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Patterns of Treatment/Therapeutic Foster Care and Congregate Care Placements in Three States

Analytic Report

June 2019

Prepared by:

Julie Seibert, Melissa Romaire, Alex Cowell, Jesse Hinde, Mike Mills, Andrea Cool and Elysha Theis

RTI International

Fred Wulczyn and Britany Orlebeke

Chapin Hall at the University of Chicago

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Prepared for

Laura Radel
Division of Children and Youth Policy
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
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Prepared by

Julie Seibert, PhD, Melissa Romaire, PhD, Alex Cowell, PhD, Jesse Hinde, PhD, Mike Mills, MA, Andrea Cool, and Elysha Theis
RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

Contents

Exhibits

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Executive Summary

The purpose of this report is to provide a quantitative analysis of three states' use of therapeutic foster care (also called treatment foster care; referred to in this report as TFC), an intensive, treatment-focused form of foster care provided in a family-based setting by trained caregivers. TFC serves children who have severe behavioral, emotional, or medical needs that cannot be adequately addressed in a family or foster home and who might otherwise be placed into congregate care. The initial phase of this study, funded by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services and outlined in the publication, *State Practices in Treatment/Therapeutic Foster Care*, examined how TFC is defined, implemented, and supported across different states. This report focuses on the subsequent phase of the study, which examines the characteristics and care trajectories of children in Illinois, New York, and Tennessee who receive TFC services compared with those receiving congregate care, traditional non-kinship foster care, and kinship foster care. Additionally, this study seeks to understand whether TFC serves a similar population as congregate care and thus could help states meet the new requirements of the federal government to reduce unnecessary use of congregate care outlined in the Family First Prevention Services Act.

Administrative data is used to describe the population of children placed in TFC and the patterns of moving in and out of these different placement types. Data includes child welfare administrative data from the Chapin Hall Multistate Foster Care Data Archive for Illinois, New York, and Tennessee, as well as children's scores on the Child and Adolescent Needs and Strengths (CANS) assessment for Illinois and Tennessee. Logistic regression models are used to understand the placement experiences of children who enter the foster care system and describe how children move between TFC, congregate care, traditional foster care, and kinship foster care. In addition, sociodemographic characteristics of children are used to analyze the different foster care placements of children based on age, sex, race/ethnicity, and CANS scores.

Overall findings for the analysis conducted include the following:

- ***There are substantial variations in placement patterns by state*.** States included in this study vary in terms of distribution of initial placements, subsequent placements, and length of stay within placement types. These findings echo findings from the TFC qualitative study that states vary substantially in how they define, fund, and use TFC. Those programmatic differences are reflected in different patterns of TFC utilization.

- **Both TFC and congregate care serve high needs children, though those in congregate care have significantly higher assessed needs in some domains.** In the two states for which we have assessment data, children in both TFC and congregate care have relatively high needs assessment scores on the Child and Adolescent Needs and Strengths instrument compared with children in traditional foster care or kinship care, particularly for the domains of child risk and behavioral/emotional needs (in Illinois) and externalizing behaviors (in Tennessee). As best as can be discerned from the limited data available on children's conditions, there does appear to be a subset of children in congregate care placements who are similar in needs to those in TFC placements and could potentially be served successfully in TFC.
- ***Across the states, TFC is not typically a first placement.*** Data show TFC is not typically used as an initial placement, is often a transitory placement, and is often a placement used after a different initial placement type. Qualitative analysis suggests this may be related, in part, to limited TFC home supply.
- ***Across the three states, there are different patterns in the use of TFC as a step up or step-down placement.*** In Illinois, TFC is generally a step down from a more intensive placement. In Tennessee, TFC is typically a step up in care for children initially placed in traditional foster care. In New York, TFC placements appear to be a mixture of steps up and steps down from other types of care.
- ***TFC is often used as a finite, short term placement.*** Between 33 and 45 percent of children who are ever placed in TFC spend most of their time in care in other placement types, such as traditional foster care. Children tend to be in TFC for as long as they require intensive services and then either leave care or move to another placement type.
- ***Across the three states there are similar patterns regarding where children are placed after an initial TFC placement.*** For children who initially entered TFC and transitioned out, the highest proportion of subsequent placement is no placement (that is, the child left foster care), followed by traditional foster care.
- ***Across the states, there are marked differences between TFC and congregate care utilization.*** Congregate care is more commonly used as an initial placement compared to TFC. Also, the average number of days in congregate care is much shorter than that of TFC.
- ***Across the three states, there are different sociodemographic patterns for children in different placement types.*** Children initially placed in TFC and congregate care tend to be older than children placed in other placement types, and boys are more likely to be placed in congregate care than girls. Racial/ethnic distribution of children for each placement is different in Illinois and Tennessee.

This report compares patterns of TFC utilization compared to other of out-of-home placement types. We identify patterns which show that states are serving children in TFC who might otherwise have been placed in congregate care. Given policy and programmatic efforts to reduce unnecessary congregate care placements, these results suggest that expanded use of TFC may be one strategy for doing so. However, other identified patterns point to limitations in current usage of TFC. In all three states, TFC is typically a second placement type for children, and when they are placed in TFC homes, they typically remain

in TFC for up to 12 months. This may indicate that children are waiting for available TFC homes, echoing a finding from a companion qualitative study. This quantitative analysis suggests that additional resources for TFC could allow more children to be placed in TFC and if needed, access it earlier in their out-of-home episode in lieu of more restrictive congregate care placements. However, analyses include data from only three states (with data on assessed needs for only two) and even among these three, TFC is used quite differently. States should scrutinize their own data as they determine whether expanding TFC is a strategy that makes sense for their circumstances.

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1. Background

The foster care system serves some of the most vulnerable children in the child welfare, juvenile justice, and mental health systems. In 2017 alone, approximately 270,000 children entered the public foster care system (Children's Bureau, 2018). Studies indicate that nearly 80 percent of children entering foster care have been subjected to adverse childhood experiences such as neglect, physical and sexual abuse, exposure to substance use, and incarceration of parents and legal guardians (Bramlett & Radel, 2014). These experiences are potentially traumatic and may lead some children to develop serious emotional and behavior disorders that require more intensive services than are typically provided in traditional foster care settings. Because of the limited availability of family-based settings that provide therapeutic services, these children are often placed in congregate care, a setting that offers 24-hour care in a licensed or approved small group home or child care facility (U.S. Department of Health and Human Services, Administration for Children and Families [ACF], 2015). However, multiple stakeholders agree that, although there is an appropriate role for congregate care in the foster care continuum, children are best served in family-based settings (Ryan, J. P., et al., 2008; Washington State Institute for Public Policy [WSIPP], 2010; Southerland, D. G., 2014). Additionally, stays in congregate care should be limited to children with specialized needs and should primarily be used to stabilize the child for return to a family-based setting (ACF, 2015).

Federal and state policy makers have recognized the need for effective alternatives to congregate care to serve the needs of this population in the least restrictive setting possible. In February 2018, Congress passed the Family First Prevention Services Act (FFPSA), which aims to reduce the number of children placed in congregate care by significantly restricting federal funding for this placement type. Under the FFPSA, the federal government will not provide matching funds to states for congregate care placements that last longer than 2 weeks unless the child's clinical needs warrant such care, and in that case, the government will reimburse only for clinical-level care in the newly defined Qualified Residential Treatment Programs. States are thus incentivized to seek alternative forms of care for children who do not need this level of care (NCSL, 2018). Therapeutic or treatment foster care (TFC) is one such alternative being considered by many states to replace congregate care placement options for children who in the future will not qualify for that level of care.

TFC is designed to serve children who have behavioral or emotional disorders or medical conditions that cannot be adequately addressed in a family or foster home and who might otherwise be placed into congregate care. It is an intensive, treatment-focused form of foster care provided in a family-based setting by trained caregivers. Although TFC programs vary by jurisdiction, agencies, and providers, most state programs incorporate elements of evidence-based models that have been thoroughly evaluated and have demonstrated

improved outcomes (Office of the Assistant Secretary for Planning and Education [ASPE], U.S. Department of Health and Human Services [HHS], 2018; Bishop-Fitzpatrick et al., 2014; Harold et al., 2013; Rhoades et al., 2013). However, few states use evidence-based models in their entirety.

Key elements of TFC that differentiate these programs from traditional foster care and congregate care include the characteristics of the children served, the types of services provided, and training of caregivers. Children in TFC typically require more services than those in other family foster care settings, including case management and behavioral health services. Case management offered in TFC is more intensive, comprehensive, and flexible than that provided in traditional foster care, with service providers focusing on stabilizing and ameliorating serious externalizing and internalizing behaviors of the children in care. TFC behavioral health services incorporate trauma-informed interventions to address the needs of the children who have experienced physical and sexual abuse, exposure to substance abuse, and other traumatic events. TFC parents are trained caregivers, who are knowledgeable about the impact of trauma on children and youth in their care and are skilled in working with youth who frequently display challenging behaviors. Intensive support and supervision are provided to TFC parents by TFC program staff.

Placement into TFC is based on an assessment process focused on identifying the treatment option that best meets the child's needs while also placing them in the least restrictive setting possible (ACF, 2015). This decision may involve the child's case team, other professionals involved with the child's care, family members, foster parents, and court officials (juvenile court for justice-involved youth or dependency court for other youth in foster care). Agencies may also use a structured assessment such as Child and Adolescent Needs and Strengths (CANS), which can be integrated into treatment planning and interventions. Children may enter TFC as their first out-of-home placement, as a step down from more-restrictive settings (i.e., congregate care), or as a step up from less-intensive settings (i.e., traditional, non-kin foster care, or kinship foster care).

Models of TFC are currently used by several states as a successful alternative to congregate care. Many stakeholders in child welfare have advocated for the more family-centered setting TFC offers children with severe emotional, behavioral, and mental disorders (ACF, 2015; Substance Abuse and Mental Health Services Administration, 2013). In a 2001 study of TFC, researchers found that approximately 1,200 children were placed in TFC at one point in time, "representing over six million 'client days'" (Farmer, Burns, Chamberlain, & Dubs, 2002). Although states are using TFC as an alternative to congregate care, program models, implementation standards, and placement eligibility criteria currently differ across states. Some community-based stakeholders have advocated for the evaluation of the potential advantages of establishing a universal definition of TFC (Medicaid and CHIP Payment and Access Commission, 2018; ASPE, 2018).

Although TFC differs across states, growing evidence indicates that TFC could be an appropriate and beneficial alternative to congregate care for some children. Children in TFC are more likely to receive proactive services (e.g., in-home counseling, medical doctor visits), whereas children in congregate care settings are more likely to receive restrictive and reactive services (e.g., placement in detention facility, emergency room visits) (Breland-Noble, Farmer, Dubs, Potter & Burns, 2005). Additionally, studies have found that models of TFC are associated with positive mental health, behavioral health, and delinquency outcomes, such as decreased drug use over time, reduced rates of post-treatment felony charges, and greater reductions in depressive symptoms, as compared to congregate care models (Rhoades et al., 2014; Harold et al., 2013; Robst, Armstrong, & Dollard, 2011).

In addition to the benefits provided to the child, TFC may also serve as a more cost-effective alternative to congregate care. Medicaid and Title IV-E funds typically cover TFC services such as clinical and therapeutic care as well as room and board costs for eligible children. States have used different mechanisms to cover TFC as a medical service under Medicaid, such as using Section 1115 and Titles 1915(b) and (c) waivers and covering TFC as a Rehabilitation Service. In many cases, TFC has been proven to be more cost-effective than congregate care, with improved outcomes for children in states that have had Medicaid billing available for analyzing the cost-effectiveness of TFC. A 2009 study by the Washington State Public Policy Institute comparing placement of boys in Washington state's Multidimensional Treatment Foster Care (MTFC) programs to congregate care found that MTFC placement resulted in reduced cost of youth in care by approximately $88,000 per child, as well as a 17.9 percent reduction in crime (2010). MTFC, now called Treatment Foster Care Oregon, is among the most well-researched TFC models (Chamberlain, P., 2002; Duchnowski, A. J.et al., 2002; Dishlon, T. et al., 2016).

In an effort to further understand how states are using TFC services, this report highlights the characteristics and care trajectories of children who receive TFC compared with children placed into congregate care and into traditional foster care in three states: Illinois, New York, and Tennessee. The initial phase of this study, delineated in the ASPE publication, *State Practices in Treatment/Therapeutic Foster Care*, examined what TFC services look like and how they are currently being used across states. The subsequent phase presented in this report uses administrative data to quantitatively characterize the population of children using TFC services and how they move in and out of these placements as compared with children in congregate care and traditional foster care.

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2. Methods

For this report, we analyze child welfare administrative data from New York, Tennessee, and Illinois for two reasons:

- To understand the placement experience of children as they enter the foster care system and as they move between different types of foster care placements: TFC, congregate care, traditional non-kinship foster care[1] (hereafter referred to as traditional foster care), and foster family-kinship care[2] (hereafter referred to as kinship foster care)
- To understand the sociodemographic characteristics of children in different types of foster care placements

To examine children's overall experience in foster care, we first define critical terms used throughout this report (***Exhibit 2-1***).

Exhibit 2-1. Critical Terms Used to Describe Foster Care Placement

- **Episode within the child welfare system:** A continuous period of time in out-of-home care. An episode starts with placement into out-of-home care and ends when the child leaves the physical custody of the state. Sometimes a child leaves the physical custody of the state because they are reunified with their family, but they stay in the legal custody of the state during a trial home visit. For these analyses, episodes end when physical custody ends.
- **Placement type spell within an episode:** A continuous period of time in a single type of foster care, such as TFC, congregate care, or kinship foster care. The period begins with placement into the placement type and ends when the child leaves that placement type. A child may move within a placement type, for example when moving from one traditional foster home to another. A child may also have multiple placement types within an episode. Leaving a placement type might involve leaving out-of-home care (e.g., reunification) or transferring to another type of foster care (e.g., transferring from congregate care to TFC).
- **Traditional foster care:** A foster family home in which the foster family is not related to the child.
- **Kinship foster care:** A foster family home in which the foster family is related to the child.
- **Therapeutic [or treatment] foster care (TFC):** An intensive, treatment-focused form of foster care provided in a family-based setting by trained caregivers. TFC refers to both non-kinship and kinship foster care homes that receive additional training and financial compensation to provide more-intensive care. Additional detail on how the three study states operationalized therapeutic foster care can be found in ***Exhibit 3-2***.
- **Congregate care:** A licensed setting that provides 24-hour care for children in a group home, child care institution, residential treatment facility, or maternity home.

[1] Traditional foster care is the term used throughout this report to refer to a foster family home in which the foster family is not related to the child.
[2] Kinship foster care is term used throughout this report to refer to a foster family home in which the foster family is related to the child.

2.1 States Selected for Study, Data Sources, and Study Sample

2.1.1 States Selected for Study

This analysis focuses on TFC use in Illinois, New York, and Tennessee. Following discussions with ASPE and other federal stakeholders, we chose these states to reflect variation in TFC implementation and anticipated availability of child welfare. See ***Appendix B: TFC Descriptions*** for additional details on how TFC is implemented in each of the three states.

2.1.2 Data Sources

Child Welfare Data. We used the Chapin Hall Multistate Foster Care Data Archive augmented as necessary with state-specific data, to analyze cohorts of children entering care from 2008 through 2015. Children were then followed in the data through December 31, 2016. The child welfare data contain non-time-varying information about children (date of birth, sex, race, ethnicity) and time-varying information that together describe each episode of out-of-home foster care. Illinois' and Tennessee's child welfare data also included assessment scores from the CANS assessment administered around the time the child first entered foster care (Lyons, 2009). CANS data are unavailable for New York. In Tennessee, the CANS data reflect assessments made within the first 30 days of a child's entry into the child welfare system, with most assessments made within the first 15 days. In Illinois, the CANS is administered within the first 40 days. The individual assessment items included in the Illinois and the Tennessee CANS tool can be found in ***Appendix A Table 1: CANS Items***. The Multistate Foster Care Data Archive data and additional state data is used for this analysis instead of the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data because AFCARS cannot distinguish TFC from other placement types.

CANS Assessment Instrument

CANS is a tool used to support decision making (including level of care) for children placed in out-of-home care, with each item in the tool suggesting different pathways for service planning. CANS data can be used to monitor outcomes through observing scores that can be compared over the course of treatment, or through analyzing the percentage of children whose ratings improved.

