



TFC
Consultants, Inc.
implementation of
EVIDENCE-BASED
PROGRAMS

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TFCO™ Program Certification

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General Information

TFCO™ Program Certification: What Does It Mean?

Program certification will allow your program to use the terms ‘TFCO’ and ‘Treatment Foster Care Oregon’ in the name or description of the program. The use of these ‘brand names’ is limited to programs that are certified and to programs receiving clinical supervision from TFC Consultants or one of its implementation partners. ‘TFCO’ and ‘Treatment Foster Care Oregon’ are registered service marks of TFC Consultants, Inc.

Program certification provides assurances to funding agencies, referring entities and other stakeholders that your TFCO program meets rigorous model adherence and treatment outcome standards. In jurisdictions where TFCO reimbursement rates have been established, your program will qualify for these rates.

Initial certification is valid for a period of two years and subsequent renewal certifications are valid for three-year periods, ***provided that a contractual arrangement is in place with TFC Consultants or one of its implementation partners to monitor program fidelity and address model adherence issues. In the absence of such an arrangement, certification is valid for a period of one year.***

Your organization will receive an expiration notice six months before your certification expires. For certification renewal, the time period between the initial or most recent certification application date and the renewal application date will be reviewed.

How are programs evaluated?

The certification review evaluates a program’s progress towards successful implementation of the TFCO model. The evaluation assesses a program’s ability to implement the TFCO model as recommended and maintain adherence to the model over time. Seven criteria are used to evaluate status towards certification. Detailed information about the standards for each of the criteria is included in this packet, and a Checklist of Application Requirements is available in Appendix A of this application.

This review will provide an understanding of your program’s strengths as well as an indication of areas in which your program would benefit from further development. A score and written feedback will be provided for each of the certification criteria. TFC Consultants, Inc. in Eugene, OR, or, in certain areas, one of its implementation partners, is available to provide additional implementation assistance that is specifically targeted to areas identified for further development. Contact information can be found on their website at www.tfcoregon.com.

How is certification determined?

To be certified as a Treatment Foster Care Oregon provider a program must meet the following two conditions:

- meet Criterion # 1 with at least 7 youth that have completed the program with successful outcomes, **and**
- receive an acceptable rating for at least five of the six remaining criteria.

Are you ready to apply for program certification?

In light of the fact that the application fee is non-refundable, it is important to consider whether your program has a good chance to meet certification standards. To this end, please carefully review the certification criteria and the standards that must be met for certification. TFC Consultants or its network partners can help you assess whether you are in a good position to apply for certification, and are available to assist you in improving aspects of your program that may not be fully model-adherent prior to the submission of the application.

How does my program apply for certification?

Complete and return this TFCO™ Certification Application and the TFCO-A Certification Application Part II. [Programs can download and save ‘TFCO-A Certification Application Part II’ at <http://www.tfcOregon.com/>]

Certification is specific and limited to the TFCO clinical team for which materials are submitted, so all information in the application must pertain to the same team. All members of the TFCO clinical team, with the exception of skills coaches, that appear in the meeting videos submitted for criteria 4 and 5 must be on the team on the date the certification application is submitted. The fee for conducting the evaluation is \$2,230 and must be included with the application. The fee is not contingent on the outcome of the evaluation and is non-refundable except in cases where materials provided are incomplete or not usable. In such cases all materials will be returned to you along with a refund check for the application fee minus shipping and handling costs.

The certification evaluation may take up to three months to complete.

How does my program submit the TFCO-A Certification application?

- Please mail a signed hard copy of this application to: TFC Consultants, Inc., Attention Theresa Mayne, 12 Shelton McMURPHEY Blvd., Eugene, OR 97401.
- Submit TFCO-A Certification Application Part II electronically by emailing it to theresam@tfcOregon.com.
- All supporting documents, video, and application fee should be mailed to: TFC Consultants, Inc., Attention Theresa Mayne, 12 Shelton McMURPHEY Blvd., Eugene, OR 97401.
- We expect that the date you sign and mail this application should be no later than two weeks after the end date of your data (i.e., program completion information, therapy components information, meeting attendance and meeting video...).

For questions or further information, please contact:

Theresa Mayne
Program Evaluation Specialist
TFCO Certification Services
A Division of TFC Consultants, Inc.
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TFCO® Program Certification Application Part I

Name of applicant organization:

Address:

Contact person: Name:

Title:

Telephone number:

Email address:

Website:

A check or money order for the application fee of **\$2,230.00**, made out to **TFC Consultants, Inc.**, is enclosed.

