

**THERAPEUTIC
FOSTER
CARE
MANUAL**

REVISED JULY 2016

**THERAPEUTIC FOSTER CARE MANUAL
INDEX**

	PAGE
INTRODUCTION	4
DEFINITIONS	4
PHILOSOPHY	6
POLICY	9
SECTION I PROGRAM GUIDE	
A. Agency Personnel	17
1. Case Supervisor	19
2. Case Worker	21
3. Staff Training and Support	27
SECTION II THERAPEUTIC FOSTER PARENTS	
A. Introduction	30
B. Therapeutic Foster Home Responsibilities	30
1. Fostering Role	30
2. Treatment Role	31
3. Qualifications	33
4. Training	38
5. Support	42
6. Capacity	46

SECTION III CHILDREN, YOUTH AND THEIR FAMILIES

A.	Introduction	47
1.	Placement and Support Services	48
2.	Treatment	53
3.	Step-Down	57

SECTION IV PROGRAM EVALUATION

A.	Program Evaluation	71
B.	Program Summary	73

APPENDICES

A.	Core Services for TFC	76
B.	Core Services for Step-Down TFC	77
C.	Monthly Report Grid	82
D.	Satisfaction Surveys	83
E.	Site Visit Checklists	86
F.	Agency and Foster Parent Agreement	95
G.	Do Not Use List	101
H.	FACTS Input Form	102
I.	FACTS Input Form Instructions	104

INTRODUCTION

The R.C. Consent Decree has been a significant influence on Child Welfare practice in the State of Alabama. The goals and principles of the decree have allowed and encouraged the development of a constellation of state-of-the-art resources to meet the varying individual needs of the children and families served by the Alabama Department of Human Resources. This array consists of services from those that are provided in a child's own home to those that are provided in restrictive placement environments. Therapeutic foster care (TFC) is an essential component in the service array for emotionally or behaviorally disordered children and youth. Requirements for programs that offer TFC services are set forth in this *Therapeutic Foster Care Manual*. Any exception to these requirements must be authorized by designated staff of the Alabama Department of Human Resources. TFC is designed to serve children who may ordinarily be placed in a residential setting due to treatment needs but who can be maintained in a family-like setting or who may have experienced or is at high risk of multiple placements or placement in a more restrictive environment. TFC services are not meant to be long-term placement services but shall be provided in a manner to enable children to step-down to a less restrictive environment in a reasonably short period of time, when it is in the child's best interest.

DEFINITIONS

System of Care: A community-based comprehensive spectrum of services organized into a coordinated network to meet the multiple and changing needs of emotionally and behaviorally disordered children and youth and their families.

Individualized Service Plan (ISP): The primary tool for working with families in identifying strengths and needs, identifying culturally responsive services to address needs, authorizing and obtaining needed services, and measuring outcomes in areas of safety, permanency and well-being. It also serves as an organizer and a tool for communicating with those involved with the family.

Child and Family Planning (or ISP) Team: A group-think team focused on individual needs of the family involved in the ISP process. It may be composed of any of the following but must have significant participation to direct case planning activities that will achieve expected reasonable outcomes: the age-appropriate child(ren); the child's family; the DHR social worker; family friends, relatives or significant others; service providers; foster parents; the child's guardian-ad-litem; school personnel; etc. It is the team's responsibility to evaluate goals and steps to achieve identified outcomes in various areas, including behavior management plans, safety plans and crisis plans.

Treatment Team: A team for children in TFC that includes the TFC caseworker, the child or youth, the child or youth's family, the TFC foster parent, the DHR social worker, and others, e.g. therapist, teacher, others. The TFC Treatment Team is responsible for the development of the child's treatment plan within the TFC program and shall ensure that it is congruent with the family's ISP.

Initial Treatment Plan (ITP): A plan that is completed at the time of admission to therapeutic foster care and is based on early assessment and relationship-building efforts during the first ten

(10) days. This can serve as the comprehensive treatment plan, if enough information is available to prepare an adequate plan.

Comprehensive Treatment Plan (CTP): A treatment plan that is to be completed within the first thirty (30) days of a child's or youth' admittance into therapeutic foster care. The plan coordinates long-term goals and services to meet the identified goals. The Comprehensive Treatment Plan shall be developed and implemented in a manner to achieve the overall outcomes for the family identified in the ISP. Specific strategies will be employed by the TFC program to achieve the goals identified in the CTP.

Difficulty of Care Payment: The difficulty of care payment is the daily rate paid to TFC foster parents for providing services to meet the therapeutic needs of children placed in their homes and supervised by the child placing agency offering the therapeutic foster care services.

Reasonable and Prudent Parenting Standard: **Characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child, while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities.**

PHILOSOPHY

Therapeutic foster care is a least restrictive, community-based program for children whose special needs can be met through services delivered primarily by trained therapeutic foster parents working in full partnership with the child, the child's family and all other persons on the Child and Family Planning (ISP) Team. Support from all other team members allows the child to benefit from a home environment and community-based setting while receiving intensive treatment and clinical services. TFC is not meant to be a long-term placement option but should serve to meet a child's specific treatment needs until he is ready to be stepped down to a lower level of placement. All children placed in TFC should be continually evaluated to determine the continued need for TFC services. At no later than 6-months after placement in a TFC program, the TFC provider should request that the ISP team to convene to determine if outcomes are being achieved, and if not, what barriers prevent such.

The following are specific philosophy statements, which guide the TFC programs:

- A. All services provided are family-oriented and community-based for children and youth with emotional disturbances that lead to significant behaviors that must be addressed in a therapeutic setting.
- B. All children/youth and their families have unique strengths and needs, and planning with them must build upon their strengths in helping to meet needs.
- C. All children/youth and their families shall be treated as partners in the planning and delivery of services.

- D. All therapeutic foster parents shall be treated as partners in the planning and delivery of services for the children and families they serve.
- E. A healthy relationship between the therapeutic foster parents, the children/youth in their care and the children/youth's family is a key element to the overall effectiveness of the treatment program.
- F. The supportive family setting offered through the TFC program is a vital part of positive intervention with children/youth and is a key ingredient to successful outcomes in treatment.
- G. The family systems approach will focus on how interactions of all family members affect the behaviors of individual family members. It should always be considered that all treatment with families and their children in care is interrelated in achieving lasting outcomes for family re-unification.
- H. Therapeutic foster care affirms the use of an individualized behavior management plan, based on rewards, assessing the antecedent of the behavior and recognizing that most behavior is driven by needs.
- I. Therapeutic foster care shall be sensitive to cultural differences and special needs. Services shall be provided in a manner that respects these differences and attends to these

special needs. All placements shall adhere to the Multi-Ethnic Placement Act (MEPA) and shall not impede permanency for any child or youth.

- J. All services are provided on the premise of unconditional care.
- K. Therapeutic foster care services can be provided as a stand-alone service; however, due to the importance of families in children's lives, it may best be provided as a part of a continuum, where intensive in-home services are offered to the family while the child is receiving treatment in an out-of-home placement.

POLICY

The following policy statements are the operating procedures by which TFC agencies and county DHR departments work in partnership. Any deviation in policy must be approved by State DHR. Any changes in policy may be addressed as an Administrative Letter or Memorandum until it can be incorporated into the *Therapeutic Foster Care Manual*.

- A. **Case Management.** The Department of Human Resources assumes the parental role for all children who are in the care or custody of the Department. In all such cases, DHR staff maintains the case management role and must have access to the children, as needed. No TFC program shall promulgate a policy to require its staff be present at the time of visits between the DHR caseworker and the child/youth in placement. DHR staff shall notify TFC providers of planned visits, but DHR staff shall be able to contact foster parents on an individual basis to arrange visits or contacts or to assess the children in their care. DHR staff shall not attempt to address foster parent concerns or licensing

issues unrelated to the care of a specific foster child but shall notify the licensing TFC provider of such concerns nor shall a DHR social worker discuss with a TFC foster parent permanency planning, e.g. Another Planned Permanent Living Arrangement or Adoption, without prior consultation with the licensing agency.

B. Placements for Children under the Age of Six. Good gatekeeping is essential to ensuring that TFC programs serve the children for which the program was designed. TFC programs are able to serve children from birth until they age out of the system; however in the majority of the occasions, when children under the age of six enter the foster care system, traditional foster care with the aid of wraparound services is able to provide care that can meet their individual needs. In rare circumstances, therapeutic foster care services may be required for this younger population. Before a county DHR office may place a child under the age of six in a therapeutic foster care setting, the Office of Foster Care at State DHR must concur in writing with the placement decision. This requirement is not necessary for non-therapeutic siblings, who are placed in a therapeutic foster home with a child who needs the structure of TFC. The county department shall be the entity that initiates the exception request.

C. Diagnoses for Entrance into TFC. A child/youth entering into TFC must have a DSM-IV diagnosis on Axis I that would require the treatment and structure offered through TFC. A DSM-IV diagnosis alone may not warrant a placement into TFC. The diagnosis must have an accompanied behavior that would require the treatment and structure of TFC before a child or youth would be a candidate for TFC placement. For any child

being assessed by an individual employed with a TFC program, DHR must obtain a second opinion by an independent provider before the child/youth can be placed with the program providing the initial assessment. Only children in the custody of DHR may be accepted into a TFC program, unless authorized by State DHR. **Children with an IQ below 55 or who otherwise may not be rehabilitated may not receive TFC placement services but should be referred to Mental Retardation Developmentally Delayed (MRDD) programs. The Department of Mental Health/Mental Retardation indicates that children who are dually diagnosed tend to score lower on intelligence tests due to their mental illnesses, so the IQ requirement is being changed from 65 to 55.**

- D. **Services for Non-TFC Siblings.** TFC providers are able to provide homes for siblings, all of which may not have diagnoses requiring TFC services. The provider may not bill for services for the non-TFC siblings; however, the foster parents caring for the children will receive the traditional board rate or the full Supplemental Security Income (SSI) check without the difficulty of care payment. If needs for non-TFC siblings are identified through the comprehensive family assessment and services to meet these needs are authorized through the ISP, the TFC provider may bill the county department for any services that it provides through vendor agreement. In Section C Child and Family Services, subsection 3, Placement, paragraph (a), pages 30 and 31 of the Child Placing Agency (CPA) Standard, there is a requirement that, at the time of placement, a case/treatment plan shall be developed. Minimum requirements for that plan are clearly delineated. For children with TFC needs that are placed in TFC foster homes, treatment

plans are routine; but for non-TFC siblings who receive no services from the Child Placing Agency, an abbreviated plan must also be developed. Since the plan for these children and the family is the family's ISP, the information from the ISP may be developed as the case plan for the CPA. If the agency is designated by the ISP team to provide services for the non-TFC children in their home, the ISP must authorize the services and a DHR-1878 issued for the payment of the services. If the CPA is required to do nothing more than provide room and board, that information, as well as the strengths and needs of the child and other required information for the case plan, should be documented in the child's ISP and may be developed into the CPA's case plan for the child. If it is determined that non-TFC siblings have no needs at the time of the ISP, it remains the responsibility of DHR to monitor the non-TFC child at their monthly visits into the home.

- D. **Placements in Counties Other than the Child's County of Origin.** When a TFC program places a child in a foster home outside the child's county of origin, the TFC provider must immediately notify the receiving county DHR office of the placement. Many county school systems and DHR offices are not aware of children who are placed within their service areas. When crises or situations that require DHR intervention arise, it is necessary to know whom to contact.
- E. **Licensing/Approval of Homes.** A TFC provider shall notify the county DHR office when it approves/licenses a therapeutic foster home within the county. Foster parents may not be approved by more than any one agency concurrently.

F. **Employment by Therapeutic Foster Parents.** TFC foster parents may maintain employment outside the home, if they are able to meet the needs of children placed within their homes and meet the requirements of their employment. This employment must also allow the foster parent the flexibility to meet the special needs of therapeutic foster child placed in their home. These special needs or conditions often require immediate response by the foster parent to attend school conferences, treatment or ISP team meetings, doctor's or counseling appointments, etc. Due to the significant needs that TFC children have and due to safety issues around TFC children with emotional or behavioral disorders for young children in the home daycare setting, TFC foster parents may not operate a daycare from their home. Child Placing Agencies providing TFC services shall not license therapeutic foster parents who are currently licensed as home daycare providers or who are seeking dual licenses to provide home daycare and TFC.

NOTE: Child Welfare social service workers in the county DHR offices may not serve as TFC foster parents. Any DHR staff must have approval from State DHR Personnel and SDHR Resource Management to serve as a TFC foster parent in any circumstance.

G. **Recruitment.** Recruiting viable homes to provide TFC services for children/youth is vital. State DHR encourages vigorous and innovative recruitment initiatives by Child Placing Agencies to maintain an adequate pool of foster parents to facilitate appropriate matching of children and foster homes. Advertisements, whether by television or radio announcements, by newspaper articles or by billboards or individual signs, should be focused on the services that a respective agency is providing to vulnerable children or

youth in the State. To place a dollar amount for reimbursement for services or to imply that a provider earns a wage for providing a home for a child does not appear to exhibit a sensitivity for the children and families that DHR and the provider community serve. It is certainly permissible to discuss the difficulty of care payment with prospective TFC foster parents. It is not appropriate to openly advertise rates to entice recruits. Recruitment of the foster parents of a TF provider by another licensing agency or a representative of that agency is unethical and is prohibited. If a provider engages in such activity, they will be placed on a corrective action plan to cease the activity and to monitor any staff who may be involved in it. If there are two additional verifiable accounts of such activity after the agency has been warned and placed on corrective action, they will be in jeopardy of losing their contract with the State to provide TFC services.

- H. **Movement of Foster Parents among Agencies.** When children and foster families are receiving therapeutic services prescribed by a treatment plan with one agency and the foster home changes to another agency, the service plan is disrupted and the child's progress toward his treatment goals may be impeded or regression may occur. There may be instances in which it is in the best interests of the child in care and the foster parents that a change be made, especially if the licensing agency is not providing the support services that are needed to maintain the placement or to achieve the goals of the child. Should a foster parent express to a provider the desire to leave a program, the provider should negotiate ways to improve the relationship between the provider and the foster home. If negotiations fail to achieve the desired results, a meeting of foster parents, the licensing agency, the agency to become the licensing agency, the custodial county

department and the Office of Resource Development and Management at State DHR will be scheduled by the licensing agency to attempt to resolve the concerns or to facilitate a smooth transition between agencies. An ISP will be scheduled as soon as possible to address additional supports and/or services that will be initiated by the licensing agency or to address the transition process. If there are no children in the home, this protocol does not apply; however, it is strongly suggested that negotiations between the foster home and the licensing agency occur before a final decision is made. TFC foster parents must make known in writing to their licensing agency 30 days in advance that they wish to transfer to another program.