CANS is meant to be a flexible assessment tool. Programs can tailor the CANS, so the types of questions asked of families will vary across programs and state child welfare systems. Moreover, programs vary in how they calculate summary scores from the CANS items.

2.1.3 Study Sample

The study sample includes children up to 18 years of age experiencing their first foster care episode with the child welfare system. About 20 percent of children experience a subsequent foster care episode after their first foster care episode. A detailed examination of these subsequent episodes is beyond the scope of this analysis.

Exhibit 2-2 provides additional information on the sample size of the study sample in each state and how foster care placement types are defined in the child welfare data within each

state. For additional information on how the states define TFC as a program within their child welfare systems, please see ***Appendix B: TFC Descriptions***.

Exhibit 2-2. Study Sample Size and Placement Definition, by State

Care Details	Illinois	New York	Tennessee
Number of unique children with a first foster care episode	38,385	60,193	37,724
Placement definition			
Treatment/therapeutic foster care	Specialized foster home placements	Foster home placements with a level of difficulty code of "exceptional"	Foster home placements designated as "Level II Continuum"
Congregate care	Group home and institutional placements	Group home and institutional placements	Group home and institutional placements
Traditional foster care	Foster home, non-relative	Foster home, non-relative	Foster home, non-relative
Kinship foster care	Foster home with a relative	Foster home with a relative	Foster home with a relative

Note: States permit kinship foster parents to become licensed as treatment/therapeutic foster care parents. In this case, families are classified as treatment/therapeutic foster care.

2.2 Data Analysis

2.2.1 Independent Variables, Outcome Variables, and Sociodemographic Characteristics

Primary independent variables of interest are the four placement types: TFC, congregate care, foster care, and kinship foster care. ***Exhibit 2-2*** summarizes each state's definitions of the placement types.

Outcome variables include transitions from one placement type to another and median length of stay in placement types.

Sociodemographic characteristics include age at first entry into foster care, sex, race/ethnicity, and CANS scores (in Illinois and Tennessee only).

2.2.2 Statistical Analysis

Within children's first episode of out-of-home care, we calculate the proportion of children in particular placement types and the proportion of children who move between placement types. Logistic regression is used to model the likelihood of going into TFC and of going into congregate care as a first placement or a second placement; a standard set of variables that could predict placement (e.g., age, gender, race/ethnicity, placement history, calendar year the child was first placed in the child welfare system, and CANS score in Illinois and Tennessee) are included in all regression models.

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3. Findings

In this section, we first compare sociodemographic characteristics of children in the foster care system in each state to sociodemographic characteristics of children statewide to better understand how children in foster care differ from the general population. We then detail the types of foster care placements experienced by children in foster care in each state, transitions between placement types, and how long children spend in the placement types. Finally, we provide further detail on race/ethnicity, age, and gender of the children by placement type, and the level of need as assessed through the CANS instrument shortly after foster care entry. Findings are organized as follows:

Research Question	Report Section	Exhibits
How do children in foster care differ from those in the general population?	3.1	3-1 through 3-3
Where are children placed?	3.2.1	3-4, 3-5
What are the common transitions between placements for children?	3.2.2	3-6 through 3-11
How long do children stay in each placement type?	3.2.3	3-12, 3-13
What are the sociodemographic characteristics of children by each placement type?	3.3.1	3-14 through 3-16
What are the sociodemographic characteristics of children placed in therapeutic foster care (TFC)?	3.3.2	3-17
What is the relationship between the Child and Adolescent Needs and Strengths (CANS) scores and placement type?	3.3.3	3-18, 3-19
What sociodemographic characteristics are associated with moving into TFC?	3.3.4	3-20

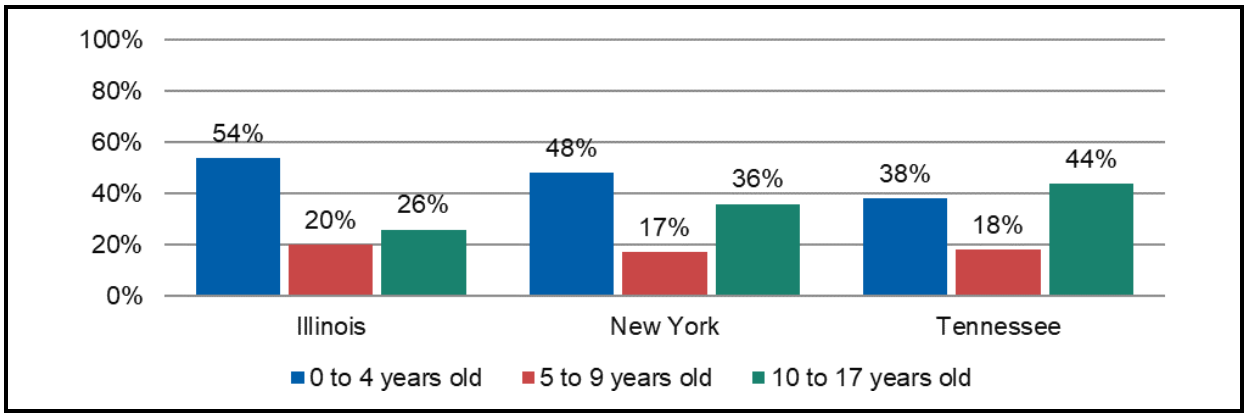
3.1 How Do Children in Foster Care Differ from Those in the General Population?

Using the child welfare data and population-based demographic data from 2015, we describe the age, gender, and race/ethnicity of the children in the foster care system in each of the three states and compare that to the age, gender, and race/ethnicity of children statewide.

Exhibits 3-1 through ***3-3*** describe the proportion of children by state with a first episode of out-of-home care according to age at entry into foster care, gender, and race/ethnicity categories. ***Section 3.3*** provides further detail for each of these categories. We compared the gender and race/ethnicity data for children with a first episode of out-of-home care to available overall child population demographic data for each of the three states for the same

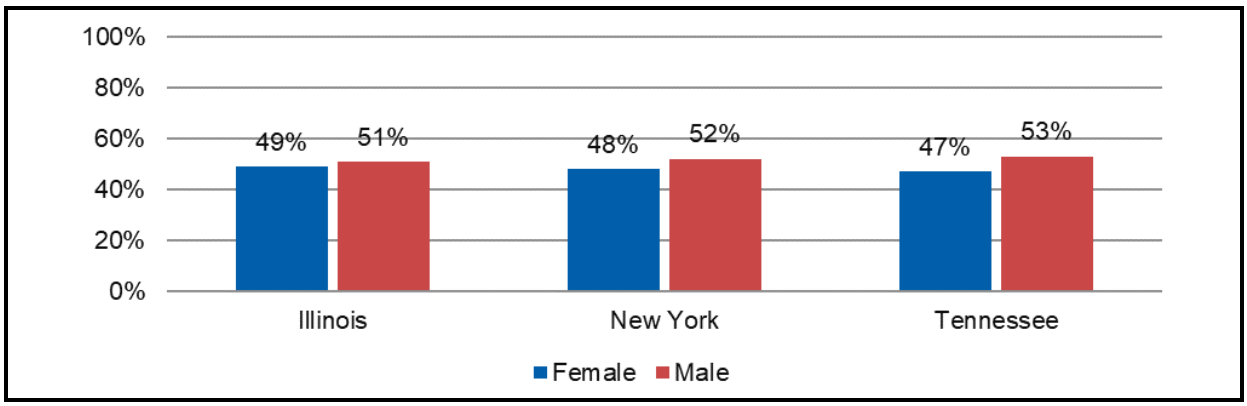
time period (The Annie E. Casey Foundation, 2016).[3] In both Illinois and New York, the proportion of children placed in out-of-home care that are boys (51 percent) is within one percentage point of the general population; in Tennessee, the proportion of boys (53 percent) is within 2 percentage points of the general population. In Illinois, the proportion of girls in foster care placements is the same as the proportion of girls in the state—49 percent. In New York's overall child population, 49 percent of children are girls, within one percentage point of out-of-home placement. In Tennessee, 49 percent of the general child population are female, compared to 47 percent of children in out-of-home placement.

Exhibit 3-1. Age at Entry by State Across All Placement Types, 2008–2015



Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

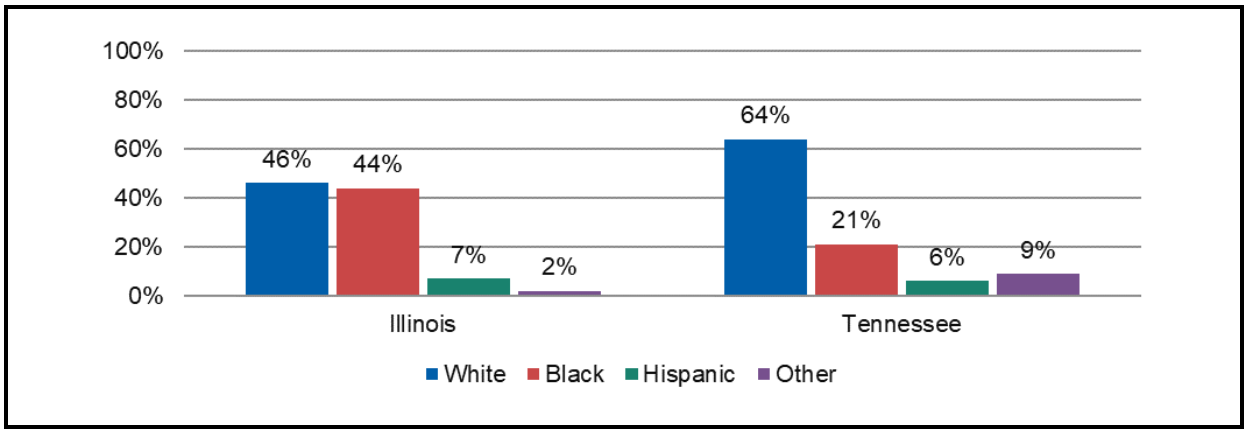
Exhibit 3-2. Gender by State Across All Placement Types, 2008–2015



Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

[3] 2015 is the most recent year of foster care entry within the study population.

Exhibit 3-3. Race/Ethnicity by State Across All Placement Types, 2008-2015



Notes: New York omitted because of a high percentage of children with unknown race/ethnicity. "Other" includes "Asian and Pacific Islander," "Native American," "Other Category," and unknown race/ethnicity. There are 38,385 initial placements in Illinois and 37,724 initial placements in Tennessee during the study period.

For race and ethnicity, the percentages of children represented in each state vary in their relationships to the percentages of children in foster care placement. In Illinois, black children are disproportionally represented in out-of-home placements, at 44 percent; the total population of black children in that state is 16 percent. By contrast, the proportion of Hispanic children in out-of-home placement (7 percent) is significantly less than the total population of Hispanic children recorded for the state (24 percent). For children of other races/ethnicities and white children, the proportion in out-of-home placements is similar to the total population in the state (2 percent vs. 8 percent for children of other races/ethnicities; 46 percent vs. 52 percent for white children). Because the data for New York includes a large percentage in the "unknown" race/ethnicity category, we do not include estimates of race/ethnicity for New York. In Tennessee, the percentage of children by race/ethnicity in out-of-home placement is similar to the percentages in the total child population for the state. White children comprise 66 percent of the total child population and 64 percent of children in out-of-home placement. Black children are 19 percent of the total state child population and 21 percent of children in care. Hispanic children account for nine percent of the total population and six percent in out-of-home care, and children of other races/ethnicities account for six percent of the total population and nine percent of children in out-of-home care.

3.2 Where Are Children Placed, Where Do They Transition to, and How Long Are Their Placements?

When children first enter out-of-home care, there are several options for placement. This section first addresses the initial type of foster care these children experience during their foster care episode. The section then provides detail on children who then either exit the

foster care system or move to a different placement type as a second, third, or even later placement type spell. We also discuss how long children stay in each type of placement.

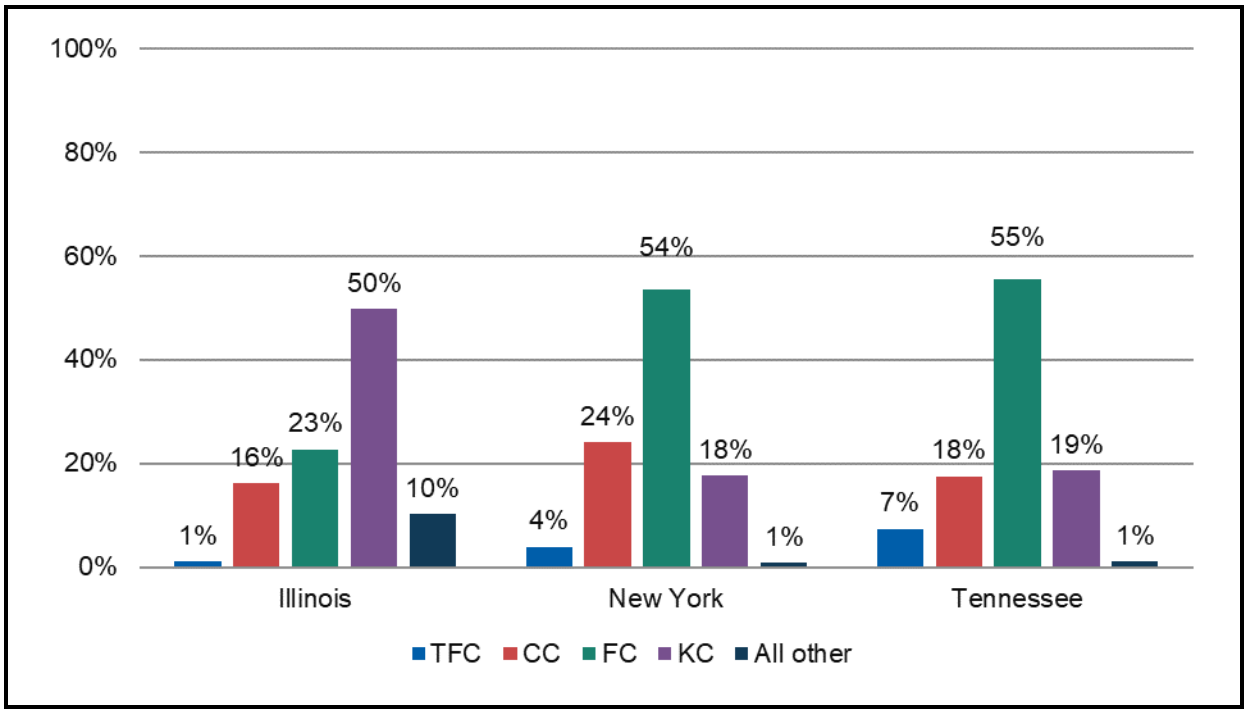
3.2.1 Where Are Children Placed?

Placement patterns reflect the extent to which the state initially identifies children who need a more-intensive level of care, such as TFC or congregate care, or a less-intensive setting, such as traditional, non-kin foster care. Placement patterns also identify how frequently children step up and step-down placement types during an episode. We examine both the initial placement and changes over time from one placement to another. ***Exhibit 3-4*** describes where children are placed in each of the states when they first enter out-of-home care. The placement types include TFC; congregate care; traditional, non-kin foster care; and kinship foster care. For the sake of completeness, a fifth "other" category is also included; because this category may include a heterogenous mix of types of care, this section does not focus on interpreting findings for "other" placements.[4]

- **TFC is not commonly used as an initial placement.** Overall, the number of children who are placed in TFC as their first placement during their first out-of-home episode is small relative to other standard care arrangements—congregate care, kinship foster care, and traditional foster care. The number and proportion of children initially placed in TFC varies greatly by state. In Tennessee, seven percent of children with an initial placement are initially placed in TFC (2,788 of 37,724; see table note for denominators), whereas in Illinois and New York, one percent and four percent are initially placed in TFC. Together, TFC and congregate care account for less than one-third of all initial placements. These data appear to reinforce the qualitative findings from this project's previous report, *State Practices in Treatment/Therapeutic Foster Care.* State policy makers and providers report that in Illinois and New York, children tend to be placed in traditional foster care settings initially, whereas TFC and congregate care are reserved as a step up if their needs cannot be met in traditional or kinship foster care.
- **Congregate care is more common than TFC as an initial placement.** The proportion of children initially placed in congregate care ranges from 16 percent of children in Illinois to 24 percent in New York. In Illinois, traditional foster care is used as an initial placement at approximately the same rate (23 percent of children).
- **The most common initial placement varies by state.** In Illinois, kinship foster care is the most common initial placement (50 percent of children with an initial placement in the state); traditional foster care is the second most common initial placement. Non-kin foster care is the most common initial placement in both New York (54 percent) and Tennessee (55 percent).

