

PROGRAM INFORMATION

June 1, 2009

1. Provider Type

Harborcreek Youth Services
5712 Iroquois Avenue
Harborcreek, PA 16421
(814) 899-7664, Extension 403
Program Supervisor: Amy Daley, M.S.

Office-based components of the service will be delivered in Erie County at the Program office at 3120 Peach Street in Erie, Pennsylvania.

2. License

Harborcreek Youth Services currently has a Provider Type 01 license to provide psychiatric residential treatment facility services. This includes a license to operate under 44 PA Code, Chapter 3800 from the Pennsylvania Department of Public Welfare and certification from the Pennsylvania Office of Mental Health and Substance Abuse (OMHSAS). Harborcreek is submitting a request for a waiver from the Secretary of DPW to allow the RTF license to be used in lieu of the required base mental health license. The licensed entity has agreed to assume responsibility for this service under its license.

Harborcreek has a current contract with TFC Consultants, Inc. (TFCC) in Eugene, Oregon, for implementation and oversight of its MTFC program, including the therapeutic services included in MTFC. Harborcreek will be pursuing certification of its MTFC team through the certification process provided by the Center for Research to Practice (CR2P).

Harborcreek Youth Services is accredited by the Council on Accreditation (COA).

3. Name of Service

Treatment Components of Multidimensional Treatment Foster Care-Adolescent (MTFC-A)

4. Subcontracting

Harborcreek Youth Services has contracts with the following:

- TFC Consultants, Inc. for implementation support, training, consultation, and program monitoring. During the first 12 months of serving youth, TFCC provides weekly

phone consultation to the team. The contract with TFCC also allows Harborcreek Youth Services to use the name MTFC to describe its program

- A psychiatrist to provide services for the MTFC-A program
- Treatment foster parents who are essentially subcontractors as they are not agency employees.

Copies of these contracts are attached.

5. County Served

Treatment components of MTFC-A are delivered in home, community, and office settings to residents of Erie County.

6. County Collaboration

Formal meetings have occurred with representatives of the Erie County Juvenile Probation Department and the Erie County Office of Children and Youth, Erie County Mental Health Program, Value Behavioral Health, and the Communities That Care Planning Subcommittee (CTC) of the Erie Community Prevention and Planning Committee (PPC). The CTC Subcommittee is composed of a cross-section of civic leaders representing state and county government; elementary through university level education; human services; law enforcement; and public policy agencies. All these entities have supported the MTFC program development and most provided formal letters of support for our PCCD grant proposal. There are no other treatment foster care programs operating in Erie County at this time.

7. Target Population

The target population for MTFC-A is delinquent and/or dependent male and female adolescents aged 12 to 17 years who meet all of the following criteria:

- Serious behavior problems, including anti-social and externalizing behaviors
- Current DSM-IV diagnosis
- Behaviors are severe enough to warrant out-of-home placement and cannot be addressed through a lower level of care
- History of failed treatment and/or failed placement
- Youth does not have developmental disabilities that would interfere with understanding the behavior model and does not have an IQ of 70 or under
- Primary concern is not sexual offending or substance abuse
- An identified aftercare resource family at admission or there is strong reason to believe an aftercare resource can be identified within the first 45 days after placement. A specific plan for the youth to transition to independent living after discharge is also acceptable
- No demonstration of acute suicidal, homicidal, or psychotic behavior
- No refusal of prescribed medication.

- Service is prescribed as medically necessary by a licensed psychologist or psychiatrist who has completed a recent face-to-face evaluation of the youth, within the past 45 days
- The youth's Interagency Service Planning Team recommends participation in the service.

8. Service Components

A. *THE MISSION*

The mission of Harborcreek Youth Services is "Helping youth and families build positive futures within a Christian environment that respects and promotes individuality and strengthens community." Services to clients of Harborcreek Youth Services are provided regardless of their religious beliefs. Cultural diversity is celebrated and services are tailored to individual needs in respect to cultural and religious preferences.

