MULTIDIMENSIONAL TREATMENT FOSTER CARE FOR ADOLESCENTS (MTFC-A)

Program Summary:
Multidimensional Treatment Foster Care for Adolescents (MTFC-A) was developed as a community-based alternative to congregate care (e.g., group homes, residential treatment, incarceration) for teenagers with chronic or severe behavior problems. Youth are placed in an MTFC home and provided multimodal treatment from an MTFC-A team. The primary objectives are to provide the youth with a successful experience living in a family setting and help the caregivers with whom the youth will live upon discharge to develop the skills necessary to sustain the youth’s progress when he or she returns home. Grounded in social learning theory, MTFC-A achieves these objectives by providing support, encouragement, and mentoring; establishing clear limits and consequences; ensuring close supervision; and helping the youth develop social skills and relationships with prosocial peers while avoiding negative peers. Research shows that MTFC-A increases placement stability while reducing rates of delinquency, incarceration, substance use, and teen pregnancy among program participants. MTFC-A is an evidence-based treatment program and is recognized as a Blueprints for Violence Prevention Model Program.

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FREQUENTLY ASKED QUESTIONS

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3. What kind of outcomes can be expected from MTFC-A?
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1. **What population is MTFC-A designed to target?**

MTFC-A was developed to provide a community-based alternative to out-of-home congregate care for adolescents with histories of chronic and severe criminal behavior. Early research populations included youth with histories of multiple arrests, often for felony offenses, who had been mandated to out-of-home care.

MTFC-A can serve both male and female youth who are 12-17 years old. Eligible youth typically have a history of multiple failed placements due to chronic and serious behavior problems, which may include involvement with the juvenile justice system. The youth must have the cognitive ability to understand and navigate the behavior management system utilized in MTFC-A. Because a primary goal of MTFC-A is to sustain the youth’s progress after placement by working closely with the youth’s aftercare family during placement, there must be a viable aftercare resource at the time of referral or the expectation that one can be identified shortly after placement. MTFC-A is not intended as a long-term placement, nor should it be used as an emergency placement. It typically takes 1 to 2 weeks from the date of referral for a youth to be placed.

2. **What risk and protective factors does MTFC-A target?**

   **Protective Factors Targeted for an Increase**
   - Relationships with prosocial peers
   - Age-appropriate social skills
   - Adequate supervision by adults
   - Consistent discipline
   - Supportive relationship with a mentoring adult
   - Involvement in age-appropriate social activities

   **Risk Factors Targeted for a Decrease**
   - Association with delinquent peers
   - Lax, inconsistent, or overly harsh discipline
   - Lack of supervision
   - Poor school performance and school attendance

3. **What kind of outcomes can be expected from MTFC-A?**

The key objectives of MTFC-A are to provide youth with the opportunity to live successfully in a family setting and to coach the youth’s parents or other aftercare family to effectively manage his/her behavior so that progress is sustained after the youth returns home. Research shows that MTFC-A is successful in achieving these goals.
Research studies* have shown that when compared to youth placed in group care or residential facilities, youth who received MTFC-A:

- Had higher rates of treatment completion.
- Were less likely to run away from the program.
- Associated less with delinquent peers.
- Were more likely to attend school and complete homework.

Up to 2 years after referral, youth who participated in MTFC-A:

- Were less likely to be incarcerated and spent fewer days incarcerated.
- Had fewer arrests, less self-reported criminal behavior, and fewer violent offenses.
- Spent more days living with family.
- Had lower rates of tobacco, marijuana, and other drug use.
- Exhibited improved mental health (fewer internalizing and externalizing symptoms).
- Were less likely to become pregnant.

*Includes one study with a matched comparison design and 2 randomized clinical trials conducted by Dr. Chamberlain and her colleagues, as well as a randomized clinical trial by an independent evaluator in Sweden.

