

## Draft DHHS Therapeutic Foster Care Service Definition

Service Name	Therapeutic Foster Care (ThFC)
Setting	Therapeutic Foster Care home
Facility License	As required by Department of Public Health, and as by licensed by Children and Family Services; Protection and Safety
Basic Definition	<p>(ThFC) is a rehabilitative model of care that provides intensive foster care for youth provided by trained and supported foster parents in the home of the foster parents. ThFC must be a community based behavioral health program under the clinical direction of a psychiatrist or psychologist or LIMHP.</p> <p>The therapeutic service is a highly supportive and individualized approach serving Medicaid youth ages 20 and younger who have complex mental health or substance use disorder needs. The youth are clinically identified as requiring a high level of clinical intervention to improve their mental health or substance use disorder condition, address symptoms that affect their daily functioning, or prevent further regression. This service requires frequent contact between the therapeutic foster parents, the reunifying family, the youth, the delegated agency staff, the clinical director, the licensed clinician, and is intended to provide a high degree of structure and supervision.</p>
Service Expectations	<ul style="list-style-type: none"> <li>• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will identify ThFC as the level of care needed. This IDI will serve as the initial treatment plan for the youth until a comprehensive treatment plan is developed.</li> <li>• The discharge plan is to be defined at intake, and is reviewed and updated at each 30 day treatment team meeting, or sooner, as clinically indicated.</li> <li>• Utilization of a team approach to decision making is used in this program.</li> <li>• The treatment team will develop the comprehensive treatment plan within 30 days post admit.</li> <li>• Treatment shall address the mental health/substance use and bio psychosocial issues that have contributed to the youth’s need for care in ThFC.</li> <li>• The treatment plan will identify goals, objectives, and the interventions necessary to improve, or to prevent regression in the mental health status of the youth.</li> <li>• Ongoing treatment meetings will be held at a minimum of every 30 days until treatment services are no longer necessary for this level of care or the youth is no longer demonstrating substantial benefit from this level of treatment.</li> <li>• The treatment team will consist of the youth, legal guardian, foster parents, licensed clinician, agency staff, reunifying family, and other support networks deemed appropriate to the treatment review and planning process.</li> <li>• Clinical direction expectations include: critical oversight of the clinical component of the treatment plan, clinical progress notes, individual case specific discussion, ongoing assessments of the youth to determine if the program is meeting their needs and identification of progress towards goals, review of the diagnosis and treatment interventions, over all operation of the program, and quality assurance.</li> <li>• A licensed clinician provides clinical services in the foster home, in the community, their reunifying family, or the therapeutic foster care parents as deemed appropriate in the treatment plan, with the frequency to be no less than weekly or as otherwise defined by the clinical supervisor.</li> <li>• The licensed clinician will also serve as the liaison for communication and a therapeutic consultant for all treatment team members.</li> <li>• The licensed clinician will provide the reunifying family, and the therapeutic foster parent(s) assistance in understanding clinical issues that impact the youth.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The therapeutic foster home will have one of the parents available at all times to provide rehabilitative intervention for the youth.</li> <li>• The clinical director or licensed clinician is available to provide therapeutic crisis intervention to support all members of the treatment at all times.</li> <li>• The reunifying family is involved as clinically appropriate, and are active in service decisions for the youth.</li> <li>• The service will reimburse at a daily rate for treatment services in the therapeutic foster home.</li> <li>• The service is 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.</li> <li>• The community based behavioral health center 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.</li> <li>• It is the responsibility of the therapeutic foster parent(s) to attain 12 additional training hours per year, to be determined and approved by the agency in which the program is operated out of.</li> <li>• In addition to the biological or guardianship children, the therapeutic foster parent(s) will have no more than two ThFC youth residing in their home. (Special consideration is given to sibling groups.)</li> <li>• The ThFC program shall have a director and an adequate number of non-licensed staff to provide administration, training and support of the direction of services.</li> <li>• Length of service is individualized to meet the needs of the youth.</li> </ul>
Staffing	<ul style="list-style-type: none"> <li>• Licensed Program Clinical Director (psychiatrist, psychologist or LIMHP)</li> <li>• Licensed clinician</li> <li>• Provisionally licensed clinician</li> <li>• Child placing agency staff and the therapeutic foster parents</li> </ul>
Staffing Ratio	<ul style="list-style-type: none"> <li>• The clinical director shall supervise no more than six clinicians providing services in the ThFC program at one time.</li> <li>• The licensed clinician shall provide clinical services to no more than 8 therapeutic foster care children at one time.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>• 24-7 with the availability of clinical assistance.</li> </ul>
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The youth has substantially met the treatment plan goals and objectives.</li> <li>• The condition that brought the child to this treatment level is stabilized and the child is able to successfully maintain in the absence of the supportive services and interventions provided in ThFC.</li> <li>• The youth has support systems secured to help maintain safety and stability in the community.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>• The youth has a current edition DSM diagnoses for mental health or a substance use disorder that is causing substantial functional impairment that requires this level of intervention.</li> <li>• Have a history of psychiatric residential or inpatient treatment, or is at serious risk of requiring a higher level of care in the absence of this program.</li> <li>• The youth has the ability to benefit from the services provided.</li> <li>• The youth is experiencing, or is at serious risk for negative involvement with the judicial, educational or community systems; self-harming, aggressive or destructive behaviors; and is unable to be appropriately served in a lower intensity service due to mental health or substance use disorder symptoms.</li> </ul>

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Continued stay guidelines	<ul style="list-style-type: none"><li>• The youth is making progress toward the goals, but has not made sufficient progress to consider discharge.</li><li>• Less restrictive treatment options have been considered, and cannot meet the treatment needs of the youth.</li><li>• There is sufficient clinical information to show that ThFC level of care continues to be the least restrictive level of care that can meet the individual needs of the youth.</li></ul>
Discharge Criteria	<ul style="list-style-type: none"><li>• The youth no longer meets admission criteria, or meets criteria for a less or a more intensive level of service.</li><li>• Youth/ family have not substantially benefited from the ThFC program and there is not a reasonable expectation of progress at this level of care.</li><li>• The youth has met the goals of ThFC and can be safely discharged.</li><li>• When ThFC treatment is complete, the youth will be discharged from the ThFC home.</li></ul>

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