



TEXAS
Department of Family
and Protective Services

Treatment Foster Family Care (TFFC)

DFPS Model and Overview

5/17/2023

Lauren Morgan, DFPS Program Specialist V



Background

- During the 85th Legislative Session, a new 24-Hour Residential Child Care rate was established to support a new service (Treatment Foster Care) to be utilized by a special population of children within Department of Family and Protective Services (DFPS).
- The TFFC Program would serve as an alternative to residential treatment by placing eligible children in a more structured home rather than typical foster care.



Background

- 9/1/2017: TAC §700.1335 creates a rule defining and governing the DFPS TFFC program and its associated requirements.
- 4/9/2018: TFFC program is initiated at DFPS.
- 8/1/2018: Contracts awarded to DFPS' first three TFFC providers: Arrow Child & Family Ministries, Bair Foundation, and CK Family Services.
- 9/25/2018: First DFPS child is placed in TFFC.



What is TFFC?

- TFFC is a short-term program designed for foster children in a highly-structured family home environment with highly trained foster parents and intense treatment services typically not available in the traditional foster home setting.
- The purpose of the TFFC program is to:
 - Increase capacity in the foster care system,
 - Reduce the number of children in residential treatment centers,
 - Prepare/stabilize children for successful and less restrictive placements, and/or
 - Keep children with kinship families.
- TFFC uses a model that includes a large team and several evidence-based and research supported programs and practices.



What is TFFC?

- Goals of TFFC:
 - Stabilize children, at risk of placement in institutional settings, who experience emotional, behavioral, and/or mental health difficulties.
 - Promote successful transitions to less restrictive placements.
- Benefits of TFFC:
 - Allows children to stabilize in a home setting to the extent that they are no longer at risk for psychiatric hospitalization and do not demonstrate a risk of imminent harm to self or others.
 - Reduces children's behaviors and emotional instability to ensure they are ready for placement in a less restrictive setting such as return to home, kinship home, or therapeutic foster home.
 - Provides continuity of care between the TFFC caregiver and the next caregiver.
 - Maximizes a child's chance of succeeding when placed in a less restrictive setting.



TFFC Eligibility Requirements

- To be eligible for TFFC, a child must meet all the following criteria:
 - 17 years or younger;
 - In DFPS conservatorship;
 - Meet one of the following qualifications:
 - Currently placed in or has been recommended for placement in an RTC.
 - Currently in a psychiatric hospital and is being discharged or is at risk of psychiatric hospitalization due to a history of diagnosed emotional disorder.

TFFC vs Traditional Foster Homes



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	Minimum Standards	TRADITIONAL	TFFC
Capacity	§749.2551- Up to 6 children in the home	Up to 6 children in the home	Only 2 foster children when at least 1 is TFFC
Length of program	N/A	As long as needed	9-12 months
Next caregiver	N/A	Doesn't need to be identified	Next caregiver needs to be identified by the 30 th day of placement
Service Level	N/A	Basic, Moderate, Specialized, Intense	Moderate, Specialized, Intense
Types of Children Accepted	N/A	All behaviors and needs	Kids at risk of an RTC and/or psychiatric hospitalization
Child Placing Agencies	N/A	50+ in Texas	Arrow, Bair, CK, EmberHope, Monarch, and Texas Baptist Home for Children for Legacy. Pathways works in Region 2 and St. Francis & Depelchin provide in Region 1.
Training	§749.811- orientation, pre-service, pediatric first aid & CPR, & annual	10-25 hours includes emergency behavior intervention, trauma informed care, normalcy, & administering psychotropic medication	25+ hours; More intensive pre-service & on-going hours are required including Trauma Informed Care, Cultural Competency, & Disproportionality
Case Management	§749.2815- CPA staff must conduct supervisory visits at least quarterly	Quarterly visits	Individualized for child & foster parent(s) with a limited caseload of 6 children per Case Manager
Supports	§749.121- Develop policies stating the responsibilities of the CPA to the foster parent(s)	Therapy and respite as needed	In-home support/therapy for child & foster parent(s) including 24/7 crisis intervention & respite when needed. Case Managers & Therapists are in the home weekly & seeing the child/family in school



Discharge and Transition

- CPS begins preparing and planning for the child's subsequent placement no later than the 30th day after the child is placed in TFFC.
- Discharge planning should include the TFFC provider, child's family or subsequent caregiver support and members of the Permanency Team (DFPS, CASA, Attorney, School, etc.).
- If a placement is not identified, then the goal is for the child's next placement to be a traditional foster home setting.



Aftercare

- Aftercare support services are designed to ensure a safe transition to the subsequent caregiver.
- Aftercare services are required by TFFC provider to include:
 - Assist with placement stability for 6 months post discharge,
 - Provide consultation and support to assist the new caregiver and child,
 - Ensure continuity of services,
 - Connection to community resources in new placement.



Kinship

- DFPS using the same criteria for children going into TFFC, but with relatives and/or fictive kin. These kinship families have access to the full array of training, services, and supports available through regular TFFC homes to help our children stay safe, achieve permanency, and thrive.
- Any child who is dysregulating or at risk of disrupting their kinship placement can be referred to TFFC.



Provider Overview

- A TFFC home will have specialized training in providing services to children with mental health and/or socio-behavioral needs that cannot be met in traditional foster care settings, including:
 - 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response;
 - Individualized, strengths-based therapeutic services and case management; and
 - Wrap-around services designed to transition children to a permanent and stable placement.



TFFC Foster Parent

- To become a licensed TFFC home:
 - There must be one or two foster parents who are highly trained to meet the specific needs of the child population.
 - Single parents may qualify as long as quality care can be assured.
 - Quality care is defined as meeting all identified needs of the child (medical, behavioral, cultural, educational, spiritual, etc.). All employed persons must demonstrate to the Contractor how their employment will allow a flexible schedule to meet the child's individual needs. The Contractor will continue to evaluate the TFFC home and their ongoing ability to meet the needs of the child.



