

Placement Disruption and Higher Levels of Care: Least Restrictive Placement Considerations

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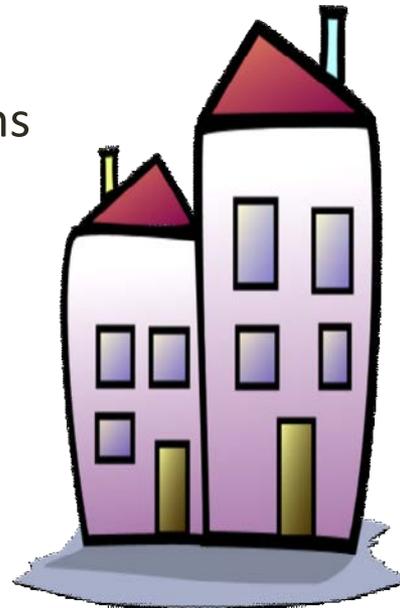
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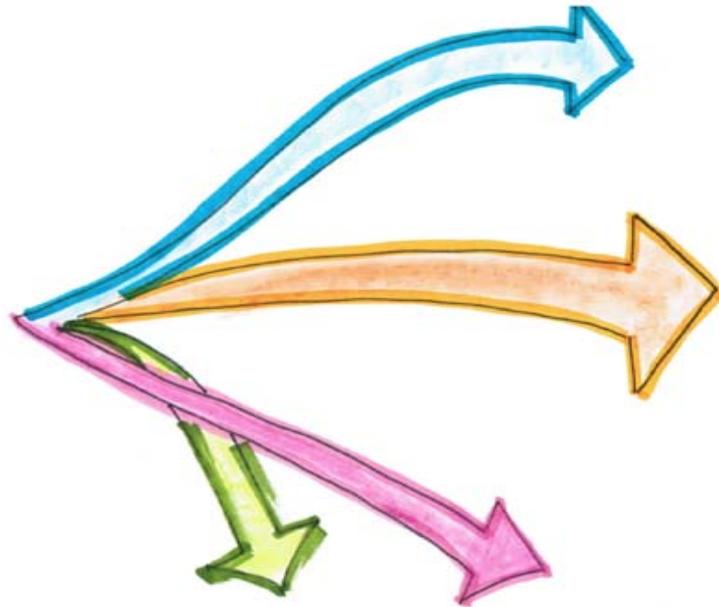
Placement Considerations

- Placement Options
- Multi-Dimensional Treatment Foster Care: An In Depth Look
- Placement Disruption:
 - Disruption predictors
 - Outcomes after multiple disruptions
- Understanding Systems
- Court's Role



Placement Matters

- <http://www.ncjfcj.org/DCST-Materials>



What are the Options?

- Home with a parent
- Certified home with:
 - Relative (or caregiver)
 - Non-relative
 - Developmentally Disabled
- Behavior Rehabilitation Services
 - Multi-Dimensional Treatment Foster Care
- Residential Care
- Psychiatric (residential and secure inpatient)
- Close custody



Treatment Foster Care Oregon Model

- The TFCO model is based on more than 40 years of longitudinal research on the development of antisocial behavior
- Juvenile justice, mental health, and child welfare systems refer youth to TFCO due to severe emotional and behavioral problems
 - TFCO is an evidence-based alternative to congregate care
- TFCO youth:
 - High level of need for treatment services in an out-of-home placement
 - Many TFCO youth have a history of failing prior treatment programs and often have co-morbid diagnoses
- TFCO was formerly branded as Multidimensional Treatment Foster Care (MTFC)

Primary Goals of TFCO

1. To create opportunities for youth to learn and practice new skills to live successfully in their communities.
2. To prepare the youths' biological parents or other aftercare resources to provide effective parenting that will interrupt coercive family processes and increase the chance for positive reintegration into the family following treatment.



