

2016 Program Report Card: Therapeutic Foster Care – Medically Complex, Department of Children and Families

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

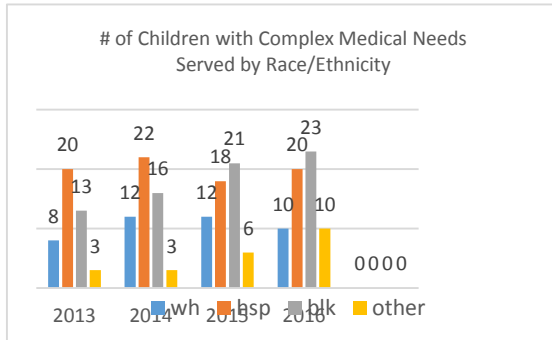
Contribution to the Result: Therapeutic Foster Care-Medically Complex (TFC-MC) is a service that provides specialized training, support services and certifies families to care for children with complex medical needs with the purpose of stabilizing and/or ameliorating a child's medical issues, facilitating children's timely and successful transition into permanent placements.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 15	455,186	0	0	455,186
Estimated SFY 16	431,209	0	0	431,209

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

How Much Did We Do?

Children with complex medical needs in licensed therapeutic foster homes



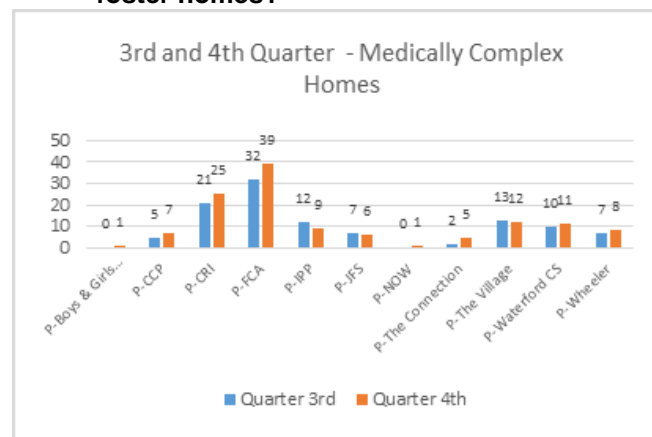
Story behind the baseline:

The above trend in data is reflective of the Department's initiative to place all children, if feasible with families, including children with complex medical needs. The data for SFY 2016 shows a steady increase in children served over the course of the past four years (N= 18). At the end of Q4, SFY 2016, there were 62 TFC-MC distinct clients served. AA children, followed by Hispanic children make up the majority served by Race/Ethnicity.

Trend: ▲

How Well Did We Do It?

Number of medically complex certified foster homes?



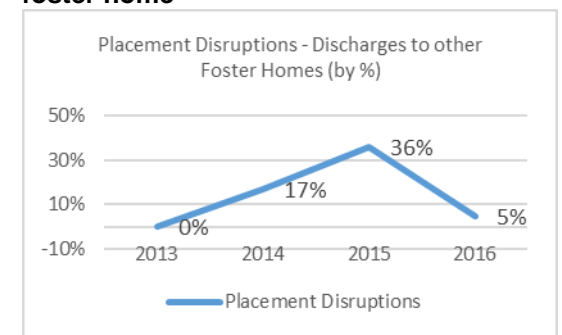
Story behind the baseline:

There are currently 95 families who are medically complex certified and 29 who are in the process of certification (124 total families showing an increase of 15 families from last quarter). These families have the capability of caring for both MC and TFC level children based on their training experience. The current number of MC placements in PIE is 44. The current administrative data for TFC-MC shows 9 open/available homes, indicating that many certified families choose to care for children who are TFC level.

Trend: ▲

How Well Did We Do It?

Percent of children with complex medical needs who disrupt from their current foster home



Story behind the baseline:

There was an increase in disruptions with children in TFC-MC to other foster homes between SFY 2013-2015, primarily children placed within the same network which could be due to the natural rise of children in this placement type during that time frame (0% in 2013, 17% in 2014, and 36% in 2015). In the last SFY, there has only been 1/21 (5%) discharge to another foster home, showing a significant reduction in that discharge category in SFY 2016. 14 % did require a higher level of care, 52% were discharged due to permanency, and the remaining children were discharged for reasons including, "aging out", "family moved".

