



Texas Department of Family and Protective Services

Foster Care Needs Assessment

Appendix A. Bed Type Definitions

Basic Foster Care – Care in a home setting by foster parents where the child or youth’s needs do not require the same level of intensive support and services required in specialized foster care. Those placed in this setting type have been determined to not have significant mental health or behavioral issues, may be developmentally on target, demonstrate age appropriate behaviors, and are in need of basic nurturing and supervision from an adult caregiver.

Specialized Foster Care – Care in a home setting by foster parents with specialized training to care for a wide variety of children and youth who have complex emotional, behavioral, or social issues or medical needs.

Treatment Foster Family Care (TFFC) - A time-limited program designed to provide innovative, multi-disciplinary treatment services to a child in a highly-structured family home environment. The target population for TFFC is children in DFPS conservatorship with very high needs and complex trauma history requiring treatment services. The goal of Treatment Foster Family Care is to stabilize children at risk of placement in a congregate care setting or psychiatric hospital who experience emotional, behavioral, and/or mental health difficulties. TFFC promotes successful transitions to less restrictive placements upon completion of the program. Treatment Foster Family Care serves children ages 17 and younger.

Residential Treatment Center (RTC) – General Residential Operations (GRO) that provide treatment services to children with emotional disorders. RTCs provide intensive help for children or youth with serious emotional and behavioral problems. While receiving residential treatment services, children temporarily live outside of their homes and in a facility where they can be supervised and monitored by trained staff.

Psychiatric Transition – Psychiatric transition programs provide a continuum of Residential Child-Care Services to address the needs of children and adolescents for whom there is no appropriate 24-hour residential child-care treatment program, and who demonstrate a need for highly structured stabilization, support, and treatment. Children and adolescents are often placed in acute psychiatric hospitals or other psychiatric inpatient settings to stabilize psychiatric symptoms. Acute psychiatric settings are designed to serve individuals for a very

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limited timeframe. Due to the nature of some mental illnesses and/or serious emotional disorders, some children and adolescents require an extended amount of time and intensive services to stabilize. A psychiatric transition program provides a discharge to a less restrictive setting or an alternative to an acute psychiatric setting, to ensure stabilization and/or clinical improvement. This extended treatment program is ideal in providing stabilization for youth with serious emotional disturbance and/or complex mental health needs as well as preparing them for success with the level of expectations in a facility and/or community-based residential child-care setting. A history of trauma can be expected to be the norm for children who would meet the criteria for a psychiatric transition program. This level of care is trauma-informed at the organizational and clinical level as evidenced by an alignment of policy and practice. The treatment model includes: an individualized treatment plan, medication management, evidenced-based individual and group therapy, a structured, therapeutic milieu and educational services. Recreational or other activity-based therapies are included in the model.