Legal Considerations

- Providers are held accountable for the transition planning and aftercare. It is important that planning is done as a team and not expediated.
- It is extremely important that when a child is placed in a TFFC home, that they are kept in the home for the entire duration of 9-12 months to complete treatment.
- Keeping a child in the home for the entire duration gives time for the future caregivers to prepare for that child to move in with them. More time for the caregivers to engage in services sets a child up for a more successful future.



Legal Considerations, continued

- Discharging early from the program may put a child at risk of regression, an unsuccessful adoption, and/or the caregiver not being properly prepared for the child's behaviors and needs.
- State Office can assess any child a Judge feels may be good for the program. A court order is not necessary.
- If a child is ready to be discharged from a QRTP, a TFFC home would be a great opportunity for a step-down placement.



Data & Outcomes

- Children are successfully transitioned from TFFC
 - To evaluate the CPA's effectiveness of this outcome, less restrictive placements include:
 - Placement with parent
 - Adoptive placement
 - Foster family home
 - Kinship
- Children who have been successfully stabilized in TFFC remain stabilized.
 - To evaluate the CPA's effectiveness of this outcome, the child has to remain in one of previous placements for at least 6 months after their initial transition out of the TFFC home.



TFFC Webinar Interviews

- <https://youtu.be/AaV2zApXx0Q>



TFFC Resources

- TFFC External Website [DFPS- Treatment Foster Family Care](#)
- Texas Administrative Code [TAC](#)
- For questions or assistance, please contact:
 - TFFC mailbox: dfpstreatmentfostercare@dfps.texas.gov



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TFFC Contacts

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- Jillian Bonacquisti, Director of Placement Services
 - Jillian.Bonacquisti@dfps.Texas.gov



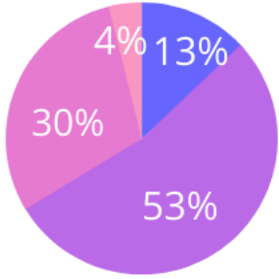
Treatment Foster Family Care

What does the data tell us?

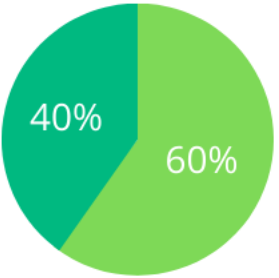
1. CHILD DEMOGRAPHICS
2. FOSTER PARENT FEEDBACK
3. PROGRAM OUTCOMES

Texas TFFC: Child Profiles

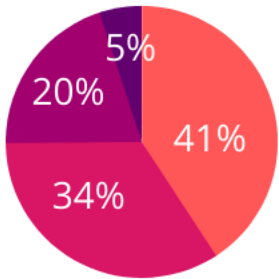
as of 5/4/2023



53% are aged **6-10 years old**, 30% are aged **11-15 years old**, 13% are aged **0-5 years old**, and 4% are aged **16-17 years old**.



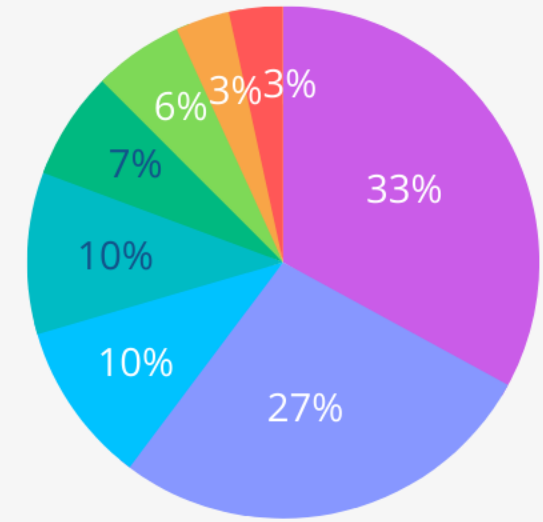
60% of children in treatment foster care are **boys** and 40% are **girls**.



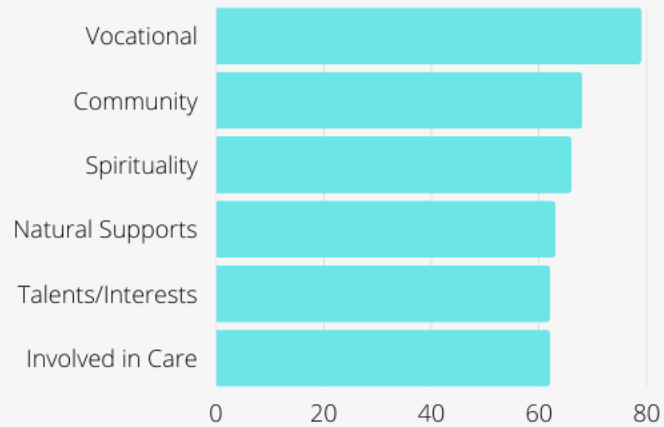
41% of children are **Hispanic**, 34% are **Anglo**, 20% are **African American**, and 5% are **other races**.

Prior Living Arrangement

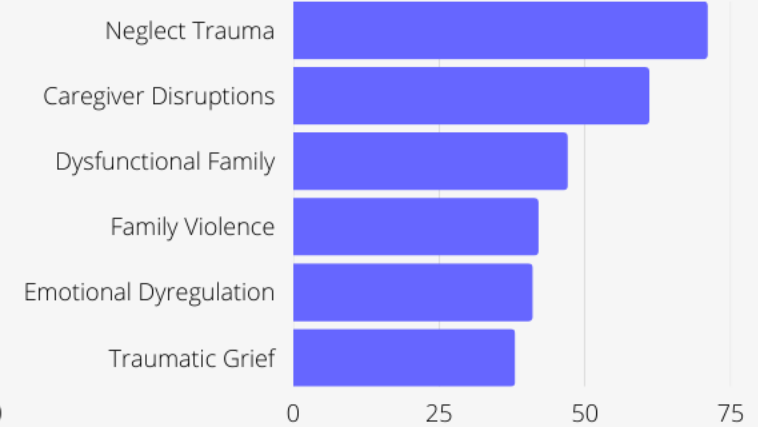
- Foster Home (33%)
- Congregate Care (27%)
- Treatment Foster Care (10%)
- Hospital (10%)
- Kinship (7%)
- Shelter (6%)
- Adoptive Home (3%)
- Other (3%)