[4] In Illinois, about 70 percent of children in "other" placements are in a hospital/health facility or independent living; the remaining children are in other types of group facilities not considered congregate care or are coded as having an "other" living situation. In New York, about 50 percent of children in "other" placements are in detention facilities, 29 percent are in voluntary community residences licensed by the New York State Office of Persons with Development Disabilities, and the rest are in other types of group facilities not considered congregate care. In Tennessee, about 48 percent of children in "other" placements are in an emergency shelter placement, 44 percent are in an inpatient placement, and the rest are in an unknown placement type.

Exhibit 3-4. Distribution of Initial Placements by Placement Type, 2008–2015



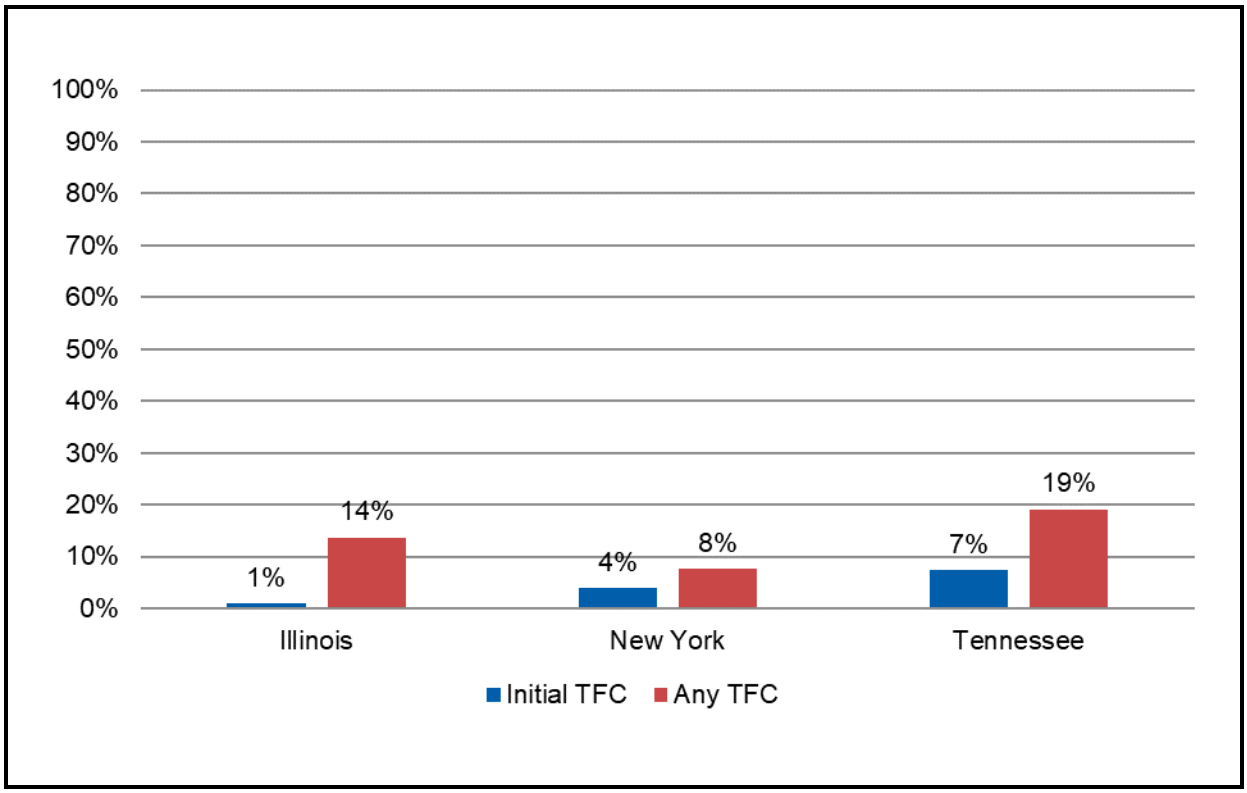
CC = congregate care, FC =non-kin foster care; KC = kinship foster care; TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

Because TFC is not used commonly as an initial placement, we attempt to better understand the degree to which TFC is used as a later placement—rather than an initial placement—in the course of a child's experience with the foster care system. For this reason, we examine the proportion of children with any TFC placement during their first out-of-home placement. ***Exhibit 3-5*** contrasts the proportion of children initially placed in TFC, from ***Exhibit 3-3*** above, with the proportion of children who are ever placed in TFC. Data limitations prevent us from being able to present this contrast for other placement types.

- **In all three states, children are more likely to be placed in TFC after the initial placement**. The proportion of children who are placed in TFC at some point in the foster care system is far greater than the proportion initially placed in TFC. A comparison of the states shows that the proportion of children with any TFC placement is highest in Tennessee and lowest in New York.

Exhibit 3-5. Proportion of Children with Initial and Any Placement in TFC, 2008–2015



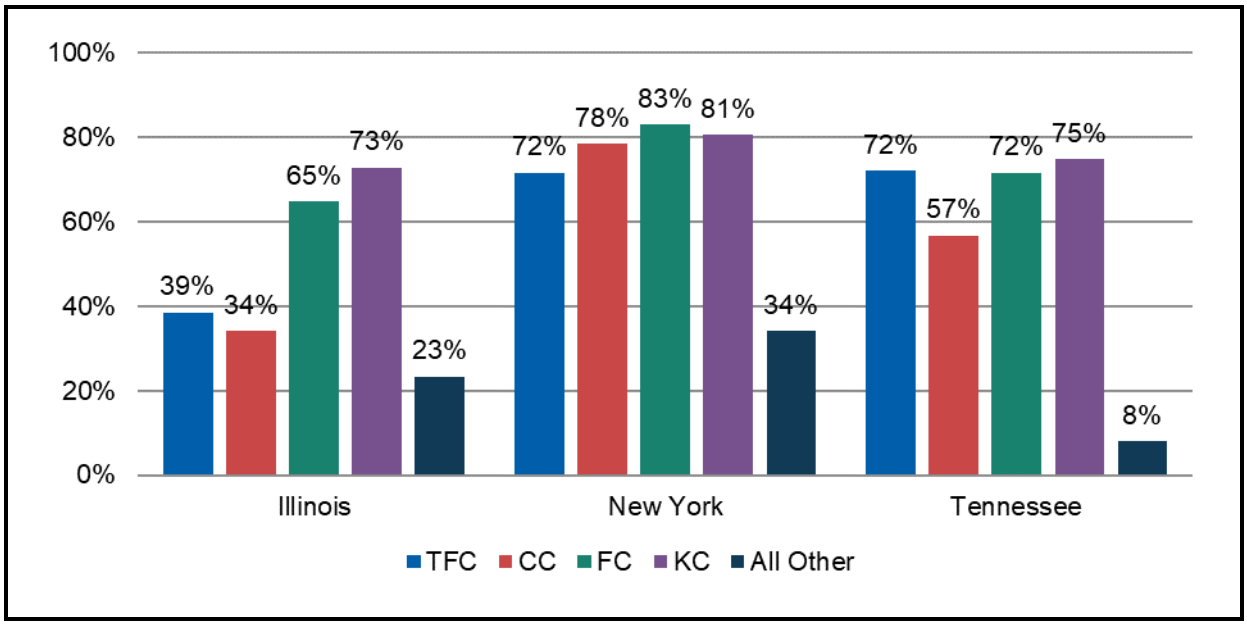
TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

3.2.2 What Are the Common Transitions Between Placements for Children?

Children who begin their out-of-home care episode in one type of placement may either exit the foster care system altogether or move to another type of placement for a different level of intensity of services and/or longer-term care. We assessed both exit rates and transitions from one placement type to another. ***Exhibit 3-6*** describes how often children exit out-of-home care after the initial placement and ***Exhibits 3-7*** through ***3-9*** describe subsequent placement patterns for children initially placed in TFC, congregate care, and traditional foster care.

Exhibit 3-6. Exit Rate After Initial Placement in Out-of-Home Care by Type of Placement, 2008–2018



CC = congregate care, FC = non-kin foster care; KC = kinship foster care; TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee.

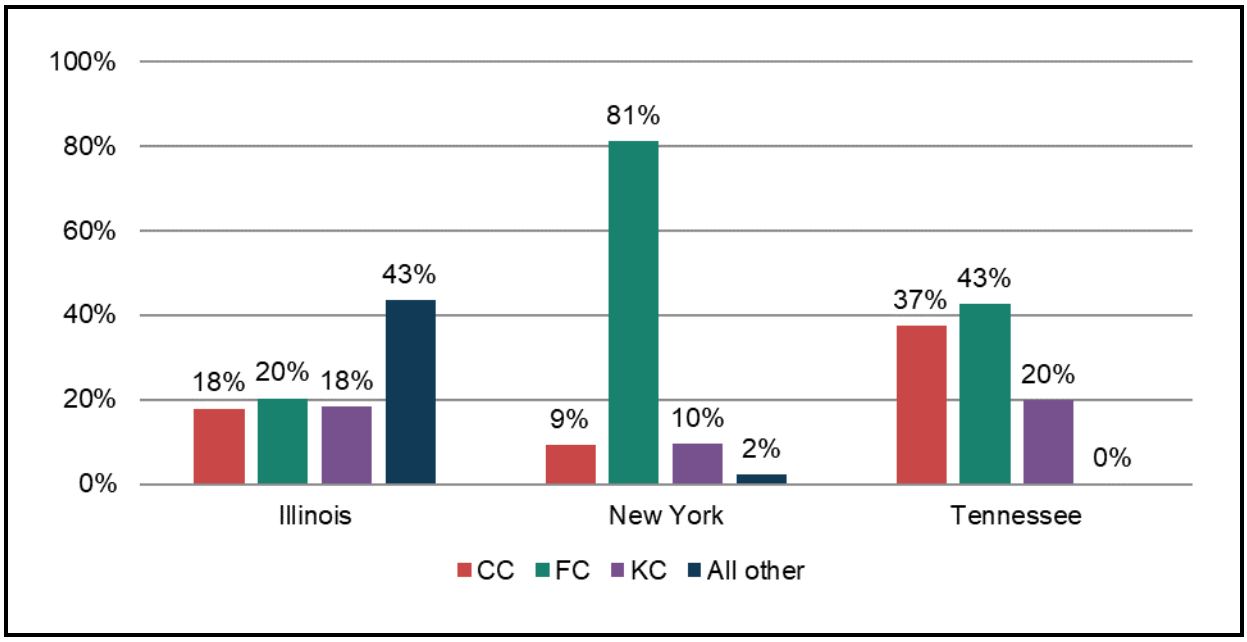
It is important to recognize that the data do not indicate whether a child whose placement type changes moves to a new physical location (e.g., a new family) or if instead the foster family's classification changes (e.g., the family's designation is changed from traditional foster care to TFC, a practice that occurs in Illinois, or the family's designation is changed from TFC to traditional foster care, a practice that is common in New York). These results also do not reflect transition to different residences or families within a placement type (e.g., moving between TFC families).

- **The proportion of children who exit the foster care system rather than move to another type of placement varies by state**. Although rates of exit from traditional foster care and kinship foster care are consistently high across all three states, as demonstrated in ***Exhibit 3-6,*** the exit rate from TFC and congregate care varies considerably.
- **In Illinois, where very few children are placed in TFC initially, more children stay in than leave the foster care system after an initial TFC or congregate care placement spell.** Moreover, the rates of exit from the two types of placement are similar in this state (at 39 percent and 34 percent). This finding is consistent with the state focusing initial placements for TFC and congregate care on children with high need. However, further understanding beyond the data available for this report is needed to rule out alternative explanations.

- **Exit rates from the foster care system for children initially placed in TFC and congregate care in Tennessee and New York are high.** In contrast to Illinois, in these states, more children exit than remain the system after an initial TFC or congregate care placement spell. For these placement types, the proportion exiting ranges from 57 percent for those initially placed in congregate care in Tennessee to 72 percent exiting for those placed in congregate care in New York. The finding for Tennessee having a lower exit rate for congregate care than TFC may suggest that children in that state typically step down to other placement types prior to exiting the foster care system.
- **Exit rates after initial placement in traditional foster care and kinship foster care are high in all three states.** Between 65 percent and 83 percent of children initially placed in these placement types exit the foster care system without experiencing another placement type.
- **For children with an initial placement in TFC, the highest proportion of subsequent placement is no placement (that is, children exit care), followed by other less restrictive placements such as traditional, non-kin foster care.** In Tennessee, for children who initially entered TFC, the highest proportion of subsequent placement is no second placement (72 percent). This is followed by regular foster care (12 percent), congregate care (10 percent) and kinship care (6 percent). Similarly, in New York, for children who initially entered TFC and then transitioned to other placements, the highest proportions of subsequent placement are no second placement (71 percent), regular foster care (23 percent), congregate care (3 percent) and kinship care (3 percent). In Illinois, children who initially entered TFC transition to no second placement (39 percent), other care (27 percent), and regular foster care (13 percent).

Exhibits 3-7 through ***3-9*** provide further insight into where children who remain in the foster care system are then placed. These exhibits describe subsequent placement patterns among children who stay in the system and are initially placed in TFC, congregate care, and foster care.

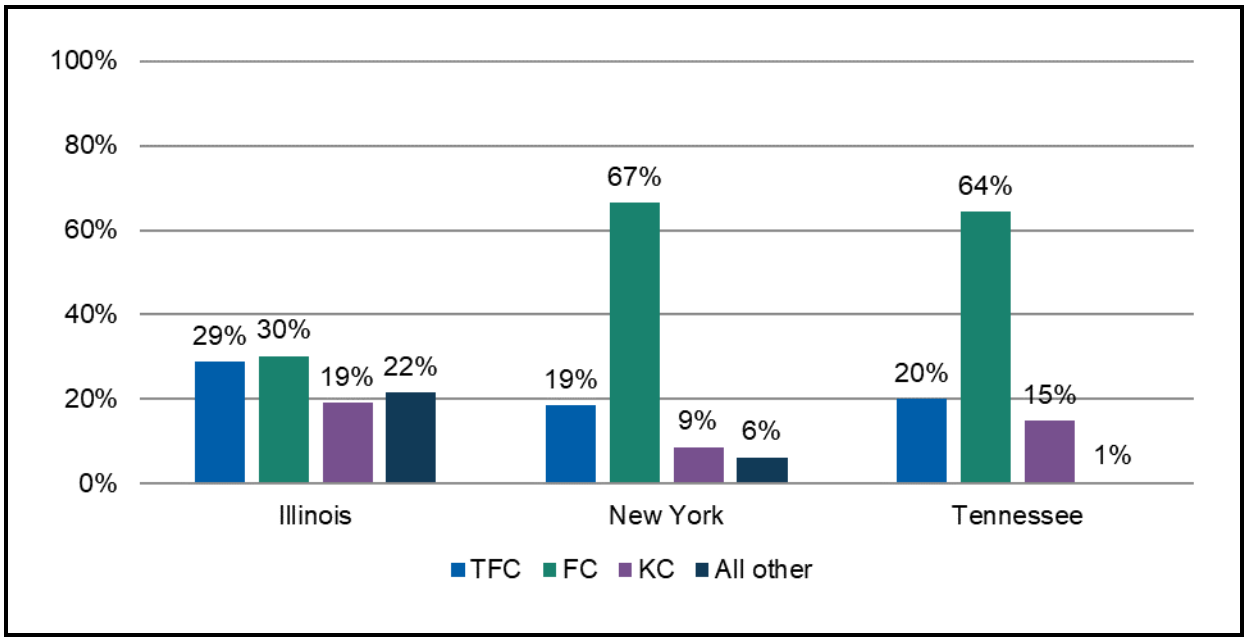
Exhibit 3-7. Placement Type Distribution of Children in Their Second Placement After Initial Placement in TFC



CC = congregate care, FC = non-kin foster care; KC = kinship foster care; TFC = treatment/therapeutic foster care. For an explanation of "other" placements see footnote 4 on page 3-4.

Note: There are 246 initial TFC placements in Illinois that also have a second placement, 683 initial TFC placements in New York that have a second placement, and 778 initial TFC placements in Tennessee that have a second placement.

