Pennsylvania
Department of Human Services

ISSUING AUTHORITY
Office of Children Youth and Families

SUBJECT
Guidance regarding Therapeutic Foster Care (TFC) for children involved with County Children and Youth Agencies (CCYAs)

AUDIENCE
- County Children and Youth Agency Administrators
- Private Children and Youth Social Service Agencies
- County Commissioners and Executives
- Chief Juvenile Probation Officers
- Pennsylvania Council of Children, Youth and Family Services
- Rehabilitation and Community Providers Association
- County Mental Health/Intellectual Disability Administrators
- HealthChoices Behavioral Health Primary Contractors
- Behavioral Health Managed Care Organizations

PURPOSE
This Special Transmittal is part of a series of targeted guidance documents related to service enhancements for children and youth who are members of the *S.R. v. Pennsylvania Department of Human Services* settlement class. "Class members" are defined as all Pennsylvania children and youth under age 21 who, now or in the future are, adjudicated dependent and have diagnosed mental health disabilities.

This transmittal provides guidance regarding Therapeutic Foster Care (TFC). Additional guidance documents in this series address topics including:
- Mental Health Screening
- Teaming and Cross-System Collaboration Models for Class Members

BACKGROUND
The Office of Children, Youth and Families (OCYF) and the Office of Mental Health and Substance Abuse Services (OMHSAS) are working collaboratively to strengthen coordination between the child welfare and behavioral health systems. The goal of this work is to ensure that children and youth receive timely access to appropriate services and supports that promote healthy growth, development, stability, and well-being in the least restrictive and most family-like setting possible.

The settlement agreement in *S.R. v. Pennsylvania Department of Human Services*, approved in October 2025, requires the Pennsylvania Department of Human Services (the Department) to issue guidance providing a definition and description of TFC to be used by County Children and Youth Agencies (CCYAs).

As part of settlement implementation, DHS is conducting a comprehensive review of the Commonwealth's child welfare and mental health systems. This work will inform recommendations and implement strategies designed to help DHS and its partners achieve and maintain substantial compliance with the settlement agreement and better support children and families across the Commonwealth.

While this broader systems work is underway, DHS is issuing guidance that reviews current policy and practice expectations and highlights promising approaches.

This document specifically addresses the definition, description and use of TFC.

DISCUSSION

Definition and Description of Therapeutic Foster Care (TFC)

Children with mental and behavioral health needs are at increased risk of placement disruption in family-like settings, which can lead to escalating behaviors, poorer social outcomes, and reduced opportunities for reunification and permanency. Placement instability is often oversimplified as a result of a child's behavior or a caregiver's limitations, when in reality it is frequently driven by broader systemic factors — such as untreated behavioral health disabilities, gaps in services, and social determinants of health — that require coordinated, multi-level interventions. (Casey Family Programs. (2023). *How can we improve placement stability for children in foster care?*) In response to the needs of youth with complex behavioral health challenges, child welfare and behavioral health systems have historically relied on congregate care settings, including Residential Treatment Facilities (RTFs) and psychiatric hospitals.

County Children and Youth Agencies (CCYAs) are required to ensure children in their custody are placed in the least restrictive, most family-like setting consistent with the child's best interest and unique needs. For children with mental and behavioral health needs, maintaining stability in a foster care placement requires careful planning and strong collaboration across systems. Children and foster families must have access to appropriate services, support, training, and interventions to reduce the risk of placement disruption and promote placement stability.

Traditional foster care provides a safe, nurturing, temporary family environment for children who cannot safely remain in their homes of origin. Therapeutic Foster Care (TFC) builds upon the foundation of traditional foster care by providing a structured, clinically informed, and treatment-supported family-based setting for children whose trauma, mental health needs, or behavioral challenges require additional support.

TFC is designed to combine the benefits of a family environment with coordinated behavioral health interventions and enhanced caregiver support. TFC helps bridge the gap between traditional foster care and congregate care by connecting children and foster families with behavioral health providers who deliver intensive, trauma-informed clinical services, skill development, crisis support, and structured behavior interventions. This support helps children remain in the least restrictive, most appropriate family-based setting while addressing their therapeutic needs.

In Pennsylvania, foster family care agencies (FFCAs), as defined in 55 Pa. Code § 3700.4, are public or private agencies that recruit, approve, supervise, and place children with foster families. FFCAs provide multiple levels of care tailored to the specific needs of each child within allowable placement maintenance costs. Through individual and family service planning, CCYAs and FFCAs assess the child's needs and the suitability of the placement to ensure services and support provided to both the child and foster parents promote the goals established for the child and family.

When a child or youth in foster care requires mental health services, the child is referred for a mental health screening or assessment and connected with a provider, often in coordination with the county mental health/intellectual disability (MH/ID) office. The assessment is used to determine medical necessity and identify appropriate services. Based on the results, services are typically delivered in outpatient or community settings.

