

Treatment Foster Care Workgroup

Treatment Foster Care Standards Crosswalk

This document is a compilation of Treatment Foster Care Regulations from 471 NAC 32-005, Treatment Foster Care; Foster Family-based Treatment Association (FFTA) *Program Standards for Treatment Foster Care*, 2013; and 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). The purpose of this document is to inform the work of the Treatment Foster Care Workgroup to create recommendations related to a to a rate structure that includes expectations regarding treatment components adequate to serve youth in out-of-home care for whom placement is problematic.

What is the Target Population of the Program?	
Medicaid Regulations	<p>Treatment foster care serves clients age 20 or younger whose special needs cannot be met in their own families and who require out-of-home care.</p> <p>Treatment foster care services are available to clients age 20 or younger when the condition needing care has been identified during a health check (EPSDT) screen, the treatment is clinically necessary, the need for this level of care has been identified in the Initial Diagnostic Interview and the client has a serious emotional disturbance as indicated by the following.</p> <p>The youth must have a diagnosable condition under the current DSM, and that condition is seen as primarily responsible for the client’s problems;</p> <p>The condition must result in a substantial functional limitations in two or more of the following areas: (1)Self-care at an appropriate developmental level; (2) Perception and expressive language; (3) Learning; (4) Self-direction, including behavioral controls, decision making judgement, and value systems; and (5) Capacity for living in a family environment</p>
FFTA	<p>Treatment Foster Care exists to serve children and youth whose special needs are 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.</p>
TFCO	<p>TFCO –A – Boys and girls, 12-18 years old, with severe delinquency and/or severed emotional and behavioral disorders who were in need of out-of-home placement and could not be adequately served in lower levels of care</p> <p>TFCO-P – preschool foster children aged 3-6 years old who exhibit a high level of disruptive and anti-social behavior which cannot be maintained in regular foster care or who may be considered for residential treatment.</p> <p>TFCO-C - Children referred to TFCO-C are between the ages of 7-11 and are in need of an out-of-home placement due to serious emotional, behavioral or mental health problems.</p>

What is the Primary Clinical Environment?	
Medicaid Regulations	The place of service must be the treatment foster family home.
FFTA	The Treatment Family is viewed as the primary treatment setting.
TFCO	Foster Home is the primary clinical environment but not the only environment

Staffing Information

Does Program Require Dedicated Staff?	
Medicaid Regulations	Treatment foster care requires agency staff who are qualified, trained, and supported to implement the treatment model. Some treatment foster care initiatives have been undertaken in which one or a few staff with duties in other program areas assume responsibility for additional treatment foster care cases. Such arrangements tend to dilute the time, resources, and support available to the TFC specialist and to the intensity and focus of the services provided. This does not constitute a true program of treatment foster care. A treatment foster care program must have an adequate number of staff to provide administration and direct services. 471 NAC 32-005.01
FFTA	Staffing pattern must allow for the intensity of service required in Treatment Foster Care.
TFCO	In many youth treatment programs, staff members are assigned a “generalist” role; that is, they work across multiple domains that may include youth therapy, family therapy, and other agencies providing services, and foster parent consultation. It has been our experience that when working with severely delinquent and/or behaviorally disordered youngsters, this model is often insufficient. [...] A distinguishing characteristic of MTFC is its use of a treatment team (in which roles are clearly defined) to carry out the treatment plan for each youth. [...] In addition to separation of roles, there is also stratification, that is, multiple layers of staff involvement with the child, the family, and the foster family.

Does Program Require Stratified Staff Roles?	
Medicaid Regulations	Staff positions must be included in a treatment foster care program description. All staff must be operating within the scope of practice guidelines established by DHHS Public Health; alcohol and drug abuse counselors are licensed by HHS.
FFTA	
TFCO	The TFCO program requires a very specific staffing plan with distinct roles for each staff member. The stratification and integration of roles facilitates implementation of the program. Note that it’s common for the Foster Parent Recruiter, Trainer, and PDR Caller to be combined into one position. Also note that the TFCO model specifies that for each family, the child and family therapist should not be the same individual.

What Staff Roles are Required by the Program?

