FAMILY EMPOWERMENT SATISFACTION TEAM (FEST)

2011 REPORT

Therapeutic Foster Care Services
Treating the Family and Child: Parent/Caregiver Input on Services They Received as Part of TFC for Their Child

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Agency and Program Description

The Family Empowerment Satisfaction Team (FEST) is a program of the Mental Health Association of Southeastern Pennsylvania, a non-profit organization that advocates for systems change in the treatment of children and adults with mental illnesses or behavioral health disorders. FEST is contracted by Montgomery County Behavioral Health to serve as independent evaluators of county behavioral health services provided to children and adolescents. By surveying parents and caregivers and the youth receiving behavioral health services, FEST gains family input on what is working with services and what needs to be improved. FEST incorporates a strengths-based approach of Appreciative Inquiry when asking parent/caregivers and youth about their experience with accessibility, appropriateness and effectiveness of services, and overall satisfaction with services. The findings, with recommendations, are reported to the county office. The goal is to help create services and supports that are driven by the needs of youth and families.

BACKGROUND

Therapeutic Foster Care (TFC) is a behavioral health service for youth with serious emotional or behavioral health needs who cannot be cared for in their own home. For some youth, this intensive family and community-based service is a viable alternative to a residential treatment facility or other institutional care. Considered the least restrictive out-of-home placement, youth remain in the community and live in a home-like setting. Specially trained therapeutic parents care for the youth, providing attention, structure and consistency the youth needs to help manage behaviors, alleviate distress and stabilize the youth to return home. The goal of TFC is reunification of the child with the biological or adoptive parents or, if not possible, permanent placement in another home setting.

In Montgomery County, youth with a mental health diagnosis who meet the medical necessity criteria for this level of care may be recommended for Therapeutic Foster Care. Because of the flexibility of the service, it can serve a variety of populations. It can be a step-down for youth leaving a more restrictive residential treatment, or a step-up for children referred through child welfare, youth with aggressive behavior disorders, including chronic and violent juvenile offenders, preschool age children identified for early intervention, and youth with developmental and medical disabilities.

During 2011, Montgomery County Behavioral Health and Magellan Behavioral Health, Inc. initiated a study to review the performance of the six agencies providing TFC to county youth. (Figure 1) The county requested that the Family Empowerment Satisfaction Team (FEST), acting as an independent entity in the collection of data, have a collaborative role on this project. FEST was to survey the aftercare resources, the parent or caregiver who cared for the child after discharge from therapeutic foster care, to gain their perspective on their experience with inclusion and services provided to the family during the treatment. Only the child’s own parent, foster parent or other caregiver was to be surveyed by FEST, not the therapeutic foster parent. TFC parents, as employees of agencies providing therapeutic foster care, were surveyed by Magellan to ascertain support and education they received from the agency relevant to their role as therapeutic caregivers.

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Treating the family, as well as the child, during therapeutic foster care is critical to successful outcomes of this family-based, out-of-home behavioral health service. Therefore, the primary objective of the 2011 Therapeutic Foster Care Survey was to evaluate providers by eliciting input from parent/caregivers concerning services provided to help prepare the family for the child’s transition back to the home. A secondary objective was to contribute family input into Magellan’s comprehensive review of TFC providers as related to performance incentives.

METHODS

Magellan, FEST and the county met to discuss the goals of Magellan’s project and to define the objective of FEST’s survey. FEST reviewed the HealthChoices Medical Necessity Criteria for Residential Treatment; Appendix T Part B (1), issued by OMHSAS and the providers’ program descriptions supplied to Magellan. FEST conducted a literature search on therapeutic foster care to learn more about the widely accepted components of the service, the population served, anticipated outcomes, and the
evidenced-based multi-dimensional model. In addition, FEST worked with Children and Youth to find a way to survey the foster parents of youth in child welfare, which represented one-third of the individuals meeting the criteria for this survey.