Behavioral health services are a central component of the TFC. However, access to specialized and evidence-based services for children who have experienced significant trauma remains a challenge in many communities. Through partnerships and contractual obligations involving Behavioral Health Managed Care Organizations (BH-MCOs), primary contractors, and county MH/ID offices, a range of community-based behavioral health services are available to eligible children and youth.

Under the settlement agreement, a list of all behavioral health services available to Pennsylvania children through Medical Assistance or other funding sources will be made available in printable form on the DHS website. The list will be reviewed every six months to ensure accuracy and will also be included in member handbooks distributed by BH-MCOs and primary contractors. A paper copy of the resources may be requested by BH-MCO members. This resource will include information about available services, funding sources, and contact information for obtaining additional assistance or accessing services. This resource can help families and professionals access and navigate behavioral health services and support for children in foster care who may benefit from TFC.

Industry-Wide Standards for Therapeutic Foster Care

Key components of TFC include:

- **Family-Centered Treatment**. Foster parents are caregivers who receive specialized training and are a valued member of the child's treatment team. Strengthening biological family ties and working toward reunification (when safe)

or other permanency goals is a core priority. Foster parents should be supported by licensed mental health professionals and engaged in additional training specific to the needs of the youth entering their care.

- **Individualized Treatment.** Each child receives an individualized service plan, developed by a multidisciplinary team (foster parents, case workers, therapists, educators, and biological family members).

- **Collaboration Across Systems.** The placement is supported by coordination across child welfare, mental health, education, juvenile justice, and community systems. No single agency can meet the full range of a child's needs, so cross-system collaboration is a defining value.

Best Practices for Training of Therapeutic Foster Families

Training foster families requires a structured, trauma informed approach that equips caregivers to function as integral members of the treatment team. FFCAs should provide or arrange for foster families to participate in comprehensive, competency-based- training paired with ongoing coaching. This approach leads to better placement stability and child outcomes. Best practices for training foster families include:

- **Pre-placement training.** Foster parents should receive comprehensive training before a child is placed in their home. A minimum of 20 hours of structured, competency-based pre-service training is recommended to help foster parents develop the knowledge, skills, and confidence needed to support children with complex needs. Training content should include:
    - The impact of trauma, adverse childhood experiences, and their behavioral manifestations
    - Attachment theory and its implications for caregiving and child development
    - Positive behavior management and reinforcement strategies
    - De-escalation and crisis prevention techniques
    - Confidentiality, professional boundaries, and ethical responsibilities
    - Cultural humility and responsiveness
    - Navigation of the child welfare and mental health systems
    - Roles and responsibilities of the child and family treatment team

- **Ongoing training and professional development.** Training should continue throughout the foster parent's service and should include both regularly scheduled in-service training and case-specific instruction tailored to the needs of the children placed in the home. FFCAs may provide or arrange training through a variety of formats, including group workshops, individual coaching, virtual learning opportunities, videos, and written materials. Agencies are encouraged to establish minimum annual continuing education requirements to promote ongoing skill development and caregiver preparedness.

- **Trauma-informed training.** Training curriculum should promote trauma informed care principles and practices. Foster parents should understand how trauma affects child development, behavior, relationships, and emotional regulation. Training should also help foster parents recognize the impact of their own experiences and identify signs of secondary traumatic stress or compassion fatigue so they can seek support when needed.

- **Behavior management training**. Foster parents should receive training in evidence-informed behavior management approaches that promote consistency across caregivers and service providers. Positive reinforcement and skill-building strategies should be emphasized, helping foster parents distinguish between intentional misconduct and behaviors rooted in trauma responses, developmental delays, or mental health needs. Training should discourage punitive, coercive, or shaming practices and instead promote approaches that support healing, emotional regulation, and positive behavioral change.

- **Peer learning and mentorship.** Peer learning can be an effective training modality for strengthening foster parent skills and confidence. FFCAs are encouraged to develop mentorship opportunities that connect experienced foster parents with newer caregivers. These relationships can provide practical guidance, emotional support, and a stronger sense of community among foster families.

- **Teaming and collaboration training.** Foster parents play a critical role as members of the child and family team. Training should prepare foster parents to actively participate in case planning, service coordination, and team meetings. Foster parents should understand the roles and responsibilities of the various professionals involved in the child's care and how information is shared and used to support decision-making, service delivery, and permanency planning.