Most Common Strengths



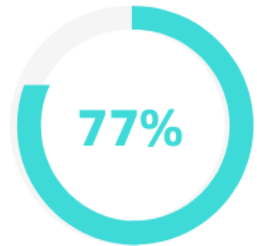
Most Common Traumas



TREATMENT FOSTER PARENT EXPERIENCE SURVEY



Of all current and prior TFC homes responded to the survey



Of all respondents felt like their agency offered them either a great deal of support or a lot of support



Of all respondents felt prepared in their role as treatment foster parents

TREATMENT FOSTER PARENTS FELT VERY SUPPORTED

When responses were scored, most categories received high scores across agencies

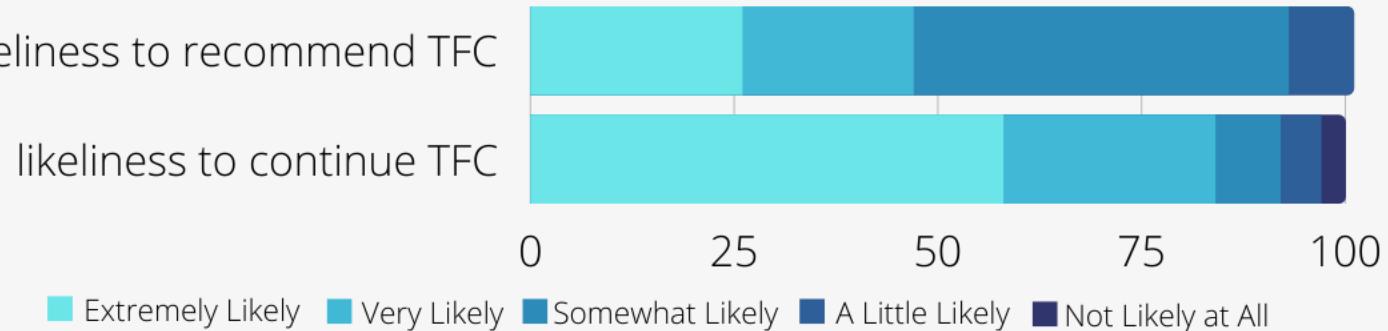
	All Agencies
24-hour, in-home crisis intervention	4.54
Placement stabilization services	4.60
Clinical supervision and support	4.56
Routine respite	4.15
Respite upon request	4.32
Parental training and skills development	4.66
Trauma-informed care training	4.75
Training on normalcy activities based on age and maturity	4.50
Training Overall	4.60
Transportation including but not limited to [...]	3.03
Treatment planning	4.63
Discharge planning	4.31
Overall Support	4.50
Average	4.40

*Lowest score possible = 1, highest score possible = 5

LIKELINESS TO RECOMMEND TFC DID NOT CORRELATE WITH LIKELINESS TO CONTINUE TFC

Despite a large percentage of participants reporting a willingness to continue fostering in the TFC program, most respondents said they were only somewhat likely to recommend TFC

likeliness to recommend TFC



likeliness to continue TFC

Program Outcomes

TFFC vs RTC PROGRAM RESULTS:

- Placement Stability
- Positive Exits from Care
- Cost / Benefit Analysis

Why are we talking about RTCs?

TFFC is a young program in Texas that seeks to offer a home-like setting for children who would otherwise be placed at a Residential Treatment Center (RTC).

Therefore, RTCs are the best comparison group to evaluate performance of the TFFC program

Note that this is not a matched outcome/analysis as there have been no additional controls added to completely match child profiles between the two comparison groups.

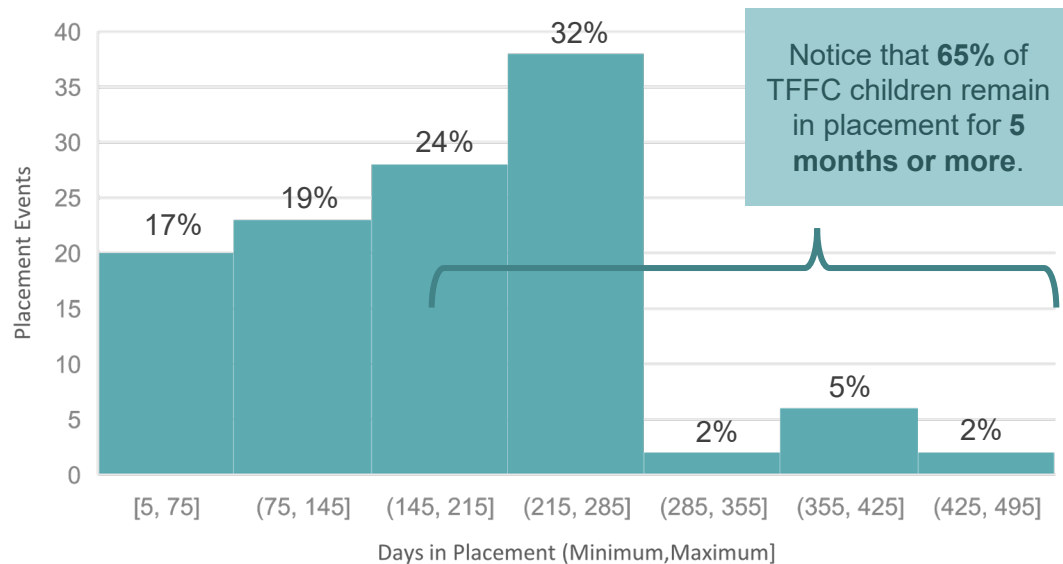
Treatment Foster Care (TFFC) vs Residential Treatment Centers (RTCs)

