

# Treatment Foster Care Workgroup

Update to the Nebraska Children's Commission  
November 15, 2016

# Workgroup Activities

- The workgroup has had nine meetings in 2016, with significant work occurring between meetings.
- Membership includes representation from the DHHS Division of Children and Family Services, DHHS Division of Medicaid and Long-term Care, Family Focused Treatment Association (FFTA), foster parents, KVC, Lutheran Families Services, Nebraska Appleseed, Nebraska Families Collaborative, Probation, and Voices for Children.
- The group has regularly reported to the Foster Care Reimbursement Rate Committee.
- The following information is presented as an update to the Commission and has not been formally endorsed as recommendations by the Foster Care Reimbursement Rate Committee.



# Treatment Foster Care Components

# Treatment Foster Care Intent

- Divert youth with high needs from congregate care and out-of-state placements into family like settings.
  - Youth who are child welfare involved will have their needs met in a family like setting that supports reunification or the timely achievement of permanency.
  - Youth who are juvenile justice involved will have their needs met in a family like setting that prevents recidivism, promotes youth returning to their families, and promotes community safety.
- There is no one-size fits all model to serve Nebraska's youth in the child welfare and juvenile justice systems.
  - Model should be trauma informed and juvenile justice informed.
  - DHHS, Probation, and NFC in partnership with provider agencies determine service needs and desired outcomes while allowing variability in how these services and outcomes will be created by the provider agencies.



# Family Like Setting

- Treatment Foster Care should be in the most family like setting possible.
  - Do not create mini-group homes in the houses of foster families.
- The limit for the number of youth with treatment needs in the home should be one youth, with up to two with common sense considerations for sibling groups and best interest of the youth.

# Multidisciplinary Teams

- Multi-disciplinary teams support the treatment, the child, and the family unit.
- Treatment professionals direct the team to make decisions for the child.



# Treatment Component

- The treatment component means that a licensed clinician provides treatment in the home. The licensed clinician may have a provisional license.
- Clinician Role
  - The preferred best practice is the agency providing the Treatment Foster Care provides the clinician, whether as an employee or through a third party contract.
- Foster Parent Role
  - The foster parent is the primary interventionist and receives enhanced training to support this role.
  - The foster parent is part of the multi-disciplinary treatment team and implements the treatment plan in the home.

# Treatment Component, Ctd.

- **Biological Parent Role**
  - The role of the biological parent may differ based on the system in which the child is involved, the child's transition plan, and the needs of the child.
  - When a child is juvenile justice system involved, the parent retains legal custody of the child and plan to reintegrate the child into the home and community.
  - When a child is child welfare involved, the parent may not have legal custody and the child may have a permanency plan the precludes placement and reunification with the parent.
  - The role of the biological parent(s), including involvement in treatment services, will be guided by the court and the multi-disciplinary team.



# Outcomes

- Families experience a seamless system of care with braided funding.
  - Treatment would be billed to the Department of Health and Human Services and the appropriate agencies (such as the Division of Children and Family Services, the Division of Medicaid) would remit payment.
- Children experience reduced placement disruptions.
  - Youth in treatment foster care are not automatically moved to a different non-kinship/relative out-of-home placement after they have received treatment.
  - Placement following the completion of the course of treatment will be based on the multi-disciplinary treatment team's recommendations, and the youth's permanency goals and discharge plans.

# Reimbursement Rate Structure

- The reimbursement rate structure will include caregiver maintenance payments, administrative payments to the child placing agency, and support (delivery of non-treatment services) payments to the child placing agency, and payment for the additional cost of the treatment component.



# Next Steps

- The Committee will work to create further recommendations related to:
  - Expectations of foster parents and the relationship between Treatment Foster Care and the Nebraska Caregiver Responsibility Tool.
  - Which functional assessment tool should be used and who should perform the functional assessment.
  - Research on current models in Nebraska, including Nebraska Families Collaborative's Professional Foster Care, and DHHS Division of Developmental Disabilities' Extended Family Homes, and other states' models.
  - The role of the youth's parents in Treatment Foster Care, with the understanding that the parent role will be different according to the system the youth is involved in, the parents; legal status, and the best interests of the youth.