Treatment Foster Care in Montgomery County

Evaluation Report

August, 2007

Association for the Study and Development of Community

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1. Introduction

Treatment Foster Care (TFC) is a specialized form of foster care that is typically provided to children and youth who suffer from a range of emotional disorders and who usually require more intense levels of therapeutic interventions than that typically provided in residential treatment facilities.[1] The Montgomery County Collaboration Council for Children, Youth, and Families (MCCCCYF) contracted with the Association for the Study and Development of Community (ASDC) to conduct an evaluation of the current issues facing Montgomery County's TFC program to support the development of an action plan for increasing the number of foster parents available to provide this unique form of care. This evaluation complements the broader goals of the MCCCCYF's Children's Agenda and its community strategic plan, specifically the focus on children with intensive needs and related goal of developing an integrated, community-based system of care for this population.

To help provide an overview of the needs and types of children in the TFC system, the two foster parents interviewed for this evaluation were asked to detail the mental health issues facing the children in their care. Both parents stressed the complexity of the challenges facing these children and the fact that these cases are unique since each child entering the TFC system usually had multiple, interrelated problems and needs. Both also emphasized that the typical child or youth in their care required a high level of one-on-one attention that was simply not available in institutional settings. Often labeled "deep end" or "throwaway" children because of the severity and complexity of their needs, the general TFC population suffers from a range of emotional disorders and related problems that include:

- Post-traumatic stress because of violence and sexual abuse;
- Severe autism;
- Developmental delays;
- Attention deficit and hyperactive disorders often complicated by other emotional problems;
- Eating disorders;
- Substance abuse;
- Self-mutilation;
- Emotional disorders related to abandonment and neglect; and
- Delinquency.

From a systems perspective, the need to recruit and retain foster parents is complicated by the bureaucratically fragmented nature of foster care programs. In Maryland, both state and local departments, agencies, and offices share responsibility for the oversight of foster care which is provided by both public and private sector agencies. To illustrate the problems such arrangements can create, the state is responsible for licensing private sector providers who in turn monitor their own staff, while local

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[1] Twigg, R.C. (2006). *Withstanding the test of time: What we know about treatment foster care.* Foster Family-based Treatment Association

government agencies are responsible for both the licensing and monitoring of public sector agencies that provide TFC and other forms of foster care. Furthermore, different departments and agencies have their own TFC programs and cannot share treatment slots. Data is also gathered and managed in separate organizational "silos," making it difficult to identify gaps in services and the overall needs of the system. For example, currently there is no single management information system capable of providing basic data such as the numbers of children in need of TFC, costs associated with providing specialized care, the numbers of agencies in the county that authorize TFC providers and the numbers of TFC providers that reside in the county. Finally, there is currently no single governance body that can convene all the different stakeholders in the system to collaboratively negotiate plans and policies. The end result is a system that can create significant pressures on foster parents and is limited in its ability to respond to their concerns.

The rest of this report details the methodology employed, the major findings from the research, summative conclusions, and specific recommendations for the MCCCCYF.

2. Methods

The research activities conducted as part of this evaluation included telephone interviews with eight individuals and one e-mailed response to our questions (see Table 1). Attempts were also made to interview representatives from two additional private treatment foster care agencies; Mentor, Inc. and Pressley Ridge. The specific interview questions asked of each of these key stakeholders may be found in attachment A.

Table 1. Summary of Evaluation Participants

Agency/Organization/Group	Number of Individuals Interviewed
Treatment Foster Care Parents	2
Montgomery County Department of Health and Human Services' Department of Children, Youth and Family Services' Department of Child Welfare Services	2
State of Maryland Department of Juvenile Services	1
State of Maryland Department of Human Resources	1 [a]
Hearts and Homes for Youth	1
National Center for Children and Families	1
Maryland Association of Resources for Families and Youth (MARFY)	1 [b]
Total: 7	**9**

[a] This individual also sits on the Interagency Rates Committee, an inter-governmental body responsible for setting the rate for TFC.
[b] This individual e-mailed his responses to our questions.

ASDC was also asked to conduct a review of the best practices and evaluation literature for treatment foster care for use by MCCCCYF staff in their efforts to develop an action plan for treatment foster care in Montgomery County (See Appendix B for an annotated description of evidence-based programs and additional resources).