Outcomes 2021

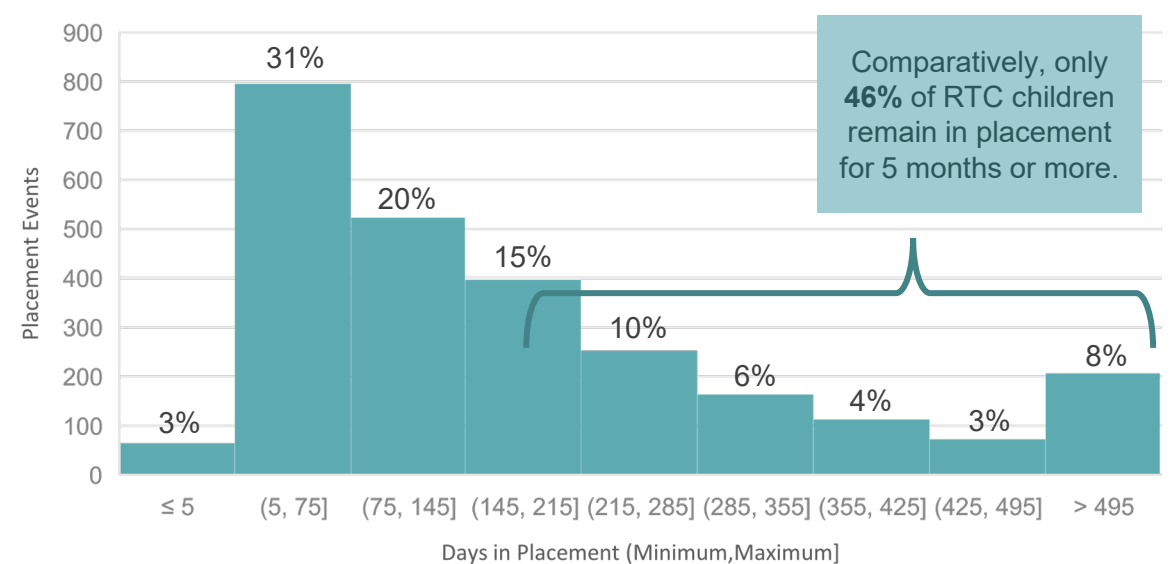
TFFC children are more likely to stay in their placement for a longer period compared to RTC children

2021 Placement Stability: Length of Stay

Treatment Foster Care



Residential Treatment



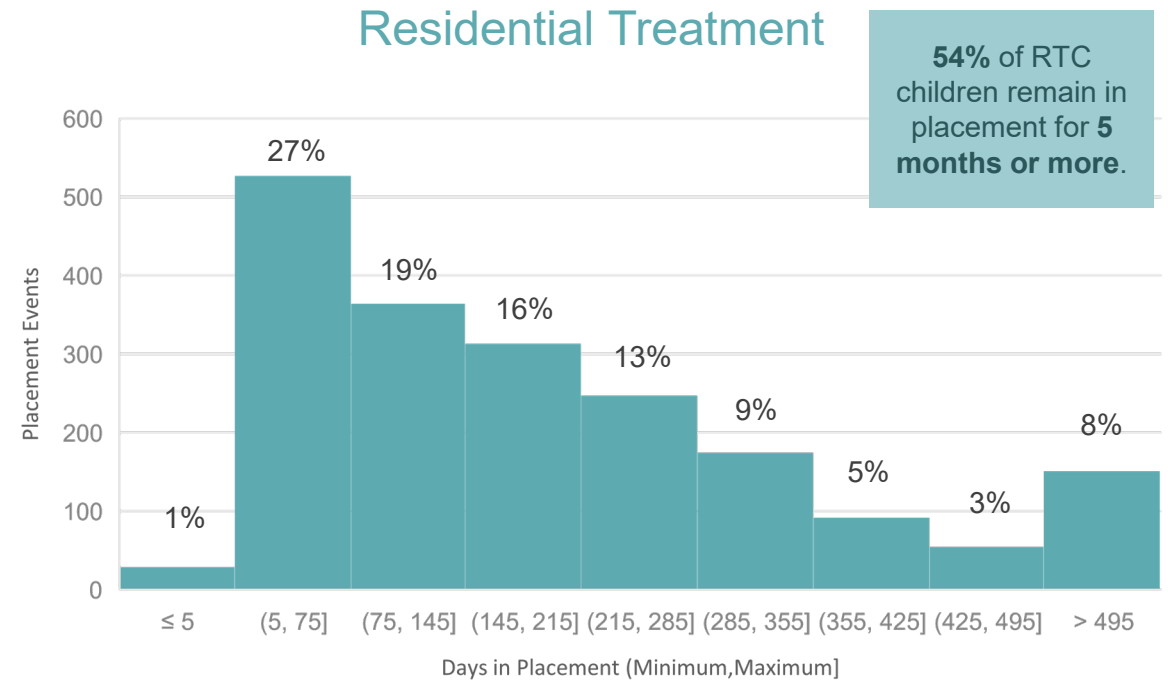
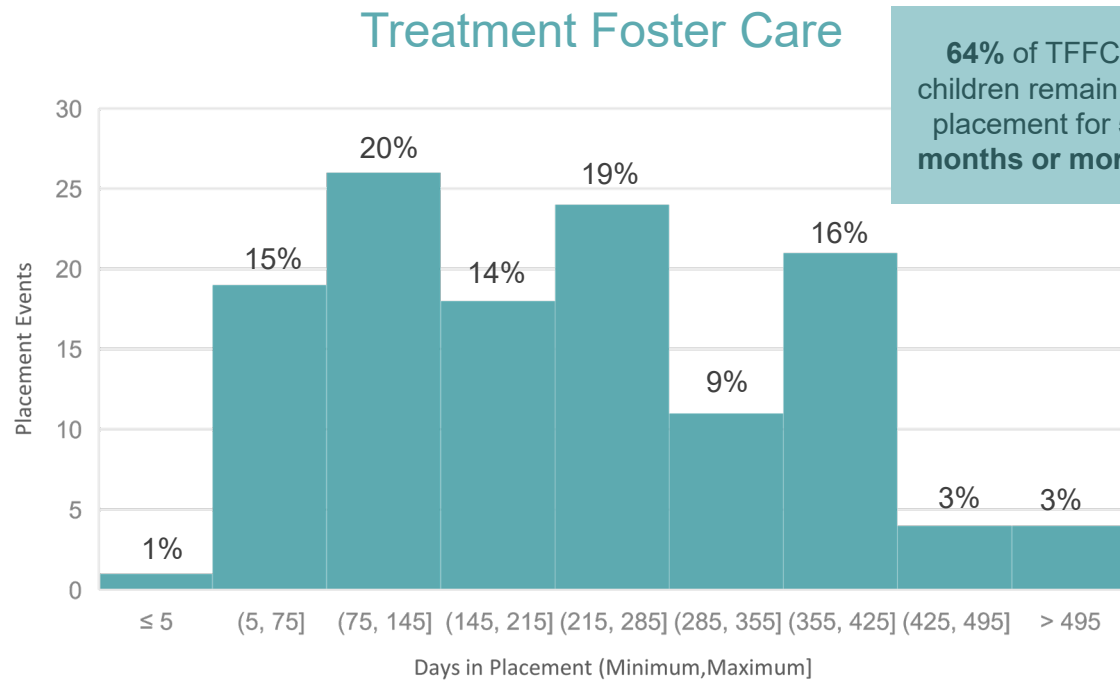
*Data labels represent the percentage of total children exiting from TFFC (left) or RTC (right)