Sample - Parents or caregivers were eligible for this survey if they had been the discharge resource for a Montgomery County youth discharged from therapeutic foster care between March 1, 2010 and February 28, 2011. FEST attempted to contact the eighteen parent/caregivers who met the criteria. The survey sample was comprised of the four parent/caregivers who agreed to participate in the survey.

Survey tool - A questionnaire was developed to gather information for four domains identified as relevant to the survey objective. (See figure 2 for descriptions of the domains.) In addition to five demographic questions and three state- mandated questions, the tool included fifteen quantitative questions, using a Likert scale and four open-ended, qualitative questions for collecting more in-depth data. FEST designed the questionnaire as a survey to be administered by phone. Later the survey format was adapted for mailing to individuals when no phone number was available. FEST incorporated Magellan and county feedback when creating the survey.

Procedures - The County sent FEST contact information for eligible youth from Magellan’s database. FEST mailed letters explaining the survey to the 12 parent/caregivers who had usable addresses. One week later FEST began administering the phone survey to parent/caregivers who could be reached and agreed to participate. FEST made three attempts to contact families. The 6 youth without contact information were in protective custody of child welfare preventing FEST from contacting their foster parents. Children and Youth assisted by mailing foster parents a letter from FEST, a questionnaire, and a return envelope addressed to FEST. By returning the survey directly to FEST, foster parents’ responses would remain confidential.

After all data was entered on an Excel spreadsheet, calculations were run for analysis. FEST members reviewed the data and prepared a report with recommendations for the county office and Magellan.

RESULTS

Four parent/caregivers consented to the phone survey, no surveys were returned by mail. This represented a 22% response rate. Three service providers were represented in the completed surveys; Mentor, Access, and NHS. Respondents included three parents and one foster parent. The youth ranged in age from 8 to 17 and 75% were male, 25% female. One youth had received services from two agencies; however the parent identified the most recent agency as the child’s TFC provider and no information was given on the parent’s experience with the first provider.

To determine how closely the demographics of youth from the sample (n=4) represented all eligible youth (n=18), FEST used the discharge data to compare gender, age at time of admission, number of months in TFC, and whether the child was in foster care, as denoted by OCY. Similarities in both groups indicate the sample included all the demographics found in the total population, although not always in equal proportion.

Overall, parent/caregivers reported being involved in their child’s treatment, found staff reliable and good with communication, and agreed the aftercare service and follow-through were helpful in the child’s transition home. All reported the child was doing better as a result of services. Parent/caregivers reported lower agreement in several areas including their relationship with the TFC parent, understanding the interagency team meeting, and feeling respected as a part of the treatment team. Parent/caregiver education and family therapy also emerged as areas to be addressed.
In reviewing the data, FEST identified areas of interest deserving further exploration. Highlights of the results are presented in Figure 4.

**DISCUSSION**

As a unique community-based service, TFC has the potential to grow as a cost effective alternative to more restrictive residential treatment facilities. It is the only out-of-home placement with an evidenced-based model, Multidimensional Treatment Foster Care (MTFC), which has demonstrated to be an effective behavioral health treatment for some youth in the juvenile justice system (*National Registry of Evidenced-based Programs and Practices (NREPP)*). Not only can TFC avert the need for some children to enter institutional care, for others it can be used to significantly shorten the length of stay in an institutional care. The total of only 18 youth discharged from this service between March 2010 and February 2011, suggest that it may be underutilized by the county as an out-of-home placement option. A member of a family-based team recently remarked to FEST that, although the team recommends TFC to families who are not ready for family-based services, parent/caregivers have difficulty moving beyond viewing it as foster care and therefore reject it as an option. Confusion about TFC, according to experts in the field, stems from the wide range of programs it encompasses as well as from its name, which fails to clearly differentiate it from family foster care.

