. Measures may include but not be limited to:
 - 1. Rate of identification of children who had used behavioral health services prior to removal (numerator = # of children identified and denominator = number of CT BHP children removed)
 - 2. Rate of ICM and or Peer Support involvement in those cases identified as previously treated for behavioral health issues
 - 3. Rate of disruption of those children identified and included in the pilot vs. those not included in the pilot.
 - 4. LOS in the foster home for this cohort
- B. In order to assess the success of the program, baseline measures for A1 and A3 will be obtained for each of the area offices over the 6 month time period during 2008 that mirrors the timeframe post implementation of the pilot. Comparison of performance pre and post implementation of the pilot will then be made. The success of the pilot project will be assessed within 45 days of the completion of the first 6 months of the pilot program.

The withhold will be deemed met upon completion of a report summarizing the findings of the pilot and recommendations for future roll-out.
- C. If successful, in collaboration with DCF, a determination will be made regarding whether the pilot should be expanded beyond the two area offices.
- D. The Contractor will conduct further analysis of data to support DCF's re-procurement strategies. An analysis will be conducted of the characteristics of the Foster

Families associated with the children in the population included in the 2008 analysis of disruption data, with particular attention to variables that may have been related to disruptions. This analysis will be due to the Departments by the end of the calendar year.

If the Department's resources dedicated and necessary to this performance target are impacted such that the Contractor is not able to successfully complete this performance target, and all requirements of this performance target under the control of the Contractor are successfully met as determined by the Departments, this performance target may be deemed by the Departments as having met the required target for full or partial return of the withhold.

If the Contractor's resources dedicated and necessary to this performance target are impacted directly due to additional contract reductions by the Departments, such that precludes the successful completion of the performance target as determined by the Departments, this performance target may be deemed by the Departments as having met the required target for full or partial return of withhold.

Section II: Project Summary

Section A: The Contractor, in conjunction with DCF, will establish measures to assess the success of the pilot programs in the two area offices. Measures may include but not be limited to:

1. Rate of identification of children who had used behavioral health services prior to removal (numerator = # of children identified and denominator = number of CT BHP children removed)
2. Rate of ICM and or Peer Support involvement in those cases identified as previously treated for behavioral health issues
3. Rate of disruption of those children identified and included in the pilot vs. those not included in the pilot.
4. LOS in the foster home for this cohort

Results:

See Appendix A: Foster Care Pilot Project; Quality Improvement Project; Submitted March 12, 2010

Section B: In order to assess the success of the program, baseline measures for A1 and A3 will be obtained for each of the area offices over the 6 month time period during 2008 that mirrors the timeframe post implementation of the pilot. Comparison of performance pre and post implementation of the pilot will then be made. The success of the pilot project will be assessed within 45 days of the completion of the first 6 months of the pilot program.

The withhold will be deemed met upon completion of a report summarizing the findings of the pilot and recommendations for future roll-out.

Results:

In August 2009, a year-to-date summary of the project was presented to CORE. At that point, only 11 cases referred to the project were eligible for the project. Of those, 8 were beyond 45 days from placement. Of those 8 cases:

- 3 were reunified within 45 days
- 4 did not disrupt from their placement
- 1 disrupted 27 days after placement and was then reunified 2 weeks later with birth parents

At that time, it was decided to extend the project to the end of 2009 and add three additional DCF Area Offices in an attempt to increase the sample size. It was also determined that assessing the project within 45 days was not an adequate timeframe because disruption from placement was to be measured within 45 days and there would be inadequate time to analyze the results. It was determined that the results of the project would be assessed by March 15, 2010.

Section C: If successful, in collaboration with DCF, a determination will be made regarding whether the pilot should be expanded beyond the two area offices.

Results:

This determination has not yet been made. Following review of the analysis by DCF, recommendations will be made regarding next steps.

Section D. The Contractor will conduct further analysis of data to support DCF's re-procurement strategies. An analysis will be conducted of the characteristics of the Foster Families associated with the children in the population included in the 2008 analysis of disruption data, with particular attention to variables that may have been related to disruptions. This analysis will be due to the Departments by the end of the calendar year.

Results:

Early in 2009, specifications were developed for pulling non-identifiable information regarding characteristics of Foster Families hypothesized to impact disruption rates of children placed with those foster families. These characteristics were identified as a result of a literature review conducted during 2008 on foster families and on a review of data available in the DCF LINK system. A Business Requirements document was developed with DCF Reporting staff. An extract was developed by DCF. However, upon review by senior DCF staff, it was decided that we should not proceed with this aspect of the Performance Target. Since DCF Foster Families are not CT BHP members, it was felt that we would need to obtain releases from individual foster family members in order to use the data. Since this would have been a resource intensive project, it was decided to forego this section of the Performance Target.