- I. **TFC and Enhanced Foster Care (EFC).** TFC providers may also provide Enhanced Foster Care services, which are provided to foster parents in order to keep sibling groups of four or more together. (See Guideline for Enhanced Foster Care for requirements.) A sibling group of four (4), for example, may have one child that needs therapeutic services. The TFC program would be allowed to bill TFC for that child on their contract, and the county may choose to make an enhanced payment to the foster parent from flex funds for the non-therapeutic children. Foster parents must meet the criteria for EFC, and the decision to make EFC shall be determined by the ISP team.

- J. **Number of Children per Home.** Due to challenging needs of children in TFC, no more than one (1) child needing TFC services shall be placed in a foster home. To maintain sibling groups, non-therapeutic siblings may be placed in a TFC home with a TFC child, after it has been assessed that the family can meet all the children's needs. No more than

two (2) siblings that are considered TFC children can be maintained in the same TFC foster home. Any exceptions for larger sibling groups must be approved by State DHR. Two (2) unrelated children may not be placed in the same foster home, and a foster home providing TFC services for a child **may not** be used to provide respite for another child for over **7 days without SDHR permission.**

K. **Medication Administration.** The policy on the use of medication commits TFC programs to the following principles of practice:

1. The first line of intervention with children and youth should be non-medical unless clearly indicated as needed by a licensed physician. When psychotropic medications are recommended by a physician, they should be used in conjunction with other interventions.
2. Therapeutic foster parents shall be trained by medical staff to detect side effects of any prescribed medication used for treatment in their care.

L. **Discipline.** Policy as set forth in the Foster Family Home Standards and in the Behavioral Management Policy shall guide practice in the area of discipline. **In addition, there shall be no corporal punishment, therapeutic holds or unusual punishment of any nature allowed for use in TFC foster homes.**

M. **Crisis Planning.** There should be an emergency care plan, including respite plan, identified in the family's ISP as a crisis plan in the event that a child's placement in a therapeutic foster home should become in jeopardy of disruption.

N. **Written Protocols.** TFC agencies shall have in writing protocols dealing with crisis situations to enable their foster parents to have a foreknowledge of expected responses. These protocols will be evaluated at the time of site visits conducted by State DHR with the various therapeutic agencies. The TFC agencies shall develop a protocol for reporting allegations of maltreatment or misconduct toward children by therapeutic foster parents or children in their homes. Protocols involving the following shall also be developed:

1. arrest of any child or involvement by police
2. allegations by a child or adult of physical injury, any type of assault or threat of bodily injury
3. child is away without permission or has not returned at a designated time
4. discovery of drugs, alcohol, weapons or other illegal or dangerous material
5. physical restraint or physical intervention.

In any of the cases above the protocol should elaborate on connecting with the appropriate DHR office as soon as possible.

SECTION I: PROGRAM GUIDE

A. AGENCY PERSONNEL

Professional TFC personnel perform several roles and carry a wide variety of responsibilities. Primary among these is their responsibility for treatment planning and

the coordination of the child's treatment team. This team is typically composed of a TFC worker, a DHR caseworker, a supervisor or clinical consultant, the child, the child's parents, the TFC foster parents and others closely involved with the child and family, e.g. therapists or educational personnel. Other major responsibilities required of TFC program staff include, but are not limited to, case assessment, case management, parent support and consultation, clinical and administrative supervision of staff, 24-hour crisis intervention, on-call services, participation on child and family planning (ISP) team, therapeutic foster care recruitment, orientation, training and selection, child intake and placement, record keeping and program evaluation. A written job description shall be provided to all staff and shall be maintained on site in each staff member's personnel folder. Agency personnel must adhere to, in addition to the requirements herein, any applicable rules, regulations and standards set forth by federal, state or local governments or agencies for the purpose of governing agencies providing care or responsible for the placement of children.

The program shall designate someone responsible for its administration. This individual assumes final responsibility for the provision and oversight of all essential tasks and services described in these requirements within the parameters specified.

While documented performance of the tasks and functions described here is essential, their distribution among program staff will vary according to size, nature and discretion of individual agencies. Critical responsibilities and minimum qualifications are described below for the positions of Case Supervisor and Case Worker. The responsibilities

ascribed to each must be met but may be allocated differently according to an individual agency's internal organization and staffing. Requirements for training and support pertain to all professional staff.

At least one staff member with programmatic authority and responsibility for the oversight of a TFC program shall be one of the following:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A Master's level social worker licensed under Alabama law
- A Registered Nurse who has completed a Master's Degree in psychiatric nursing
- An individual possessing a Master's Degree or above from a university or college with an accredited program with a degree in psychology, social work, counseling or other area that requires equivalent clinical course work and who has completed a practicum as a part of the requirement for the degree or who has 6 months post-Master's level professional experience supervised by a Master's level or above with 2 years of post-graduate professional experience.

1. **CASE SUPERVISOR**

The role of the Supervisor is to provide support and consultation to the CaseWorker in much the same manner as the CaseWorker provides support and assistance to the TFC foster parents. Specifically, the Supervisor shall perform the functions and meet the qualifications listed hereafter:

a. **Responsibilities.**

- i. **Casework Supervision.** The Supervisor provides regular support and guidance to the CaseWorker through weekly supervisory meetings. Formal supervisory meetings shall be supplemented as needed by informal contact between Supervisor and CaseWorker. The Supervisor's caseload shall not exceed 6 CaseWorkers.

- ii. **Treatment Planning.** The Supervisor takes ultimate responsibility for the development of a comprehensive treatment plan based on a thorough case assessment for each child admitted to the program. The comprehensive treatment plan shall contain the strengths, needs and steps identified in the family's ISP as developed by the ISP team. He supervises ongoing treatment planning and implementation of services for each child.

- iii. **Treatment Team.** The Supervisor oversees and supports the CaseWorker as leader of the treatment team and shares ultimate responsibility for team plans and decisions.

- iv. **Crisis On-call.** The Supervisor provides coordination and back-up to assure that 24-hour on-call crisis intervention services are available and delivered as needed to the TFC foster parents, the children in care and their families.

b. **Qualifications.**

The Supervisor shall be

- i. a licensed certified social worker (LCSW) or licensed professional counselor (LPC) **or**

- ii. an individual possessing a Master’s Degree or above from a college or university with an accredited program in the respective degree in psychology, social work, counseling or other area that requires equivalent course work and who has successfully completed a practicum as a requirement for the degree or who has 6 months post-Master’s level professional experience supervised by a Master’s level or above with 2 years of post-graduate professional experience **or**

- iii. an individual who is a licensed bachelor of social work (LBSW) with 5 years experience in children’s therapeutic setting.

2. **CASE WORKER**

The CaseWorker is the practical leader of the treatment team. As such, the Case Worker initiates the development of the treatment plans **based upon the strengths and needs identified in the family's ISP**; provides support and consultation to TFC foster parents, to families of children in care and to other team members related to their role in the treatment plan; and advocates for, coordinates, and links children and their families with needed services available within the TFC agency or greater community. Specifically, the CaseWorker must perform the functions and meet the qualifications listed below:

a. **Responsibilities.**

- i. **Treatment Plan.** Under the supervision of the Case Supervisor, the CaseWorker takes the primary day-to-day responsibility for leadership of the treatment team. The CaseWorker organizes and manages all treatment team meetings. If the CaseWorker is prevented from participation in a treatment team meeting by a crisis or personal reason, the Supervisor takes over that responsibility. As treatment team leader, the Case Worker coordinates team decision-making regarding the care and treatment of the child and services to the child's family, as identified in the comprehensive treatment plan. The comprehensive treatment plan must be congruent with the family's ISP, and all services provided by the agency **must** be authorized by the ISP prior to their

provision, if compensation by DHR is expected. If services provided by the agency are not considered Core Services according to the agency's contract with DHR, the agency must have a DHR-1878 Authorization for Services prior to their delivery. All services, whether Core Services or those authorized on an 1878, must be identified and authorized in the family's ISP.

The CaseWorker provides information and training as needed to treatment team members, who may not be familiar with the TFC model. The CaseWorker prepares these individuals to work with the TFC foster parents to facilitate their participation in the treatment of the child in a manner consistent with TFC practices and values. The Case Worker shall take an active role in identifying goals and coordinating treatment services provided to the child by persons or agencies outside the TFC program, whether or not these persons or agencies participate regularly as treatment team members.

Under the supervision of the Supervisor, the CaseWorker takes primary responsibility for the preparation of each child's comprehensive treatment plan. The CaseWorker signs off on treatment plans and updates.

- ii. **Support and Consultation to Therapeutic Foster Parents.** The CaseWorker shall provide regular support and technical assistance to the TFC foster parents in their implementation of the treatment plan and with regard to other responsibilities they undertake. Fundamental components of such technical assistance will be the design or the revision of the in-home treatment strategies including pro-active goal setting and planning and the provision of ongoing child-specific skills training and problem solving in the home during home visits. This can be best facilitated through in-home teaching, modeling, coaching and feedback.

Other types of support and supervision should include emotional support and relationship-building, the sharing of information and general training to enhance professional development, assessment of a child's progress, observation and assessment of family interactions, stress and safety issues. The CaseWorker or other program staff shall provide at least weekly contact in person with the TFC foster parent of each child in his caseload. The CaseWorker shall visit the TFC foster home to meet with at least one TFC foster parent no less than bi-weekly. **NOTE: It is expected that the frequency of home visits will increase substantially beyond the minimum during the initial week of a child's placement, during discharge planning, during crisis or**

emergency situations in which the child is considered to be at greater risk, and as otherwise required by the child's individual needs and clinical status or the needs of the TFC family.

- iii. **Caseloads.** The number of children assigned to a Case Worker is a function of several variables, including the size and density of the geographic area served, the array of job responsibilities assigned, and the difficulty of the population assigned. The number of children assigned to any CaseWorker shall range from **eight (8) to ten (10)**, based upon the difficulty of the caseload. If a caseload consists of more than eight children, it must contain a sibling group of children in TFC care to maximize at ten. The caseload size shall be adjusted downward if (1) the Case Worker's responsibilities exceed those described under the Case Worker's Responsibilities in this *Therapeutic Foster Care Manual*, (2) the difficulty of the client population served requires more intensive supervision and training of the TFC foster parents, or (3) local travel conditions impede the Case Worker's ability to maintain the minimum direct contact frequencies identified in this manual.

- iv. **Contact with Child.** The Case Worker shall spend time alone with the children in care to allow them the opportunity to

communicate special concerns, to make a direct assessment of the child's progress, to monitor for potential abuse and to build relationships. Such face-to-face contact should be made weekly **by the CaseWorker**. (Due to the importance of the continuity of care for children, the use of other designated staff to make these visits should be limited to rare times when the Case Worker may be ill or on leave. On these occasions, the Supervisor or other professional staff must make the contact. On even rarer occasions may circumstances be encountered which prohibit program staff from achieving face-to-face contact in a given week. These circumstances should be documented in the child's case record when they occur.)

- v. **Support and Consultation to Families of Children.** During a child's tenure in a therapeutic foster home, the CaseWorker shall seek to support and enhance the child's relationship with family members. The CaseWorker in collaboration with the DHR caseworker shall establish regular contact and visitation between children and their parents, other family members, and significant others, as specified in the family's ISP. The CaseWorker shall involve the child's parents in treatment team meetings, plans and decisions and will keep them informed of the child's progress in

the program. If the child's family is not actively involved in planning, the family's ISP must identify this fact, and a copy of the ISP kept in the child's record. Any problems identified by the TFC program with maintaining family connections should be documented in the child's record and reported to the family's DHR caseworker.

- vi. **Community Liaison and Advocacy.** The Case Worker will work jointly with the DHR caseworker and the family planning (ISP) team in identifying which community resources and/or services are required and how they may be used to achieve the goals of the child's treatment plan. The Case Worker in collaboration with these others will advocate and assist in creating and coordinating the provision of such services and shall provide technical assistance to community service providers as needed to maximize the benefit of these services to the child.

- vii. **Crisis On-Call.** The CaseWorker, together with other professional staff as designated by the agency, shall be on-call to TFC foster parents, children and their families. This coverage is on an around-the-clock, 7-day-a-week basis. Each CaseWorker through agency procedures should be given opportunity for respite from on-call duties.

b. **Qualifications**

The CaseWorker shall be at a minimum a person with a BSW or Bachelor's Degree in a closely related field.

3. **STAFF TRAINING AND SUPPORT**

It is required of all professional staff, including, the TFC Case Worker, the TFC Supervisor, the Social Worker and all other licensed staff, to have pre-service and ongoing professional development relevant to the treatment foster home care model and their individual job responsibilities. **All training must be documented in the worker's individual staff record at least annually.**

a. **Agency Staff Development.** Professional staff shall participate in twenty (20) hours of pre-service training prior to assuming casework responsibilities and participate in ongoing training as scheduled by the agency throughout the year. At a minimum, training shall address

- i. an overview of therapeutic foster home care
- ii. the history and development of therapeutic foster care
- iii. orientation to the agency's treatment philosophy
- iv. skill training in the specific treatment methodologies it employs
- v. the use of passive physical restraint
- vi. crisis intervention
- vii. grief and loss issues for children in foster care

- viii. the significance and value of birth families to children placed in TFC
- ix. cultural competence and culturally responsive services
- x. significance of relationship building and connections to significant others
- xi. specific agency policies and procedures, including documentation and evaluation requirements
- xii. skill building in analyzing behaviors, recognizing the behavior's antecedent and facilitating the development of skills to change the antecedent and consequent conditions. Professional staff shall also participate in the first available sequence of the agency's pre-service training for therapeutic foster parents following the start of their employment
- xiii. characteristics, strengths and needs of R.C. class members and their families
- xiv. the philosophy and characteristics of the system of care required by the R.C. Consent Decree
- xv. the rights of R.C. class members and their families as set for by the Consent Decree
- xvi. the damage caused to children through multiple placements
- xvii. staff's role in minimizing multiple placements
- xviii. staff's role in the ISP process

- xix. all R.C. policies, including behavior management, ISP, siblings' placement, visitation, etc.
- xx. Health Insurance Accountability and Portability Act (HIPAA)
- xxi. Reasonable and prudent parenting standard**

The program shall provide a minimum of forty (40) hours of in-service training per year to professional staff. Programs may request training slots for Basic Alabama Certification Training (ACT I), Group Preparation and Selection (GPS), Deciding Together, and any other training that meets or exceeds professional licensing standards.