The TFCO Model

- TFCO was designed to address risk factors for antisocial behavior by providing:
 - High rates of supervision including daily (M–F) telephone contact with TFCO parents using the Parent Daily Report checklist
 - Support for caretakers including weekly foster parent group meetings led by the Team Leaders focused on supervision, training in parenting practices, and support
 - 6-9 months of individualized treatment including behavior management program implemented daily in the home by the foster parent, therapy for the youth, and skills coaching
 - Support for the aftercare family including therapy focused on parent management strategies
 - Close monitoring of school attendance, performance, and homework completion
 - Case management to coordinate TFCO, family, peer, and school settings with 24-hour on-call and psychiatric consultation

TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO compared to Group Care
Chamberlain & Reid, 1998	At 12 months, TFCO boys: <ul style="list-style-type: none">- Had fewer criminal referrals- Spent fewer days incarcerated and less time running away- Had lower rates of self-reported delinquent behavior
Eddy & Chamberlain, 2000	Supervision, discipline, positive adult–youth relationship, and deviant peer association mediated the effects of TFCO treatment
Leve & Chamberlain, 2005	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had fewer associations with delinquent peers Associating with delinquent peers mediated the effects of TFCO treatment
Leve et al., 2005	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had fewer criminal referrals- Spent fewer days in locked settings- Had lower ratings of caregiver-reported delinquency
Leve & Chamberlain, 2007	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had higher rates of homework completion- Attended school at a higher rate Homework completion mediated the effects of TFCO treatment

Study	Main Findings: TFCO compared to Group Care
Eddy et al., 2004	At 24 months, TFCO boys: <ul style="list-style-type: none"> - Were less likely to commit violent offenses
Chamberlain et al., 2007	At 24 months, TFCO girls: <ul style="list-style-type: none"> - Had lower ratings of self-reported delinquency - Had fewer criminal referrals - Spent fewer days in locked settings
Kerr et al., 2009	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none"> - Had fewer pregnancies
Smith et al., 2010	At 12 months postbaseline, TFCO boys: <ul style="list-style-type: none"> - Had lower levels of self-reported drug use At 18 months postbaseline, TFCO boys: <ul style="list-style-type: none"> - Had lower levels of self-reported tobacco, marijuana, and other drug use
Harold et al., 2013	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none"> - Had reduced depressive symptoms
Kerr et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"> - Maintained initial reduced depressive symptoms - Had reduced rates of suicidal ideation
Rhoades et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"> - Had a decreased rate of drug use - Had increased resilience to the influence of partners' drug use

Placement Disruption

- **Placement disruption from foster care is a common occurrence:**
 - A study of children in foster care in 11 states indicated that over 42% of children changed placement settings within the first 6 months of being placed, including 16% with two or more changes

Behavior Problems and Placement Disruption

- **Adolescents with high levels of behavior problems have an increased likelihood of placement disruptions**
 - PDR study in San Diego: For each increase in the number of behavior problems above 6 that were reported to occur within a 24-hour period, there was a 25% increase in the risk for a negative change of placement (placement disruption) within the next 12 months
 - Adolescents in care with high levels of behavior problems have an increased likelihood of placement disruption, which in turn, further increases the risk for continued or escalating behavior problems

Impact of Multiple Youth Placed in Foster Homes

- **Children and adolescents placed in foster homes with multiple youth are more likely to disrupt**
 - Foster homes often have more than one youth placed in the home
- **A direct relationship exists between behavior problems of youth and number of children in the home**
 - PDR study: For each additional behavior problem above 6, the risk of disruption was found to increase by 6%, 12%, 20%, 28%, and 36% when there were respectively 1, 2, 3, 4, and 5 children/adolescents in the home.
 - In a study of a family group foster care setting, researchers found that, on average, there was one more problem behavior per child/adolescent per day for each youth added to the home.