Treatment Foster Care (TFFC) vs Residential Treatment Centers (RTCs)

Outcomes 2022

Placement disruptions often have a negative impact on the child's mental health and may lead to increased distrust for caregivers

2022 Placement Stability: Length of Stay



*Data labels represent the percentage of total children exiting from TFFC (left) or RTC (right)

Treatment Foster Care (TFFC) vs Residential Treatment Centers (RTCs)

Outcomes 2021 & 2022

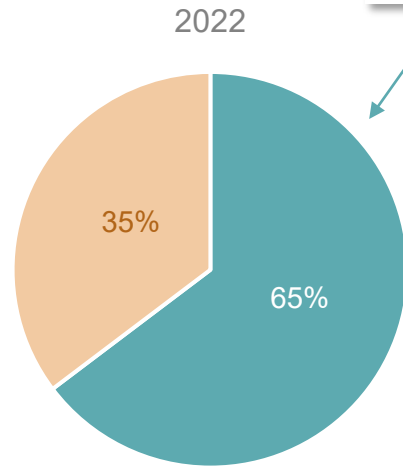
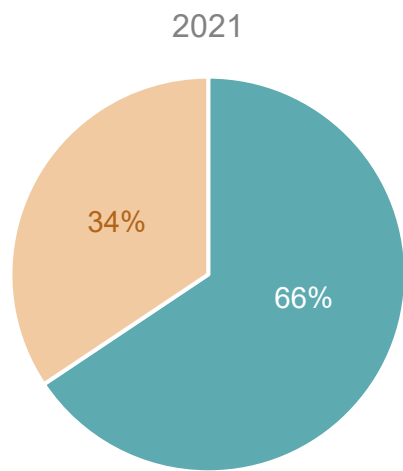
TFFC Children are more likely to exit their placement for positive reasons compared to RTC Children

Positive discharge reasons include* reunification, adoption, kinship, achieving therapeutic goals, or a service level decrease.

Positive vs Negative Discharge Reasons

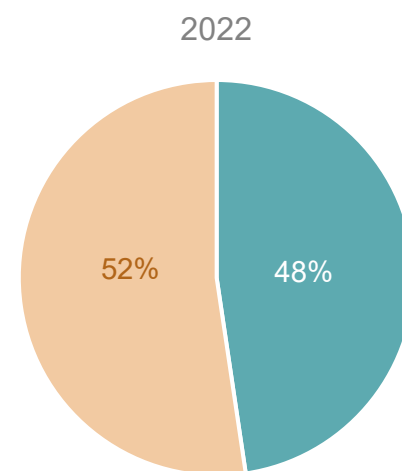
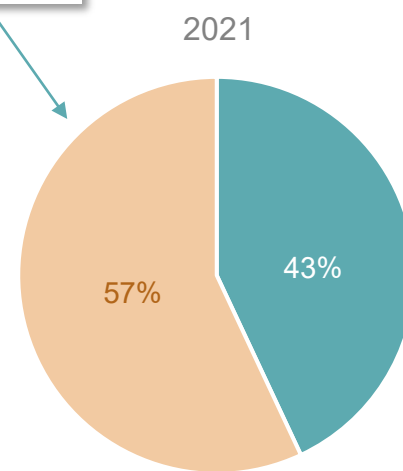
Negative discharge reasons include* psychiatric hospitalization, runaway, child behavioral issues, or a heightened safety risk..

Treatment Foster Care



That's almost a 20% difference!