Additional details and research articles demonstrating the impact of MTFC-A can be accessed at:

- TFC Consultants

- Center for the Study and Prevention of Violence
  [http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html](http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html)

4. **How is MTFC-A structured?**

In MTFC-A, a youth is placed in a home with MTFC parents, who provide a structured yet supportive family environment. An MTFC team (see below) serves up to 10 youth, each placed with his/her own MTFC family. Placement typically lasts 6-9 months, after which the youth returns to an aftercare family that has been prepared for the youth’s return throughout the course of placement. While in MTFC-A, the youth should not be involved in other treatments, with the exception of medication management.

MTFC-A is based on social learning theory and includes a number of interrelated components:

- **Behavior management system** – With the support of the Program Supervisor, MTFC parents implement an individualized Point and Level system in which the youth is reinforced for appropriate behavior and given consequences for inappropriate behavior. The youth’s school functioning is monitored through daily “School Cards” that are incorporated into the behavior management system. The youth’s aftercare family also learns to implement the system over the course of treatment.
Daily data collection — Each day, the PDR Caller contacts MTFC parents by phone to collect information about the youth’s behavior as well as the MTFC parents’ stress level. Data is then entered into a web-based data tracking system and used to monitor youth progress as well as individualize the youth’s treatment plan.

School support — School behavior is monitored and positive school involvement reinforced through the use of a daily School Report Card that is incorporated into the Point and Level system at home. Individualized interventions may be designed to address problems at school.

Mentoring — The MTFC parents serve as mentors to the youth, providing him/her with a support, encouragement, and modeling to promote skill development and prosocial behaviors.

Family therapy — A Family Therapist meets with the youth’s aftercare family each week and uses a parent management training model to prepare the family for the youth’s return home.

Home visits — Home visits provide the aftercare family an opportunity to practice new skills. Specific practice assignments are given for each home visit.

Individual therapy — An Individual Therapist meets with the youth each week to help him/her adjust to the program and develop better relational and problem-solving skills. Once the youth has adjusted to the program, the therapist may address past or current difficulties, including past trauma, if appropriate.

Skills coaching — A Skills Coach works with the youth once a week for 1.5-2 hours to teach and reinforce the use of prosocial behavior and problem-solving skills, as well as help the youth practice these skills in real-world settings.

24/7 On-Call — The Program Supervisor is always available to the MTFC parents and aftercare family to provide support and handle crises. By being available to handle small problems, larger problems can often be avoided.

Group MTFC Parent Meetings & Frequent Consultation — The MTFC parents meet as a group each week. These groups, facilitated by the Program Supervisor, ensure that MTFC parents receive the support they need, provide a venue for coordinating the youth’s daily behavior management plan, and are used to track treatment integrity. The Program Supervisor also has contact with the MTFC parents throughout the week.

Clinical Team Meetings — The Program Supervisor, Individual and Family Therapists, and Foster Parent Trainer meet weekly to discuss cases. As with the MTFC Parent Meetings, these meetings provide an opportunity to coordinate the youth’s case plan and track treatment integrity.

5. How is an MTFC-A team staffed?

An MTFC-A team is led by a Program Supervisor who oversees and coordinates the work of MTFC parents, an Individual Therapist, a Family Therapist, several Skills Coaches, a Foster Parent Recruiter, Foster Parent Trainer, and a PDR Caller. Role stratification is a central tenet of MTFC. Not only does role stratification ensure that team members do not duplicate responsibilities, but it allows each team member to focus on a specific function in relation to the youth and his/her family.

Program Supervisor — Full-time; master’s-level clinician. Supervises the team and coordinates the youths’ services. Serves as an authority figure with respect to the youth and is the primary support person for the MTFC parents.

MTFC Parents — Live within a 45 minute radius. Implements the behavior management system in the home, but role is primarily that of a support person and mentor to the youth. Programs should strive for more than 10 MTFC homes so that youth can be matched to the family that will best meet their needs.
• **Individual Therapist** – Half-time; master’s-level clinician. Provides individual therapy to youth in the program and acts as the youths’ ally and advocate.

• **Family Therapist** – Half-time; masters-level clinician. Provides family therapy and serves as a support to the aftercare families.

