

Incremental net benefit of early intervention for preschool-aged children with emotional and behavioral problems in foster care[☆]



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RFC, regular foster care

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ABSTRACT

Of 1 million cases of child maltreatment identified every year in the United States, one-fifth result in foster care. Many of these children suffer from significant emotional and behavioral conditions. Decision-makers must allocate highly constrained budgets to serve these children.

Recent evidence suggests that Multidimensional Treatment Foster Care for Preschoolers can reduce negative outcomes for these children, but the relative benefits and costs of the program have not been evaluated. The objective of this study was to assess net benefit, over 24 months, of Multidimensional Treatment Foster Care for Preschoolers compared to regular foster care.

Data were from a randomized controlled trial of 117 young children entering a new foster placement. A subsample exhibited placement instability ($n = 52$). Intervention services including parent training, lasted 9–12 months. Multidimensional Treatment Foster Care for Preschoolers significantly increased permanent placements for the placement instability sample. Average total cost for the new intervention sample was significantly less than for regular foster care (full sample: \$27,204 vs. \$30,090; $P = .004$; placement instability sample: \$29,595 vs. \$36,061; $P = .045$). Incremental average net benefit was positive at all levels of willingness to pay of zero or greater, indicating that the value of benefits exceeded costs.

Multidimensional Treatment Foster Care for Preschoolers has significant benefit for preschool children in foster care with emotional and behavioral disorders compared to regular foster care services. At even modest levels of willingness to pay, benefits exceed costs indicating a strong likelihood that this program is an efficient choice for improving outcomes for young children with emotional and behavioral disorders in foster care.

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1. Introduction

Child welfare agencies identify nearly 1 million substantiated claims of child maltreatment per year, and about one-fifth of these children enter foster care (Zerbe, Plotnick, Kessler, et al., 2009). Many of these children have significant emotional and behavioral problems related to their experiences of neglect and abuse, and these problems often interfere with a successful adoption or stable foster placement. As a result, many children end up having failed permanent placements and multiple placements. This lack of stability and the associated stresses of disrupted relationships and entering new environments greatly increase a child's risk of serious long-term emotional and behavioral problems. In addition,

instability and its related stress can result in many negative health, psychosocial, and developmental outcomes (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Fisher, Gunnar, Dozier, Bruce, & Pears, 2006; Rubin, O'Reilly, Luan, & Localio, 2007); for example, there is emerging evidence that instability negatively impacts areas of brain development involved in executive functioning (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Pears, Kim, & Fisher, 2008).

Recent studies have found that permanent placements, such as adoption, improve physical and mental health, school performance, and social and overall functioning for children who move to permanent placement compared to those who remain in foster care (Hansen, 2008). In addition, research suggests that intensive treatment programs can reduce the number of foster care placements—particularly the number of negative transitions, such as failed placements due to the child's disruptive behavior (Fisher, Burraston, & Pears, 2005; Fisher & Kim, 2007; Fisher, Kim, & Pears, 2009; Fisher, Stoolmiller, Manning, Takahashi, & Chamberlain, 2011; Price et al., 2008; Reddy & Pfeiffer, 1997). Together, this previous work suggests that early intervention to increase permanent placement of children in foster care is likely to improve the health and well-being of children in foster care. In particular,

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early intervention may help to decrease particularly deleterious outcomes such as multiple failed foster care placements.

Specifically, one intensive, specialized program, the Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) program has demonstrated more than double the rate of successful attempts at placing children in permanent placements (e.g., adoptions) compared to regular foster care (RFC; Fisher et al., 2009, 2011). The MTFC-P program specifically targets the individual child emotional and behavioral challenges and provides improved skills for foster parents in order to reduce the likelihood of multiple foster care placements. Although these results are very encouraging, specialized services for foster children such as MTFC-P require significant financial commitment from public agencies, which routinely operate within extremely constrained budgets. In order for public agency managers to make informed decisions about the viability of new programs, they need good information on the incremental or additional benefits and costs of those programs compared to the regular foster care services provided by the agency.

Few researchers have conducted any type of economic evaluation of interventions for children in foster care (Corso & Lutzker, 2006; Sefton, Byford, McDaid, Hills, & Knapp, 2002), and no studies have examined the costs or net benefit of MTFC-P for preschoolers with emotional and behavioral conditions who are in foster care. This report examines the incremental net benefit of the MTFC-P intervention compared to RFC among such preschool children with emotional and behavioral conditions entering foster care.