- b. **Liability Insurance.** Professional staff shall be covered by liability insurance.
- c. **Legal Advocacy and Representation.** The agency may assist staff in obtaining legal advocacy and representation should the need arise in connection with the proper performance of their professional duties.

SECTION II: THERAPEUTIC FOSTER PARENTS

A. INTRODUCTION

The role of the TFC foster parent is central to the success in the TFC treatment model. TFC foster parents are viewed as colleagues and team members by all staff. They serve as in-home treatment agents, implementing strategies specified in a child's treatment plan.

1. **The Fostering Role.** Prospective TFC parents shall be provided with a written list of duties, clearly detailing their role and responsibilities prior to their approval into the program. A copy of the list with the date provided must be kept in the foster parents' records for documentation purposes.

2. **The Treatment Role.** TFC foster parents are integral members of a treatment team. They are not expected to function independently. They are asked and expected to perform tasks, which are central to the therapeutic process in a manner consistent with the family's ISP and the child's comprehensive treatment plans. In addition to their basic foster parenting responsibilities, TFC foster parents perform the following tasks and functions:
 - a. **Treatment Planning.** TFC foster parents and the child's family contribute vital input based upon their observations of the child in the natural setting of the home, and they shall be considered as partners in the planning process.

- b. **Treatment Implementation.** TFC foster parents shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's comprehensive treatment plan and authorized by the family's ISP.

- c. **Treatment Team Meetings.** TFC foster parents shall work cooperatively with the other treatment team members under the leadership of the Case Worker and shall attend team meetings, training sessions and other gatherings required by the program or by the child's treatment plan.

- d. **Record Keeping.** In order to allow tracking and evaluation of services provided in the TFC foster home and of the agency's program as a whole, the TFC foster parents shall systematically record information and document activities, as required by the agency and the standards under which it operates. The TFC foster parent shall keep a systematic and descriptive record of the child's behavior and progress in targeted areas at least weekly and preferably on a daily basis. When applicable, documentation will include elements required for the Alabama Medicaid Agency.

- e. **Contact with Child's Family.** The TFC agency in partnership with DHR will support and encourage the child maintain connections with his family and will actively support and enhance these relationships as outlined in the

family's ISP. The ISP team shall decide if there are safety issues that must be addressed in maintaining connections through visitation.

- f. **Permanency Planning Assistance.** TFC foster parents shall assist with efforts specified by the family's ISP team to meet the child's permanency planning goals. Such efforts may include emotional support, coaching and modeling of effective child behavior management and other therapeutic interventions to the child's family, as well as the provision of support to the family and child during the initial separation period.

- g. **Community Relations.** TFC foster parents shall develop and maintain positive working relationships with service providers in the community (e.g. schools, departments of recreation, social service agencies, mental health programs and other professionals) to ensure that the child/youth is participating in age or developmentally appropriate activities.

- h. **Advocacy.** TFC foster parents, in conjunction with the TFC Case Worker and other staff, shall advocate on the behalf of the child to achieve the goals identified in the child's comprehensive treatment plan and the family's ISP to obtain educational, vocational, medical and other services needed to implement the plan and to assure full access to the provision of public services to which the child is legally entitled.

3. **Qualifications and Selection of TFC Foster Parent.** TFC foster parent selection is a process, which begins at the time of initial recruitment and extends through orientation and training. TFC foster parents are selected in part on the basis of their acceptance of the program's treatment philosophy and their ability to practice or carry out this philosophy on a daily basis. They need to be willing and able to accept the intense level of involvement and supervision provided by the program staff in their TFC fostering functions and understand the impact of that involvement on their family life. TFC foster parents need to be willing to carry out all tasks specified in their therapeutic foster program's roles and responsibilities, including working directly and in a supportive fashion with the families of children placed in their care.

In selection of prospective TFC foster parents, several important qualities should be sought. These may include, but are not limited to, commitment, a positive attitude, willingness to implement treatment plans and follow the program's treatment philosophy, a sense of humor, enjoyment of children, flexibility, tolerance and the ability to adjust expectations concerning achievement and progress to children's individual needs and capabilities. TFC foster parents need to approach work with a child as a family commitment with a sense of unconditional care, informing their own children of the nature of the program. TFC foster families shall be financially stable and shall demonstrate emotional stability individually and as a family unit. TFC foster parents shall have access to

reliable back up and a network of support, in addition to the professional support provided by the approving agency. **This support must be documented in the foster parent record.** TFC foster parent selection criteria shall also apply to those TFC parents who provide respite only and shall include at a minimum the following:

- a. **Approval/Certification.** All TFC foster parents shall be subject to the same minimum standards as traditional foster parents as outlined in *The Minimum Standards for Foster Family Homes* with additional requirements as prescribed by the *Therapeutic Foster Care Manual*. A profile of each TFC family, which covers all the elements required by these standards and requirements, shall be compiled, as per GPS policy. The profile shall include the prospective foster family's ability to meet the special needs of the children served by the TFC program. These profiles should be very explicit as to how the licensing agency feels that this home can provide the type of care that is needed by children who fit the criteria for acceptance. A history of the family should be in-depth and complete. TFC foster parents will participate in GPS. TFC agencies may **not** provisionally license or approve foster parents. It must be clearly documented in the foster parent record that the family has been approved **prior** to a child's being placed in the home. No provider number will be assigned to a TFC foster parent until the application and approval process is complete, **including receipt of the criminal history for each parent.**

- b. **Checks and References.** Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) criminal records checks and a Child Central Registry child abuse/neglect (CAN) clearance shall be completed for each foster parent. A minimum of **three (3) non-relative** references shall be collected and evaluated by the program on each TFC foster family **prior** to their approval or licensure. If a prospective TFC foster parent has served previously as an approved foster parent for another agency, references and, if possible, a copy of the home study shall be obtained from that agency, as well. All TFC home studies shall be available to county DHR offices, should the foster parent step-down to a traditional foster home to be approved by the county department. At the time of renewal, one (1) letter of reference from a non-relative source will be required as documentation in the family record.
- c. **Language.** At least one TFC foster parent shall demonstrate minimal communication in language of the child in their care at the time of placement, and there must be a specific plan to meet a proficient level of communication, including interpretation as needed. At least one TFC foster parent must demonstrate effective communication in the language of the program treatment team with which they work.

- d. **Cultural Competency.** TFC foster parents must be willing to become cross-culturally competent and able to understand the importance of cultural issues in planning for children, youth and families.

- e. **Age.** TFC foster parents shall be at least 25 years of age.

- f. **Health.** The physical health of TFC foster parents shall be equal to the stress inherent to the care of special needs children as evidenced by a physician's statement to that effect. TFC foster parents must meet the health requirement of the *Minimum Standards for Foster Family Homes*.

- g. **Transportation.** TFC foster parents shall have access to reliable transportation. If using a car, they shall have a valid driver's license and documented ownership of liability insurance as required by the State.

- h. **Discipline.** TFC foster parents **must** refrain from using corporal punishment with children placed in their care and to adhere to DHR's policies, e.g. the Behavior Management policy, regarding the use of punishment generally. A signed statement by TFC foster parents must be placed in the family record to serve as documentation. No therapeutic holds or restraints, unusual seclusion or bizarre forms of discipline will be tolerated for children in DHR placement.

- i. **Physical environment.** The TFC foster home shall meet the *Minimum Standards for Foster Family Homes*. The TFC home shall provide each child in therapeutic care a separate bed and private space for personal belongings. Each TFC home shall have a telephone.

- j. **Respite.** TFC foster parents shall be willing to serve as a respite resource for other TFC foster parents. Each TFC foster home shall be entitled to a minimum of 48 hours of respite per month (24 hours , if a child is in step-down), which will be provided at no reduction in pay to the TFC foster parent. **Any respite for longer than one (1) week, unless provided as a result of a foster parent's temporary incapacity, may be considered a placement.** A TFC foster home providing care for a child may not serve as a respite provider for another home for more than seven (7) days without DHR permission. If longer respite is necessary, it must be provided by a home with no children placed in the home. A foster home in which a child is placed may not serve as a respite home for more than one TFC foster home within a thirty (30) day period.

- k. **Employment.** TFC foster parents may be employed outside the TFC program. It is preferable, but not necessarily required unless for a special situation, that one parent is present in the home at all times. There must be flexibility in their employment position to enable them to meet a child's needs, e.g. school conferences, doctor's appointments, etc. A TFC

provider may not have a daycare or nightcare home in their home and be approved as a TFC provider.

4. **Training for Therapeutic Foster Parents.** Training for TFC foster parents is a planned, systematic means by which they are prepared to provide care for children with difficult behaviors prior to their having children placed in their homes and are bolstered to improve their skills for such children through a continual process of learning as they provide in-home placement services. Training shall be consistent with the program's treatment philosophy and methods and shall equip TFC foster parents to carry out their responsibilities as agents of the treatment process. At a minimum, all TFC foster parents (including **both partners** of a couple and respite providers) **must** meet the following training requirements. Their completion of each requirement must be clearly documented in the **family record**.

- a. **Pre-service Training.** Prior to the placement of the children in their homes, all TFC providers shall satisfactorily complete **forty (40)** hours of primarily skills-based training consistent with the agency's treatment methodology and the service needs of children. Group Preparation and Selection (GPS) or Deciding Together (DT) will comprise 30 hours of the pre-service training. Foster parents must also meet the additional training requirements of the *Minimum Standards for Foster Family Homes*, e.g. CPR, etc. The additional 10 hours of training shall cover clinical training

for foster parents' skill development. Medicaid requirements must be trained but shall not comprise any portion of the skills-building or clinical training sessions. **NOTE: Time spent completing the program's orientation or home study/assessment shall not be considered a part of this training requirement.**

- b. **In-service Training.** A written professional development plan, which describes the contents and objectives of in-service training for all TFC foster parents, shall be maintained by each agency. All TFC foster parents **must** satisfactorily complete at least **twenty-four (24) hours** of in-service training (**not to include CPR, First Aid and other non-clinical training**) annually, if they are maintained as a currently approved foster home. Respite parents must complete at least **twelve (12) hours** of in-service training annually. More may be dictated, as required by the needs of a child. This training shall emphasize skill development, as well as knowledge acquisition, and may include a variety of formats, procedures, venues or means (ex. monthly meetings, Internet training, film or video, books, etc.) An agency, if using a means other than monthly meetings, must be able to ensure by some manner that the training was actually completed by each parent. This training must be documented in the family record. (It is strongly encouraged that a spreadsheet, which shows the subject, dates and means of the training for on-site review, be maintained in each family record.) **Twelve (12) hours** of the in-service training must

meet the annual requirements of foster parents as prescribed by the *Minimum Standards for Foster Family Homes*. Banquets, holiday celebrations, etc. may **not** substitute for in-service training. **NOTE: In-home child-specific training shall be a part of the technical assistance provided to TFC parents by TFC caseworkers or others contracted by the agency.**

- c. **Evaluation of training.** All TFC foster parents shall be provided an opportunity to evaluate training. Documentation of this feedback must be maintained by the TFC agency for inspection by State DHR.

- d. **Core Curriculum for Pre-service Training.** The core curriculum for pre-service training for TFC foster parents shall include, but shall not be limited to the following:
 - i. Introduction to foster care
 - At-risk children and their families
 - Legal issues
 - Foster family rules
 - **Reasonable and prudent parenting standard**
 - Philosophy and characteristics of the system of care

 - ii. Agency Policy and Review

- Home study
 - Financial
 - Safety (CPR, first aid, fire safety, HIV)
- iii. Minimum Standards for Foster Family Homes
- iv. TFC Foster Children and Their Families
- Strengths, needs and services assessment
 - ISP's, re-unification, concurrent planning and permanency
 - The family's role in the treatment team
 - Family strengthening and visitation
 - Separation and loss issues
 - Special needs of the TFC child (sexual abuse issues, understanding emotional disturbance, medication management, educational and vocational needs, emotional deprivation of children)
 - Rights of R.C. Class Members and their families
 - Damage to children as a result of multiple placements
- iv. Therapeutic Foster Families
- Standards and record keeping
 - Team and group approach
 - Partnership principles

- Parenting techniques
- Behavioral management based on positive reinforcers
- TFC foster family strengthening (matching, non-TFC siblings' needs and services)
- Crisis prevention and intervention
- Understanding allegations of abuse/neglect and the reporting process
- Building positive relationships and interpersonal helping skills
- Stress management
- Unconditional care
- Foster parents' role in the ISP
- Health Insurance Portability and Accountability Act (HIPAA)

5. **Support for TFC Foster Parents.** TFC programs shall provide intensive support, technical assistance and supervision to all TFC foster parents. TFC foster parents shall be provided the support and assistance as described in Section I above. Additional types of support services shall include the following:

- a. **Information disclosure.** All information that the TFC program receives on a child that is to be placed within that program shall be shared with and explained to the prospective TFC foster parent prior to placement. (Please refer to the Foster Parents' Bill of Rights in the addendum.) This must be documented in the foster child's record. Agency staff shall discuss with

the prospective TFC foster parents the child's strengths and assets, potential problems and needs, and the initial intervention strategies for addressing these areas. As full treatment team members, TFC foster parents have access to full disclosure of information concerning the children to be placed in their homes. With this access goes the responsibility to maintain agency standards of confidentiality regarding such information. Exceptions to full disclosure would be client/patient confidentiality. TFC foster parents must be trained in the expectations of HIPAA.

- b. **Respite.** TFC foster parents shall have access to both planned and crisis respite care for the children placed in their homes. This respite must occur in homes, which have been selected and trained according to the standards for TFC foster parents as outline in this document. Respite providers shall be informed of the child's comprehensive treatment plan and will be supervised in their implementation of the plan. They shall also be provided a written explanation of the child's history. (See additional information on respite on page 37 of this manual.)

- c. **Counseling.** TFC foster parents and their own children shall have access to counseling and therapeutic services arranged by the TFC program for personal issues or needs caused or complicated by their work as TFC

foster parents. Such issue may include, for example, marital stress or abuse of their own children by a TFC child placed in the home.

