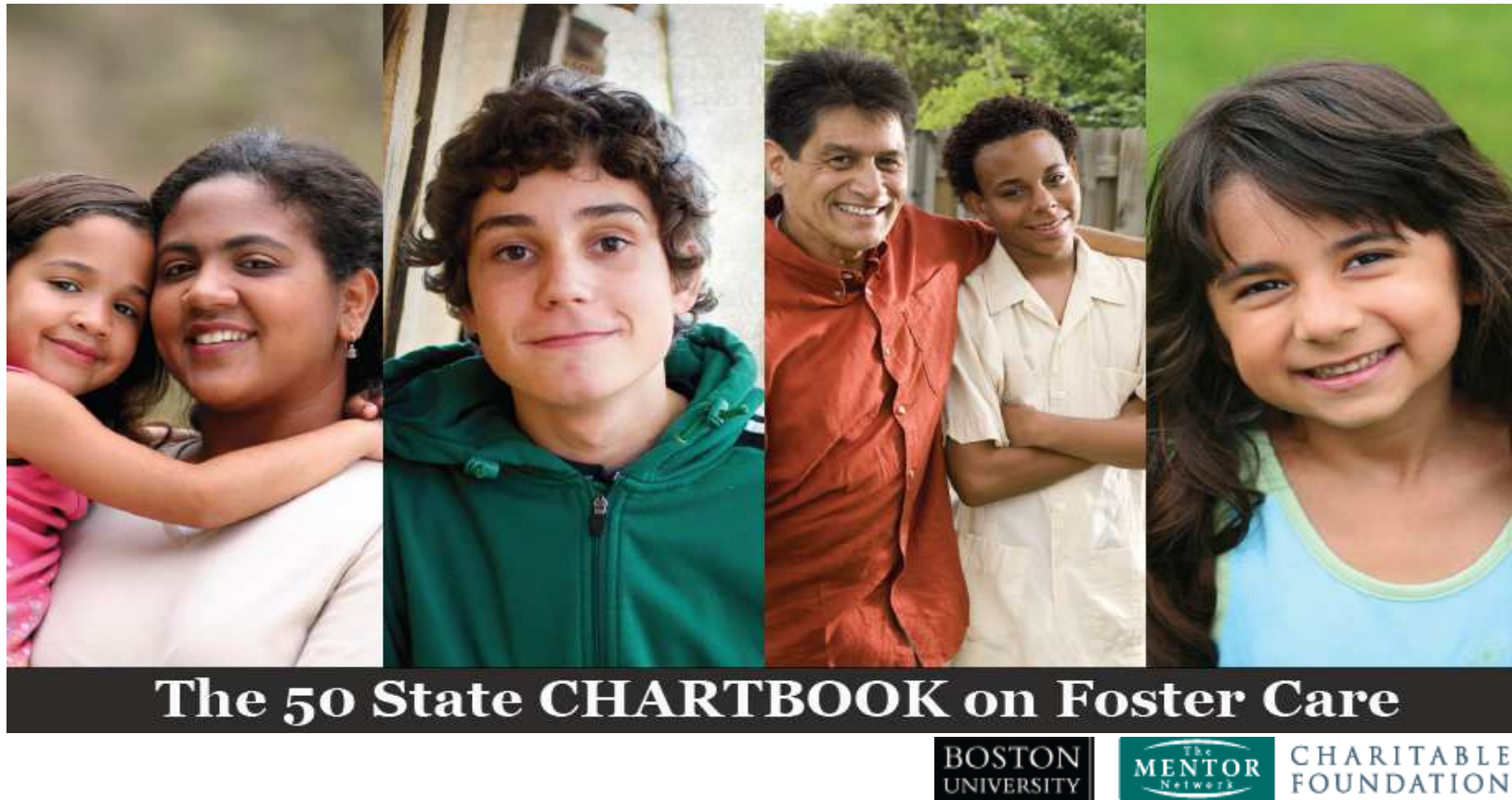


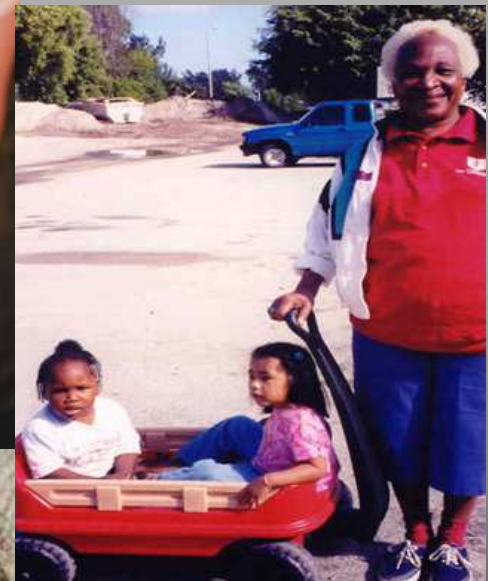
The 50 State CHARTBOOK on Foster Care: An Online Tool to Improve Outcomes for Vulnerable Children



Congressional Briefing, May 20, 2013, Washington, DC

Session Framework

- ▶ The Vision: The Rationale for the Chartbook
- ▶ Moving from a Vision to Reality: The Developmental Process
- ▶ Some Emerging Trends from the Chartbook Data
- ▶ Profiles and Views from Two States
- ▶ Dissemination and Moving Forward



Moving from a Vision to Reality: The Development Process

BU prior experience: The Health and Disability
Working Group (HDWG) Catalyst Center



Welcome to the Catalyst Center
State-at-a-Glance Chartbook
on Coverage and Financing for Children
and Youth with Special Health Care Needs

[GET DATA](#) [GET HELP](#)

Look up or compare state coverage and financing data.

