

Final Report of the Treatment Family Care Workgroup

The Foster Care Reimbursement Rate Committee convened the Treatment Foster Care Workgroup to research and make recommendations related to a rate structure that includes expectations regarding treatment components to serve youth in out-of-home care for whom placement is problematic, disruptive and requires treatment interventions to address the behavioral needs. The Workgroup has met since 2016, working to create a service description for Treatment Family Care, and submits its final report to the Foster Care Reimbursement Rate Committee for approval. Treatment Family Care is a service in a home-like environment intended to divert children/youth with high treatment needs in an effort to decrease congregate and out-of-state placements. Treatment Family Care occurs in a home by caregiver(s) or specially trained foster parents to provide consistent behavior management programs, therapeutic interventions, and clinical services as part of a multi-disciplinary team and under the direction of a supervising practitioner.

Treatment Family Care Statement of Values

1. Children and youth grow best in families and should access treatment in their own homes when at all possible. Treatment Family Care must be available to biological families, adoptive families, and kinship placements.
2. Treatment Family Care services must be juvenile justice and child welfare informed, community based, family focused, culturally competent, and developmentally appropriate.
3. Treatment is provided within a family environment with services that focus on improving the child/youth/family's adjustment emotionally, behaviorally, socially, and educationally.
4. Treatment Family Care should be available to children and youth who have co-occurring developmental or intellectual disabilities, or who are medically fragile.
5. Treatment Family Care is focused on outcomes. There is no one-size-fits-all model to serve the children and families of Nebraska. Outcomes are more important than compliance to the requirements of one model.

Treatment Family Care Outcomes

1. Families experience seamless systems of care with braided funding. Multiple agencies are involved in Treatment Family Care, and must develop a system for billing which does not disrupt families' experiences of a seamless system of care.
2. Children and youth do not experience automatic placement disruption after completing a course of treatment. Many funding sources are created in such a way that children and youth move once treatment is finished, leading to harmful placement changes. Reducing placement disruptions and changes will also reduce the amount of court time spent on placement changes, and reduce docket congestion.

3. Placements in congregate care and institutional settings are reduced. Placement in these settings can make integrating into a family unit difficult for youth. This reduction will help youth who are child welfare involved reach permanency or reunification in less time, and youth who are juvenile justice involved return to their homes sooner and in a way that preserves community safety. When youth are in an out of home setting, it often is difficult to achieve timely permanency.

Service Description

The Workgroup submits the attached service description with recommendations to support the values of the Treatment Family Care workgroup. The document includes modifications to the current draft service definition for Therapeutic Foster Care. Collaborative meetings to discuss recommendations included the Department of Health and Human Services - Division of Medicaid and Long Term Care, Division of Children and Family Services, Division of Behavioral Health, and Division of Developmental Disabilities along with providers, foster parents, advocacy groups and other stakeholders.