Chapin Hall Research Brief

Therapeutic Foster Care (TFC) Pilot Evaluation: Process Study

This research brief summarizes findings from an implementation evaluation of the 5-year TFC Pilot in Illinois using focus group data collected from staff involved in the implementation of TFC, including community-based providers and the Illinois Department of Children and Family Services (DCFS) liaisons.

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AT THE UNIVERSITY OF CHICAGO

Introduction

The Illinois Department of Children and Family Services (DCFS) sponsored an evaluation of the five-year Therapeutic Foster Care (TFC) Pilot through its contract with Chapin Hall at the University of Chicago between July 1, 2016, and June 30, 2021. The TFC Pilot was part of the B.H. consent decree superseding implementation plan, and the evaluation was required by Illinois Public Act 099-0350. The Pilot aimed to provide a home-based setting, TFC, to serve youth with a history of trauma and/or severe behavioral challenges who would otherwise enter or remain in residential care or be discharged from residential care to other non-TFC community-based settings.

During the five-year period, DCFS contracted with four purchase of service (POS) providers to implement the TFC Pilot—Children's Home and Aid (CH+A), Jewish Children and Family Services (JCFS), Lutheran Social Services of Illinois (LSSI), and Youth Outreach Services (YOS). TFC was defined by the specific Model a provider implemented. CH+A used the Therapeutic Crisis Intervention-Family (TCI-F) Model (Nunno et al., 2003), JCFS used the Together Facing the Challenge Model (Farmer et al., 2010; Southerland et al., 2018), LSSI and YOS both implemented the Therapeutic Foster Care Oregon (TFCO) Model (Chamberlain et al., 2007). However, JCFS and YOS ended their participation in the TFC Pilot in April 2018 and May 2018, respectively. Since then, LSSI and CH+A were the remaining active TFC providers. Beyond June 30, 2021, LSSI

continues to implement TFCO outside the purview of the Pilot evaluation.

This study component examined how the TFC Pilot, with a focus on the LSSI TFCO Model, was implemented in Illinois between February 2017 and June 2021.[1]

Two research questions guided our data collection to inform services and structures of the TFC program, facilitators of and barriers to the program implementation, and implications for further program development:

1. Was the TFC Pilot implemented as planned?
2. Can the TFC Model be implemented as a community-based alternative to residential treatment?

Methods

Design

Chapin Hall collected qualitative data to understand the experiences and views of TFC providers (LSSI staff and leadership teams) and the Illinois DCFS liaisons regarding TFC Pilot rollout and implementation. We conducted focus groups to gain an in-depth understanding of the context, mechanisms, and processes that affected the TFC Pilot installation and implementation stages, and to explore the feasibility of the TFC Model implementation as a community-based alternative to residential treatment in Illinois' child welfare system.

Participants

LSSI and DCFS liaisons were contacted via email and informed about the study. Those who agreed to participate were asked to complete a brief demographic background survey prior to the focus group session to inform the characteristics of focus group participants.

The focus groups involved three types of study subjects in separate virtual focus groups:

- TFC staff from LSSI who were involved in the TFC Pilot outcome evaluation study, including caseworkers, individual therapists, skills coaches, and foster parent specialists
- Leadership teams at LSSI, including the team leaders and local program directors
- DCFS liaisons, including program directors and other local field office staff who were involved in the TFC Pilot evaluation study

Approximately 8 months following the conclusion of the focus groups, LSSI and DCFS liaisons were contacted via e-mail to complete a member check survey regarding their agreement/disagreement with

[1] Staffing, training, and foster parent recruitment occurred in the first seven months (July 2016 thru January 2017). TFC referrals officially began on February 1, 2017.

the focus group themes summarized by Chapin Hall. We distributed the member check surveys to focus group participants, as well as those who initially agreed to participate in the focus group but could not attend due to schedule conflicts (see Table 1).

