

CT BHP Performance Target 2007 Disrupted Foster Care Placements

DRAFT 2-18-07

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

Summary: In 2007, the Contractor (ValueOptions) will collaborate with the Department of Children and Families (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 could then 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 year two of the project (2008), contingent upon the results of the data analysis completed in year one (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 Care Home Placement.

A. By 3/1/07, DCF will provide ValueOptions 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 ValueOptions 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 (i.e., 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,” ValueOptions 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 ValueOptions by 3/15/07.

C. By 8/1/07, ValueOptions 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). ValueOptions has established a collaborative relationship with a statistician at Wesleyan University in Middletown, Connecticut. This statistician will be utilized to identify appropriate statistical techniques to be used in data analysis, and to perform such analysis.

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, ValueOptions will move forward in a collaborative process with stakeholders and DCF to develop an appropriate clinical intervention targeted at reducing disruption in Foster Care Placement. In the event that no correlation is discovered, ValueOptions will return to the Departments with this finding, and will develop an alternative plan for completing the performance target.

E. ValueOptions will conduct a series of outreach interviews and focus groups with foster families in which disruption has occurred. By 4/15/07, DCF will provide ValueOptions with a list of foster families in which a first or second placement disruption has occurred during Q1 of 2007. The 2002 DCF Statewide KidCare Survey of Foster, Adoptive and Kinship Families related to Behavioral Health and Supportive Services clearly communicates what Foster Families feel that they need to be successful with the children they serve. In addition, Bert Plante, PhD and Dr. Lesley Siegel's chapter on "Children in Foster Care: Mental Health Prevention and Treatment" addresses these issues. ValueOptions will use the information gleaned from the survey and book chapter 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 ValueOptions.

F. By 3/15/08, ValueOptions will produce a 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, ValueOptions will follow through with the plan identified in "D."