Exhibit 3-8. Placement Type Distribution of Children in Their Second Placement After Initial Placement in in Congregate Care, 2008–2015

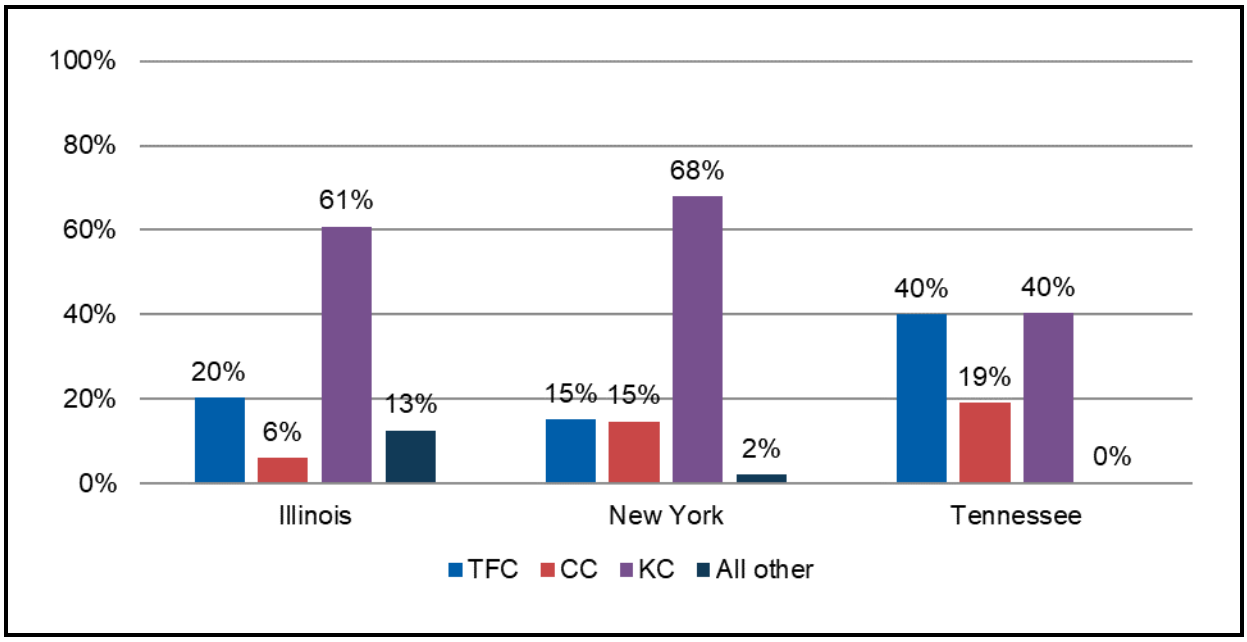


CC = congregate care, FC = non-kin foster care; KC = kinship foster care; TFC = treatment/ therapeutic foster care.

Note: There are 4,097 initial CC placements in Illinois that have a second placement, 3,144 initial CC placements in New York that have a second placement, and 2,864 initial CC placements in Tennessee that have a second placement.

- **For children initially placed in TFC, there is no clear pattern in subsequent placements across states.**
- **In Illinois, it is difficult to determine where the few children initially placed in TFC are subsequently placed.** In this state, 43 percent of the few children who are initially placed in TFC and remain in the system are then placed in "other" care, which is likely a heterogeneous mix of placement types such as hospital stays, emergency shelters, and independent living programs. Approximately equal proportions—about 20 percent—are placed in each of the other three placement types.
- **In New York, most children with a subsequent placement step down into traditional foster care from TFC**. In this state, 81 percent of children in TFC who remain in the system then step down to traditional foster care. Moreover, according to state officials in New York, the state frequently recategorizes a foster home from TFC to traditional foster care, so many of these children may not actually change homes when they step down.

Exhibit 3-9. Placement Type Distribution of Children in Their Second Placement After Initial Placement in Foster Care, 2008–2015



CC = congregate care, KC = kinship foster care; TFC = treatment/therapeutic foster care.

Note: There are 3,065 initial FC placements in Illinois that also have a second placement, 5,480 initial FC placements in New York that have a second placement, and 5,935 initial FC placements in Tennessee that have a second placement.

- **In Tennessee, by contrast, approximately the same proportion of children step up to congregate care as step down to traditional foster care.** In this state, of children who are initially placed in TFC and remain in the system, 37 percent then transition to congregate care and 43 percent go to traditional, foster care.
- **For children initially placed in congregate care and who remain in the system, there is no clear pattern in subsequent placements across states.** This broad finding concurs with the finding for TFC, described above.
- **In Illinois, equal numbers of children in this subgroup transition from congregate care into TFC and traditional foster care.** Approximately 30 percent of children in this subgroup transition to TFC or to traditional foster care. The proportion transitioning to kinship foster care is about 10 percentage points lower, about 20 percent.
- **The proportions of this subgroup transitioning into TFC and traditional foster care are the same in New York and Tennessee.** In both states, most of those children who transition to another placement move to traditional foster care (about 65 percent), and about 20 percent transition to TFC.
- **TFC is the second most common transition from congregate care**. In all three states, children who are in congregate care are less likely to go to kinship foster care or care in the "other" category than to go to TFC or traditional foster care.

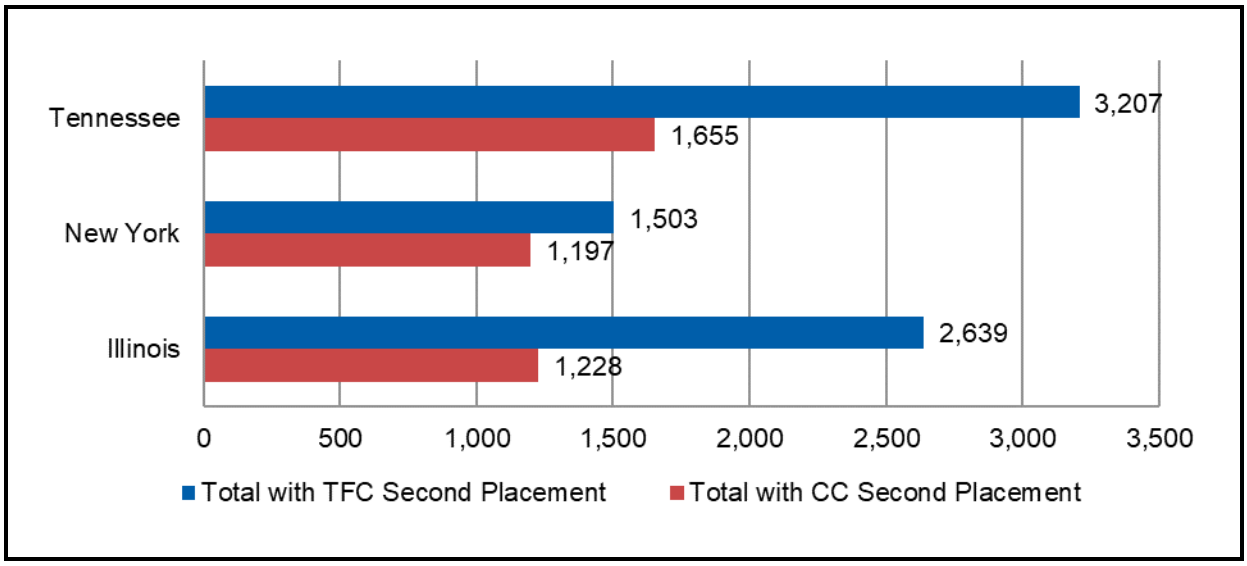
- **In New York and Illinois, kinship foster care is the most common subsequent placement type following traditional foster care**. In Illinois and New York, 61 percent and 68 percent of children, respectively, transition to kinship foster care.
- **In Tennessee, many children who remain in the system after an initial placement in traditional foster care transition to TFC or congregate care.** In this state, as many children transition to TFC as to kinship foster care (about 40 percent each). Also, nearly 20 percent of children transition to congregate care. In this state, many children who remain in the foster care system after traditional foster care then move up a level of care.
- **Across all three states, children who experience a second placement type after an initial placement in traditional foster care are more likely to go to TFC than congregate care in their subsequent placement.** In Illinois and Tennessee, children are much more likely to be moved to TFC than congregate care. In New York, the proportions of children placed in TFC and congregate care are much closer, with TFC placements only marginally more likely.

Exhibit 3-10 further illustrates this last point, that in each state TFC is more commonly used as a subsequent placement than congregate care is. ***Exhibits 3-7*** through ***3-9*** describe transitions conditional on the specific initial placement; however, ***Exhibit 3-10*** does not condition on the initial type of placement. ***Exhibit 3-11*** further shifts the focus among children with subsequent placements to describe children's previous placement types.

- **Regardless of initial placement type, more children with a second placement type are placed in TFC than in congregate care.** In Illinois and Tennessee, the number of TFC second placements (n = 2,639 and n = 3,207, respectively) is double the number of congregate care placements (n = 1,228 and n = 1,655, respectively). New York has fewer second TFC placements (n = 1,503), and TFC as a second placement is similar to congregate care (n = 1,197).
- **The findings suggest that there are similar patterns when comparing across placement types across the three states.**
- **When comparing across placement types, it appears that a relatively high percentage of children come from traditional foster care into TFC or congregate care as their second placement type, that is, as a step up in care intensity.** This is particularly pronounced in New York and Tennessee. This suggests that these children required a placement with more-intensive support. It is unknown if traditional foster care was the initial placement type because of assessed need or because of supply issues such as the availability of placements with higher levels of support.
- **In each state, relatively few children in TFC or congregate care are initially placed in kinship foster care.** This finding may reflect that kinship foster care helps form a stable relationship between child and caregiver.

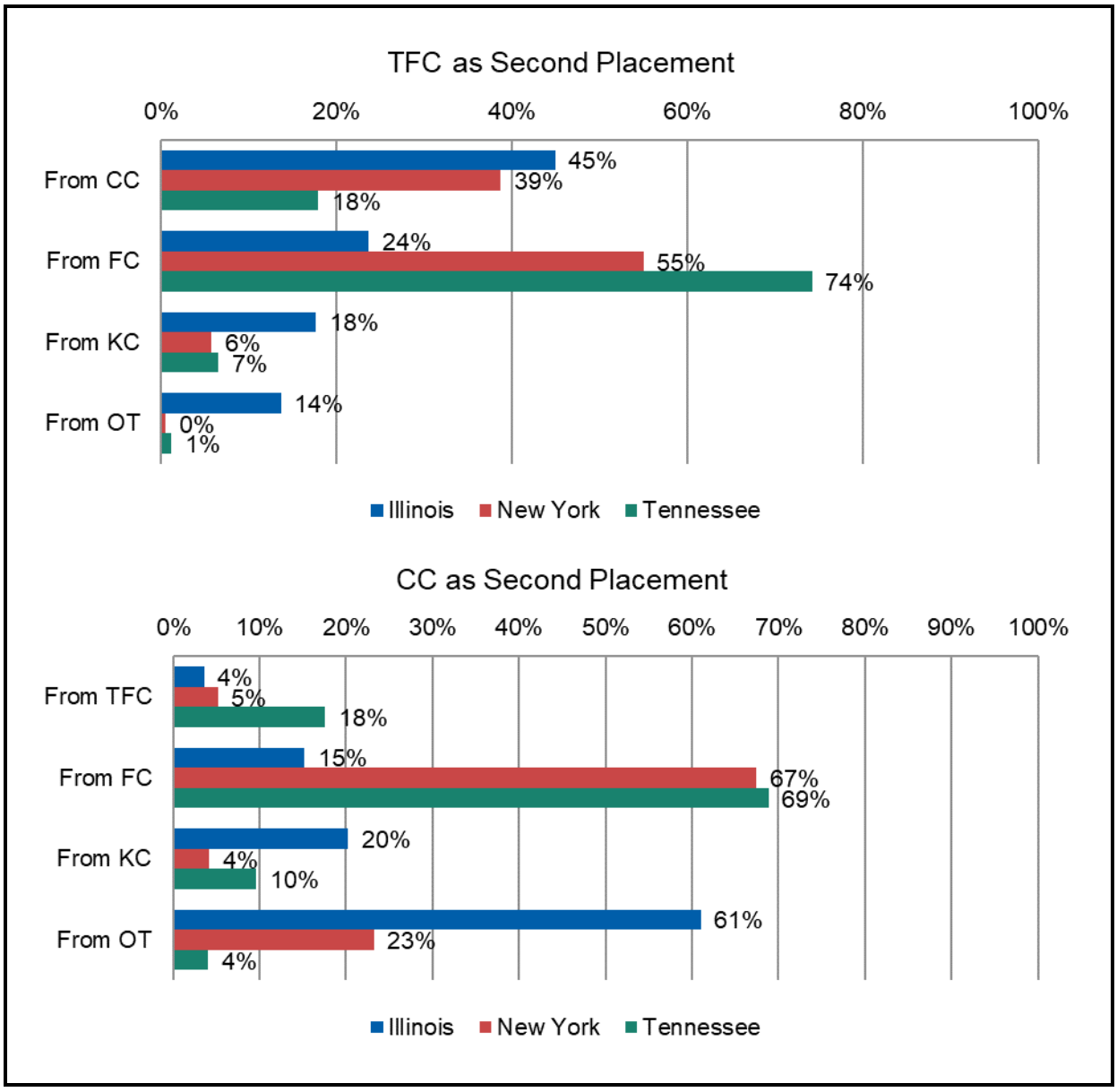
- **Comparison across placement types also indicates that a relatively high percentage of children with TFC as a second placement are initially placed in congregate care.** This suggests that TFC is used as a step-down placement from congregate care. Conversely, a relatively low percentage of children with congregate care as a second placement are from TFC. This suggests that fewer children step up to congregate care from TFC and can be served appropriately in a TFC placement. The exception to this pattern is Tennessee. In Tennessee, the percentage of children in TFC as a second placement from congregate care is equal to the percentage of children in congregate care as a second placement from TFC (18 percent).

Exhibit 3-10. Number of Children Placed in TFC and Congregate Care as a Second Placement, 2008–2015



CC = congregate care, FC =non-kin foster care; KC = kinship foster care; TFC = treatment/ therapeutic foster care.

Exhibit 3-11. Initial Placement Type for Children with TFC and Congregate Care as a Second Placement Type, 2008–2015



CC = congregate care; FC = non-kin foster care; KC = kinship foster care; OT = other; TFC = treatment/therapeutic foster care.

Note: There are 2,639 second placements in TFC in Illinois, 1,503 second placements in TFC in New York, and 3,207 second placements in TFC in Tennessee. There are 1,228 second placements in CC in Illinois, 1,197 second placements in CC in New York, and 1,655 second placements in CC in Tennessee.

