Treatment Family Care Workgroup Recommended Changes to DHHS Therapeutic Foster Care Service Definition

Service Name	Treatment Family Care (TFC)
Setting	Treatment Family Care home
Facility License	The community based agency that operates the TFC program as required by Department of Public Health; and the individual treatment family care homes as licensed by Children and Family Services.
Basic Definition	TFC is an all-inclusive 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. TFC must be a community based behavioral health program under the clinical direction of a psychiatrist, psychologist, or LIMHP. The therapeutic service is a highly supportive and individualized approach serving Medicaid eligible youth ages 20 and younger who have a history of trauma in addition to complex mental health or substance use disorder needs that are causing functional impairment. This service is available to children and youth who have co-occurring developmental or intellectual disabilities, or are medically fragile. The youth have a history of psychiatric residential or inpatient treatment, or have been unsuccessful in remaining at home with outpatient services, and are clinically identified as requiring out of home treatment at the TFC level. This level of care will address the symptoms that affect the daily functioning of the youth and prevent further regression. This service requires intensive involvement of and frequent contact between the therapeutic foster parents, the reunifying family, the youth, the delegated agency staff, the clinical director, and the licensed clinician. It is intended to provide a high degree of structure and supervision.
Service Expectations	• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will identify TFC 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. • 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. • Utilization of a team approach to decision making is used in this program. • The treatment team will develop the comprehensive treatment plan within 30 days post admit. • Treatment shall address the mental health/substance use and bio psychosocial issues that have contributed to the youth's need for care at the TFC level. • The treatment plan will identify goals, objectives, and interventions necessary to improve or prevent regression in the mental health status of the youth. • 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 benefit from this level of treatment. • In cases where parental rights are intact and the permanency plan is reunification, the reunifying family is the parent. In cases where reunification is not the permanency plan, the reunifying family is identified as the home the youth anticipates going to upon discharge. When the youth enters TFC without an identified reunifying home upon discharge, one of the goals of the plan must be to develop that resource while TFC is being provided. • The treatment team will consist of the youth, foster parents, licensed clinician, agency staff, reunifying family, and other support networks deemed appropriate to the treatment review and planning process.

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	• Clinical expectations include: 1) critical oversight of the clinical component of the treatment plan, 2) collaboration with formal and informal networks, 3) provision of therapeutic and rehabilitative interventions, 4) ongoing assessment of the youth to determine progress in the treatment program, 5) regular review, and updating if necessary, of the diagnosis and therapeutic interventions. • A licensed clinician provides treatment services in the youth's home, the therapeutic foster home and/or in the community. Clinical services are provided for the youth, the reunifying family, and the therapeutic foster care parents as deemed appropriate in the treatment plan. The frequency of this service is to be no less than weekly for each or as otherwise defined by the treatment plan and endorsed by the clinical supervisor. Frequency of services can be titrated as needed during the termination phase of treatment. • The licensed clinician will also serve as the liaison for communication and a therapeutic consultant for all treatment team members. • The licensed clinician will provide the reunifying family and the therapeutic foster parent(s) assistance in understanding clinical issues that impact the youth. • The therapeutic foster home will have one therapeutic foster care parent available to provide rehabilitative intervention for the youth. • The clinical director or the licensed clinician will be available to provide therapeutic crisis intervention to support all members of the treatment team at all times. • The reunifying family is involved, as clinically appropriate, and is active in service decisions for the youth. • The service is all inclusive and will be reimbursed at a daily rate for treatment services in the therapeutic foster home. • The service is to be utilized as a primary intervention for high needs youth who have experienced a higher level of care, and/or are not able to have their clinical needs met with a lower intensity of treatment. • The community based behavioral health program that operates the TFC program, and trains and supports the therapeutic foster family, provides a 20 hour initial training on mental health and substance use disorders, including the effects of trauma on youth, suicide prevention, emotional and behavioral interventions, in addition to training topics required by the agency. • 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 which the program is operated out of. • In addition to the biological, adoptive or guardianship children, the therapeutic foster parent(s) will have no more than two TFC youth residing in their home at a time (special consideration is given to sibling groups). • The TFC program shall have a director and an adequate number of non-licensed staff to provide administration, training, and any additional support of the TFC program. • Length of service is individualized according to the needs of the youth. • When TFC treatment is complete, the youth will be discharged from the TFC home.
Staffing	• Licensed Program Clinical Director (psychiatrist, psychologist or LIMHP) • Licensed and/or provisionally licensed clinician • Child placing agency staff and the therapeutic foster parents

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~~Staffing Ratio~~	• ~~The clinical director shall supervise no more than six clinicians providing services in the ThFC program at one time.~~ • ~~The licensed clinician shall provide clinical services to no more than eight therapeutic foster care children at one time.~~
Hours of Operation	• 24/7 with the availability of clinical assistance.
Desired Individual Outcome	• The youth has met the treatment plan goals and objectives. • The condition that brought the child to this treatment level is stabilized, and the child is able to successfully maintain at home and in the community in the absence of the supportive services and interventions provided in the TFC home. • The youth has support systems secured to help maintain safety and stability at home and in the community.
Admission guidelines	All of the following guidelines are required to be met: • The youth has a current edition DSM diagnoses for a disorder that is causing functional impairment requiring TFC level of intervention. • The youth has been unsuccessful in a lower intensity of services and/or is clinically identified as requiring therapeutic foster care treatment to prevent regression and improve symptoms and functioning. • The youth has a history of psychiatric residential or inpatient treatment or is at risk of requiring a higher level of care in the absence of this program. And one or more of the following: • The youth is experiencing or is at risk for self-harming, aggressive, or destructive behaviors • The youth has a significant history of trauma Excluding factors include the following: truancy and law violations in the absence of other symptoms.
Continued stay guidelines	• The youth is making progress toward the goals but has not made sufficient progress to consider discharge; and/or • There is sufficient clinical information to show that TFC level of care continues to be the least restrictive level of care that can meet the individual needs of the youth.
Discharge Criteria	• The youth no longer meets admission criteria or meets criteria for a more or less intense level of service; • And one of the following: o Youth has not benefited from the TFC program and there is not a reasonable expectation of further progress at this level of care. o The youth has met the goals of TFC and can be safely discharged from treatment.

Commented [FA1]: Medicaid has indicated they have no authority over staffing ratios. As such, we recommend cutting this section.