Residential Treatment



■ Positive Discharge Reason ■ Negative Discharge Reason

*include but are not limited to

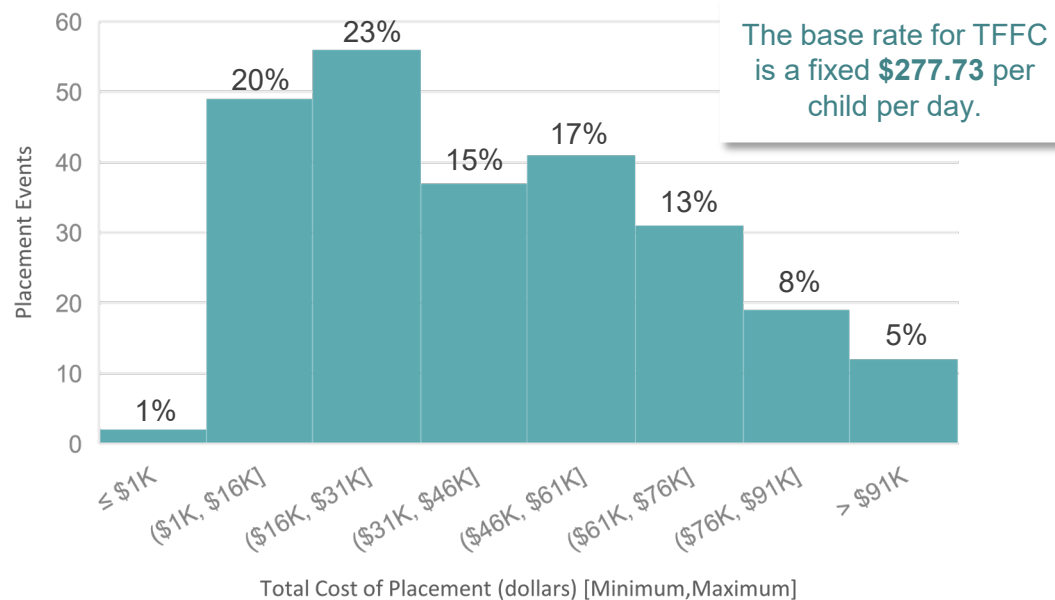
Treatment Foster Care (TFFC) vs Residential Treatment Centers (RTCs)

Cost of Programs 2021 & 2022

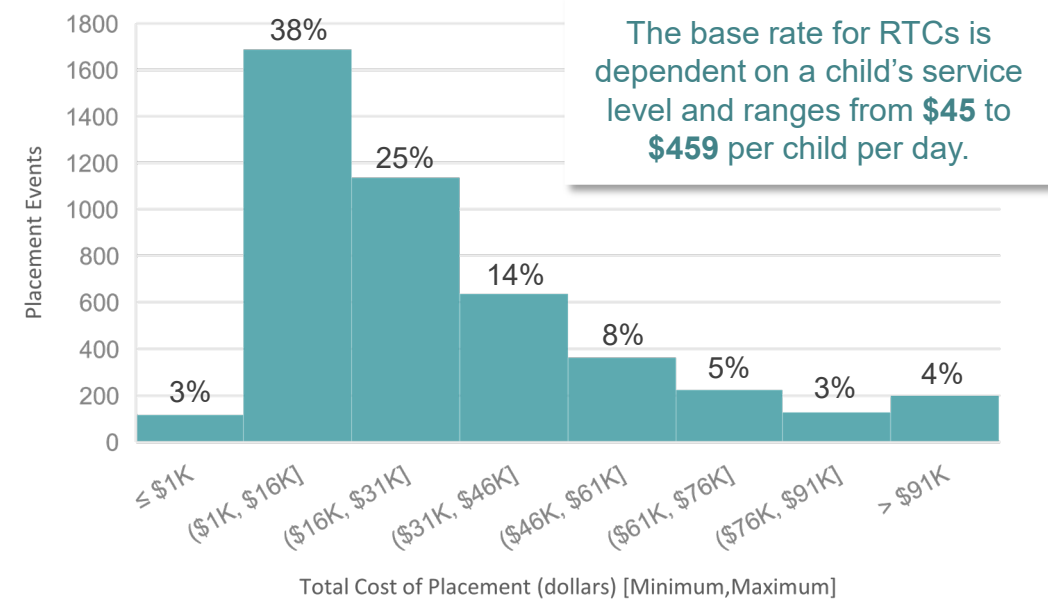
TFFC costs roughly **\$38K** on average* per child compared to **\$21K** on average for children in RTCs

State Cost for Services per Child

Treatment Foster Care



Residential Treatment



*Data labels represent the percentage of total children exiting from TFFC (left) or RTC (right)

*Median value used due to skew in data distribution

Treatment Foster Care (TFFC) vs Residential Treatment Centers (RTCs)

Cost / Benefit of Programs 2021 & 2022

Though more expensive, the additional cost of TFFC on average increases the likelihood of positive outcomes for children.

Cost / Benefit Analysis

Program Service Type	Average* Cost per Child	Average* Length of Stay	Percentage of Positive Discharges
Residential Treatment	\$21,000	143 Days	45%
Treatment Foster Care	\$38,000	189 Days	65%
Difference	+\$17,000	+46 Days	+20%
TFFC Percentage Increase from RTC Cost and Outcomes	23.8% Cost of Service Increase	32.2% Length of Stay Increase	44.4% Positive Exit Increase

On average, by spending **24%** more per child through the TFFC program, a child's **placement stability** is increased by **32%** and their likelihood of experiencing a **positive discharge from placement** increases by **44%**. *That's a good return on investment for children!*

*Median value used due to skew in data distribution



KINSHIP - TREATMENT FAMILY FOSTER CARE

Dr. Valerie D. Jackson, Founder and CEO



Foster Family-Based Treatment Association (FFTA): Kinship Treatment Foster Care Model

FFTA's Kinship Philosophy

- All children belong in families, preferably their own families. When children cannot safely live with their parents, they should have every opportunity to live safely with relatives or those with whom they have a family-like relationship

FFTA's Vision for Kinship Treatment Foster Care

- Consistent with the philosophy above, FFTA's vision is that all children in out-of-home care with treatment needs can have those needs met by relatives or those with whom they have a family-like relationship, with access to the full array of training, services, and supports available through treatment foster care to help them stay safe, achieve permanency, and thrive.

Kinship Model Points of Intervention

At initial placement for kids diagnosed with TFFC level needs

- **Diversion:** Parent Coaching, stabilization service; potential Family Group Conferencing to identify supports
- **Placement:** Family Group Conferencing, Emergency (Provisional) Licensing, provide Treatment Foster Care Level Services with grief, loss and trauma training (kinship caregiver), and services (youth)
- **Network Meetings (Monarch + Kinship Family):** Helps establish supports, introduce team members, and family members.

