MULTIDIMENSIONAL TREATMENT FOSTER CARE
MARYLAND STATE
FY2010-FY2012 REPORT

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Contents

Executive Summary 3
Who Did MTFC Serve in Maryland and How Were Services Utilized? 3
Fidelity (Adherence) to MTFC: Were MTFC Services Adequately Provided in Maryland? 3
How do Youth Fare At and After Discharge from MTFC? 3
Introduction 4
What is the Purpose of this Report? 4
Child and Family Evidence-Based Practice Implementation and Evaluation in Maryland 4
Definitions 4
What is an EBP and Why is it Important to Monitor their Utilization, Outcomes, and Fidelity? 4
What is Multidimensional Treatment Foster Care? 5
MTFC in Maryland 6
Where is MTFC offered in Maryland? 6
Who Provides MTFC in Maryland? 6
CSI 6
NHS 6
MTFC Staffing Model 7
Foster Parents 7
Assessing MTFC Fidelity 7
Data 7
What is Fidelity in MTFC, and How is it Measured? 7
The Certification Process 7
Ongoing Fidelity 8
Utilization 8
Data 8
The Big Picture: How Does a Youth Progress from an MTFC Referral to Successful Outcome? 9
How was MTFC Utilized in Maryland? 9
Who Did Not Start MTFC and Why? 10
Demographics 11
Admission Process 11
Outcomes and Length of Stay 11
What Are the Outcomes of Interest for MTFC and the State of Maryland? 11
Successful vs. Unsuccessful Outcomes 12
Program Outcomes at Discharge 12
Length of Stay 12
What is the story behind the numbers? 13
Strengths: 13
Issues/Drivers: Areas Needing Attention: 13

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Executive Summary

Multidimensional Treatment Foster Care (MTFC) is one of five prioritized evidence-based practices chosen by Maryland's Children's Cabinet for statewide implementation in an effort to reduce costly out-of-home placements and provide empirically supported community-based practices that address key outcomes (e.g., long-term rates of re-arrest, school attendance, etc.). Maryland's MTFC program data for fiscal years (FY) 2010 through 2012 indicate that a small, yet diverse sample of 52 youth and families referred to MTFC entered treatment, and that these services were adherent to the MTFC model. Most importantly, the majority of youth had successful outcomes at discharge from MTFC.

Who Did MTFC Serve in Maryland and How Were Services Utilized?

- From FY10 through FY12, MTFC was funded in 2 jurisdictions in Maryland—Baltimore County and Montgomery County.
- The number of referrals entering MTFC treatment in Maryland increased from 11 in FY10 to 20 in FY11, and 21 in FY12 – a 91% increase over the three-year reporting period.
- The mean age of youth starting service was 14.5 years old (*sd*=2.73), and about half were African-American (52%). A nearly equal proportion of males (52%) and females (48%) began treatment.

Fidelity (Adherence) to MTFC: Were MTFC Services Adequately Provided in Maryland?

- Both programs were above the 70% fidelity cutoff for both Foster Parent Meetings and Clinical Team Meetings.

How do Youth Fare At and After Discharge from MTFC?

- Of youth who were discharged from MTFC between FY10 and FY12 (n=34),
    - 56% completed treatment and discharged to a less restrictive living situation,
    - 29% did not complete treatment and discharged to a more restrictive living situation, and
    - 15% discharged to a less restrictive living situation, but did not complete treatment.
- Of youth who successfully completed MTFC between FY10 and FY12 (n=19), at the time of discharge:
    - 100% had no new arrests; and
    - 89% were in school/working.

Introduction

What is the Purpose of this Report?

The purpose of this report is to provide state and local stakeholders and vendors with a summary of Multidimensional Treatment Foster Care (MTFC) utilization, fidelity, and outcomes across the State of Maryland for fiscal years (FY) 2010 through 2012. MTFC is one of five prioritized evidence-based practices (EBPs)[1] chosen by Maryland's Children's Cabinet for statewide implementation in an effort to reduce costly out-of-home placements and provide field-tested, community-based practices shown to address key youth outcomes (e.g., family functioning, school attendance, association with deviant peers, long-term rates of re-arrest). Both short- and long-term effects of this evidence-based practice (EBP) for high-risk, neglected, and/or delinquent adolescents are examined in this report.

