

MULTIDIMENSIONAL TREATMENT FOSTER CARE IN MARYLAND: FY 2013 IMPLEMENTATION REPORT



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University of Maryland School of Social Work for the Children's
Cabinet**

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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 group care placements and provide empirically supported community-based practices that address key outcomes (e.g., long-term rates of re-arrest, school attendance, etc.). Since FY2008, the Institute for Innovation & Implementation has helped to facilitate MTFC implementation in Maryland and continues to provide technical assistance and data reporting to providers.

FY13 Data Highlights

Utilization

- MTFC was available in two jurisdictions in Maryland—Baltimore County and Montgomery County.
- Most of the youth served by MTFC are funded by DHR (19 funded slots); DJS funds one slot.
- Despite the low percentage of referred youth who ultimately start MTFC, the average utilization rate for funded slots was 87%. This figure represents an improvement over the FY12 utilization rate (69%).
- The majority of youth admitted to MTFC were African American (87%) and male (60%), and the average age of youth admitted to MTFC was 14.4 years old.
- Most of the admitted youth had prior involvement with a local Department of Social Services (DSS) (87%), and 40% had at least one prior referral to DJS.

Fidelity

- Both MTFC programs have met or exceeded the minimum standards in each of the fidelity domains on the purveyor's assessments.

Outcomes

- 15 youth were discharged from MTFC in FY13; nearly half (47%, n=7) of these youth were living with one or more biological parents upon discharge.
- The average length of stay in MTFC was 264 days, which falls within MTFC's target of 180-270 days.
- **80%** of discharged youth successfully completed treatment, which is an improvement over previous years.
- Of youth who completed MTFC in FY13, at the time of discharge: **83%** were living at home, **100%** were in school or working, and **92%** had no new arrests.
- **None of the youth** who completed MTFC in FY12 had any new involvement with the juvenile justice, criminal justice, or child welfare systems during the year following their discharge from the program.

Introduction

Purpose of this Report

Multidimensional Treatment Foster Care (MTFC) is a widely-recognized evidence-based practice (EBP) and behavioral treatment alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disabilities, and delinquency. In 2008, Maryland's Governor's Office of Children (GOC), on behalf of the Children's Cabinet, Department of Juvenile Services (DJS), and the Department of Human Resources (DHR) began to work collaboratively to increase the availability of MTFC to youth and families in Maryland. Maryland's stakeholders selected MTFC with the goals of reducing the use of congregate care while improving outcomes for youth and families across the State.

The Institute for Innovation & Implementation (The Institute) collects and analyzes data to monitor and support MTFC implementation in Maryland. This report provides a summary of MTFC implementation across the State as of fiscal year (FY) 2013. In addition to utilization and MTFC fidelity indicators, both short- and long-term outcomes for participating youth are examined.

What is Multidimensional Treatment Foster Care?

There are three versions of the MTFC model, which are tailored to specific age groups: MTFC-P serves preschool aged children (ages 3-6); MTFC-C is designed for youth in middle childhood (ages 7-11); and MTFC-A is aimed at adolescents (ages 12-17). This latter model, MTFC-A (hereafter "MTFC"), is utilized in Maryland. MTFC-A typically serves adolescents who have histories of severe or chronic delinquent behavior and who are at risk of incarceration, as well as those who have emotional and behavioral disabilities and are at risk of psychiatric hospitalization.

MTFC's overarching aims are to create opportunities for youth to be able to live successfully in families rather than in group or institutional settings, and to 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 time (Chamberlain & Mihalic, 1998). To accomplish these aims, the model 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 (Fisher & Chamberlain, 2000). Placements in therapeutic living environments with trained foster parents typically last from six to nine months. During this time, the youth receives supervised home visits and weekly family therapy sessions as well as frequent contacts with his or her case worker, parole or probation officer, teachers and/or work supervisors, and 24-hour access to MTFC staff for consultations and crisis intervention.

Ultimately, MTFC aims to decrease problem behavior and to increase developmentally-appropriate

What is an EBP?

An **evidence-based practice (EBP)** is the integration of the best available research with clinical expertise in the context of youth and family characteristics, culture, and preferences. The effectiveness of an EBP to help children and families reach desirable outcomes is measured by three vital components (American Psychological Association [APA], 2002; APA Presidential Task Force on Evidence-Based Practice, 2006; U.S. Department of Health & Human Services, 1999):

- 1) Extent of scientific support of the intervention's effects, particularly from at least two rigorously designed studies;
- 2) Clinical opinion, observation, and consensus among recognized experts (for the target population); and
- 3) Degree of fit with the needs, context, culture, and values of families, communities, and neighborhoods.

normative and pro-social behavior in children and adolescents, so that they may ultimately be reunified with their biological families. Other goals of the intervention include: increasing youth’s social support from adults and peers; improving youth’s relationships with parents and attachment to family; improving relationships with teachers and youth’s commitment to school; promoting involvement with positive peers and activities; reducing 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; improving social competencies and problem-solving skills; and decreasing the impact of cognitive and neurological deficits and other mental health disorders.

Research has demonstrated that, compared to youth placed in group care settings, MTFC youth experience significantly fewer post-discharge arrests as well as fewer days incarcerated, and fewer MTFC youth ran away from their placements (Chamberlain, 1990; Chamberlain & Reid, 1998). MTFC has also been found to reduce girls’ pregnancy rates (Kerr, Leve, & Chamberlain, 2009) and their associations with delinquent peers (Leve & Chamberlain, 2005). Table 1 summarizes MTFC’s ratings on four nationally-recognized EBP registries. For additional information on MTFC, please go to www.mtfc.com.

Table 1. MTFC Ratings on National EBP Registries*

EBP Registry	Website (for additional information)	MTFC Rating(s)
Blueprints for Healthy Youth Development	www.blueprintsprograms.com	Model Program
California Evidence-Based Clearinghouse for Child Welfare	www.cebc4cw.org	1: Well-Supported by Research Evidence (reviewed June 2013)
SAMHSA’s National Registry of Evidence-Based Programs & Practices (NREPP)	www.nrepp.samhsa.gov	<i>Quality of Research** (reviewed Oct. 2009):</i> Days in locked settings=3.1 Substance use=2.8 Criminal and delinquent activities=3.1 Homework completion/school attendance=2.8 Pregnancy rates=3.1 <i>Readiness for Dissemination** (reviewed Oct. 2009):</i> Implementation Materials=3.5 Training & Support Resources=3.8 Quality Assurance Procedures=4.0 Overall Rating=3.8
Office of Justice Programs’ CrimeSolutions.gov	www.crimesolutions.gov	Effective Program

*Ratings as of June 2014. **The scales range from 0 to 4.