Placement Breakdown – Network Meeting

This meeting is scheduled to prevent placement disruption and to develop a stronger plan of support for the family. Families are encouraged to bring their natural support network, including relatives and family friends, who can help them develop this plan. These meetings have been instrumental in bringing additional resources that might have been overlooked in the past.

Kinship TFFC Identifying Challenges and Bridging Services

Recognizing the below needs and challenges, the program will utilize the following key elements when working with a kinship family:

- A pre-existing relationship with the child.
- The potential for placement to redefine relationships within the family of origin and the extended family.
- Knowledge and history of family dynamics.
- The decision to become a caretaker is unplanned.
- Unanticipated challenges/requirements of licensure.
- Split loyalties.
- Challenges associated with dealing with the public child welfare system.

Search and Engagement – Effective kinship placements begin with the identification of potential kin caregivers. In the currently designed program process the family will be identified by Monarch or CPS.

Core Therapeutic Case Management – The Family Support Specialist will provide individualized, in-home services to the family with the goal of increasing placement stability and opportunity for permanency.

Kinship Caregiving Parent Coaching – We believe that a key indicator of success in a kinship placement is the level of support the caregiver receives. The curriculum is delivered by the Parent Coach over the course of six weeks.

This curriculum includes the following modules:

- Education on the licensing process
- Family genograms and eco mapping
- Trauma informed parenting
- Managing the change of role and family dynamics
- Intergenerational trauma
- Basic child development
- Effectively addressing the child's problematic behaviors

24/7 Support Services – The Monarch Action Team (MAT) is available 24-hour, seven days a week for crisis intervention. This team consist of a case manager, psychologist, licensed professional counselor (LPC), Clinical Director, and Parent Coach.

Licensing Support – Our team assists and directs the licensing process for the family and will manage all aspects of it to ensure a positive outcome.

Checklist for Planning and Implementing a Kinship Treatment Initiative

<p>Engagement of public systems:</p> <ul style="list-style-type: none"> Identify county or state leaders who recognize the need to provide specialized interventions for some children in kinship care, are interested in partnering with private agencies to target these interventions to the right children, and are committed to removing barriers identified. 	<input type="checkbox"/>
<p>Engagement of provider community:</p> <ul style="list-style-type: none"> Engage a core group of providers who are interested in providing more intensive treatment in kinship families. This could include your FFTA Chapter, provider association, advocacy organizations or other state-wide groups to ensure this opportunity is available to all providers who have the interest and capacity to provide targeted interventions with kinship families. 	<input type="checkbox"/>
<p>Kinship summit:</p> <ul style="list-style-type: none"> Consider holding a "kinship summit" or other forum/meeting for public and private partners to learn about providing treatment in kinship families, models from other states, strategies for engaging kin families, and innovative programs and policies in the state/locality. 	<input type="checkbox"/>
<p>Data review:</p> <ul style="list-style-type: none"> Review agency data to clearly understand which children could most benefit from the kinship treatment approach, such as children who disrupt from kinship placements, children at risk of residential placement, or children stepping down from group care or residential treatment. 	<input type="checkbox"/>
<p>Identification of barriers:</p> <ul style="list-style-type: none"> Identify public or private agency policies or practices that might prohibit providing kinship treatment interventions. Barriers might include: <ol style="list-style-type: none"> Restrictive foster care licensing standards Failure to adequately assess the needs of children living with kin Insufficient search practices to identify kin willing to step in for children Placing children with kin as an alternative to foster care without providing additional treatment services. Training that is not relevant to the needs of kin 	<input type="checkbox"/>
<p>Strategies to overcome barriers:</p> <ul style="list-style-type: none"> Develop targeted strategies to overcome barriers, such as allowing waivers for non-safety licensing standards, assessment of the needs of children with kin, family search and engagement strategies, and revised training curriculum. 	<input type="checkbox"/>
<p>Private agency assessment:</p> <ul style="list-style-type: none"> Be able to describe the interventions that can make a difference for children living with kin, including length and cost of service. Ensure that staff possess the competencies needed to engage kinship families, such as recognizing and addressing the differences between kinship care and traditional foster care. Confirm that the agency can deliver training for kin families that is relevant to them and includes content that is specific to their children. 	<input type="checkbox"/>
<p>Assessment of funding mechanisms:</p> <ul style="list-style-type: none"> Identify a funding source for the treatment intervention. In particular, assess the use of Medicaid and /or Title IV-E. Assess whether the state has resources that can be used to fill in the gaps. Develop a clear timeframe for services to be provided so costs and outcomes are clearer. 	<input type="checkbox"/>
<p>Identification of target population:</p> <ul style="list-style-type: none"> Clearly define the target population to be served, based on the data about which children would benefit from kinship treatment, an assessment of the funding opportunities, and strategies to overcome barriers. 	<input type="checkbox"/>
<p>Outcomes:</p> <ul style="list-style-type: none"> Clearly define the outcomes you want to achieve through the kinship treatment intervention, such as improved treatment outcomes, placement stability, reduced length of stay, improved permanency outcomes, etc., based on the target population to be served. 	<input type="checkbox"/>
<p>Development of protocols:</p> <ul style="list-style-type: none"> Develop a clear protocol for referrals to private agencies that is based on an assessment of children's needs. Ensure that public and private partners have input on the development of the protocol. 	<input type="checkbox"/>
<p>Piloting approaches:</p> <ul style="list-style-type: none"> Test the new protocols and intervention strategies with a few families and come back together with the planning team to share, learn and fine-tune strategies. 	<input type="checkbox"/>

Kinship TFFC Implementation

The implementation model for MFS Kinship Treatment Foster Care Program is as follows:

- Kinship Family is identified by CPS or Monarch. Treatment Service Manager schedules a meeting with family in-home or virtually to explain the K-TFFC program, including the licensure process, the curriculum-based training, parent coaching, case management support, and financial incentives.
- Once the family has agreed to the service, home verification process begins.
- Upon agreement by the family to work with MFS, the K-TFFC Family Support Specialist and Parent Coach initiates a home visit to begin the training and support process.
- Monarch Action Team (MAT) begins to review the child assessment to develop a support plan for the youth.
- A Network Meeting is set within 60 days to identify and develop a family support plan
- During the delivery of services all requirements contained in the TFFC contract is followed.
- Over the first 90 days, case management, training, and support services is delivered to the caregivers and child.
- At the end of the 90 days a home assessment will be written, and all necessary paperwork will be submitted for full licensure of the home.
- Upon completion of the licensing process, the kinship family will begin the monitoring phase of the program and continue with all other supports and services offered by the agency.