SEE STATE DATA
Select a state
[GET DATA](#)

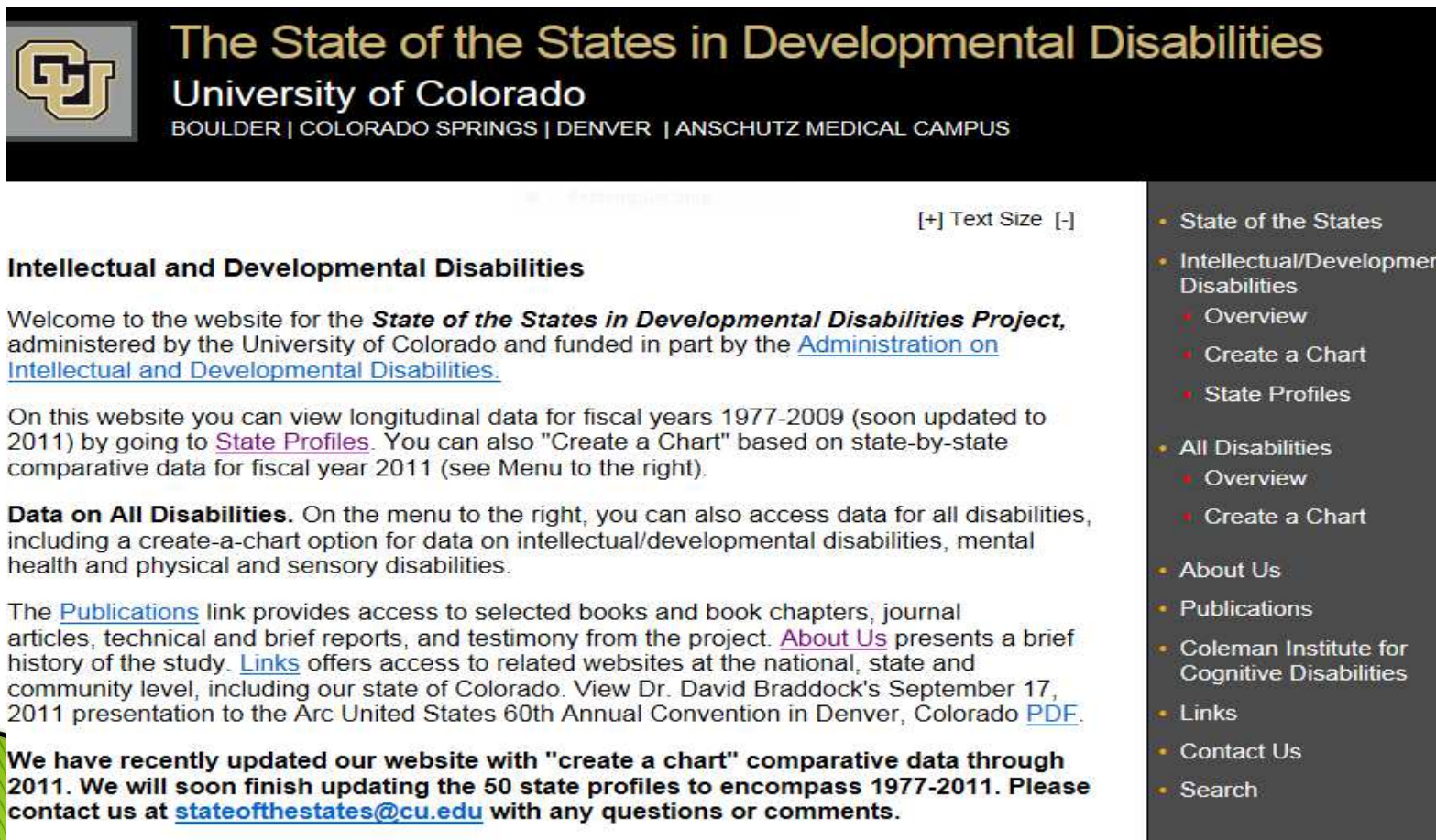
COMPARE TWO STATES
Select first state
Select second state
[GET DATA](#)


TIPS FOR USING THE DATA
How to interpret and use the data accurately.
[VIEW](#)

DATA SOURCES
Where the data comes from: full sources and methods.
[VIEW](#)

Moving from a Vision to Reality: The Development Process

The State of the State in Developmental Disabilities Project—David Braddock and his UC colleagues—produced since 1982



 **The State of the States in Developmental Disabilities**
University of Colorado
BOULDER | COLORADO SPRINGS | DENVER | ANSCHUTZ MEDICAL CAMPUS

[+] Text Size [-]

Intellectual and Developmental Disabilities

Welcome to the website for the *State of the States in Developmental Disabilities Project*, administered by the University of Colorado and funded in part by the [Administration on Intellectual and Developmental Disabilities](#).