Child and Family Evidence-Based Practice Implementation and Evaluation in Maryland

Under contract with the Governor's Office for Children (GOC) on behalf of the Maryland Children's Cabinet, The Institute for Innovation and Implementation's Evaluation and Outcomes Center collects and analyzes data for the state in order to track a variety of EBPs being utilized throughout Maryland. Guided by the Children's Cabinet, the evaluation team collects data from local EBP providers, national purveyor databases (if available), and state agencies to routinely report on EBP implementation, including: where services are available and at what capacity, how services are funded, how services are utilized, how well services are being delivered based on model requirements, and outcomes for youth following treatment discharge.

Definitions

What is an EBP and Why is it Important to Monitor their Utilization, Outcomes, and Fidelity?

An evidence-based practice refers to the integration of the best available research with clinical expertise in the context of youth and family characteristics, culture, and preferences.

- *Utilization* data provide information about the youth referred and served by EBPs, as well as details of the admission process. This can be used to inform stakeholders of which populations are able or unable to access these services as well as parts of the admission process that are in need of improvement.
- Good *outcomes* are not based on the mere availability and utilization of EBPs; they are critically dependent on how well therapists deliver the practices and the "fit" with the population being served. In order to understand whether an EBP works and achieves the desired level of change, it is critical to identify, carefully define, and evaluate the outcomes of that EBP.
- *Fidelity* to an EBP is defined as the degree to which the EBP is delivered as intended by the program developers. If therapists are not adhering to the EBP model in their provision of services, the well-researched expected outcomes may not be achieved, nor will it be clear *how and why* the intervention works, and *how* outcomes may be improved (e.g., Carroll et al., 2007).

[1] The prioritized EBPs chosen by Maryland's Children's Cabinet include Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Multidimensional Treatment Foster Care, and Trauma-Focused Cognitive Behavioral Therapy.

What is Multidimensional Treatment Foster Care?

Multidimensional Treatment Foster Care is a behavioral treatment alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disabilities, and delinquency. MTFC's target population is high-risk youth ages 12-17 and their families; targeted youth include those with histories of severe or chronic delinquent behavior who are at risk of incarceration as well as youth with emotional and behavioral disabilities who are at risk of psychiatric hospitalization.

MTFC focuses on providing youth with: treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; and separation from delinquent peers. It is delivered in a therapeutic living environment by trained foster parents who are closely supervised and contacted daily by MTFC staff via telephone calls to check on youth progress and problems (Chamberlain & Mihalic, 1998). Throughout the youth's placement, which lasts approximately 6 to 9 months, s/he receives supervised home visits and weekly family therapy sessions. In addition, the youth has frequent contacts with his or her case worker, parole or probation officer, teachers, and/or work supervisors, as well as 24-hour access to MTFC staff for consultations and crisis intervention.

The two major aims of MTFC are: 1) to create opportunities for youth to be able to successfully live in families rather than in group or institutional settings, and 2) to simultaneously prepare their parents, guardians, or relatives to provide youth with effective parenting so that the positive changes made while the youth are placed in MTFC can be sustained over the long-run (Chamberlain & Mihalic, 1998). Other goals of the intervention are to: increase youth's social support from adults and peers; improve youth's relationships with parents and attachment to family; improve relationships with teachers and youth's commitment to school; promote involvement with positive peers and activities; reduce anti-social behavior, including association with delinquent and/or aggressive peers and involvement in delinquency, such as violent acts, substance use, and/or drug dealing; improve social competencies and problem-solving skills; and decrease the impact of cognitive and neurological deficits and other mental health disorders.

Jack's Story

Jack came to Community Solution's MTFC Program as a 17-year old, very disheartened male who had essentially grown up in hospitals, group homes and residential placements. Jack was dually committed to DJS and DSS with the primary concern of both agencies being his mother's lack of consistency in cooperating with treatment in the past. His history of sexual offense and fire starting behaviors would typically make him ineligible for MTFC, but he had received extensive treatment in these areas, and it was determined that he was ready to progress to a different level of care.