MTFC Implementation Support

TFC Consultants, Inc. is the national purveyor for MTFC, helping new sites to implement model-adherent programs and providing consultation to existing programs and stakeholders regarding implementation issues. Replication of this evidence-based model with fidelity is achieved using a structured training approach, a web-based tracking system, periodic reports assessing performance and model adherence, videotape reviews of clinical meetings, a rigorous MTFC program certification process, among other activities. In addition to monitoring MTFC utilization, fidelity, and outcomes, The Institute facilitates Maryland provider and stakeholder collaborative meetings to ensure the most effective implementation of the model.

Assessing MTFC Utilization and Outcomes

The data presented in this report were drawn primarily from youth-level data routinely submitted by Maryland MTFC providers.¹ Additional data were provided by DJS, the Department of Public Safety and Correctional Services (DPSCS), and the Department of Human Resources (DHR). Information regarding model fidelity was supplied by TFC Consultants, Inc. Taken together, these data fall into three main categories – utilization, fidelity, and outcomes.

- **Utilization data** include demographic information, delinquency history, child welfare system history, and details of the case processing (e.g., referral sources, reasons for not starting treatment, etc.). As a whole, utilization data indicate the “who, when, and why” for youth referred to and served by MTFC.
- **Fidelity data** measure the degree to which MTFC is delivered as intended by the program developers.
- **Outcomes data** allow us to assess whether MTFC has achieved the desired results for youth and families (Table 2). MTFC focuses on individual, family, school, and community risk and protective factors that impact youth behavior, with a particular focus on reunification with their primary caregivers. As such, the outcomes of particular interest for MTFC include reducing the frequency out-of-home placements, reducing delinquent behaviors, and increasing attachment to caregivers.

Table 2. MTFC Outcomes Data—Types and Sources

Type	Indicator	Source
Case Progress	<ul style="list-style-type: none"> ➤ Treatment completion ➤ Living arrangement 	MTFC Providers
Ultimate Outcomes at Discharge	<ul style="list-style-type: none"> ➤ Whether the youth was living at home ➤ Whether the youth was in school or working ➤ Whether the youth had any new arrests 	MTFC Providers
Longitudinal Outcomes	<ul style="list-style-type: none"> ➤ Involvement in the juvenile and/or criminal justice system (e.g., DJS referral/arrest, adjudication/conviction, and commitment/incarceration) ➤ Involvement in the child welfare system (e.g., services and placements) 	DJS DPSCS DHR

Descriptive and bivariate analyses (e.g., chi-square, t-test) are utilized to assess statewide utilization, fidelity, and outcomes data from FY13. Where possible, data are presented and comparisons are drawn for previous fiscal years. Refer to Appendix 1 for FY13 descriptive data presented by funding source, provider, and jurisdiction.

Where is MTFC Offered in Maryland?

In FY13, MTFC was offered in two jurisdictions in Maryland—Baltimore County and Montgomery County (Figure 1). MTFC was administered by two providers, Community Solutions, Inc. (CSI) and Northwestern Human Services (NHS), with 20 slots available to youth and families on any given day. MTFC was funded by DHR and DJS. Funding sources and slot allocations varied by jurisdiction (see Table 3).

¹ MTFC providers began collecting these data in December 2009.

Figure 1. MTFC Availability in Maryland, FY13

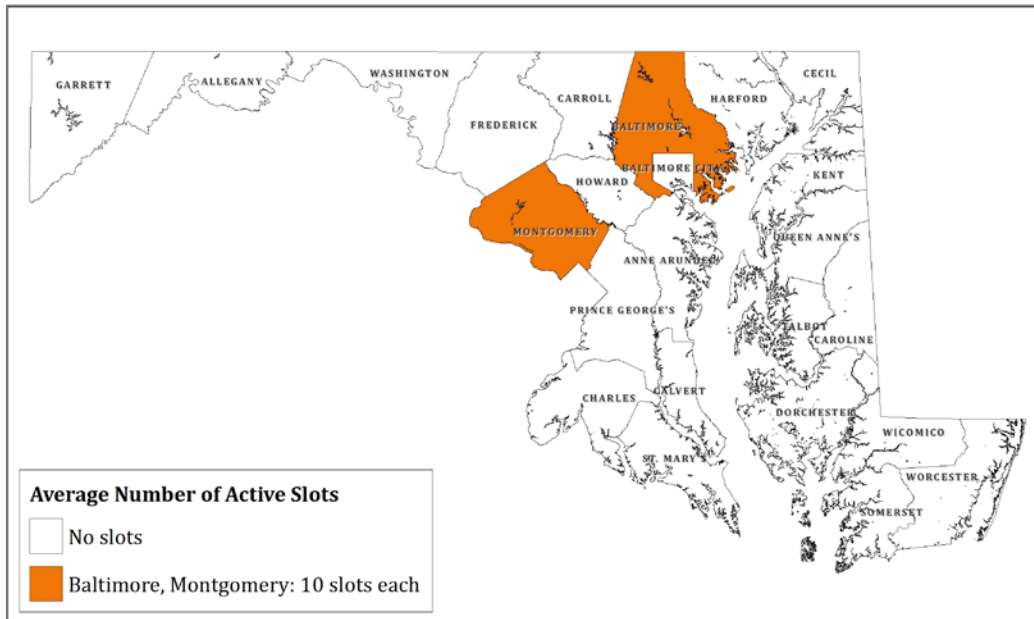


Table 3. MTFC Provision & Funding Sources in Maryland, FY13

Region (DJS)	Jurisdiction(s) Served	Provider	Funding Source	# Funded Daily Slots
Central	Baltimore County	Community Solutions, Inc.	DJS	1
			DHR	9
Metro	Montgomery	Northwestern Human Services	DHR	10

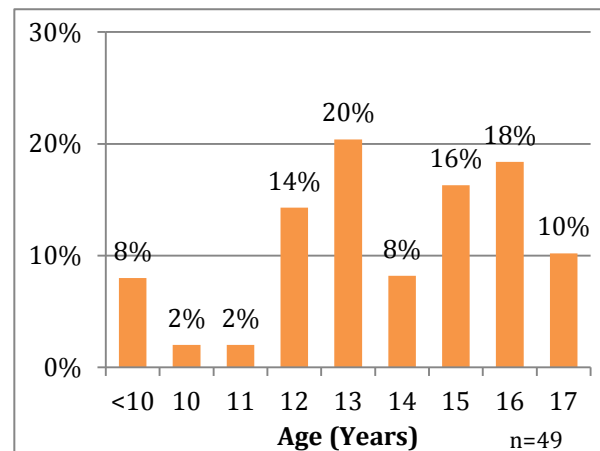
Referrals to MTFC

Characteristics of Referred Youth

In FY13, 49 youth were referred to MTFC. As mentioned earlier, the MTFC-A model can serve male and female youth from diverse racial and ethnic backgrounds between the ages of 12 and 17 years old. As shown in Figure 2, most of the referred youth met the age criteria, though 12% of youth referred were younger than 12 years old. The average age at referral was 14 years old.

