Treatment Family Care Service Description

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Definition

Treatment Family Care is a service in a home-like environment intended to divert children/youth with high needs from congregate care and out-of-state placements. Treatment Family Care occurs in a home when caregiver(s) or specially trained foster parents are available to provide consistent behavior management programs, therapeutic interventions, and render services as part of a multi-disciplinary team and under the direction of a supervising practitioner. Treatment Family Care services must be juvenile justice and child welfare informed, community based, family focused, culturally competent, and developmentally appropriate. Treatment is provided within a family environment with services that focus on improving the child/youth/family's adjustment emotionally, behaviorally, socially, and educationally.

Children/youth are not automatically moved to a different non-kinship/relative placement after completion of treatment. Placement will be based on the multi-disciplinary team's recommendations, and the youth's permanency goals and discharge plans.

Licensing

The agency must be licensed as a Child Placing Agency (474 NAC 6-005), and appropriately licensed by the Department of Health and Human Services, Division of Public Health. Each agency will employ or contract with licensed program/clinical directors to supervise unlicensed direct care staff consistent with State Licensure.

Guidelines for Program Use

A child/youth is eligible for Treatment Family Care when the child/youth is age 20 or younger, has participated in an EPSDT screening, the treatment is clinically necessary, and the need for continued treatment at this level is documented in an Initial Diagnostic Interview and functional assessment. A child/youth must have a diagnostic condition listed in the current Diagnostic and statistics Manual of the American Psychiatric Association (excluding developmental disorders).

The following general guidelines are used to determine when Treatment Family Care services are clinically necessary for a child/youth:

1. Utilization of treatment family care is appropriate for individualized treatment and is expected to improve the child/youth's condition to facilitate least restrictive interventions;
2. The child/youth's problem behaviors are persistent but can be managed with this moderate level of structure;
3. The child/youth's daily functioning is moderately impaired in such areas as family relationships, education, daily living skills, community, health, etc.;
4. The child/youth has a history of previous problems due to ongoing inappropriate behaviors or psychiatric symptoms; or
5. The child/youth has special needs severe enough that in the absence of such programs, they would be at risk of placement into restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Staffing Pattern

Staffing pattern must allow for the intensity of service required in Treatment Family Care. All staff, regardless of role, must operate within the scope of practice guidelines established by the Nebraska Department of Health and Human Services, division of Public Health. Alcohol and drug abuse counselors are licensed by DHHS. Staffing includes Supervising Practitioner, Supervisor, and Specialist. Treatment teams will vary based on needs of child.

Supervisor provides support and consultation to treatment team and specialist. The supervisor/specialist ratio must not exceed 1 to 6 and must be adjusted to accommodate for mixed caseloads and variables such as the severity of clients served or by the experience/qualifications of the specialist staff.

Specialist is the practical leader of the treatment team and works on the development of the treatment plan. Specific duties include to support and consult with the treatment families, client families, and other members of the treatment team. Also advocates for, coordinates, and links treatment families and client families to other services available in the community. Caseload should not exceed one specialist to 12 with a preferred maximum of eight, when specialist exclusively has a TFC caseload. Caseloads are adjusted for considerations such as: special service needs, unusual staffing configurations or service design, length of stay and stability of children and youth, number of caseworker responsibilities, difficultly of the client population served, size of the geographic area and resulting travel time required of a specialist, and intensity of services required by the child's family.

Supervising Practitioner is a member of the multi-disciplinary treatment team. The supervising practitioner supports and supervises the multi-disciplinary team in providing active treatment to the child/youth/family. The supervising practitioner must be a licensed practitioner of the healing arts who is able to diagnose and treat the major mental illness within his/her scope of practice and must maintain this licensure in the state in which the program operates (471 NAC 32-001.04).

Multi-disciplinary Treatment Team Members

Supervisor shares responsibilities of developing the plan. Specific duties include evaluation of progress reports and updates.

Specialist takes primary day-to-day responsibility for leadership of the treatment team. The specialist organizes and manages all team meetings and team decision making. The specialist takes an active role in identifying goals and coordinating treatment services provided to the youth. Seeks to inform and involve other team members in the process including treatment parents and the child/youth's family.