Medicaid Regulations	FFTA	TFCO
<p>TFC Supervisor</p> <p>TFC Specialist</p> <p>Other Recommended Staff These recommended part of the agency staff and several areas may be covered by one staff member.</p> <ol style="list-style-type: none"> 1. Staff development and training 2. Administrative support 3. Consultants, including <ol style="list-style-type: none"> a. Psychiatrist; b. Psychologist; c. Educational; d. Substance abuse; e. Sexual abuse; f. Family systems; g. Recreational therapist; and h. Legal; and 4. Respite care staff. <p>Supervising practitioner</p>	<p>Case Supervisor</p> <p>Clinical Consultant (optional)</p> <p>Caseworker</p>	<p>Team Leader</p> <p>Family Therapists</p> <p>Individual Therapists</p> <p>Skills Trainers</p> <p>Foster Parent Recruiter/Trainer</p> <p>Daily Telephone Data Collector (PDR Caller)</p>

What Staff Qualifications are Required by the Program?

Medicaid Regulations	FFTA	TFCO
<p>All staff must be operating within the scope of practice guidelines established by the Nebraska Department of Health and Human Services, Division of Public Health; alcohol and drug counselors are licensed by HHS.</p> <p>Supervising practitioner must be a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within his/her scope of practice and must maintain this licensure in the state in which the program operates.</p>	<p>Caseworker – Minimum of a Master’s Degree in a human services field. A BA, BS, or BSW in a human services field with two years’ experience working with children, youth, and families or a BA or BS degree and three years’ experience working with children, youth and families may substitute for the graduate degree.</p> <p>Supervisor must have a graduate degree in a human services field plus a minimum of two years’ experience in the placement of children and treatment of children and families. Shall be familiar with current clinical research and practice to ensure that current empirical findings inform the treatment planning process. If the above minimum standards are not met, additional regular clinical consultation shall be provided at least monthly</p> <p>Clinical Consultant – licensed or otherwise recognized as qualified by the state or province in the discipline(s) required for the children and youth served by the Program. Such persons may include, for example, MSWs, psychologists, or professional counselors.</p>	<p>Team Leader – In addition to a Master’s degree in a clinical field and considerable relevant experience in behavior management approaches, this person should possess supervisory skills, considerable organizational abilities, and a thorough understanding of and enthusiastic attitude toward the treatment model.</p> <p>Family Therapist – Master’s Degree in a clinical field</p> <p>Individual Therapist – Master’s Degrees in a clinical field</p> <p>Skill(s) Trainer – Bachelor’s Degree in a relevant field</p> <p>Foster parent Recruiter/Trainer/PDR Caller – thorough understanding of the treatment module and experience in foster parent activities. The specific education level for this position is less important. This position can be filled by an experienced (ex) foster parent.</p>

What is the Supervisor to Caseworker Ratio?	
Medicaid Regulations	Must not exceed 1 TFC supervisor to 6 TFC specialists
FFTA	Supervisor to Caseworker ratio does not exceed 1 to 5, and should be adjusted downward to account for such variable as the severity of the problems presented by youth served, the relative experience/qualifications of casework Staff and Supervisor, and whether the Supervisor is providing the direct care on cases
TFCO	

What is the Caseworker Caseload?	
Medicaid Regulations	The preferred maximum is ten, individuals or sibling strips. The caseload size is a function of the size/density of the geographic area, the array of job responsibilities assigned, and the difficulty of the population.
FFTA	Caseload per Caseworker should not exceed 12 with a preferred maximum of eight. Case load size is adjusted based on: special service needs, such as the placement of siblings together; unusual staffing configurations or services designs, such as a small Supervisor-to-Caseworker ratio or the use of para professional aides; length of stay and stability of children and youth; number of Caseworker responsibilities; difficulty of the client population served; size of the geographic area and resulting travel time required of a Caseworker; intensity of services required by the child's family.
TFCO	Program Supervisor has a caseload of ten. TFCO-P allows for a caseload of up to 12.

How often do staff have contact with Foster Parents?	
Medicaid Regulations	The TFC Specialist or other program staff shall regularly spend time alone with the client/families to allow them opportunity to communicate special concerns, to make direct assessment of their progress, and to monitor for potential abuse. The face to face contact must occur monthly, or more often based on the current needs of the client/family and the treatment parents and applies on an individual client/family basis.
FFTA	Supervisor must have direct contact with Treatment parents and treatment families at least once a month. The caseworker maintains at least weekly contact by phone or in person with the Treatment Parent of the youth on his or her caseload. The case worker visits the treatment home to meet with at least one Treatment parent monthly.
TFCO	Foster Parents Minimum of seven contacts per week which consist of five 10 minute contacts, one two hour group, and additional contact based on the amount of support of consultation required. The daily contact consists of a telephone call to gather data to determine if the treatment interventions are effective.

