3.30 RESIDENTIAL PROGRAMS

3.303 Therapeutic (or "Treatment") Foster Care

Description of Services: A level of care provided in a community based setting to children or adolescents who have been removed from their natural home by an agency (i.e.; a Court or Child Protective Services agency), who have been placed in the custody of such agency, or who have been placed in Treatment Foster Care by their parent/guardian. This level of care is for children/adolescent who requires more intensive treatment and supervision than is usually found in a traditional or kinship foster care placement. The individual is placed in the safe and secure environment of a private home setting, licensed as a treatment foster care home, with adults (treatment foster parents) who have received specialized training in the care of children/adolescents with emotional or substance abuse disorders. The biological and/or adoptive family may also require support and intervention, particularly if reunification is the permanency plan. Services provided in this setting include supervision, mentoring, counseling, behavioral management and crisis intervention as needed. Treatment foster parents assure that the youngster receives needed psychiatric and psychological services, medical care and education. Treatment foster parents receive supervision and are supported by the staff and programs of the child placing agency. This level of care is transitional, typically considered for children/adolescents who have been recently discharged, or are being diverted, from residential treatment and/or observation/stabilization. There is an expectation that the child/adolescent is maintained in the community while preparing for permanency placement: return to family of origin, adoption, permanent foster care or kinship care, or independent living.

Criteria	
Admission Criteria	*All of the following are necessary for admission:* 1. The child/adolescent demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. 2. The child/adolescent's medical and psychiatric symptoms require and can be managed safely in a 24-hour supervised treatment foster care home setting. 3. The child/adolescent exhibits unpredictable, risk-taking or problematic behaviors significant enough to warrant placement in a structured environment to support his/her efforts to meet basic needs, utilize appropriate judgment and coping skills, and comply with treatment. 4. The child/adolescent demonstrates a capacity to respond favorably to counseling and training in areas such as problem solving, life skills development, and medication compliance. 5. The child/adolescent demonstrates the capacity to function adequately in a family and community environment with the added structure of a specialized treatment foster care program, but it has been determined that he/she cannot currently remain with his/her biological, adoptive or surrogate family.

Psychosocial, Occupational, and Cultural and Linguistic Factors	*These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.*
Exclusion Criteria	***Any** of the following criteria are sufficient for exclusion from this level of care*: 1. The treatment setting at this level of care is not able to provide for the safety and security of the child/adolescent. 2. The child/adolescent requires a level of structure and supervision beyond the scope of the program. 3. The child/adolescent does not demonstrate the capacity to function adequately in a family and community environment, even with the added structure of a specialized treatment foster care program, and instead requires a group living situation. 4. Other living arrangement in combination with less restrictive treatment interventions would be adequate to meet the patient's needs. 5. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 6. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration (adult or juvenile). 7. The treatment foster care services do not meet the expected level of intensity and/or supervision of the child/adolescent (example: multiple special needs children in the home that prevents the Treatment Foster Care Parent from providing the individualized attention to the child/adolescent).
Continuing Stay Criteria	***All** of the following criteria are necessary for continuing treatment at this level of care*: 1. The child/adolescent's condition continues to meet admission criteria at this level of care. 2. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning is updated, with the child/adolescent's and/or guardian's participation whenever possible, which includes consideration of all applicable and appropriate treatment modalities such as, social, occupational and interpersonal assessment with involvement unless contraindicated. Expected benefit from all relevant treatment modalities is documented. 4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.

	5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident and there is fair likelihood that the child/adolescent will demonstrate progress with these changes. 6. Care is rendered in a clinically appropriate manner and focused on child/adolescent's behavioral and functional outcomes as described in the discharge plan. 7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 8. There is documented active discharge planning from the beginning of the placement. The discharge plan is individualized as evidenced by having specific realistic, objective and measurable discharge criteria and appropriate plans for follow-up care. The discharge plan includes the child/adolescent and family as appropriate and feasible. A timeline is expected for implementation and completion. 9. There is a documented active attempt at coordination of care with relevant providers and community support systems when appropriate. 10. Family dysfunction or support system remains a barrier to return to that environment and/or other desired placement is not available at the current time. 11. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment and discharge/permanency planning as required by the treatment plan, or there are active efforts being made and documented to involve them.
Discharge Criteria	***Any*** *of the following criteria are sufficient for discharge from this level of care*: 1. The child/adolescent's documented treatment plan goals and objectives have been substantially met and sustained for an adequate period of time. 2. The child/adolescent no longer meets admission criteria, or meets criteria for less or more intensive level of care 3. The child/adolescent, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues 4. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and the child/adolescent does not meet criteria for more intensive level of care. 5. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. 6. The child/adolescent is not making progress toward treatment goals and there is no

	reasonable expectation of progress at this level of care. 7. The child/adolescent is released from custody due to age, achievement of permanency, or other criteria determined by state authorities. 8. The child/adolescent is reunified with parent(s).