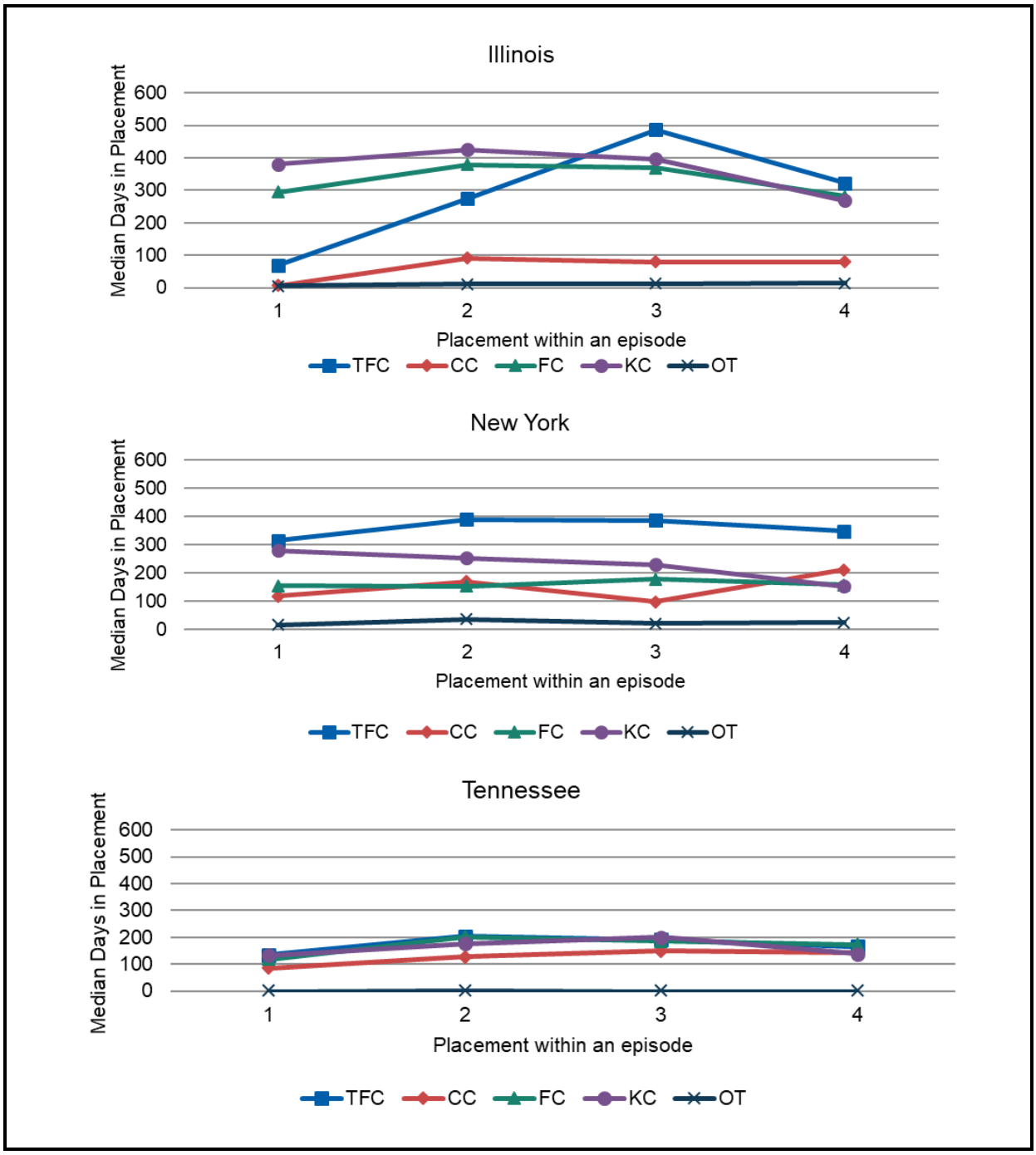
3.2.3 How Long Do Children Stay in Each Placement Type?

The time spent in TFC and other placements may indicate the degree to which a state uses TFC as a temporary step up or step down from other levels of care. Time spent in placement also may reflect resource constraints in the system and the child's level of need. ***Exhibit 3-12*** provides the median duration in each type of placement by the first, second, third, and fourth placements within an episode.[5] We use these graphs to assess how duration in placement changes from one placement in the sequence to the next, compare duration for one type of placement to another type in each state, and compare duration in placement type across states. As noted above, the data only provide insight into transitions across placement type and do not permit insight into transitions within a placement type. The underlying number of observations on which these estimates are based is shown in ***Appendix A, Table 2***.

- **With the exception of Illinois, the median placement for TFC for the first through fourth placement across states is equal to or higher than other placement types.** This is consistent with observations shared in interviews with state officials for the qualitative portion of this study. Anecdotally, officials for the three states reported that the average length of stay for a child in TFC is about one year.
- **The amount of time children spend in a placement typically increases or stays the same from the first to the second placement in all three states.** The most striking example is for TFC in Illinois, where median duration increases from 70 days in the first placement to 270 days in the second placement. However, very few children have TFC as a first placement; therefore, the second placement better approximates the true length of stay for this state.
- **In Tennessee and New York, children spend more or equal time in TFC compared to other placement types, particularly congregate care.** In contrast to this finding, in Illinois and for the first and second placements only, children spend less time in TFC than in traditional or kinship foster care. The 70 median days spent in TFC for the first placement in that state, for example, is less than one-third the 295 days spent in traditional foster care. For the third placement in Illinois, however, duration of stay in TFC increases to 500 days. This length of time is greater than that for all other placement types in Illinois and is greater than the duration for any other placement in any other state. Also, in Tennessee, median days in placement in TFC, traditional foster care, and kinship foster care tracked very closely.
- **For the first through third placements, children spend less time in congregate care than TFC, traditional foster care, or kinship foster care (with the second placement in New York being the only exception).** Only the "other" setting has a lower median number of days. The "other" setting may include placements such as acute care hospital stays—including psychiatric hospital stays—which are typically of shorter duration compared to TFC, congregate care, traditional foster care, and kinship foster care.

[5] Because most children (>90 percent) have two placements or fewer within an episode, data on median duration for the third and fourth placements likely represent children with particularly high needs or children with circumstances that differ greatly from other children in the foster care system.

Exhibit 3-12. Median Days in First Through Fourth Placement, by Placement Type, 2008–2015



CC = congregate care; FC = non-kin foster care; KC = kinship foster care; OT = other; TFC = treatment/therapeutic foster care.

Note: In Illinois, there are 38,385 first placements, 15,631 second placements, 7,854 third placements, and 4,316 fourth placements. In New York, there are 60,193 first placements, 11,698 second placements, 3,680 third placements, and 1,375 fourth placements. In Tennessee, there are 37,724 first placements, 11,698 second placements, 3,414 third placements, and 1,226 fourth placements.

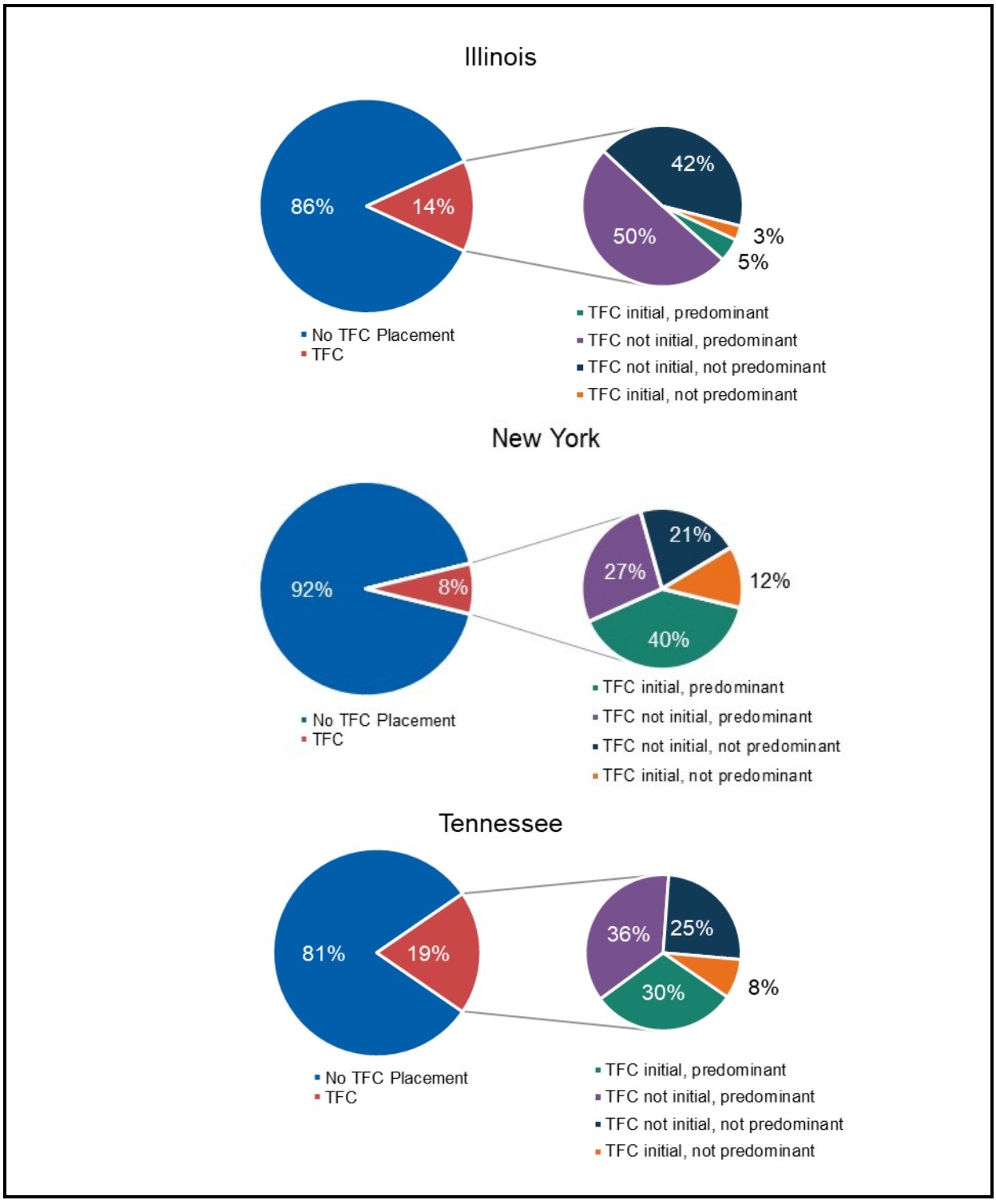
Having enough time in TFC—or dose of TFC—is likely an important consideration to addressing children's needs. We further analyzed duration of time in placement among all children who received any TFC during their first out-of-home placement episode. Children may move from one placement type to another; the above text also shows that many children transition in and out of TFC. Thus, to comprehensively understand TFC dosage, it is important to assess what proportion of time children spend in TFC care during their first out-of-home episode.

To provide this insight into TFC dosage, we assess the proportion of children with any TFC for whom TFC is their predominant placement type. We define predominance as spending more than 50 percent of a child's first episode in the foster care system in a TFC placement.

In ***Exhibit 3-13***, we combine predominance/non-predominance of time spent in TFC and whether the placement is the first or a subsequent placement to create four mutually exclusive categories: TFC being the predominant type of care and the initial placement; TFC being predominant and a subsequent placement; TFC not being predominant and being the initial placement; and TFC not being predominant and a subsequent placement.

- **Among those children for whom TFC is the predominant placement type, many receive it after their initial placement**. In Illinois, 50 percent of children who receive TFC, receive it as their predominant placement type, although it is not the initial placement. Given the low proportion of children receiving TFC initially in Illinois, it is not surprising that a low proportion of children in that state (5 percent of the 14 percent who received TFC) both received TFC predominantly and in their first placement. In New York and Tennessee, 27 percent and 36 percent of children, respectively who receive TFC, receive it as their predominant placement type, albeit a subsequent placement. The corresponding estimates for TFC as an initial predominant source of care for New York and Tennessee are much higher than Illinois, at 40 percent and 30 percent respectively.
- **TFC is not treated as a long-term placement for many children receiving TFC. Children are in TFC as long as they require intensive services and subsequently move to a different placement type.** Being placed in TFC at some point but then not having TFC as the predominant source of care may indicate that a child is moving from one type of care to another. Adding together the two 'predominant' categories in each state finds that among children with TFC, between 55 and 67 percent have TFC as their predominant placement. This in turn means that TFC is not the predominant placement for between 33 percent and 45 percent of children who ever receive TFC. This pattern of use of TFC may reflect changes in the child's level of service needs. The results also indicate that using TFC in this manner is relatively common after children's initial placements. In Illinois, 42 percent of children with any TFC both receive the care in subsequent placements and yet do not have TFC as their predominant source of care (driven in part by the fact that few children have TFC as their initial placement). The corresponding proportions in New York and Tennessee are 21 percent and 25 percent.

Exhibit 3-13. Predominance of TFC as a Placement Type among Children Who Receive Any TFC During the First Out-of-Home Episode, 2008–2015



TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

3.3 Demographics

3.3.1 What Are the Sociodemographic Characteristics of Children by Each Placement Type?

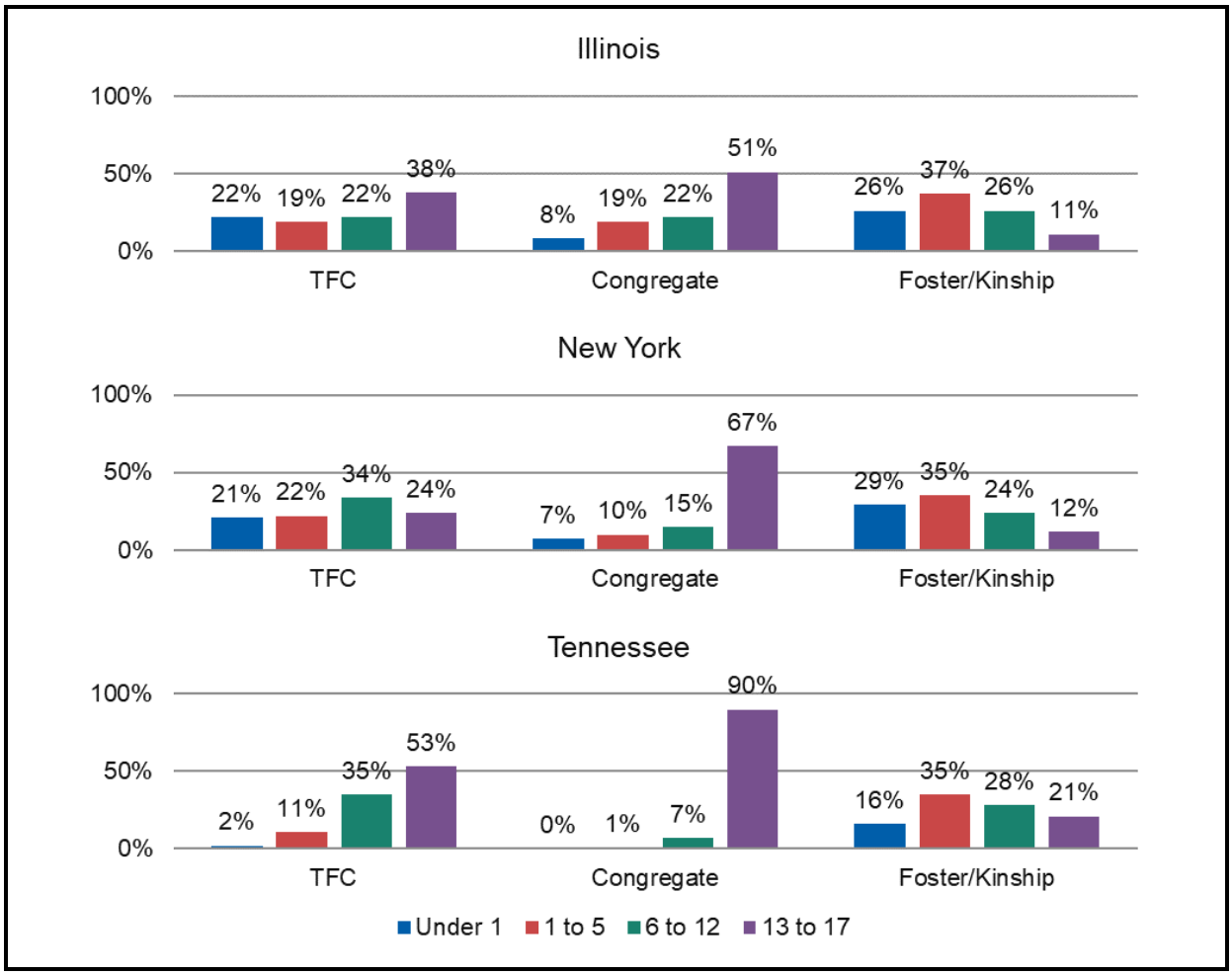
In the overview at the beginning of the Findings section, the estimates indicate that the age and gender distributions of children placed out of home are similar to the distributions among all children in each state. The estimates also suggested that, in Illinois, the proportion of children placed in out-of-home care who are black is larger than the proportion among all children in the state. Also, in that state, the proportion of children in out-of-home care who are Hispanic is smaller than the proportion among all children in the state. The estimates for Tennessee did not indicate this race/ethnicity disparity between out-of-home placement and the general population. In this subsection, we provide further detail and assess demographic representation by type of placement.

The next section focuses on the demographic characteristics of children who are placed in care in the study states. We assessed demographic characteristics of children *initially* placed in each type of placement by age (***Exhibit 3-14***), gender (***Exhibit 3-15***), and race/ethnicity (***Exhibit 3-16***). For these analyses, the data for New York included a large number of the unknown race/ethnicity category, so we suppressed estimates of race/ethnicity for New York. We also calculated demographic distributions for children with *any* placement in TFC (***Exhibit 3-17***), focusing on children with any placement rather than initial placement. Most of children placed in TFC are placed there after their initial placement.

Differences in these distributions across placement type may directly reflect deliberate policies and resource constraints. For example, differences in age distributions may reflect policies to place younger children in family settings. Differences may also raise issues that lie beyond the data used in these analyses and require further investigation.