On this website you can view longitudinal data for fiscal years 1977-2009 (soon updated to 2011) by going to [State Profiles](#). You can also "Create a Chart" based on state-by-state comparative data for fiscal year 2011 (see Menu to the right).

Data on All Disabilities. On the menu to the right, you can also access data for all disabilities, including a create-a-chart option for data on intellectual/developmental disabilities, mental health and physical and sensory disabilities.

The [Publications](#) link provides access to selected books and book chapters, journal articles, technical and brief reports, and testimony from the project. [About Us](#) presents a brief history of the study. [Links](#) offers access to related websites at the national, state and community level, including our state of Colorado. View Dr. David Braddock's September 17, 2011 presentation to the Arc United States 60th Annual Convention in Denver, Colorado [PDF](#).

We have recently updated our website with "create a chart" comparative data through 2011. We will soon finish updating the 50 state profiles to encompass 1977-2011. Please contact us at stateofthestates@cu.edu with any questions or comments.

- State of the States
- Intellectual/Developmental Disabilities
 - Overview
 - Create a Chart
 - State Profiles
- All Disabilities
 - Overview
 - Create a Chart
- About Us
- Publications
- Coleman Institute for Cognitive Disabilities
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- Contact Us
- Search



The 50 State CHARTBOOK on Foster Care

Boston University Team:

Judith G. Gonyea, PhD, Sara S. Bachman, PhD,
Serena Rajabiun, MPH, Julie Springwater, MSW,
Carol Tobias, MMHS, Melissa Hirschi, MSW, & Faith Little, MSW

Moving from a Vision to Reality: The Development Process

► First 4 Project Activities:

- To affirm the key objectives of the project
- To establish a national advisory committee
- To conduct an environmental scan of existing data resources
- To produce a state profile template



Affirming the Vision: The Primary Aims of The 50 State CHARTBOOK on Foster Care Project

▶ The CHARTBOOK would be:

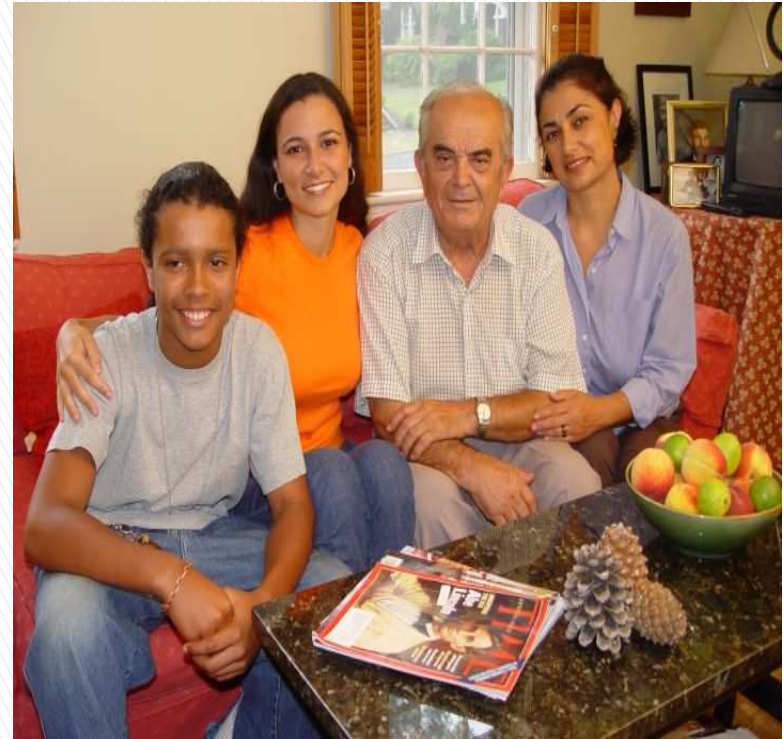
- A tool; a resource (not just a publication to sit on a shelf)
- Usable by diverse populations—policymakers, service providers, advocates and researchers
- Accessible and user-friendly
- Organized into individual state profiles which provide information on:
 - Foster care policies, practices and expenditures, with a particular emphasis on therapeutic or treatment-focused foster care
 - Key initiatives and evidence-based programs that can be implemented and replicated in other states
- A biennial publication allowing the identification of trends and the benchmarking of progress over time.



The 50 State CHARTBOOK: Core Objectives

To create an accessible resource on current foster care policies, practices and financing in the 50 states and the District of Columbia, with a particular emphasis on therapeutic foster care to inform policy and programmatic decisions to strengthen public and private sectors' initiatives to improve outcomes for vulnerable children.

The CHARTBOOK is a “tool” offering key stakeholders at the local, county, state and federal levels (i.e., policy leaders, practitioners, advocates, researchers) the ability to: (1) benchmark the individual states on various key populations, programs, and outcomes, and (2) learn about innovative initiatives and best practices being implemented in different states.