- I have read, I understand, and I accept all information in the TFCO-A™ Program Certification General Information
- I have familiarized myself with the certification criteria and the standards for certification
- I have completed the application and all requested materials are enclosed. All information provided is truthful and complete to the best of my knowledge.

Signature:

Printed name:

Date:

Minimum Application Requirements

It takes considerable time and experience to successfully implement all of the components of the TFCO model. To be considered for certification, a program should have been in operation for at least 12 months and at least seven youth should have successfully completed the program (see Criterion 1 for detailed information about successful completions). We don't expect that a program in operation for less time or with fewer involved youth would have the depth of experience to meet certification criteria. Therefore, we are unable to consider programs for certification that have not met these two minimum requirements.

If your program has been in operation for more than 12 months, you have the option to limit the time period considered for certification to less than the total program length. You may designate the time period to be considered as long as it includes the most recent 12 months and at least seven youth have successfully completed the program in that time frame. For example, if your program has been in operation for 20 months, you may elect to have only the last 15 months considered for certification purposes.

Complete the Minimum Application Requirements Table in the TFCO-A Certification Application Part II. Programs can download 'TFCO-A Certification Application Part II' at <http://www.tfcOregon.com/>. Once downloaded the file can be saved to your own network, updated and saved. The Minimum Application Requirements Table can be found in the folder named 'Minimum App Req.'

Criterion 1: Program Completion & Outcomes for Youth

Positive outcomes for youth are considered a key indicator of successful implementation of the TFCO program. For this criterion, a successful outcome occurs when

- a youth finishes the TFCO program, **and**
- moves from the program to a less restrictive living situation

Complete the Outcomes Summary Table in the TFCO-A Certification Application Part II.

The Outcomes Summary Table is found in the folder named 'C1 Outcomes.' **Complete the table for each youth that has been involved in the program since the start date of the time period defined in the Minimum Application Requirements section on the previous page.** Enter an 'X' for 'yes' or 'no' to indicate whether the youth finished the program and graduated out of TFCO. Enter the appropriate number and outcome from the summary list to show where the youth went after leaving TFCO. Space is provided to specify additional information if needed and feel free to attach additional explanations as necessary. **Please do *not* include cases currently in your program.**

Effective January 1, 2017, youth enrolled in the program less than 30 days will not be counted when calculating the outcome percentage. Include all youth who have discharged from the program in the Outcomes Summary Table and include a comment indicating if the youth was discharged within 30 days of placement. The reviewers will access Focus PDR to verify that all youth are accounted for in the Outcomes Summary Table.

The most common successful outcome is when a youth leaves TFCO to go to a home in which the adult(s) have participated in the TFCO program to prepare for the youth's return and to maintain his/her progress. Often this is the home of one or both biological parents, a relative, or an adoptive home, which are items # 1 through 3 in the Outcome Key in the TFCO Certification Application Part II. Sometimes, the TFCO program goal is to prepare older youth for independent living. When independent living is the intended goal during the TFCO placement, items # 7, 8 and 9 are considered successful outcomes. There are also situations where the TFCO program goal is to move a youth to a long term foster care placement, a specialized foster care placement, or possibly a therapeutic foster care placement (items # 4, 5 and 6). In these situations, it is considered a successful outcome if a) the foster care placement was a planned TFCO goal, and b) the youth's problem behavior have decreased to a level requiring no or less treatment.

To meet the standard for this criterion the percentage of total cases that completed the program and moved on to less restrictive settings as defined above will be calculated. If the TFCO program is being implemented as recommended, it is expected that at least 66% of the youth admitted to the program experience successful outcomes from their involvement in TFCO.

Criterion 2: Therapy Components

The therapy services in the TFCO model include weekly sessions for each of the three types of service; individual therapy, skills training, and family therapy. For purposes of this review, **services are counted as one session per week (not more) for each of the three types of therapy.** Sometimes there are situations where more than one session in a week occurs for a type of therapy, but for this review we limit the count to one per week. We consider a session to be lasting approximately an hour. We understand that sometimes sessions are shorter but for purposes of this review require they be at least a half hour to be considered a session.