• **Skills Coaches** – Several coaches working on an hourly basis; bachelor-degree. Meets with youth in the program to assist with skill development.

• **Foster Parent Recruiter*** – Part-time; experience or familiarity with foster parenting. Responsible for on-going recruitment of MTFC parents.

• **Foster Parent Trainer*** – Part-time; experience or familiarity with foster parenting. Trains and provides support to MTFC parents.

• **PDR Caller*** – Part-time; Makes daily calls to MTFC parents to collect data.

*The Foster Parent Recruiter, Foster Parent Trainer, and PDR Caller positions may be filled by the same individual. Together, these roles constitute a three-quarter-time position.

When hiring, sites should be aware of staff qualifications required by their local or state licensing entities and funders, in addition to the expectations of the MTFC-A model.

### 6. What kind of training is needed for MTFC-A?

**Prior to Certification**

- All team members, with the exception of Skills Trainers and MTFC Parents, attend orientation training facilitated by TFC Consultants in Eugene, Oregon, or facilitated by an Implementation Partner (an agency approved by TFC Consultants to provide training and support). Orientation training lasts 3 to 5 days, depending on the role of the team member. Agency administrators are encouraged to attend the first day of the orientation training to learn about the model.

- MTFC parents attend a 2-day MTFC orientation held locally. The first such training is facilitated by an MTFC consultant. Subsequent trainings are led by the Foster Parent Trainer.

- Skills Trainers are trained by the Program Supervisor.

- Team members are expected to read the MTFC manual for their position and certain MTFC articles.

**After Certification**

- If a new Program Supervisor is hired, he/she must attend a 5-day orientation training facilitated by TFC Consultants in Eugene, Oregon, or facilitated by an Implementation Partner.

- New MTFC parents continue to attend a 2-day training held locally and facilitated by the Foster Parent Trainer.

- New team members may be trained by the Program Supervisor or may attend orientation facilitated by TFC Consultants or an Implementation Partner.

- Team members are expected to read the MTFC manual for their position and certain MTFC articles.

- Each program should have a plan for on-going training in the MTFC-A model for existing staff.
Pennsylvania-based MTFC orientation training is available through a local Implementation Partner sanctioned by TFC Consultants. Staff will also need to complete additional trainings to meet agency or state requirements for mental health providers and foster parents.

7. How much does MTFC-A training cost?

The initial orientation training for the team is included in the fee paid for Year 1 Implementation Services. Subsequent training fees charged by TFC Consultants to train replacement staff are as follows:

<table>
<thead>
<tr>
<th>Position</th>
<th>During Year 1</th>
<th>After Year 1*</th>
</tr>
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<tbody>
<tr>
<td>Program Supervisor (5 days)</td>
<td>$440</td>
<td>$1,175</td>
</tr>
<tr>
<td>Individual Therapist (4 days)</td>
<td>$250</td>
<td>$855</td>
</tr>
<tr>
<td>Family Therapist (4 day)</td>
<td>$250</td>
<td>$855</td>
</tr>
<tr>
<td>Foster Parent Recruiter/Trainer/PDR Caller (3 days)</td>
<td>$190</td>
<td>$710</td>
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*These fees also apply if the site sends more than 8 staff to the initial orientation training.

Travel costs associated with training are not listed above and vary depending on the location of training (Eugene, Oregon, vs. in-state).

There is no fee associated with training Skills Coaches, since they are trained by the Program Supervisor.

The first MTFC parent training is conducted by TFC Consultants or an Implementation Partner. While the fee is covered under Year 1 Implementation Services, the site is responsible for the consultant’s travel costs.