Proportions of African American/Black and Caucasian/White youth have fluctuated somewhat over time. In FY13, 59% of referred youth were African American/Black, 33% Caucasian/White, 6% Hispanic/Latino, and 2% another minority race/ethnicity (Table 4).

Figure 2. Ages of Youth Referred to MTFC, FY13



With respect to gender, there was a nearly equal share of boys and girls referred to MTFC in FY13. Although proportions of referred males and females have remained relatively stable, it is worth noting that a slightly larger proportion of referrals were comprised of females during the past two fiscal years compared to their proportion in FY11.

Table 4. Demographic Characteristics of Youth Referred to MTFC, FY11-FY13

	FY11	FY12	FY13
Total Number of Youth	76	52	49
Male	41 (54%)	25 (48%)	24 (49%)
Female	35 (46%)	27 (52%)	25 (51%)
African American/Black	48 (63%)	25 (48%)	29 (59%)
Caucasian/White	24 (32%)	25 (48%)	16 (33%)
Hispanic/Latino	1 (1%)	1 (2%)	3 (6%)
Other	3 (4%)	1 (2%)	1 (2%)
Average Age (s.d.)	15.3 (1.5)	15.3 (3.0)	14.0 (3.2)

Referred Youth Who Did Not Start MTFC

Not all youth referred to MTFC start treatment. In some cases, the MTFC provider may determine that the youth and/or family are not eligible for MTFC, and in other cases, the youth/family may be eligible but choose not to start for another reason. Figure 3 lists the reasons for not starting MTFC, which are indicated by the providers. These reasons are closely monitored over time as they offer important information about how to improve the referral process, including how to increase appropriate referrals and decrease barriers to treatment engagement. Ultimately, utilization is highly dependent on a sufficient flow of referrals for eligible youth and families who could benefit from MTFC.

Figure 3. Reasons for Not Starting MTFC

Youth may not start MTFC due to exclusionary factors that make them **ineligible** for participation, including:

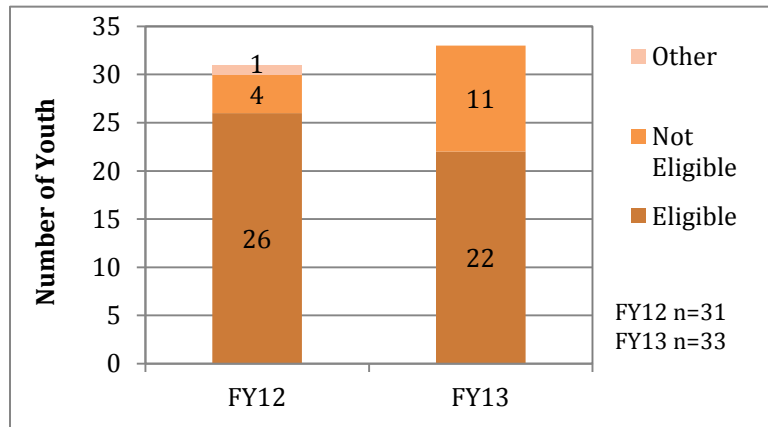
- *Age appropriateness;*
- *Unmanageable medical issues;*
- *Primary concerns related to suicidal, homicidal, psychotic, or severe psychiatric behaviors;*
- *Pervasive developmental delays;*
- *Inappropriate for service (e.g., sex offender or fire starter); or*
- *Unavailable (AWOL, detained).*

Youth may not start MTFC despite being **eligible** because:

- *The referral/funding source rescinded the referral;*
- *The youth and/or parent/ guardian do not voluntarily consent;*
- *The family cannot be contacted;*
- *The family lives outside of the service area; or*
- *There are no available slots or family match.*

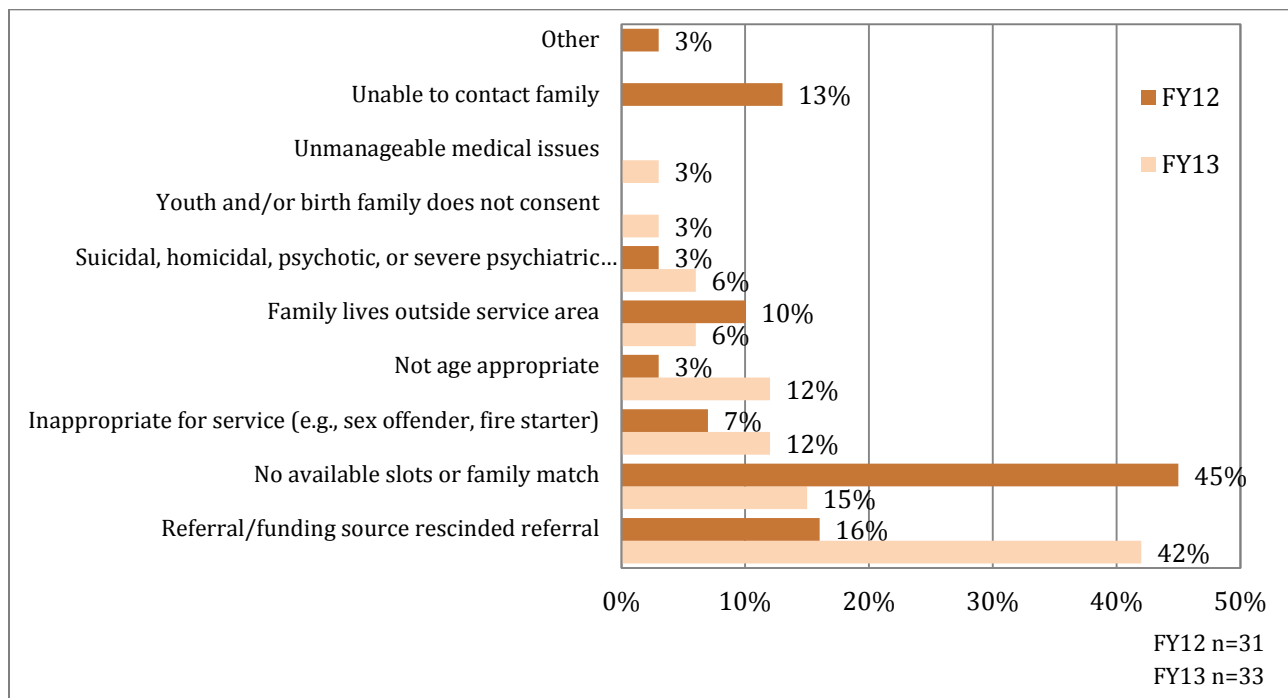
The percentage of referred youth who did not start MTFC increased from 60% in FY12 to 69% in FY13. The majority of youth who did not start were eligible for MTFC, including 26 (87%) youth in FY12 and 22 (67%) youth in FY13 (Figure 4).