While he experienced some adjustment difficulties at first, Jack eventually adjusted to MTFC's programming and began to move through the levels. Simultaneously, the MTFC family therapist was successful in engaging Jack's mother in therapy and she started to learn critical parenting skills and how to implement MTFC's point and level system at home.

After consistent hard work, dedication, and commitment from all parties, Jack graduated from MTFC prior to his 18th birthday and something happened that Jack and his mother feared never would: he was able to return home and reside with his family once again. Stories that end with successful family reunifications like this are what MTFC is all about.

MTFC in Maryland

Where is MTFC offered in Maryland?

Who Provides MTFC in Maryland?

There are currently two providers of MTFC in Maryland, Community Services Incorporated (CSI) and Northwestern Human Services (NHS). They have both been operating in Maryland since 2009, with NHS serving youth in Montgomery County and CSI serving Baltimore County youth.

CSI

Community Solutions, Inc. is a non-profit community based organization founded in 1962 that promotes self-reliance, responsibility and accountability among at-risk and disadvantaged adults and youth referred from child welfare, juvenile justice and criminal justice agencies. Across 60 programs in ten states, CSI has grown and diversified in response to the needs of clients, referral sources and communities.

In Maryland, CSI received its licensure as a foster care provider in 2009. The first youth was placed in their program in December 2009, and the first youth graduated their program in August 2010. CSI is currently in the process of becoming a certified provider of MTFC and has requested a Program Assessment from the national purveyor as a first step toward applying for certification. It is expected that the Program Assessment will be completed by the end of calendar year 2012.

NHS

Northwestern Human Services has provided innovative solutions to support the unique needs of the individuals they serve by striving to create a caring and responsive environment that promotes the highest standards of integrity and quality since 1969. NHS has grown from one site in Philadelphia to a multi- state, multi- service system, non- profit provider of human services.

In Maryland, NHS received a license to operate as a Child Placement Agency (CPA) in August 2009. The first youth was placed in their program in January 2010, and the first youth graduated their program in August of 2010. NHS was certified by the MTFC developer in January 2012.

MTFC Staffing Model

The MTFC model consists of multiple staff with diverse expertise, including a program supervisor, individual therapist, family therapist, recruiter/trainer, skills trainer, and foster parents. All therapeutic staff are masters-level licensed social workers.

Foster Parents

MTFC's requirements for foster parents are more substantial than traditional foster care or even most treatment foster care programs. MTFC foster parents are required to supervise participating youth, regardless of age, 24 hours a day, seven days per week. In addition, the foster parents are charged with implementing a behavior modification plan that uses a points system. Foster parents must closely observe all of a youth's behaviors and then award points for positive behaviors and subtract points for negative behaviors. The youth then uses these points to purchase all of their privileges. Concurrently, the foster parents use a positive reinforcement approach in which they verbally or tangibly recognize positive behaviors and show indifference to negative behaviors.

As a result of the numerous requirements for foster parents, it has been a challenge to find the appropriate foster parents for the MTFC model in Maryland. This ultimately led to the closure of several CSI foster parent homes. At the same time, NHS lost eligible families because it was unable to place youth into their homes. Currently, both providers are aggressively recruiting new foster homes and have enhanced the interview and intake process in an effort to better assess which foster parents would provide good "MTFC homes."

Assessing MTFC Fidelity

Data

Data regarding providers' fidelity to the MTFC model is derived from the national MTFC purveyor's annual site assessments and, when possible, certification process documents.

What is Fidelity in MTFC, and How is it Measured?

The developer of MTFC (OSLC Community Programs) worked with TFC Consultants, Inc. and an independent research organization specializing in dissemination issues (Center for Research to Practice or CR2P) to create an objective and standardized way to measure fidelity. Providers must become certified and keep their certification current, as well as undergo feedback reviews. These reviews include detailed feedback on their strengths and on how they can improve their practices to be more in line with the MTFC model components. NHS received one of these feedback reviews on December 28, 2011, and CSI received one on January 14, 2012.