Complete the Therapy Components Tables in the TFCO-A Certification Application Part II located in the folder named ‘C2 Therapy Comp’. The tables will be completed for youth who have successfully completed the program and youth who are currently enrolled in your program and will reflect:

- Services within the First Month of Placement Table
- Services after the First Month of Placement Table

Services within the First Month of Placement Table

We know that it can take a few weeks to get a routine going with therapy appointments, so the first table for this criterion is designed to provide information for the first month of therapy sessions only. **There is no delivery rate standard for the first month of therapy appointments.**

First Name: List the youth who **have successfully completed the program** from Criterion 1 **and** the youth who are **currently enrolled in your program**.

Placement Date: Enter the youth’s placement date.

Date One Month after Placement: Enter the date that is one month later than the youth’s placement date.

Months in Program: The number of months in the program will be automatically calculated. (Please note, the “# of Months in Program” should be 1 month for all entries in this table.)

Number of Sessions: Enter the number of sessions for each therapy type that occurred from the placement date to one month after placement. **Do not count more than one session in a week for each type of therapy.**

Total Sessions: The total number of sessions across the types of therapy will automatically be calculated.

Average Number of Sessions per Month: The average number of sessions per month will be automatically calculated. **There is no delivery rate standard for the first month of therapy appointments.**

Services after the First Month of Placement Table

After the first month of placement, we expect that at least 70% of the children will receive 70% of the therapy services intended. The Services after the First Month of Placement Table in the TFCO Certification Application Part II is designed to assess your program's delivery rate. The first month of services should not be included in this table.

Date One Month after Placement: This date will be automatically entered from the Services within the First Month of Placement Table.

Discharge or Current Date: Enter the date the youth left the program or the current date if the youth is currently in the program.

Months in Program: The number of months in the program will be automatically calculated from the date one month after placement and the discharge or current date.

Number of Sessions: Enter the number of sessions for each therapy type that occurred from the date one month after placement to the discharge or current date. **Do not count more than one session in a week for each type of therapy.**

Total Sessions: The total number of sessions across the types of therapy will automatically be calculated.

Average # Sessions per Month: The average number of sessions per month after the first month will be automatically calculated from the information in the rest of the table.

It is expected that at least 70% of the youth included in this table will have received 70% of the services intended. To achieve a 70% service delivery rate for each youth, the average number of sessions per month should be 9.0 or higher. To meet the standard for this criterion 70% of the youth should have achieved this service delivery rate. This overall percentage is automatically calculated.

Criterion 3: Behavioral Components

The appropriate use of the behavioral tracking and management systems is integral to the TFCO model as they provide both a mechanism for behavioral changes and a system for treatment team members to monitor progress. For **each youth currently enrolled** in your program, please provide:

1. PDR.

Please include with your application:

- The PDR analyses for each youth for the duration of their placement (if you use FOCUS PDR, these are the graphs)
- Copies of the PDR forms for three consecutive weeks. This entire period must fall within the 35 calendar days immediately preceding the application date.

To evaluate the use of PDR we consider the following:

- Is PDR being conducted as recommended (daily M-F)?
- Does the number of behaviors reported vary from day to day?
- Does the type of behaviors reported vary from day to day?

PDR is a valuable tool to help evaluate youth progress, foster parent stress and the effectiveness of interventions. However, PDR is only as useful as it is accurate. If the PDR data shows foster parents reporting no behaviors, under reporting behaviors which are occurring, or reporting the same behaviors each day, the evaluator will recommend additional shaping and training of foster parents as this may be an indication of inaccurate PDR.

In addition to the documentation referred to above, we need to access your PDR data base to review additional information and view the structure and features of your PDR information system.

If your program uses the FOCUS PDR system, the TFC Consultants evaluators already have access to your data and no further action is needed.

If your program uses another system than FOCUS PDR, please contact Theresa Mayne within 10 days of the submission of this application to arrange for access to your system.

Non-FOCUS PDR systems will be evaluated on the information recorded, the usefulness of the reports created, ease of use and other factors relevant to the use of PDR information in the program. Evaluators must be able to verify that data is entered on the day of the call and within 24 hours of the behavior (except for Friday, Saturday and Sunday behaviors, which are collected on Monday). This can be accomplished by using a date stamp which automatically

records and displays the dates on which information is entered. This date field should be non-changeable by the person entering the information.