- d. **Support Network.** The program shall facilitate the creation of formal or informal support networks for its TFC foster parents, e.g. foster parent support groups, TFC “buddy” systems, etc. Foster parents will also be encouraged to join the local foster parent association.

- e. **Financial Network.** Program financial support to TFC foster parents shall cover the cost of care as well as payment for the difficulty of care associated with their treatment responsibilities and special needs of the children they serve. TFC foster parents shall receive from the program a difficulty of care payment as designated by the TFC program and identified in the contract between the TFC provider and the foster parent. TFC foster parents shall also receive from DHR either the reduced traditional board rate or the child’s entire SSI check, if the child is eligible. TFC foster parents shall receive the difficulty of care payment in addition to the reduced board payment **or** the entire SSI check.

- f. **Damages and Liability.** The program shall have a **written** plan concerning the availability of compensation for damages to a TFC family’s personal property by a TFC child placed in their home. This plan shall be given and explained to TFC parents prior to their approval, and

documentation that the written plan was given and explained must be maintained for review by State DHR in the foster parent record. TFC foster parents shall document that they maintain home/apartment, automobile, property and liability insurance in addition to the liability insurance carried by the parent TFC program.

g. **Legal Advocacy.** The agency may assist TFC foster parents in obtaining legal advocacy for matters associated with the proper performance of their role as TFC foster parents.

6. **Therapeutic Foster Home Capacity.** Given the challenging nature of the children served in TFC and the intensity of the services required, the number of children placed in each TFC home shall be limited to **one (1)**; or a sibling group with no more than **two (2)** of the siblings in TFC status; or a minor parent and child. There will be **NO** exceptions to this rule except for extenuating circumstances. Should a county DHR office request a program for an exception, the county office must send to State DHR's Office of Resource Development and Management the concurrence of their respective Office of County Systems Support consultant, the concurrence of the county who already has a child placed in the home, the concurrence of the TFC program and a copy of each child's ISP, including a respite and disruption plan. Approvals for exceptions will be very infrequent and for specific time periods.

NOTE: Programs who disregard this policy may be held in violation of the program requirements, which may lead to licensing or financial sanctions.

SECTION III: CHILDREN, YOUTH AND THEIR FAMILIES

A. INTRODUCTION

TFC exists to serve children and youth whose special emotional needs lead to behaviors, that in the absence of such programs, they would be at risk of placement into restrictive residential settings, e.g. hospitals, psychiatric centers, correctional facilities, or residential treatment programs. A DSM-IV Axis I diagnosis as documented by a current psychological or psychiatric evaluation completed by an psychiatrist or Ph. D. psychologist within 24 months without the associated behaviors is not necessarily an entrance criterion into the TFC program. DHR will

be financially responsible for timely evaluations for children in TFC placements. TFC also aims to serve the families of the children that are placed within the program, supporting child-family relationships consistent with the permanency goals outlined in the family's ISP.

Children and youth in TFC placements and their families have a right to services designed to promote interdependence. Services to children and youth should target not only the remediation of specific referral needs but also address their needs in all the major developmental domains associated with successful interdependent living. Children and their families have the right to participate in decisions about what and how services will be provided to them.

These rights begin prior to the child's formal placement into a therapeutic foster family, continue through his direct involvement in treatment and other services while in the program, and extend into the period following TFC placement. Specifically they include the following:

1. **Placement and Support Services.** Children, youth and their families have the right to receive all supportive services described in sections I and II above, as well as all other services identified in the ISP. The family will be adequately prepared for the child's placement into a TFC foster home by the county DHR office and, when possible, will be a part of the placement decision. The child will be matched with the TFC family, which best meets his needs, and will receive

support to maintain and enhance their relationship with the TFC family and his own birth family.

- a. **Pre-placement visits.** Children referred to a TFC foster home shall have **one (1)** overnight visit with the TFC foster family with whom they are to be placed **prior** to their admission into the program. The families of children to be placed shall have the opportunity to meet with their child's prospective TFC foster parents prior to the placement unless otherwise indicated by their ISP or court order. Other opportunities for the child and prospective foster parent are encouraged (meeting in the park, sharing photos, telephone calls, etc.) There **must** be documentation in the child's record that a pre-placement visit has occurred. Payments will be made by SDHR via a DHR-724 for children who are coming from a non-contract slot or have already been discharged from a contract slot or by the DHR county department via a DHR-1878 if the child is still in a contract slot at the time of the pre-placement.
- b.
- c. **Placement decisions.** Children, youth and their families shall be consulted as to their preference for placement with specific foster parents, whenever possible and appropriate.
- d. **Matching.** The TFC program shall develop and maintain a **written** protocol on matching of children and TFC foster families. Placement shall

be made only after a careful consideration of how well the prospective therapeutic foster family will meet the child's needs and preferences. Additional resources may be necessary for the foster family to best meet a child's needs. Important matching variables include, but are not limited to:

- i. The composition of the TFC foster home
 - ii. The willingness and ability of the TFC home to work with the child's family
 - iii. TFC foster family's ability to communicate with the child
 - iv. Proximity to the child's family
 - v. Local availability and access to needed supportive resources
 - vi. TFC foster parent's skills, abilities and attitudes
 - vii. TFC foster family's lifestyle
- e. **Assessment and records.** The DHR worker is responsible for holding an ISP meeting at the time of placement in order to achieve sound placement decisions. If a placement ISP is not possible, the DHR must hold the meeting within **72 hours** of placement. A copy of the ISP shall be sent by DHR to the TFC provider within **ten (10) days** of the ISP meeting for inclusion into the TFC record. The TFC provider will not be held responsible if this requirement is not met, if documentation is available that a request for the ISP is maintained in the record. Other materials that should be available to the TFC program prior to placement are as follows:

- i. a strengths and needs assessment (Comprehensive Family Assessment)
- ii. a discharge plan
- iii. a social summary
- iv. previous and current psychological assessments (within 24 months)
- v. educational information
- vi. a medical summary
- vii. a summary of placement history and outcomes
- viii. the reason for placement

For children admitted to TFC, an individual case record, including a chronological narrative shall be kept and shall include the following:

- i. copy of birth certificates
- ii. copy of Social Security card
- iii. pre-admission psychological evaluation (within 24 months)
- iv. child's social and family history
- v. educational history, including school reports and Individual Educational Program (IEP)
- vi. medical information, including EPSDT screening; sight, hearing and dental examination report; current medications and allergies;

- immunization records; medical history; Medicaid number; lead screening for children under the age of 6
- vii. authorizations for routine and emergency medical care, dental care and other medical procedures
 - viii. authorizations required by the State for out-of-state travel, participation in special events, etc.
 - ix. correspondence with/from agencies involved with the child
 - x. initial Individualized Service Plan
 - xi. follow-up Individualized Service Plans
 - xii. progress reports
 - xiii. any reports submitted by foster parents
 - xiv. case notes including contacts with child's family/extended family
 - xv. incident logs or records on serious behavior problems, illnesses or injuries
 - xvi. court orders
 - xvii. measure of child specific behaviors as identified by a behavioral assessment tool implemented by the department
 - xviii. comprehensive treatment plans
 - xix. treatment plan review
 - xx. Health Insurance Portability and Accountability ACT (HIPAA) information
- f. **Child's access to agency staff.** Therapeutic foster children shall have access to designated staff at all times to discuss concerns including any

problems they are experiencing in/with their therapeutic foster family. Agency staff shall provide regular face-to-face contact alone with each child. No TFC program shall promulgate a policy to require its staff be present at the time of visits between the DHR caseworker and the child/youth in placement. DHR staff shall notify TFC providers of planned visits, but DHR staff shall be able to contact foster parents on an individual basis to arrange visits or contacts or to assess the children in their care.

- g. **Child-family contact/relationships.** Therapeutic foster children shall have access to regular contact with their families as described in Department of Human Resources policies regarding visitation and mail and telephone access. The TFHC program shall work to actively support and enhance child-family relationships. Specific activities to be undertaken in this regard shall be described in the child's Individualized Service Plan.
- h. **Rights of children and youth in therapeutic foster home care.** Children in therapeutic foster home care have the same basic rights as all foster children including the right to privacy, to humane treatment, to adequate shelter, clothing, nutrition, essential personal care items and allowances, access to religious worship services of their choice, access to counsel and the courts, access to family members, freedom from excessive medication, freedom from unnecessary seclusion and restraint, and advocacy services. The program shall explain to each child what his/her

rights are in a manner consistent with the child's level of understanding and make this information available to the child in writing and must be documented.

2. **Treatment.** Therapeutic foster children have the right to receive direct treatment and related services planned to meet the specific needs associated with their placement in therapeutic foster care. Treatment assumes written plans based upon the family's ISP with clearly specified procedures and services designed to achieve measurable goals within a set period of time and with regular assessment of progress. All services provided above core services must be authorized in the ISP with associate 1878 (authorization).

An Intake Evaluation and a written Initial Treatment Plan shall be completed within 10 **working** days of admission. If initial plan is not comprehensive, a Comprehensive Treatment Plan shall be completed within 30 days of initial treatment plan to coordinate the long-term treatment and permanency planning goals with the family and/or child's ISP and the services to be provided to meet these goals. The plan also shall address specific strategy to be employed by the therapeutic foster parents in the home to meet long-term goals and to achieve short-term objectives related to current needs or treatment issues. Significant revisions or extensions of these specific treatment strategies shall be documented along with progress on long and short-term goals.

Treatment planning shall involve the child from the outset and to increase and maximize that involvement over time. The process likewise shall involve the child's family to address strategies to promote reunification and/or to enhance and maintain child-family relationships. Planning shall extend beyond the period of the child's tenure in therapeutic foster home care to guide and stabilize transitions to subsequent settings and to maximize the transfer and maintenance of treatment gains. Aftercare services shall be addressed as an integral component of the ISP planning process.

At a minimum, treatment planning shall include the following:

1. **Initial treatment plan.** An initial written treatment plan shall be completed within 10 **working** days of the child's admission to the program. The plan shall describe specific tasks to be carried out by the treatment team during the first 30 days of placement. It shall describe strategies to ease the child's adjustment to the therapeutic foster home including plans for visitation with his/her family, as well as describe the child strengths, skills, interests, and needs for treatment within the home. The initial plan shall address short-term goals for the first 30 days of placement, identify potential needs likely to be encountered with the child and specify how the treatment team is to respond to them. The initial plan shall provide a rationale for the child's placement in the particular therapeutic foster home chosen as a

suitable match based upon the child's permanency plan identified in the ISP.

2. **Comprehensive treatment plan.** A written comprehensive treatment plan shall be completed for each child within 30 days of initial placement addressing the long-term goals of treatment including criteria for discharge, projected length of stay in the program, projected post-TFHC setting and aftercare services. It shall address the child's permanency plan, adhering to the requirements of PL 96-272 regarding the goals of placement. The plan shall identify and build on the child's strengths and assets as well as respond to presenting needs, as identified in the family and/or child's ISP. It shall assess the child's needs in major developmental domains, describing goals and strategies as necessary to promote pro-social, adaptive behavior, emotional well being, cognitive development, interpersonal skills and relationships, self-care and daily living skills. For older youth and those remaining in THFC for longer periods, independent living skills will be developed. The comprehensive treatment plan shall include proactive short-term treatment goals that are measurable and time limited along with specific strategies for promoting and regularly evaluating progress.

The comprehensive treatment plan should include the following:

- i. name of child

- ii. identifying child data
 - a. DOB
 - b. custody status
 - c. referring agency
 - d. placement date
- iii. family data
- iv. treatment team members and roles
- v. strengths/needs of child and family
- vi. goals of treatment
- vii. services to be provided
- viii. tasks and steps to achieve goals
- ix. assignment of tasks and steps
- x. crisis plan
- xi. evaluation and review plans
- xii. behavior management plans, when identified as a need by the ISP team

3 **Quarterly progress reports/updates.** Each child's treatment plan shall be specific, reviewed at least quarterly by the treatment team and revised as necessary. Quarterly reports shall document progress on specific short-term treatment goals, describe significant revisions in goals and strategies, and specify any new treatment goals and strategies initiated during the period covered. The quarterly progress report shall summarize progress and also any changes, as identified by

the ISP team, regarding long-term placement and treatment goals. A copy of this report should be sent to the appropriate county DHR.

4. **Aftercare plan.** All discharges from TFC shall be reviewed and discussed by the ISP team. An aftercare plan shall be prepared through the ISP and ready to be implemented for each child prior to his/her planned departure from the program. The plan shall specify the nature, frequency, and duration of aftercare services to be provided to the child and to his/her family and designate responsibility for service delivery. The TFC program may provide these aftercare services directly or provide consultation as needed to the person/agency assuming responsibility for working with the child following his/her discharge from the program.

3. Movement within the System of Care (Step-down/Step-up Protocol)

- a. Movement within the system of care, including step-down and step-up, can take many forms and may include the following:

- A move between psychiatric hospitalization and TFC foster home.
- A move between residential treatment and TFC foster home.
- A move between out-of-state placement and TFC foster home.
- A move between DYS placement and TFC foster home.
- A move from TFC to adoption through state office placement.
- A move from TFC to foster parent adoption.

- Remaining in TFC foster home with reduced services.
- A move between TFC foster home and traditional foster care.
- A move from TFC foster home to independent or transitional living.
- A move between TFC foster home and home of a relative.
- A move between TFC foster home and the parent(s) home.
- A move from TFC to emancipation.

b. **Reasons for Step-Down within the TFC Program:** There are occasions when children should be stepped down within a TFC program. The following conditions must be present in the decision to step-down a child within a TFC program:

- The child has established a strong bond with the foster parents and a move would adversely affect the child's stability and emotional well being.
- The ISP team has established that there are no relative placement resources, the child cannot return home, there is no identified adoption resource, and step-down within the TFC program is in the best interest of the child.

- The child can be maintained in the placement with fewer therapeutic services, as determined by the Multi-dimensional Assessment Tool (MAT) that places the child in the Step-Down TFC category of care.

c. **Definition of Step-Down:** Step-down is the process for decreasing the level of services for a child in out-of-home care. After a child has been in placement for 6 months, an assessment of step-down will be made to determine his/her treatment needs. Step-down will be continually assessed after this timeframe to determine when a child may be stepped down.

- In the context of the *Therapeutic Foster Care Manual* document, step-down refers to three categories of care within the TFC program, i.e., Comprehensive TFC, Step-Down TFC and Traditional Foster Care.

