

# Treatment Family Care Workgroup Update

The Treatment Family Care Workgroup was created by the Nebraska Children’s Commission to create a rate structure with expectations of treatment components for out-of-home care adequate to serve youth for whom placement is problematic. Since 2016, the Treatment Family Care Workgroup has worked collaboratively with foster parents, providers, and child welfare policy advocates, along with representatives of the Nebraska Foster and Adoptive Parent Association, the Nebraska State Legislature, the Administrative Office of Probation, the Foster Care Review Office, DHHS-CFS, DHHS-BH, DHHS-DD, and DHHS-MLTC, to create a service description and rate for Treatment Family Care to meet the needs of these children and youth in a family home setting.

This service was created to reflect the values of the Treatment Family Care Workgroup, which include:

- Children and youth need safe and stable family homes to heal and thrive.
- Children/youth should not have to be separated from their homes and families to receive necessary treatment.
- If it is necessary for a child to be separated from the home and family, a co-parenting approach between the placement and the family of origin supports reunification and the eventual re-entry of the child/youth to the family home.
- Children grow best when they are with their families. When a child/youth cannot be served in their home, safe and willing relative and kinship placements should be given priority. Relative and kin placements should be supported to provide for the child’s needs through ongoing training and in-home support.
- Placement changes are harmful and should be avoided, except when absolutely necessary. Children/youth should not be moved from a treatment Family care family home because the course of treatment has been completed.

## General Feedback on HHS Service Description of Therapeutic Foster Care (ThFC)

- Both descriptions include diagnosis of mental illness or substance use which will likely not include DD/ID or medically fragile populations.
- HHS description states “will have one of the parents available at all times to provide rehabilitative intervention for the youth”, while the TFC workgroup definition requires 24-hour availability to respond to emergencies. \*Note: we need to be clear about what we mean; sometimes parents take breaks or leave town without taking the children. The spirit of this is that someone who shares responsibility to care for the identify children including paid professionals, kin, etc.
- HHS description does not mention co-parenting approach.
- HHS description states “to be utilized as a primary intervention for high needs youth who are not able to have their clinical needs met in a lower intensity treatment service”. \*Note: this would require a “fail up” which will increase placement changes.
- HHS description states the agency “that houses the program, and employs the therapeutic foster family, provides a 20-hour initial training on mental health and substance use disorder conditions, the effects of trauma on youth, suicide prevention, emotional and behavioral interventions in addition to training topics required by the agency”. \*Note – this could be interpreted as a mandate for having Treatment Foster parents be employees of the agency.
- HHS description specifies caseload and staffing ratios. \*Note – this mandate will increase cost.

- HHS description requires the program “shall have a director and an adequate number of non-licensed staff to provide administration, training and support of the direction of services”. Note – this could limit agencies with small programs by requiring a Director specific to the program rather than shared resources.
- HHS description reads as though it can only occur in a foster home and cannot be in the home of the family of origin. \*Note – this practice has been interpreted to be illegal per Nebraska Appleseed; they indicate requiring a child to be on a foster home placement excludes children who live with their parents/guardians/caretakers who could benefit from this treatment. This language would also exclude kinship and relative foster placements.
- HHS description children are discharged from the treatment home once treatment is complete. \*Note – this practice promotes unnecessary placement moves for children
- HHS description includes language in discharge criteria which states “the youth no longer meets admission criteria, or meets criteria for a less or a more intensive level of service”. \*Note – this kind of language has historically created premature discharges