Technical Expert Consensus Panel:

Meeting

- 36 researchers
- Meeting Format:
  - presentation of the research base by 6 topic areas
  - facilitated discussion of each topic using three questions:
    - What does the research tell us about services for children in therapeutic/treatment foster care with behavioral health issues?
    - What are recommendations for the implementation of what we know?
    - What are recommendations for advancing the knowledge base?
- Panelists developed candidate consensus statements at the meeting
- Employed Modified Delphi process to identify consensus

Technical Expert Consensus Panel:

Purpose

- The Technical Expert Panel (TEP) reflected one aspect of the broader partnership of SAMHSA, CMS and ACYF to improve services for children with behavioral health issues.
- TEP focus: population of children and youth in need of a therapeutic home-based level of mental health care.
- TEP design: convened a small group of research experts with different perspectives and areas of expertise to identify the population of youth in TFC, appropriate services and supports for youth in TFC and TFC organizational issues.
- Technical Expert Panelists examined the evidence base for the principles supporting TFC, youth clinical outcomes and the role of TFC organizational factors in the delivery of the service.

Technical Expert Consensus Panel:

6 Topic Areas

1) What Do We Know about Therapeutic/Treatment Foster Care?
2) What Do We Know about Identifying Youth Appropriate for Therapeutic/ Treatment Foster Care?
3) What Do We Know about the Essential Elements of Therapeutic/ Treatment Foster Care?
4) What Do We Know about the Psychosocial Treatment of Youth in Therapeutic/Treatment Foster Care?
5) What Do We Know about Outcomes for Youth in Therapeutic/Treatment Foster Care?
6) What Do We Know about Organizational Issues in Therapeutic/ Treatment Foster Care?

1) Therapeutic/Treatment Foster Care:

What Do We Know?

- Therapeutic/Treatment Foster Care (TFC) is a community-based, less restrictive alternative to more restrictive settings (e.g., group care, psychiatric residential treatment facilities, long-term residential programs, etc.)
- TFC models generally treat seriously emotionally disturbed youth who have a high likelihood of needing more restrictive long-term residential treatment.
- Many variations of TFC models exist.
- TFC plays a different role in states’ systems of care depending upon its location in the system (CW, JJ, MH, etc.). States license TFC in different systems for different purposes. The design of TFC programs administered by child welfare agencies may differ significantly from the design of TFC programs administered by mental health agencies.

1) Therapeutic/Treatment Foster Care:

What Do We Know?

- TFC serves a range of youth at risk of more intensive placements and poor life outcomes.
- While youth in regular foster care may also have high mental health service utilization many youth need more structure and services than is provided through regular foster care.
- Youth in TFC are a high service-need group who have a wide range of presenting problems including significant social, emotional and mental health problems.
- Youth in TFC have high mental health service utilization and for many youth mental health concerns persist until adulthood.
- Transition-age youth and young adults are at a high risk for mental health problems.
1) Therapeutic/Treatment Foster Care: What Do We Know?

- It is important to have a range of treatment models to address youth with diverse mental health needs.
- The TFC model must fit the youth’s diagnostic profile and needs.
- It is important to provide trauma-informed services for youth in TFC.
- Addressing trauma/stress symptoms and other behavioral health needs of youth can successfully reduce their risk of adverse child welfare outcomes.

1) Therapeutic/Treatment Foster Care: Implementing What We Know

- TFC is a treatment setting.
- There is no standard implementation of TFC across child-serving systems or across states.
- While many TFC agencies are incorporating key components of the Foster Family-Based Treatment Association Standards, there is widespread variation in TFC programs’ conformity to those Standards.
- TFC as widely implemented in the United States does not follow established evidence-based practices.

2) Identifying Youth Appropriate For TFC: What Do We Know?

- Funding restrictions greatly influence the decisions about which youth will have access to evidence-based TFC.
- Child welfare and juvenile justice systems would save money through greater implementation of evidence-based TFC programs.

- The research on TFC has concentrated primarily on two models, MTFC and Together Facing the Challenge both of which are well-specified in the existing research.
- Both MTFC and Together Facing the Challenge were shown to result in improvements in both youth well-being and permanency outcomes in randomized controlled trials. Youth with serious problems have a better than chance likelihood of improving with either MTFC or Together Facing the Challenge.
- The research on the MTFC and Together Facing the Challenge models, while well-specified and tested, is not sufficient to provide a full understanding of what is needed, for whom, under what conditions with what outcomes.