How often do staff have contact with children?	
Medicaid Regulations	The TFC Specialist or other program staff shall regularly spend time alone with the client/families to allow them opportunity to communicate special concerns, to make direct assessment of their progress, and to monitor for potential abuse. The face to face contact must occur monthly, or more often based on the current needs of the client/family and the treatment parents and applies on an individual client/family basis.
FFTA	The caseworker of specifically designated Program Staff shall spend time individually with each child in care at least twice monthly. During this time alone with the child, the Caseworker shall create the opportunity for the child to communicate special concerns. The caseworker shall made a direct assessment of the child's progress as well as monitor the health, safety, and well-being of the child and work on age appropriate life skills.
TFCO	Foster Youth – two contacts per week which consist of a weekly individual therapy for one hour and weekly individual skill straining in a two hour session

How often do staff have contact with biological families?	
Medicaid Regulations	<p>The provider must document their attempts to involve the family in treatment plan development and treatment plan reviews. A variety of communication means should be considered. These may include, but should not be limited to, including the family via conference calls, using registered letters to notify families of meetings, and scheduling meetings in the evening and on weekends.</p> <p>The treatment parent shall assist the client in maintaining contact with his/her family and work actively to enhance and support these relationships as identified in the treatment plan.</p>
FFTA	The youth's family members must be included in assessment and treatment. The family should be linked to the Treatment Family and be given regular updates on progress and pertinent information regarding the youth's treatment , education, medical status, and other factors affecting his/her safety and well-being.
TFCO	Biological family or other long-term placement resource, one contact per week in the form of a one-hour family therapy session.

What are Staff Training Requirements?	
Medicaid Regulations	All professional staff require preservice and ongoing professional development relevant to the treatment foster care model and to their individual job responsibilities. The staff training plan must be approved by the Department.
FFTA	Treatment Foster Care Staff providing direct service shall participate in competency-based training prior to assuming casework responsibilities and in ongoing training as scheduled by the agency throughout the year.
TFCO	Staff attends a four day training session at the model site in Eugene Oregon (5 days for Program Supervisors) along with ongoing training, requirements that staff read written materials.

Placement and Treatment Foster Family Information

How Many Children can be Placed in a Treatment Home?	
Medicaid Regulations	One youth per treatment home.
FFTA	One youth is recommended, may be up to two youth.
TFCO	Only one treatment youth per home, but may place sibling strips together depending on symptoms.

Do Foster Families have Access to 24/7 Crisis Coverage/On Call?	
Medicaid Regulations	Yes. TFC specialist will work with other professionals on the team to coordinate 24 hour crisis coverage.
FFTA	Yes. The Caseworker, together with other professional Staff as designated by the agency, shall be on call to Treatment Parents, children, and youth 24 hours a day, 7 days a week. When the child is with his or her family, the Caseworker or other designated staff are on call for the child and family or are available on backup when Treatment Parents are on call. Although the Caseworker should always be accessible to other treatment team members as needed, primary on-call responsibilities should be distributed among Staff to allow each caseworker regular respite from primary and exclusive on-call responsibilities.
TFCO	Yes. Foster Parent has access to the Program Supervisor 24 hours a day/7 days a week

What are Treatment Foster Parent Training Requirements?	
Medicaid Regulations	<p>Training must be systematic, planned, and documented process which includes competency based skill training. Treatment Parent training curriculum must be approved by the Department.</p> <p>Pre-Service Training: the Basic pre-service training required of all foster parents, and 20 hours of agency specific primarily skill-based training consistent with the agency's treatment methodology.</p> <p>In-service Training: Minimum of 12 hours annually, must have a written educational plan developed by the parent and their supervisor.</p>
FFTA	<p>Training shall be a systematic, planned and documented process that includes competency-based skill training.</p> <p>Pre-Service Training: The number of hours required should be commensurate with state/provincial and accrediting body requirements and sufficient to ensure that all material is covered adequately.</p>

	In-service Training: The number of hours required should be commensurate with state/provincial and accrediting body requirements and sufficient to ensure that all material is covered adequately.
TFCO	<p>Pre Service: TFCO parents participate in a minimum of 12 hours of training. (One source indicates 20 hours of training) During training, parents are provided an overview of the model, taught about identifying and giving information about behaviors, and taught procedures for implementing an individualized daily program. The training methods used are didactic and experiential. During the training, emphasis is on methods and techniques for reinforcing and encouraging children.</p> <p>In-Service: On-going Training is provided in weekly foster parent meetings, and focus on identification or problem behaviors and their pro-social opposites and improvement of the strategic use of the point and level system</p>