Responsible Persons

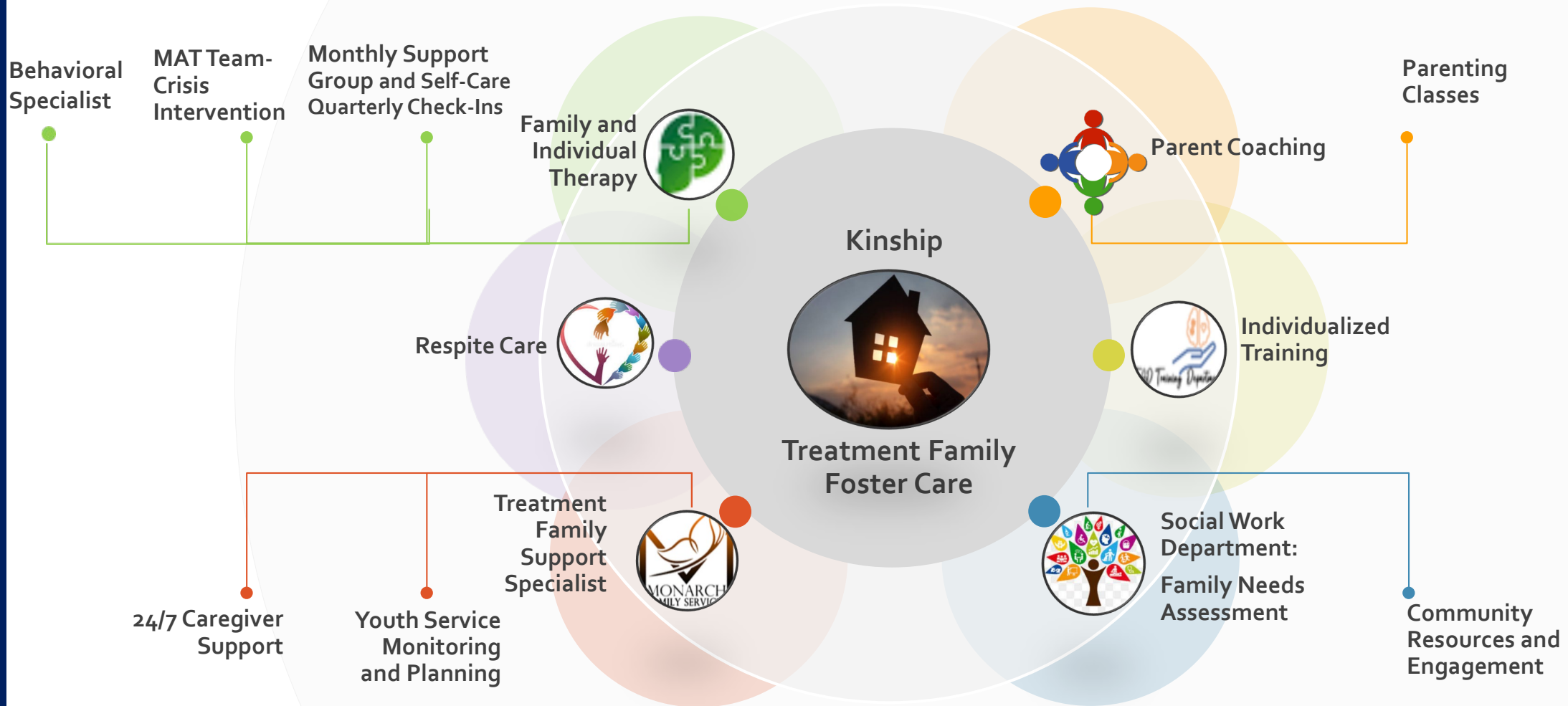
K-TFFC Youth

- K-TFFC Family Support Specialist - Varies
- Behavior Specialist - Ilana Ahmed
- Family Therapy - Gladys Wilson or Dr. Marsha Chin
- Individual Therapy - Varies (youth ages 13 and up)
- Progress Assessments (Child Behavior Checklist – CBCL): Monarch Family Services Psychological Services Department
- Community Events/Agency Events - Tiffany Tran

K-TFFC Caregiver(s)

- K-TFFC Family Support Specialist - Varies
- Parent Coaching - Althea Lacewell
- Family Therapy - Gladys Wilson or Dr. Marsha Chin
- Individual Therapy - Varies (available to all caregivers)
- Extensive Training - Multiple Trainers
- Parenting Classes - Adria Rice, LPC (upon request)
- Respite Care Program
- Self Care Quarterly Session - Hosted by Dr. Marsha Chin
- Monthly Parent Support Group – Dr. Tarkitha Williams and Amber Holmes
- MAT Crisis Intervention Program – Dr. Tarkitha Williams, Myrei Edwards, and Althea Lacewell
- Community Resources: Tiffany Tran

Monarch K-TFFC Program



**Michael Scrivner,
Senior Director of
Family Services at CK**

Thank you!

If you have any additional questions, please
feel free to contact DFPS TFFC at
dfpstreatmentfostercare@dfps.texas.gov

QUESTIONS?