A Negative Cycle

- **Placement disruptions and negative child/adolescent outcomes are intertwined:**
 - Children and adolescents with behavior problems are more likely to disrupt from placements
 - Children and adolescents with placement disruptions are more likely to have increased internalizing and externalizing behavior problems as a result of placement instability
 - **Each disruption makes it *less likely* that the next placement will be stable and successful**

Impact of Multiple Placements

- **Studies show that placement disruptions result in a range of negative outcomes for children and youth:**
 - Multiple placements lead to **psychopathology, health risking sexual behavior, drug use, school problems, and other externalizing behavior problems**
 - Placement changes at ages 11-12 predict a cascade of **delinquency-related problems** two years later, including tobacco and marijuana use, and early engagement in sexual activity
 - Placement disruptions are associated with delinquent behavior for children of substance-abusing parents
 - Previous experiences of maltreatment further increase the likelihood that a youth will **run away** from their foster placements

School Outcomes

- **Placement disruptions result in delays in educational delivery:**
 - School records are slow to follow children and youth who change schools as a result of placement disruptions
 - A greater number of early school moves is associated with poorer later socioemotional competence
- **Lack of a stable family support network results in:**
 - Estimates of foster children who are grade retained are between 13%-41%
 - 37% of 19-year-old foster youths had neither a high school diploma nor a GED (9% for non-foster youth)
 - Poor school adjustment in early to mid-adolescence contributes to unemployment and dependence on public assistance, homelessness, lack of health care, health risking sexual behavior, deviant peer association, substance use, and incarceration for foster care youths in young adulthood

Matching Youth to Foster Families

- **One of the most frequently cited explanations for a failed foster placement is the inability of the foster parents to manage a particular youth's behavior problems**
 - Ideally, teens entering foster care who display challenging levels of behaviors should be matched with caregivers who have training and experience in addressing them.
 - However, due to the shortage of FPs nationwide, placements typically are made based on the availability of FPs rather than on an appropriate fit between the youth's needs and FP's background, experience, and skills.
- **Given the high proportion of adolescents in foster care evidencing behavior problems, it is highly likely that most foster and kinship parents will encounter a child with challenging behavior problems.**

Understanding Systems



Decision Making: Information to Consider

- Who is present?
 - Right to notice and opportunity to be heard:
 - Foster parent. ORS 419B.875(6)
 - Child. ORS 419B.875(1) & (2) (party rights generally);
 - Right to notice and transportation. ORS 418.201(2).
 - Court must ask desired permanency outcome prior to designating APPLA. 42 U.S.C. 675(a)(2)(A).
 - CASA, parent, caseworker
- Tools to engage
- Reports:
 - CRB, CASA, DHS



What is the Court's Role?

- Least restrictive placement:

- Placement () is () is **not** the least restrictive, most family-like setting that meets the health and safety needs of the child and is in reasonable proximity to the child's home.

- Placement with relatives and siblings:

- Has DHS made diligent efforts to place with relatives, persons with a caregiver relationship and siblings?

- Relative search and engagement.

- Who has been asked?
- What information has been provided?
- When was the latest search conducted?
- What has DHS done to engage relatives?

- ICWA placement preferences



What is the Court's Role?

- ORS 419B.449:
 - The child has been in _____ out-of-home placement(s), and the number of placements () is () is not in the child's best interests.
 - The child has attended _____ school(s). This number () is () is not in the child's best interests.
 - The child has had _____ face-to-face contacts with a DHS caseworker and the number and frequency of these contacts () is () is not in the child's best interests.
 - Continued substitute care is necessary, because:



What is the Court's Role?

- Court review of placement: ORS 419B.349:
 - () placement is in the best interests of the child.
 - () the placement is not in the best interests of the child. DHS is ordered to place the child in:
 - () home with parent or substitute care with:
 - () relative () current caretaker () non-relative/non- current caretaker
 - () residential () other:
- May not direct a specific placement.



What is the Court's Role?

- Case Plan: DHS is ordered to develop or modify the case plan as follows within _____ days after this review hearing and to provide a case progress report to the court and the parties: _____