Table 1. Sample Sizes by Focus Group

Group	Invited to focus groups, *N*	Expressed interest, *N*	Participated in focus group, *N*	Completed member check survey, *N*
DCFS leaders	6	6	5	5
LSSI leaders	9	7	5	5
LSSI staff	18	6	4	0
Total	33	19	14	10

Note: Two of the four LSSI staff who participated in the focus group left their position before we sent the member check survey.

Data Collection

Focus groups occurred over Zoom in November and December of 2021 and lasted 90 minutes each. All participants consented to participation and recording. Every LSSI participant received a $20 gift card for their participation. An online member check survey was administered via REDCap in August of 2022 to focus group participants. This study was approved by the DCFS Institutional Review Board (IRB) and the Crown Family School of Social Work, Policy, and Practice and Chapin Hall IRB (#IRB21-1264).

Analysis

Focus groups were recorded and transcribed. The research team cleaned the transcripts and checked their accuracy. Transcripts were uploaded to Atlas.ti, a qualitative software package, to conduct coding. Prior to the analysis of the transcript, the research team created a codebook containing initial codes and their definitions based on the focus groups' guiding topics and questions. These codes were a word or short phrase intended to capture the main content and essence of the focus group guide (Saldaña, 2013), including successes and challenges of the TFC Model implementation, youth outcomes, and suggestions for further development of the model. Thus, each of these codes summarized the primary topic of the excerpt from the transcripts. The research team reviewed the transcripts and applied the codes to text that was representative of the code (Fereday & Muir-Cochrane, 2006) and identified descriptors for each segment (small chunks of text). We then assigned categories to these descriptors and developed themes by comparing and connecting categories. The research team reviewed and reorganized themes and categories hierarchically and refined the hierarchy.

To validate the focus group data, we conducted member checking. Recommended by Lincoln and Guba (1985), the member check is a means of verifying the accuracy of the researcher's interpretations of participant responses. Member checking strengthens the rigor of qualitative research (Tong et al., 2007). It also equalizes power relationships between researchers and participants by giving participants the

opportunity to provide feedback and correct any inaccuracies in the data (Koelsch, 2013). We conducted member checks with focus group participants (including those who initially expressed interest in participating in the study but were unable to attend focus groups due to scheduling conflict) by developing and administering a survey for each role group (see "Participants") with the list of themes we found for each group. Respondents then selected their agreement/disagreement with each theme (a 5-point Likert-type scale from "strongly disagree" to "strongly agree") and provided optional comments. The research team integrated the responses from the member checking survey into the analysis.

Findings

Key Themes

Key themes endorsed by all three groups of participants highlighted successes and challenges in the implementation of the TFC Model.

Box 1. Key Themes

- TFC Model provides youth with trauma-informed support
- TFC parents and aftercare families play vital roles in the TFC Model and successful outcomes of youth
- TFC parents need to understand, buy in to, and follow the Model
- More successes are observed among younger TFC youth
- Team communication, support, and continuity are key
- Finding a stable aftercare home is both essential for successful youth outcomes and a major challenge

Trauma-Informed Support Approach

All groups mentioned that the TFC Model provides youth with trauma-informed support. TFC parents and aftercare families were identified as vital components of the TFC Model and the successful outcomes of youth.

All groups also mentioned that TFC parents need to understand, buy in to, and follow the Model. Some TFC parents struggled with buy-in because they were giving up control to the team lead. It could be difficult to tell them that they need to change the way they are parenting; however, some TFC parents started using the Model with their other children (children not participating in TFC) and identified clear expectations of being TFC parents. One DCFS leader said, "I think there were really clear expectations of what being a TFC foster parent meant… and role definition for everybody who was involved on the team, which leads to no ambiguity about what the expectations are."

Characteristics of Youth in TFC

Themes emerged around the characteristics of youth who participated in TFC. One DCFS leader stated, "[The TFC program] took kids who didn't look good on paper and gave them a chance to figure things out." All three groups observed more successes among younger TFC youth. Children ages 6–14 were

eligible for TFC, yet respondents from all groups noted that the Model worked better for the younger children (those ages 10 and under). They also mentioned that TFC is not for everyone and that the Model does not fit for some children and youth, depending on their needs and circumstances. However, the focus group participants did not all agree for which youth TFC is most successful. For example, in the member check survey, half of the LSSI leaders said that TFC was less successful for children who have an extensive history of psychiatric hospitalization, while the other half of this group disagreed.

