

F F T A



Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

McBeath, B., & Meezan, W. (2008). Market-based disparities in foster care service provision. *Research on Social Work Practice, 18*(1), 27–41.

Research Questions

- Are service provisions to foster children and their families different in performance-based, managed care versus fee-for-service contracting environments?
- If service provisions to foster children and their families are different in performance-based, managed care versus fee-for-service contracting environments, what factors explain these differences?

Method

Subjects: Participants were 243 foster children and families that were served by nine nonprofit child welfare agencies in Wayne County (Detroit), Michigan, from 2001 to 2004. A child/family was admitted into the study if the child was (a) a resident of Wayne County, (b) under the age of 13 or part of a sibling group in which at least one child was under the age of 13, (c) assigned to the agency through the Family Assignment System, (d) ordered into foster care or into the care of a relative at the preliminary court hearing, and (e) reentering foster care after at least 365 days had passed since the last non-relative out-of-home placement.

Design: This was a longitudinal study. Subjects were selected between May and October 2001 and randomly assigned to a pilot group (performance-based, managed care) or a non-pilot group (fee-for-service contracting) via the “Family Assignment System.” The Family Assignment System requires children entering foster care for the first time to be assigned to the next agency in the alphabetical queue of service providers. If an agency is at full capacity, the next agency in the queue is contacted, and if a space is available, the child is placed with that agency. As a result, foster children in Wayne County are assigned to nonprofit agencies in a manner that is unrelated to foster child and/or family characteristics, which the researchers equated to random assignment.

Materials/Measures: Three measures of in-agency service were used: (a) the number of in-agency, nontherapeutic service contacts provided to foster children and their families, which included case management–related activities; (b) the number of in-agency, therapeutic service contacts provided to foster children by mental health professionals; and (c) the number of phone calls that agency caseworkers made to the FIA (Family Independence Agency) and other collateral agencies. These measures captured the amount of services provided by agency caseworkers or clinicians to foster children, their biological parents or primary caregivers, and their foster parents. Two measures of out-of-agency service provision were also used: (a) the number of referrals for out-of-agency services made on behalf of foster children and their

families; and (b) the number of out-of-agency services that foster children and their families received. These measures captured the number of referrals that agency caseworkers made to locate services for foster children and families that were deemed necessary for case progress but were not available within their agency.

Procedures: A reduction in the number of independent variables of interest was completed to allow for appropriate statistical manipulation. Multivariate negative binomial regression analysis allowed for an examination of the relative contributions of the client, caseworker, and market institutions on foster care service provision.

Results/Findings

Children and their families served by pilot agencies received 43% fewer nontherapeutic service contacts, 83% fewer therapeutic service contacts, and 20% fewer completed referrals for out-of-agency service than did non-pilot children. This result implies that performance-based, managed care models are associated with reduced service provision to foster children and their families. The reason for this disparity is unclear; thus, future research should seek to identify why market-based disparities exist.

Limitations

This study and its findings should be understood within the context of three major study limitations. First, the five measures of service provision, which were counts of the number of contacts with different services provided to children and their families, were limited in that count-based measures are not able to capture the nature and quality of the services provided. Second, the unavailability of any pre-pilot measures of service provision made it impossible to determine whether the service disparities observed were a result of differences in agencies' contracting environments or unobserved differences in service provision that existed before data collection began. Third, this study evaluated the effects of performance-based, managed care contracting on foster care service provision within one county in one state. Therefore, the generalizability of these results depends on the extent to which Wayne County is similar to other jurisdictions and whether its foster care pilot initiative is similar to other jurisdictions' market-based initiatives in terms of financial risk structure, caseworkers, and client population.

Application to Practice

Foster children and families served by agencies with performance-based, managed care contracts may receive significantly fewer services over their time in care. Although it is unclear from this study why these service disparities exist, the consistency of the market-based service gap identified in this and other studies across different service sectors suggests that child welfare systems should carefully consider whether these models are appropriate for adoption, particularly given the considerable needs of foster children and their families when they enter the service system.

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