After the team is certified, only new Program Supervisors are required to attend orientation led by TFC Consultants or an Implementation Partner, and other new hires may be trained directly by the Program Supervisor. Also note that fees charged by Implementation Partners may differ from the fees charged by TFC Consultants. Fees may be higher if a small group is being trained (i.e., fewer than 5 individuals). Trainings conducted by TFC Consultants are scheduled quarterly.
8. **What MTFC-A costs should I budget for?**

**Fees Paid to TFC Consultants or Implementation Partner and Training-Related Costs***

<table>
<thead>
<tr>
<th>Prior to Implementation</th>
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<tbody>
<tr>
<td>Readiness &amp; Planning Process</td>
<td>$2,000</td>
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<table>
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<tr>
<th>Year 1</th>
<th></th>
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<tbody>
<tr>
<td>Year 1 Implementation Services (includes WebPDR Access and Use and fees for Consultant Site Visits)</td>
<td>$49,750</td>
</tr>
<tr>
<td>Travel costs for team to attend the initial orientation training</td>
<td>Varies with location of training</td>
</tr>
<tr>
<td>Training for replacement staff</td>
<td>Travel costs; See FAQ #7 for fees</td>
</tr>
<tr>
<td>Travel costs for consultant to provide three 2-day site visits and first on-site MTFC parent training</td>
<td>Varies with location of consultant</td>
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<thead>
<tr>
<th>After Year 1, Pre-Certification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Remedial Services</td>
<td>Fees vary based on services needed, may range from $10,000 to $25,000.</td>
</tr>
<tr>
<td>Consultant Site Visits, if needed</td>
<td>$2,820 per visit plus consultant travel costs</td>
</tr>
<tr>
<td>Partial Program Assessment (conducted every 4 months until certification)</td>
<td>Up to $1,960 per assessment</td>
</tr>
<tr>
<td>WebPDR Access and Use</td>
<td>$2,890/year</td>
</tr>
<tr>
<td>Training for replacement staff</td>
<td>Travel costs; See FAQ #7 for fees</td>
</tr>
<tr>
<td>Certification Fee</td>
<td>$2,050</td>
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<table>
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<tr>
<th>Post-Certification</th>
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<tbody>
<tr>
<td>Full Program Assessment (every 9-10 months)</td>
<td>$1,960 per assessment</td>
</tr>
<tr>
<td>WebPDR Access and Use</td>
<td>$2,890/year</td>
</tr>
<tr>
<td>Training for replacement staff</td>
<td>Travel costs; See FAQ #7 for fees</td>
</tr>
<tr>
<td>Re-Certification Fees</td>
<td>$2,050 every 2-3 years</td>
</tr>
<tr>
<td>Remedial Services, if necessary</td>
<td>Fees vary based on services needed, may range from $10,000 to $25,000</td>
</tr>
<tr>
<td>Consultant Site Visits, if necessary</td>
<td>$2,820 per visit plus consultant travel costs</td>
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</tbody>
</table>

*Fees listed are based on the TFC Consultants Fee Schedule (effective 7/1/2011). Fees charged by Implementation Partners may differ from the fees listed above.

The program must also ensure that funding is available to cover both the room and board and the treatment components of the program. The team will need a video camera in order to record MTFC Parent Meetings and Clinical Team Meetings, a meeting location suitable to MTFC Parent Meetings, and internet access for the web-based PDR. Other costs include those typically found in a home-based treatment program (staff salaries, travel costs, office space, etc.).

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9. **What criteria must my agency meet in order to provide MTFC-A in Pennsylvania?**

In Pennsylvania, MTFC-A programs may receive funding from Medical Assistance for the *treatment components* of the program, if the program meets certain requirements. Additional information about these requirements can be found on the EPISCenter web-site at:

- [www.episcenter.psu.edu/ebp/multidimensional](http://www.episcenter.psu.edu/ebp/multidimensional) (see the pdf document “OMHSAS & MTFC”)
- [www.episcenter.psu.edu/resources/DPW](http://www.episcenter.psu.edu/resources/DPW) (see the FAQ Regarding Medical Assistance).

MTFC-A homes in Pennsylvania are typically licensed as *both* foster care homes and CRR Host Homes, in order to meet the requirements of the Office of Children, Youth, & Families for children in the child welfare system as well as the requirements of OMHSAS for children in the mental health system and M.A.-funded youth.

