

## Research Brief ~ March 2021

-  Treatment foster care may also be referred to as treatment family foster care or professional foster care
-  TFC parents get on average between 10-15 additional hours of training compared to traditional foster parents
-  TFC placements are limited in length, typically 6 to 9 months

### WHAT IS TREATMENT FOSTER CARE?

Treatment foster care (TFC) is a type of out-of-home placement provided by foster parents who receive specialized training to care for children and with intensive emotional or behavioral needs. TFC is intended to maintain high needs children in family settings to reduce the need for more restrictive placements such as residential treatment centers (RTCs), psychiatric hospitals, or other group care settings. Treatment foster care is a short-term placement meant to help stabilize children so they can be maintained in a less restrictive setting.

### TFC IN TEXAS

In 2017, the Texas Legislature appropriated funding for a new rate to implement Treatment Foster Care, aligning with recent changes in federal child welfare policy. TACFS worked with the contracted TFC providers to evaluate the Texas model and analyze how well the program is working to achieve its intended goals and to inform decisions on further investment.

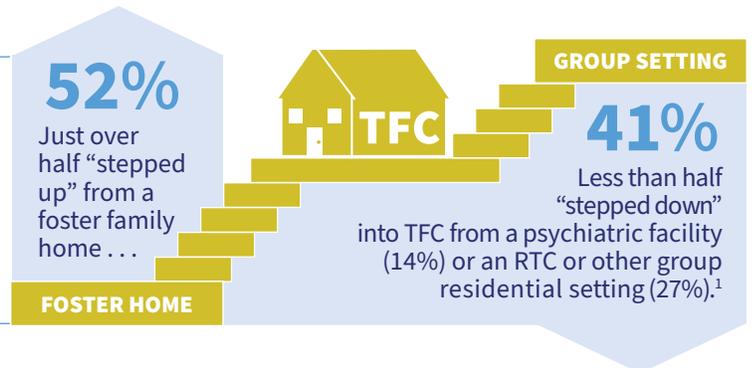
DFPS is currently contracting with three agencies to provide Treatment foster care in Texas. At the time of this study, the age range for children served in TFC through DFPS contracts was only for children 10 and younger. For children served in TFC in Community Based Care regions, there is no age limit.

## KEY FINDINGS



*TFC can be a valuable placement option to stabilize children who are placed in a lower level setting, but later display more complex emotional or behavioral health needs.*

**136** Among 136 children who have discharged

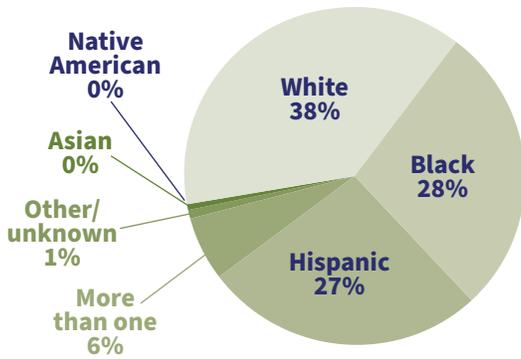


*The length of time that children spend in TFC correlates with less restrictive post-TFC placements.*

- 197** Total Days Average length of stay in TFC placement
- 76%** of all discharged children and . . .
- 81%** of children who spent at least three months in TFC

▶ **exited to a less restrictive placement**

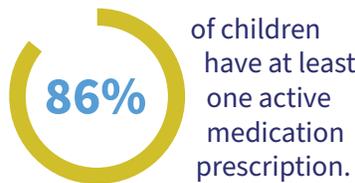
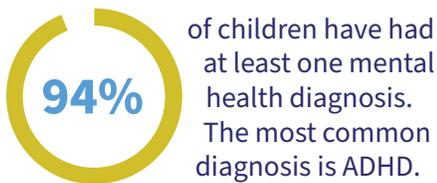
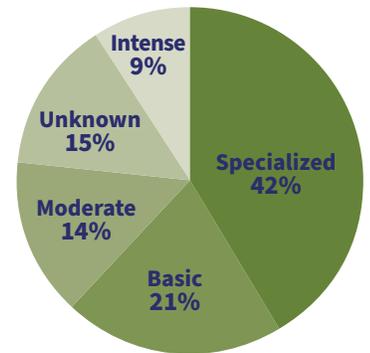
## Race and Ethnicity of Children in TFC



## EMOTIONAL AND BEHAVIORAL HEALTH NEEDS

Level of care at the time of placement varied from basic to intense. The default level of care for children entering care is always set to basic until a more thorough assessment is completed and a more accurate level of care is established. It is critical to keep in mind that children entering TFC have very high mental, physical, and behavioral health needs that need regulating in TFC and are far from a basic level of care.