3. Key Findings

It is important to consider the perspectives of TFC parents, service providers (both public and private), and family advocates in the context of the best practices literature. Identifying best practices in TFC is a relatively recent innovation within the broader spectrum of approaches to foster care. The Foster Family-Based Treatment Association (FFTA), a leading advocate for the development, evaluation, recognition, and expansion of Treatment Foster Care, was founded in 1988. The FFTA has developed a uniform code of standards and practices (available for a small fee through its website, www.ffta.org) that defines the "industry standards" for the sub-field.

The most recent state-level study identified in our research was conducted by the Family Mental Health Institute at the University of South Florida and focused on the State of Florida's TFC programs. The study concluded that the following are essential program elements:

- Budgets and staff dedicated to therapeutic foster care;
- Specialized recruitment;
- Low case load sizes;
- Professionalization of the therapeutic foster parent role;
- Frequent targeted supervision of therapeutic foster parents; and
- A systematic or ecological treatment focus that includes the strengths in the home, school and community.

Some of these essential program elements are certainly found in Maryland's treatment foster care system. More specific strengths of Maryland's system generally and treatment foster care in Montgomery County specifically were identified by those interviewed. The key evaluation findings are organized according to the following issues:

3.1 Strengths of Montgomery County's Treatment Foster Care system and the areas in which it could improved;
3.2 Monitoring of Treatment Foster Care by state and local agencies;
3.3 Process for determining the rate of reimbursement for Treatment Foster Care;
3.4 Adequacy of current rates for foster parents;
3.5 Types and adequacy of supports provided to foster care parents;
3.6 Barriers to the recruitment and retention of Treatment Foster Care parents.

3.1 Strengths of Montgomery County's TFC System and Areas for Potential Improvement

All of the interviewees were generally positive in their overall assessment of Montgomery County's TFC system. Specific strengths with regard to service scope and intensity include the:

- Dedication and skills of the TFC parent;
- Caliber and motivation of the front-line staff who work directly with the parents, children, and programs;
- Ability at the level of the individual TFC "teams" (i.e. parents, social workers, case managers, program staff, and others) to communicate and collaborate;
- Management of both the visitation and reunification processes involving the children and their families of origin;
- Demographic diversity of Montgomery County and the comparatively high level of financial, educational, and human resources its population provides.
- Strong service infrastructure (e.g., number of trained professionals, range of services to meet specialized needs, high-quality public education system);
- Stability of service providers and the continuity of services this allows;
- Established crisis system in place; and
- Efficient referral system.

Despite these strengths, the interviewees identified a number of specific problem areas within the TFC system. The overall impression given by these responses is of a system that is functional at an overall level, but stressed by a chronic lack of resources (often as a result of decisions about funding made at levels beyond the immediate control of the primary stakeholders) and the difficulties associated with coordinating multiple stakeholder groups. The system lacks a structure for coordinating the various levels of government, agencies within those levels, and the public and private providers collectively responsible for a population of children with intense needs. General challenges facing TFC in Montgomery County identified by those interviewed include the following concerns:

- ***Montgomery County has the financial and human resources to support a larger pool of TFC providers at a higher level of compensation than is currently available to youth in need.*** According to one of the individuals interviewed, one recent demographic study of the County conducted by the State concluded that foster care could be supported at a significantly higher level given the resources available. Reasons for the shortage may be explained by the perspective of some of those interviewed. Specifically, the challenges associated with recruiting TFC parents in Montgomery County, compared to Prince George's County for instance, may be explained by the following:

  o Most families in Montgomery County include two working professionals and don't have the time to care for their own children and a high-needs child; and

- A culture and tradition of caring, and the time it requires, is less predominant in Montgomery County than in Prince George's County where among working class African American families there is a tradition of extended kin care in the community.