Figure 4. Eligibility of Youth/Families who Did Not Start MTFC, FY12-13



As shown in Figure 5, the most frequent reasons youth have not started MTFC in FY12 and FY13 was *referral/funding source rescinded referral* (16% and 42%) and *no available slots or family match* (45% and 15%).

Figure 5. Reasons for Not Starting MTFC (% of Youth who Did Not Start), FY12-FY13

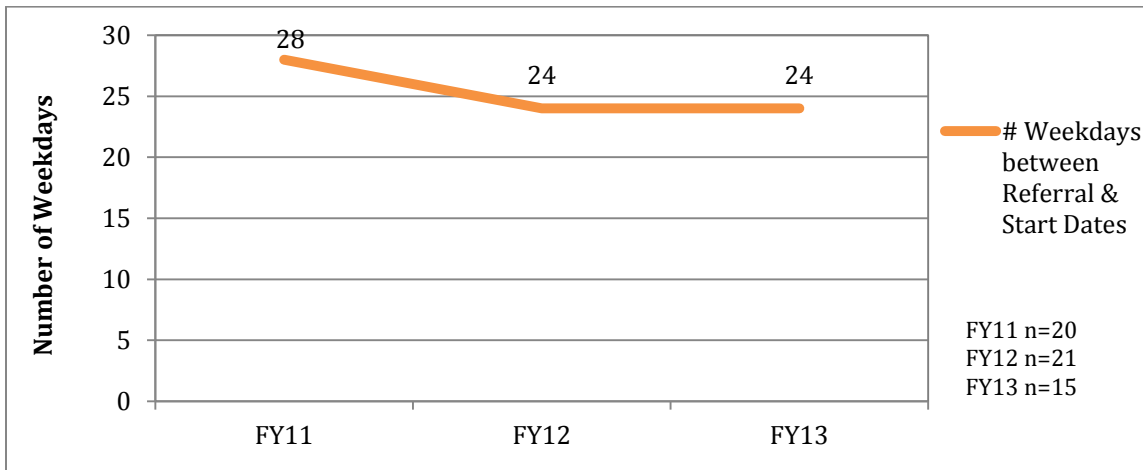


Admissions to MTFC

Global Admission Length (Initial Case Processing)

Once a youth is referred to MTFC, it is critical that an eligibility decision is made in a timely manner and that treatment starts soon thereafter. MTFC providers report referral and start dates so this process can be closely monitored. The number of days between the referral and start dates is referred to as the *global admission length*. Consistent with FY12, youth typically started the program within 24 weekdays of referral to MTFC in FY13 (Figure 6).

Figure 6. MTFC Global Admission Length, FY11-FY13

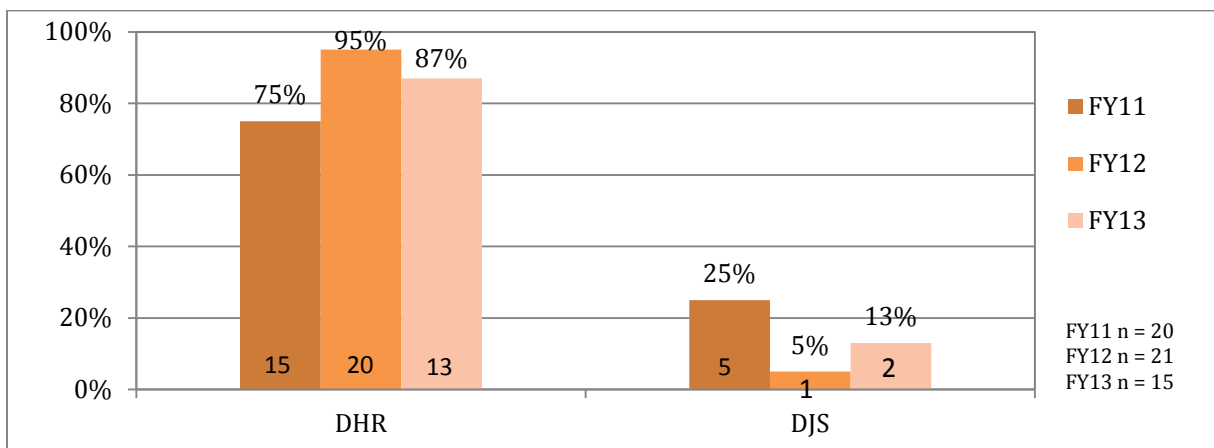


Bivariate analyses (using combined cases for FY10-FY13) were used to assess whether there were statistical differences in global admission length by subgroups of youth, by agency, or jurisdiction (Appendix 1). These analyses did not indicate significant differences in initial case processing times by sex, race/ethnicity, age, prior DJS referrals, prior DJS commitments, or prior DSS involvement.

Utilization

Fifteen youth were admitted to MTFC in FY13, a slight decrease from FY11 (n=20) and FY12 (n=21). DHR has been the primary funding source for MTFC during the past few years; accordingly, the majority of youth admitted to MTFC in FY13 were funded by DHR (87%) while 13% were funded by DJS (Figure 7).

Figure 7. MTFC Funding Sources, Percentage of Youth Admitted, FY11-FY13



Given the investment to make MTFC available to youth and families, it has been critical to all stakeholders that the available slots are utilized to their maximum capacity. MTFC utilization reflects the number of youth who are admitted to treatment, as well as the length of time youth and their families remain in treatment (see page 14 for descriptive statistics related to length of stay), divided by the number of slots. Utilization is also impacted by the availability of foster care families and trained therapists, as well as the match between the youth and foster care family. These factors are tracked closely during the year by providers and referral/funding sources to ensure that MTFC is reaching as many youth and families as possible.

In FY13, DHR and DJS collectively funded a daily capacity of 20 MTFC slots across Maryland (Table 5). All of these slots were “active,” or available to youth and families for treatment. The average daily census of youth served by MTFC was 17, and the average statewide utilization of funded slots was 87%. These percentages represent improvements over FY12, when the average statewide utilization was 69%. The remainder of this section describes the types of youth who participated in MTFC.