### LEVEL OF CARE



### 3.3 The mean number of active prescriptions

*“Kids in TFC have complex emotional and behavioral needs. TFC is often a space for children to regulate, explore dosages, and try alternatives to their medication for mental health diagnoses in a trained, regulated, and safe environment”*

Study participants were asked to describe their TFC programs in one word or phrase. The results highlight a positive, fundamental shift in service delivery of TFC as compared to traditional foster care and other interventions.



## BARRIERS TO BUILDING TFC CAPACITY

TFC parents feel adequately prepared and supported in their roles as caregivers, however, retention and building capacity remains difficult.

“The requirements of somebody who stays at home that’s unemployed is prohibitive.” - TFC Agency Personnel. The TFC Rate does not consider loss of stability in income and benefits, such as health insurance.

***Be flexible with part-time, non-restrictive employment.***

Respite care, and/or the support of a mentor or paraprofessional is important to both the family and the child in care.

***Increased investment to provide for respite care or a paraprofessional to support ongoing placement stability.***

Respite may be necessary between placements, but many families cannot afford the loss of income.

***Additional investment could support a “respite stipend” to support family retention and a healthy home environment.***

***“The requirements of somebody who stays at home that’s unemployed is prohibitive.”***

**TFC Agency Personnel**

## FOCUSING ON YOUTH IN CARE

Child serving organizations and parents providing direct care for children in TFC are seeing improvements with behavioral concerns and the ability to successfully step down into a less restrictive setting.

The DFPS age limit is intended to target TFC towards younger children and keep them in less restrictive settings. However, TFC as a model is not restrictive by age and may help care for and stabilize older youth with more complex needs, an area the state needs capacity.

***Expand the eligible age for TFC past age 10<sup>2</sup> to make available for older youth with higher needs.***

Additional planning would further allow subsequent placements to prepare for a post-TFC placement and identify any additional support or planning needs. Furthermore, in some instances, children are not able to step down into a less-restrictive setting if a home is not available.

***Improved transition planning is needed with DFPS to ensure a successful subsequent placement and to better equip caregivers for continued success.***

The rigid length of stay for a child in TFC can make it difficult to find an appropriate placement post-TFC and may cause a child step back up into care. At times, an extension may also be needed to continue to support the child long enough to see positive gains.

***Extend or provide additional flexibility with the program’s 6-9 month time limited services requirement.***

### STUDY PARTICIPANTS INCLUDED:

- ▶ Administrative and direct care personnel from each provider
- ▶ TFC foster parents from each provider

## STRONG CHILD SERVING WORKFORCE

- Direct care staff, therapists, and child welfare professionals support the success of TFC. Hiring, retaining and supporting staff of TFC programs is critical for ongoing success.
- Experienced and skilled staff can: assist in the recruitment of parents that are a good fit for TFC; and identify and support changing home dynamics.
- Organizations are critical in supporting kids in TFC programs through: tracking progress and outcomes such as treatment plans; clinical and case manager notes; coaching visits; wraparound services; crisis plans; and more.
- Ongoing assessments are key and include: frequent monitoring of home; daily monitoring of incidents; ongoing risk management; and family performance evaluation.

***Support ongoing rate investment into TFC to provide a strong child welfare workforce that can support the child and family, identify stressors, track outcomes, and work to meet the needs of each unique placement.***

### FAMILY FIRST PREVENTION SERVICES ACT

Family-like alternatives to group residential settings that provide therapeutic services, such as TFC, may become an even more important placement option in the continuum of substitute care as Texas nears implementation of FFPSA

Congress passed FFPSA in February 2018, which seeks to shift the focus of child welfare toward preventing the removal of children into foster care. For a number of reasons, Texas chose to delay implementation until September 2021.

The three major objectives of FFPSA include reducing the use of congregate care in favor of family-like settings, preventing entries to substitute care through funding for family services and strengthening kinship care.

## ADDITIONAL INVESTMENT IN TEXAS TFC:

1

Support program expansion to serve more children, additional age ranges, or broader statewide roll out

2

Allow for the additional hiring of paraprofessionals or respite care to support TFC families

3

Support retention of TFC families to allow or a respite stipend between placements

4

Advance research and evaluation efforts to monitor TFC effectiveness and child outcomes

1. Eleven percent of children were documented as having a placement immediately prior to TFC as “other.”

2. Since the conclusion of the report, DFPS has lifted this restriction in contracts, and it is being considered through the legislative process as well.