Providers have the ability to promote TFC by successfully delivering resiliency/recovery oriented services that are inclusive of both the family and child. The objective of FEST’s TFC survey was to use parent/caregiver feedback as a means of evaluating the services provided to families. Due to the small sample size, survey results are inconclusive. As previously mentioned,
survey respondents included three parents whose children lived at home prior to entering TFC and a foster parent who had not provided care for the child prior to TFC. Based on the data provided by this sample, FEST highlighted areas of strengths and areas indicating a possible need for improvement.

Overall, parent/caregivers indicated participation in decision making. All appeared to have attended the ITMs, although the level of participation was not clear. FEST emphasizes the necessity for providers to be diligent in clearly explaining the interagency team meeting to parent/caregivers prior to the first meeting, as well as providing clarification throughout the meeting. If other systems are involved, representatives also may benefit from clarification Barriers to participation need to be addressed as well, for example the time and location of the meeting. One parent found “Trying to make good decisions regarding medications” to be a barrier. The parent was being asked to make an important decision, and may not have had the information needed or time to consider the options. It is the provider’s responsibility to facilitate these meetings in a way that they are both productive and meaningful to the family and youth. One parent reported her understanding of the meeting as, “That’s us getting together and discussing problems & solutions.” The simplicity of that statement reflects a family friendly ITM that accomplishes what it is intended to accomplish.

Parent/caregivers found staff to be professional and responsive. TFC parents were not perceived quite as positively. FEST recommends that providers stress to TFC parents that they are professionals and to treat them as such. Trainings on mentoring and working with a variety of parents, the ability to articulate knowledge about treatment, and close supervision may help decrease conflict. The more respect TFC parents are shown by staff, particularly when the parent is present, the more likely the parent will be to view the TFC parent as a professional. Developing active listening skills, providing outreach and learning techniques for setting boundaries with parent/caregivers will translate into building good relationships.

The survey showed little evidence that educational opportunities were offered to parent/caregivers. Three agencies had provided services to the survey participants. When the participants were asked about what opportunities the providers offered for trainings and parenting skills, they all responded that “they didn’t”. Based on provider program descriptions from six agencies, all included educational opportunities, however some were vague while others described numerous trainings for TFC parents that parent/caregivers were welcome to attend. Parent/caregivers need as much factual information as they can get to better understand their child’s distress, diagnosis, strategies for caring for the child, and appropriate interventions.

The apparent lack of family therapy emerged as another area of concern. Only 25% (n=1) reported receiving family therapy. It is unknown why this service is not provided to everyone. Delivering child-centered, family-focused services indicates the interrelationship of child and family, therefore family issues may contribute to the child’s and the child’s problems create issues for the family. A family therapist can help sort through this and may identify family issues that would otherwise go unnoticed yet need to be address. Parent/caregivers can learn techniques for managing a home environment that meets the individual needs of the child and learn ways to avert a crisis or how to de-escalate a situation before it become a crisis.

FEST recommends that all treatment plans include adequate opportunities for parent/caregivers to participate in relevant parent/caregiver trainings, to identify skills that would be helpful in caring for the child, family and self, and to be shown techniques that are working in their child’s treatment along with the opportunity to practice them. Also, regular family therapy should be a component in all treatment plans.

In summary, parent/caregiver involvement in the decision-making process, education about the child’s diagnosis and how to best meet the child’s needs, and help in finding supports and resources for the family, all contribute to a family’s capacity to care for the youth at home. Family therapy and strengthening the ties of family and child during treatment help the child maintain stability after discharge. Staff responsiveness and communication with parent/caregivers provides families with a reliable source of information and support during TFC. Access to after-care services and staff follow-through with this support are critical to families while implementing the transition plan.

Positive outcomes were reported by parent/caregivers as a result of TFC. All felt their child was doing better than before treatment. One parent commented that “Daughter came back with totally different perspective.” Parent/caregiver agreement to the statement, Participating in my child’s therapeutic treatment helped me to maintain consistency in treatment after my child’s discharge is a testimony to the benefits of involving family members throughout the treatment process. When encouraged and given the tools, parent/caregivers feel more effective in caring for their child when he or she returns home.
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