Team Support and Communication

Regarding the TFC staff, team communication, support, and continuity are key to the success of TFC. Several examples of team support were noted.

> *The TFC team—they're all supporting each other, they're supporting the client, fulfilling different needs for the clients, together as a team. Whereas your traditional foster care teams are often kind of siloed, they're all on a team, but they all have their own clients and their own jobs to do. An especially good functioning TFC team pulled together in a common mission to support the client.* – LSSI leader

Identifying Aftercare Plans

Finding stable aftercare homes is one of the biggest challenges of TFC, which is crucial to successful outcomes for youth. LSSI leaders and staff and DCFS leaders all mentioned that a major challenge was when the child did not have an assigned aftercare family at the time of referral. Without an assigned aftercare family, LSSI had to contract with a family-finding organization to identify aftercare family connections during TFC. See "Aftercare Plans for Supporting Youth" for further findings on challenges regarding aftercare.

> *[When] we accept the case without an aftercare plan. . . if we don't have that continuity of care in the aftercare, how can all the healing of the TFC Model be sustainable?* – LSSI leader

Implementation Challenges

Focus group participants reflected on several challenges that affected the implementation of the TFC Model. This section discusses challenges related to the TFC Model, its rollout, and systemic issues.

TFC Model Challenges

DCFS leaders

DCFS leaders mentioned several challenges implementing the TFC Model. Two DCFS leaders saw a discrepancy between the B.H. TFC pilot's initial scope regarding projected youth recruitment and actual capacity.[2]

Another implementation challenge was that the pilot lost some TFC provider agencies over time. LSSI was the only provider that continued to implement TFC throughout the Pilot and beyond.

TFC providers experienced different challenges at different timepoints, according to a DCFS leader. Earlier issues involved problems finding appropriate referrals for the program. Once referred, for some youth there were engagement issues, and for others it was difficult to help youth sustain participation in the program when they had a crisis. There were also barriers to getting youth to complete the program.

Two DCFS leaders observed some struggles with TFC team capacity and self-sufficiency in implementing the TFC Model. TFC teams required more support from DCFS to navigate the DCFS system and other issues (e.g., case management, clinical issues, court issues) than DCFS expected.

Sustaining the TFC Model was challenging and required ongoing support for implementation.

DCFS leaders and LSSI leaders

Several participants in both the DCFS and LSSI leaders focus groups mentioned a lack of communication and clarity about the TFC Model. For example, a DCFS leader reported confusion and a lack of clarity about youth eligibility criteria. Two LSSI leaders discussed surprises about the Model occurring during implementation, such as understanding needs and fit for foster parents.

> *I think it's fair to say that training is only training. If you can't implement it on the ground to sustain that implementation support over time, this would never have worked had the department not had… a bunch of supports doing the actual implementation over time and sustained focus, which is not necessarily something that we do well, given the variety of changes in administration and things. One of the lessons learned is on the implementation side: it takes a lot.* – LSSI leader

DCFS leaders and LSSI leaders mentioned that one implementation challenge was getting buy-in from stakeholders at all levels. One LSSI leader said, "It really was moving away from business as usual. . . .

[2] The B.H. plan initially imposed a capacity providers could not reach: 40 children in year 1, 100 kids in year 2. After lessons learned from the year 1 ramp-up period, in year 2 of the Pilot the capacity requirement was removed.

This was a shift in the way this was being done. So, yeah, just trying to get the buy-in of all these different players [was a challenge]."

Some of the DCFS and LSSI leaders noticed a discrepancy between DCFS's vision and the TFC Model, while some disagreed or were not certain. According to a DCFS leader, TFC has a planned move to an aftercare home at the end of treatment, which conflicts with the DCFS vision of fewer movements and more stability. Three DCFS leaders believed that TFC can help youth achieve their permanency goal, while one DCFS leader strongly disagreed with this. One LSSI leader mentioned that the permanency goal can be an issue in TFC because TFC is a temporary treatment program.