Establishing a National Advisory Committee

- ▶ Linda Arnold, MSW, Director, National Resource Center for Child Welfare Data and Technology, CWLA, Washington DC
- ▶ Kathy Betts, MPH, Deputy Assistant Secretary, Children, Youth and Families, MA Executive Office of Health and Human Services
- ▶ Laura Boyd PhD, Public Policy and Government Relations Consultant, Foster Family-based Treatment Association
- ▶ Larry Brown, MSW, Larry Brown Associates & Former Executive Deputy Commission, New York State Office of Children and Families
- ▶ Chris Koyanagi, Policy Director, Bazelon Center for Mental Health Law, Washington DC



Establishing a National Advisory Committee

- ▶ Ken Olson, LCPC, Executive Director, KidsPeace National Centers of New England, ME
- ▶ Gina Robinson, Program Administrator, Colorado Department of Health Care Policy and Financing
- ▶ Linda Spears, Vice President & Policy Director, Child Welfare League of America
- ▶ Harry Spence, JD, Professor Harvard School of Education and Former Commissioner of Massachusetts Department of Children and Families
- ▶ Peter Watson, Director, National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine



Environmental Scan

Our environmental scan affirmed that some of the data relevant to constructing the state profiles on foster care existed.

- ▶ National Data Archive on Child Abuse and Neglect (NDACAN) Foster Care File Dataset 153: 2010.
- ▶ Children's Defense Fund: 2010.
- ▶ Green Book of the House Ways and Means Committee: 2008.
- ▶ Medicaid Statistical Information Systems (MSIS): Most Current as of 2012
- ▶ Administration of Children & Families "Child Welfare Outcomes 2006–2009"
- ▶ Child and Family Services Review (CFSR): The most recent as of 2011

Environmental Scan

Yet, our environmental scan also underscored that much of this data was not easily accessed or user-friendly.

Further, our scan identified significant information gaps in the existing national datasets, particularly around therapeutic or treatment-focused foster care.

Thus, we determined that “filling the data gaps” would require conducting interviews with child welfare and Medicaid leaders in each state.

Finally, we conducted key informant interviews with ex-child welfare commissioners or senior policy staff from 3 states to gain their insights about:

- (1) the type of data that they felt would have found valuable in making policy decisions, and
- (2) their views on the utility of the proposed CHARTBOOK.



Instrument Development Phase

Based on the environmental scan→ we shared a revised state profile template with our advisory committee; and, with their helpful input, we further refined the key indicators.

8 categories or domains:

- State Children's Agency Background Characteristics
- Demographics of Children In Out-Of-Home Placements
- State's Enhanced Models Of Service Delivery In Foster Care
- Medicaid-Funded Programs Utilized By Children In Foster Care
- Child Welfare Revenue And Expenditures
- Foster Care Permanency Outcomes
- Children In Foster Care Well-Being Outcomes Assessed By State In Addition To CSFR Measures
- State Key Initiatives And Innovative Programs Or Practices In Foster Care

Instrument Development Phase

Using the state profile template as our framework, we drafted two interview guides for brief telephone interviews with (1) a child welfare policy leader and (2) a Medicaid policy leader—in all 50 states, including DC.



Data Collection Phase

For each state profile, we....

Abstracted Relevant
Indicators from
National Datasets

Gathered Primary
Source Data from State
Leaders

Emailed the Completed
State Profile to the State
Leaders to Review for
Accuracy

Primary Data Collection: Response from the States

Child Welfare Interview = 38	Child Welfare Mailed Survey= 2	No Child Welfare Primary Source= 11
Medicaid Interview = 29	Medicaid Mailed Survey= 12	No Medicaid Primary Source= 10

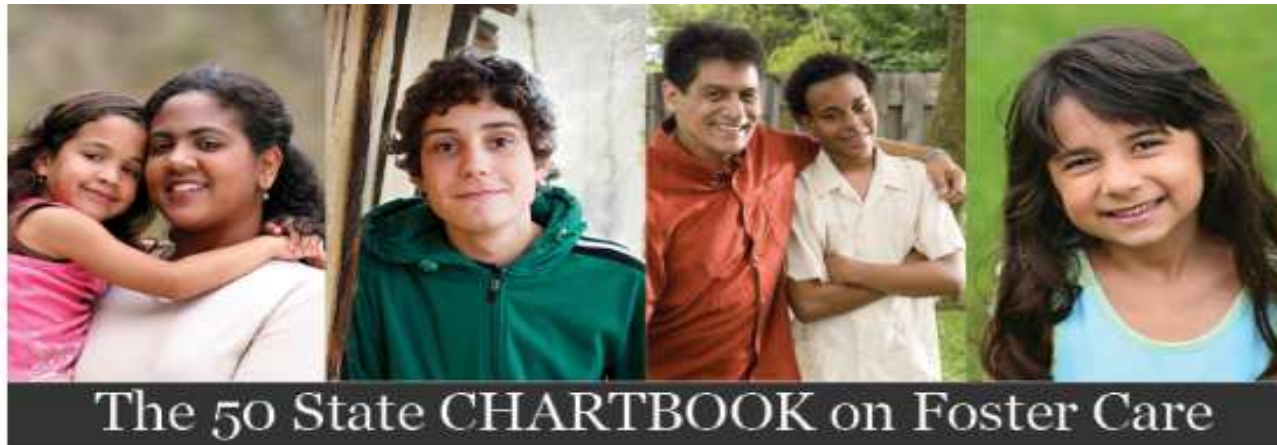
Example	State 1	State 2	State 3
Began	7/10	7/10	7/10
N of Contacts	8	9	12
Outcome	9/12 Interview	9/30 None	9/20 Mailed Survey

Response Rates

Examples of Process

Data Entry and Creation of the Online CHARTBOOK

- ▶ Our BU Team worked with BU IT to create a data platform (for data entry) and a web-based CHARTBOOK that would be user-friendly.