Table 5. MTFC Utilization, FY12-13

	FY12	FY13
Average Number of Funded Slots (Daily)	20	20
Average Daily MTFC Census	13.7	17.3
Average Utilization of Funded Slots	69%	87%

Characteristics of Admitted Youth

The characteristics of youth admitted to MTFC differed slightly from those of the referred population. Nearly half of youth admitted to MTFC in FY13 were 13 years of age (Figure 8), and the average age for admitted youth was 14.4 years old. The majority of these youth were male (60%) and African American/Black (87%; Table 6). Further, the characteristics of youth admitted to MTFC have changed somewhat over time. Relative to previous years, a larger proportion of African American/Black youth and a smaller proportion of Caucasian/White youth were admitted in FY13. Additionally, a smaller proportion of females were admitted in FY13 (40%).

Figure 8. Ages of Youth Admitted by MTFC, FY13

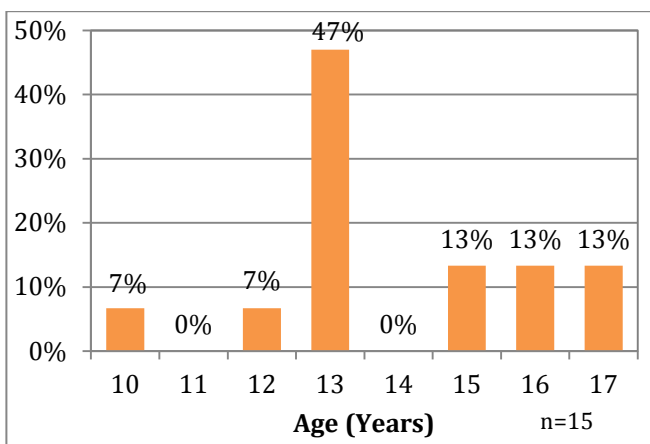


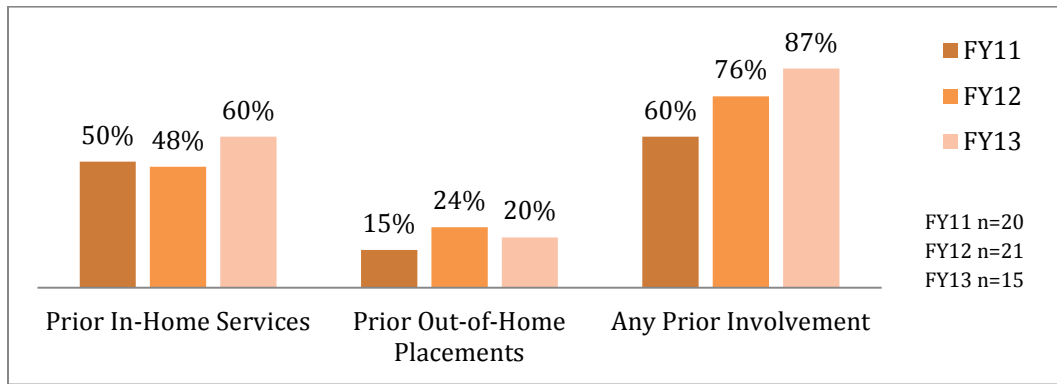
Table 6. Demographic Characteristics of Youth Admitted to MTFC, FY11-FY13

	FY11	FY12	FY13
Total Number of Youth	20	21	15
Male	11 (55%)	10 (48%)	9 (60%)
Female	9 (45%)	11 (52%)	6 (40%)
African American/Black	12 (60%)	7 (33%)	13 (87%)
Caucasian/White	7 (35%)	13 (62%)	2 (13%)
Hispanic/Latino	1 (5%)	0 (0%)	0 (0%)
Other	0 (0%)	1 (5%)	0 (0%)
Average Age (s.d.)	15.1 (1.3)	14.4 (3.9)	14.4 (2.0)

Involvement with DSS

Of the 15 youth admitted to MTFC in FY13, 13 (87%) had some form of prior contact with the child welfare system (Figure 9), including in-home services and/or out-of-home placements prior to their MTFC referral. Nine youth (60%) had received in-home services, and three (20%) had been placed out-of-home. On average, youth were 7.4 years old at the time of their first in-home service, and 7.3 years old at the time of their first out-of-home placement.

Figure 9. Prior DSS Involvement for Youth Admitted to MTFC, FY11-FY13



Involvement with DJS

Consistent with FY12, 40% (n=6) of youth admitted to MTFC in FY13 had at least one prior referral to DJS (Table 7). Of those with previous DJS involvement, youth had, on average, approximately two prior DJS referrals, and their mean age at first referral was 14.8 years old. Only one youth admitted to MTFC in FY13 was previously committed to DJS.

Table 7. Prior DJS Involvement for Youth Admitted to MTFC, FY11- FY13

	FY11	FY12	FY13
Total Number of Youth	20	21	15
One or More Prior DJS Referrals	14 (70%)	8 (38%)	6 (40%)
Avg. # of Prior DJS Referrals (s.d.)	6.5 (6.5)*	2.6 (1.9)	1.7 (1.0)
Avg. Age at First DJS Referral	12.4 (1.9)	14.6 (1.6)	14.8 (1.2)
One or More Prior DJS Commitments	5 (25%)	1 (5%)	1 (7%)
Avg. # of Prior DJS Commitments (s.d.)	1 (0.0)	1	1

*One youth had 23 prior referrals to DJS.

Four of the 15 admitted youth (27%) had some form of active involvement with DJS. Two youth were under aftercare supervision (i.e., committed to DJS), including one youth who was also involved with the Violence Prevention Initiative (VPI), a more intensive supervision program for youth who had previously been a perpetrator and/or victim of violence. In addition, one youth was under probation supervision, and one youth was under pre-court supervision; in both of these cases, the MTFC placement was funded by DSS, and the youth was dually involved in both the child welfare and juvenile justice systems at the time of admission.

MTFC Model Fidelity

If youth and families are to be helped by MTFC, the program must be delivered in the way it was designed and with a high degree of clinical skill. Data regarding providers' fidelity to the MTFC model is derived from documents completed as part of the certification process, during which programs are evaluated on seven criteria, including: 1) program completion and outcomes for youth; 2) therapy components; 3) behavioral components; 4) foster parent meetings; 5) clinical team meetings; 6) program staff; and 7) training. In order to obtain certification, a program must first meet Criterion 1 by demonstrating that at least seven youth have completed MTFC and discharged to less restrictive living situations. In addition,

the program must also receive an acceptable rating for at least five of the six remaining criteria (Criterion 2-7). Programs that contract with either TFC Consultants or one of its implementation partners may initially be certified for a period of two years. Once certified, they continue to be assessed on the same criteria every nine months to ensure that there is no drift from the model.

