Therapeutic Foster Care
and
Intensive Services Foster Care Webinar

May 30, 2018
Welcome
Polling Question 1

*Please tell us what area you represent:*

- Child Welfare
- Behavioral/Mental Health
- Contract Agency/CBO/Provider
- Juvenile Probation
- Other
Polling Question 2

Please let us know your agency’s current status around implementing Intensive Services Foster Care (ISFC):

- Not implementing ISFC
- Planning to implement ISFC
- We currently provide ISFC
- Not Applicable
Polling Question 3

Please let us know your agency’s current status around implementing Therapeutic Foster Care (TFC):

- Not implementing TFC
- Planning to implement TFC
- We currently provide TFC
- Not Applicable
Presenters

Teresa Castillo
Mental Health Services Division
Department of Health Care Services

Cindy Kolkin
Mental Health Services Division
Department of Health Care Services

Cheryl Treadwell
Child and Family Services Division
California Department of Social Services

Daisy Braxton
Child and Family Services Division
California Department of Social Services
Webinar Objectives

- Assist counties and providers in their continued implementation efforts related to Therapeutic Foster Care (TFC) and Intensive Services Foster Care (ISFC)

- Provide information regarding TFC and ISFC requirements, including similarities and differences between them, and how ITFC and TFC may be leveraged to support children, youth, and their families
Therapeutic Foster Care
Therapeutic Foster Care

• Background
  – Katie A. Settlement Agreement
  – Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care
Therapeutic Foster Care (TFC) is available as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.

TFC:
- Is short-term, intensive, highly coordinated, trauma-informed, and individualized.
- Is intended for children and youth who require intensive and frequent mental health support in a family environment.
Therapeutic Foster Care

– Should not be the only Specialty Mental Health Service (SMHS); children and youth must receive ICC and other medically necessary SMHS

– There must be a Child and Family Team (CFT) in place to guide and plan TFC service provision

– The progress of TFC should be reviewed, in coordination with the CFT, at least every 3 months
• TFC is provided by TFC parents under the direction of a TFC Agency (a Foster Family Agency in most cases)

• The TFC Agency ensures that the TFC parent meets Resource Family Approval (RFA) program standards and the required qualifications as a TFC parent

• The TFC Agency employs a Licensed Mental Health Professional (LMHP) or a Waivered or Registered Mental Health Professional (WRMHP) who:
  – Directs the TFC parent regarding the interventions the TFC parent provides as identified in the client plan
  – Meets with the TFC parent, face-to-face, in the TFC parent’s home, a minimum of one (1) hour per week
  – Reviews and co-signs progress notes, ensuring that each progress note meets Medi-Cal SMHS and contractual requirements
• The TFC Parent must:

  – Be at least 21 years old and must meet “other qualified provider” qualifications (i.e., has a high school degree or equivalent)

  – Meet and comply with all basic foster care/resource parent requirements; and

  – Meet and comply with all requirements and training related to the role of a TFC parent

  – Must have forty (40) hours of initial TFC parent training and must complete twenty-four (24) hours of annual, ongoing training
• The TFC parent(s) must write and sign a daily progress note for each day that TFC is provided

• The progress note must meet Medi-Cal documentation standards

• The TFC Agency must comply with the mental health documentation requirements prescribed by the county MHP in accordance with the contract between DHCS and the MHP
• The unit of service for TFC is a calendar day.
  – A day may be claimed only for each calendar day in which TFC is provided

• The per diem rate for TFC includes:
  – The TFC Agency’s administrative and LMHP/WRMHP staff costs; and
  – The payment to the TFC parent for the provision of TFC

• The interim per diem rate depends on whether or not the TFC Agency is a contractor of the MHP or is county owned and operated
• If the TFC Agency is a contractor of the MHP, the TFC Agency is paid by the MHP a rate that is negotiated between the MHP and the TFC Agency

• If the TFC Agency is county owned and operated, DHCS reimburses the MHP the federal share of the MHP’s interim rate. As of March 2017, the county interim rate is set at $87.40 per day. Each county’s interim rate is updated annually based on its most recently filed cost report
  – The TFC Agency’s administrative and LMHP/WRMHP staff costs; and
  – The payment to the TFC parent for the provision of TFC