Different perspectives

DCFS leaders and LSSI staff had different opinions on TFC fidelity. A DCFS leader said that adhering to the TFC Model and not being able to make changes or adjustments to meet youth needs was challenging. On the other hand, an LSSI staff said that they thought stricter fidelity to the TFC Model would be best.

> *Court systems are looking for permanency for our kids, and because TFC is a program and a service, they don't understand why they cannot have the same level of permanency with the caregivers…We are providing their services for the aftercare for the next step, so that when I go back to a family worker that they can continue that process of permanency… We're stabilizing these kids, we're giving them an opportunity to have better permanency and better outcomes.* – LSSI leader

Rollout Challenges

Recruitment

Leaders in both DCFS and LSSI discussed ways in which recruiting youth was difficult. Several LSSI leaders said that figuring out the referral stream was challenging. Both DCFS and LSSI leaders reported that finding youth who fit in the TFC Model and met pilot criteria was a struggle, although three DCFS and LSSI leaders disagreed. DCFS leaders said that there was pressure to place children who did not meet the criteria, although one disagreed with this statement. All DCFS leaders agreed that the narrow scope of the TFC Model (especially population and fidelity criteria) left out some youth who could have benefited from TFC. In addition, there were different youth criteria among different provider agencies, according to a DCFS leader. Two LSSI leaders said that the hybrid Model of the TFC Model for children ages 6–11 and the Model for adolescents (ages 12–14) made it difficult to recruit youth. An LSSI leader mentioned that recruitment has been very different in each of the three geographic regions.

Staffing

DCFS leaders and LSSI leaders mentioned another rollout challenge: staffing. Building the TFC teams, including program staff and foster parents, presented a challenge. One LSSI leader said, "Finding the

right fit for each position was a struggle." It often was a struggle for onboarding program staff to "embrace an evidence-based Model" which had been communicated at hiring interviews.

Systemic Issues that Affected Implementation

DCFS leaders pointed out issues in the system that affected implementation. Primarily, they discussed turnover. Three DCFS leaders stated that staff turnover caused the department to inconsistently adhere to the TFC Model, while two disagreed with this statement. One participant pointed out that staff turnover varied across the TFC teams. According to one LSSI leader, "Unfortunately, the turnover rate spiked in FY22 after remaining low for the first 5 years." This was also evident in the member check survey outreach in which 2 of the 4 LSSI staff focus group participants were no longer with LSSI.

DCFS leaders agreed that changes in DCFS administration with different priorities led to challenges with implementation. An LSSI leader mentioned that the relationship between the provider agency and the GAL's office was challenging but improved over time. Two LSSI staff discussed the effect of the COVID-19 pandemic on implementation. The pandemic affected levels of interaction with youth and staff ability to provide youth with resources virtually, which made TFC programming and engagement even more challenging, they said.

TFC Model as a Community-based Alternative to Residential Treatment

Focus group participants reflected on if and how the TFC Model supported youth, as well as some of the key factors for sustaining the Model.

> *The way TFC is a really viable option to residential, I think, is how it impacts kids most. It's not just a step-down resource, it's an actual treatment program that they can be in place of a residential program, so I love that aspect of the program and having that as another tool.* – LSSI leader

TFC Experiences Varied among Youth

There were variations in TFC youth experience, with some youth having more success than others. Five participants across the three groups said that more successes are observed among younger TFC youth. One LSSI leader said TFC works successfully with youth who just entered out of home care. Another LSSI leader reported that TFC works successfully with youth stepping down from residential care. An LSSI staff person noted that TFC works best when aftercare is established prior to entering the TFC program. Leaders and staff from LSSI said that the TFC Model cannot meet the needs of youth who have been psychiatrically hospitalized Beyond Medical Necessity (BMN). One LSSI staff person said TFC was less successful for children who

> *I think TFC has worked the least well with kids who have been in psych hospitals BMN for 4 months or longer. And I think that has been our hardest population to get settled in a home. Also with that population, they rarely have an identified aftercare home.* – LSSI leader

have an extensive history of hospitalizations for acute and complex clinical reasons beyond behavioral problems (such as suicidal ideation) that TFC is designed to support.