Other factors considered when evaluating PDR systems include whether data entry occurs centrally (by a member of your staff) based on information provided by the foster parent over the telephone (direct contact as opposed to voice mail or e-mail). Paper-and-pencil systems are generally not acceptable.

Team Leaders and others as needed must have immediate and direct access to PDR information as soon as it has been entered into the system. Access should not be dependent on the involvement of support or IT staff but should occur via direct user log-in

Please note that we may need the assistance of your staff to evaluate your PDR system.

2. Point and Level System.

Include copies of the point and level charts, and privilege charts for three consecutive weeks. This information must be **from the same weeks as PDR information** submitted. To evaluate how the point and level system is being used, we will consider the following:

- Are the foster parents completing the point and level chart daily as expected?
- Does the number of points the youth earns vary from day to day?
- Are foster parents following the protocol for each level?
- Does the foster parent routinely take points? Give bonus points?
- Is the number of points taken (or given) appropriate for the behavior? For example does the foster parent take a small number of points for minor misbehavior and a larger number of points for more significant misbehavior? And likewise for positive behavior?
- Is there a balance between taking and giving points? When there is a problem with balance, the foster parent tends to focus most on one or the other (taking or giving).
- Are the point and level charts individualized to address specific behaviors in the foster home?
- Are the points that the youth earns being reflected in their privileges?
- Are the incentives used motivating?

The point and level system is an effective means to manage the youth's behavior in the foster home, but effectiveness depends on appropriate use. To be most effective the foster parents need to be skilled at giving and taking points in a way that encourages positive behavior and discourages negative behavior.

3. School Cards

Include copies of the school, volunteer and work cards for three consecutive weeks. This information must be **from the same weeks as the PDR information** and point and level charts submitted. We ask the following questions to evaluate how school cards are being used:

- Are the school, volunteer, and work cards being used consistently?
- Are the school, volunteer, and work cards complete?
- Is the use (or lack of use) of school, volunteer, and work cards indicated on the point and level chart?

The school card is important as it is the primary mechanism to keep track of the youth's behavior at school, but often programs find it difficult to make the card a part of the routine.

If school was not in session during the requested reference period, please contact Theresa Mayne to discuss submission of school cards from a different period.

A total score of 100 is possible for this criterion: 40 for PDR, 40 for Point and Level, 20 for school cards. Points are awarded in each area based on how closely aligned the use of the behavioral components is with the TFCO model. A total score of 70 is needed to meet the minimum standard for this criterion.

Criterion 4: Foster Parent Meetings

The weekly foster parent support meetings are a critical part of the TFCO model. Not only do the meetings offer an opportunity for foster parents with similar experiences to support each other, the meetings provide a mechanism to continually reinforce effective implementation of the program. However, the benefits of such opportunities can only be realized if the meetings are occurring regularly and are attended by most of the foster parents. There are two parts to the review of foster parent meetings; 1) Meeting Schedule and Attendance, and 2) Meeting Content.

Part 1: Foster Parent Meeting Schedule and Attendance

Complete the Foster Parent Meetings Table in the TFCO-A Certification Application Part II located in the folder named ‘C4 FP Mtg’:

- Enter the names of the current youth in placement and the names of their foster parent(s).
- Enter foster parent meetings held in the in the last 12 weeks (the 12 week period prior to your application date will be reviewed for meeting attendance).
- The percent of meetings attended by foster parents and the totals will be automatically calculated.

There are two meeting and attendance conditions that must be met.

- At least 8 meetings in the last 12 weeks need to have taken place
- At least 70% of the meetings need to have been attended by a foster parent of at least 70% of the youth enrolled in the program.

If these two conditions are not met, the video of the foster parent meetings will not be reviewed and no score for this criterion will be given.

Part 2: Foster Parent Meeting Content

Please submit video recordings of TFCO foster parent meetings from 3 consecutive weeks. The meetings recorded and submitted must be of the **same 3 weeks for which PDR information is submitted**.

Video submitted should be in DVD format or another format that can be uploaded to a computer. If you plan to use a different format, please contact Theresa Mayne prior to submission. The recordings should include:

- A view of the Team Leader and as many of the faces of participants as possible (though we realize that some room sizes and seating configurations make it impossible to have all of the participants visible).
- Recorded introductions at the start of the meeting with first names and the role of each participant.
- To reliably code the interactions the reviewer needs to be able to hear clearly and understand all of the participants so please review the audio quality prior to sending the recordings.
- The entire meeting from beginning to end must be recorded.