• The TFC Agency is reimbursed in accordance with the terms of its contract with the MHP
• Resources
  – The Medi-Cal Manual includes:
    • Description and indicators of need for TFC
    • TFC Agency role, TFC parent qualifications and training requirements
    • Settings, limitations, and lockouts
    • Claiming and reimbursement
    • Documentation requirements
    • Sample progress notes
    • Vignettes pertaining to three, trauma-informed TFC case examples
• Resources
  – DHCS and CDSS released the Therapeutic Foster Care Resource Toolkit

• Includes learning objectives for each of the identified TFC trainings topics

• Provides information and resources to assist TFC Agencies in their development of a TFC parent training program to meet the 40-hour pre-service and 24-hour ongoing TFC training requirements
Therapeutic Foster Care

• TFC parent recruitment
  – Dr. Denise Goodman
    • Will provide 2-day regional trainings across the State beginning spring/summer about recruitment, retention and support of resource families
    • Direct work with select county child welfare and probation departments
    • Support for counties and resource families

• Implementation Status
Intensive Services Foster Care
Intensive Services Foster Care

Background

• Intensive Services Foster Care (ISFC) was established by Assembly Bill 404 in 2017

• ISFC is a private nonprofit or public agency program model of home-based family care for eligible children whose needs for safety, permanency and well-being require specially trained resource parents, and intensive professional and paraprofessional services
Intensive Services
Foster Care: More than Just a Rate

• CCR is intended to support all children in home based care
• Every child deserves a home: Case planning and Needs and Services Plans should ask “What is needed to make this child and family successful?”
• Under ISFC families are intended to be supported with more than just a rate – children and families at this level of care are expected to be supported with:
  – Ongoing CFTs as needed to support placement stability
  – Coordination of specialty mental health services (agencies should be familiar with the full array and how to access the system)
  – Respite care including natural supports
  – Trauma informed and permanency competent services
  – Ongoing problem solving and collaboration when barriers arise
Placement Eligibility

- Eligible minor or non-minor dependents in foster care who have intensive needs such as medical, therapeutic or behavioral needs. The following are eligible to accept ISFC placements:

  - Resource Families
    - Foster Family Homes, including those taking care of children with specialty health care needs
    - Homes Certified by an FFA, including a public delivery model
    - County Approved Relative Homes, including Approved Relative Caregivers (ARC)
    - Non-Relative Extended Family Members

- Non-Related Legal Guardians and Kin-GAP Guardians are NOT eligible to become ISFC resource parents
Intensive Services
Foster Care

ISFC Children/Youth in a Home

• No more than two foster children, one or both of whom may be ISFC eligible children

• To accommodate sibling group placements, where at least one sibling is an eligible child, the home can have up to five total children in an ISFC home
Intensive Services

CONTINUUM OF CARE REFORM

• Part of the LOC Matrix
• Identifies child(ren)/youth with specific needs including Multi-Dimensional Treatment Foster Care, special health care or medical placements, Therapeutic Foster Care or other special placements.
• Can be time-limited based on the static criteria for urgent placement needs
Urgent Placements

• The urgent placement rate may be paid for 60 days and extended for another 60-day if needed (i.e. The same time allowed to have completed pre-placement training)

• In a two-parent household the rate may be paid for 60 days and extended for another 120 days to allow the other parent to get trained
ISFC Model

• There are two ISFC models:
  – The FFA model is delivered through a licensed FFA or a county licensed by the California Department of Social Services to run a FFA
  – The public delivery model defined as an ISFC program directly operated by a county as a governmental program
ISFC Resource Parent Training

• Before pre-placement training is completed, and a ISFC placement is made, resource parents have until 120 days after placement of the child to complete 40 hours of pre-placement training.

• The second resource parent must complete the initial 20 hours of pre-placement training within 180 days of the placement, or identification of an eligible child/youth and the remaining 20 hours of the pre-placement training within 12 months of placement.