MTFC was developed as an alternative to residential and group care placement for troubled youth. The program was created to provide adolescents in need of out-of-home placement with close supervision; fair and consistent limits and consequences; a supportive relationship with at least one positive, mentoring adult; and a reduction in association with delinquent peers.

The mission of the MTFC program is to decrease behavior problems that could result in more restrictive out-of-home placement while increasing healthy, adaptive behavior of youth and overall family functioning and quality of relationships across life domains of home, community, and school or work.

B. *SPECIFIC DESIGN OF SERVICES*

MTFC-A is an evidenced-based program that has been nationally recognized as a "Blueprint Program." More information about the research evidence can be found at www.mtfc.com and <http://www.colorado.edu/cspv/blueprints/index.html>. Room, board, and basic foster care services that are provided to MTFC-A youth will be funded through other means. The treatment components of MTFC-A programs, described below, will be billed to Medical Assistance.

MTFC is delivered by a team comprised of a Program Supervisor, Child Therapist, Family Therapist, Skills Coach, Treatment Foster Parent(s), Parent Daily Report Caller, and Foster Parent Recruiter/Trainer. Each MTFC team can serve up to ten youth.

Youth are individually matched with appropriate foster parents, with consideration given to safety and interpersonal factors. Each foster family may host one MTFC youth. While there may be biological or adopted children in the home, other foster children may not be placed in the home with an MTFC youth.

Youth attend school in the home district of the foster home where they are placed. A feature of the MTFC-A model is to interrupt negative peer group associations, which may have occurred in the school setting. Placement in an MTFC-A treatment foster home and a change of schools, if necessary, provides the client with a fresh start in the educational setting. The MTFC-A foster parents function as the primary school contact, though the MTFC-A Program Supervisor is the program liaison with the school, providing collaboration between the program and educational setting.

Program personnel use a behavioral treatment approach and follow the MTFC model, as outlined in the MTFC manuals. MTFC-A uses a strengths-based, team-oriented, positive behavioral treatment approach. Positive pro-social behaviors are encouraged, shaped, and reinforced when demonstrated by the client through the consistent use of the point and level system. The underlying theory that drives the program interventions is social learning theory. The four key elements targeted in MTFC are (1) Providing clients with a consistent, reinforcing environment that builds on individual strengths; (2) Providing clients with clear structure and limits with well-specified consequences that are delivered in a teaching-oriented way; (3) Providing close supervision of the client's whereabouts; and (4) Helping adolescents avoid associations with negative peers, and developing skills for building relationships with positive peers.

All youth enrolled in the service receive the following therapeutic components:

- The Program Supervisor is on-call to families 24/7 for support and assistance. The Family Therapist and Foster Parent Recruiter/Trainer may provide back-up coverage
- A behavior management system, implemented by the foster parents. This behavior management system includes a specific Point and Level system and daily behavior reports. The PDR Caller calls foster parents daily to obtain information about the youth's behavior, which is entered into a web-based behavior data tracking system to monitor progress
- Foster parents provide close supervision, clear limits, and consistent follow-through with consequences. In addition, they form a close mentoring relationship with the youth placed in their home, which is an important component of treatment. During the initial phase of Treatment Level 1, the treatment foster parent(s) provide 24 hours a day, seven days per week supervision to the youth. This includes driving the youth to and from school and monitoring the youth's school attendance and performance, including academic and behavioral performance. The treatment foster parent(s) also administer any medication that the youth may be prescribed to take during placement. Attendance at a weekly support/training group, facilitated by the Program Supervisor, is required of foster parents. These groups occur at the program office.
- At least one hour per week of family therapy with the youth's identified after-care family, provided by the Family Therapist. The youth participates in some, but not all, of these sessions. Family therapy often occurs more frequently at

