Welcome to 2017! As we begin a new year, FFTA boasts over 450 member agencies across the United States and Canada, 26 state chapters of FFTA affiliates and agencies, and a national liaison network supporting our public policy agenda in all states except Vermont.

Successes
All 50 states and the District of Columbia provide Treatment or Therapeutic Foster Care (TFC) or an equivalent intervention service for youth with distinct mental or behavioral problems or medically fragile conditions. All states and the District of Columbia reimburse for these intensive clinical services through Medicaid to varying degrees and through varied settings. All states and the District contract with private agencies in the community for TFC or equivalent clinical services.

State public child welfare leaders are consistently reaching out to FFTA and our members for advice and support as they tackle increasing numbers of children with high needs and complex trauma entering protective systems. And for the first time, Congress and the administration (along with numerous national child advocacy groups) recognize the importance of implementing family-based treatment whenever possible and are working diligently through legislative means to require family-focused care, especially for youth with high therapeutic needs.

FFTA members have championed these developments. Our members have expanded from exclusively addressing the treatment needs of children in foster families to addressing the treatment needs of children and youth in all families. Although many of our members began as stand-alone Treatment Foster Care agencies, most are now providing a vast array of child welfare and mental health services along a continuum that may reach from outpatient behavioral health counseling to contracted traditional foster care, Treatment Foster Care, and treatment kinship care to higher level group and residential options. Our professionals augment treatment needs with prevention services, reunification services, post-adoption and post-permanency placement services, and kinship supports.

We’ve Come a Long Way!
The Evolution of Treatment Foster Care
—by Laura Boyd, PhD

A FOCUS on Treatment Foster Care
- The State of TFC
- Editor’s Column
- TFC State by State: Missouri / Alabama / Oregon / California
- What makes TFC Unique?
- Alumni Perspective — Evolution of TFC in Minnesota
We’ve Come a Long Way!
The Evolution of Treatment Foster Care
| continued from pg. 1

Befitting this growth and professional recognition, FFTA rebranded in 2016 as the Family Focused Treatment Association with an emphasis on Treatment Family Care (TFC).

Challenges
No fundamental changes in ideas, methodologies, or applications are without challenges. With all of our scientific and political success over four decades, the 50 states refer to TFC or equivalent services by at least 15 different monikers! The result is confusion in some states concerning what services are or should be included in a Treatment Family Care array, what is or is not compensable through Medicaid, and how “quality” of providers and outcomes should be measured.

Similarly, almost all states are struggling with a lack of sufficient TFC-prepared homes. The number of children needing services, especially because of the rise in substance misuse and domestic violence, outpaces the supply of volunteer placements. Homes are sorely needed for teens, sibling groups, and infants under 4 years of age who have experienced trauma from amphetamines.

Finally, as providers of Treatment Family Care, FFTA agencies must continue to be effective alternatives to congregate placement for most youth. When coupled with the best practices identified today in our field, TFC can and should be a residential level of care in family settings for children and families who need intensive services, whether that be within the biological home, with kin, with adoptive parents, or with nonrelative foster caregivers.

FFTA Action Response
To sustain our success and to meet our challenges, we are pursuing a variety of ongoing efforts. The FFTA Board of Directors consciously and consistently prepares multiyear goals and action plans. In 2015, a full-time Manager of Member Services was added, resulting in record growth for the association. National Conference attendance grows annually. Committees are robust under the guidance of both the FFTA Administrator and the Special Projects Coordinator. State FFTA chapters continue to be formed, including one in South
more ways than one to deliver this service—from exclusive privatization to public/private partnerships. Many examples of innovative practices and programs live within our provider network. And with our new focus on family focused treatment—we hope to expand the network of agencies that support innovative practices with children/youth in out-of-home care and their families. In addition, in our commitment to highlight children, youth and family voices in every edition, we provide an alumni perspective to share his view on the evolution of TFC in Minnesota as a consumer and as a professional.