To protect confidentiality it is advisable that you limit the use of names in the meetings to first names only. Please note that all TFC Consultants staff members have signed confidentiality agreements and the videotapes you send will be stored securely.

Providing the conditions for meeting schedule and attendance are met, the video recordings of the foster parent meetings will be rated using the standardized system below. The system provides an overall rating of the meeting as well as feedback to the following questions:

- Do foster parents demonstrate an appropriate use of the TFCO model components?
- Are foster parents engaged in the meeting?
- Are foster parents receiving support and guidance from the Team Leader and from each other?
- Does the Team Leader facilitate the meeting appropriately?
- Does the tone of the meeting facilitate a casual and supportive atmosphere?

To meet the standard for this criterion, 70% of the all of the responses in the rating system should be “acceptable”.

Individual Review

The reviewer answers yes/no to the questions in this section separately for the discussion about each youth reviewed during the meeting.

1. Were specific behaviors from the PDR, point & level charts or school cards referred to during the discussion? (e.g., “I see that he did a lot of arguing and back-talking this last week” versus “I see he had a bad week”. Or “I noticed you took some points in attitude and maturity for arguing this week, tell me about his arguing”.)
2. Were problems discussed or described in behavioral terms? (e.g. pouting, rolling eyes, heavy sighs, irritable verbal response versus “bad attitude” or “he had a bad week”)
3. Was there an indication that the foster parent was using the point and level system? Was there a reference made to the points earned, giving/taking points, dropping or advancing a level, etc.?
4. Was there an indication that the foster parent or youth defaults to or accepts the Team Leader as the authority? (e.g., foster parent called TL for help with a problem, foster parent directed youth to contact the TL to answer a question or deal with a problem, youth called TL for a decision, foster parent or youth clarified rules of the program with TL, TL asserts self as authority and foster parent/youth accept it, etc.)
5. Were positive aspects of the youth’s *behavior* noted during the conversation? This includes comments about what the youth’s strengths are, what specific thing the youth did well, special accomplishments, etc. - but does not include general non-specific comments like “she had a good week”.
6. Was there an indication that the foster parent positively reinforced appropriate behavior during the week, or used an incentive to motivate appropriate behavior? This would include references that indicate the foster parent verbally reinforced the youth, was using a contingent incentive or “reward”

for specified behavior, gave extra/bonus points for appropriate behavior, etc.

7. Was there an indication that the foster parent was using appropriate limit setting? (point removal, level demotion, privilege removal, work chore)

8. Did the case discussions include setting or reviewing short or long term goals? Short term goals tend to include strategizing and making specific plans to resolve problems, introduce new behaviors, or stop existing behaviors. Long-term goals tend to include identifying and strategizing about meeting objectives for aftercare situations, or other program graduation objectives.

9. Did the Team Leader give support/advice/guidance to the foster parent around issues involving the biological family? (e.g., issues that came up around home visits, dealing with foster parents or youth interactions with the biological family, etc.) This includes issues relating to other aftercare resources, or independent living. (N/A if no issues of this nature were discussed)

10. Did the Team Leader or other foster parents offer help or advice with logistics (appointments, finances, transportation, local activities etc.)?

11. Did other foster parents offer understanding and support to this foster parent's situation (were empathetic, offered encouragement, bolstered, etc.)?

12. Did the foster parent generally seem at ease and comfortable discussing their case (i.e., participated in willing manner, did not need continual prompting to interact, etc.)?

13. Did most of the other foster parents seem to be engaged in the discussion of this case (e.g., were paying attention, actively listened, nodded, verbally participated, etc.)

14. Did the Team Leader make any overt corrective comments about the foster parent's actions or skills during the meeting?

Overall Impressions

The reviewer answers yes/no to the questions in this section based on the content of the entire meeting.

15. Was time provided for foster parents to socialize (e.g., have a conversation about special events, hobbies, interests, etc. not related exclusively to foster parenting)?

16. Were snacks and beverages provided and accessible?

17. Did participants seem comfortable physically (chairs, temperature, lighting, etc.)?

18. Did the atmosphere of the meeting support humor (participants found humor in or could be amused by their own or the youth's behavior, unusual situations, etc.)?