- The criterion for assigning a child to a specific category of care is predetermined through the use of a standardized behavioral assessment tool. Scores resulting from the standardized behavioral assessment tool will determine the appropriate category of care for the child and will be identified in the child's ISP. Movement between the three categories of care within the same TFC foster home will then occur in accordance with the predetermined criterion established with the ISP team. If a change in the level of services is needed, an ISP will be held within 72 hours of when the needed change is identified.

d. **Categories of Care:** There will be three categories of care within the TFC program, 1) Comprehensive TFC, 2) Step-Down TFC and (3) Traditional Foster Care.

- As long as the child remains in the TFC system, the Multi-dimensional Assessment Tool (MAT) will be used to assign the child to an appropriate category of care within the same foster home, thus promoting stability of placement and flexibility of services defined by individual needs of the child and family.
- State DHR has developed the MAT to be used to assess children placed in the TFC programs, along with the corresponding scores that will indicate the three categories of care.
- The admission assessment utilizing the MAT will use a timeframe of 30 days prior to admission to rate behavioral severity. In completing the rating, all available information including previous treatment records and information provided by the DHR case record, the child's parents, family, teachers, and other treatment professionals involved with the child will be considered.

- e. **Criteria for TFC Categories of Care:** All children entering a TFC program will be initially placed in the Comprehensive TFC category of care.
- The category of care will be re-assessed using the MAT during the child's treatment in the TFC foster home every six months after the initial placement. TFC providers shall ensure that DHR caseworkers are invited to all treatment team meetings. The foster parent and the TFC agency will be an integral part of the assessment process to determine when a child is ready to step down to a lower level of service.
 - The criteria for TFC categories of care will primarily be the score obtained on the standardized behavioral assessment tool. In the event that the ISP team recommends a category of care not congruent with the behavioral assessment rating, a request for conflict resolution will be made by the county DHR office to DHR within ten (10) days. The county DHR shall convene the ISP team no later than thirty (30) days after receipt of the MAT recommendations, if the MAT recommends a change in the treatment intensity level.
 - If children are identified who need to step-down completely to traditional foster care, the TFC agency may request that the county DHR identify a provider outside the TFC agency to meet the child's needs. If

the TFC agency chooses to continue to serve the child in the current foster home within their own program, the following criteria shall apply.

1. During the ISP meeting in which the decision is made to step a child down, a determination will be made by the team as to which therapeutic services need to continue, if needed, and to what degree. If therapeutic services are needed after the child has been discharged as a TFC child, they may be authorized on a DHR-1878. Services authorized on an ISP and 1878 must not surpass 25% of the contract daily rate for TFC.
2. To ensure the continued care for the child in the traditional status, the DHR social worker will visit the child at least once per month face-to-face in the therapeutic foster home. As in all cases, DHR social workers will be able to visit in TFC foster homes without the accompaniment of a TFC social worker.
3. As determined by the ISP team, all services and needs identified for the child will be assumed by the DHR following the policies for children in out-of-home placements. (See Core Services for Children in Step-Down.)

4. The requirement that a TFC foster home can provide services to only one child in the home is waived, if one of the children stepped down to traditional foster care within the TFC program. Two unrelated TFC children can be placed in a TFC foster home when one of them is in traditional status and placement of the second child does not jeopardize the stability and progress made by the child already in the home. If a foster home has a sibling group with one TFC child and that child is stepped down to traditional care in the home, the home would be able to accept another TFC child after the program has assessed their ability to serve all the children in the home. The number of children that may be placed within the home must not exceed six and must follow the Foster Family Home Standards. Before a provider is able to place another TFC child in a foster home, where a child has been stepped down to traditional care, that foster home must have no other children placed, other than serving as a respite provider, for thirty days to ensure the stability of the stepped down child.

5. Foster parents will receive the traditional foster care board rate (\$14) or the entire SSI check for children who are in traditional foster care in their home.

6. As TFC programs will receive no compensation for children who are in traditional foster care in their program, face-to-face visits with these children and all support activities for the foster child and foster parents will be identified in the ISP and arranged by DHR and made by the county DHR staff or a provider with whom DHR vendors or contracts.
 7. The TFC agency will be represented in attendance at all ISP's involving children in step-down or traditional foster care within their respective programs.
 8. If a child is stepped down to traditional foster care within a program and another TFC child is placed in the home, the child-placing agency must retain liability for the home.
- f. **Process for Changing Category of Care:** If an ISP team member feels there is a need for change in the category of care, the following will occur:
- A 72-hour ISP will be requested. If a new MAT is needed, one will be requested by the county department to SDHR.

- The change in category of care and reimbursement rate will be effective the first of the month following the month after the month the ISP was held.
- g. **Services Addressed in Comprehensive TFC Category of Care:** The core services list for the Standard TFC category of care is attached as Addendum A.
- h. **Services Addressed in Step-Down TFC Category of Care:** The core services list for the Step-Down TFC category of care is attached as Addendum B. These services are contingent on a 50% reduction in the TFC provider's daily rate.
- At a minimum, the child in Step-Down TFC category of care will be seen face-to-face in-home twice per month by the TFC provider.
 - The responsibility for funds to support extracurricular activities, children's allowances, additional clothing, counseling, family support, and tutoring above the Core Services for children in step-down will be assumed by DHR and paid from local flex funds.

i. **Definition of Step-Up:** Step-up is the process of providing more extensive services for children, when it is assessed that these services are needed.

- In the context of the *Therapeutic Foster Care Manual*, step-up refers to the three categories of care within the TFC program.
- Whenever a child steps down to the Step-Down TFC or traditional foster care category of care, the possibility that he/she may have to step back up to the Comprehensive TFC category of care is understood and should be addressed as a crisis plan in the ISP. Likewise, a child in traditional foster care may have to step up to Step-Down TFC. It is expected that a child would step up no more than one level, except in very rare circumstances as determined by a MAT assessment. If the ISP team feels that a child's behaviors have escalated to need more intensive treatment, the county DHR staff shall call SDHR to request a MAT assessment.

j. **Policy:**

- Therapeutic foster care is a **temporary** placement to address children's emotional and behavioral disorders.
- The need for TFC services will be evaluated at each ISP team meeting. If a child has been in TFC care for longer than 6 months, a new MAT will be completed, and the ISP team will evaluate barriers to the

child's return to parent or other identified permanency goals and the need for continued TFC services.

- The number of children placed in each therapeutic foster home shall be limited to one; or a sibling group with no more than two (2) of the siblings in therapeutic status; or a minor parent and child. In the event of an exception, a case-specific exception will be required from State DHR based on clinical data and input from all children affected and the foster parent. The county DHR office holding custody of the child shall request this exception.
- The TFC provider will be represented in attendance at all ISP's involving children in either Standard TFC or Step-Down TFC categories of care.

k. **TFC Reimbursement:**

- When a child meets the criteria for Step-Down TFC category of care, the rate to the TFC provider will decrease by 50% effective the date identified in the ISP.
- Medicaid services will be reduced according to the reduced needs of the child.

- The foster parent will receive the TFC foster care board rate (up to \$8 per day) or the entire SSI check for children who are in the Step-Down TFC category of care in their home in addition to the 50% of the standard difficulty-of-care rate established by the TFC provider.

1. **Therapeutic Foster Parents:**

- All TFC foster parents must be apprised as a part of their training that 1) there are three categories of care, i.e., Comprehensive TFC, Step-Down TFC and traditional foster care, in the TFC program and 2) that Step-Down TFC may occur with the children they serve. They must understand and sign an agreement that they understand the categories of care, the process of changing categories of care, and will abide by any decisions made.
- Annually, the in-service training for TFC foster parents will reiterate the categories of care, the process of changing categories of care, and related policies.
- TFC foster parents will be an integral part of the ISP team in making decisions regarding children in their care. They will be adequately prepared jointly by the TFC social worker and the DHR social worker prior to the ISP meetings. Their strengths and needs will be assessed

during the ISP process to maintain stability in the placement of children in their homes.

- Foster parents with children in the Step-Down TFC category of care will continue to be approved by the child-placing agency and will receive the core services for the Step-Down TFC category of care, as described in Addendum B, for the children in Step-Down TFC from the TFC provider.
- m. **Reports:** Monthly reports from TFC providers will be modified to show the number of children that are in each category of care, i.e., Standard TFC, Step-Down TFC and traditional foster care, within their programs. An average length of stay for children served in each category shall be reported, as well.
- n. **Caseload Standards for Standard TFC and Step-Down TFC Categories of Care:**
- The number of children assigned to a Case Worker is a function of several variables, including the size and density of the geographic area served, the array of job responsibilities assigned, and the difficulty of the population assigned.

- The maximum number of children in the Comprehensive TFC category of care assigned to any CaseWorker shall not exceed eight (8).
- Children in the Step-Down TFC category of care will count as one-half (.50) case for purposed of caseload count.
- The maximum number of children in the Step-Down TFC category of care assigned to any CaseWorker shall not exceed sixteen (16).
- The caseload size shall be adjusted downward if (1) the Case Worker's responsibilities exceed those described under the Case Worker's Responsibilities in the *Therapeutic Foster Care Manual*, (2) the difficulty of the client population served requires more intensive supervision and training of the TFC foster parents, or (3) local travel conditions impede the Case Worker's ability to maintain the minimum direct contact frequencies identified in the manual.

SECTION IV: PROGRAM EVALUATION

A. PROGRAM EVALUATION

Evaluation is essential for programmatic self-knowledge, self-improvement and accountability. Information concerning service delivery and outcomes shall be collected, reviewed and analyzed to maintain, improve, and document sound therapeutic foster home care program operations. This information will be needed for subsequent review and revision of these requirements. At a minimum TFHC program evaluation efforts should address the following:

- 1. Documentation of service delivery.** A therapeutic foster home care program shall clearly document delivery of all services in its program statement as well as compliance with all minimum-operating standards.
- 2. Individual treatment.** TFC programs shall document the implementation of all treatment plans and track progress and outcomes on all long and short term goals throughout each child's stay in care. Specific areas to track are specific behaviors (examples of tools which may be used are the Global Assessment Scale, Achenbach & Edelbroch, etc.), child's educational status, law enforcement status, and family involvement. If goals are not achieved in a specified time frame, the treatment plan will be changed in accordance with the ISP.
- 3. Follow-up to individual treatment.** TFC programs shall track children discharged from their care for a minimum of 6 months following their discharge. Areas to track are placements, behaviors, educational and work status, law enforcement status, and family involvement.
- 4. Performance evaluations.** TFC programs shall provide TFC parents and

Professional staff with written performance evaluations at least annually which include descriptive assessments of their performance and specific job responsibilities and goals for improved performance.

5. **Quality assurance.** TFC program shall have a written QA plan to monitor the performance of each program of therapeutic foster care. Each TFC program will designate the composition of the persons who conduct the annual QA review. It is recommended the following persons be appointed to serve on the QA team: TFC parents, family members of child in care, youth in care, DHR social worker, TFC staff member, and other community partners such as teachers, therapists, behavior specialists, nurses, etc. The QA system is intended to provide an independent check on the daily decisions concerning TFC as well as monitor outcomes for children and youth in TFC. The QA system must operate with a sufficient degree of independence to accomplish its mission.

The TFC QA system will regularly collect and analyze data, conduct case studies, special studies and site visits to evaluate the program's performance according to the goals and principles of the R. C. Consent Decree. Data may be collected on a continuous basis or by sampling techniques. "Case studies" are general studies of the functioning of TFC performed through reading case files and interviewing significant persons. "Special studies" are studies focused on the functioning of specific aspects of TFC. They should be based on a review of case files and interviews of significant persons in the case, among other data. "Site visits" are

visits to the TFC homes for the purpose of observing the TFC parents and staff interacting in the TFC setting.

6. **Satisfaction surveys.** Surveys will be completed at the end of 90 days after a child enters the TFC program. The following surveys will be completed, thereafter, annually, or at a child's discharge from the program:
 - a. therapeutic foster parent
 - b. child or youth
 - c. family
 - d. placing agency

B. PROGRAM SUMMARY

The Therapeutic Foster Care Program is intended to provide an intensive therapeutic environment for children and youth in a home-like setting. On a continuum of services, it lies between a residential setting and a traditional home setting, whether it be a foster home, a relative placement or the child's birth family's home. The service should be provided when a child's therapeutic needs can not be met at his own home due to significant safety issues that can not be resolved with an appropriate safety plan. As soon as safety issues can be resolved, continued therapy should occur in the child's own home through intensive in-home treatment services. Step-down from therapeutic foster care is to be expected, as a child reaches his treatment goals and permanent living arrangements are identified. The TFC programs are an integral part of Alabama's continued efforts to provide a true continuum of services for its children and families to assist them in becoming self-sufficient, safe and stable functioning units.

APPENDICES

CORE SERVICES FOR STANDARD TFC CATEGORY OF CARE

Services to Foster Children from the TFC Agency

- *Matching process for children and their families identifying needs of the child/family and strengths of prospective TFC parents for initial placements and moves within a TFC program. This includes a screening process to determine if a TFC referral is appropriate for therapeutic foster care services.
- *Pre-placement visits. As placements in TFC homes should not be a crisis placement, pre-placement visits should occur to make sound decisions for appropriate matching. Pre-placements visits must be documented as such in the child's and foster parent records at the TFC agency.