Programs receiving M.A. funding must have a service description approved by the Pennsylvania OMHSAS Children’s Bureau and closely follow the parameters of that approved service description as well as comply with state policies and regulations. Service descriptions may include staff qualifications that are more specific than the qualifications recommended by the MTFC model.

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10. **What is the implementation process for MTFC-A in Pennsylvania?**

Before the decision is made to implement MTFC-A, an interested provider or community should:

- Complete a community needs assessment. The community should consider the target population for MTFC-A, risk/protective factors addressed by the model, and the outcomes they hope to affect by implementing MTFC-A. An MTFC-A program will typically need at least 15 *opened cases each year* to support a team.
- Evaluate program feasibility. In addition to determining there is a need in the community:
  - Obtain the buy-in of key stakeholders, including the county juvenile justice, child welfare, and mental health offices, Health Choices, and the Behavioral Health-Managed Care Organization.
  - Identify if and when funding will be available. MTFC-A programs in Pennsylvania are generally funded by a combination of Medical Assistance dollars and county funds. If the county plans to request a Special Grant through the Needs Based Plan and Budget process, funds must be requested almost a year in advance. For example, funds for Fiscal Year 2012/2013 must be requested in August 2011. Similarly, Health Choices often plan in advance when bringing in new services for funding.
  - Contact TFC Consultants for implementation information and complete a Feasibility Review. These steps typically take several weeks.

If the decision is made to pursue MTFC-A, the readiness and planning process commences. The length of time needed to complete this process depends on a number of factors, but the process can be expected to take at least 3 months and up to a year in certain situations. The provider will need to:

- Engage in a series of Readiness Preparation Calls with TFC Consultants or an Implementation Partner.
- Apply for a CRR Host Home license from OMHSAS (unless provider is already licensed as such).
- Contact the OMHSAS Children’s Bureau for a sample service description. Submit a service description to OMHSAS Children’s Bureau for review and approval.
- Follow the BH-MCO process for becoming an enrolled MTFC-A provider.
• Clarify how each component of the program will be funded, including funding of room and board for referrals from various entities (child welfare, mental health, etc.).
• Finalize a contract with the county.
• Recruit and license MTFC parents.
• Hire staff.

Finally, a contract is executed with TFC Consultants or an Implementation Partner for consultation and training. A stakeholder presentation and site planning meeting are held during a one day visit from the MTFC consultant, staff are trained, and the first placement into the program is made.

11. How is program fidelity monitored in MTFC-A?
Model adherence is assessed in 7 domains: Youth outcomes; Frequency of services (therapy, skills training); Use of the behavioral tracking and behavior management systems; MTFC parent meetings (frequency, attendance, and content); Clinical team meetings (frequency, attendance, and content); Stratification of team members’ roles; and Staff training. Throughout implementation, the Program Supervisor uses the weekly MTFC parent meetings and clinical team meetings to monitor treatment fidelity. A consultant from TFC Consultants or an Implementation Partner also plays a role in monitoring model fidelity, with greater involvement in the early stages of implementation and less frequent involvement after the team achieves certification.

**During Year 1 of Implementation**
• A consultant from TFC Consultants or an Implementation Partner provides weekly consultation to the Program Supervisor. The consultant also reviews videotapes of the two weekly meetings (treatment parent group and clinical team meeting) to monitor fidelity.
• The MTFC consultant conducts two or three site visits during the first year, for a total of 6 days.
• At the end of Year 1, a Program Assessment* is completed to evaluate the team’s readiness for certification and identify any areas of deficiency.

**After Year 1, Prior to Certification**
• If the team is not ready for certification at the end of 12 months, remedial support services are provided. The specific services are dependent on the domains in which the team is not compliant with the MTFC-A model and the team’s specific needs.
• The team undergoes a partial assessment every 4 months, focusing on the domains where deficiencies were noted in the Program Assessment at the end of Year 1.