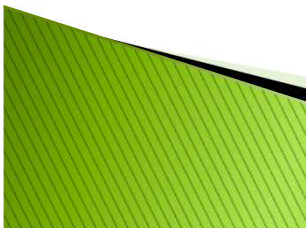
Welcome to the website for *The 50 State CHARTBOOK on Foster Care*, administered by Boston University and funded by [The MENTOR Network Charitable Foundation](#).

The *CHARTBOOK* provides data on current foster care programs, policies and financing for every state and the District of Columbia, with a particular emphasis on therapeutic foster care. It also highlights innovative initiatives and best practices being implemented in states throughout the country.

Our hope is that the *CHARTBOOK* becomes a valuable resource or tool for child welfare professionals, policymakers and everyone committed to improving outcomes for our nation's most vulnerable children.

Using the online *CHARTBOOK*, you can access data for your state and easily compare it with other states' data.

[Click Here to Access The CHARTBOOK](#)



Medicaid and Health Care for Children in Foster Care:

Trends from the Chartbook Data



Medicaid and Health Care for Children in Foster Care

Children in the child welfare system have a broad range of health care needs

These health care needs include physical, behavioral, emotional, or other health concerns

Medicaid and CHIP are key payers for these services as children in the child welfare system are automatically Eligible for Medicaid coverage



Mandatory Services through Medicaid

- ▶ Children enrolled in Medicaid in every state are required to receive a set of mandatory services
- ▶ Mandatory services include inpatient hospitalization or physician services
- ▶ Services must include EPSDT: Early Periodic Screening, Diagnosis and Treatment
- ▶ Under EPSDT, states must provide services that are medically necessary for any Medicaid eligible child



Flexibility through optional Medicaid services

States may also provide so-called optional services which give states flexibility to decide what to offer.

Optional services include a range of services such as dental services or inpatient psychiatric services for individuals under age 21

Another optional service is the 1915i state plan option to provide home and community based services to one or more specific populations



Flexibility through Medicaid waivers

- ▶ States also have some flexibility in designing their Medicaid program through the use of waivers, including:
 - *Section 1115 Research & Demonstration Projects*: States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
 - *Section 1915(b) Managed Care Waivers*: States can apply for waivers to provide services through managed care delivery systems or otherwise limit people's choice of providers.
 - *Section 1915(c) Home and Community-Based Services Waivers*: States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings.
 - *Concurrent Section 1915(b) and 1915(c) Waivers*: States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.



State Medicaid program design

- ▶ Under these broad parameters of mandatory, optional or waiver services, states can design their Medicaid delivery and payment system, assuming they comply with associated federal regulations
- ▶ There is considerable variation in the use of managed care, “carve outs”, and community based services
- ▶ For children in foster care, this variation is relevant in that Medicaid is a key source of funding for their health care needs, which as we described above, are likely to be considerable.



Selected Medicaid services and children in foster care

- ▶ We gathered data from states about specific types of Medicaid funded services that may be available in each state including:
 - Psychiatric Residential Treatment Facilities (PRTF)
 - Other Inpatient Mental Health Services
 - Outpatient Mental Health Services
 - Therapeutic Foster Care
 - Private Non-Medical Institutions (PNMI)
 - Rehabilitation Option; Specific Codes For Therapeutic Foster Care
 - Targeted Case Management Option; Specific Codes For Therapeutic Foster Care
 - Early And Periodic Screening, Diagnosis, And Treatment (EPSDT) Services Including Therapeutic Foster Care



Medicaid program variation reflected in services for children in foster care

- ▶ As expected, there is considerable variation among the states in how these various Medicaid program elements are used to provide services for children in therapeutic foster care.
- ▶ For example, in Colorado all Medicaid members, including those in foster care, are enrolled in a mandatory statewide 1915(b) waiver program that provides comprehensive mental health.



Medicaid and Therapeutic Foster Care

- ▶ Some states use Medicaid funding to provide different types of reimbursement for therapeutic or treatment foster care.
- ▶ For example, in Texas, enrollees of the STARHealth managed care plan may receive therapeutic foster care services.
- ▶ Connecticut uses specific billing codes for Therapeutic Foster Care under the Rehabilitation option, such as: emergency mobile psychological services, extended day treatment, home-based models, Multi-systemic therapy, Multi-dimensional family therapy, functional family therapy, intensive in-home child and adolescent psychiatry services.



