

## MTFC-P Feasibility Information & Review

This checklist is meant to assist agencies and TFC Consultants in determining whether the establishment of an MTFC-P program is feasible and desirable in light of the agency's goals and circumstances. Upon review of the checklist by the agency, the items on the checklist will be discussed in a telephone conference between representatives of the agency and TFC Consultants. Following the telephone conference, a decision regarding implementation of the program will be made.

### What does it take to successfully implement an MTFC-P program?

#### **1. Funding**

While it is not possible to determine the exact cost of implementation for your agency, TFC Consultants provides you with a Cost Calculator that will provide you with a close estimate. This tool can allow you to tailor operational costs within your agency and region. The estimates include the costs for program operation, consultation services and costs associated with meeting ongoing fidelity and treatment outcomes. As you can see in the Cost Calculator, the costs for the second year of implementation can be 50% less than the first year and can be expected to decrease further in subsequent years. The consultation services needed after the first year are determined through a process of regular assessments.

Funding sources for implementation varies from site to site. Because there are several types of activities that typically can not be charged under existing billing codes (daily collection of behavior data, WebPDR costs, costs associated with model adherence), funding mechanisms that require separate billing for each activity, such as Medicaid, are usually not adequate to recover all program costs. The establishment of a daily rate that incorporates all costs is therefore the ideal funding method. If this is not possible, funds need to be identified to cover the costs that cannot be captured under existing mechanisms.

- First Year
  - The cost for consultation services for the first year is \$49,750. The cost includes all services in addition to the cost of the First Year Assessment.
- After the First Year
  - TFC Consultants will conduct an assessment at the end of the first year. Services will be provided for the domains in which a site is deficient in meeting fidelity and outcome standards. Services will be provided in 4 month periods, followed by an assessment of those targeted domains.

Services and assessments will be repeated every 4 months until fidelity and outcome standards are met.

- When standards are met, a full program assessment is then conducted to identify any remaining areas to address before applying for Certification.
  - If meeting certification criteria takes more than a year, a full program assessment takes place after 12 months.
  - WebPDR will continuously be required as it is part of the clinical intervention services.
  - The cost of implementation services beyond the first year will be determined based on the fees in the attached rate schedule.
- Certification
    - Program certification should be applied for when a program assessment indicates that certification criteria are being met.
    - Applications are made to the Center for Research to Practice, an independent research agency.
    - The cost of program certification is \$2,850.
    - Initial program certification is valid for two years at which time re-certification should be applied for.
    - Re-certification is valid for three years.
  - After Certification
    - Assessments will continue every nine months *during the initial certification period and every 10 months during re- certification periods* to determine the need for consultation services to continually meet fidelity *and outcome* standards.
    - The cost of the assessments will be based on the attached rate schedule.

**Please describe your plans for funding the first year? Subsequent years?**

Comments/Questions:

## ***2. Target population***

- The population to be served must resemble the population for which the evidence-base exists (3- 6 years of age with challenging behaviors and require an out of home placement).

**Please describe your target population?**

Comments/Questions:

### **3. Referrals**

- Referral criteria should be agreed upon and formalized in advance and should include geographical feasibility, age range, the presence of behavior problems and the presence of a permanent aftercare resource.
- An 'inventory' of possible referrals that meet referral criteria should be made to ensure that sufficient numbers of appropriate MTFC-P referrals are present in the system.
- Effective communication of referral criteria to all referrers should be ensured.
- Acceptance of individual referrals should be the decision of the MTFC-P program supervisor, based on the availability of trained foster homes that are a good match for the child.

**Please describe the systems/agencies from which you plan to receive referrals?**

**Describe your plans to establish buy in from this system/agency for the MTFC-P program?**

Comments/Questions:

### **4. Geography**

- Program staff must be co-located.
- Foster homes should be within 40 minutes of the program office.
- Permanent homes should be within 40 minutes of the program office.

**What is the geographical location of your prospective foster homes?**

**What is the geographical location of your prospective referred families?**

Comments/Questions:

## **5. Foster parents**

- Foster parents participate as treatment agents by administering a structured behavior contingency plan on a daily basis.
- Foster parents provide daily behavior information for use in the program (Parent Daily Report).
- Foster parents participate in weekly foster parent meetings.
- Foster parents consult with program staff frequently, as needed, and have access to program supervisor (or other program staff when the program supervisor is unavailable) 24hrs/day, 7 days/wk.
- Only one child is placed in each MTFC-P foster home. Exceptions are made for sibling groups, depending on the circumstances.
- MTFC-P is a treatment program rather than a permanent foster care program. The treatment duration typically is 6 – 9 months. Successful reunification or other permanent placement is the goal. Foster parents build their competency in the model over time, and it is important to the successful operation of the program that a meaningful proportion of MTFC-P parents stay with the program upon completion of their placement child's treatment and accept subsequent MTFC-P placements. In some cases, no suitable permanent home may be available and permanent placement in the MTFC-P home is in the best interest of the child. However, it is important to ensure that a significant number of the MTFC-P homes will be available for consecutive placements. This can be accomplished by selecting referrals of children with an identified aftercare resource and by recruiting and selecting foster parents who enjoy involvement in the treatment, the intensive team work and contact with the program, and who are motivated by the idea of participating in the treatment of many children rather than the pursuit of a lasting relationship with one child.

**Do you currently provide treatment foster care at your agency?**

**If so, Describe how MTFC-P differs from your current practice of treatment foster care?**

**Do you plan to recruit foster parents new to foster care or existing foster parents?**

Comments/Questions:

## **6. Organizational support**

- Because MTFC-P services typically differ from methods and practices already in use, it is important that the MTFC-P program receive sufficient organizational/administrative support and accommodation to allow the program to operate as intended and to prevent the program from becoming isolated in the agency. A management-level 'program champion' positioned to provide adequate support and accommodation, and responsible for oversight of the program, should be identified.

- The Program Champion should attend the MTFC-P training with the members of the MTFC-P team.
- The organization should support the necessary authority of the Program Supervisor in order to execute all aspects of the program. This includes staffing, clinical, recruitment, referral, matching and other decisions pertinent to the implementation of the model.

**Describe how the management in your organization can support the MTFC-P program?**

**Who is your program champion?**

**How does your agency plan to support the Program Supervisor role in problem-solving and removing barriers to ensure program fidelity?**

Comments/Questions:

### ***7. Program staff for a 10-bed program***

- Program Supervisor – full time
- Foster Parent Consultant/Recruiter/Trainer –  $\frac{3}{4}$  time
- Family Therapist –  $\frac{1}{2}$  time
- Playgroup Leader/Skills Trainer –  $\frac{1}{4}$  time PG leader + hourly skills training time
- Skills Trainers/Playgroup assistants – hourly
- PDR Caller –  $\frac{1}{2}$  time
- Foster Family
- Consulting Psychiatrist

See “Overview of MTFC-P” for detailed role descriptions.

**How is MTFC-P different from current mental health services provided at your agency?**

**Do you plan to recruit from existing staff in your agency or hire new staff?**

Comments/Questions:

Implementation 'dealbreakers'

- Absence of commitment to ongoing model adherence and positive outcomes;
- Significant deviations from the staffing pattern described above;
- Co-occurring treatment for the MTFC-P child during placement;
- Off-model case load;

MTFC-P is not:

- A permanent placement;
- An intervention intended for children that do not present with challenging behavior;
- A wrap-around program.