**After Certification**
• A Program Assessments is completed every 9-10 months to monitor the team’s adherence to the MTFC-A model, determine if certification standards are still being met, and identify any problems areas that may warrant intervention.
• If areas of deficiency are identified, remedial support services are provided.

*Program Assessments are completed by TFC Consultants evaluation staff, in collaboration with the site’s MTFC consultant, and determine whether the site is model adherent in the seven domains listed above.
12. What is the certification process for MTFC-A?

An independent certification process is provided by the Center for Research to Practice. A team is eligible for certification after one year of implementation and successfully discharging 7 youth from the program.

Certification involves an application completed by the provider and video tape review of MTFC parent meetings and clinical team meetings. Model adherence is assessed in 7 domains: Youth outcomes; Frequency of services (therapy, skills training); Use of the behavioral tracking and behavior management systems; MTFC parent meetings (frequency, attendance, and content); Clinical team meetings (frequency, attendance, and content); Stratification of team members’ roles; and Staff training. The team must meet the Youth Outcomes criterion and meet 5 of the other 6 criteria to be certified. A copy of the certification application is available on-line at http://www.mtfc.com/certification.html. There is a $2,050 fee to apply for certification. The initial certification is valid for two years. Subsequent certifications are valid for 3 years.

13. What are some common barriers I might encounter when implementing MTFC-A?

- **Recruiting and retaining MTFC parents** – Recruitment of MTFC parents must be continual, ongoing process and requires considerable energy from the program. The program developer reported retaining about 50% of MTFC parents beyond 2 placements. Programs benefit from having more than 10 homes since it is important to match youth to an MTFC family that will be a good fit. Hiring a good recruiter, who is both enthusiastic and committed, is essential. Word of mouth is often a valuable recruitment strategy, especially once a solid pool of existing MTFC parents has been established. Beyond traditional advertisement (both in the newspaper and on-line), presentations to community groups and other social service providers may prove effective for generating interest. Some sites experience success converting traditional foster parents to MTFC, when those parents express a willingness to take on the intensive role of MTFC parent and to work closely with other team members.

- **Sufficient referrals** – Even when community interest and buy-in is established up-front, programs often struggle with receiving enough referrals to reach the desired program census of 10 youth. The challenges of recruiting MTFC parents and generating referrals are related, since referrals often dry up when there are not homes in which to place youth and, when there are no youth to place, MTFC parents may leave the program. On-going outreach to potential referral sources is essential, as is follow-up with the referral source when a referral is not appropriate. Program-community partnership is an important tool to addressing referral issues. Programs should work with stakeholders to create a smooth referral process and problem-solve with community leadership when referrals are low. Communities may need to make a concerted effort and have a process in place to ensure youth are referred to MTFC-A, especially when the program is first establishing itself.

- **Creating buy-in from stakeholders** – While leadership of county agencies may be supportive of MTFC, this does not always translate to interest and buy-in from the people who actually make referrals. It can be challenging to convince child welfare workers, probation officers, and judges to refer youth to a program that is unfamiliar. Repeated outreach may be needed to educate referral sources about the model, address beliefs about whether very difficult youth can be safely and successfully served in the community, and provide evidence of program effectiveness. Further, initial support and even excitement from community leadership may
wane over time. Regular meetings between the MTFC program and community leadership to assess the program’s progress and challenges to sustainability is critical to joint problem-solving, especially during the first years of implementation.

- **Staffing** – Many programs have reported difficulty finding committed, qualified staff. A key component of the MTFC model is role stratification, which prevents overlap between team members’ roles and responsibilities, and this makes staff turnover even more problematic as it often leaves positions on the team unfilled for periods of time. Therapist roles are half-time for a full team (serving 10 youth) and less when program census is low. It can be challenging to find Masters-level clinicians willing to work part-time with the team, yet have a primary focus on their MTFC responsibilities so that they can respond quickly when issues arise. Programs may also find it difficult to find Skills Coaches, who work on an hourly basis. These challenges may be less prevalent in agencies that can identify Skills Coaches from an existing pool of TSS or have other programs in which therapists can work additional hours while maintaining daily availability to the MTFC program.