Supporting youth goals

TFC can help youth achieve their permanency goal, said three DCFS leaders, although one strongly disagreed with this. Two LSSI leaders said that TFC can also help youth achieve academic and social-emotional outcomes. Additional features of TFC were mentioned as being helpful for youth. DCFS leaders shared that TFC helps youth by providing them with opportunities, an incentive system, and a home-like, community setting. LSSI staff and leaders stated that the TFC Model helps youth by providing trauma-informed support through aftercare services, which, for example, allowed youth to work through their trauma with their aftercare families. In the member check survey, all LSSI leaders and DCFS leaders agreed that TFC provides youth with trauma-informed support.

Building rapport with youth

While some of the focus group participants agreed that the TFC Model can support youth's permanency goals and social-emotional outcomes, they also reported a number of challenges related to TFC youth. While four participants—DCFS leaders and LSSI staff—mentioned that youth engagement was a success of the TFC Pilot, two LSSI staff said that building rapport with youth was challenging. One LSSI staff person talked about the difficulty of addressing the youth's situation and needs to access resources and supports, especially during the COVID-19 pandemic. Finding youth that fit in the TFC program was discussed by three participants (DCFS leaders and LSSI leaders), while several DCFS leaders and LSSI leaders disagreed that it was a challenge.

> *It kind of gave us another tool to bring to the table to figure out the best way for this all when [the child] was little. And [this child] was one of the ones that actually ended up achieving permanency with TFC with wonderful therapeutic foster care parents. - DCFS leader*

TFC Foster Parents as Crucial Team Members

Leaders saw TFC parents as a crucial part of the TFC team. Matching children to homes was an essential part of the process, said DCFS leaders, and the clear expectations for TFC parents contributed to their success. LSSI leaders mentioned the importance of buy-in for TFC parents and that learning and following the TFC Model requires much practice. All five DCFS leaders and all five LSSI leaders who completed the member check survey agreed or strongly agreed that for TFC to be successful, TFC parents need to understand the TFC Model, buy in to the TFC Model, and follow the Model.

Certain TFC parent practices are needed for the Model to be successful. A DCFS leader reported that TFC parents modeled effective parenting skills and used the incentive system to help youth achieve goals. In the member check survey, all five DCFS leaders reiterated the importance of TFC parent roles

and strongly agreed that TFC parents *need* to model effective parenting skills for the intervention to be successful. An LSSI staff person said that TFC parents need to engage in activities and involve the child in goals and incentives. An LSSI leader noted that TFC parents need to understand trauma—"what trauma is, and how it can affect the child as a whole, and [not taking] anything personal" —in order to be successful. The majority of the LSSI and DCFS leaders in the member checking survey support this idea, with one LSSI leader disagreeing.

In addition, building and maintaining relationships with the TFC team and licensing team is necessary for retaining TFC parents, according to an LSSI leader. A benefit of being a TFC parent was that they received ongoing support, according to DCFS and LSSI leaders, something with which the member check survey confirmed that all five DCFS leaders and all five LSSI leaders agreed. DCFS leaders also mentioned the higher pay and additional training TFC parents receive. Both DCFS and LSSI leaders stated that TFC parents are respected members of the child welfare team, as is demonstrated in the following quote. An LSSI leader said, "When you have people who understand the mission, and understand their part in the mission, that is what creates success."

Focus group participants discussed several challenges related to TFC parents. A major challenge, reported by all three groups, was recruiting TFC homes, which is vital to sustaining the TFC Model. Two LSSI leaders said that TFC parent buy-in and understanding of the Model can be a challenge, while one LSSI leader disagreed with this idea in the member checking survey. Several LSSI leaders also asserted that the Model is not trauma-informed enough and is rather behavioral focused. As a result, it does not address the traumatic history of youth, which can pose challenges for the parents and others on the TFC team. However, two LSSI leaders thought TFC was sufficiently trauma informed. Four DCFS leaders agreed that the youth's duration at the treatment home was longer than specified by the Model, while one DCFS leader disagreed. LSSI staff discussed different challenges related to therapy. For example, TFC therapists' roles are unclear to some TFC parents. In addition, the youth's individual therapist has no contact with foster parents, which can create communication difficulties.