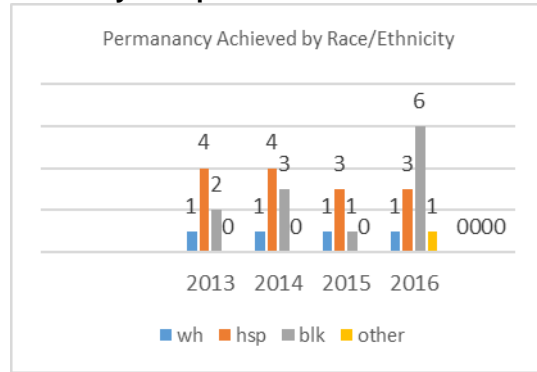
Trend: ▲

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Is Anyone Better Off?

The percentage of children discharged to a permanent placement after TFC-Medically Complex services



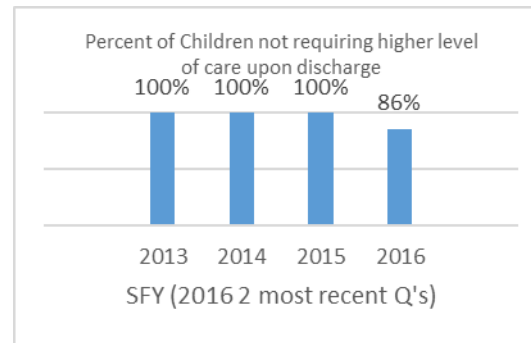
Story behind the baseline:

One of the goals of TFC-MC is to help children successfully transition to a permanent placement; reunification, adoption or placement with a kinship family. The data for SFY 2016 shows that 52%, a 13% increase from SFY 2015, of the children and youth who were placed in a TFC-MC foster home went on to a permanent placement upon discharge. The highest occasion was children being placed with a relative (4 children) followed by children being adopted, then children returning to their family of origin. Data from SFY 2013 shows 88% of children in TFC-MC discharged to a permanent placement, 64% in SFY 2014, and 39% in 2015. Increased permanency initiatives consonant with the Department's mission are being implemented.

Trend: ▲

Is Anyone Better Off?

The percentage of children who do not require a higher level of care or hospitalization during placement



Story behind the baseline:

There were no children during SFY 2013-2015 requiring a higher level of care including hospitalizations upon discharge (N= 8 in 2013, 11 in 2014, 13 in 2015, and 21 in 2016). This is indicative that the medically complex program is able to meet the children's medical needs during their placement in foster care. Training, case management, and support services contribute to the success of these children remaining with families. In the four most recent quarters combined, there was one child who required, "other out of home care" (hospital setting was not indicated) and 2 children who were incarcerated, therefore 3/21 (14%) children were discharged to a higher level of care.

Trend: ▼

Proposed Actions to Turn the Curve:

The TFC-MC Scope of Service has been amended and is currently pending approval. The newly designated medical classifications (1-4) were added as well as new training requirements including child specific training for kinship families. As of May 2016, the Fostering Health curriculum was finalized and made available online. This training is mandatory for all prospective applicants. The link is available on the CAFAF website and TFC providers were informed. Existing children were entered into LINK to reflect proper classification level. FC-MC contracted agencies will be required to recruit a pool of respite homes so that emergency placements can be expeditiously met when necessary and result in better matches, thus resulting in greater permanency outcomes and decreased disruptions.

Data Development Agenda:

Establish in PIE a measure to differentiate TFC level children that also have complex medical needs. This will allow for more sophisticated analysis of the different cohorts of youth and families being served by the TFC providers. In addition to PIE, interim measures to collect data are being explored. TFC-MC Administrative Data to be built into new CCWIS System. A review of LINK service codes was recently conducted in April 2016 and an old rate has been phased out.