A Medicaid payment option:PNMI

- ▶ 8 states use the Private Non–Medical Institutions (PNMI) provision to access Medicaid funding for children in foster care: (CT, IA, ME, NH, NV, TN, UT, VT)
- ▶ For example, Nevada reimburses for PNMI services in facilities with 16 beds or fewer.
- ▶ Vermont funds a network of treatment facilities for children and adolescents with emotional behavior challenges through Private Nonmedical Institutions (PNMI) for Residential Child Care, part of the State's Medicaid program.



25 Medicaid programs reimburse for therapeutic foster care

AL

AR

CT

DC

DE

FL

IN

MD

MI

MN

MT

ND

NH

NM

NY

OK

OR

PA

TN

TX

VT

VA

WA

WI

WV



31 Medicaid programs use the Rehabilitation option for therapeutic foster care

AL

AR

CO

CT

FL

IA

IN

KS

ME

MD

MI

MN

MO

ND

NE

NH

NM

NY

OK

OR

PA

SC

SD

TX

UT

VT

VA

WA

WI

WV

WY



31 Medicaid programs reimburse for Psychiatric Residential Treatment Facilities (PRTF)

AK

AL

AR

CO

CT

DC

DE

FL

IA

IN

KS

LA

MD

MI

MN

MO

MT

ND

NE

NM

NY

OK

OR

SC

SD

TN

VT

VA

WA

WI

WV

WY



Trends in States' Implementation of Therapeutic Foster Care

- ▶ Data from the Chartbook



States' Therapeutic Foster Care Equivalent Option

TFC Equivalent Option	States
Therapeutic Foster Care	AR, CT, DE, FL, IN, KS, KY, LA, MI, MS, MT, NC, OR, SD, TN
Therapeutic Foster Care & TFC with Enhanced Services	AL, GA
Treatment Foster Care	CA, ID, MD, MN, NM, OH, VA
Treatment Foster Home–3 Levels, Moderate, Specialized and Exceptional Treatment Foster Home	WI
Treatment Foster Care (also called Therapeutic & Core 3)	IA
Treatment Service Foster Care	TX
Therapeutic Foster Care & Treatment Foster Care	CO, WA
Specialized Foster Care	AK, IL, NV, RI, VT
Specialized Foster Care (includes Therapeutic Foster Care)	DC, SC, WV, WY
Specialized Foster Care (includes Treatment Foster Care)	ME
Specialized Foster Care; Independent Service Option	NH
Special Foster Care & Exceptional Foster Care	NY
Specialized & Structured Foster Care	UT
Elevated Needs Foster Care	MO
Intensive Foster Care	MA

EXAMPLE STATE:

ARKANSAS Minimum Licensing Standards
for Child Welfare Agencies

300 Child Placement Agencies: Therapeutic Foster Care

In addition to all requirements in Section 100 and Section 200, the following standards shall be met in order to be licensed as a Therapeutic Foster Care Agency:

301 Therapeutic Foster Home Capacity

1. The number of children placed into one therapeutic foster home shall not exceed two (2), except to keep a sibling group together, in that case up to a maximum of three (3) children may be placed into the home. The sibling group shall be the only children placed into the therapeutic foster home. This includes placement or respite care. In the case of an emergency respite placement that would exceed capacity the agency shall notify the Licensing Unit the next business day.
2. Before placing more than one (1) child (therapeutic or otherwise) in a home, the agency shall consider extraordinary problems/needs of each child (e.g., violent behavior, sexual offenses, and seizure disorders). Justification of the appropriateness of placing a child in a home with another child shall be documented.
3. Non-therapeutic foster children may be placed into therapeutic foster homes under the following circumstances:
 - a. The non-therapeutic foster child is a sibling of the therapeutic foster child;
 - b. The non-therapeutic foster child is the child of the therapeutic foster child;
 - c. The non-therapeutic foster child was previously a therapeutic foster child placed in the foster home.

302 Staffing Requirements, Staff Training & Support

1. Primary responsibilities of program staff shall include treatment planning, leadership of the treatment team, case management, clinical and administrative supervision, twenty-four (24) hour crisis intervention, and discharge planning.
2. The therapeutic foster care agency shall employ a Clinical Director who shall be clearly responsible for implementation of treatment planning and service delivery. The Clinical Director shall be qualified by a master's degree in a human service field, shall have two

303 Therapeutic Foster Parent Responsibilities

1. The therapeutic foster parents shall be provided with a written list of duties clearly detailing their responsibilities.
2. Therapeutic foster parents shall be responsible for implementing in-home treatment strategies specified in each child's treatment plan.
3. Therapeutic foster parents shall keep an ongoing written record of each child's behavior and progress toward treatment goals.
4. The physical health of the therapeutic foster parents shall be equal to the stress inherent in the care of special needs children, as evidenced by the physician's statement.

304 Therapeutic Foster Parent Training

1. Therapeutic foster parents shall be trained in crisis prevention and intervention before a child is placed in the home.
2. Prior to the placement of children in their home, therapeutic foster parents shall complete at least thirty (30) hours of skill-based pre-service training consistent with the agency's treatment methodology and the needs of the population served.
3. Each therapeutic foster parent shall complete at least twenty-four (24) hours of skill based training annually, excluding CPR and First Aid.