Aftercare Plans for Supporting Youth

The role of the TFC aftercare home was discussed in the focus groups. Two DCFS leaders shared that early identification of an aftercare home allows for training and consistent learning and improving skills by the aftercare parents. Three participants (LSSI leaders and LSSI staff) asserted that buy-in and sustaining the TFC Model in the aftercare home is necessary for maintaining treatment progress. It is important to discuss aftercare plans with the child, said an LSSI staff member, so they understand what to expect.

Aftercare challenges

Many challenges related to the aftercare home were discussed by the focus group participants. TFC is focused on the challenge of finding a stable aftercare home because such a home is vital to successful outcomes of youth, said participants in all three groups. Another major challenge with aftercare

mentioned by five participants (LSSI leaders and LSSI staff) is that the TFC Model does not require the aftercare family to follow the Model and does not contain treatment components for aftercare, which can diminish any positive effects of TFC (a few participants disagreed with this statement in the member checking survey). As one DCFS leader put it, "The [long-term] success of the TFCO program is highly dependent on the quality of the aftercare home."

> *We've seen that a lot of this success or nonsuccess for the youth and families, aftercare has definitely played an essential role in that. And also in some of the nuances that were not accounted for, like when a youth disrupts, getting that case transferred back to that agency to where the case came from should have been something also that I look at. . . now, I can see where some work maybe could have been done on the onset to kind of get that process squared away and more concrete.* - DCFS leader

Other aftercare challenges include that court goals can sometimes conflict with the aftercare plan and can create challenges for discharge planning, something the majority of the DCFS leaders agreed with. Two DCFS leaders mentioned that another issue was posed by the lack of formal discharge resources. Disruption sometimes occurred when a child was transferred from the TFC home to the aftercare home and there was not a process in place to address this.

LSSI staff discussed several additional challenges regarding aftercare planning. Two LSSI staff members said that family therapy does not include the child from the beginning of the TFC program (for example, some of the children are included in family therapy sessions only before they return home). The staff members expressed this was difficult. In addition, the Model does not include child and family team meetings, which LSSI staff thought would streamline communications among the TFC team. Another LSSI staff member said that therapists cannot testify in court and some wish they could. Further, engaging aftercare families can be challenging, as they might feel burned out by the intensity of TFC engagement.

> *One of my parents is just like, "I don't care, I'm so over all agencies, I just want my kids back... I'm done, I don't need any sort of help, I don't need any sort of tools, I got all the tools I need, I've been working with this forever." And so there's that that burnout on [the parent's] end that is the motivation.* – LSSI staff

The lack of streamlined support system for transition to aftercare was another challenge mentioned by LSSI staff. Some saw the Model as not being culturally responsive; one LSSI staff member said that lack of cultural fit presented a challenge. Furthermore, the Model does not address parents' own trauma and intergenerational trauma. One LSSI staff member pointed out that the TFC Model was not originally designed for children and youth in the child welfare system, and it is a complicated model to learn and implement.

> *One of the challenges was getting the buy-in from the other stakeholders in the child welfare system, from the casework team to the residential programs that we're looking at discharge planning to the courts to everybody and above.* – DCFS leader

Key Factors for Sustaining TFC

When asked what is needed to sustain the TFC program, focus group participants offered several suggestions. All three groups (seven participants) said that team communication, support, and continuity are key.

An LSSI leader asserted that having the right person in the recruiter role is integral to the TFC program functioning. A DCFS leader shared their perspective that the same obstacles will continue, such as finding children for the program. Two other DCFS leaders agreed that recruiting youth will continue to be a problem, while one disagreed. Additionally, four of the five LSSI leaders disagreed with this statement in the member checking survey. One stated that sustaining a TFC team is the obstacle rather than finding youth for the program.

