

## 2015 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.

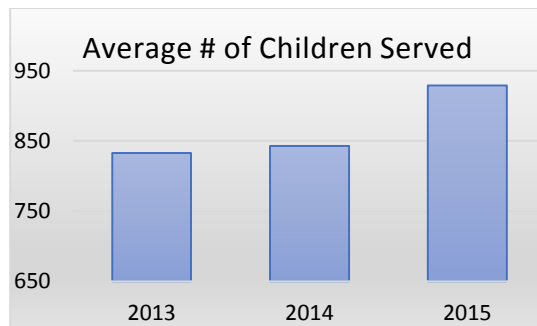
*Contribution to the Result:* Therapeutic Foster Care (TFC) is an intensive, structured, clinical level of care provided to children with serious emotional disturbance within a safe and nurturing family environment. Children in TFC receive daily care, guidance, and modeling from specialized, highly trained, 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, facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living), and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 14	\$25,744,780	0	0	\$25,744,780
Estimated SFY 15	\$29,009,485	0	0	\$29,009,485

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

### How Much Did We Do?

The number of TFC level children served.



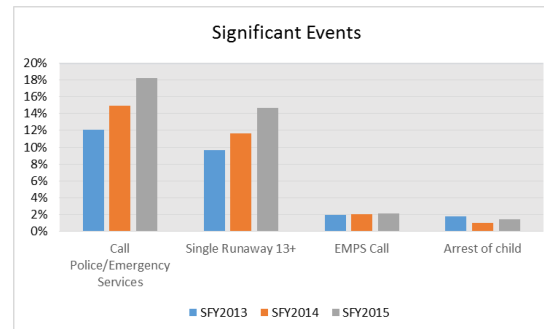
#### Story behind the baseline:

The above trend in data is reflective of the department's initiative to decrease reliance on congregate care and place children with families. The TFC service has thus been increasingly identified as the more appropriate placement for many youth. The data for this fiscal year shows an increase of 88 distinct children served by TFC from SYF 2014-SFY 2015. This level of increase is also due in part to TFC agencies serving TFC level children placed in DCF Core foster homes.

Trend: ▲

### How Well Did We Do It?

Percent of significant events that resulted in Police Involvement, Arrests, EMPS, and AWOLS.



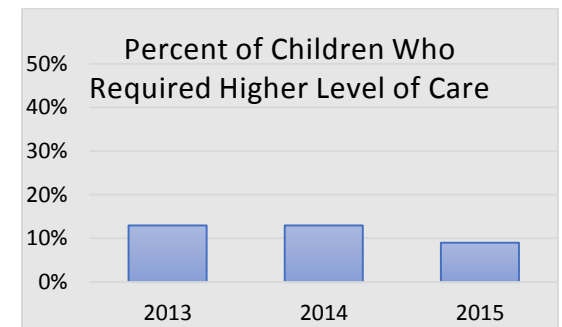
#### Story behind the baseline:

Risk Management data shows the highest reported significant event to be: Calls to police, followed by AWOLS. Data shows a steady increase in both categories since SFY 2013, Use of EMPS has also slightly increased while arrests have slightly decreased. Data is indicative of the need for ongoing training and support for foster parents and its correlation in meeting the behavioral health needs and stability of children placed in TFC.

Trend: ▼

### How Well Did We Do It?

Percent of children who remain in therapeutic foster care and do not need a higher level of care.



#### Story behind the baseline:

There has been a slight decline in children who required a higher level of care (i.e. psychiatric hosp., group home, etc.) while in TFC. The data shows a decrease of 4.2% (19 children) over the last SFY. With the increase in TFC placements, this decline is significant in that it shows the capability of the TFC service to meet the complex behavioral health and clinical needs of the children and youth being served.

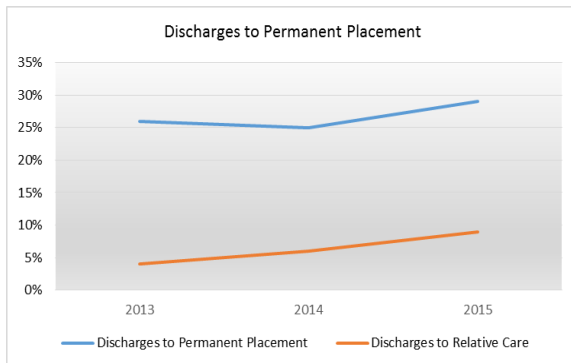
Trend: ▲

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### Is Anyone Better Off?

**The percentage of children discharged to a permanent placement after TFC services.**

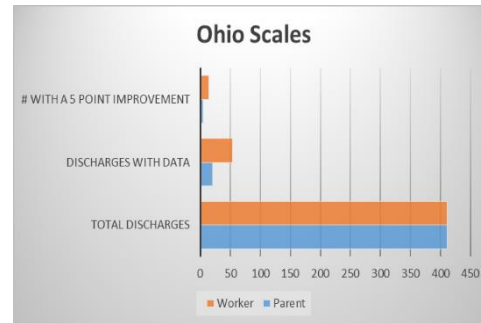


**Story behind the baseline:** One of the goals of TFC is to help children successfully transition to a permanent placement; reunification, adoption or placement with a kinship family. The data for this fiscal year shows that 29% of the children and youth who are placed in a TFC foster home go on to a permanent placement upon discharge. The highest occasion was children being adopted followed by children returning to their family of origin. Placement with Kin increased from 4% in 2013, 6% in 2014, and 9% in 2015.

Trend: ▲

### Is Anyone Better Off?

**The percentage of children who evidence improved functioning measured by Ohio Scales.**



### Story behind the baseline:

The TFC providers were directed to begin using the Ohio Scales in late 2013 although many are still failing to do so routinely. The data here is from SFY 2014-SFY 2015. Data shows that out of 411 discharges only 5 out of 21 Parent Responses (24%) showed a 5 point increase and 21 out of 54 Worker Responses (39%) showed a 5 point increase in overall functioning. The Problem Severity data showed the same statistics. TFC data shows that the children are 31% away from the established 50% standard.

Trend: ◀▶

### Proposed Actions to Turn the Curve:

Although we are seeing better permanency outcomes and overall stability in the TFC service as a whole, the largest reason for discharge continues to be: *Child placed with another foster family within Provider network.* This is indicative of the need to reduce

disruptions. With the current initiative to define, “disruption” and capture all placement moves, TFC will begin to track all unplanned respite moves in PIE. Increasing recruitment and retention, providing new training initiatives, and placing children with kin families will help minimize the gap and result in more positive outcomes. Further, providers will continue to be required to utilize the Ohio Scales to assess approved functioning in youth served and will more consistently enter this data into PIE. Targeted efforts will also begin with TFC providers to reduce the number of significant incidents. Efforts will include: development and use of Police Involvement Plans, staff training and supervision. New funds for targeted recruitment and rate changes will further enhance the system.

### Data Development Agenda:

Establish in PIE an indicator to differentiate TFC level children in DCF Core and kinship homes from TFC licensed homes. This will allow for more sophisticated analysis of the different cohorts of youth and families being served by the TFC providers. Add data elements into PIE to allow tracking of all unplanned respite moves for a more accurate understanding of disruption volume. TFC Administrative Data to be built into new SACWIS System. TFC Referral Data to be available via SharePoint site (task completed and implementation date of July 1, 2015).