The Certification Process

The certification process involves a thorough evaluation by CR2P of seven criteria aimed at measuring the adherence to MTFC model components and assuring model fidelity. In order to gain certification, at least 7 youth must successfully complete the program, and the provider must meet the criteria for at least five of the six following domains:

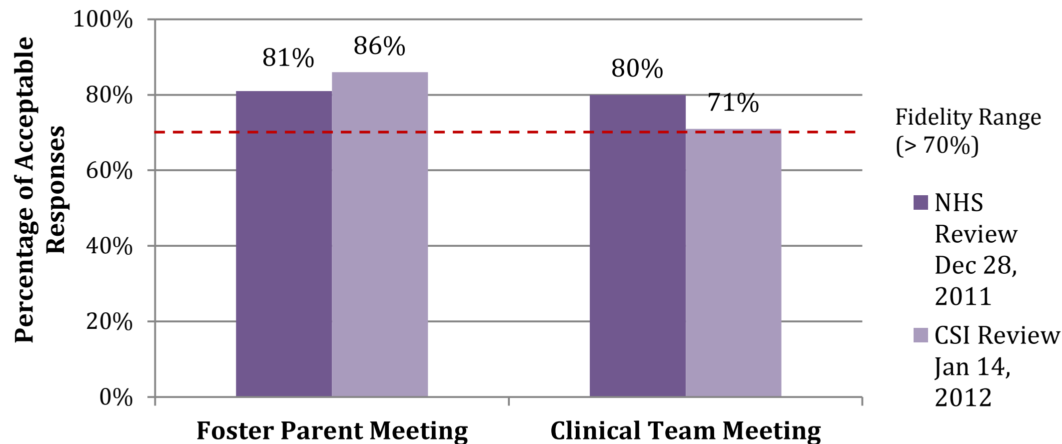
- Therapy components (i.e., number of sessions per month);

- Behavioral components (i.e., foster parents' use of Parent Daily Reports (PDRs), the point and level system, and school cards);
- Foster Parent Meeting frequency, attendance, and content;
- Clinical Team Meeting frequency, attendance, and content;
- Program staff (i.e., alignment of staff roles with MTFC's recommendations); and
- Training of current and future team members.

Ongoing Fidelity

Programs that are, or are in the process of becoming, certified receive annual feedback reviews from CR2P that provide measures of ongoing fidelity. The reviews from December 2011 (NHS) and January 2012 (CSI) show that both providers were meeting fidelity targets for foster parents' application of the point and level system as well as completion of PDRs. The reviews also show that both providers were within the range needed to ensure fidelity to the model's requirements for both foster parent and clinical team meetings.

Figure 1. Program Meeting Scores for CSI and NHS, December 2011/January 2012 Reviews



Utilization

Data

The primary data sources for this report were MTFC providers in Maryland, who routinely submit youth-level data using a basic demographic and utilization reporting form developed by The Institute for Innovation and Implementation (the Institute)[2]. The data in the present report are current as of July 2012.

The utilization data collected for MTFC include the dates of referral, started services, and discharge. These dates are used to calculate the length of time youth and their families waited from referral to start of services and their total MTFC length of stay. Reasons for why some youth do not start services and the youth's living situation at both the time of referral and the time of discharge are also collected. Data from CSI and NHS have been combined in the tables in this section. In combination with demographic

