## 2013 Program Report Card: Therapeutic Foster Care, Department of Children and Families

Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

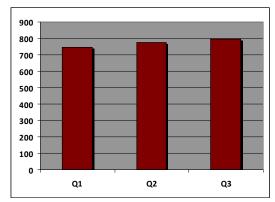
Contribution to the Result: Therapeutic Foster Care (TFC) is an intensive, structured, clinical level of care provided to children with serious emotional disturbance within a safe and nurturing family environment. Children in TFC receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. TFC families receive support and supervision from private foster care agencies with the purpose of stabilizing and/or ameliorating a child's mental/behavioral health issues, and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan, and facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living).

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$27,750,523	0	0	\$27,750,523
Estimated SFY 13	\$26,355,807	0	0	\$26,355,807

Partners: Bio-families, Community agencies and services, TFC foster families and agencies, DCF

#### How Much Did We Do?

## The number of children placed in TFC Homes

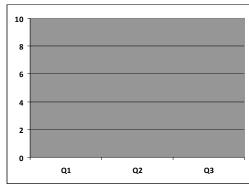


#### Story behind the baseline:

The above trend in data is reflective of the department's initiative to decrease reliance on congregate care, both in and out of state. The data for this fiscal year shows a steady increase in admissions to TFC programs of 50 children and youth over the three quarters.

#### How Well Did We Do It?

The percentage of families who, through training and clinical supports, evidence acquired competencies to maintain the child in their home



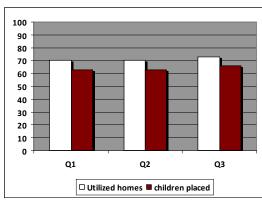
## Story behind the baseline:

Additional work is needed on this outcome measure. One area is in a system for the reporting of post licensure training of foster parents. The TFC agencies are required to maintain a log but there is not a system for reporting that information. Further work is also needed in defining what clinical supports that should be considered. This information will then be correlated with disruption data of children in TFC placement.

Trend: ◀▶

#### How Well Did We Do It?

The percentage of approved homes being utilized compared to the percentage of children referred to those placed



#### Story behind the baseline:

The above data indicates that approximately 70% of approved homes have children in them. This means that generally 30% of our placement capacity is not being utilized. The data on the percentage of children referred shows that in each of the first two quarters 63% were placed and 66% in the third quarter. Approximately 20-24% of the referrals were withdrawn. The data from the SALAs was unclear about the remaining 10-17%.

Trend: ▲

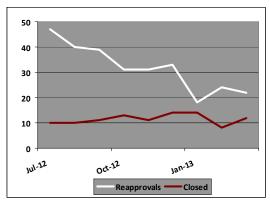
Trend: ▲

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#### How Well Did We Do It?

# The number of TFC foster parents who maintained approval on a quarterly basis

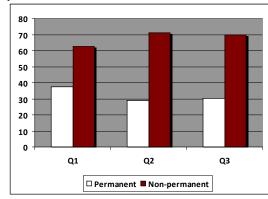


#### Story behind the baseline:

The data above indicates that reapprovals of foster parents' licenses have taken a steady decline. This trend may indicate foster families whose licenses close for a variety of reasons ranging from closure after a SIU concern to not seeking reapproval due to adopting. It may be beneficial to understand this measure as it relates to responses to a satisfaction survey. Also it may be helpful to understand this trend in reapprovals when comparing other quarters over time or trends in new licenses. It appears that closing of licenses has remained constant.

## Is Anyone Better Off?

The percentage of children who, after TFC services, are in a permanent placement

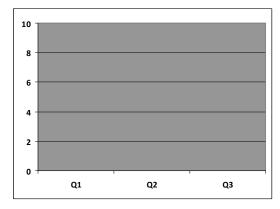


#### Story behind the baseline:

One of the goals of TFC is to help children successfully transition to a permanent placement - reunification, adoption or independent living. The data for this fiscal year shows that only between 38-29% of the children and youth who are placed in a TFC foster home go on to a permanent placement upon discharge. The highest occasion were children returning to their family of origin followed by their transitioning on to an independent living program. 71-62% of the youth post TFC placement went to either a higher level of care (e.g. hospital or group home) or to another foster care placement. The highest occasion of non-permanent placement was to another TFC family within the same provider's network.

#### Is Anyone Better Off?

The percentage of children who through TFC services evidence improvements clinically and behaviorally in the home, school and community



#### Story behind the baseline:

The plan for this outcome is to use the Ohio scales as a measure of children's' improvement both clinically and behaviorally. To achieve this, the TFC agencies will be trained in use of the scale and the DCF policies and procedures. Training is being arranged for June 2013. A small workgroup from the State-wide TFC Providers' group will be coordinating the implementation of the Ohio scales.

Trend: ◀▶

Trend: ▼

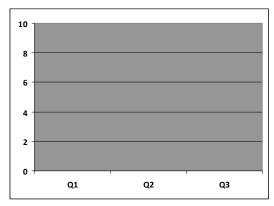
Trend: ◀▶

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## Is Anyone Better Off?

Percentage of children who make up and/or maintain age appropriate acquisition of developmental and academic skills within TFC placement

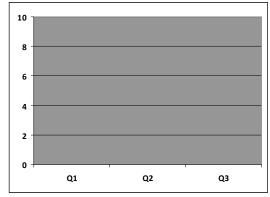


#### Story behind the baseline:

Part of the TFC model is the acquisition of life skills through the Casey Life Skills program. It's important that children and vouth learn life skills in order to be successful in adulthood. A small work group of DCF staff representing OFAS, Adolescent Services and the Academy are involved in a review of our present models of life skills training - Casey Life Skills and Community Based Life Skills. The group will determine what approaches to life skills acquisition offers a best practice model and what procedures need to be put into place to ensure children and youth are successful. A pre and post assessment model needs to be in place to determine what gains children and youth achieve.

## Is Anyone Better Off?

The percentage of children whose medical and dental needs are met to ensure health and wellness while in TFC placement



#### Story behind the baseline:

Research has shown that children and youth in foster care have higher rates of acute health needs, chronic health conditions and obesity. Only 51% of children in DCF's care receive consistent dental services. As a first step in ensuring children and youth have well child care a tracking system of medical and dental appointments for children and youth while in TFC placement was initiated in March 2013 in PSDCRS. As yet there is no data to report.

## **Proposed Actions to Turn the Curve:**

- The department is in the process of contracting with Value Options (VO) to provide a TFC Performance Improvement Center. The center will perform two primary functions. The first is to assist in the referral-to-match process of children identified for TFC placement. VO will collect data on TFC eligible children and TFC families during this process. The second function VO will provide is reports on the above referral-to-match process and on the overall TFC system of foster care.
- Train TFC agencies in the use of the OHIO scales and implement consistent utilization.
- Determine pre- and postassessment process related to acquisition of skills from Casey Life Skills and/or Community-based Life Skills

## **Data Development Agenda:**

 Define data elements and develop a system related to foster parent competencies development.

Trend: ◀▶