NHS was certified by the MTFC developer in January 2012, and CSI became a certified provider in November 2013. Fidelity data provided as part of CSI's program certification, as well as fidelity assessments completed subsequent to NHS's certification, are provided in Table 8 for each of the seven criteria.² In each of the assessments, both providers met or exceeded the minimum standards in each of the fidelity domains.

Table 8. Most Recent MTFC Purveyor Certification & Post-Certification Fidelity Scores (Assessment Date Indicated)

Requirement	Criteria	CSI	NHS	
		Nov. 2013	Apr. 2013	Aug. 2013
Program Completion & Outcomes for Youth	To be certified, at least 7 youth must complete MTFC <i>and</i> be discharged to a less restrictive setting. Post-certification, the program must have at least a 66% success rate.	✓	✓	✓
Therapy Components	At least 70% of youth served must receive at least 70% of intended therapy services.	✓	✓	✓
Behavioral Components (70 total points needed)	Completion of Parent Daily Reports (PDRs)—used by foster parents to report the youth's daily behaviors; worth a maximum of 40 points.			
	Completion of Point and Level charts—used by foster parents to manage the youth's positive and negative behaviors; worth a maximum of 40 points.	✓	✓	✓
	Completion of School Cards—used to track the youth's behavior at school; worth a maximum of 20 points.			
Foster Parent Meetings	At least 8 foster parent meetings have to have occurred in the previous 12 weeks.	✓	✓	✓
	At least 70% of the meetings have to have been attended by foster parents for at least 70% of youth enrolled in the program.	✓	✓	✓
	Videos of foster parent meetings must be rated as "acceptable" on at least 70% of the criteria on which they are judged (<i>overall rating is shown here</i>).	✓	✓	✓
Clinical Team Meetings	At least 8 clinical team meetings have to have occurred in the previous 12 weeks.	✓	✓	✓
	At least 70% of the meetings have to have been attended by foster parents for at least 70% of the clinical team members.	✓	✓	✓
	Videos of clinical team meetings must be rated as "acceptable" on at least 70% of the criteria on which they are judged (<i>overall rating is shown here</i>).	✓	✓	✓
Program Staff	At least 70 points must be awarded based on how closely aligned programs' assessments of their staff members' positions are with MTFC's recommendations.	✓	✓	✓
Training	Initial training for each staff member is evaluated using a checklist; on-going training is assessed based on a description of the program's efforts to provide ongoing MTFC training.	✓	✓	✓

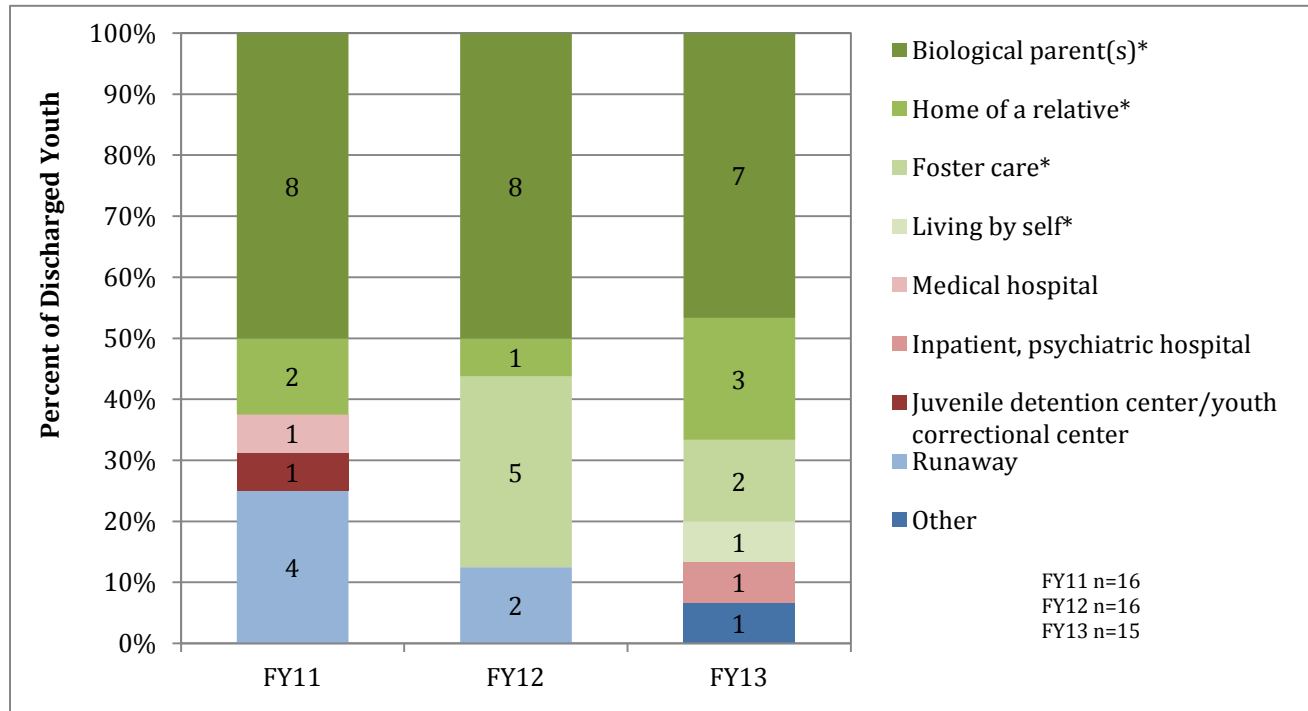
² The certification assessment for NHS was not available.

MTFC Discharges & Outcomes

Living Situation at Discharge

Fifteen youth were discharged from MTFC in FY13. Nearly half (47%, n=7) of the youth who discharged were living with one or more biological parent upon discharge (Figure 10). Three additional youth (20%) were living with a relative, and two youth (13%) were living in foster care, upon discharge from the program. Further, one youth (7%) was discharged to an inpatient psychiatric hospital, and one (7%) was discharged to another living situation. Of those who were discharged from MTFC in FY12 and FY13, approximately 87% of youth went on to live in less restrictive settings (e.g., home, living by self, etc.).