• Both parents need to continue to complete the 12 hours of annual training thereafter.
ISFC Resource Parent Training

- All ISFC resource parents must complete 40 hours of training before an ISFC placement is made unless the placement is an urgent placement (12 hours of RFA training counts)

- 12 hours of ongoing training is required annually
ISFC Agency and County Staff Training

• Client Support Staff are professional and paraprofessional staff or contractors who meet the experience and educational requirements outlined in statute

• Client support staff training hours remain the same as the ITFC programs, but training subjects can be expanded to include training tailored to specific populations
Intensive Services
Foster Care

ISFC Health Care Professional Training

• Health Care Professionals shall not be required to complete any training or additional training unless determined to be necessary by the child’s individualized health care planning team (this is a specialized team for children with specialized health care needs)
  – Training hours may be satisfied on an hour-for-hour basis per WIC 17731(c)(6)
TFC and ISFC
An ISFC resource parent may become a TFC parent if the ISFC parent meets all of the TFC requirements.

Resource parent may be a TFC parent without becoming an ISFC resource parent.
# TFC and ISFC

<table>
<thead>
<tr>
<th></th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>**TFC is a short-term, intensive, highly coordinated, trauma-</td>
<td><strong>ISFC is a placement that is intended to serve children and nonminor</strong></td>
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<tr>
<td></td>
<td>informed, and individualized SMHS provided by a TFC parent to a</td>
<td>dependents in foster care who require intensive treatment and</td>
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<td></td>
<td>child or youth who has complex emotional and behavioral needs, and</td>
<td>behavioral supports, as well as a higher level of care of</td>
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<td></td>
<td>requires intensive and frequent mental health support in a family</td>
<td>supervision, as determined by the Level of Care (LOC) Rate</td>
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<td></td>
<td><strong>TFC is a not a stand alone SMHS, other SMHS must be provided.</strong></td>
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# TFC and ISFC

<table>
<thead>
<tr>
<th>Children/Youth Served</th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td></td>
<td>TFC is available as an EPSDT benefit to children and youth, up to age 21, who are Medi-Cal eligible and meet medical necessity criteria. Intended for children and youth who have complex emotional and behavioral needs. It is not necessary for a child or youth to have an open child welfare case, or be involved in juvenile probation to be considered for TFC.</td>
<td>ISFC serves children with intensive treatment and behavioral needs, as well as children with specialized health care needs. ISFC is available to children and youth who are in foster care.</td>
</tr>
</tbody>
</table>
## TFC and ISFC

| Number of Children/Youth in a home | TFC is intended for children and youth who require intensive and frequent mental health support in a one-to-one environment. There should only be one child/youth receiving TFC services in a home. | No more than two foster children, one or both of whom may be ISFC eligible children. To accommodate sibling group placements, where at least one sibling is an eligible child, the home can have up to five total children in an ISFC home. |
## TFC and ISFC

<table>
<thead>
<tr>
<th>Role of the Parent</th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td></td>
<td>The TFC parent is the rendering provider of TFC services (working under the direction of a LMHP or a WRMHP). The TFC parent must meet “other qualified provider” qualifications (i.e., has a high school degree or equivalent); and meet and comply with all basic foster care/resource parent requirements. Relative caregivers and non-related extended family members may become TFC parents if all requirements are met.</td>
<td>The role of the ISFC resource parent requires a significant commitment of time, involvement and responsibility that includes participating as an integral part of the child and family team.</td>
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| Parent Age Requirements | TFC Parents must be 21 years of age or older. | ISFC Parents must be 18 years of age or older. |
## TFC and ISFC

<table>
<thead>
<tr>
<th>Role of other providers/staff</th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td>The TFC Agency recruits, approves, trains, and oversees the TFC parent. The TFC parent works under the direction of a LMHP or a WRMHP employed by the TFC Agency. The LMHP or WRMHP meets with the TFC parent, face-to-face, in the TFC parent' home, a minimum of one (1) hour per week and review and co-sign progress notes.</td>
<td>ISFC Client Support Staff are professional and paraprofessional staff or contractors who provide support and services to the child and other individuals in the home, as approved by the placing agency.</td>
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# TFC and ISFC