The demand for family-focused treatment, particularly treatment foster care, has never been greater. But what is treatment foster care? And what does it look like from state to state? As our FFTA policy director points out in this issue of FOCUS—TFC looks different from state to state and thus a greater urgency to arrive at a nationally recognized definition for treatment foster care is more prevalent than ever. The new administration looks to be a wild ride and there is a great opportunity to involve yourself and your agency in promoting best practice for youth in foster care and support family focused treatment services, including treatment foster care. There is no greater time to ensure that the children, youth and families we serve are represented. With that, I hope you will join us at the 14th Annual FFTA Public Policy Institute and Advocacy Day in Washington, D.C., May 1-2, 2017.

Beverly Johnson, LCSW, is the Chief Program Officer of Lilliput Children’s Services. She is a member of the FFTA Board of Directors and serves as the Chair of the FFTA Editorial Committee. She will present on kinship care competency at the FFTA 31st Annual Conference.
We’ve Come a Long Way!
The Evolution of Treatment Foster Care
| continued from pg. 3

As policy and legislation evolve at both the federal and state levels, FFTA will be a central voice in the development of provider standards and service models, in the use of “evidence” in practice, and in the identification of reasonable and measurable outcomes to support Medicaid reimbursement of TFC services. Each of these areas is under way currently and promises to impact all payers of social and behavioral health services going forward.

The Political Scene

The political environment for TFC has both heroes and challenges. Long championing our quest for a uniform, national definition of TFC have been Senators Stabenow, Baldwin, and Portman, and Congresspeople Cole and DeLauro. Over 200 national and state child advocacy organizations have signed letters of support for this legislation, including the American Academy of Pediatrics, the National Association of Public Child Welfare Administrators, the Child Welfare League of America, the Alliance for Strong Families and Communities, and the National Council for Behavioral Health.

With these colleagues and many others, we will navigate challenges in the 115th Congress to revenues for services to vulnerable families and children as the new administration and Congress consider block grants for Medicaid, repeal of the Affordable Care Act (ACA), Medicaid expansion, reauthorization of CHIP (Children’s Health Insurance Program) and CAPTA (Child Abuse Prevention and Treatment Act), and renewal of Social Services Block Grants.

The Future Is Bright for FFTA and Treatment Family Care

This article has highlighted the history and described the current status of FFTA in the areas of organizational development and public policy prowess. Equally significant are the developments in research and clinical practice by FFTA members and other associations. This edition of FOCUS will highlight a portion of those developments as well as expand on several different models of financing and use of TFC.

In various states, public child welfare entities are collaborating in new partnerships with FFTA providers on unique practices such as the following:

Equally significant are the developments in research and clinical practice by FFTA members and other associations.

continued on pg. 5
• Requiring all privately contracted agencies to be members of FFTA (Michigan)

• Issuing an RFP last summer which included a preference that bidders be members of FFTA (Illinois)

• Developing a “dual” billing system for case management that is accepted by the Centers for Medicare and Medicaid Services (CMS) to allow both public Title IV-E agencies and private providers to bill for case management (Minnesota)

• Compensating nonrelative TFC caregivers at a level sufficient to allow them to participate as full-time members of the treatment team (Illinois)

• Introducing legislation authorizing automatic annual cost-of-living increases for agencies (Nebraska)

I advise FFTA member agencies to pursue development opportunities in the following areas:

• “Specialty service lines” for youth, including recovery from sex trafficking, Reactive Attachment Disorder, Oppositional Defiant Disorder, autism spectrum disorders, eating disorders, and medically fragile conditions

• Services for crossover youth (youth intersecting with both the child welfare and the juvenile justice systems)

• Kinship services and supports (and kudos to FFTA for being a leader in this area)

• Post-adoption and post-reunification services

• Substance misuse

• The integration of TFC services and treatment with a child’s or family’s biomedical health system

• Anything family focused

The chair has all four legs: TFC providers, Congress, state child welfare and Medicaid administrators, and the administration. Treatment Family Care is supported by science and by public policy. The future for the Family Focused Treatment Association and for Treatment Family Care is bright!

Laura Boyd, PhD, is the Public Policy Director for the Family Focused Treatment Association. She will present on public policy issues impacting treatment foster care at the FFTA 31st Annual Conference.