



***Maine's Statewide FFTA
Treatment Foster Parent
Levels of Care
Survey Results***

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Foster Family Treatment Association Maine Chapter

I. Introduction

In response to federal and state regulatory and reform initiatives, as well as the prevailing fiscal and social challenges that have dominated much of the political discourse of the past several years, a growing number of state child welfare agencies across the country have turned their attention to the development of a managed care model for the provision of foster care services. Commonly referred to as *Levels of Care systems*, these reform efforts typically involve the standardization (and often times a consolidation) of both the assessment and reimbursement structure associated with the provision of foster care services. At this time, approximately one third of the states have implemented such a system, and another third are currently in the development stage. The stated goals of these reform efforts are clear. The first is to insure that the appropriate, least restrictive level of care/service is provided to children. The second, and perhaps most salient, is to maximize increasingly scarce resources in an equitable and methodical manner in order to better meet the needs of this population as a whole. Notwithstanding the legitimate role that best practice principles *may* play in such reform efforts, it has been primarily fiscal policy issues that have driven this process across the country.

This past year, the Maine Department of Human Services implemented a standardized Levels of Care (LOC) Assessment system for foster care in the State of Maine. This system, which consolidated the previous 52 levels utilized statewide to 5 levels with corresponding foster parent daily stipend rates, became effective July 1st of 2003. The full measure of this reform will be realized as of August 19, 2004, when the current grandfather period expires for children placed in foster homes prior to implementation of this system.

Given this significant change in policy and the inherent challenges that a transition of this magnitude will inevitably present for foster parents, the Maine Chapter of the Foster Family Treatment Association (FFTA) conducted a survey of all current Specialized Foster Care licensed homes in the state of Maine in January of 2004. This survey was designed to gauge the foster parent's experience thus far with the Levels of Care system, to tabulate the LOC assessment outcomes for the foster children currently in their homes, and to assess the foster parent's future involvement with the provision of foster care services in light of the implementation of the LOC system. These surveys were distributed by the provider agencies to their affiliated foster homes. The following is a list of those FFTA member agencies:

Aroostook Mental Health Center	KidsPeace
Care Development	Maine Caring Families
Casey Family Services	Northern Maine General Hospital (Families First)*
Catholic Charities Maine	OHI
Choices	SMART
Community Health & Counseling Services	Woodford's Family Services
Families & Children Together	Youth Alternatives

* Non-member participants

II. Survey results:

The survey instrument was anonymous, with the exception of numeric coding for the purpose of program level data extraction. Beyond this, there was no identifiable information on the instrument unless intentionally provided by the respondents.

Based on provider agency reports, the number of surveys distributed to treatment foster parents was **623**. In total, FFTA received **358** completed responses. This constitutes a response rate of slightly more than **57%**, which is considered statistically valid. The following are the aggregate results of the survey, along with foster parent comments (based on responses to qualitative questions on survey instrument).

1. Geographic distribution of foster homes responding, by county:

3.7 %	Androscoggin	3.1 %	Oxford
19.9 %	Aroostook	19.1 %	Penobscot
10.4 %	Cumberland	5.1 %	Piscataquis
2.0 %	Franklin	0.3 %	Sagadahoc
4.5 %	Hancock	5.3 %	Somerset
10.7 %	Kennebec	2.2 %	Waldo
1.7 %	Knox	3.7 %	Washington
2.5 %	Lincoln	5.9 %	York

2. Number of Parents in Household:

In regard to household configuration, **80%** of the foster homes responding were two parent households, **19%** were single parent households, and the remaining respondents reported an alternative house configuration not indicated on the survey.

3. Income Sources:

10% of the respondents reported having no additional source of household income beyond the treatment foster care stipend. **17%** reported having a part-time income, followed by **61%** who reported having one full-time household income. The remaining **12%** reported having two or more full-time incomes in addition to the treatment foster care stipend.

4. Years Providing Foster Care:

Of those foster parents responding, **6%** reported having “less than 1 year” of foster care experience. **19%** reported “1 to 3 years”, **26%** reported “4 to 6 years”, **29%** reported “7 to 10 years”, **11%** reported “10 to 15 years”, and **9%** reported “more that 15 years” of experience providing foster care.