- There is a need for a clear operational definition of TFC that distinguishes between TFC standards of care and TFC model components.
- The field needs to determine the services that comprise TFC and develop clear standards of practice.
- There is a need for federal and state regulations that encourage fidelity to basic standards of TFC and a clear process to measure adherence to TFC standards of care.

- Screening instruments, assessment requirements and level of care criteria vary widely in practice and in published research.
- Existing assessment measures for youth have limitations; there is a need to improve measures used to assess key youth and family domains.
- No one measure meets all needs. Rather than using a “one size fits all” assessment for youth in foster care, systems serving youth receiving child welfare services should employ an array of assessment tools to appropriately evaluate the domains of social-emotional well-being for youth and evaluate functioning across age groups.
### 2) Identifying Youth Appropriate For TFC: What Do We Know?

- Youth entering foster care should receive a functional assessment that includes an assessment of psychological, emotional and substance abuse status to determine need for placement in TFC or other intensive intervention.
- There is a need for actionable data on TFC youth outcomes. Currently measures used to assess TFC youth outcomes vary in terms of dimensionality, sensitivity, validity, and reliability.

### 3) Essential Elements of TFC: What Do We Know?

**Essential elements include:**
- Demonstrating the TFC agency’s ability to support treatment foster parents.
- Including TFC parents as members of the treatment team.
- Assuring the TFC agency’s ability to supervise treatment foster parents.
- Conducting service planning for youth in TFC.
- Providing specialized training to TFC parent.
- Monitoring the behavior of TFC youth.
- Establishing therapeutic alliance between TFC foster parents and the youth in their care.
- Providing 24/7 support/coaching to treatment foster parents.
- Providing appropriate aftercare resources for youth.
- Providing older youth in TFC with preparation and training for adulthood.
- Coordinating services for everyone involved in the TFC treatment team.

### 2) Identifying Youth Appropriate For TFC: Implementing What We Know

- The field also needs measures that are sensitive to racially, ethnically and culturally diverse youth populations with items that are reviewed in terms of cultural sensitivity.
- The field needs assessment measures that are sensitive to change in youth over time.
- Measures that inform practice have greater utility.

### 3) Essential Elements of TFC: What Do We Know?

Although not elements per se there are other important considerations:
- There should be flexibility in the definition of an aftercare resource depending on the TFC youth’s permanency plan (i.e. adoption, reunification, independent living, emancipation).
- Allowing some youth to remain in TFC into early adulthood is essential to achieve lasting treatment outcomes.
- Addressing length of stay is also important.
- Length of stay in TFC may be driven by the TFC model’s theory of change. It is essential that TFC models estimate the intended length of stay from the outset.
- The clinical judgment of the treatment team should determine the appropriateness of length of placement in TFC for youth.
- TFC may be a long-term placement option.
3) Essential Elements of TFC: What Do We Know?

- It is important to assure that there is a match between youth needs and treatment foster parent ability or placements may fail.
- Child trauma is an underlying issue for many of the youth who may benefit from TFC. There is a need to assure that therapists working with TFC youth are competent in therapeutic modalities (i.e., individual and family therapy etc.) and are competent in addressing intergenerational trauma through trauma-informed treatment.
- There is a need to identify the credentialing requirements and professional expertise of mental health professionals who work in TFC.
- Higher education institutions must prepare behavioral health students to work in TFC programs.

4) Psychosocial Treatment of Youth in TFC: What Do We Know?

- The field currently knows little about mental health outcomes for youth currently served by TFC.
- Service coordination alone is unlikely to generate improved youth behavior. Youth in TFC need access to an array of high quality services from the child serving agencies. TFC youth receive services from a wide range of providers.

3) Essential Elements of TFC: Implementing What We Know

- It is important to keep youth in the community in as normal a setting as possible.
- The TFC model should also include genuine engagement of the TFC parents and the youth.
- TFC parents and providers should work with supportive aftercare resources to connect the youth to the community.
- There is a need for a more widespread uptake of TFC programs that contain the identified essential elements.