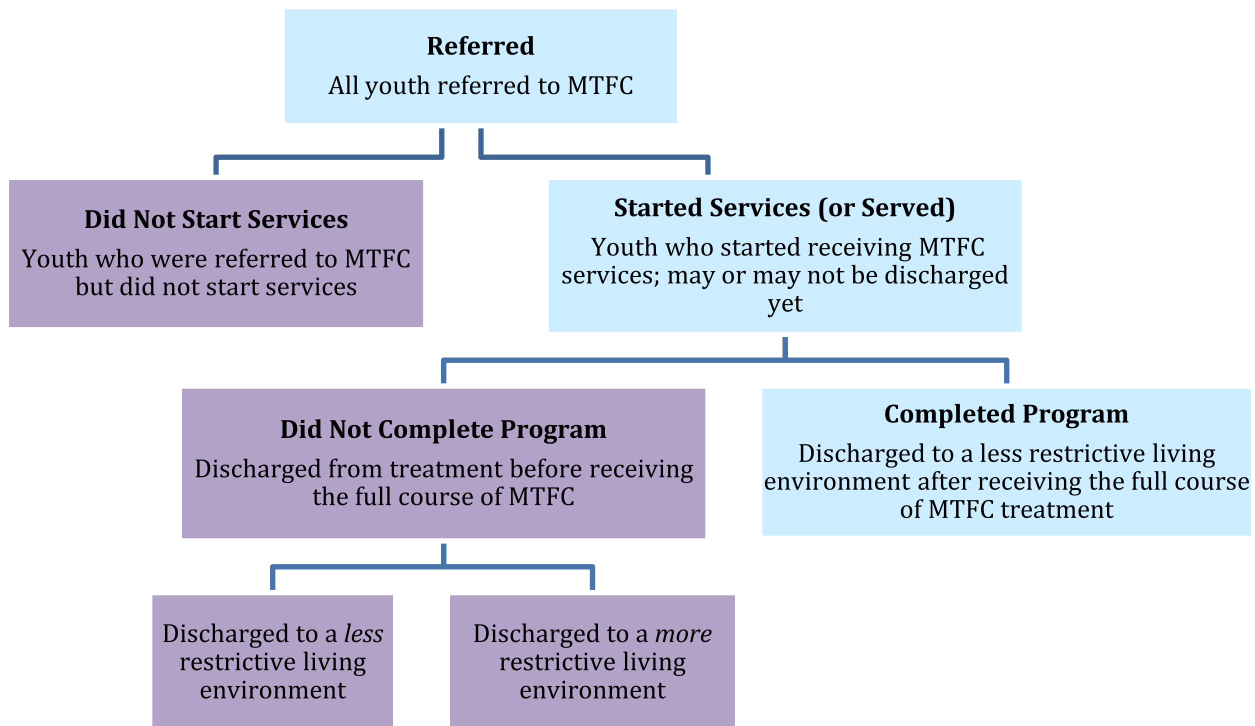
[2] Use of the data collection measure began in FY10. This measure was developed by the EBP Research and Evaluation team, which was formerly housed at the Innovations Institute.

information gathered for all youth referred to MTFC, these data provide a picture of the "who, when, and why" of MTFC service delivery in Maryland.

The Big Picture: How Does a Youth Progress from an MTFC Referral to Successful Outcome?

Upon referral to MTFC, the provider reviews the youth's history in order to determine his or her eligibility and to determine an appropriate foster family match. Eligible youth typically participate in MTFC for 6 to 9 months before discharging from treatment. As the diagram in Figure 2 shows, successful completion of MTFC is defined as the youth being discharged to a less restrictive living environment after finishing the full course of the treatment. If a youth is discharged from treatment before they have finished the full course of MTFC, regardless of living situation, his or her outcome is considered unsuccessful.

Figure 2. MTFC Case Flow Process



How was MTFC Utilized in Maryland?

Youth are referred to MTFC by the Maryland Department of Juvenile Services (DJS) and local Departments of Social Services (DSS). From FY10 through FY12, 161 youth were referred to MTFC. In general, DSS referrals have increased during this time frame, and referrals have decreased from DJS. This is due to a change in the number of slots funded by each state agency. The ten slots that were funded by DJS in FY10 were cut to five in FY11, and to only two throughout FY12. Conversely, DSS increased its number of funded slots from five in September 2010 to nine in July 2011; by the end of FY12, DSS funded 19 slots.

Of the 161 youth referred to MTFC from FY10 through FY12, 52 (32%) began services. The percentage of DSS-referred youth who started services has increased slightly each year, whereas this percentage has decreased each year for DJS. In total, slightly more than two-thirds of referred youth did not start MTFC

(n=109). The relatively low percentage of youth starting MTFC is to be expected due to difficulty matching youth and foster families.