Treatment Components of Multidimensional Treatment Foster Care-Adolescents (MTFC-A) Service Description

the beginning of treatment to enhance the engagement process between the therapist and family members. The Family Therapist addresses the issues that led to the client's placement. If MTFC is to have any lasting impact, it must address the conditions in the family environment that created or encouraged the client's negative behaviors. The MTFC family therapist directly addresses these issues or refers the family to community resources for assistance. Family therapy also includes the teaching of parenting skills. It occurs primarily in the home, but may take place in the office if clinically indicated. If the aftercare plan is for independent living, the Family Therapist assists youth with developing positive, supportive relationships with important adults in the youth's life

- At least one hour per week of individual therapy with the youth, provided by the Child Therapist. Individual therapy is focused on motivating the youth and helping him/her to succeed in the program. The child therapist uses a variety of therapeutic strategies to assist the client. These may include psycho-educational and cognitive behavioral strategies to assist the client in addressing and managing symptoms and behaviors. MTFC is designed to be an all-inclusive treatment program, not permitting external mental health treatment provision. Individual therapy usually occurs in the office, community, or the aftercare family's home
- At least two hours per week with the Skills Coach to engage in pro-social activities and to learn and practice pro-social skills. Skills training sessions take place in the school or community
- Collaboration with the youth's prescribing physician regarding psychotropic medication. This will occur through MTFC foster parent or Program Supervisor attending medication management appointments and providing behavioral information to the treating physician.

As described above, treatment services occur in the home, community, and office, and occasionally in school.

Therapeutic Services in MTFC is generally considered an all-inclusive treatment service, such that clients will not receive other mental health treatment services while in the program. Psychiatric medication management may occur during MTFC.

Discharge planning begins at admission and includes the interagency treatment team and family. If needed, youth may continue to receive treatment components of MTFC for up to three months post-placement (i.e., after being placed with their aftercare family or independent living). These services may include individual and/or family therapy as needed and a twice per month support group for caregivers. The support group will be facilitated by a mental health professional from the MTFC program and will focus on problem-solving, reinforcing new behaviors, and maintaining youth and family progress. The focus of these post-placement services is to keep the child and family stable during the transition and to assist in the engagement of more long-term community-based services with the child and family, if necessary. Some youth may not need post-placement services at all, and in some cases it may be appropriate for a

youth to transition immediately to less intensive aftercare services when they leave placement. Thus, the continuation of MTFC treatment beyond placement varies depending on what is appropriate for an individual youth's needs.

The MTFC model does not permit physical restraint of children in any manner. The foster parents are trained in verbal de-escalation and active listening techniques. Upon admission to the program, each client has a crisis management plan. When a crisis is imminent treatment foster parents implement calming factors identified in the crisis management plan, if possible. They are expected to use active and reflective listening skills in an attempt to de-escalate the client. The treatment foster parent(s) will call the Program Supervisor to inform her of the potential crisis. The Program Supervisor will intervene with the client and create a plan to address the crisis. This plan may include intervention by the child therapist, mental health crisis services, referral agency, or law enforcement, depending upon the circumstances. If the crisis is of a life and death nature, the client is aggressively and violently out of control, is in health crisis, or has a weapon, the foster parent calls 911 prior to calling the Program Supervisor. Treatment foster parents should never attempt to restrain or physically control the client.

C. ***SCHEDULE***

The average length of stay is six to nine months. MTFC is not a long-term placement. See above for information on the frequency of each treatment component.

9. Treatment Planning and ISP

At referral, the referring agency worker will refer the youth for a psychological or psychiatric evaluation if he/she does not have a recent evaluation. An Interagency Service Planning Team (ISPT) meeting is scheduled and an Initial Treatment Plan is developed before services can begin. Required information is sent to the BH-MCO or Fee-for-Service to request authorization.

The ISPT includes the client, the child's parent or guardian and/or aftercare resource, referral source, a representative of the BH-MCO, and representatives of other systems involved with the child (e.g., CYS, JPO, MH/MR). If the youth presents with behavioral issues impacting school, a representative of the school district is asked to participate.