Figure 10. Youth's Living Situation at Discharge, FY11-FY13

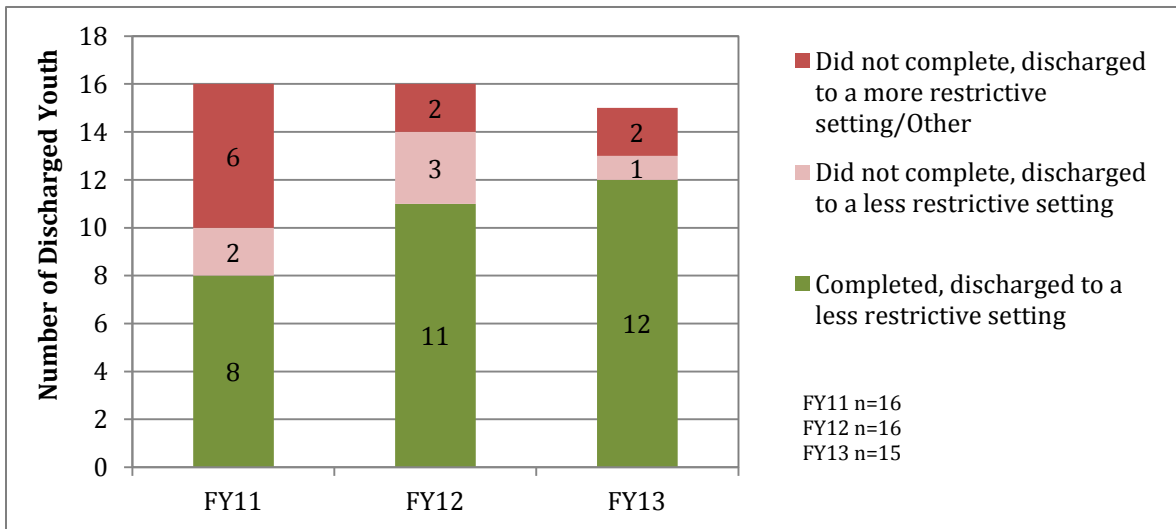


*Considered a less restrictive situation by MTFC.

MTFC Completion

In order to be defined as a successful outcome, youth must both complete the program *and* be discharged into a less restrictive living situation. Although the numbers of youth who have been discharged from MTFC over time are small, it is notable that the rate of successful discharges has improved, from 50% (n=8) of discharged cases in FY11 to 80% (n=12) of discharged cases if FY13 (Figure 11). Subgroup differences were assessed using bivariate analyses (using all youth discharged between FY10 and FY13) and found no statistically significant differences in MTFC completion by sex, race/ethnicity, age, prior DJS referrals, prior DJS commitments, or prior child welfare involvement.

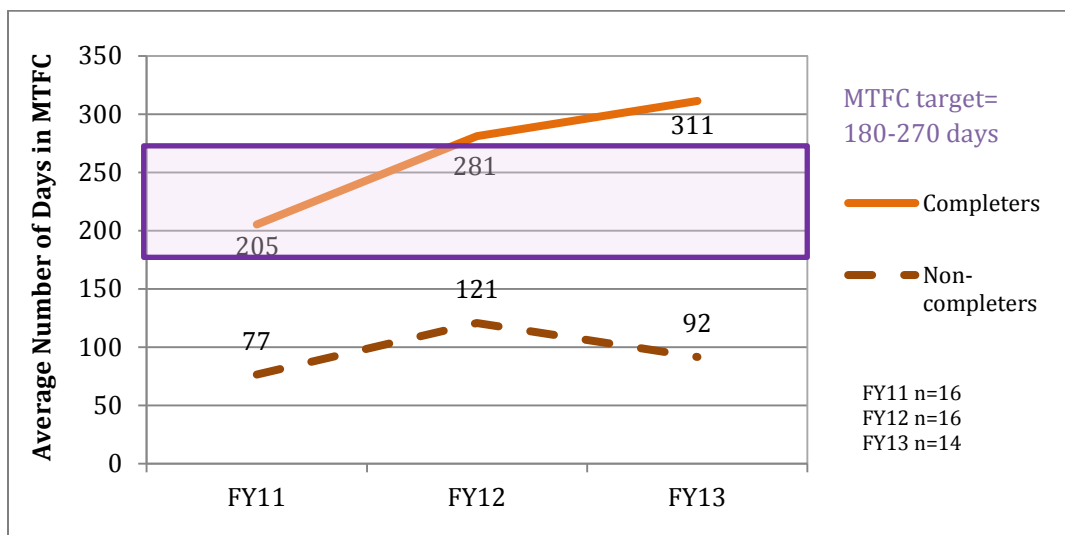
Figure 11. MTFC Completion Outcomes, FY11-FY13



Length of Stay

The average length of stay (ALOS) in MTFC in FY13 was 264 days, which falls within MTFC’s target of 180-270 days (Figure 12). While the ALOS for youth who completed the program (311 days) exceeded the target range, this figure was skewed by one youth who had an exceptionally longer length of stay. When this youth is not included, the ALOS for completers was 276 days, or just outside of the target range. Regardless, the ALOS has been increasing for completers since FY11 (205 days), while the ALOS for non-completers decreased between FY12 (121 days) and FY13 (92 days).

Figure 12. Length of Stay in MTFC, FY11-FY13



Length of stay in MTFC treatment varied substantially by funding source (see also Appendix 1). Sex, race/ethnicity, age, prior DJS referrals, prior DJS commitments, and prior child welfare involvement were not statistically related to length of stay (using combined cases for FY10-FY13).

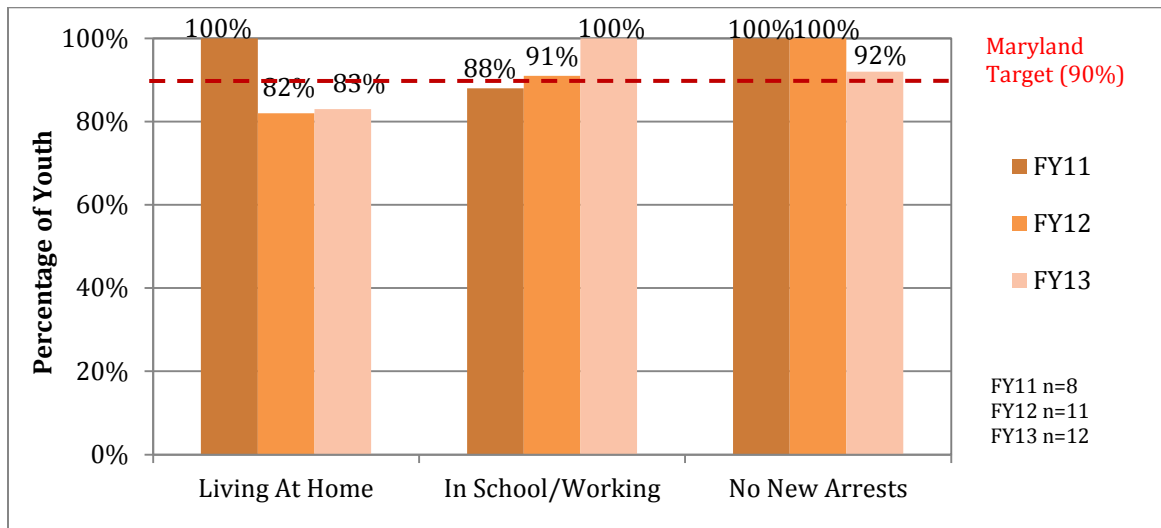
Ultimate Outcomes at Discharge

Even though most youth completed MTFC, the program’s level of effectiveness may vary across youth. In addition to the restrictiveness of the subsequent placement, Maryland monitors three measures of

success reported by the providers at discharge that constitute the *ultimate outcomes*: (1) whether the youth was living at home, (2) whether the youth was in school and/or working, and (3) whether the youth had been arrested for a new offense since treatment had started.³