Table 1. Number of Youth Referred to MTFC by Funding Source, FY10-FY12

	DSS-Funded				DJS-Funded			
	2010	*2011*	*2012*	*Total*	*2010*	*2011*	*2012*	*Total*
Youth Referred	9	53	46	**108**	24	23	6	**53**
Youth who Started MTFC	2 (22%)	15 (28%)	20 (43%)	**37 (34%)**	9 (37%)	5 (22%)	1 (17%)	**15 (28%)**
Youth who Did Not Start MTFC	7 (78%)	38 (72%)	26 (57%)	**71 (66%)**	15 (63%)	18 (78%)	5 (83%)	**38 (72%)**

Who Did Not Start MTFC and Why?

Youth may be precluded from participation in MTFC on the basis of age, unmanageable psychiatric or medical issues, and certain offenses (e.g., sex offenses, fire setting). Of the youth who were referred, the most common reason for not starting service was that program slots were unavailable or that an appropriate family match could not be made (36%). Larger percentages of DSS-funded youth than DJS-funded youth did not start MTFC due to their referral being rescinded (24%) or because their parent or guardian was unavailable (13%). A larger percentage of DJS-funded youth did not start because they were unavailable due to circumstances such as a detention or an AWOL from a placement (11%).

Table 2. Reasons Youth Did Not Start MTFC, FY10-FY12

	DSS-Funded (n=71)	DJS-Funded (n=38)
No available slots or family match	24 (34%)	15 (39%)
Funding/referral source rescinded referral	17 (24%)	5 (13%)
Parent(s)/guardian unavailable	9 (13%)	2 (5%)
Ineligible due to offense (e.g., sex offender, fire setting)	6 (9%)	2 (5%)
Youth is unavailable (e.g., AWOL, detained)	2 (3%)	4 (11%)
Youth has unmanageable psychiatric issues or pervasive developmental delays	4 (6%)	2 (5%)
Youth is not age appropriate	2 (3%)	3 (8%)
Family lives outside service area	1 (1%)	3 (8%)
Youth does not consent	2 (3%)	1 (3%)
Incomplete packet	3 (4%)	0
Youth has unmanageable medical issues	1 (1%)	1 (3%)

Demographics

Approximately half of the youth who entered MTFC treatment were African-American (52%) and female (52%). DSS referred a greater proportion of females than DJS, although a similar percentage of females within each agency – approximately half – ultimately started services.

DJS-referred youth were, on average, one year older than DSS-referred youth, and this age difference was consistent among youth who started service. It should be noted that the ages of two DSS-referred youth who started service (three and four years old) were considerably younger than other youth referred to and served by MTFC, skewing the age distribution. Without these two youth, the average age of DSS-referred youth starting service was 14.7 years, which is closer to the age of DJS-referred youth served (15.4 years).

Table 3. Demographic Characteristics of Youth Referred to MTFC, FY10-FY12, by Funding Source

		Youth Referred		Youth Did Not Start		Youth Started	
		DSS-funded	*DJS-funded*	*DSS-funded*	*DJS-funded*	*DSS-funded*	*DJS-funded*
	Total Number of Youth	**108**	**53**	**71**	**38**	**37**	**15**
Gender	*Male*	47 (44%)	36 (68%)	30 (42%)	28 (74%)	17 (46%)	8 (53%)
	Female	61 (56%)	17 (32%)	41 (58%)	10 (26%)	20 (54%)	7 (47%)
Race/Eth.	*African American/Black*	53 (49%)	33 (62%)	36 (51%)	23 (60%)	17 (46%)	10 (67%)
	Caucasian/White	42 (39%)	17 (32%)	26 (37%)	14 (37%)	16 (43%)	3 (20%)
	Hispanic/Latino	5 (5%)	2 (4%)	3 (4%)	0	2 (5%)	2 (13%)
	Other	8 (7%)	1 (2%)	6 (8%)	1 (3%)	2 (5%)	0
Age	*Mean (Range)*	14.4 (3-18)	15.6 (12-17)	14.6 (9-17)	15.7 (14-17)	14.1 (3-18)	15.4 (12-17)

Admission Process

The average length of time from referral to admission for all youth who started MTFC was 25 days. For the 37 youth funded by DSS (27 days; range=0-64), it took approximately one week longer to enter treatment than the 15 youth funded by DJS (20 days; range 1-58).

Outcomes and Length of Stay

What Are the Outcomes of Interest for MTFC and the State of Maryland?