What are Treatment Parent Responsibilities?	
Medicaid Regulations	Basic parenting duties typically required of foster parents, treatment planning, and treatment implementation, treatment team meetings, record keeping, contact with child's family, permanency planning assistance, community relations, advocacy, notice of request for child to move.
FFTA	Basic parenting duties typically required of all foster parents, participate in assessment process, treatment planning, treatment implementation, treatment team meetings, record keeping, contact with child's family, technology and social media monitoring, permanency planning assistance, community relations, school relations, advocacy, notice of request for child to move.
TFCO	Basic parenting duties required of all foster parents, treatment planning and implementation, and providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, providing daily structure with clear expectation and limits, with well-specified consequences delivered in a teaching-oriented manner, providing close supervision of youths whereabouts, and helping youth to avoid deviant peer associations while providing them, with the support and assistance needed to establish pro-social peer relationships. Foster parents also keep records, have daily phone calls (Parent Daily Report).

What are Treatment Parent Qualifications?	
Medicaid Regulations	Treatment parents are selected in part on the basis of their acceptance of the program's treatment philosophy and their ability to practice or carry out this philosophy on a daily basis. They must be willing to accept the intense level of involvement and supervision provided by the treatment team in their treatment parenting functions and the impact of that involvement on their family life. Treatment parents must be willing to carry out all tasks specified in their treatment foster care program's job description, including working directly and in a supportive fashion with the families of children placed in their care. The program

	shall have a written policy explaining the procedures and criteria for foster parent selection.
FFTA	Treatment Parents must meet all state social services, mental health, or other applicable standards for licensing appropriate to the services provided. An initial assessment must be conducted. Background checks and references are required. Parents must be willing to become culturally competent, at least one parent shall effectively speak the child's language and the language of the Program, parents shall be at least 21 years of age, be physically healthy to the degree that they can manage stress inherent in the care, employment outside of the home shall not interfere with the ability of Treatment Parents to carry out responsibilities, must agree not to use or allow others to use physical punishment, have access to reliable transportation.
TFCO	No formal education is required for foster parents. However, foster parents trained in the program should have a basic understanding of child development with reasonable expectations for this population of foster children. It is especially helpful when parents have a good sense of humor and do not take behaviors personally. Treatment Foster Parents must also be willing to engage in the high level of contact and work with families necessary.

Are Treatment Foster Parents Expected to Monitor Electronic and Phone Communication?	
Medicaid Regulations	
FFTA	Technology devices such as computers, televisions, digital music players and phones with texting capabilities shall be monitored by Treatment Parents.
TFCO	Electronic and Phone Communications are monitored by Treatment Foster Parents.

Is Respite available to Treatment Foster Parents?	
Medicaid Regulations	Respite is required to be available to Treatment Foster Parents
FFTA	Respite is required to be available to Treatment Foster Parents
TFCO	Respite is required to be available to Treatment Foster Parents

Administration

Liability Insurance	
Medicaid Regulations	Professional staff must be covered by liability insurances
FFTA	The Program Staff shall be covered by liability insurance. Licensed Staff should carry liability coverage above and beyond that provided by the agency. Agencies must verify that contractors carry liability insurance.
TFCO	Program standards do not require this, but most implementation agencies require it.

Legal Advocacy and Representation	
Medicaid Regulations	The agency shall assist staff in obtaining legal advocacy and representation should the need arise in connection with the proper performance of their professional duties (471 NAC 32-005.04B3
FFTA	The Program shall have a written policy explaining the assistance that will be provided to Program Staff in obtaining legal advocacy for matters directly related to the proper performance of their professional duties.
TFCO	Program standards do not require it but most implementation agencies require it.

Is Program Certification/Accreditation Available?	
Medicaid Regulations	No formal accreditation, but the agency must meet standards in Medicaid Regulations, standards for foster homes required by the Department, be licensed as a Child Placing Agency, and meet other state requirements regarding record-keeping, staffing requirements, and other standards.
FFTA	The Standards provide a basis for development of criteria for accreditation used by national accreditation organizations, such as the Council on Accreditation.
TFCO	Program Certification available, occurs for the first time at end of first year, identified areas of strength and areas not yet meeting program certification standards, and follow-up services needed to address remaining issues.

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