- **Relative to other types of placement, children placed initially in TFC and congregate care are older**. In all three states, traditional foster care and kinship foster care typically include more younger children. Estimates from a multivariate logistic regression model indicate the differences are statistically significant. This finding is in line with studies that show that older youth in the foster care system have disproportionately high rates of psychiatric disorders, indicating the need for higher levels of care (Garland et al., 2001; Keller et al., 2001; McMillen et al., 2005; Pilowsky et al., 2006).
- Neither these data nor prior discussions indicate why children under the age of five are placed initially in either TFC or congregate care. Further work would be needed to understand further the type of care these young children are receiving and the rationale for placing them there.

Exhibit 3-14. Age Distribution for Placement Type by State: Initial Placement During First Out-of-Home Care Episode, Entry Year 2015



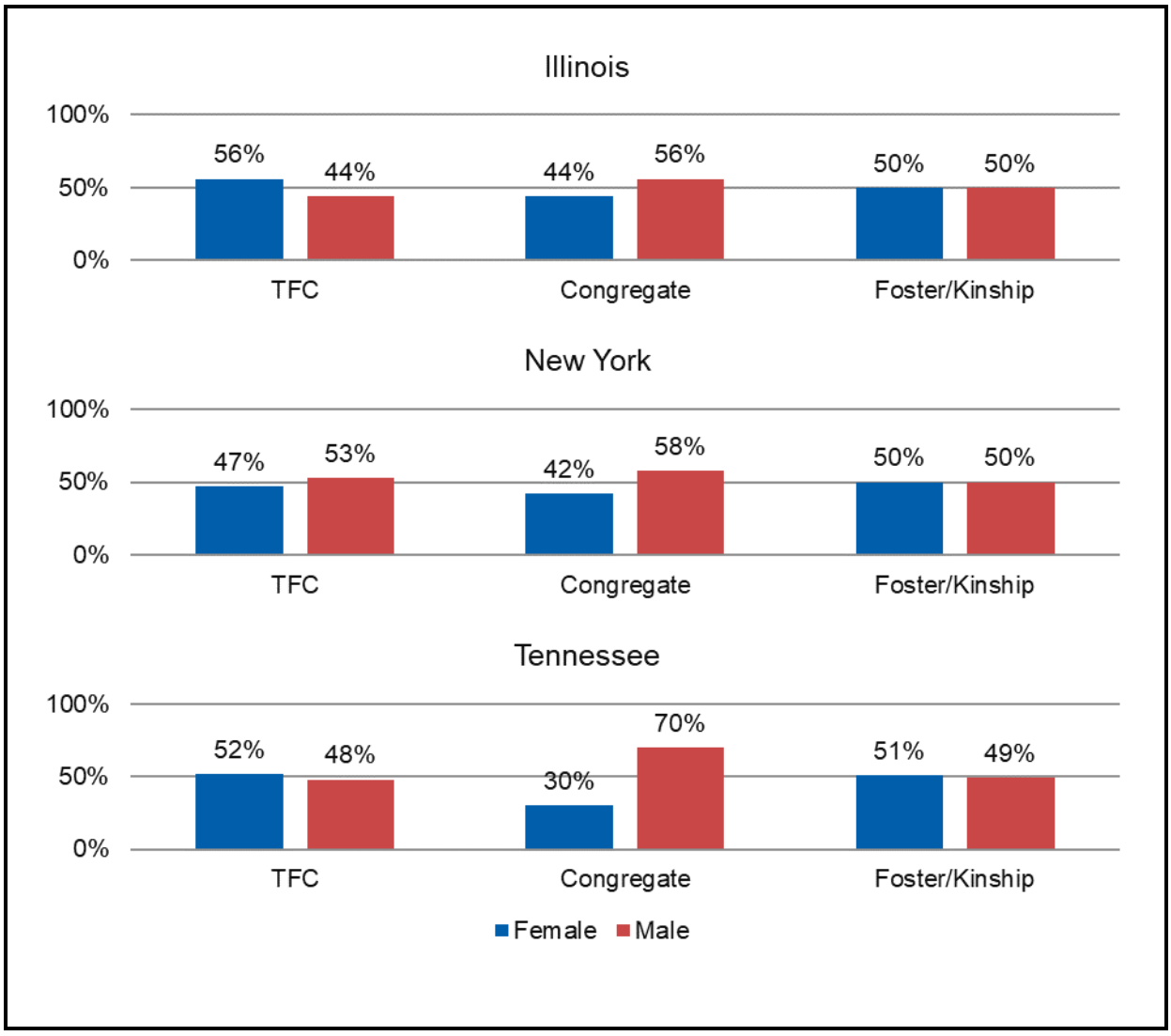
TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

- **Children in congregate care as a first placement are generally older than children placed in TFC.** In each state, the proportion of children in the 13 to 17 years age group is higher for congregate care than for TFC. This finding is particularly pronounced in Tennessee. In that state, 90 percent of children in congregate care are in this highest age group, and this is far higher than the 53 percent of children in TFC being in the highest age group. By comparison, the proportion of children in the three lower age groups (under 1, 1 to 5, and 6 to 12) in TFC is the same as or higher than the proportions in congregate care.

  We speculate that the difference in the age distribution for initial placement into TFC and congregate care may in part reflect differences in placement policies between the placement types. The data are consistent with TFC being used as a part of a planned process to place children in an environment with an appropriate level of care. The placement priority for older children may put greater emphasis on being geographically close to education and family.

Exhibit 3-15. Gender Distribution for Placement Type by State: Initial Placement During a First Out-of-Home Care Episode, Entry Year 2015



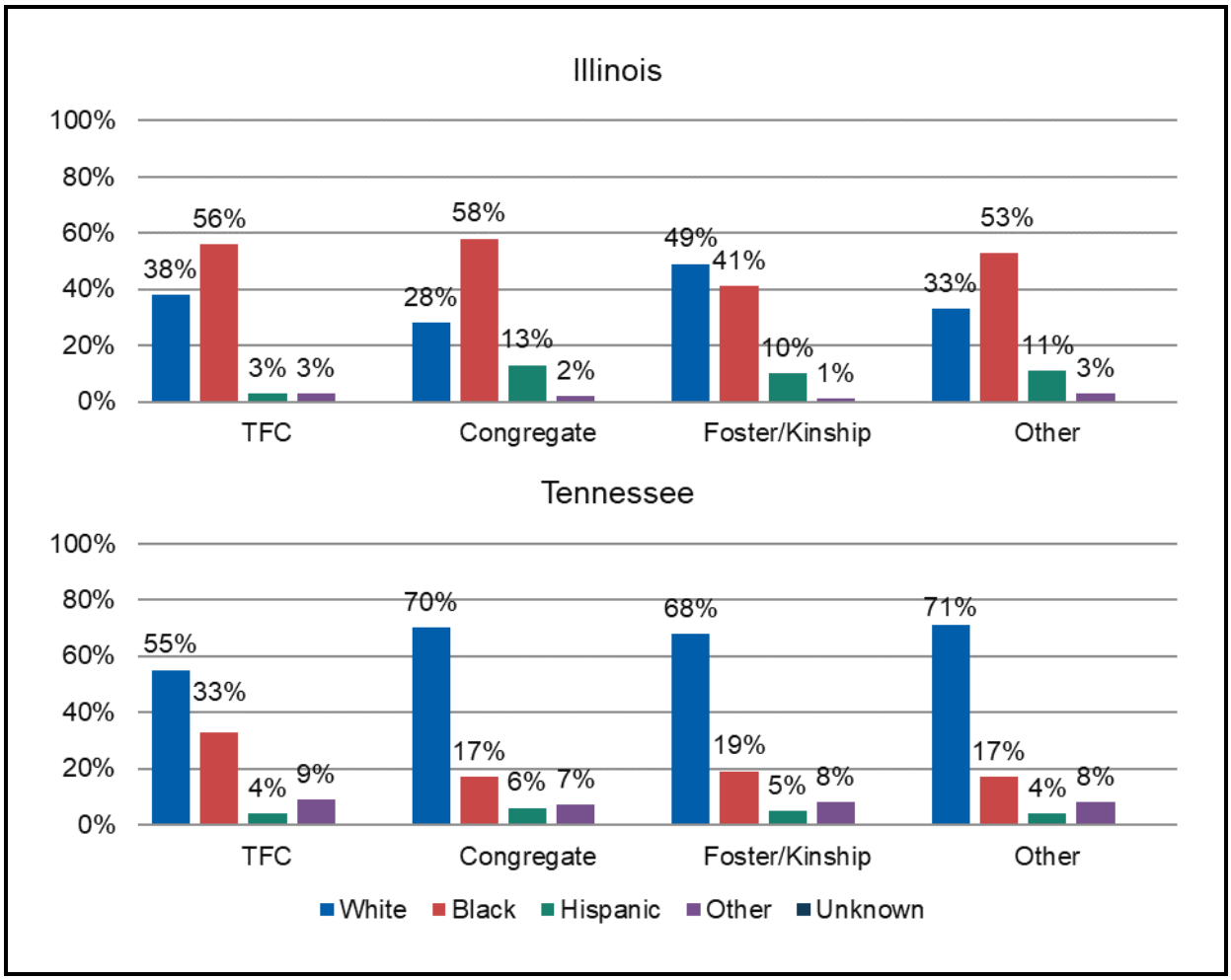
TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

- **The gender distribution for initial placement in TFC is similar across the states.** Among children initially placed in TFC, a slightly larger proportion is girls than boys in Illinois (56 percent are girls, 44 percent are boys) and Tennessee (52 percent and 48 percent), whereas there are fewer girls than boys initially in TFC in New York (47 percent girls, 53 percent boys). Estimates from a multivariate logistic regression model indicate the gender relationships in each state are statistically significant.

- **In all three states, a higher proportion of initial placements in congregate care are boys**. Whereas all three states have approximately equal proportions of boys and girls placed out of home (and in the state as a whole), congregate care has more boys than girls. In Tennessee, for example, there are fewer than half as many girls as boys (30 percent girls, 70 percent boys). This finding mirrors findings in the ACF's report *A National Look at the Use of Congregate Care in Child Welfare.* This report found higher utilization of congregate care among males compared to other settings (2015).
- **In all three states, foster/relative care as an initial placement has the same number of girls and boys.** In Illinois and New York an equal percentage of girls and boys are placed in foster/relative care (50 percent for each gender). In Tennessee, a slightly higher percentage of girls are placed in foster/relative care as compared to boys (51 percent are girls, 49 percent are boys).

Exhibit 3-16. Race/Ethnicity Distribution for Placement Type by State: Initial Placement During a First Out-of-Home Care Episode, Entry Year 2015



TFC = treatment/therapeutic foster care.

Note: There are 38,385 initial placements in Illinois, 60,193 initial placements in New York, and 37,724 initial placements in Tennessee during the study period.

- **In Illinois, a high proportion of children initially placed in TFC and congregate care are black.** Most children initially placed in TFC or congregate care as their initial placement are black (56 percent and 58 percent respectively), whereas the overall percentage of black children in the first out-of-home episode is 44 percent. The corresponding proportion placed in foster/relative care (41 percent) is 15 to 17 percentage points lower than the proportion placed in TFC or congregate care. The proportions for white children in the higher service intensity placement types of TFC (38 percent) and congregate care (28 percent) are between 11 and 21 percentage points lower than the proportion in foster/relative care (49 percent).

  Recall from ***Exhibit 3-3*** in the overview that, compared to the general population of children in Illinois, a disproportionally high number of children placed out of home are black and a disproportionately low number are Hispanic. Some of the high percentage of black children represented in TFC and congregate care can, therefore, be attributed to this state having a high percentage of black children in out-of-home placement. However, these data also show that this high representation is seen in higher levels of care (TFC and congregate care) but not lower levels of care (foster/relative care).

  Finally, prior estimates also suggest that very few children in Illinois are initially placed in TFC, and this qualifies any findings with initial TFC placement in that state. The concern is mitigated by the finding that many children (nearly 20 percent) are initially placed in congregate care—which, like TFC, is a higher level of care—and that congregate care has a similar race/ethnicity distribution to TFC.

- **In Tennessee, the race/ethnicity distributions for TFC and congregate care differ somewhat.** In this state, just over half of children initially placed in TFC are white (55 percent) and 33 percent are black. This can be compared to the overall percentages of white and black children in the first out-of-home episode, 64 percent and 21 percent respectively. The data suggest that, in Tennessee, black children are accessing TFC at higher rates than would be expected. Congregate care has greater representation among white children, with 70 percent of children in that placement type being white and 17 percent being black. The race/ethnicity distribution for congregate care and foster/relative care are very similar and appear to closely mirror the race/ethnicity distributions for all children in their first episode of out-of-home care.

3.3.2 What Are the Sociodemographic Characteristics of Children Ever Placed in Therapeutic Foster Care?

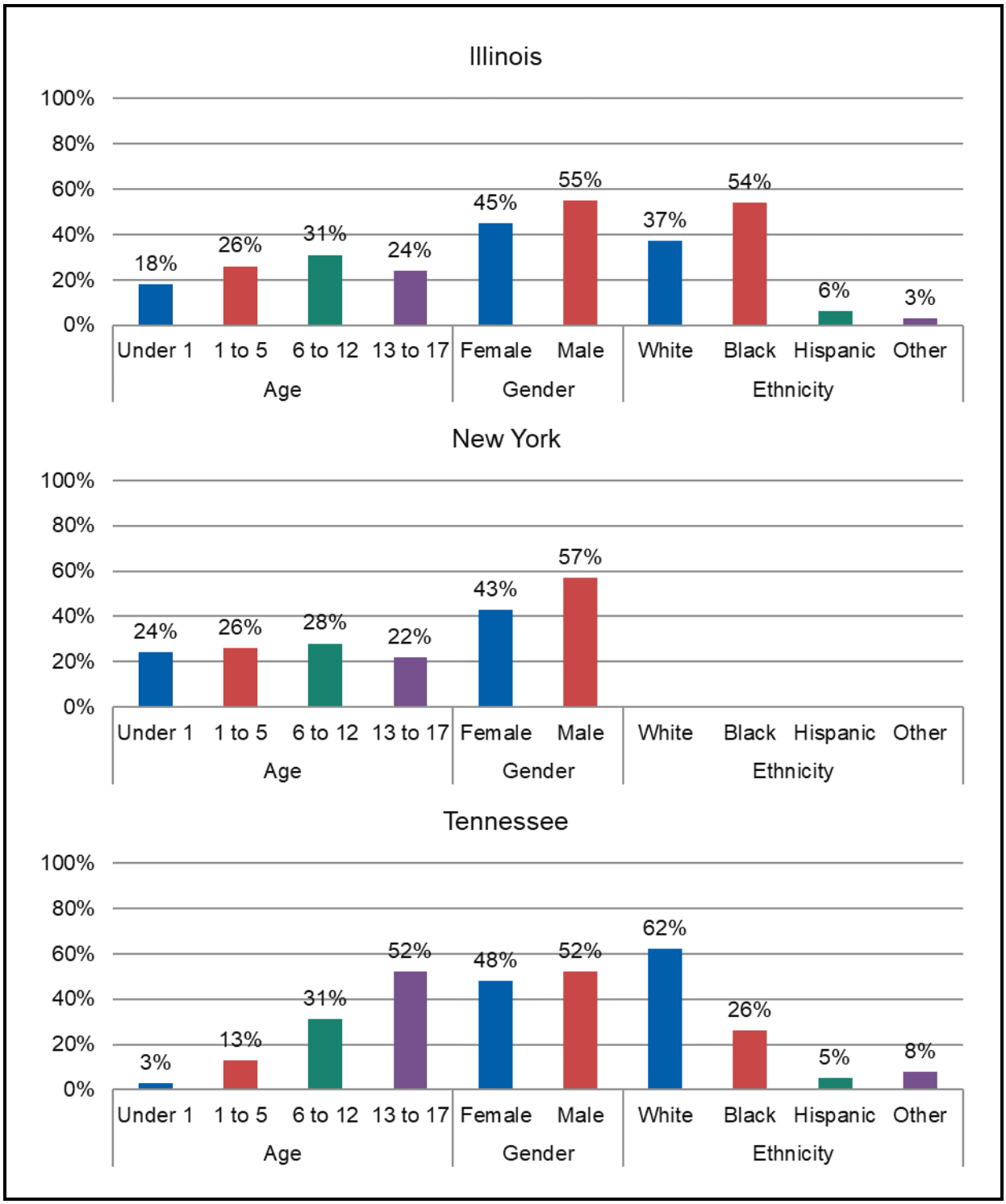
The prior three exhibits assess demographic distributions for children in their initial placement across each of the types of care. Most children who encounter TFC only encounter this type of placement after they complete an initial placement type spell elsewhere. For this reason, we also assessed the demographic distribution for children with any TFC placement (***Exhibit 3-17***).