- *Schedule and coordinate the child's treatment plan; initial treatment plan within 10 days, comprehensive treatment plan within 30 days and reviews every 90 days. All treatment plans developed by the agency should be coordinated with the DHR county social worker and based upon the goals established in the child's Individualized Service Plan (ISP). The TFC agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office. **(DHR staff is required to complete Intake Evaluations on all children in TFC placements. Copies of the assessment and ISP MUST be provided to TFC agencies within 10 days.)**
- *Individual, weekly visit with the TFC child. **(This contact does not negate the requirement for DHR staff to make face-to-face contact minimally once per month with children in TFC placements.)**
- Monthly face-to-face or telephone contact with school (minimum) to monitor the child's progress.
- Monthly face-to-face or telephone contact with child and/or family therapist (minimum) to monitor progress in counseling.
- *Assist in referral to other programs/services the TFC child may need, as identified in the family's ISP, including the coordination of transportation to appointments, family visits and activities.
- Assist the child with the development or maintenance of skills by the provision of no more than 18 hours weekly of individual basic living skills training and no more than 5 hours per week of group basic living skills training to include but not limited to behavior education, money management, shopping, healthy lifestyles, stress management, meal preparation, personal hygiene, housekeeping, medication management, laundry and using public transportation. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the child and should be authorized in the context of the ISP.
- *Attend ISPs and IEP's along with the child and therapeutic foster parents.
- Assist in the development of independent living skills, as identified in the ISP. **(DHR shall accept the fiscal responsibility for purchasing individual items to accomplish ILP goals.)**
- Provide monthly group therapy (counseling) sessions for TFC children by a qualified child and adolescent services professional in a face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives as identified in the family's ISP.
- Provide five hours per week of crisis intervention services, as needed, to alleviate a crisis for the child or to assist the family to alleviate a crisis for the child.
- *Discharge planning shall be a part of the agreement/ISP when a child first enters care with the TFC program.
- Maintain a no-reject/no-eject policy for children who meet program criteria.
- Provide a 14 day notice in the event a disruption should occur, as appropriate to the child's health and welfare.
- Regularly administer outcome measures, at a minimum of every 90 days.
- Monthly report to DHR describing services provided during the month and the child's progress toward achieving goals that are outlined in the treatment plan.
- Maintain regular communication with DHR, counselors, teachers and other persons relevant to the child that is being served by the program.

- Quality assurance component, which includes outcomes, measures for all children in the TFC program
- Ensure program compliance with Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and the Therapeutic Foster Care Manual.
- *Assistance in creating a behavior management plan for the child with the other members of the ISP team. All TFC agencies shall maintain staff that have expertise in the development of such plans. **(DHR shall assume the responsibility that behavioral management plans have been completed on all children that require them.)**
- *Participation in the ISP team in determining goals for children and their families, including allowances, need for clothing, observance of special occasions, etc. **(DHR shall be fiscally responsible for clothing, allowances, gifts for special occasions, etc. Copies of the assessment and ISP MUST be provided to TFC agencies within 10 days)**
- Provide 2 hours per month of individual counseling, as needed, to meet the child's treatment goals if the provider has staff that meets the qualifications and chooses to provide counseling services to children placed in their programs. Individual counseling must be provided by a qualified professional that meets the definition as described in Chapter 105 of the Medicaid Manual.
- Provide medication administration and monitoring
- Physician Medical Assessment and Treatment, if agency has qualified staff to perform and is willing to provide the service

Services to Birth Families or Relatives of Children in TFC Placements:

- *Be an active participant in the assessment of parental functioning to assist the ISP team in determining treatment goals for a safe placement of the child back with the family, when return to parents is the goal, or with relatives, when relative placement is the goal.
- *Assist with the implementation of the goals of the family as identified in the ISP to expedite the child's safe return home. This will include making referrals to appropriate resources, when the agency is not able provide the service in-house.
- *Provide 2 hours per week of therapeutic visitation coaching with families and their children who are in TFC placements to assess the parents' ability to safely care for their children and to determine the progress (or lack thereof) in attaining the goals for re-unification or relative placement.
- *Provide family support to birth family as outlined in the ISP/Treatment Plan. This support includes the provision of services to assist the child's family members to understand the nature of the child's illness and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, educational advocacy and/or to encourage school success, as identified in the family's ISP.

Services to TFC Families From the TFC Agency:

- Daily difficulty of care payment as identified in the contract between the agency and the foster parent. All contracts between foster parents and the TFC agency are considered subcontracting arrangements and must adhere to the foster agreement developed by DHR.

- Forty hours pre-service training, including GPS, to TFC families prior to licensure.
- Twenty-four hours of annual training to each TFC parent.
- Monthly support group/meeting for therapeutic foster parents.
- Ensure homes comply with Minimum Standards for Foster Family Homes.
- Conduct annual license renewal and semi-annual visits.
- Weekly face-to-face contact/support to foster families to strengthen their ability to provide a safe nurturing environment for the child.
- On-call crisis intervention.
- Forty-eight hours respite per month paid by or arranged by swapping through the TFC agency. For respite periods longer than 48 hours, the agency and foster parents shall have in their contractual agreement how respite will be paid. The county department will not be billed for respite.
- *Reimbursement for mileage to the TFC child's appointments, visits, etc. if the destination is outside a fifty (50) mile radius from the foster home. **(For special circumstances, which are clearly delineated in the ISP on rare occasions, county departments may authorize mileage to be paid through the county department.)**
- Assistance with transportation of child, when needed.
- Assistance with and ensuring that required Medicaid documentation of provided billable services is being properly maintained and in compliance with all policy and billing guidelines per the Medicaid Provider Manual, Medicaid Rehabilitative Services, Chapter 105.
- Have staff available to TFC families and children 7 days per week, 24 hours per day.

***All bulleted points (*) require intense collaboration with DHR.**

DHR will be responsible for many services that have traditionally been provided by TFC providers. These are highlighted in BOLD within the bulleted section above. Should the ISP team agree that these services are needed, and the TFC agency agrees to provide them, they must be authorized by the ISP document and an 1878 completed to authorize payment. All services, whether core or ancillary, must be authorized by the ISP document with outcomes identified to a specific area of need.

CORE SERVICES FOR STEP-DOWN TFC CATEGORY OF CARE (contingent on 50% reduction in TFC provider's daily rate for Step-Down TFC category of care)

Services to Foster Children from the TFC Agency

- *Matching process for children and their families identifying needs of the child/family and strengths of prospective TFC parents for initial placements and moves within a TFC program. This includes a screening process to determine if a TFC referral is appropriate for therapeutic foster care services.

- *Schedule and coordinate the child's treatment plan; initial treatment plan within 10 days, comprehensive treatment plan within 30 days and reviews every 90 days. All treatment plans developed by the agency should be coordinated with the DHR county social worker and based upon the goals established in the child's Individualized Service Plan (ISP). The TFC agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office. **(DHR staff is required to complete Intake Evaluations on all children in TFC placements. Copies of the assessment and ISP MUST be provided to TFC agencies within 10 days.)**
- *Individual, *bi-weekly* visit with the TFC child. **(This contact does not negate the requirement for DHR staff to make face-to-face contact minimally once per month with children in TFC placements.)**
- Quarterly face-to-face or telephone contact with school (minimum) to monitor the child's progress.
- Quarterly face-to-face or telephone contact with child and/or family therapist (minimum) to monitor progress in counseling.
- *Assist in referral to other programs/services the TFC child may need, as identified in the family's ISP, including the coordination of transportation to appointments, family visits and activities.
- Assist the child with the development or maintenance of skills by the provision of no more than 9 hours weekly of individual basic living skills training and no more than 3 hours per week of group basic living skills training to include but not limited to behavior education, money management, shopping, healthy lifestyles, stress management, meal preparation, personal hygiene, housekeeping, medication management, laundry and using public transportation. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the child and should be authorized in the context of the ISP.
- Attend ISPs and IEP's along with the child and therapeutic foster parents.
- *Provide family support with birth family/supervise family visitation as outlined in the ISP/Treatment Plan. This support includes the provision of services to assist the child's family members to understand the nature of the child's illness and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, therapeutic visitation support, educational advocacy and/or to encourage school success, as identified in the family's ISP. It is expected that if the child's permanent plan is to return home, more time may be spent in family support when a child has reached a step-down level. **(DHR has the responsibility to recruit traditional foster homes for children for whom return to home or placement with relatives is not an option. It is not expected that all children in TFC shall step-down within the TFC program.)**
- Assist in the development of independent living skills, as identified in the ISP. **(DHR shall accept the fiscal responsibility for purchasing individual items to accomplish ILP goals.)**
- Provide group therapy (counseling) sessions, only as needed, for TFC children by a qualified child and adolescent services professional in a face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives as identified in the family's ISP.
- Provide 3 hours per week of crisis intervention services, as needed, to alleviate a crisis for the child or to assist the family to alleviate a crisis for the child.

- *Discharge planning.
- Maintain a no-reject/no-eject policy for children who meet program criteria.
- Provide a 14 day notice in the event a disruption should occur, as appropriate to the child's health and welfare.
- Regularly administer outcome measures, at a minimum of every 90 days.
- Monthly report to DHR describing services provided during the month and the child's progress toward achieving goals that are outlined in the treatment plan.
- Maintain regular communication with DHR, counselors, teachers and other persons relevant to the child that is being served by the program.
- Quality assurance component, which includes outcomes, measures for all children in the TFC program
- Ensure program compliance with Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and the Therapeutic Foster Care Manual.
- *Assistance in creating a behavior management plan for the child with the other members of the ISP team. All TFC agencies shall maintain staff that have expertise in the development of such plans. **(DHR shall assume the responsibility that behavioral management plans have been completed on all children that require them.)**
- *Participation in the ISP team in determining goals for children and their families, including allowances, need for clothing, observance of special occasions, etc. **(DHR shall be fiscally responsible for clothing, allowances, gifts for special occasions, etc. Copies of the assessment and ISP MUST be provided to TFC agencies within 10 days)**
- Provide 1 hour per month of individual counseling, as needed, to meet the child's treatment goals if the provider has staff that meets the qualifications and chooses to provide counseling services to children placed in their programs. Individual counseling must be provided by a qualified professional that meets the definition as described in Chapter 105 of the Medicaid Manual.
- Provide medication administration and monitoring
- Physician Medical Assessment and Treatment, if agency has qualified staff to perform and is willing to provide the service
-

Services to TFC Families From the TFC Agency:

- Daily difficulty of care payment as identified in the contract between the agency and the foster parent. All contracts between foster parents and the TFC agency are considered subcontracting arrangements and must adhere to the foster agreement developed by DHR.
- Twenty-four hours of annual training to each TFC parent.
- Monthly support group/meeting for therapeutic foster parents.
- Ensure homes comply with Minimum Standards for Foster Family Homes.
- Conduct annual license renewal and semi-annual visits.
- **Bi-weekly** face-to-face contact/support to foster families to strengthen their ability to provide a safe nurturing environment for the child.
- On-call crisis intervention.
- Twenty-four (24) hours respite per month paid by or arranged by swapping through the TFC agency. For respite periods longer than 24 hours, the agency and foster parents shall have in their contractual agreement how respite will be paid. The county department will not be billed for respite.

- ***Reimbursement for mileage to the TFC child’s appointments, visits, etc. if the destination is outside a fifty (50) mile radius from the foster home. (For special circumstances, which are clearly delineated in the ISP on rare occasions, county departments may authorize mileage to be paid through the county department.)**
- Assistance with transportation of child, when needed.
- Assistance with and ensuring that required Medicaid documentation of provided billable services is being properly maintained and in compliance with all policy and billing guidelines per the Medicaid Provider Manual, Medicaid Rehabilitative Services, Chapter 105.
- Have staff available to TFC families and children 7 days per week, 24 hours per day.

***All bulleted points (*) require intense collaboration with DHR.**

DHR will be responsible for many services that have traditionally been provided by TFC providers. These are highlighted in BOLD within the bulleted section above. Should the ISP team agree that these services are needed, and the TFC agency agrees to provide them, they must be authorized by the ISP document and an 1878 completed to authorize payment. All services, whether core or ancillary, must be authorized by the ISP document with outcomes identified to a specific area of need.

CHILD OR YOUTH SATISFACTION SURVEY

Name of Program: _____

TO THE CHILD OR YOUTH: Please answer the following questions which will be used to improve our service to other foster children and youth. A member of the family may complete the survey for young children. Return in the enclosed envelope.

1. Were you offered the opportunity to meet with the foster parents prior to placement? (Check One) Yes No
2. Were you allowed at least one overnight visit with the foster family prior to placement? (Check One) Yes No
3. Did anyone talk with you after your overnight visit to see if you wanted to be placed with this foster family? (Check One) Yes No
4. How often does the agency case worker meet with you (at any location)? (Check One)
 Daily
 Every Week
 Less than every week but at least once a month
 Other Please specify how often _____
5. How often does the agency case worker visit you in your foster home? (Check One)
 Daily
 Every Week
 Less than every week but at least once a month
 Other Please specify how often _____
6. Are you allowed regular contact with your family as described in your Individual Service Plan? (Check One) Yes No
 If no, please explain how it is different _____
7. Do you participate in any organized activities such as: scouts, choir, band, sports, or clubs? (Check One) Yes No
 If no, why not? _____
8. Have your parents been involved in planning for you? (Check One)
 Yes No
9. Do you believe that the services provided by this program have been helpful for you? (Check One) Yes No
 Why or why not? _____

10. What do you do for fun? _____

PLEASE RESPOND TO THE REMAINDER OF THE SURVEY BY USING THE FOLLOWING RATING SCALE

- 1 = Completely Dissatisfied 5 = Slightly Satisfied
2 = Dissatisfied 6 = Satisfied
3 = Slightly Dissatisfied 7 = Completely Satisfied
4. Neither Satisfied or Dissatisfied

1. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) try to be fair when you earn and lose points and privileges? _____ Rating
Comments: _____
2. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) clearly explained what skills you are expected to learn in order to complete the program? _____ Rating
Comments: _____
3. How satisfied are you that you had a chance to express your own ideas, ask questions, and help make decisions about the program? _____ Rating
Comments: _____
4. How satisfied are you that if you wanted to, you could have talked with _____ and _____ (please fill in name of foster mother and father) about your problems? _____ Rating
Comments: _____
5. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) care about you and your success in the future? _____ Rating
Comments: _____
6. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) have been able to teach you important skills such as how to accept criticism, how to follow instructions, how to get along with other people, how to care for your belongs, and good study habits? _____ Rating
Comments: _____
7. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) taught you skills that will help you when you leave the program? _____ Rating
Comments: _____
8. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) were usually pleasant?