The treatment plan is developed by the ISPT based on the referral behaviors, psychological evaluation, and the goals of the youth and parent/guardian/aftercare resource. Goals and interventions are individualized based on the unique needs and strengths of the youth and his/her family and community systems. The treatment plan is discussed, put into writing by the Program Supervisor, and signed by the legal guardian and the youth if 14 or older. Treatment plans are discussed and reviewed at clinical team meetings, attended by MTFC staff.

The Program Supervisor will also develop a plan each week for achieving smaller steps toward the overall treatment goals. Treatment in MTFC is contingent on behavior and environmental

factors and is thus responsive to in-the-moment occurrences and situations. The Program Supervisor is responsible for day-to-day adjustments and communicates these adjustments to other team members as needed. With permission from the youth (if 14 or older) or his/her legal guardian (if under 14), copies of the ISP will be provided to all members of the Interagency Treatment Team.

The ISP will be reviewed and revised (if necessary) every 30 days. All members of the treatment team will be invited to attend these reviews. Regular communication with the referral agency worker and other members of the treatment team will be conducted via telephone calls, secure email, and/or written letter, as needed to convey necessary information. Communication with schools will naturally occur via the client's school card and more formal communication will occur as needed, depending upon the client's needs.

10. Cultural Competence

MTFC is attuned to the importance of the ethnicity and culture of all clients and their families referred for treatment. Cultural factors are considered in the process of matching clients with treatment foster parents. Weekly clinical supervision ensures that treatment efforts include responsiveness to cultural concerns or differences. All staff are trained in cultural competence and considerations. MTFC staff will make all reasonable efforts to honor the religious preferences and practices of clients in the program.

11. Community Integration

All treatment efforts by the MTFC program are geared toward successful community integration of clients as demonstrated by the following treatment objectives:

- Reduce the likelihood of placements to group or residential care
- Improve the clients' biological families' ability to manage the developmental and mental health needs of their children
- Improve the clients' pro-social behavior, as measured by reports from foster and biological parents, school personnel, juvenile probation officers, OCY caseworkers, and police
- Improve school or vocational success by increasing academic performance, as measured by comparisons of client grade point average prior to and following MTFC
- Increase school or vocational success by demonstrating a decrease in the number of disciplinary classroom referrals, unexcused absences, and job terminations
- Decrease truancy and tardiness, as measured by school attendance records.

The program provides opportunities for youth to do community service and volunteer work in their communities, as well as positive, age-appropriate recreational opportunities such as YMCA membership, Boys & Girls Club membership, and facilitation of client attendance and participation in pro-social recreation. Clients regularly attend community events with the foster family. Foster parents provide transportation required for client participation in pro-social recreation.

12. Staff Qualifications and Training

Harborcreek Youth Services plans to have one MTFC team, with the possibility of expanding in the future.

POSITION	QUALIFICATIONS	RESPONSIBILITIES
Program Supervisor (1.0 FTE)	<ul style="list-style-type: none"> • Mental health professional with a graduate degree in a clinical field • At least three years of postgraduate clinical work experience with children and families • Supervisory experience • Experience with a behavioral approach to treatment 	<ul style="list-style-type: none"> • Provide oversight of the program and supervision of all staff • Evaluate foster families • Conduct intakes, make matches, organize placements • Collaborate with outside agencies • Lead foster parent meetings and oversee support services to foster families. Provide day-to-day support and guidance to foster families • Lead clinical team meetings and supervise the team • Treatment planning • 24/7 on-call
Family Therapist (0.5 FTE)	<ul style="list-style-type: none"> • Graduate degree with training in a clinical field • At least one year of experience working with children and families 	<ul style="list-style-type: none"> • Provide therapy to aftercare family • Participate in treatment planning • May assist with on-call
Child Therapist (0.5 FTE)	<ul style="list-style-type: none"> • Graduate degree with training in a clinical field • At least one year of experience working with children 	<ul style="list-style-type: none"> • Provide therapy to youth • Participate in treatment planning
Foster Parent Recruiter/Trainer/PDR Caller (0.75 – 1.0 FTE)	<ul style="list-style-type: none"> • May be an experienced foster parent • High school diploma or GED 	<ul style="list-style-type: none"> • Assist with recruitment of foster parents • Conduct training of foster parents • Serve as resource to foster parents • Attends and may assist with foster parent meetings • Make daily calls to collect data
Skills Training (25 hrs/wk)	<ul style="list-style-type: none"> • Meet the minimum qualifications required for Therapeutic Staff Support 	<ul style="list-style-type: none"> • Provide youth with skills coaching directly related to mental health treatment plan goals.

