

Challenges and Opportunities in Treatment Foster Care

Treatment foster care (TFC, also called therapeutic foster care) is a promising approach for serving children with serious emotional and behavioral disorders in the least restrictive possible setting. Although no single definition of TFC exists, key elements have been identified (see box).

TFC may represent an opportunity to serve children with extensive needs in a family setting rather than in congregate care (group home or inpatient care). However, better information is needed to guide TFC program design, policy, and reimbursement. This research summary highlights initial findings from a mixed methods study currently underway exploring how TFC programs operate across the country. Methods include an updated literature review and discussions with representatives of state agencies, researchers, program developers and advocates.

Key Findings to Date

- TFC programs vary widely among states. Although most often implemented by child welfare agencies, some TFC programs serve children who are primary clients of juvenile justice or behavioral health agencies.
- Relatively few state agencies implement either of the two TFC models that have demonstrated improved outcomes in rigorous evaluation research (Multidimensional Treatment Foster Care, also known as Treatment Foster Care Oregon, or Together Facing the Challenge). Most states instead use homegrown programs that may incorporate or adapt some elements of evidence-based or evidence-informed models, but which routinely decrease the programs' intensity.
- The limited use of evidence-based models is driven primarily by resource constraints, both with respect to funding and the limited availability of TFC parents able and willing to provide the intensity of services called for by evidence-based models to children with very challenging behaviors.
- Although numerous contextual factors contribute to variations in TFC delivery, informants from different states and agencies noted the need for a uniform federal definition to guide practice, quality measurement, and funding mechanisms.

In the coming year, the project will link child welfare and Medicaid records to explore placement patterns and health, placement and cost outcomes for children in TFC.

This research is being conducted under contract to the Office of the Assistant Secretary for Planning and Evaluation (ASPE) by researchers at RTI International.

What is Treatment Foster Care?

TFC serves children who have behavioral or emotional disorders or medical conditions that cannot be adequately addressed in a family or foster home and who would otherwise be served in a residential or institutional setting.

TFC is provided in a family-based setting by foster, kinship, or biological parents who are trained, supervised, and supported by qualified TFC program staff.

Services within TFC may address social functioning, communication, and behavioral issues, and typically include crisis support, behavior management, medication monitoring, counseling, and case management.

Distinctions between Standard Foster Care and Treatment/Therapeutic Foster Care

Dimension	Standard Foster Care	Treatment/Therapeutic Foster Care	Why Is This Important?
Program components	Required standards defined in state statute or administrative regulations	Program components for the dimensions in this exhibit may be defined by theory-driven, “named” models that are evidence-based or evidence-informed, or specified by state agency administrative rules or contractual requirements	Theory-driven models build on rigorous research and incorporate all relevant components of TFC; contractually or administrative-defined programs adapt these models but may risk diluting their essential elements
Treatment services	Community services as identified by a child welfare treatment team	Services for a child are delivered or arranged by the TFC provider, with coaching and supervision for the TFC parents who care for the child	Credentialed treatment providers respond to behaviors in the child’s home environment
Child entry	Child welfare custody	Children with serious mental, emotional, behavioral, or medical issues, who may be in child welfare, juvenile justice, or parental custody	TFC eligibility is ideally driven by child needs rather than by state agency custody and is available to children in parental or relative custody
Agency case manager credentials	Not specified, or a bachelor’s degree	At least a bachelor’s degree with experience, sometimes more	Highly skilled case managers respond to behaviors in the home environment, model responses, and actively train TFC parents
Foster parent role	Parent substitute	Member of the therapeutic team	Trained TFC parents allow a constant therapeutic response in the child’s natural situations
Foster parent training	Curricula such as Model Approach to Partnerships in Parenting (MAPP) or Parent Resources for Information, Development and Education (PRIDE) foster parent training	Higher level pre-service and ongoing training requirements for TFC parents, with additional specialized training related to children’s needs	In addition to standard training for foster parents, TFC parents need training that equips them to respond to children’s extensive needs
Number of children in home	Agency specifies maximum number of children in home	One or two TFC children	Fewer children in the home increase time and attention available to the therapeutic process
Medicaid funding	Medicaid reimburses behavioral health care services delivered by external providers	State Medicaid agencies use varied approaches to paying for TFC, including state plan amendments, waivers, bundled payment, or reimbursement for specific services	Flexible funding mechanisms allow provider agencies to respond to individual child needs, but adequate reimbursement rates may be more important than a particular reimbursement mechanism
Other funding	Federal Title IV-E funds for child welfare board and care	State and local funds, and occasionally agency funds, may support therapeutic services	Child welfare and juvenile justice funds can extend resources for noncustodial services