_____ Rating

Comments: _____

9. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) teach all the youth in the home to be pleasant to each other? _____ Rating

Comment: _____

10. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you get along better with your parents? _____ Rating

Comments: _____

11. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you get along better with your teachers? _____ Rating

Comment: _____

12. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you do your best to learn and benefit from this program? _____ Rating

Comment: _____

13. How satisfied are you with this program as compared with others (e.g., training school, therapeutic camps, etc.) in which you have participated or about which you have heard? _____ Rating

Comments: _____

14. Are there any changes or improvements you think should be made in the program?

Check One: Yes No

If yes, what are they? _____

Agency Name _____ Date _____ Reviewer _____

CHILD'S CASE RECORD CHECKLIST

Child's Name _____ County of Origin _____

Race _____ Sex _____ Religious Preference, if applicable _____

Referral Source _____ Date of Placement _____

Reason for Referral _____

CPA Caseworker _____

Current Foster Parent(s) _____

TFC Residential/Shelter [MSCCF (Child Care Facility)] Regular FC
 Adoptive

**TFC must also meet the Minimum Standards for Child Placing Agency (CPA), as well as Family Foster Homes*

STANDARDS/GUIDELINES	Yes	No		*TF	CPA	CCF
				C		
<input type="checkbox"/> Application on File (CCF only)			Date	X	X	21
<input type="checkbox"/> Face Sheet, including parents names				CPA	38	20
<input type="checkbox"/> Pre-placement Visit			Date	47	30	24
<input type="checkbox"/> Current ISP			Date	48-49	30	21
<input type="checkbox"/> ISP Participants Listed (CCF only)				X	X	22-23
<input type="checkbox"/> Initial Treatment Plan			Date	52-54	30	22
<input type="checkbox"/> Comprehensive Treatment Plan (TFC only)			Date	54-55	X	X
<input type="checkbox"/> Treatment Plan Reviews			Date(s)	55-56	30	23
<input type="checkbox"/> Long Term Goal (listed on treatment plans)				52-55	30	22-23
<input type="checkbox"/> Strengths and Needs (listed on treatment plans)				54-55	30	22-23
<input type="checkbox"/> Progress notes; daily, weekly, monthly summaries				50	30	21,23
<input type="checkbox"/> Court Order Custody held by:			Date	50	38	20
<input type="checkbox"/> Social History			Date	49	38	20
<input type="checkbox"/> Psychological Assessment(s)—Previous and Current			Date(s)	49	38	20
<input type="checkbox"/> Psychiatric Report(s)			Date(s)	CPA	38	20
<input type="checkbox"/> Placement History				49	38	20
<input type="checkbox"/> Educational History/School Information			Grade	50	38	20
<input type="checkbox"/> Special Education/IEP			Date	50	38	20
<input type="checkbox"/> Current Medical Examination/Information			Date	46	38	20,26
<input type="checkbox"/> Current Immunizations			Exp. Date	50	38	20
<input type="checkbox"/> Current Dental Examination			Date	50	38	20,27

<input type="checkbox"/> EPSDT Referral with Approval for Services (TFC)			Date	50	X	X
<input type="checkbox"/> Birth Certificate			DOB	49	38	20
<input type="checkbox"/> Social Security Card				49	X	20
<input type="checkbox"/> Financial Arrangements				CPA	31	20
<input type="checkbox"/> Placement Agreements Forms			823 (IAA) <input type="checkbox"/> 824 (private pay) <input type="checkbox"/>	46	30	21
<input type="checkbox"/> Authorizations for Routine and Emergency Medical Care				50	30	21
<input type="checkbox"/> Authorizations for Out-of-State Travel				50	32	31
<input type="checkbox"/> Correspondence to/from Agencies				50	39	21
<input type="checkbox"/> Incident Logs				50	X	23
<input type="checkbox"/> Discharge/Aftercare Plan, if applicable				56	31,32	21,24
<input type="checkbox"/> Pre-admission psychological eval (within 24 mos.)				40	X	X
<input type="checkbox"/> Exception letter for child under 6 in TFC				9-10	X	X
<input type="checkbox"/> Multi-dimensional Assessment Tool completed 30 days prior to admission			Date	59-60	X	X
<input type="checkbox"/> Step-down assessment completed at 6 mos.			Date	7,58	X	X
<input type="checkbox"/> All services, core/1878, authorized/identified in ISP				22	X	X

Comments/Recommendations:

Revised 10-08-02, OLRD

FOSTER PARENT RECORD CHECKLIST

Date of Review: _____

Reviewer: _____

Child Placing Agency and Location _____

CPA Case Worker _____ Name of Foster Parents: _____

County of FP Residence: _____ Marital Status: Single Married Separated
 Divorced

Address of FP: _____ Telephone Number _____

Date of Application _____ Current Approval Date: _____ Original Approval Date: _____

TFC

Regular FFH

Adoptive

STANDARDS/GUIDELINES	YE S	NO	COMMENTS	TFC	FFH	CPA
<input type="checkbox"/> Approved before child placed --Placement Date:			See FFH application, dated _____	34	X	5,32
<input type="checkbox"/> Home Study Completed--By Whom:			Licensed?	32-35	X	29,32,39
<input type="checkbox"/> Financial Report on File (Total Income: \$				33	9,44,iii	39
<input type="checkbox"/> Smoke Alarms/Fire Extinguishers/Emergency Plan				FFH	32-34	32
<input type="checkbox"/> List of Children placed in the home, including dates of placement and removal, on file				CPA	CPA	39
<input type="checkbox"/> Annual Renewal/Evaluations				35,74	47	39
<input type="checkbox"/> Separate bed and space per child				37	29,38	32
<input type="checkbox"/> Written list of duties			See FFH application, dated _____	30	iii	32
<input type="checkbox"/> Agrees not to use corporal punishment				36	39	32
<input type="checkbox"/> Assist in development of treatment plans and implementation			See FFH application, dated _____	30-31	9	32
<input type="checkbox"/> Agree to attend team meetings			See FFH application, dated _____	31	6	32
<input type="checkbox"/> Keeps Required Documentation				31	iii	32

<input type="checkbox"/> Supports contact between child and birth family				31	5,40	32
<input type="checkbox"/> Agrees to 14 days notice for removal of child				FFH	iii,49	32
<input type="checkbox"/> Child's information shared with parent before placement				42	X	X
<input type="checkbox"/> Documentation on matching of children in file				48	X	33
<input type="checkbox"/> Planned and crisis respite available				43,16	X	X
<input type="checkbox"/> Document home/apartment insurance with liability coverage			Exp. date	44	X	X
<input type="checkbox"/> Automobile Insurance			Exp. date	36,44	X	X
<input type="checkbox"/> Compensation agreement, include. difficulty of care payment				44	X	X
<input type="checkbox"/> Correspondence on file				CPA	CPA	39
<input type="checkbox"/> Record of Support/ Supervisory Visits by Professional Staff				23-24	49	39
<input type="checkbox"/> Number of foster children in home		----		15,45,69	49	32
<input type="checkbox"/> Number of biological child(ren) in home		----		CPA	III,45	32
<input type="checkbox"/> ADOPTION: Record of Contacts Prior to Placement				X	X	40
<input type="checkbox"/> ADOPTION: Record of Placement and Subsequent Supervision				X	X	40
<input type="checkbox"/> ADOPTION: Legal Documents (Mar., Div., Citizenship, etc)				X	X	39
<input type="checkbox"/> ADOPTION: Home Study & Disposition of Application				X	X	40

Foster Parent Record Checklist
of 2

STANDARDS/GUIDELINES		FOSTER FATHER	FOSTER MOTHER	OTHERS	TFC	FFH	CPA
<input type="checkbox"/> Criminal Records Check	ABI	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	34-35	15	32
<input type="checkbox"/> After 11-2000	FBI	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> Central Records Clearances		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	34-35	14	39
<input type="checkbox"/> 3 Non-Relative References (original approval)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	35	13,14, 45	39
<input type="checkbox"/> 1 Non-Relative Reference at annual renewals		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	35	47	39
<input type="checkbox"/> Foster Parents "shall be able to read and write"		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		X	9	32
<input type="checkbox"/> Current Physician's Statement of Health on File (renewed every 2 years)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	36 X	12,44, 47	39 39
	Date(s)						
<input type="checkbox"/> 40 hrs. Pre-Service Training (TFC only)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	37-38	10	32,39
<input type="checkbox"/> 30 hrs. Pre-Service Training (RFC only)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> General safety rules on play areas, pools, chemicals, firearms, & ammunition storage		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		X	29	32
<input type="checkbox"/> CPS trained		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	X	12	32
<input type="checkbox"/> 24 hrs. Year In-Service Training (TFC only)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	39	11,46	32,39
<input type="checkbox"/> 15 hrs. Year In-Service Training (RFC only)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

<input type="checkbox"/> Driver's License	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	36	9	32
Expiration Date(s) Date(s) of Birth						
<input type="checkbox"/> Number of Pets _____ Inoculations Current	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			FFH	35	32
<input type="checkbox"/> Demonstrates minimal communication in language of child	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		35	X	X
<input type="checkbox"/> Agreement signed/3 categories of care, step down may occur	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		70	X	X
<input type="checkbox"/> Pre-placement occurred/documented				47	X	X
<input type="checkbox"/> Exception letters/approval filed in record				15	X	X

Comments/Recommendations:
Revised 10-08-02, OLRD

Therapeutic Foster Care Program Checklist

Page 1 of 2

Date of Review: _____

Reviewer Name: _____

Person(s) Interviewed and Title: _____

TFC Program Name: _____

TFC GUIDELINES	YES	NO	COMMENTS	Page(s)
STAFFING:				---
<input type="checkbox"/> 1 Supervisor per 6 workers				19
<input type="checkbox"/> 1 worker per 8-10 children				24
<input type="checkbox"/> 1 staff = Medicaid signoff status				18
List of Supporting Staff (Optional)	N/A	N/A		X
<input type="checkbox"/> Supervisor = LCSW, Master's, LBSW + 5 years				20-21
<input type="checkbox"/> Worker(s) = LBSW, other				27
<input type="checkbox"/> Written job descriptions on site for staff				17
<input type="checkbox"/> Annual evaluations for staff				74
<input type="checkbox"/> Supervisor meets weekly with each worker				19
<input type="checkbox"/> Enrolled for Medicaid Rehab Services Certification				
TRAINING:				---
<input type="checkbox"/> 20 hrs. pre-service training for professional staff				27
<input type="checkbox"/> 40 hrs. year in-service training for professional staff				29
<input type="checkbox"/> Maintain written plan for all foster parent training				38-39
<input type="checkbox"/> 40 hrs pre-service training for foster parents				38
<input type="checkbox"/> 24 hrs. year in-service training for foster parents				39
<input type="checkbox"/> 8 hrs. year in-service training for respite parents				39
<input type="checkbox"/> Foster Parents have opportunity to evaluate training				40
PRACTICE:				---
<input type="checkbox"/> Written list of duties for foster parents				30
<input type="checkbox"/> Annual evaluations for foster parents				35,74
<input type="checkbox"/> Intake evaluation and treatment plan within 30 days				52-55

<input type="checkbox"/> Written protocol on matching and doc. to support				48
<input type="checkbox"/> 1 child per home [siblings excluded (no more than 2 therapeutic siblings in one home)]				15,69,45

Therapeutic Foster Care Program Checklist
of 2

TFC GUIDELINES	YES	NO	COMMENTS	Page(s)
PRACTICE: (Continued from page 1)				---
<input type="checkbox"/> 1 overnight visit prior to placement				47
<input type="checkbox"/> Birth families have opportunity to meet foster parents				6,47
<input type="checkbox"/> Worker meets weekly face-to-face with child				25
<input type="checkbox"/> Worker meets weekly with foster parents				23,25
<input type="checkbox"/> Worker visits home at least biweekly				24
<input type="checkbox"/> 24 hours on call provided to foster parents				20,26-27
<input type="checkbox"/> Written protocol for reporting abuse/neglect				16
<input type="checkbox"/> Program carries liability coverage				44
<input type="checkbox"/> Doc that foster parents have home and auto insurance				36. 44
<input type="checkbox"/> Discharges reviewed and discussed				56
<input type="checkbox"/> After care plan prepared prior to planned discharge				56
<input type="checkbox"/> Written plan re: compensation to foster parents for damage by child				44
QUALITY ASSURANCE:				---
<input type="checkbox"/> Written quality assurance plan				74
<input type="checkbox"/> Track children for 6 months after discharge				73
<input type="checkbox"/> Satisfaction surveys [child, birth parent(s), foster parent(s), and referring agency]				75
<input type="checkbox"/> Documentation of child placed outside county of origin				12
<input type="checkbox"/> Monthly reports received timely				

COMMENTS/RECOMMENDATIONS: _____

Revised 04-08-02, OLRD

Therapeutic Foster Child Interview

- 1. How long have you been in TFC?**
- 2. What skills have you learned from being in this program?**
- 3. Did you have at least one overnight visit with your foster parents before you went to live with them?**
- 4. Were you involved in the decision for placement with your current foster parents?**
- 5. Do you have your own bed?**
- 6. Where do you go when you want to be alone?**
- 7. What is the best thing about your foster parents?**
- 8. What do you like least about your foster parents?**
- 9. What activities/sports are you involved with?**
- 10. How many different TFC caseworkers have you had?**
- 11. How often do you see your TFC caseworker?**
- 12. How often does he/she visit you in your TFC home?**
- 13. How often does he/she visit your school?**
- 14. If you have a problem, whom do you discuss it with?**
- 15. Are you allowed to call your TFC caseworker if you need to talk with him/her?**

- 16. Are you currently going to counseling? If so, how often? Who attends counseling with you?**
- 17. How often do you visit with your birth family?**
- 18. Who is present at your visits?**
- 19. (If age appropriate) Do you participate in your ISP's and treatment plans?**
- 20. How often do you have contact with your DHR caseworker?**
- 21. (if age appropriate) Have you ever filled out a satisfaction survey regarding the TFC program?**
- 22. (if age appropriate) What are your plans when you leave this program?**
- 23. If you could live with anyone you wanted, who would that be?**

Agency and Foster Parent Agreement

Instructions: This agreement is to be reviewed and acknowledged by the foster parent and Therapeutic Foster Care Child Placing Agency during the initial approval/licensure process. This form is to be signed and placed in the foster home file. A copy must be sent to State Department of Human Resources.

_____, foster parent(s), and _____, Therapeutic Foster Care agency, agree to carry out the points of this agreement as follows:

A. THE FOSTER PARENTS:

1. Agree that our home will be approved/licensed in accordance with the rules and regulations of State of Alabama- Minimum Standards for Foster Family Homes & Alabama Therapeutic Foster Care Manual and will abide by these policies. This agreement is intended to supplement these policies and not override or replace them.
2. Agree to notify TFC agency within 24 hours of the following:
 - any criminal offense or any conviction sought against the foster parent or any resident of the home
 - legal proceedings, such as eviction or divorce
 - changes in the family composition (individuals who move in or out of the home, births, deaths, etc.)
 - plans to move
 - structural issues related to remodeling or damage created by events such as fire, flood, or natural disaster
 - out of state or extended out-of-county travel plans (for more than three days)
 - death or debilitating illness of a foster parent
3. Agree to notify the TFC agency immediately of any serious illness, death, hospitalization, accident of a child placed in the home or a member of the foster family wherein she or he lives.
4. Agree to keep specific financial, clothing, allowance, school, medical, calendar/daily logs, monthly report, life book, immunization and other records as required by the child and family Individualized Service Plan (ISP) and the TFC agency. The foster parents will submit daily logs and billing information at least monthly and other reports as required by the child placing agency at the prescribed frequency.
5. Agree to assist in the development and implementation of an appropriate plan for the provision of care and supervision of the child at all times, to include such times as the foster parent's absence from the home. This plan is covered in the Treatment Plan, which is individualized for each child in care.