- ***A supply and demand problem is created by the use of providers located in both the private and public sectors.*** Private sector agencies have the choice of which children to place with their providers, an option not available to public sector agencies. Market demands limit the ability of private and public sector agencies to collaborate because private sector agencies are driven by bottom-line concerns while public sector agencies are driven by legal mandates to serve the children in their care. As a result, imbalances inevitably occur between the number of placements available and the children needing TFC. This situation is further complicated by the inability of public sector agencies to place children in each others' foster care programs. Specifically, a child in the care of one public agency cannot be placed in an open treatment slot of another public agency, virtually guaranteeing mismatches in needs and resources across the system as a whole;

  - ***Children placed in TFC do not always receive a comprehensive "front end" assessment before their placement in the foster home which can create delays in needed services.*** The TFC parents interviewed reported that the needs of the children they typically served were both unique and intense. Combined with the resource strains on the TFC system as a whole, the result is children who fall through the cracks in the assessment process and are placed in homes without all their needs fully identified. One parent reported as an example that a 14 year old placed in her care could not read or do basic math;
  - ***A general lack of awareness of the mental health needs of the TFC population within the judicial system can result in inappropriate reunification decisions***.[2] Interviewees reported that the general knowledge of the judicial system (especially judges) of the mental health issues facing TFC children was generally low. In addition, interviewees stressed the inappropriateness of trying to apply uniform rules in regard to the reunification of TFC children with their families of origin. In the experience of the TFC parents, judges tended to be biased towards one disposition or the other and are not flexible in making such decisions on a case-by-case basis, a problem compounded by the complexity of the mental health issues and the fact that the judges often had the least amount of contact with the child and direct knowledge about their cases;
  - ***The separation of TFC programs among two levels of government confounds the ability of the system to effectively acquire, manage, and evaluate data.*** Two specific examples of problems this situation can cause were identified by interviewees. Currently, the state licenses private sector providers while county-level agencies license public sector providers. Because

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[2] The private providers interviewed had a different perception of the legal system. They described a responsive legal system with judges knowledgeable about child welfare issues.

of the shortfall in the number of treatment slots available, public agencies often license providers in other counties in order to place the children in their care, a situation that makes it difficult for the state to determine how many providers are available at the county level. The other problem is that there is no central point around which to organize a global management information system which makes it impossible to determine the overall level of need for treatment and other forms of foster care. While the Governor's office has recently begun a yearly survey to assess the foster care needs of the state (now only in its second year), there is currently no global data available on how many children are candidates for foster care in general and TFC specifically, the needs of the foster care population, and reliable information about potential gaps and shortfalls in services.

3.2 Monitoring of TFC by State and Local Agencies

The interviews indicated a general level of satisfaction with the monitoring of TFC providers, with a few notable concerns. At the local level, the county manages the licensing process for providers working for public sector agencies. Public sector providers are visited by a licensed clinical social worker on a weekly basis. Each of these workers has a load of eight cases, which is reported to be a reasonable amount by the public agency representatives interviewed for this evaluation. In distinction, private sector agencies are licensed by the state, with monitoring of the providers and their homes managed by the staff of those private agencies. All providers are monitored on a quarterly basis by the state, which also conducts a more extensive year end review. Of note is that the state Department of Human Resources office responsible for monitoring foster care providers was restructured to increase its autonomy (in part to decrease potential pressures to license sub-standard providers given their limited number and the overall need for treatment slots) and saw its staff increase from eight to twenty one, with a resulting decrease in staff case loads from forty to fifteen. Aside from these generally positive changes to the monitoring of foster care providers, specific concerns about this issue raised by the public agency staff interviewed include:

- ***There is a perception that there is an inconsistency in the licensing standards used by the local and state governments that may result in substandard quality of care for some children in the TFC system.*** One interviewee reported at least one or two cases where a provider was denied licensing by the county only to later reopen with a private sector provider. The interviewee stressed the delicacy of the politics involved in such cases, and another added that all it takes is one unfortunate incident to end up on the front page of the Baltimore Sun;
- ***Qualification differences between the public and private sector agency staff responsible for monitoring and general oversight of providers may result in substandard quality of care for some children in the TFC system.*** One interviewee noted that because these roles and responsibilities are spread out over different units and departments, there is simply an inevitable gap in experience and expertise because some staff are more directly involved in the TFC and foster care system than others; and

- *Disparities between public and private agencies in the quality control of the background checks conducted on individual providers may result in potential liability concerns*. For example, the Department of Juvenile Services typically uses former police officers to conduct background checks, while that responsibility is handled by the staff of private sector agencies who may or may not have a similar level of expertise.