Best Practices for Supporting Therapeutic Foster Families

Due to their more intensive service and support needs, dependent children and youth who have serious mental or behavioral challenges are at greatest risk of placement disruptions. Placement disruptions can be traumatic for children in all types of foster care and are associated with increased stress, anxiety, and poorer long-term outcomes. Preventing placement disruptions is critical to maintaining stability and promoting the health, well-being, and permanency of children in foster care. Effective support for foster families, especially therapeutic foster families, can reduce caregiver stress, strengthen placement stability, and improve outcomes for both children and caregivers. The following practices can help prevent placement disruptions and support successful therapeutic foster care placements:

- **Careful matching of children and foster families.** Prior to placement, the foster family agency should assess the needs, strengths, and challenges of both the child and the prospective foster family to ensure an appropriate match. Foster parents should receive comprehensive information regarding the child's history, current functioning, presenting behaviors, service plan (including

types/amounts of services that are provided to and/or authorized for the child through the child welfare, Medicaid, and education systems), and crisis plan so they can make an informed decision about accepting the placement. The assessment should also consider the foster family's current circumstances, including existing stressors, the needs of the other children in the home, prior placement experiences, and the family's capacity to meet the child's specific needs.

- **Enhanced support during the initial placement period.** The first several weeks of a placement are critical to long-term stability. During the first 30 days of placement, the FFCA should maintain frequent contact with the foster family and facilitate placement stabilization meetings involving foster parent(s), caseworkers, therapists and other members of the child's care team. These meetings can support the development and implementation of a coordinated plan for the child. Foster parents should be prepared for behavioral challenges that may emerge after the initial adjustment period and should receive timely assistance in addressing concerns rather than being expected to manage them independently. FFCAs should inform therapeutic foster families, at the outset, that timely support will be available to them should they need it.

- **Individualized coaching and support.** Coaching provided by FFCAs can help foster parents strengthen caregiving skills, build confidence, and apply training concepts in day-to-day situations. Effective coaching identifies areas where additional support may be needed and provides practical guidance for managing challenging situations, particularly during periods of heightened stress or behavioral escalation.

- **Responsive and ongoing support for foster parents.** Foster parents should have access to timely support when concerns arise. FFCAs should respond to foster parent inquiries as quickly as possible, ideally on the same day, and work collaboratively to distinguish between situations requiring additional support and those requiring immediate intervention due to safety concerns. Regular communication and opportunities for foster parent feedback help foster a collaborative relationship and strengthen placement stability.

- **Access to clinical and behavioral health supports.** Clinical and behavioral support are vital for placement stability. FFCAs should work with the child's team to ensure the child's service plan is current and is regularly reviewed, minimally monthly, to confirm that recommended services and interventions are being implemented effectively within the home. Behavioral health providers can equip foster parents with practical strategies tailored to the child's needs, support early identification of trauma-related triggers, and reinforce therapeutic goals. Planned respite care should also be available to help prevent caregiver burnout. Respite providers should be appropriately trained and informed of the child's specific needs to maintain continuity and consistency of care.

- **Strong school and community connections.** School and community support for foster parents and the child is crucial, including ensuring the child has access to their school of origin. It is important for FFCAs to communicate with the school regarding behavioral expectations and support needs. If possible, appointments, transitions and new relationships should be reduced as much as possible to prevent the child from having to manage a large amount of change at one time.

- **Crisis prevention planning and 24-hour support.** Foster parents should have access to a child-specific crisis prevention and response plan that clearly identifies strategies to prevent, de-escalate, and respond to crises. The plan should distinguish behaviors that require a clinical response from those that require a safety response. Foster parents should have access 24 hours a day, seven days a week to experienced, on-call staff members that are equipped to provide crisis support. If a placement disruption appears likely, it is important for the care team to respond immediately to help prevent a crisis that could lead to the disruption of the placement. Developing a placement stability plan in advance allows for intentional and timely decision-making and identifies stabilization options that should be explored before considering a placement change.

- **Peer support and community engagement.** Peer support can help foster families feel connected to a broader network of caregivers and community resources. Participation in foster parent support groups and connections with schools, faith communities, youth-serving organizations, and other community supports can reduce isolation and strengthen caregiver resilience. Foster families should be encouraged to participate in and, when appropriate, help facilitate peer support opportunities, including the provision and utilization of respite services.

- **Post-placement support.** Support should continue after a child transitions from a foster home. Post-placement services can provide foster families with an opportunity to process the experience, receive guidance, and offer feedback that may improve future placement success. Such support is particularly important because a child's departure from the home may be experienced by foster parents and other household members as a significant loss and may result in feelings of grief, stress, or trauma.

CONCLUSION

This guidance is intended to support implementation of the *S.R. v. Pennsylvania Department of Human Services* settlement agreement and to promote strengthened coordination between the child welfare and behavioral health systems. This document does not establish new regulatory requirements or create new rights or obligations beyond existing federal or state law, regulation, contract requirements, or policy. Rather, it is intended to provide guidance, clarify current expectations related to service provision, and encourage collaborative practices that support timely access to appropriate services for children and youth involved with the child welfare system.

Revision History

Date	Description of Changes
July, 2026	Initial Version