6. Agree to respect the confidentiality of information concerning the child's (or his/her family's) physical, mental and social background, or problems and to share this information with only appropriate persons specifically authorized.
7. Agree to admit representatives of the TFC agency or DHR representative into the home at any reasonable time, or whenever circumstances require their presence.
8. Agree to participate with TFC agency and DHR personnel, the child and his/her family and other team members in the development and review of the treatment plan and to encourage the child to participate in their treatment plan. The foster parents agree to disclose all information about the child, which might be significant to continue planning and to complete all of their assigned tasks from the child's treatment plan.
9. Agree to accept and support the final decision to remove a child when in the opinion of the ISP team, such removal is indicated as necessary.
10. Agree to notify the TFC agency in writing 30 days in advance, when possible, (but no less than 14 days) of any condition which requires termination of the care of a particular child, unless an emergency situation arises within the family or home so that the physical care of a child could no longer be provided.
11. Agree to participate in foster parent training provided by the TFC agency or their designee. Foster parent training is required for the benefit of the foster family and the child in their care and failure of the foster parent to receive the required number of hours of training could result in their disqualification for re-approval. At least fifty (50)% of the training should be focused on the needs associated with the specific child's diagnosis and treatment for associated behaviors. Foster parents are expected to monitor and maintain the required number of training hours annually to be eligible for re-licensure.
12. Agree to participate in planned visits or placement with the child's primary family or significant other, as authorized in the family's ISP. The foster parent agrees to be an integral part of the reunification process, including being active participants in coaching and modeling appropriate parenting in the setting agreed upon in the family's ISP.
13. Agree to notify the TFC agency whenever a child leaves the foster home without permission or the foster parents suspect a child has run from the home. The foster parent will also notify the TFC agency when children in care will not accompany them on trips away from the home, so alternative arrangements can be made for the child.
14. Agree in the event of an emergency to transport or arrange transportation through Emergency Medical Services to the hospital emergency room and to accompany or arrange for an adult to accompany the child and remain as long as needed.
15. Agree to administer and document prescription or over-the-counter medicine as prescribed by a health care provider and in accordance with Chapter 105 of the Medicaid Manual and DHR policy. Agree to consult with a doctor or pharmacist regarding appropriate over-the-counter medications to use with children who are on other prescribed medications and to document on a daily medication log when over-the-counter and prescription medications are given to a child.
16. Agree to allow a child to attend or not attend religious services, including services different from those attended by the foster parent, as agreed upon in the family's ISP. Children are not to be coerced in any way into accepting the foster family's religious beliefs or practices. Foster parents agree to

arrange transportation for children to attend services with a religious group with which they choose to be affiliated or to a secular alternative of the child's choosing.

17. Agree to demonstrate consideration for, and sensitivity to, the racial, cultural, ethnic, and religious backgrounds of children and their families receiving agency services and to encourage and assist the child's maintenance of documentation of significant life events through the use of scrap books, Life Books, etc.
18. Agree to transport each child to routine appointments, school, employment, primary family visits, court appearances, social events and any other destinations within a fifty mile radius of the home as the child's needs dictate and/or as determined by child's ISP and to attend these events, when necessary.
19. Certify as to having all necessary insurance coverage to protect home, automobile (in accordance with current State law) and personal liability. The foster parents' home insurance is expected to be the first source of compensation in the event that the foster child damages property. The foster parent may also pursue a claim for compensation through the Board of Adjustments initiated through the child's county DHR office. Foster parents also agree to supply appropriate driving records, including proof of insurance, valid drivers license and reports of motor vehicle citations, during their annual certification process and to follow laws or regulations regarding passenger restraint systems in the vehicles used to transport youth.
20. Agree to recognize that each child has rights and to educate the child regarding their rights and the grievance procedure.
21. Agree to ensure that each child who is not capable of meeting his own personal hygiene needs is clean and groomed daily. Foster Parent agrees to provide children with their own age appropriate personal toiletry supplies.
22. Agree to give instructions on good habits of personal care, hygiene, and grooming appropriate to child's age, sex, race, and cultural background. Foster parents will maintain a working knowledge on the hygiene and daily care needs of various ethnic backgrounds, e.g. hair care and skin care products, etc.
23. Agree to accept as reimbursement for care of the child the amount of _____ per diem as the difficulty of care payment. The board payment is to be utilized by foster parents to pay such things as food, clothing, personal hygiene products, school fees/expenses, and other costs. In the event of overpayment, the foster parent agrees to notify the TFC agency when they notice an error.
24. Agree to request written permission or court order for a child to travel out of state (or out of county or specific area according to contract requirements). Foster parents agree to notify the TFC agency and obtain **prior** approval in situations when a child will be out of the foster home (i.e., camp, primary family visit, vacation with the foster parents, an overnight at a friend's house, etc.).
25. Agree to enroll each child in extracurricular activities as agreed upon by the treatment team and/or indicated by ISP team and contract (i.e., Alabama requires a minimum of one activity per month, authorized in ISP and paid from county funds) and to ensure that the child has means of transportation to and from the activity.
26. Agree to provide a pleasant, safe, and nurturing family atmosphere, nutritious meals and snacks, and an orderly daily schedule that promotes positive participation in appropriate school and community activities.

27. Agree to identify and report suspected abuse and neglect according to state law, to employ positive discipline techniques according to DHR Behavior Management Policy, and to refrain from using corporal or any degrading type of punishment.
28. Agree to give the respite provider an information packet containing child's information and paperwork for documentation to the respite provider for each episode of respite and to gather the packet and the required documentation from the respite provider at the end of respite. All requests for respite must be made **prior** to the respite and approved by the TFC agency.
29. Agree to ensure that each child attends the therapy and psychiatric services as outlined in the family's ISP. If the foster parent can not provide transportation, they will be required to notify the TFC agency in advance to make appropriate alternative transportation plans.
30. Agree to acknowledge and support the three categories of care (traditional, standard TFC, and step-down TFC).
31. Agree that step-down will occur when a child has met treatment goals identified as appropriate in the ISP through the use of the Multi-dimensional Assessment Tool (MAT). Agree to accept the step-down rate for children, who no longer need the regular TFC level of service, unless an exception is granted by State DHR.
32. Agree to ensure that proper safety equipment is used to protect the child during daily activities, e.g. a helmet for bicycling, a life vest for boating, etc. The physical facilities of the foster home shall present no health hazards to the child; and the child must have his/her own bed. Car seats provided by DHR will be used for all age-appropriate children.
33. Agree to consider any child that is referred as a match by the TFC agency; any rejection must be accompanied by a written explanation, which will be maintained in the foster parents' file, as to the reason for the rejection.

B. THE TFC CHILD PLACING AGENCY:

1. Agrees to fully disclose all known information regarding a child to the foster parent(s).
2. Agrees to ensure that all TFC foster parents understand and comply with requirements outlined in The Minimum Standards for Family Foster Homes, The Minimum Standards for Child Placing Agencies, and the Therapeutic Foster Care Manual.
3. Agrees that foster parents have the right to accept or refuse any referral. However, a written notice from the foster parents as to the reason for a refusal must be documented in the foster parents' record.
4. Agrees to provide regular services to support the client and foster family, including a first contact within one week after placement, as prescribed by the Therapeutic Foster Care Manual.
5. Agrees to provide foster parents access to 24-hour crisis intervention.
6. Agrees to pay the foster parents at the agreed upon rate, stated in writing pursuant to article 23 above to the foster parents at the time of a child's placement, and to ensure that such payments are made promptly and regularly.

Agency Representative

Date

Copies to: Foster Parent
TFC Agency Foster Home File
State DHR Office of Resource Management

Effective Date: 10/1/05

DO NOT USE LIST

The Department of Human Resources has implemented a “Do Not Use” list, which delineates the names of foster families with whom the Department will choose to not place children. A protocol was developed to determine when the names of foster parents will be added. The Program Manager over the TFC program will make recommendations to the Director of the Resource Management Division, who will approve or reject the recommendation, based upon the facts of the situation. If approved, the names of the foster parents will be added to the list. The provider approving the foster home will be notified of the decision. **The Department is not recommending the closure of the home or the denial of approval or licensure, only that DHR will not place children in the home.** When a provider has received an application to approve a foster home, they should check with the Resource Management Division to determine if a person’s name is on the Do Not Use list prior to GPS and the associated licensing procedures. The agency will use the information received in determining whether they choose to approve the home or not; the decision to license the home is left up to the Child Placing Agency. If a situation arises in a home currently licensed and SDHR decides to add the foster parents’ names to the Do Not Use list, the Child Placing Agency will be notified and will have ten (10) working days to file a response, if there is disagreement. If children are placed into a home on the Do Not Use List, the Department will not pay the provider for the provision of care in that home. Examples of reasons that names may be added to the list are as follows, but are not limited to, will not step down with children to Step-Down TFC , have been closed by one program for failure to follow TFC guidelines; has been determined to use unauthorized types of discipline in the home, etc.

New
Renewal

FACTS Foster Home Input Information Form

Agency: _____ Date: _____

Foster Father Name: _____ **DOB:** _____
SSN: _____ **Education level attained:** _____ **ABI clearance date** _____
Religion: _____ **Marital status:** _____ **FBI clearance date** _____
Race: _____ **Income (Type and amount):** _____ **CAN clearance date** _____

Foster Mother Name: _____ **DOB:** _____
SSN: _____ **Education level attained:** _____ **ABI Clearance date** _____
Religion: _____ **Marital status:** _____ **FBI clearance date** _____
Race: _____ **Income (type and amount):** _____ **CAN clearance date** _____

Other persons in home:

Names, relationship to foster parents (not foster children), DOBs, SSNs:

Home phone #: _____ Father work #: _____ Mother work#: _____

Home Mailing address: _____

Physical address, if different: _____
(include name of county where home is located)

Number of children to be served: _____ Ages: Male _____
Female: _____

License Information

Approval date: _____ Service Type: TFC _____ Traditional _____
M&I _____ Crisis _____ Enhanced _____
Transitional Living _____

Check all that apply

Closure date, if request to close: _____ Reason for closure: _____

Instructions for FACTS Foster Home Input Form

***** The FACTS system does not share the codes that had previously been used in ACWIS. DO NOT USE codes on this form but fill in the blanks using numbers and words, as appropriate. All blanks must be filled in or the form will be rejected and returned to provider. There will be no turnaround documents or provider numbers sent to the provider. Information will be input within 3-5 working days. Providers are encouraged to maintain a copy of the form faxed to SDHR in their records as documentation that the information was sent to SDHR. Please print legibly. If forms can not be read, they will be returned to provider.**

1. Check either renewal or new on all forms. If the home is to be closed, check renewal and explain closure at the bottom of the form.
2. Agency name and date sent must be completed. If the FAX cover sheet does not have the agency telephone number, please put by agency name.
3. All sections under father's section must be completed. No blanks will be accepted.
4. All sections under mother's section must be completed. No blanks will be accepted.
5. All other persons living in the home, **except foster children**, must be listed with all the required information, including relationship, date of birth and social security number. If the person listed is the biological child of the mother and the stepchild of the father, please specify that.
6. In the address area, please put the county where the home is located. If the mailing and physical address is the same, just complete the mailing address section and put the county in the physical address area.
7. The number of children for whom the home is licensed shall be entered in the blank for "Number of children served". The ages of males and females or both that will be accepted shall be placed in the appropriate blanks. Make sure that ages are placed in the blanks and not just a check mark.
8. The approval date is the date that the licensed has been issued to the foster parent. This date on renewals can be in the future up to 30 days.
9. Under Service Type, check all that apply.
10. Under closure, put the effective date and a description of the reason.

For educational level fields, use: 6th grade or less, 7th through 12th grade, Bachelors Degree, College graduate, GES classes, Masters degree, no formal education, Ph. D. Degree, Post graduate work, some college, trade school

For religion fields, use: agnostic, Amish, atheist, Bahai, Buddhist, Christian, Christian Scientist, Hindu, Islam, Jehovah's Witness, Jewish, Jewish-Conservative, Jewish-Orthodox, Jewish-Reform, Mennonite, Mormon, no preference, non-denomination, Orthodox, other religion, Protestant, Quaker, Roman Catholic, Seventh Day Adventist, Shinto

For marital status, use: common law marriage, divorced, legally separated, married and living with spouse, married but involuntarily separated, married but separated from spouse without legal action, single-cohabitating, single-never married, widowed

For relationship describe the relationship to male head of household. If son, for example, use biological, step, adopted, legal, alleged, son-in-law. Also relationship to foster mother shall be linked.

Under race, regardless of race, if they consider themselves Hispanic, add that information as well. Major choices include American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White

#####: For income type, use: Aid to Blind, Annuities, Alimony, Armed Forces pay, Black Lung, Campus, Cash bonuses, Child Support, Commissions, Contribution from others, Disability income, Dividends/interest, Grants, Income from estates or trusts, Self-employed net income, Rental net income, Lump sum, Pensions or retirement, Public assistance, Railroad retirement, Social Security (retirement, disability or survivors), Other, Royalties, SSI, Strikers benefits, Support from others, Tips, Tribal assistance, Unemployment compensation, United Mine Workers, VA Assistance, Veterans pension, Wages, Workers compensation. **Make sure the dollar amount is annotated as to frequency, such as yearly, weekly, monthly, etc.**

Until March 1, 2010, all fields must be completed on all renewals and new cases. After March 1, 2010, all fields must be completed on new foster parents only, with only the foster parent's names, address in the system, county and updated fields completed on renewals.

IMPORTANT NOTE!!!!!!!!!! Beginning April 1, 2009, on all new registrations, copies of the ABI, FBI and Central Registry CAN clearances must be faxed along with the form to register the foster parents into FACTS. If the clearances are not sent with the registration forms, the foster home will NOT be entered into FACTS and can not be used by the county DHR offices as placements.