3.3 Process for Determining Rates of Reimbursement for Treatment Foster Care

The process for determining the rate for treatment and other forms of foster care helps to illustrate several of the challenges created by the need to coordinate programs and policies between multiple levels of government, among different public agencies, and with a system that uses both public and private providers. For Maryland as a whole, rates are set by the State using the Interagency Rates Committee, which is comprised of the departments of Health and Mental Hygiene, Human Resources, Juvenile Justice, Budget and Management, Education, and the Governor's Office for Children, Youth, and Families. Individual agencies provide input into the process and justify the suggested rates based on such needs as staffing and rent. While this provides some flexibility in the setting of rates, comparable services need to be within one standard deviation of each other. Individual TFC agencies can reimburse their providers at a higher rate than that set by the State, but have to find those resources themselves (which are usually drawn from local sources if and when they are accessed).

At the county level, rates for individual children are determined by the clinical staff. A recent policy change at the state level that took effect in January of 2007 creates a sliding scale that uses a checklist of behavioral concerns to set the level of reimbursement based on the severity of the needs of the child or youth. One interviewee noted that some agencies are savvier than others about negotiating their rates, a point made to illustrate that there is more room for better coordination of the process. Other than that, there were no comments made directly about any significant problems with the process itself.

3.4 Adequacy of Current Rates for TFC Parents

Five out of the six interviewees expressed the very strong opinion that the current rate paid to TFC parents was not adequate to cover all the essential costs of caring for this intensive needs population, much less the everyday expenses of caring for a child. The standard rate for foster care in Maryland is $935 a month, with the average rate for TFC falling between $1,300 and $1,400. Based on their experiences, the parents interviewed estimated that an adequate rate for the population would be around $2,500. To illustrate this point, comparisons were drawn to (1) the costs of caring for children in a residential facility, typically between $3,000-$4,000 a month, and (2) the market rate for non-special needs day care that usually covers eight hours a day as contrasted with the round the clock care provided by TFC parents. The primary problem with the rate paid to parents is that it does not cover all the "fringe" costs of caring for a child that many of the parents

and agency staff consider critical (an issue addressed in more detail in the next section), such as specialized day care and tutoring or enrichment activities that often require providers with the skill sets necessary to address the needs of most TFC children. The sources of the mismatch between the rate and needs of these families identified in the interviews included:

- Concerns of the state, agencies, and families alike that TFC and foster care in general should not provide a source of income for parents, an understandable sentiment that never the less creates pressure to keep payments below a level considered adequate by program staff and care providers;
- Funding priorities of state and local governments that are subject to political decisions outside the direct control and influence of the child welfare system. Several interviewees mentioned that TFC and foster care is often one of the first programs cut, as evidenced by small but regular decreases in program support;
- Comparatively politically weak and loosely organized coalitions of advocates that speak for the interests of a powerless constituency who often come from the most disenfranchised segments of the society.

3.5 Types and Adequacy of Supports Provided to Foster Care Parents

The children in treatment foster care typically have multiple mental health diagnoses including ADHD, depression, schizophrenia, bipolar disorder and attachment disorders. Behavioral problems can range from temper tantrums to delinquent acts such as theft, assault and sex offenses. Some children have borderline IQs. In some cases children's needs are primarily those of supervision, support, and services that exceed what is available in most DSS foster homes. In general, the children are considered "hard-to-place" because of their complex and challenging needs.

The general assessment by the interviewees of the supports provided to TFC parents was largely positive, with the caveat that they fell well short of covering the full range of needs experienced by providers and children (the question of rates is dealt with more directly in the following section). Currently, supports for TFC parents include:

- Support groups for parents that meet on a monthly basis;
- Monthly trainings managed by a training coordinator, with TFC parents receiving twenty hours of in-service training;
- Two nights a month of respite care;
- Reimbursement for day care at the rate of $15 a day.

Even with the high marks given to the existing supports, both agency staff and parents alike expressed strong concerns about the gap between the needs of TFC families and the resources they are currently provided. Specific issues surfaced in the interviews included the following:

- *Lack of financial and programmatic supports for all the necessary but currently uncovered services for and costs of caring for children with intense needs.* Most frequently mentioned were academic supports (e.g. tutoring, enrichment programs), social activities (e.g. summer camps, club fees), recreational programs (e.g. dance and music lessons), and transportation services (which are partially covered, but difficult to get reimbursed). Several of the interviewees stressed that within these areas, TFC children typically needed specialized services, such as tutors trained to work with children experiencing severe emotional and behavioral problems, that were significantly more difficult and costly to access than mainstream supports and programs;
- *Problems with the eligibility of TFC children for Head Start and the Working Parent Child Care Subsidy which are important potential additional sources of support for children with intense needs.* As these examples illustrate, there are a number of resources outside the supports directly provided to parents and foster children, but which cannot be accessed because the incomes of the foster families almost always place them outside the eligibility requirements of such programs;
- *A shortfall exists between the actual cost of day care in Montgomery County and the current rate of reimbursement for TFC providers.* Several interviewees noted that the County has one of the highest costs of day care in Maryland, with one parent estimating that the cost for a ten year old child was $600 a month compared with the $450 in expenses currently covered, with significantly higher costs for younger children;
- *An expanded training curriculum is needed for parents who have been in service for longer periods of time.* Several interviewees reported that the trainings had become repetitive;
- *Current "resource drives" typically occur around the holidays resulting in unmet needs throughout the remainder of the year.* Related to this issue is the impression expressed by one interviewee that connections to local and national businesses were under-utilized in terms of accessing resources such as educational software that could be donated to agencies and families; and
- *Need for expanded respite care.* It was recommended that respite care occur once weekly given the needs of the TFC population combined with the perennial problems of stress and burnout suffered by providers.

3.6 Barriers to the Recruitment and Retention of TFC Parents

One of the most troubling findings of this evaluation is the consistent decrease over the last six years in the number of treatment and other foster care families. Since 2000, the number of foster care families as a whole in Montgomery County has declined roughly 25%, from 350 to 260 (reported by q representative of Montgomery County Department of Health and Human Services), and this despite the use of an agency staff person who holds meetings three times a month to recruit new parents. Aside from anecdotal hypotheses about the underlying causes of this trend – the terrorist attack of September 11, 2001 and the 2002 sniper attacks were both mentioned – the challenges to the recruitment and retention of foster care providers detailed by the interviewees include the following:

- Rates afforded families in compensation for providing care. Highlighted as one of the single biggest problems facing the program, the inability of the current rate structure to cover the real costs of caring for TFC children is especially problematic for the retention of direct service providers. This issue is also complicated by the perception that private sector providers offer a better level of compensation as compared to public sector agencies;
- Fears of the parents about the difficulties of caring for a population of children who typically suffer from severe emotional disorders. Interviewees reported that despite the use of an agency staff person who holds recruitment meetings three times a month and educates potential foster parents about the mental health issues of foster children and the supports available to parents, concerns about the difficulty of caring for such children still represent a barrier to the expansion of the program; and
- Lack of public awareness about the need for foster care families in general and the specific distinctions among the four types of foster care (regular, respite, emergency, and treatment). Most would not know the differences between a treatment foster care home and a "regular" foster care home. Nor would most citizens know how to become a foster parent. Currently there is no centralized outreach and recruitment process in the county.

4. Conclusions

Montgomery County's TFC program and foster care system as a whole face challenges typical to those experienced across the human services and mental health sectors. The responsibility for the management and oversight of its programs are located within different levels of state and local government and are distributed among different departments, agencies, and units within those bureaucracies, creating structural problems in administering the system as a whole that are beyond the power and authority of any single unit of government to address. Such systems also suffer from "governance gaps" created by the absence of a central forum where stakeholders can routinely meet to make collective decisions about programs and policies. Further complicating matters, decisions that affect the funding streams that support the system are usually made at tables beyond the direct influence of the primary stakeholders (e.g., the state legislature) and affect a constituency that is among the most powerless and disenfranchised. Finally, the treatment and foster care system is unique in its extensive reliance upon volunteer parents drawn from the community who are only partially compensated for their service, as opposed to other mental health and human services programs that can rely on facilities and providers more formally embedded within the public and private sectors.

Before moving to specific recommendations, there are two main conclusions to underline drawn from the interviews and supporting research:

1. The chronic lack of sufficient funding for TFC combined with a demand for community-based placements for foster children that exceeds the supply of providers creates a financially irrational situation and leads to sub-optimal

therapeutic outcomes for that population as reported by parents and service providers. When a child with intense needs often related to severe emotional disorders cannot be placed with a foster family, the alternative is often placement in a residential treatment facility. The expense for such treatment alternatives is often two to three times the cost of community-based foster care, an outcome that places increased financial stress on an already under-funded system. Even more troubling, residential facilities rely upon treatment delivered in group settings, while the needs of the TFC population usually require more intense one-on-one work with a consistently present care provider that is more appropriately delivered in a home setting. The ultimate result of the current system is higher costs of care that produce less than optimal outcomes for the children.