5. Levels of Care Outcomes reported:

Based on the survey results, it would appear that at the time the survey was distributed, approximately **51%** of the children in treatment foster care had been assessed by the LOC system. Of those who had been assessed, *Table 1* below shows the distribution of LOC determinations (n=106):

Table 1:

Level A	Level B	Level C	Level D	Level E
0	19	24	46	17

Upon review of the data, a question emerged regarding the accuracy of this particular information. It is quite possible that the revision in the LOC nomenclature for Level designation (numeric to alphabetical), as well as the structure of the survey instrument may have created some confusion, thus impacting the validity of the information. As a result, the following data are being included for purposes of comparative analysis (see *Table 2* and *Table 3*). It is important to note that this more recent data reflects *all* treatment foster children in care (reported as of March 15, 2004 by the Child Placing Agencies), and indicates 65% of treatment foster children had been assessed as of that date. The following is the distribution of LOC determinations (n=596) by actual number (*Table 2*) and overall percentage of children assessed (*Table 3*):

Table 2

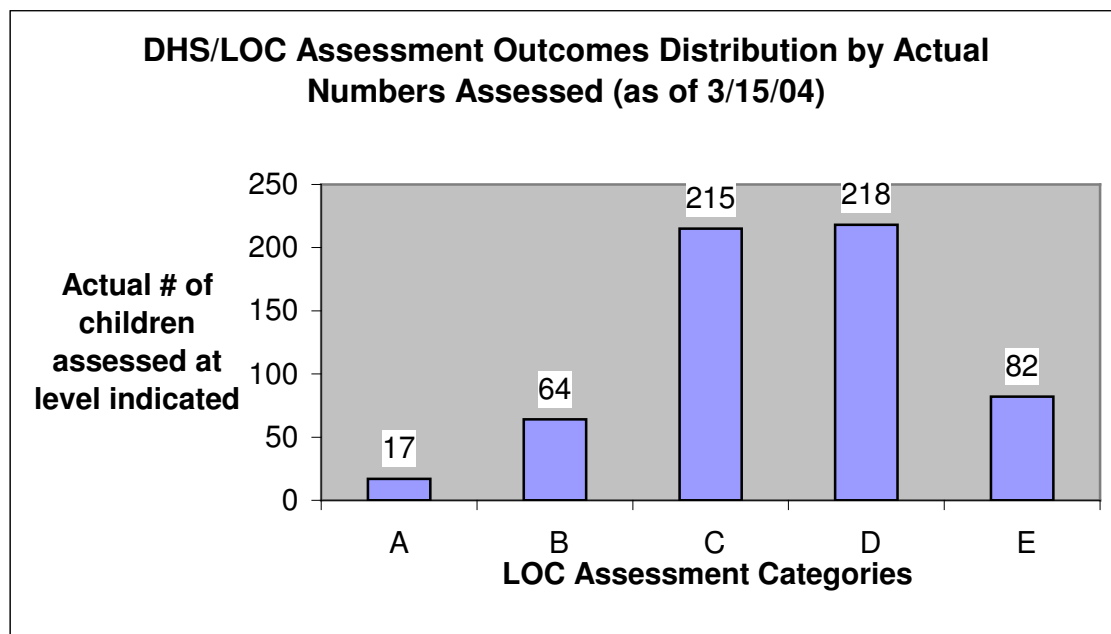
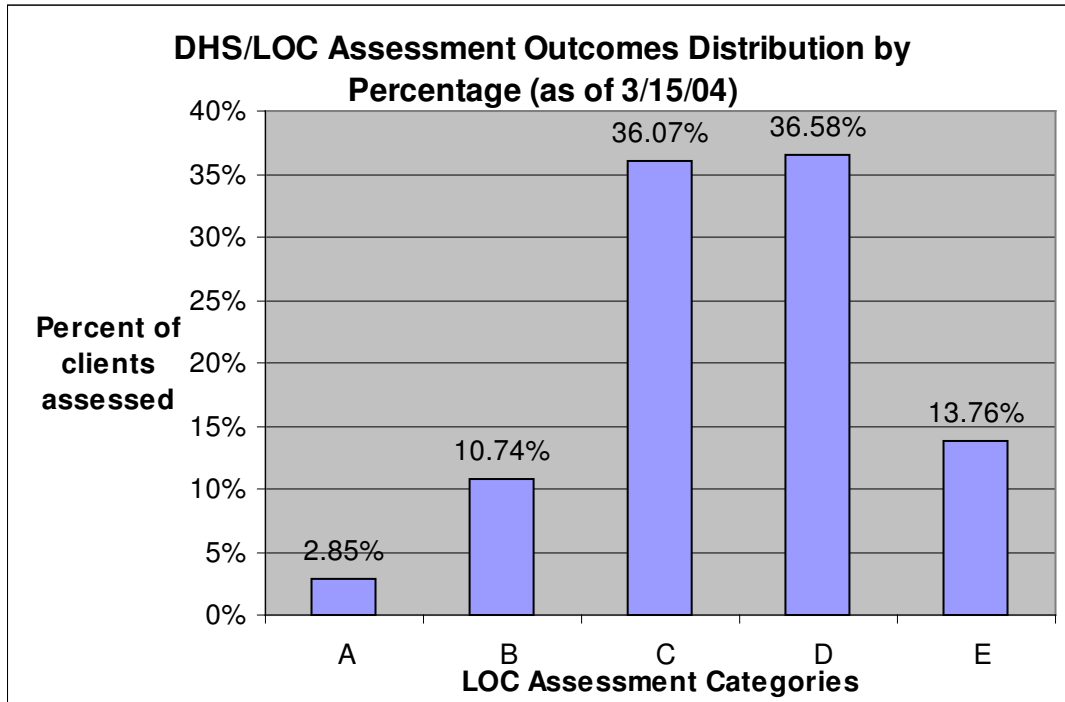