2. Materials and methods

2.1. Participant characteristics

The data for this study came from a randomized clinical trial to evaluate the MTFC-P program (Fisher et al., 2009). The sample included 117 foster children, aged 3–5, who were entering new foster placements: children new to foster care, children re-entering care, and children moving between placements. Eligible foster children were randomly assigned to the MTFC-P experimental condition ($n = 57$) or to the RFC comparison condition ($n = 60$; see Fig. 1). The children were predominantly European Americans (88.89%), which was representative of the region in which the study was conducted. There was no significant group difference in ethnicity. Prior placement instability was defined as a child having experienced 4 or more placements prior to study entry. This definition has been used in prior research studies (Webster, Barth, & Needell, 2000) and by state social welfare agencies for program planning (Hartnett, Leathers, Falconnier, & Testa, 1999). This number not only allows for routine practice that may include more than one placement (e.g., an emergency placement followed by a longer-term foster placement), but also recognizes that additional placements increase risk for the child. Of the 117 children enrolled, 52 children (27 boys and 25 girls; 23 RFC and 29 MTFC-P) met this threshold. There were no significant differences in age at first placement or demographic characteristics at baseline for the groups with placement instability (Fisher et al., 2009). A permanent placement was defined as the child

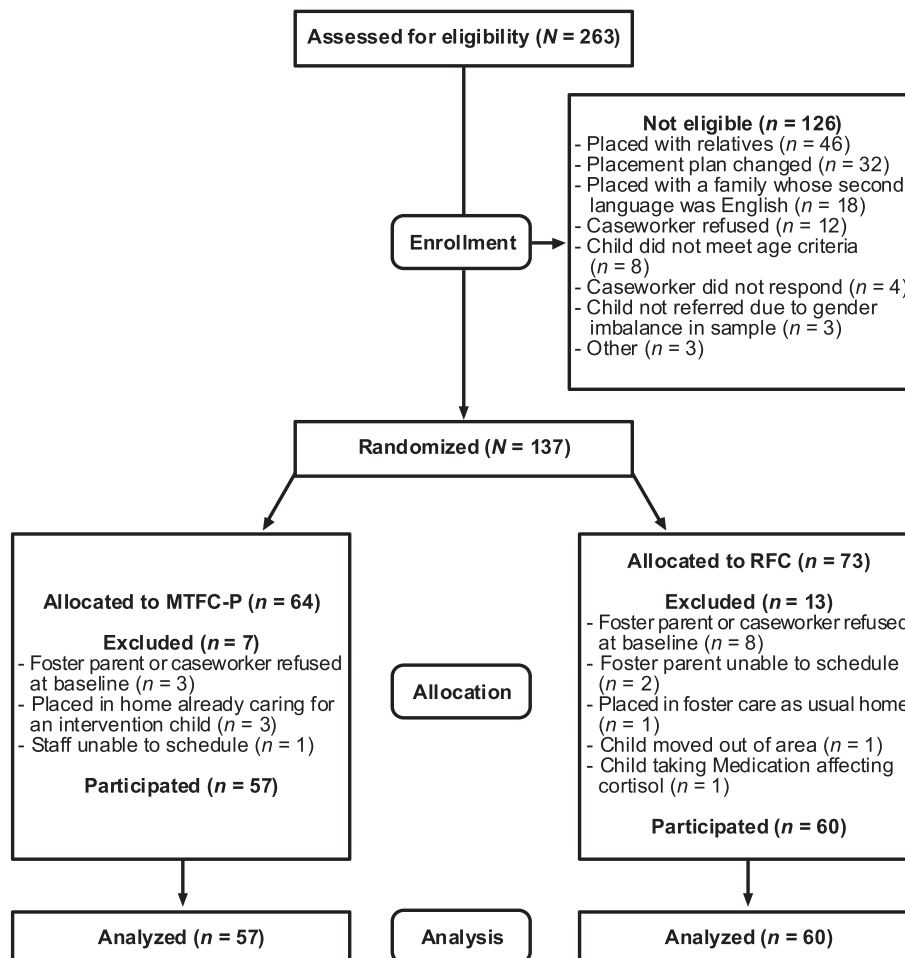


Fig. 1. Consort diagram.

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