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POSITION	QUALIFICATIONS	RESPONSIBILITIES
Foster Families	<ul style="list-style-type: none"> • Evaluated and approved by HYS to serve as a CRR surrogate parent, in accordance with Chapter 5310.131 of the Pennsylvania Code • Live within 45 minutes of the office 	<ul style="list-style-type: none"> • Establish a mentoring relationship with youth • Provide close supervision, implement Point and Level System, and enforce reasonable consequences • Attend weekly foster parent support meetings

The Child Therapist and Family Therapist positions are filled by two different individuals due to the role stratification feature of the MTFC model.

TRAINING

Prior to beginning to serve youth, the MTFC team, with the exception of the Skills Trainer and foster families, attends a week-long training in Eugene, Oregon, conducted by TFCC. The first day of training is attended by Program Supervisors and agency administrators, while the Program Supervisor, Therapists, and Foster Parent Recruiter/Trainer attend the rest of the week (four days). Until the team is certified, all new (replacement) hires attend the training in Eugene, Oregon. The exception is the Skills Coach, who is trained by the Program Supervisor and the Foster Parent Recruiter/Trainer.

Once the team is certified, the Program Supervisor, with assistance from the Foster Parent Recruiter/Trainer, is responsible for the training of any new hires. After certification, only new Program Supervisors will be required to attend the five-day training in Eugene, Oregon, conducted by TFCC.

Once the program is certified, newly hired MTFC staff will receive 10 hours of training by the Program Supervisor and Foster Parent Recruiter/Trainer in the MTFC model prior to providing services to MTFC-A clients. This will include use of written material, review of applicable videotapes, discussion, and possible attendance at clinical and/or foster parent meeting(s). This training will continue to be provided periodically, as a refresher, after the program is certified. Current staff will receive ongoing training on the MTFC model through clinical meetings and quarterly training sessions (two or more hours) on specific MTFC model components.

MTFC staff will receive agency training in applicable regulations, documentation expectations and methods, HIPAA, child protective services law (mandated reporting), confidentiality, crisis response, and child safety as part of their orientation to the agency.

Training in trauma-informed care, specifically, the Sanctuary model, will be provided to all staff by the Harborcreek Youth Services training department and the Program Supervisor. Child therapists will receive additional training in trauma-informed care by attending available agency training. MTFC therapeutic staff will be trained to recognize and understand trauma in clients,

but will not be specifically trained to treat trauma in their clients. This is due to the behavioral focus of the MTFC-A treatment model.

Staff may also participate in additional training, such as agency trainings or external conferences/workshops, on clinical topics not specific to MTFC.

All new foster parents participate in orientation training and annual booster trainings, as shown in the following chart:

FOSTER PARENT ORIENTATION TRAINING
<ul style="list-style-type: none"> • Two days (12 to 14 hours) of training conducted locally by the Foster Parent Recruiter/Trainer on implementing the MTFC program model. Topics include but are not limited to the following: Overview and Development of the MTFC Program; Role of MTFC Staff; Roles for Foster Parents; Noticing Behavior; and the Point and Level System • Six hours of training on CPR, First Aid, and Universal Precautions conducted by a Harborcreek Youth Services employee who is a certified instructor • Two hours of orientation conducted by the Foster Parent Recruiter/Trainer regarding agency and MTFC policies and procedures • Two hours of Medication Distribution training conducted by the Foster Parent Recruiter/Trainer using a taped training prepared by the Harborcreek Youth Services Nursing Supervisor • Additional training on establishing a mentoring relationship with youth (one hour) • Additional training on providing close supervision, implementing Point and Level System, and enforcing reasonable consequences (one hour)
FOSTER PARENT BOOSTER TRAINING
<ul style="list-style-type: none"> • Annual review of CPR, First Aid, Universal Precautions, and Medication Distribution training (four hours) • Annual review of MTFC program model training (six hours) • Weekly foster parent meetings that address specific concerns and procedures. It is expected that at least one parent from each foster home will attend at least 80% of the meetings

13. Supervision and Clinical Oversight

All MTFC Program staff members are supervised by the Program Supervisor. This includes weekly clinical team meetings and individual supervision, as needed. Weekly clinical team meetings last approximately 60 to 90 minutes and are attended by the Child Therapist, Family Therapist, Skills Trainer(s), and Foster Parent Recruiter Trainer.

Weekly foster parent support/training groups are attended by the foster parents, Program Supervisor, and Foster Parent Recruiter/Trainer and last approximately two hours each. As described above, the Program Supervisor leads the weekly foster parent support/training group and is available to foster parents for support 24/7.

The Program Supervisor is responsible for day-to-day clinical oversight of the program. The Program Supervisor has regular contact with the child therapist, family therapist, and skills coaches in addition to the weekly clinical meeting to share information, direct treatment activities, and collaborate on treatment strategies. The Program Supervisor is available to the therapists and skills coaches for consultation and direction at all times.

The program has a psychiatrist available for case review and consultation for up to 2 hours per month. The psychiatrist will consult on client behaviors, intervention strategies and other psychiatric concerns with the Program Supervisor and periodically, the entire clinical team.

CONSULTATION AND MONITORING BY TFCC

During the first 12 months of the program, the Program Supervisor receives weekly phone consultation with a TFCC consultant to monitor adherence to the MTFC model. This consultation includes review of client information and application of the point system. The consultant from TFCC watches tapes of the two weekly meetings (foster parent group and clinical team meeting) to monitor adherence to the MTFC model, and conducts two or three site visits during the first year, for a total of six days.

If the team is not ready for certification at the end of 12 months, remedial support services are provided by TFCC. The specific services, such as the frequency of any phone consultation, is dependent on the domains in which the team is not compliant with the MTFC model and the team's specific needs.

Once the team is MTFC certified, TFCC will conduct program assessments every nine to ten months to monitor the team's adherence to the MTFC model. Adherence is assessed in seven domains: youth outcomes, frequency of services (therapy, skills training), use of the behavioral tracking and behavior management systems, foster parent meeting (frequency, attendance, and content), clinical team meetings (frequency, attendance, and content), stratification of team members' roles, and staff training. If areas of deficiency are identified, remedial support services are provided; otherwise, TFCC has little involvement until the next program assessment.

14. Service Monitoring

As described above, TFCC provides periodic assessments to ensure that the team is following the MTFC model and, after the team has been providing services for 12 months, provides remedial services as needed. In addition, once the team has achieved its initial certification through the Center for Research to Practice, it must undergo recertification after two years and then every three years thereafter.

Youth progress is monitored using the web-based behavior tracking system. The Harborcreek Youth Services MTFC program will conduct satisfaction surveys with clients, families, and referring agencies every six months during the term of service, and for 24 months after program

completion. In addition, the MTFC Program Supervisor will monitor and address all client, family, and stakeholder grievances.

Harborcreek Youth Services will submit quarterly data as requested by OMHSAS Children's Bureau, including utilization rates and outcomes. The Program Supervisor will be responsible for monitoring service delivery. Initially, this monitoring will occur in coordination and consultation with TFC Consultants, Inc.

15. Budget

See attached.