19. Did the Team Leader manage the time well, making sure there was adequate time to spend reviewing each case?

20. Did the Team Leader redirect the conversation, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused? (N/A, conversation did not need redirecting)
21. Did the Team Leader “normalize” difficult youth behaviors (anger, non-compliance, etc.) as a way to help foster parents remain non-reactive to extreme behaviors?
22. Was there an indication that the foster parents were using other behavior management techniques consistent with the TFCO model? (e.g. redirect, ignore, pre-teaching...)
23. Did the Team Leader share any personal experiences as a way to become a member of the group and join with them?
24. Did the Team Leader use individual situations as a teaching opportunity for the rest of the group? Examples of this are: reinforcing the things individuals did well, offering alternative solutions to problems, associating the action of the foster parent or program with the youth’s response, pointing out how a foster parent’s action prompted the desired response, providing rationale for program mechanics and objectives, coaching the group to use the program effectively etc.
25. Did the Team Leader exhibit good leadership skills (e.g., directed or guided the discussions, probed for greater details...)?
26. Did the Team Leader reinforce off-model parenting strategies (e.g. agreed with a punitive punishment, encouraged too much talking or processing, reinforced the foster parent for lecturing...)?

Feedback is summarized in multiple ways. An overall rating is calculated as well as ratings based on subsets of items.

1. Overall Rating – this is the percentage of acceptable responses from the entire review using all questions. It is expected that the overall percentage of acceptable responses should be at least 70% to assure that the foster parent meetings are being conducted in a manner that supports adherence to the TFCO model.
2. Foster Parents. Three subsets of questions are used to provide feedback on elements of the meeting considered integral to the development and support of the role of foster parents in the TFCO program.
 - a. Do foster parents demonstrate an appropriate use of the TFCO model components? (items 1,2,3,4,5,6,7,8,22)
 - b. Are foster parents engaged in the meeting? (items 12,13)
 - c. Are foster parents receiving support and guidance? (items 9,10,11,14,24,26)
3. Team Leader. Two subsets of questions are used to provide feedback on the Team Leader’s ability to conduct the meeting in a manner that supports ongoing adherence to the TFCO model.
 - a. Does the Team Leader facilitate the meeting appropriately? (items 19,20,21,23,25)
 - b. Is the tone of the meeting conducive to casual and supportive interaction? (items 15,16,17,18)

Criterion 5: Clinical Team Meetings

The weekly clinical team meetings are also considered key to a successful implementation of TFCO. The weekly meetings provide the opportunity for staff to review progress, set or refine goals and integrate the aims of the therapy components. As with the foster parent meeting review there are two parts to the clinical team meeting review: 1) Meeting Schedule and Attendance, and 2) Meeting Content.

Part 1: Clinical Team Meeting Schedule and Attendance

Complete the Clinical Meetings Table in the TFCO-A Certification Application Part II located in the folder named 'C5 Clinical Mtg'. For certification, clinical meeting attendance is measured by attendance of the Team Leader, Family Therapist(s), Individual Therapist(s), and Skills Coaches.

- Enter the current youth in placement and the interventionists working with each youth
- Enter clinical team meetings held in the last 12 weeks (the 12 week period prior to your application date will be reviewed for meeting attendance).
- The percent of meetings attended by clinical team members and the totals will be automatically calculated.

There are two meeting and attendance conditions that must be met.

- At least 8 meetings in the last 12 weeks need to have taken place
- At least 70% of the meetings need to have been attended by at least 70% of the clinical team members.

If these two conditions are not met, the video of the clinical team meetings will not be reviewed and no score for this criterion will be given.

Part 2: Clinical Team Meeting Content

Please submit video recordings of TFCO clinical team meetings from 3 consecutive weeks. The meetings recorded and submitted must be of the **same 3 weeks of PDR information submitted**.

Video submitted should be in DVD format or another format that can be uploaded to a computer. If you plan to use a different format, please contact Theresa Mayne prior to submission. The recordings should include:

- A view of the Team Leader and as many of the faces of participants as possible (though we realize that some room sizes and seating configurations make it impossible to have all of the participants visible).
- Record introductions at the start of the meeting with first names and the role of each participant.
- To reliably code the interactions the reviewer needs to be able to hear clearly and understand all of the participants so please review the audio quality prior to sending the recordings.
- The entire meeting from beginning to end must be recorded.

To protect confidentiality it is advisable that you limit the use of names in the meetings to first names only. Please note that all TCF Consultants staff members have signed confidentiality agreements and the videotapes you send will be stored securely.