- **The age distributions of children in TFC are similar for Illinois and New York.** In these two states, children are fairly evenly spread across the four age categories. In Tennessee, older children are most likely to be ever placed in TFC. The two categories comprising children aged five and under in Tennessee account for only 16percent of those ever placed in TFC.

In Illinois the age distribution—for *any* placement during the first out-of-home episode—differs from the distribution for *initial* placement (***Exhibit 3-14***). For Illinois, most of the few children with initial placements are in the older age categories. However the state's subsequent TFC placements are primarily step down placements from CC and the state has a substantially larger population of younger children in CC placements (thus available for step down) than do either New York or Tennessee.

- **Boys are more likely than girls to ever be placed in TFC.** Although girls are more likely to experience TFC as a first placement (see ***Exhibit 3-15***), the data also suggest more boys are then placed in TFC in a subsequent placement, with boys comprising between 52 percent and 57 percent of children who are ever placed in TFC.
- **The distribution of race/ethnicity for any placement in the first episode resembles the distribution for the initial placement.** For each state, there are similar patterns of race and ethnic representation for any placement and for the initial placement, as described in ***Exhibit 3-16***.

Exhibit 3-17. Demographic Distribution of Children in TFC by State: Any Placement During the First Out-of-Home Care Episode, 2008–2015



TFC = treatment/therapeutic foster care. Note: There are 5,261 children with a placement in TFC during their first out-of-home care episode in Illinois, 4,567 children with a placement in TFC during their first out-of-home care episode in New York, and 7,008 children with a placement in TFC during their first out-of-home care episode in Tennessee.

3.3.3 What Is the Relationship Between the Child and Adolescent Needs and Strengths Scores and Placement Type?

The levels of care provided to children in different placement types reflect, in part, the different emotional, behavioral, and medical needs of the children being placed. The CANS instrument is used to assess these needs across several key dimensions. In this section, we describe the degree to which scores from this instrument are related to placement type in Illinois and Tennessee. CANS data are not available for children in New York.

The CANS instrument gathers information on youth and parent/caregiver needs and strengths for children five years of age and older across different domains. States that use the instrument can choose which domains and survey items within domains they want to ask youth and families. The CANS instrument supports care planning and level of care decision making. For each item in the CANS, the individual working with youth and families (e.g., case worker) assigns one of four ratings:

0 = No evidence of need and no action needed.

1 = Significant history or possible need that is not interfering with functioning and the appropriate action is watchful waiting/prevention/additional assessment.

2 = Need interferes with functioning and action/intervention is required.

3 = Need is dangerous or disabling and immediate action/intensive action required.

For this analysis, a child is assigned a placement type according to the placement type where the child spent 80 percent or more of his or her time in their first episode of out-of-home care. One of the placement types is designated mixed, which includes youth who spend less than 80 percent of their time in any one placement type in their first episode in out-of-home care. Furthermore, traditional and kinship care are combined into one placement type for this analysis.

Because the CANS data in Illinois and Tennessee differ in the data elements available, the data are analyzed in different ways. In Illinois, counts of the number of actionable items in each CANS domain are provided. In Tennessee, the mean scores averaged over the ratings for each item in each CANS domain are provided. In both states, the CANS scores presented are assessed during the first 30 to 40 days of a child's placement in out-of-home care.

Finally, all analyses in this section are qualified by the fact that a large proportion of the study sample in both states is missing CANS ratings in every domain. Data are missing for a particularly high proportion of children in two placement types in Illinois and for one placement type in Tennessee. In Illinois, CANS data are missing for 53 percent of children in congregate care for each of the three CANS domains; in that state, data also are missing for 36 percent of children in traditional/kinship foster care. In Tennessee, between 57 percent and 61 percent of children in traditional/kinship foster care have missing data across the four domains of data. In Illinois, because CANS is supposed to be administered for children

of all ages, missing data may reflect challenges at the state with administration of the instrument. In Tennessee, the CANS is not administered for children less than five years of age, and the majority of missing data can be attributed to these children. Because the reason for the data to be missing is not likely random, and because the proportion of children with missing data is so high, the CANS scores presented here may not represent all children placed out-of-home in the state and should be interpreted with caution. ***Appendix A, Table 3*** provides further detail regarding missing data by placement type.

In Illinois, there are three CANS domains available for study (***Exhibit 3-18)***: child risk, traumatic stress, and behavioral/emotional needs. Among children with available CANS scores, ***Exhibit 3-19*** shows the proportion of children for whom there are no actionable domain items and the mean number of actionable domain items (i.e., the mean number of items in the domain where the child scored a 2 or 3). A higher mean indicates more intervention or action is required for the child.

Exhibit 3-18. Number of CANS Actionable Items: Illinois

CANS Domain	Congregate Care	Foster Care		Mixed Placements
		Therapeutic	Traditional and Kinship	
Child Risk (11 items)				
Proportion with no actionable domain items	26%	76%	94%	64%
Mean number of actionable domain items	2.4	0.55	0.10	0.90
Traumatic Stress (5 items)				
Proportion with no actionable domain items	43%	61%	76%	52%
Mean number of actionable domain items	1.12	0.66	0.37	0.87
Behavioral/Emotional Needs (13 items)				
Proportion with no actionable domain items	14%	49%	75%	39%
Mean number of actionable domain items	3.49	1.46	0.48	1.91

CANS = Child and Adolescent Needs and Strengths assessment.

Note: Mixed placement means a child spent less than 80 percent of his or her time in any single given placement type in the first out-of-home episode.

Exhibit 3-19. Mean CANS Scores: Tennessee

CANS Domain	Congregate Care	Foster Care		Mixed Placements
		Therapeutic	Traditional and Kinship	
Externalizing Behavior (10 items)				
Proportion with mean score of zero	1%	14%	43%	11%
Mean score for the domain	1.17	0.58	0.27	0.74
Physical and Developmental Needs (3 items)				
Proportion with mean score of zero	54%	56%	68%	57%
Mean score for domain	0.30	0.26	0.18	0.25
Caregiver Needs (15 items)				
Proportion with mean score of zero	7%	4%	6%	5%
Mean score for domain	0.67	0.92	0.91	0.91
Trauma (1 question)				
Proportion with score = 0	50%	41%	53%	38%
Proportion with score = 1	27%	35%	31%	32%
Proportion with score = 2	20%	21%	15%	26%
Proportion with score = 3	3%	2%	1%	4%

CANS = Child and Adolescent Needs and Strengths assessment.

Note: Mixed placement means a child spent less than 80 percent of her time in the first out-of-home episode in any given placement type.

In Illinois, children with higher CANS scores, and therefore higher needs, receive higher intensity levels of care. Across the placement types, congregate care is the highest level of care, and traditional/kinship care is the lowest. A comparison of children who spend at least 80 percent of their time in each of these placement types suggests that children spending that time in the congregate care have the most actionable items, and children spending time in the traditional/kinship care placement type have the fewest. This pattern holds for each of the three CANS domains—child risk, traumatic stress, and behavioral/emotional needs. Because the mixed placement type includes children who did not spend more than 80 percent of their time in any one type of placement, the mean number of actionable domain items is as expected: neither the highest nor the lowest across the four columns of data.

- In Illinois, most children who spend 80 percent of their time in congregate care have at least one CANS domain with an actionable domain item. The proportion of children with no actionable items in the CANS domain (i.e., the CANS item is scored as zero) varies greatly across the three types of placement. Only 14 percent of children who spend their time in congregate care have no actionable behavioral/emotional needs items. By contrast, as many as 43 percent of children in congregate care have no actionable traumatic stress items. These estimates indicate that, in this placement type, between 57 percent and 86 percent of children across CANS domains have an actionable item for the domain.
- Compared to children who spend their time in congregate care, children in other placement types are more likely to have no actionable items. Across the other three placement types, between 39 percent and 94 percent of children have no actionable items for a given CANS domain. Mean counts of actionable items for each domain in these three placement types are low, because so many items take a value of zero.

In Tennessee, there are four CANS domains available for study: externalizing behavior, physical health and developmental needs, caregiver needs,[6] and trauma. Because the Tennessee data that are available vary by CANS domain, the estimates are presented differently across the domains in ***Exhibit 3-20***. Among children with available CANS scores, ***Exhibit 3-20*** shows the proportion of children for whom the mean score in the domain is zero, along with the mean CANS score within a domain for the externalizing behavior, physical health and developmental needs, and caregiver needs domains. The data are structured and presented differently for the trauma domain; the proportion with each level of score—from 0 to 3—is presented. Although the data for Tennessee are structured differently from the data for Illinois, the interpretation is similar: a higher mean score indicates more intervention or action is required for the child.

- Children in congregate care and TFC are assessed to have similar needs in two CANS domains: physical/developmental needs and trauma. Relative to children who spend 80 percent of their time in traditional/kinship care, children in congregate care and TFC have similar scores for trauma (23 percent in both congregate care and TFC score a 2 or 3) and physical/developmental needs (0.30 vs. 0.26). Youth in congregate care and TFC may be expected to have similar profiles for these domains, given that state officials in Tennessee reported that these are considered appropriate placements for children with more-intensive needs.

[6] As defined in the Tennessee CANS manual, "The items in the caregiver needs section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for youth. In general, it is recommended that the caregiver(s) with whom the youth is currently living be rated. If the youth has been placed temporarily, then focus on the caregiver to whom the youth will be returned. If it is a long-term foster care placement, then rate that caregiver(s). If the youth is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center it would be more appropriate to rate the community caregivers where the youth will be placed upon discharge from congregate care. It is advised to focus on the planned permanent caregiver in this section. The caregiver rated should be noted in the record."

- **Relative to other placement types, children in congregate care and TFC have higher needs related to externalizing behavior.** Most children in congregate care have some externalizing behavior needs; only one percent of children had a score of zero for this domain. Moreover, children in congregate care have the highest score for externalizing behavior relative to the other placement types; children with mixed placement types (i.e., the child had either some congregate care or some TFC) had the second highest score. This finding corresponds with conventional practice that often places older boys in congregate care when they exhibit more disruptive behavior. Children in traditional/kinship foster care have the lowest mean score for externalizing behavior domain (0.27) among the four placement types.
- **Caregiver needs are highest among children not in congregate care**. Mean scores for the caregiver domain are similar (about 0.91) among traditional/kinship foster care, TFC, and mixed placement. In Tennessee, CANS is generally administered to the caregiver(s) with the actual or planned permanent caregiver. Thus, in the case of congregate care, the caregiver is the person to whom the child would later be placed. Because these caregivers are likely to be experienced and trained, caregiver needs may be assessed lower among children in congregate care.

Across the two states with CANS data, both TFC and congregate care serve high needs children as compared with children in traditional foster care or kinship care. Those in congregate care have significantly higher needs in some domains, particularly the child risk and emotional/behavioral needs domains in Illinois and the externalizing behaviors domain in Tennessee. As best as can be discerned from the limited data available on children's conditions, there does appear to be a subset of children in congregate care placements who are similar in needs to those in TFC placements and could potentially be served successfully in TFC.

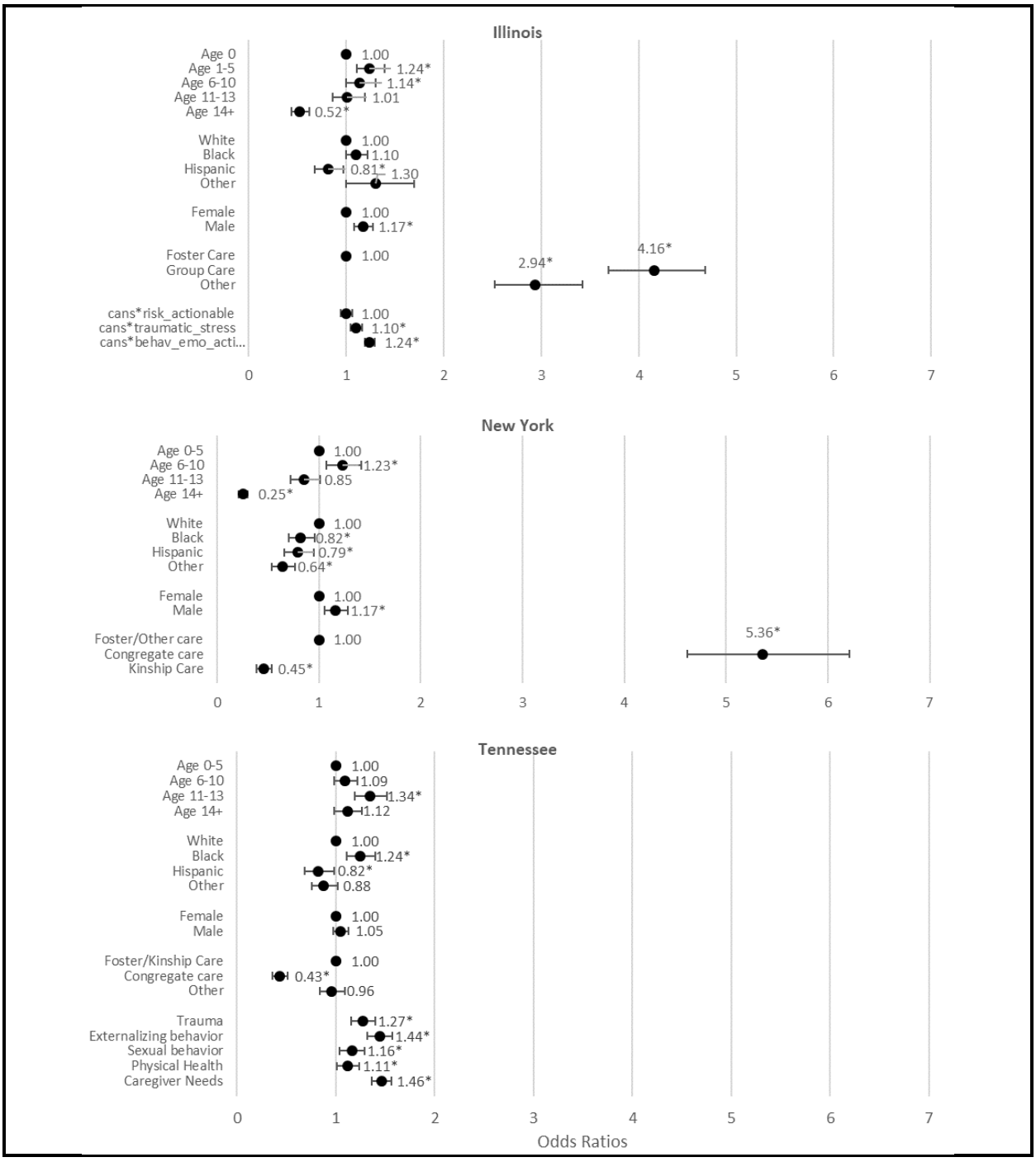
3.3.4 What Sociodemographic Characteristics Are Associated with Moving into Therapeutic Foster Care?

To determine what factors are associated with children's moving into TFC after an initial placement in another placement type, we estimate multivariate models (***Exhibit 3-20***). The advantage of using a multivariate model is that it allows a comparison of competing factors that may predict transitions into TFC. The models include age, race, ethnicity, and gender because the above findings (***Exhibits 3-9*** through ***3-11***) suggest that demographic characteristics may be associated with being placed in TFC. The models also include the type of initial placement and scores from the CANS assessment. The CANS is a measure of the level of immediate need. A higher score means need is higher.

The CANS data are available for only two states—Illinois and Tennessee—and the score is operationalized differently in these two states. Because of these data limitations, the models for each state have different statistical specifications, which limits the degree to which states can be compared.

- Age, CANS score, and prior placement type all predict being placed in TFC for the subsequent placement. However, the magnitude and direction of these predictors vary greatly by state.

Exhibit 3-20. Multivariate Logistic Regression Estimates for the Probability of Being Placed TFC Second



TFC = treatment/therapeutic foster care.

Note: *Indicates statistical significance at a 0.05 level of significance. Sample sizes are 37,646 for Illinois, 57,025 for New York, and 35,046 for Tennessee.