4) Psychosocial Treatment of Youth in TFC: Implementing What We Know

- Behavioral health care for youth in TFC should be evidence-based. Mental health therapy should be included as part of any TFC model, should be tailored to the treatment goals of each TFC youth and should be embedded in the TFC model rather than referring TFC youth out for mental health treatment.
- In TFC, one well-trained, informed staff member on each youth’s team should coordinate the mental health treatment, care delivered by all other providers and all ancillary services.
- The TFC treatment team must have a coordinator who has skill in coaching treatment foster parents to help improve TFC youth’s behavior.

4) Psychosocial Treatment of Youth in TFC: Implementing What We Know

- When a foster home placement fails, the youth’s mental health needs should be reevaluated. Decisions regarding re-placement following a placement disruption should reflect the youth’s psychosocial needs.
- To maintain treatment gains, there is a need to extend access to long-term mental health services for TFC alumni.
- While there is a need to identify the TFC components billable to health insurance, reimbursing TFC as a bundled service should be considered. Carefully designed TFC has the opportunity for cost-effectiveness.

5) Outcomes for Youth in TFC: What Do We Know?

- Existing studies demonstrate positive TFC outcomes including improving mental health outcomes.
- Short-term outcomes are consistently improved in efficacy trials for the clearly articulated TFC models for populations tested thus far, however, there is variation in effect sizes for outcomes.
5) Outcomes for Youth in TFC: Implementing What We Know

- TFC should be designed to address the needs of youth across the developmental range.
- The field also needs to focus on services that improve outcomes for transition-age youth in TFC.
- Developing strategies for holding TFC providers accountable to youth-level outcomes is an important priority.

5) Outcomes for Youth in TFC: Implementing What We Know

- Research has studied TFC outcomes for only a small number of the sub-populations of youth in TFC. The field should be cautious when implementing TFC for youth under-represented in research studies.
- Variations in child-rearing practices among racial, ethnic and cultural subgroups may have significant effects on the TFC practice model and outcomes for subgroups of youth (i.e., Hmong, Native American, etc.).

5) Outcomes for Youth in TFC: Implementing What We Know

- It is important to assess TFC youth outcomes in terms of real life activities or life skills that optimize the transition to adulthood.
- Outcomes for youth in both the juvenile justice and child welfare systems would improve with greater implementation of evidence-based TFC programs.

6) Organizational Issues in TFC: What Do We Know?

- The field has a limited understanding of TFC organizational issues due to a limited empirical base.
- TFC agency organizational factors are important in shaping outcomes of youth in TFC. The field needs to attend to how TFC is operationalized in practice.
- There is a need for uniform TFC standards nationwide.
- The field needs to develop level of care criteria for clinical decision-making.
- Variability in adherence to TFC service type standards affects the identity of TFC in the field.

6) Organizational Issues in TFC: Implementing What We Know

- TFC programs and each TFC component need to be manualized to assure treatment fidelity.
- The field must define the selection criteria for TFC parents/families.
- Currently reimbursement for TFC is insufficient to provide essential services. Reimbursement levels and designs should be informed by level of care criteria.

6) Organizational Issues in TFC: Implementing What We Know

- Implementation of TFC may be affected by both policy and personnel issues. The implementation of TFC must address organizational factors which determine whether providers maintain fidelity to a TFC model.
- TFC parents should be considered as professionals.
- TFC regulations on training need to reflect the current state of the knowledge base.
There is a need to clarify which child serving agency/agencies should be responsible for placing youth in TFC.

The field needs clear measures of best practices in TFC.

There is a need to develop TFC discharge criteria and a need for quality assurance to monitor TFC model fidelity.

There is a need for more careful designation of TFC youth in the Statewide Automated Child Welfare Information Systems database.

Interaction with community leaders is essential to developing TFC for racially, ethnically and culturally diverse youth.

There is a need to clarify how to determine the responsibility for funding a TFC placement.

Reimbursement rates need to reflect the additional requirements of TFC. The field needs to accept the cost of implementing TFC well. Without adequate funding, it is impossible to fully implement evidence-based practices. TFC may lend itself to blending funding across two or more child serving agencies.

### Technical Expert Consensus Panel Participants

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**Publication Information**