> *Three real strong ingredients that you need to make [TFC] successful: you have to have this solid team, you have to have a team of foster parents, and then you need enough referrals coming in. And if you have all three of those elements, you can have a successful [program]. Where any of those to fall down is where you start seeing it falter.* – LSSI leader

Recommendations

Recommendations for Developing Support and Resources

A DCFS leader recommended implementing the TFC Model when a child first enters out of home care. To successfully implement TFC, DCFS needs monitoring support, according to another DCFS leader. An LSSI staff person suggested that TFC staff receive training on cultural humility and systemic racism prior to the TFC training.

For scaling TFC, a DCFS leader and an LSSI staff person recommended training all caseworkers and agencies in TFC. Several other DCFS leaders strongly agreed with this idea, and another DCFS leader

disagreed. During the focus group, LSSI leaders suggested applying the lower caseloads of TFC to all child cases in DCFS, such as a ratio of 10 cases to one worker. One LSSI leader disagreed with this idea in the member check survey. Another LSSI leader indicated that "having a lower caseload and applying that across Illinois would be the first advantage, because then you can really do excellent work."

Two LSSI leaders said therapy should be immediately available to all children in DCFS like it is in TFC. One leader mentioned that "when you have the availability of a therapist, a family therapist, and a skill coach that is able to start services immediately, that has such a strong positive impact on treatment plan outcomes." A DCFS leader suggested TFC-level support built in for all foster parents in addition to a "generalized training [about a TFC Model]" which could promote sustained support for the foster parents.

Three participants recommended paying all foster parents the TFC rate, at least for a period of time (DCFS and LSSI leaders), yet a few DCFS and LSSI leaders disagreed with this suggestion. While discussing the benefits of TFC, two DCFS leaders recommended considering the cost-benefit of scaling the program.[3]

> *How many kids have been served in TFCO?... There really is a cost benefit analysis that needs to be looked at if you're only serving 20 kids a year and you're paying X amount of dollars. Can that large sum of money be used differently, or can the program be used differently to expand [to] more kids?* – DCFS leader

Recommendations for TFC Model

Some focus group participants recommended changes to the TFC Model. As mentioned earlier, both DCFS leaders and LSSI staff said that while the Model includes family therapy and trauma-informed support, the TFC Model is not trauma-informed *enough*. LSSI leaders had mixed opinions: half agreed and half disagreed that the Model is not trauma-informed enough. Four DCFS leaders and LSSI staff suggested that trauma-informed work should be built into the TFC Model to understand youth behavior and needs.

> *What we hear from staff and foster parents is because it's such a strong behavioral, social learning theory Model, that there is a common thread that this does not address the traumatic history of the children that are entrusted to our care.* – LSSI leader

One DCFS leader recommended that the Model allow providers to decline cases for TFC, yet three other DCFS leaders disagreed with this suggestion. As mentioned above, some think TFC is not a good fit for all youth. LSSI staff discussed cultural variation and improving the cultural relevance of the Model. Two staff stated that the Model

[3] See Chor, K. H. B., Oltmans, C., & Morsch, M. S. (2023). *A Benefit-Cost Study of the Therapeutic Foster Care Pilot*. Chapin Hall at the University of Chicago.

should be more culturally relevant for families of color. They also suggested more research be conducted to inform a more culturally relevant TFC Model.

Recommendations for Therapy

LSSI staff had recommendations about therapy in TFC. One participant in an LSSI staff focus group said that all TFC therapists should meet for peer learning groups, so that they could learn from each other's experiences. Another LSSI staff person suggested adding an opportunity for youth, TFC parents and aftercare families to meet (as in the "child and family together" meeting model). In addition, one LSSI staff person stated that therapists should do home visit observations. And one LSSI leader recommending using only the C (Child) Model of TFC, which is for ages 6–11, as there were some challenges implementing TFC with older youth.