- With regard to age, Illinois and New York have similar patterns of predictors of being placed in TFC after a different initial placement type. In Illinois, children ages 1–5 and 6–10 have a higher likelihood of TFC as a subsequent placement type; those over 14 have a lower likelihood of TFC as a subsequent placement. In New York, children 6–10 are more likely to have TFC as a subsequent placement, and children over 14 are less likely to have TFC as a subsequent placement.
- In Tennessee, children ages 11–13 are statistically significantly more likely than other age categories to have TFC as a second placement. This finding is similar to the pattern for initial placement in TFC in that state.
- **In all three states, Hispanic children are less likely to have TFC as a subsequent placement**. Also, racial (black/white) differences are apparent in subsequent placement in TFC, whereas they are not significant in initial placement. In Illinois and Tennessee, black children have higher odds of being placed in TFC as a subsequent placement, although the finding is statistically significant only for Tennessee.
- **Greater need according to the CANS score predicts greater odds of being placed in TFC as a subsequent placement**. This finding from the two states with CANS scores available in the data—Illinois and Tennessee—suggests that TFC is used for children with relatively high service needs. The exception to this general pattern is for the number of actionable items in the risk domain in Illinois, which is not associated with TFC as a subsequent placement.
- **In all three states, initial type of placement significantly predicts subsequent placement in TFC.** How this finding is manifested varies by state, and these estimates are the largest of all the estimates in the multivariate models. In Illinois, children previously placed in group care or other care are more likely than those previously placed in foster care to have TFC as a subsequent placement, suggesting that TFC is used typically as a step-down placement. In New York, children who are initially in congregate care have odds of being placed in TFC five times higher than the average odds. Those in kinship foster care are less likely to have TFC as a subsequent placement. In stark contrast to New York, in Tennessee, children previously in congregate care are less likely to have TFC as a subsequent placement than those previously in traditional foster care. Children in Tennessee may be more likely to step up to TFC than step down.

4. Discussion

TFC can be an important service for children with significant behavioral health needs who require out-of-home placement. TFC can also be a strategy for states to ensure that children with intensive needs are not placed in congregate care unnecessarily, remain in a community setting, live in a family home, and participate in typical childhood experiences. As delineated by the FFPSA, reducing the unnecessary use of congregate care is a pressing federal policy goal. A prior ASPE report on TFC, *State Practices in Treatment/Therapeutic Foster Care*, shows that many state agencies and providers recognize TFC as a potential replacement for congregate care and that, implemented appropriately, it can meet the intensive needs of many children who have serious emotional and behavioral needs and are in child welfare custody.

In this report we use administrative data from 2008 to 2015 to describe the characteristics and care trajectories of children in the child welfare system's care who receive TFC in three states: Illinois, New York, and Tennessee. We also compare TFC characteristics and care trajectories with those of children placed into congregate care and traditional foster care to better understand where TFC fits among the traditional placement types; investigate if TFC can be considered an appropriate alternative placement for children currently served in congregate care; and ensure that children are served in the least restrictive setting possible, as required by the FFPSA.

A key overarching theme from the results is that placement pattern by state varies substantially for TFC, congregate care, and traditional foster care. In fact, states vary in all aspects of placement studied in this report: the distribution of initial placements, subsequent placements, and length of stay within a placement type. This finding substantiates the findings regarding TFC placement in the report*, State Practices in Treatment/Therapeutic Foster Care*, which noted variations in how states define, fund, and implement TFC. That previous report did not include observations on congregate care.

Despite the variation in the definition and use of TFC, three commonalities in the patterns of placement in TFC emerge across the three states. First, TFC is not frequently used as an initial placement type in out-of-home care. As few as approximately 400 children (less than one percent) in Illinois are placed initially in TFC. Children in all three states are much more likely to first be placed in traditional foster care and kinship foster care.

The second commonality is that the data suggest TFC is often used as a finite, short-term placement during the first episode of out-of-home care. Across the three states, 33 percent–45 percent of children who are ever placed in TFC spend most of their time in other placements, such as traditional foster care. This seems to suggest that TFC is a not treated as a long-term placement for many children receiving TFC. Children are in TFC as long as they require intensive services and then move on to a different placement type.

Third, states are more likely to place a child in TFC after the child has had a different initial placement type. Although TFC is not used initially in the course of a child's out-of-home episode, between eight percent (New York) and 20 percent (Tennessee) of children are placed in TFC at some point in their out-of-home placement. The alternative view of this range of estimates is that most children do not experience TFC at all during their first out-of-home experience, with the range being from 80 percent of children in Tennessee to 92 percent in New York.

One reason for low TFC placement rates compared to those for traditional foster care/ kinship care and congregate care may be limited resources for services. In the companion report, state officials in all three states reported that the supply of TFC homes is insufficient to meet the need for the service. State officials and provider agencies expressed difficulty in finding parents who are willing and able to meet the needs of a child assessed as requiring TFC services, particularly those children who are older or have experienced significant trauma. This could serve to explain why TFC is typically a second placement. States may need to place children in alternative placement types until they are able to recruit and sufficiently train a TFC parent. Providers interviewed in the three states also said that it is difficult to maintain a sufficient number of TFC placement homes, as the reimbursement for TFC is too low to maintain the therapeutic environment required. For example, providers said that costs for additional training for TFC parents are not typically covered. The need to limit the number of children served in each TFC home to two also has an impact on reimbursement and restricts payments to TFC parents.

The findings for TFC placement provide both perspective on and an important contrast with congregate care. Despite congregate care's being most appropriate for children with specialized needs, qualitative evidence suggests that congregate care is sometimes used as a backstop for a broader constituency of children because of limited resources for community-based therapeutic services. The results are consistent with this notion, with congregate care being more commonly used as an initial placement type than TFC is. It should be noted, however, that the analyses do not include hypothesis tests that rule out alternative explanations. The data also are consistent with the idea that states have already been working on reducing congregate care in anticipation of the FFPSA of 2018, which limits federal matching funds to no more than 2 weeks of congregate care except when the child's needs warrant care in newly defined Qualified Residential Treatment Programs. According to the data in the current study, children spend less time in congregate care than in other placement types. For the three states, the median number of days in a congregate care placement hovers around three months, while the median number of days in a TFC placement type hovers around 12 months and in foster care exceeds one year.

The data suggest similar distributions of age and gender across the three states studied. First, children placed in TFC and congregate care are generally older than children initially placed in either traditional or kinship foster care. This pattern may reflect that, among

children with high service needs, the more-intensive placement types may be most appropriate for older children and youth. Second, in all three states, boys are more likely than girls to be placed in congregate care; the gender distribution for TFC varies by state. The data and prior findings from stakeholder discussions do not reveal why there is disparity in the gender distributions. However, this finding mirrors previous studies of children served in congregate care (ACF, 2015). Federal and state decision makers may wish to explore whether there are opportunities to broaden the use of TFC and other alternatives to congregate care for boys.

The racial/ethnic distribution of children for each placement type is different for the two states for which we have those data. Both states have greater representation of black children in the high-intensity placement types. How this difference is manifested differs, and that may in turn point to there being different reasons for the racial differences in placement type across the two states. In Illinois the foster care system has about an equal racial mix, with approximately 44 percent of children who are black and 46 percent who are white. However, the racial proportion varies across placements, with the more-intensive settings—TFC and congregate care—having greater representation among black children. Both TFC and congregate care have similar proportions of black children, at 56 percent and 58 percent, respectively.

In Tennessee, black children are more represented in TFC (33 percent of children in TFC) than might be expected from their proportion in the foster care system (21 percent). Unlike Illinois, where the proportion of black children is similar in TFC and congregate care, in Tennessee the proportion of black children in TFC is double that in congregate care.

Additional studies may seek to explore the reasons for the difference in racial distribution and service intensity. For example, it may be necessary to understand and account for service need by racial/ethnicity group as well as TFC home supply. If needs are higher among black children in both states, the response of decision makers may differ in the two states. Decision makers in Illinois may then need to determine whether resources permit meeting those elevated needs with placement in TFC rather than with placement in congregate care. Decision makers in Tennessee, in contrast, may already be prioritizing providing care in TFC over congregate care; however, a better understanding of the interplay between the service needs of children by race/ethnic group, TFC home supply, and state policy priorities is required to understand this phenomenon.

A final contribution of the study is that it provides a better understanding of the needs of children as they enter the child welfare systems in Illinois and Tennessee. In Illinois, more children in congregate care than in other placement types are assessed as requiring immediate action in the domains of child risk, traumatic stress, and behavioral/emotional needs. This difference in assessment scores may reflect deliberate action by the state to prioritize congregate care for those children with higher needs.

In Tennessee, children in congregate care and TFC had similar CANS scores related to trauma and behavioral/emotional needs, suggesting comparable levels of treatment needs. However, of children in all placement types, children in congregate care did have the highest CANS score for externalizing behavior, which corresponds with the practice of placing children in congregate care when they exhibit significant, disruptive behavior.

Data included in this report are not without limitation. Some data, such as the CANS data, are not available for all three states and some variables are not consistently defined across states due to how states operationalize terms and provide data. Because of these data limitations, some models presented have different statistical specifications, and this limits the degree to which states can be compared.

This study sought to quantitatively describe how some states are using TFC services for children who emotional and behavioral disorders and are in the custody of the child welfare agency. As many studies have shown improved outcomes in TFC compared to those in congregate care, this study seeks to see how some states are currently using TFC and congregate care and whether TFC could be a replacement for congregate care in order to help states meet the requirements of the FFPSA. We identify some promising patterns, which show that states may have already begun using TFC as a replacement for congregate care. However, other identified patterns point to a need for additional support for increased TFC resources. In all three states, TFC is typically a second placement type for children; when they are placed in TFC homes, they typically remain for up to 12 months. This may indicate that children are waiting for available TFC homes. We also note, in Tennessee, that children served in TFC have need profiles similar to those of children served in congregate care, particularly related to trauma and to physical health and developmental needs. This may indicate, for this state, that at least a portion of children served in congregate care could be served in TFC. Stakeholders in the companion qualitative study consistently advocated for additional financial and structural support for TFC, including the establishment of a standard federal definition for TFC to support an optional Medicaid service. This quantitative analysis seems to suggest that additional support for TFC could be pursued to allow more children to access TFC as well as allow more children to access TFC earlier in their out-of-home episodes. However, data presented here are for three states only, and assessment data was available for only two. Even among these few states, TFC is used quite differently. States should scrutinize their own data as they determine whether expanding TFC is a strategy that makes sense for their systems and circumstances.

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Appendix A:
Child Welfare Data Descriptions

Table A1. CANS Question Items by Domain for Tennessee and Illinois

Tennessee		Illinois	
Domain	**Question Item**	**Domain**	**Question Item**
Trauma	Adjustment to trauma	Traumatic stress	Adjustment to trauma
Externalizing behavior	Other self-harm		Re-experiencing
	Danger to others		Avoidance
	Delinquent behavior		Numbing
	Substance use		Dissociation
	Impulsivity/hyperactive	Behavioral and emotional needs	Psychosis
	Oppositional		Attention/impulse
	Conduct		Depression
	Anger control		Anxiety
	Social functioning		Oppositional
	Recreational		Conduct
Physical and developmental needs	Developmental		Substance abuse
	Medical health		Attachment
	Physical		Eating disturbances
Caregiver needs	Supervision		Affect dysregulation
	Care involvement		Behavior regressions
	Knowledge		Somatization
	Organization		Anger control
	Natural supports	Risk behavior	Suicide risk
	Residential stability		Self-mutilation
	Problem solving		Other self-harm
	Cultural identity		Danger to others
	Legal		Sexual aggression
	Physical		Runaway
	Mental health		Delinquency
	Substance use		Judgment
	Developmental		Fire setting
	Safety		Social behavior
	Acculturation: Language		Sexually reactive behaviors

Table A2. Number of Children in Each Placement Type

Placement Type	TFC	CC	FC	KC	All Other
Illinois					
1	400	6,225	8,708	19,095	3,957
2	2,639	1,228	6,162	3,522	2,080
3	1,097	979	1,654	2,693	1,431
4	1,000	587	1,004	661	1,064
New York					
1	2,356	14,524	32,220	10,579	499
2	1,503	1,198	4,593	4,059	345
3	351	454	1,912	883	80
4	195	147	577	400	56
Tennessee					
1	2,788	6,619	20,922	7,012	383
2	3,207	1,655	3,768	3,032	36
3	641	729	1,388	643	13
4	268	381	245	151	1

Table A3. Number of Children with Non-Missing Data by State, CANS Domain, and Placement Type

State and CANS Domain	Congregate Care	Foster Care		Mixed Placements
		Therapeutic	Traditional	
Illinois				
Child risk	1,527	998	18,306	2,056
Traumatic stress	1,527	998	18,306	2,056
Behavioral/emotional needs	1,527	998	18,306	2,056
Tennessee				
Externalizing behavior	3,538	2,682	11,204	3,074
Physical & developmental needs	3,537	2,682	11,201	3,073
Caregiver needs	3,335	2,368	10,007	2,689
Trauma	3,536	2,682	11,201	3,073

Table A4. CANS Domain and Percentage of Children with Missing Data for That Domain

	Percentage of Children with Missing Data for That Domain			
		Foster Care		
CANS Domain	Congregate Care	Therapeutic Foster	Traditional Foster Care/ Kinship	Mixed Placements
Illinois				
Child risk	53	26	36	21
Traumatic stress	53	26	36	21
Behavioral/emotional needs	53	26	36	21
Tennessee				
Trauma	25	23	57	18
Externalizing behavior	25	23	57	18
Behavior & emotional needs	25	23	57	18
Caregiver needs	29	32	61	28

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Appendix B:
Therapeutic Foster Care Descriptions

The following text provides additional state-specific context for how TFC is defined within a state's child welfare program operations.

Illinois' TFC program is called Specialized Foster Care (SFC), and it is managed solely by the Department of Children and Family Services (DCFS), which uses its system of SFC contracts to customize the program to address the specific needs of its children. DCFS uses CANS, the assessment of the Children and Youth Investment Team, and the determination of investigation staff at the child's entry to SFC to determine children's eligibility for SFC. Children typically enter SFC as a step up from traditional foster care, but they are occasionally placed in SFC directly. When children in a traditional foster care home are stepped up to SFC and their current foster care agency provides SFC services, the agency will first try to step up the home rather than place the child in a new home. Children also enter SFC as a step down from residential care, although only children in DCFS custody can access SFC services.

New York does not have a uniform term for TFC across the state and its counties. Its TFC is state supervised and locally administered, with counties administering TFC through their departments of social services, which are responsible for taking children into custody and administering out-of-home services and care. Children enter TFC through local county child welfare agencies, with staff collaborating with a private provider agency to determine whether TFC is the appropriate placement setting. Biological families are also permitted to relinquish custody to obtain TFC-level services for their child, although this is uncommon. Children may come directly into TFC if they have significant behavioral or medical needs, or both, that require 24-hour supervision. Alternatively, children may be referred to TFC as a step down from a residential facility or group home if they have achieved their goals at a group home but are unable, or not quite ready, to return to their homes of origin. Children can exit TFC to a higher or lower placement type, depending on their needs, but the overarching goal is to keep children in the least restrictive placement type possible. It is possible to keep a child in the same therapeutic home yet step down the level of services to a non-therapeutic (standard) level of foster care. Exit from TFC can be due to reunification with the biological family, exit to other family members, adoption, discharge to the military or college, or aging out at 20 years of age.

Tennessee refers to TFC as therapeutic foster care and administers it within a highly integrated state system in the Department of Children's Services (DCS), which serves children in child welfare or juvenile justice custody. Nearly all DCS youth, both dependent and delinquent, can receive TFC if the assessment process identifies it as the most appropriate placement. The foundation of out-of-home care in Tennessee is the continuum

of care, a service-based approach in which children and youth are assessed through the CANS comprehensive assessment to determine the level of care required to meet their individual needs. Within the continuum, Level I is the DCS network of "traditional" foster care homes for children and youth without enhanced service needs. Level II and III services can be delivered in either therapeutic foster care homes or group care facilities. Through the Child and Family Team Meeting (CFTM) process, youth can be placed directly into a TFC home. However, the CFTM may recommend a higher level of care first, such as residential treatment, with TFC a step-down placement after completion of treatment. The most common exit from TFC is a return to the family of origin. Youth may also leave one TFC home for another foster home or for a group or residential setting.