The objectives of the MTFC program are to provide delinquent youth with close supervision, fair and consistent limits, predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult, and limited exposure and access to delinquent peers (Fisher & Chamberlain, 2000). MTFC aims to decrease problem behavior and to increase developmentally appropriate normative and pro-social behavior in delinquent children and adolescents, so that they may ultimately be reunified with their biological families.

Successful vs. Unsuccessful Outcomes

A youth is considered to have a successful outcome as long as he/she completes the program *and* is discharged into a less restrictive living situation. An unsuccessful outcome entails that the youth did not complete the program, regardless of living situation.

Figure 3. Types of Living Situations

<table>
<tr><th>Less Restrictive Living Situations</th><th>More Restrictive Living Situations</th></tr>
<tr><td>

Two Biological Parents
Biological Mother
Biological Father
Home of a Relative
Adoptive Home
Home of a Family Friend
Independent Living by Self
Independent Living with Friend
Supervised Independent Living
Foster Care
Specialized Foster Care
Therapeutic Foster Care
Residential Job Corp or Vocational Center

</td><td>

Group Home
Emergency Shelter
Residential Treatment
Medical Hospital
Drug or Alcohol Rehab. Center
Inpatient in Psychiatric Hospital
Juvenile Detention Center or Youth Correctional Center
Jail
Homeless
Runaway
Other

</td></tr>
</table>

Program Outcomes at Discharge

Just over half of all discharged youth successfully completed MTFC (56%, *n*=19). The most common living situation upon successful discharge was with the youth's biological mother (79%, *n*=15), followed by home of a relative (11%, *n*=2) and foster care (11%, *n*=2). All DSS-funded youth who successfully discharged were in school/working and were not arrested for a new charge upon discharge. Among DJS-funded youth who successfully discharged, none were arrested for a new charge, and most were in school/working (78%, *n*=7).

Of the youth who did not successfully discharge (44%, *n*=15), the most common living situation was runaway (53%, *n*=8), followed by foster care (20%, *n*=3). The majority of unsuccessful discharges went to a more restrictive living situation (67%, *n*=10).

Table4. MTFC Discharge Outcomes, FY10-FY12

		DSS-Funded (n=19)	***DJS-Funded (n=15)***
Successful Discharge	*Youth has* ***completed treatment*** *and discharged to a* ***less restrictive living situation***	10	9
Unsuccessful Discharge	*Youth has been discharged to a less restrictive living situation but* ***has not completed treatment***	5	0
	Youth ***has not completed treatment*** *and been discharged to a* ***more restrictive living situation***	4	6

Length of Stay

For those youth who successfully completed MTFC, the average length of stay was 249 days (8.1 months), which is within the program model length of stay of 6-9 months. The average lengths of stay for successful

(7.1 months) and unsuccessful (1.0 months) discharges funded by DJS were shorter than those of youth funded by DSS (9.1 months and 3.2 months, respectively).

Table xx. Length of Stay (in days) for Youth who Successfully Completed MTFC, FY10-FY12

	DSS-Funded		**DJS-Funded**	
	***Successful* (n=10)**	***Unsuccessful* (n=9)**	***Successful* (n=8)**	***Unsuccessful* (n=6)**
Average Length of Stay	276 days	110 days	219 days	48 days
Range	196 - 371	1 - 237	164 - 289	21 - 121

What is the story behind the numbers?

With assistance from providers and other key stakeholders, the Institute has identified the follow areas of particular strength and areas that require additional attention in order to improve MTFC services for youth and families in Maryland.

Strengths:

- The number of youth entering MTFC treatment has increased each fiscal year over the three-year reporting period.
- No youth who completed the program were arrested for a new charge, and most were in school and/or working (89%), at the time of discharge.
- Youth who completed the program did so within the model's targeted length of stay of six to nine months.
- Both CSI and NHS delivered services with fidelity to the program model.

Issues/Drivers: Areas Needing Attention:

- Providers struggle to find an appropriate family match for many referrals, resulting in a low MTFC admission rate (32%).
- Almost half of the youth who discharged from MTFC did not complete the program (44%), of whom two-thirds went to a more restrictive living situation.