Arkansas

305 Medications

1. The agency shall have an intervention policy that is non-medical, unless a specific medical condition is indicated.
2. When psychotropic medications are prescribed by a physician they shall be used in concert with other interventions.

306 Service Delivery

1. The agency shall ensure that professional or casework staff visit with the child face-to-face at least once per week during the first three months after the child's placement with the agency, and at least every other week thereafter.
2. No caseworker shall be responsible for managing more than twelve (12) children's cases.
3. The agency shall have a written program description that is available to residents and parents/guardians. The following information shall be included:



EXAMPLE STATE: Alaska

- ▶ **Specialized foster care** is the term that is utilized by the state of Alaska to describe a higher level of need and supervision for children in the foster care system.
- ▶ Alaska statute and regulations do **not** define treatment or therapeutic foster care
- ▶ **Specialized foster care homes** receive a higher rate of payment which is reflective of this greater need and supervision.
- ▶ The term “**therapeutic foster care**” is, however, used within Alaska’s provider community.



States' Required Pre-Service Foster Parent Training Hours

Basic Foster Parent Training Hours	STATES (TFC Additional Training Hours)							
6	MN	WI (36 Moderate Treatment, 40 Specialized & Exceptional Treatment)						
12	CA	MI	MS (15)					
14	SC							
15	HI							
16	TX (32)							
18	AK	MT						
20	IN (30)	MD (30)	NM (40)	WA (30)				
21	NH	LA						
23	TN							
24	ME (40)	OH (36)	OR (44)	PA				
27	CO	CT	DE	ID	IL (39)	MO (54)	ND	
	NE	NJ	OK (41)	RI	VA	WV	WY	
30	AL (40)	AR	AZ	DC	FL	GA	IA	
	KS (54)	KY (36)	MA	NC (40)	NV (40)	NY (35)	SD (42)	
	VT	WA						
32	UT							

States' Annually Required In-Service Foster Parent Training

Basic Foster HRS	STATES (TFC Additional Training Hours)									
4	IL	NJ	NV							
6	AZ (12)	HI	IA (12)	KY (24)	MD (20)	MS	NY	PA	SD (18)	
8	DE	NH (16)								
9	CT									
10	NC	OR (20)								
12	CA	MN (16)	ND	NE	OK (20)	UT				
14	ID	TN	SC							
15	AK MO (16)	AL (24) MT (30)	AR (24) WV-Note:12 after first year	DC	DE (25)	GA	IN (20)	LA	MA	
16	WY									
18	MI	KS (24)								
20	CO (40)	NM (24)	OH (30)	TX (30-1 parent home; 50-2 parent home)						
10-20	VT -Note: 20 for 1st 4 yrs; then 10 annually									
10-30	WI (Moderate Treatment 24 1 st yr, 18 ongoing; Specialized Treatment 30 1 st yr, 24 ongoing; Exceptional Treatment 80 1 st yr, 24 ongoing.) Note: Basic 30 1 st yr, ongoing 10)									

A View of Two States

»» Oklahoma and Maine

Show Sources

Print and download data

Oklahoma

Maine

State Children's Agency Background Characteristics

State Children's Agency Name And Website	Oklahoma Department of Human Services	Maine Office of Child and Family Services
	Oklahoma Department of Human Services	Maine Office of child and Family Services
Children's Agency Divisions	Child Welfare Services	Children's Behavioral Health Services; Early Childhood, and Public Service Management.
Child Welfare Administrative System	State Administered with County Structure and Discretion	State Administered
Unionized Child Welfare Workers	Not Unionized	Partially Unionized
		All workers in Maine that qualify may join the union but being a union member is not required to be a state employee.
Acted Under A Consent Decree In 2012	N/A	No
Acted Under A Consent Decree In 2006-2011	N/A	
	There was a lawsuit pending during this time period but there was not a consent decree.	

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Oklahoma

Maine

Demographics Of Children In Out-Of-Home Placements

Number And Percent Of Children In Out-Of Home Placements Compared To Total State Child Population (Yr)

Total State Population Of Children 18 Years Of Age Or Younger	906,035	274,867
Total Number Of Children In Out-Of-Home Placements	11,783	1,970
Percent Of Children In Out-Of-Home Placements	1.30%	.72%

Show Tips Show Sources[Print and download data](#)**Oklahoma****Maine****Number And Percent Of Children In Out-Of-Home Placement By Type Of Placement (Yr)****Foster Care**

Kinship Foster Care

2765

516

21.2%

21.6%

Nonkinship Foster Care

4229

843

32.4%

35.3%

Congregate Care

Group Home

784

140

6%

5.9%

Institution

535

26

4.1%

1.1%

Show Sources

Print and download data

Oklahoma

name

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	32.4%	35.3%

Congregate Care

Group Home	784	140
	6%	5.9%
Institution	535	26
	4.1%	1.1%

Other

Supervised Independent Living	13	53
	0.1%	2.2%
Runaway	88	13
	0.7%	0.5%
Trial Home Visit	2777	411
	21.3%	17.2%
Pre-Adoptive	1870	376
	14.3%	15.8%

How Sources

Print and download data

Oklahoma

Maine

Race/Ethnicity Of Children In Foster Care By Percent (Yr)