2. The treatment and foster care system currently suffers from a "governance gap" created by program oversight and management functions located in different levels of government, across multiple departments, agencies, and units, with services delivered by both public and private sector providers. While bodies such as the Interagency Rates Committee play an important role in coordinating specific aspects of this system, there is currently no governance body that can regularly convene all the primary stakeholders to develop inter-governmental and inter-agency agreements and make collaborative decisions that reflect the interests of all the parties. This situation also makes it difficult to take advantage of innovative funding strategies such as pooled or blended financing schemes that usually rely on such a body to play the role of fiscal agent. Finally, the absence of such a governance body complicates efforts to conduct inter-governmental and inter-agency negotiations to access other sources of funding, for example, Head Start dollars or the Working Parent Child Care Subsidy.

5. Recommendations

Our primary recommendation is that the MCCCCYF begin to investigate the possibility of either playing the role of governance body for the county's foster care system or identify another entity to serve in that capacity. Major activities of this role might include:

- Regularly convening representatives of all the stakeholders (state and local government departments and agencies, public and private sector service providers, and foster parents and youths) to engage in collaborative decision-making around the issues identified in this evaluation;
- Providing a forum for the negotiation of inter-governmental and inter-agency agreements; and
- Serving as the fiscal agent to pool or blend foster care funding streams.

A variety of other recommendations to improve the TFC program were made by the interviewees that can be explored for potential action by the MCCCCYF regardless, with the one caveat that many involve coordination and collaboration among multiple

stakeholders not easily managed without the development of a more centralized and formal governance structure.

Recommendations related to enhancing financial and other supports for TFC parents include:

- Meeting with Maryland Choices to explore options for how to access financing for "necessary fringe" services where "families need support at the margins." One parent interviewed reported that Maryland Choices was able to provide her daughter with dance lessons, a type of service not usually covered by the current TFC rate. This finding indicates that Maryland Choices might already be working on how to finance such supports, possibly through a "wraparound" approach that employs blended or pooled funding mechanisms;
- Working with the Montgomery County Council and Department of Health and Human Services' Office of Income Support Services to help foster parents access the Working Parent Child Care Subsidy;
- Investigating the possibility of getting a waiver on Head Start eligibility requirements that currently prevent most foster children from participating in that program;
- Using trainee foster families to provide respite care for current foster parents, a strategy that would enhance training by providing hands-on experience and provide a much needed support;
- Partnering with the Department of Parks and Recreation to create slots for foster children in their Camps for Kids and similar programs; and
- Coordinating an expansion of community resource drives into year-round activities and working with local and national companies to negotiate the donation of educational and other resources (e.g., computers and software).

Recommendations related to the recruitment and retention of foster parents include:

- Creating a dedicated recruitment position with a staff person who can serve as a single point of contact for potential foster families;
- Exploring how to provide current foster parents with a stipend or bonus for recruiting other parents, a role for which they are especially suited because they often have the most direct access to social networks of likely foster families;
- Initiating a county-wide communications strategy (e.g., Public Service Announcements, a single point of contact web page) to inform the general public about the need for foster care, the types of foster care, and that addresses the concerns of potential foster parents about the challenges of working with the TFC population;
- Targeting front line service providers who work directly with children (e.g. doctors, teachers, day care providers) with a recruitment campaign since that pool is among the likeliest to include potential foster parents;
- Expanding the current parents' support group, which was identified as especially helpful in the retention of foster parents; and

Recommendations related to enhancing inter-governmental and inter-agency collaboration and capacity-building include:

- Facilitating inter-departmental negotiations on how to share treatment slots across public sector agencies;
- Developing an inter-departmental management information system to integrate currently fragmented data located across the TFC and foster care systems;
- Identifying opportunities to conduct joint trainings involving different departments and agencies to save resources and ensure minimum standards of expertise around issues such as monitoring and compliance;
- Engaging the justice system to explore opportunities for how to improve coordination with the child welfare system and foster families, such as the negotiation of policies and procedures for family reunification and providing training on mental health issues related to children in TFC and foster care; and
- Convening state-local negotiations or a similar process to streamline reporting requirements to the state.