Providing the conditions for clinical meeting schedule and attendance are met, the video recordings will be rated using the standardized system below. The system provides an overall rating of the meeting as well as feedback in the following areas:

- Supervision and Facilitation. Was the meeting facilitated in a manner that provides supervision and support for staff?
- Program Implementation. How well are the key TFCO program components being implemented?

To meet the standard for this criterion, 70% of the all of the responses in the rating system should be “acceptable”.

Individual Review

The reviewer answers yes/no to the questions in this section separately for the discussion about each youth reviewed during the meeting.

1. Were the PDR forms referred to in the discussion? (This includes a visual review).
2. Were problems described adequately and in behavioral terms, so that appropriate action could be considered?
3. During the discussion of problems, was the discussion balanced between describing the problem and talking about solutions and progress?
4. Were positive aspects of the youth’s behavior or progress noted in the discussion?
5. Did staff refer to how the point and level system was (or could be) used to support appropriate behavior and discourage inappropriate behavior? (e.g., adding specific target behaviors to a youth’s chart, adding a specialized incentive to the system, talking about how the foster parent is using points, etc.)
6. Were reports given from multiple team members (individual therapist, family therapist, skills coach) about their activities during the week and their plans for the upcoming week?
7. Did the case discussion include setting or reviewing short or long term goals? Short-term goals tend to include strategizing and making specific plans to resolve problems, introduce new behaviors, or stop existing behaviors. Long-term goals tend to include identifying and strategizing about meeting objectives for aftercare situations, or other program graduation objectives.
8. Did the Team Leader present the foster parents’ perspective and/or interests of the youth’s behavior or progress, beyond PDR data?

9. Did the Team Leader offer, or help to develop, a clear case plan to each treatment team member for the upcoming week?

Overall Impressions

The reviewer answers yes/no to the questions in this section based on the content of the entire meeting.

10. Did the Team Leader manage the time well, making sure there was adequate time to spend reviewing each case?

11. Did the Team Leader redirect the conversation, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused? (N/A, conversation did not need redirecting)

12. Did most of the clinical team members seem to be engaged in the discussion of cases? (i.e., participated in an enthusiastic and willing manner, spoke freely, did not need continual prompting, etc.)?

13. Generally, did the Team Leader take a leadership role in the development and integration of the treatment plans? (e.g., clarifies goals and objectives, refines strategies for individual team members, integrates treatment strategies, makes final decisions, etc.)

14. Did the Team Leader use an individual case or situation as an opportunity to reinforce the TFCO model? This includes things like: generalizing rationale for decisions to the overall program objectives, offering alternative solutions to problems, associating program action with youth response, and demonstrating how solutions relate to treatment objectives, etc.

15. Did the atmosphere of the meeting invite and support humor? (i.e., participants found humor in/could be amused by the youth's behavior, unusual situations)

16. Did the Team Leader offer support to staff in difficult situations or reinforce staff for their contributions or actions?

17. Did the Team Leader confront or make any overt corrective comments to staff members during the meeting?

18. Did the Team Leader reinforce off-model clinical practices? For example: develop plans for treatment team members that are not aligned with their TFCO roles; reinforce team members for using off model strategies such as setting direct limits with youth, lecturing or processing too much with youth...

19. How many people were at the meeting?

20. How many cases were discussed in the meeting?

21. How many of those cases included references to clinical diagnosis?

22. (If one or more on #21) Was the discussion of clinical diagnosis brief in nature and oriented towards behavioral targets or treatment plans? (yes, no, some)

Feedback is summarized in three ways. An overall rating is calculated as well as ratings based on subsets of items.

1. Overall Rating – this is the percentage of acceptable responses from the entire review using all questions. It is expected that the overall percentage of acceptable responses should be at least 70% to assure that the clinical meetings are being conducted in a manner that supports adherence to the TFCO model.
2. Supervision and Facilitation. A subset of items is used to assess if the meeting was facilitated in a manner that provides supervision and support for staff. (items 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18)
3. Program Implementation. A subset of items is used to provide an indication of how the key TFCO program components are being implemented. (items 1, 2, 3, 4, 5, 7, 8)

Criterion 6: Program Staff

The TFCO program requires a very specific staffing plan with distinct roles for each staff member. The stratification and integration of roles facilitates implementation of the program. Please complete/provide the following items:

- A. Complete the Program Staff checklist in the TFCO-A Certification Application Part II located in the folder named 'C6 Staff'**
- B. Provide a copy of your job descriptions for each position
- C. Provide a brief summary of the supervisory structure for your TFCO team.