American Indian/Alaska Native	8.6%	1.3%
Asian	0.2%	0.2%
Black/African American	15.6%	2.0%
Hawaiian/Pacific Islander	0.0%	0.1%
White	37.6%	77.7%
Hispanic (Any Race)	22.9%	6.8%
Multiple Races	22.9%	6.1%

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Oklahoma

Maine

State's Enhanced Models Of Service Delivery In Foster Care

Levels Of Enhanced Foster Care Available		Maine CW Policy Manual
Level 1		LOC A - Basic Care - Minimal Needs
Level 2		LOC B - Basic Care - Mild Needs
Level 3		LOC C - Treatment Care - Moderate Needs
Level 4		LOC D - Treatment Care - High Needs
Level 5		LOC E - Treatment Care - Severe Needs
Level 6		LOC M - Basic Care - Exceptional Medical Needs.

Show Sources



Print and download data

Oklahoma

Maine

Therapeutic Foster Care (Or Equivalent) Program Name

Therapeutic Foster Care

Treatment Foster Care (type of care offered in "Specialized Children's Foster Homes")

Therapeutic Foster Care Eligibility Criteria

Yes

State has established medical necessity criteria, including an Axis I Mental Health diagnosis

Therapeutic Foster Care Screening Or Assessment Tool To Determine Child's Eligibility

Yes

There is a clinical assessment done by private licensed agencies which must be approved by the Medicaid administrator prior to placement. A trauma assessment is also performed.

Standards Of Care Differentiating Therapeutic Foster Care From Traditional (Or Regular) Foster Care

Yes

Yes

[Maine DHHS Program Standards of Treatment Foster CareStandardsI](#)

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Print and download data

Oklahoma

Maine

	Oklahoma	Maine
Minimum Hours Of Foster Care Training	Pre-Service Training Hours: 27 (41 Therapeutic)	Pre-Service Training Hours:24 (40 Treatment)
	In-Service Training Hours Annually: 12	
Maximum Number Of Children Allowed In Foster Home	Basic: 6 Maximum	
	Therapeutic: 2 Maximum	
Required Structured Daily Activity	Yes	
	Therapeutic Foster Parents must conduct and record Daily Living Skills and Life Skills.	
Required Counseling	Yes	
	Performed by agencies	
Required Case Management	Yes	Yes
	Performed by the state.	Required weekly contact by telephone or in person with treatment parents of each youth on his/her caseload. Required to visit the treatment home to meet with at least one of the treatment parents no less than twice monthly, with at least one visit to include the foster child. (Source: Maine DHHS Program Standards for Treatment Foster Care)
Other Requirements		

Show Sources

Print and download data

Oklahoma

Name

Number And Percent Of Children In Out-Of-Home Placement By Type Of Placement (Yr)**Foster Care**

Kinship Foster Care	2765	516
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Oklahoma

Maine

Medicaid And Financing Foster Care

Mandatory Managed Care Enrollment Of Children In Foster Care

Behavioral Health Carve Out

Child Welfare Agencies Enrolled As Medicaid Providers

State 1915i HCBS Program

No

No

Payment Of Services For Children In Foster Care Bundled With Title IV-E Funds

Show Sources[Print and download data](#)**Oklahoma****Maine**

Therapeutic Foster Care Delivery Model

Purchase of Services

Purchase of Services

Number And Percent Of Children In Therapeutic Foster Care As Compared To Total Number Of Children In Foster Care System

Level C: 100; Level D: 122; Level E: 70; Other: 83 (combined total of children that are currently placed in therapeutic foster care but have not yet been assessed for LOC).

Foster Care By Type Of Placement**Foster Care**

Kinship Foster Care

Yes

As of 1/20/13 Oklahoma had 3,626 children in kinship foster care.

Nonkinship Foster Care

Yes

As of 1/20/13 Oklahoma had 2,655 children in nonkinship foster care.

Yes

Congregate Care

Group Home

No

Oklahoma does not break apart Group Home or Institution. As of 1/20/13 Oklahoma had 1,584 children in both of these categories.

No

Institution

No

Oklahoma does not break apart Group Home or Institution. As of 1/20/13 Oklahoma had 1,584 children in both of these categories.

No

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Foster Care Permanency Outcomes

Foster Care Entry Rate (Per 1,000 Children In The State Population)

4.6

2.8

Children's Entry Into Foster Care

Percentage Of Children Entering Foster Care For The First Time

83.1%

88.1%

Percentage Of Children Re-Entering Within 12 Months Of A Prior Episode

6.8%

7.1%

Percentage Of Children Re-Entering More Than 12 Months After A Prior Episode

9.9%

4.8%

Missing Data

0.2%

0.0%

Number Of Children Exiting Foster Care (Yr)

6,041

991

Percent Of Children Moving To A Permanent Home (Yr)

Family Reunification

73.8%

46.1%

Adoption

17.4%

31.5%

Median Length Of Stay In Foster Care (Months)

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NEXT STEPS

Dissemination, Outreach,
Publicizing the CHARTBOOK



The 50 State CHARTBOOK on Foster Care

BOSTON
UNIVERSITY

THE
MENTOR
Network

CHARITABLE
FOUNDATION

THANK YOU!