We hope that these evaluation findings inform key stakeholders in Montgomery County's treatment foster care system and that they are ultimately useful for developing an action plan for increasing the number of treatment foster parents available to children and families with serious emotional disabilities.

Appendix A
Interview Schedule

Interview schedule for TFC parents

1. What types of foster children do you currently care for and what types of children do you anticipate caring for in the future?

2. What kind of supports are provided to TFC parents? Do these supports meet your needs?

3. Are the rates paid to TFC parents adequate? Are there any issues around rates or how they are set that might be problematic for recruiting and retaining TFC parents?

4. What do you see as the main barriers or challenges to increasing the number of Treatment Foster Care parents in Montgomery County?

5. What are the strengths of Montgomery County's TFC? How well does the "team" of parents, service providers, and other professionals/agencies work together? Where does it need improvement?

6. What are your recommendations for increasing the number of TFC parents in Montgomery County?

Interview schedule for state and local agency staff

1. What are the strengths of Montgomery County's TFC program? Where does it need improvement?

2. What type of children do you and your organization typically see in TFC?

3. What kind of supports (e.g. training, respite care) are provided to TFC parents? Are these supports adequate to the needs of TFC parents and the children in their care?

4. How are rates for Treatment Foster Care parents determined? Are there any issues around the compensation of TFC parents that should be considered/addressed? (specifically, are there services currently not covered by existing rates that need to be?)

5. Are there any issues around the funding of TFC as a whole that should be considered/addressed?

6. How are TFC providers/agencies monitored?

7. What do you see as the main barriers or challenges to increasing the number of Treatment Foster Care (TFC) parents in Montgomery County?

8. What are your recommendations for increasing the number of TFC parents in Montgomery County? Is there a general perception that Montgomery County citizens are aware of the crisis surrounding the shortage of TFC providers in the county?

Appendix B
Best Practices in Treatment Foster Care

Family Mental Health Institute at the University of South Florida

This state-level study focused on the State of Florida's TFC programs. Essential program elements clearly described in the literature include budgets and staff dedicated to therapeutic foster care; specialized recruitment; low case load sizes; professionalization of the therapeutic foster parent role; frequent targeted supervision of therapeutic foster parents; and a systematic or ecological treatment focus that includes the strengths in the home, school and community.

The available evidence indicates the key elements of Specialized Therapeutic Foster Care (STFC) that have an effect on child outcomes are: the quality of the program's supervision of the treatment foster parents, the treatment foster parents' supervision of the child, and the consistent use of behavioral techniques. http://www.fmhi.usf.edu/institute/pubs/newsletters/policybriefs/Issue030_Therapeutic%20Foster%20Care%20Brief.pdf

The full report can be found at www.fmhi.usf.edu/institute/pubs/bysubject.html

Multi-Dimensional Treatment Foster Care (MTFC)

The only specific program identified by our research as being formally recognized as a "best practice" through evaluation and peer review is multi-dimensional treatment foster care (MTFC). This approach was primarily developed by the Oregon Social Learning Center (www.oslc.org), a nonprofit organization involved in research and practice related to family-centered mental health intervention strategies. It is also the only TFC program included in the online data base maintained by the California Child Welfare Clearinghouse (www.cachildwelfareclearinghouse.org) that is identified as a practice on the basis of evaluation and peer review (for the online summary, follow the hyperlink to http://www.cachildwelfareclearinghouse.org/program/63).

The basic goals and components of the MTFC approach include (the summary is drawn from the OSLC's website):

The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and prosocial behavior in children and adolescents who are in need of out-of-home placement. Youth come to MTFC via referrals from the juvenile justice, foster care, and mental health systems. MTFC treatment goals are accomplished by providing:

- close supervision
- fair and consistent limits
- predictable consequences for rule breaking

- a supportive relationship with at least one mentoring adult
- reduced exposure to peers with similar problems

The intervention is multifaceted and occurs in multiple settings. The intervention components include:

- behavioral parent training and support for MTFC foster parents
- family therapy for biological parents (or other aftercare resources)
- skills training for youth
- supportive therapy for youth
- school-based behavioral interventions and academic support
- psychiatric consultation and medication management, when needed

There are three versions of MTFC, each serving specific age groups. Each version has been subjected to rigorous scientific evaluations and found to be efficacious. The programs are:

- MTFC-P, for preschool-aged children (3-5 years)
- MTFC-L, for latency-aged children (6-11 years). Implementation services and certification criterion under development.
- MTFC-A, For adolescents (12-17)

MTFC Parents. In the MTFC program, children are placed in a family setting for six to nine months. Single placements are the norm, although sibling groups are sometimes placed in one home in the MTFC-P program. Foster parents are recruited, trained, and supported to become part of the treatment team. They provide close supervision and implement a structured, individualized program for each child. The child's program is designed by the program supervisor with input from the treatment team. It builds on the child's strengths and at the same time sets clear rules, expectations, and limits to manage behavior. MTFC parents receive 12 -14 hours of pre-service training, participate in group support and assistance meetings weekly, and have access to program staff back-up and support 24 hours a day/7 days a week. In addition, MTFC parents are contacted daily (Monday through Friday) by telephone to provide the Parent Daily Report (PDR) information, which is used to relay information about the child's behavior over the last 24 hours to the treatment team and to provide quality assurance on program implementation. MTFC parents are paid a monthly salary and a small stipend to cover extra expenses.

Program Population. A positive and predictable environment is established for children in the MTFC home via a structured behavior management system with consistent follow-through on consequences. The system is designed to encourage positive and age-appropriate behavior in the home through frequent reinforcement from the MTFC parents. The youth is closely supervised in the MTFC home, school (if applicable), and community. Behavior at school and academic progress is monitored daily in the MTFC-L and MTFC-A versions. Skill building is provided for academic and social activities. Additional program activities vary depending on the age of the child. For

example, preschoolers in the MTFC-P program participate in a weekly therapeutic playgroup. Adolescents in the MFTC-A program receive individual therapy.

The Child's Family. The birth family or other aftercare resource receives family therapy and parent training. Families learn to provide consistent discipline, to supervise and provide encouragement, and to use a modified version of the behavior management system used in the MTFC home. Therapy is provided to prepare parents for their child's return home and to reduce conflict and increase positive relationships in the family. Family sessions and home visits during the child's placement in MTFC provide opportunities for the parents to practice skills and receive feedback.

The Treatment Team. The MTFC treatment team is led by a program supervisor who also provides intensive support and consultation to the foster parents. The treatment team also includes a family therapist, an individual therapist, a child skills trainer, and a daily telephone contact person (PDR caller). The team meets weekly to review progress on each case, review the daily behavioral information collected by telephone, and adjust the child's individualized treatment plan. The MTFC-P treatment team varies, see the MTFC-P Information page. (www.mtfc.com)

Additional information on this program can be found at:

- www.mtfc.com
- www.oslc.org
- http://casat.unr.edu/bestpractices/view.php?program=60

Additional Online Resources

California Evidence-Based Clearinghouse, http://www.cachildwelfareclearinghouse.org/

Serves as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families. The site provides up-to-date information on evidence-based child welfare practices.

Foster Family-Based Treatment Association, www.ffta.org

The FFTA is an agency-led association of treatment foster care providers. The site includes links to current research, the different committees organized by the FFTA, and other links to on-line resources. The organization also has a handbook on standards and practices for TFC that has to be ordered directly from the FFTA.

Of particular interest may be *Withstanding the Test of Time: What We Know About Treatment Foster Care* (2006), a monograph written by the Research Committee of the Foster Family-based Treatment Association. The monograph summarizes and analyzes the literature on Treatment Foster Care.

Oregon Social Learning Center, www.oslc.org

      The non-profit Oregon Social Learning Center is a collaborative, multidisciplinary research center dedicated to increasing the scientific understanding of social and psychological processes related to healthy development and family functioning. The OSLC is one of the leading research organizations closely involved with MTFC.

Texas State Center for Children and Families, http://www.ccf.txstate.edu/title-IV-E/resources/foster-care-and-adoption.html

      Contains numerous links to Foster Care and TFC resources, including an annotated bibliography focused on best practices.

Annotated Bibliography of Online Articles

http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-fall-winter-2000.pdf

      Edition of Permanency Planning Today, a newsletter put National Resource Center for Foster Care and Permanency Planning, that addresses issues related to the recruitment and retention of foster families.

http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-summer-2001.pdf

      Edition of Permanency Planning Today that covers best practices in permanency planning.

http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-summer-2002.pdf

      Edition of Permanency Planning Today that reviews lessons learned and best practices from state-level programs and policies.