Table 3:



6. Foster parent experience:

Questions regarding the foster parent(s) satisfaction with both the *process* (foster parent interview) and *outcome* (actual level determination) of the LOC assessment yielded the following responses:

Overall, **38%** of the respondents reported being satisfied or very satisfied with the foster parent interview portion of the LOC assessment. **22%** reported being neutral, and **40%** reported being unsatisfied or very unsatisfied with this process.

In regard to the accuracy of the interview and the attending outcome of the assessment, **36%** of the respondents reported being satisfied or very satisfied. **16%** reported being neutral, and **48%** reported being unsatisfied or very unsatisfied with the outcome of the assessment.

7. Foster parent’s anticipated involvement with foster care system:

Foster parents were asked to indicate what they anticipated for their future involvement in treatment foster care services. **21%** reported that they would continue to provide these services without seeking additional outside income. **37%** reported that they will also continue to provide foster care, but will need to find additional work outside of the home to supplement their current income. **7%** indicated that they would only provide respite services in order to obtain additional income working outside of the home. **30%** of the respondents reported that they will discontinue providing treatment foster care as a result of the LOC system. An additional **5%** indicated that they too will discontinue providing treatment foster care, but cited reasons other than the LOC system.

8. Foster parent suggestions, recommendations, additional comments:

The last section of the survey was an open-ended, qualitative question that asked foster parents to provide information on their experience with the LOC system and/or suggestions that the survey would not have captured elsewhere.

Given the volume of responses, and the challenges involved in summarizing qualitative data, the following is a summary that includes a number of themes that permeated the responses in this section of the survey.

First and foremost, the overwhelming majority of foster parents that responded to this survey share a sense of being de-valued as a result of the LOC system. The comments ran the gamut, from anger and indignation to profound sadness and disappointment. Most of the comments were similar in expressing the notion that equating good work on the part of foster parents to lower reimbursement rates was a systemic disincentive. As one parent stated, *"I feel it would be unfair (ridiculous) to lower anyone's compensation period! Foster parents are hard enough to come by without alienating the ones you do have!"*. Another said *"I feel we are being penalized for sticking it out {through more challenging times} and seeing progress!"*.

Further concern was shared that the need to seek outside employment would not fare well for the foster care system, as few employers can or would be willing to accommodate the myriad of treatment related appointments, family visitation, trainings, and crises that are an integral part of treatment foster care. A number of foster parents pointed out that the *real* cost associated with additional outside employment, in terms of decreased contact with and supervision of foster children, would prevent them from providing the quality of service they feel is necessary in order to help the child progress. This, many said, was the deciding factor that would prevent them from continuing on as foster parents. As one parent said, *"No real comments other than I love my job. I have never wanted to do anything else, but after this child leaves I don't see how I can afford to continue being a foster parent with the cut in board rates. It will be a sad day when I say goodbye to DHS."* Another foster parent, with 10 to 15 years experience, stated, *"I can not provide the level of care my children require and work full-time to support them. I know my working away from home will leave their needs unmet in some way. I will never abandon the two children I have, but I would never take another placement under the current rates and conditions."*