Recommendations for Aftercare Planning and Support

LSSI staff focus group participants suggested changes to aftercare. When discussing aftercare, five participants (LSSI leaders and LSSI staff) mentioned that one of the challenges of the TFC Model is that it does not require the aftercare family to follow the Model. In addition, the TFC Model does not contain treatment components for aftercare. A few LSSI leaders disagreed with this statement. When we asked for recommendations for TFC, one LSSI staff person recommended that TFC continue in aftercare for continuity, while two staff recommended aftercare family therapy.

In addition, an LSSI staff person suggested establishing an aftercare home for youth prior to entering the TFC program. Focus group participants in all three groups said that a stable aftercare home is crucial to achieving successful youth outcomes in TFC, yet it was a challenge to find stable aftercare. Thus, establishing an aftercare home for youth before entering TFC could address this issue.

> *I understand that obviously [the aftercare home] is not TFC licensed and trained. But if the Model at least had some expectation that. . . the aftercare home has to commit to meeting with the family therapist at least X amount of times. So that the family therapist can at least talk to them about the Model, let them know this is what your child has been doing in the TFC home, here's how you could implement it. And then it's obviously going to be up to that aftercare home if they implement it, but I feel that it's a disservice that there isn't any kind of expectation that the aftercare home even knows a thing about the Model.* - LSSI leader

Implications

This implementation study was designed to better understand whether the TFC Pilot was implemented as planned, as well as the facilitators of and barriers to the TFC program implementation. The study team also collected, analyzed, and reported recommendations and implications for further program development.

Research Question 1: Was the TFC Pilot implemented as planned?

The TFC Pilot demonstrated many successes. Youth engagement was one success; the TFC Model helped youth by providing trauma-informed support. Participants shared success stories about youth who participated in the TFC Pilot. In addition, TFC parents' role was a success. They built and maintained relationships with the TFC team and licensing team. TFC parents also received ongoing support and were respected members of the TFC team. The TFC Pilot had several implementation challenges. Recruiting TFC homes was often challenging. The TFC Model has high expectations for TFC parents, which may have made it more difficult to find parents who met the criteria. In addition to recruiting TFC parents, recruiting and building the TFC program staff was challenging. Finding youth who fit in the TFC program was a challenge as well. For youth who participated in TFC, one observation from all three focus groups was that TFC is not for everyone. They reported more successes among younger TFC youth. The limited flexibility of the TFC Model may have contributed to a poorer fit of the Model for some youth. Finding a stable aftercare home was one of the major challenges. In addition, because the Model does not require the aftercare family to follow the Model and does not contain treatment components for aftercare, this can cause any positive effects of TFC to dissipate once the youth are in the aftercare home.

Research Question 2: Can the TFC Model be implemented as a community-based alternative to residential treatment?

When focus group participants were asked if and how the TFC Model can be sustained and developed as a community-based alternative to residential treatment, they provided several recommendations for the Model. One suggestion was that trauma-informed work should be built into the TFC Model to understand youth behavior and needs. Several therapy suggestions were made, such as involving the child and family (TFC parents and aftercare families) together in sessions. Finally, participants recommended early identification of the aftercare home, which would allow for training and continuing to learn and develop skills. As one LSSI leader commented, "Aftercare planning is critical from the very beginning in order to have successful outcomes." Participants in all three focus groups agreed on some key ingredients needed for successfully implementing TFC. First, team communication, support, and continuity are critical for implementing, sustaining, and scaling TFC. Also, TFC parents and aftercare

families have vital roles in the TFC Model and successful outcomes of youth. They need to understand, buy in to, and follow the Model. In addition to the solid TFC staff, parents, and aftercare families, the other key ingredient is the consistent stream of youth referrals. Focus group findings suggest that, with the necessary supports in place and all members of the TFC team communicating and collaborating, TFC has great potential to lead to positive outcomes in youth. Because of the benefits that TFC has demonstrated in this Pilot, according to DCFS leaders and LSSI leaders, several leaders recommended training all caseworkers and agencies in TFC. Themes from this study suggest that TFC could be a viable, community-based alternative to residential programs.

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