Figure 13 shows the ultimate outcomes for youth *who completed* MTFC over the past three years. Maryland has a target of 90% success for each ultimate outcome, and, in FY13, this goal was achieved with respect to the percentages of youth who were in school/working and who had not been rearrested at the time of discharge. More than four-fifths (83%) of youth who completed MTFC were living at home. Further, 83% of MTFC completers in FY13 had positive results for all three outcomes.

Figure 13. Ultimate Outcomes at Discharge for Youth who Completed MTFC, FY11-FY13



Juvenile/Criminal Justice Involvement during Treatment

Consistent with the ultimate outcomes reported by MTFC therapists, data provided by DJS and DPSCS indicate that only one youth (8%) was referred to DJS/arrested while receiving MTFC in FY13 (of completers). At the same time, DJS data show that no youth were admitted to a juvenile detention facility during their involvement with MTFC.

Longitudinal Outcomes

Subsequent Involvement with the Juvenile Justice and/or Criminal Justice System

Research has demonstrated that participation in MTFC is associated with a reduced risk for delinquency and criminal behavior. In order to assess these longitudinal outcomes, The Institute provided DJS and DPSCS with the name, gender, race/ethnicity, and date of birth of *all* youth who

Juvenile & Criminal Justice System Involvement Measures

For the purposes of this report, subsequent involvement with the juvenile and criminal justice systems are combined and labeled as the following categories:

Arrested refers to any subsequent DJS referral or adult arrest.

Convicted refers to any juvenile complaint that is adjudicated delinquent at a judiciary hearing or any adult arrest that results in a guilty finding at a criminal court hearing.

Incarcerated refers to any commitment to DJS custody as a result of a complaint that is adjudicated delinquent, as well as incarceration in the adult system that results from an adult arrest and conviction.

³ Youth are considered “living at home” upon discharge if they are living with one or more biological parent, with a relative, in an adoptive home, in the home of a family friend, or independently (on their own or with a friend).

were discharged from MTFC in FY10⁴, FY11, and FY12, and matches were identified in their respective databases. Following DJS' recidivism criteria, subsequent involvement with DJS and the adult criminal justice system were combined and categorized as arrested, convicted, and incarcerated (see insert on the previous page for definitions).

All of the youth who completed MTFC in FY11 and FY12 avoided subsequent contact with the juvenile and/or criminal justice systems within one year of discharge (Table 9). That is, none of the youth who completed MTFC in FY11 or FY12 were arrested, convicted, or incarcerated by either the juvenile justice or the criminal justice systems within twelve months of their discharge. In addition, none of the youth who completed MTFC during this time period were admitted to a new committed residential placement by DJS during the twelve months following discharge.

Table 9. Juvenile and/or Criminal Justice System Involvement within 12 Months Post-Discharge, Youth who Completed MTFC, FY11-FY12

	FY11	FY12
Total Number of Youth	8	11
DJS/Criminal Justice System Involvement:	0	0
Arrested	0	0
Convicted	0	0
Incarcerated	0	0
Residential Placement with DJS	0	0

Subsequent Involvement with the Child Welfare System

The Institute also provided DHR with the names, dates of birth, and other demographic variables of all youth who were discharged prior to the last day of FY12. DHR matched these youth in their state SACWIS (State Automated Child Welfare Information System) system known as CHESSIE (Children's Electronic Social Services Information Exchange) to retrieve information about contact with the child welfare system post MTFC-discharge. None of the youth who completed MTFC in FY11 and FY12 had subsequent contact with the child welfare system within one year of discharge (Table 10).

Table 10. DSS Involvement within 12 Months Post-Discharge, Youth who Completed MTFC, FY11-FY12

	FY11	FY12
Total Number of Youth	8	11
Investigation	0	0
In Home Service	0	0
Out-of-Home Placement	0	0

⁴ Two youth were discharged from MTFC in FY10; however, neither youth completed the program.

FY13 MTFC Implementation in Maryland: Successes & Challenges

Utilization

- MTFC was offered in two jurisdictions in Maryland—Baltimore County and Montgomery County.
- Most of the youth served by MTFC are funded by DHR (19 funded slots); DJS funded one slot.
- The percentage of referred youth who started MTFC decreased in FY13; issues concerning rescinded referrals and unavailable slots or family matches continue to be barriers to starting treatment.
- Despite the low percentage of referred youth who ultimately start treatment, the average utilization rate for funded MTFC slots was 87%. This figure represents an improvement over the FY12 utilization rate (69%).
- The global admission length remained the same from FY12 to FY13, with youth starting the program within approximately four to five weeks from time of referral.
- The majority of youth admitted to MTFC were African American (87%) and male (60%), and the average age of youth admitted to MTFC was 14.4 years old. One admitted youth was 10 years old (MTFC-A was designed to serve 12 to 17 year old youth).
- The majority of youth had prior involvement with DSS (87%), and 40% had at least one prior referral to DJS. Future analyses will include additional risk and need indicators to better assess the characteristics of youth served.

Fidelity

- Both MTFC programs have met or exceeded the minimum standards in each of the fidelity domains on the purveyor's assessments.

Outcomes

- Nearly half (47%, n=7) of the youth who discharged were living with one or more biological parent upon discharge.
- Eighty percent of discharged youth completed treatment and were living in a less restrictive setting, an increase from 69% in FY12.
- The average length of stay for all discharged youth (264 days) fell within the MTFC target range of 180-270 days. The average length of stay (for all discharges as well as program completers) has been increasing over the past few fiscal years. According to the MTFC providers, in some cases longer lengths of stay are driven by difficulty with families accepting their child home once the youth is ready to leave MTFC.
- Most youth who completed MTFC in FY13 were living at home (83%), were in school/working (100%), and had not been arrested upon their discharge (92%)—only the percent of youth living at home fell short of the Maryland target of 90%. In addition, 83% achieved success for all three of these ultimate outcomes as of discharge.
- None of the youth who completed MTFC in FY12 had any new involvement with the juvenile justice, criminal justice, or child welfare systems during the year following their discharge from the program.

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