Aside from the delays many foster parents noted in completing the LOC assessments, many expressed concern about the assessment process itself. One concern that was shared was that those conducting the LOC assessments did not meet with the foster child face to face. Others spoke about the phone interview not lending itself to providing an accurate assessment of the child's behavior, risk, needs, etc. This was a consistent theme among foster parents who care for children under 5 years of age. Yet another theme that emerged was a concern about the validity of the assessment instrument in accurately determining the level of children whose behavioral challenges are cyclical in nature.

Despite the abovementioned criticisms, there were also a number of foster parents who indicated that the LOC process was fair, accurate, and a necessary change in the system. One foster parent noted, *"The {LOC} interview was done with good interpersonal skills and adequately assessed my foster child"*. There were also positive comments regarding the rationale for the LOC system. *"I felt the levels of care made sense and was the most fair way to ensure that everyone was treated and compensated equally with the amount of work involved with the individual children"*, wrote one foster

parent. Another said, “*I may be the only foster parent in the system that thinks it was necessary and appropriate.*” In addition, a number of responses indicated that a portion of the LOC assessments were resulting in increased daily stipends. Anecdotal information from independent sources supports this as well.

There emerged from the survey three particular need areas which foster parents consistently identified, in anticipation of the LOC implementation and the attending changes this will entail for the foster homes. The following are the suggestions provided by the foster parents that would address these issues. Some of these have been articulated prior to the implementation of the LOC system, but take on added significance for foster parents given the impending rate decreases.

1. The first need area identified by foster parents was for a comprehensive policy and accompanying resource for the provision of *childcare* for foster children if the LOC stipends require foster parents to seek additional employment of the home. This is particularly relevant for pre-school aged children.
2. The second need area was the availability of affordable *health insurance* (beyond catastrophic insurance). Access to some form of group health insurance plan would, according to the survey responses, meet a critical and growing need for foster parents.
3. The third area that the foster parents expect to be a focal point when LOC is fully implemented is *transportation*. Given the upcoming stipend decreases (for a majority of treatment foster care parents), as well as the expected decrease in foster parent availability due to additional employment responsibilities outside of the home, serious consideration must be given to this in order to maintain compliance with foster children’s treatment/re-unification plans.

Other suggestions made by foster parents include factoring foster parent experience and training participation into the daily stipend rate, and amending the licensing rules regarding room requirements in order to accommodate larger sibling groups of the same sex (thus allowing for more placements if waiver is approved). It was also suggested that the LOC rate be retroactive to the date the child was placed in the home. All of these suggestions were presented as possible ways to help offset the anticipated financial impact the LOC system will have on foster homes.

III. Recommendations:

It is hoped that the information contained in this report will help elucidate and inform the reader about the experience of the most valuable resource of our treatment foster care system: the **foster parents**.

All parties involved in the provision of treatment foster care services are aware of the fact that the rules and regulations that govern the LOC process were finalized last year. However, the feedback and suggestions contained in this report should, at the very least, warrant consideration in the coming months as we move into the full implementation of the LOC system. Social policy is written and amended as needed, in order to serve the purpose for which it was created. This flexibility and adaptability is crucial if child welfare systems want to remain efficient and effective in the discharge of their duties and obligations. This is a goal that is clearly shared by all parties, including the Department of Human Services, whose daunting task it is to balance the competing needs and fiscal realities that we are currently facing. It is for this very reason that we present this data, which is critical in our opinion, to navigating this extraordinarily challenging period successfully.

There is much we do not know about the future of treatment foster care in Maine, including the implications of this particular reform effort. Considering the ongoing and historic challenges of foster parent recruitment and retention in the state of Maine, the responses outlined in this report are alarming. If only half of the foster parents who indicated the intention to exit the system in the coming year do so, we will be facing a significant crisis. This crisis would involve not only a shortage of available homes for children in need, but also a severe shortage of *qualified, experienced* treatment homes that can meet the unique and challenging needs of the children who require this level of care. As such, it is our sincere wish that the Department of Human Services, provider agencies, and treatment foster parents will move forward in a collaborative manner with open minds and open hearts in order to best meet the needs of the children and families we serve.

Respectfully Submitted,

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