Supervising Practitioner helps in the development of the treatment plan based on a thorough assessment for each child/youth/family admitted to the program and input provided by the multi-disciplinary treatment team. Participates in ongoing treatment planning and implementation for each child/youth/family as appropriate.

Treatment Family is part of the multi-disciplinary treatment team. While they do not take primary or exclusive responsibility for the design of the treatment plan, they implement the in-home portion of the treatment plan. They contribute vital input based upon their observations of the child/youth and family in the natural environment of the treatment home.

Child/Youth's Family is expected to take an active role in the development of the treatment plan and all treatment plan reviews. The agency and staff are required to make and document efforts to engage the child/youth's family, including extended family and individuals with caring connections to the child/youth, for all children/youth in Treatment Family Care programs.

Additional members will vary based on the needs of the child/youth and family.

Treatment Plan

Treatment plan must be developed by the multi-disciplinary treatment team within 14 days of the child/youth's admission to Treatment Family Care. The plan must be reviewed by the multi-disciplinary treatment team at least every thirty days thereafter. The goals and objectives documented on the treatment plan must reflect the recommendations from the Initial Diagnostic Interview and the supervising practitioner. The treatment interventions must reflect these recommendations, goals and objectives. Evaluation of the treatment plan by the supervising practitioner should reflect the child/youth's response to the treatment interventions based on the recommendations, goals, and objectives. The treatment plan must be the most efficient and appropriate use of the program to meet the child/youth/family's particular needs and must address active and ongoing involvement of the family.

Treatment Parent Responsibilities

Treatment parents are the primary interventionists and members of the multi-disciplinary treatment team whose primary responsibility is to implement the specific strategies of the treatment plan in the home. Their responsibilities also include providing parenting duties as outlined in the state and agency regulations concerning foster parents. A treatment parent must be available to respond to crisis or emergency situations.

Responsibilities include:

1. Basic parenting duties;
2. Other functions as appropriate based on the placement type, treatment plan, and any orders of a court having jurisdiction over the child/youth;
3. Treatment planning;
4. Treatment implementation;
5. Involvement in the multi-disciplinary treatment team;
6. Record Keeping;
7. Contact with the child/youth's family;
8. Permanency planning assistance (If applicable);
9. Community relations; and
10. Advocacy

Treatment Parent Training

Training must include the following components:

1. Preservice training: Licensed foster homes shall be required a number of hours commensurate with state and accrediting body (if applicable) requirements and sufficient to ensure that all material is covered adequately.

2. In Service Training: The number of hours should be commensurate with state and accrediting body (if applicable) requirements and sufficient to ensure that all material is covered adequately.

Treatment Parent Support

Treatment Parent Support – Treatment Family Care programs are obligated to provide intensive support, technical assistance, and supervision to all treatment parents. This must include specific management and supervision services in addition to those listed below:

1. Information Disclosure
2. Access to counseling and therapeutic supports as needed
3. Peer support
4. Financial Support
5. Damages and Liability Coverage (when applicable)
6. Legal Advocacy (when applicable)

Special Treatment Procedures

Special Treatment Procedures in Treatment Family Care: Parents or legal guardian or the Department case manager must approve use of this procedure through written informed consent and must be informed within 24 hours each time they are used. If a child/adolescent needs behavior management and containment beyond time outs or redirection, special treatment procedures may be utilized. Special treatment procedures in Treatment Family Care is limited to physical restraint. Mechanical restraints and pressure point tactics are not allowed.

Sources and Additional Information

This service description contains information and language from Treatment Foster Care Regulations from 471 NAC 32-005, revised October 22, 2014, Treatment Foster Care; Foster Family-based Treatment Association (FFTA) *Program Standards for Treatment Foster Care*, 2013; information regarding Treatment Foster Care Oregon (TFCO) from the California Evidence-Based Clearing house for Child Welfare, the Treatment Foster Care Oregon website (www.tfcoregon.com), and Blueprints (www.blueprintsprograms.com) and information related to Professional Resource Family Care from the Nebraska Medicaid State Plan under Title XIX of the Social Security Act, approved March 29, 2016.

The information in this document is a summary of draft regulations prepared by the Treatment Foster Care Workgroup. These draft regulations can be accessed through the following link: https://drive.google.com/file/d/0B7xtSQjRBTPPY3ZnMjJYNERza2M/view?usp=sharing