<table>
<thead>
<tr>
<th>Pre-Service/Pre-Placement Training</th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td>40 hours of initial TFC parent training must be completed prior to the parent being eligible to provide services as a TFC parent. TFC training topics and learning objectives are identified in the TFC resource toolkit. Topics are grouped under the following categories: 1.0 Introduction to TFC and the Service System 2.0 Understanding Child and Adolescent Development and Appropriate Interventions 3.0 Working with Children/Youth Using a Trauma-Informed Approach 4.0 Preventing and Managing a Crisis 5.0 Communication with Children/Youth and Families 6.0 Cultural Competency 7.0 Client Sensitivity 8.0 Parent Self-Care</td>
<td>40 hours of pre-placement training must be completed. 12 RFA hours are allowed to be counted towards meeting this requirement</td>
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## TFC and ISFC

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<thead>
<tr>
<th></th>
<th>TFC</th>
<th>ISFC</th>
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</thead>
<tbody>
<tr>
<td><strong>Ongoing Training Requirements</strong></td>
<td>TFC requires parents to complete 24 hours of annual ongoing training.</td>
<td>ISFC requires parents to complete 24 hours of ongoing training within 12 months of placement of the child, and 12 hours per year thereafter.</td>
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## TFC and ISFC

<table>
<thead>
<tr>
<th>Documentation Requirements</th>
<th>TFC</th>
<th>ISFC</th>
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<tbody>
<tr>
<td>The TFC parent must write and sign a daily progress note for each day that TFC is provided.</td>
<td></td>
<td>ISFC does not have parent documentation requirements.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Medi-Cal Certification</th>
<th>TFC</th>
<th>ISFC</th>
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</thead>
<tbody>
<tr>
<td>the TFC Agency (FFA) must meet applicable Medi-Cal SMHS provider requirements, including Medi-Cal certification. The TFC home does <strong>not</strong> need be individually certified.</td>
<td></td>
<td>Medi-Cal certification is not required for ISFC.</td>
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# TFC and ISFC

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<thead>
<tr>
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<th>TFC</th>
<th>ISFC</th>
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</thead>
<tbody>
<tr>
<td><strong>Contract with a Mental Health Plan (MHP)</strong></td>
<td>The TFC Agency must have a contract with an MHP to provide TFC (and other SMHS as applicable).</td>
<td>An FFA does not need to have a contract with an MHP for ISFC.</td>
</tr>
<tr>
<td><strong>Child and Family Team</strong></td>
<td>There must be a CFT in place to guide and plan TFC service provision.</td>
<td>There must be a CFT in place to guide and support ISFC placement stability.</td>
</tr>
</tbody>
</table>
TFC and ISFC

ISFC Rate

• The ISFC rate is a flat rate paid through Title IV-E for the costs of providing Care and Supervision. This rate is the same regardless of whether the agency is an FFA model or a county model.

• The FFA or public entity operating as an ISFC program is paid the rate of $6,092.00, of which $2,410.00 is paid to the ISFC resource parent.
## TFC and ISFC

### ISFC Rate

<table>
<thead>
<tr>
<th>FFA or County ISFC Rate</th>
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</thead>
<tbody>
<tr>
<td>ISFC Resource Family</td>
<td>$2,410</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$3,482</td>
</tr>
<tr>
<td>Social Services and Support</td>
<td>$   200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6,902</strong></td>
</tr>
</tbody>
</table>
TFC and ISFC

TFC Rate

• TFC is reimbursed on a per diem rate

• A day must be claimed only for each calendar day in which TFC is provided

• Reimbursement for TFC services constitutes reimbursement for the service provided by the TFC parent; this is in addition to the ISFC rate for care and supervision
TFC and ISFC

• Collaboration by local partners (Child Welfare, MHP, Probation, etc.) to determine need and an implementation plan for TFC and/or ISFC

• Leveraging ISFC and working towards implementing TFC
Questions
Send Feedback, Questions, Comments to:

KatieA@DHCS.CA.gov
CWSCoordination@DSS.ca.gov
TFC@CIBHS.org
Countysupport@DHCS.ca.gov