- **Blended funding** – In Pennsylvania, MTFC programs are generally funded by a combination of Medical Assistance, state grants, and county dollars. MTFC homes are licensed as both foster homes by OCYF and CRR Host Homes by OMHSAS. One benefit of diversified funding is that it avoids reliance on one source, but it also means that programs must coordinate the expectations and requirements of multiple funders and licensing entities, as well as braid funding from different sources. A clear plan for how various components of the program will be funded and how this may vary depending on the referral source can help facilitate reimbursement. For example, who will pay room and board if a youth is involved with the mental health system, but not with the county children and youth agency? Programs should also ensure that administrators and staff are familiar with licensing and funding requirements before the program is implemented. The FAQ Regarding M.A. Enrollment, Billing, and Program Monitoring may be a helpful starting point for becoming familiar with OMHSAS expectations and is available at [http://www.episcenter.psu.edu/resources/DPW](http://www.episcenter.psu.edu/resources/DPW).

14. **What evaluation tools should I use?**

All MTFC programs utilize the WebPDR, a web-based program, to collect and track data about the youth’s behavior and MTFC parents’ stress levels. The PDR Caller contacts MTFC parents daily to complete the Parent Daily Report, indicating the presence or absence and frequency of 37 negative behaviors during the previous day, as well as points earned and lost and the results of the School Report Card. The WebPDR is used throughout the program to monitor treatment integrity, track youth progress, and adjust behavior plans.

Sites in Pennsylvania should utilize the web-based INSPIRE system to track additional data about each youth, including enrollment, treatment, discharge, and follow-up data. Using INSPIRE will enable sites to easily generate outcome reports that address youth and parent satisfaction, successful vs. unsuccessful discharges, and the percent of youth who remain drug-free, avoid re-arrest, remain in the community, improve school attendance, and improve behavior. For certification purposes, sites will need to track whether discharges are successful and whether treatment components are occurring at the necessary frequency. INSPIRE will assist sites with tracking this information, although reports to assist with the certification process are not yet available. Data collection worksheets, which show the data to be entered into INSPIRE, are available...
on-line at http://www.episcenuniversity.edu/node/180. The EPISCenter is also available to provide training in INSPIRE and help sites develop an evaluation strategy for MTFC-A at (814) 863-2568 or EPISCenter@psu.edu.

As described in FAQ #11, program fidelity will be monitored by an MTFC consultant through regular program assessments which include review of videotapes of MTFC parent meetings and clinical team meetings.

15. In what ways can I involve my local collaborative board and key stakeholders?

- Before deciding whether to implement MTFC-A, meet with county leadership. This may take the form of a local collaborative board and at minimum should include representation from the county children and youth agency, juvenile probation, and mental health including Health Choices. Present the research behind MTFC-A and share your local goals for the program. Work together on a community needs assessment.
- Identify potential program champions or community gatekeepers that can advocate for the MTFC-A Program and help build relationships that may lead to program support from other key stakeholders.
- Provide collaborative board members, county leaders, and potential referral sources with a fact sheet and the program’s logic model.
- Identify who is involved in securing sustainability funds, such as negotiating a managed care rate and requesting Special Grant funds in the Needs Based Plan and Budget.
- Try to establish regular meetings with county leadership during the planning and start-up phases, as well as during the first years of implementation. These meetings can be a valuable tool for working collaboratively and problem-solving together as challenges arise, as well as sharing the successes of the program.
- Ask key stakeholders to help develop a strong, clear plan for ensuring youth are referred to the program.
- Identify stakeholders who can assist with providing follow-up data about recidivism and placement stability.
- Provide frequent verbal reports on the program’s impact and at least annually provide a written summary of program outcomes.

16. Are there other sites in PA implementing MTFC-A?

Yes, Pennsylvania currently has certified MTFC-A sites as well as sites receiving implementation services as they work toward certification. A list of current sites is available at http://www.mtfc.com/currentsites.html.

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Sources for this FAQ