Note that it's common for the Foster Parent Recruiter, Trainer, and PDR Caller to be combined into one position. Also note that the TFCO model specifies that for each family, the child and family therapist should not be the same individual.

From the information provided, each position will be given points based on how closely aligned the position is with what is recommended by the TFCO program. The total possible points for each position are listed below. To meet the standard for this criterion, it is expected that a program be 70% aligned with the recommended structure.

	<u>Possible Score</u>
Team Leader	40
Family Therapist(s)	15
Individual Therapist(s)	15
Skills Coach(es)	15
Foster Parent Recruiter	5
Foster Parent Trainer	5
PDR Caller	5

Criterion 7: Training

TFCO considers training key to a successful implementation. Two areas are considered in the review of a program's training protocol:

A. Initial Training: Complete the Initial Training checklist in the TFCO-A Certification Application Part II located in the folder named 'C7 Training'.

For each staff member, **list their name and the date of their training**, and complete the checklist about their initial training. **Enter an 'X' for 'yes' or 'no'** to indicate if staff members have received the defined training. If the program employs more staff than checklists are provided, please provide a separate listing of additional staff and their training.

B. On-going Training: Please provide a brief description of the ongoing training in the TFCO model that your organization may be doing with your current staff. **Include a summary of how new staff are or will be trained in the TFCO model.**

- ***Examples of training for newly hired staff:*** All newly hired staff members will read TFCO manuals and articles; newly hired Team Leaders will attend TFCO training conducted by TFC Consultants, Inc.; newly hired therapists will attend training conducted by TFC Consultants, Inc.; newly hired staff will receive in-house training specific to their TFCO roles conducted by the Team Leader; newly hired staff will have the opportunity to shadow experienced team members in their assigned role; newly hired staff will observe a foster parent training session...
- ***Examples of ongoing training:*** Staff members receive weekly or monthly one-on-one supervision with the Team Leader; the Team Leader reviews videotaped therapy sessions *x* times per year; the Program Manager and Team Leader conduct reviews of foster parent and clinical team meeting video *x* times per year; the program provides quarterly, semi-annual or annual TFCO booster trainings; staff members attend TFCO sponsored conferences when available; staff members read TFCO articles...

Please note that training conducted by TFC Consultants, Inc. or an Implementation Partner is required for Team Leaders and all other TFCO program staff (except for Skills Coaches), until after program certification is obtained (for Team Leaders this requirement continues beyond program certification) – so all current TFCO program staff except skills coaches should have attended TFCO clinical training at the time of application. The review for this criterion will be summarized as either: Acceptable, Marginal, or Unacceptable. An acceptable rating would indicate that:

- Most or your staff has read the written materials,
- All staff (except Skills Coaches) have received initial training by TFC Consultants, Inc. in Eugene (or an Implementation Partner),
- There is a comparable plan for training new staff, and
- There is a plan for ongoing training that will facilitate model adherence over time.

Appendix A

Checklist of Application Requirements

Application Requirements:

- A program must have a minimum of 12 months of program operation.
- A program must have a minimum of seven successful graduates.

Certification Requirements:

- A program must meet Criterion 1 and must meet 5 of the remaining 6 criteria.

In order to pass each criterion below a program must have:

Criterion 1: **Program Completion & Outcomes**

- A minimum of 7 graduates and a minimum success rate of 66% (# of successful graduates/total number of youth discharged).

Criterion 2: **Therapy Components**

- A minimum of 70% of current youth and successful graduates received a minimum of 70% of the therapy services after the first month of placement.
- No more than one session per week per therapy should be tallied.

Criterion 3: **Behavioral Components**

- A minimum score of 70 points across PDR, Point and Level System, and School Cards (maximum 40 for PDR, 40 for PALS and 20 for school cards)
- All information must be for the same 3 weeks and within 35 calendar days immediately preceding the application date.
- For each youth currently enrolled PDR, PAL charts, privilege charts, and school cards for 3 consecutive weeks is submitted.
- Programs using FOCUS PDR must submit PDR graphs for each youth currently in the program for the duration of their placement. Non FOCUS PDR users must submit a PDR analysis for the duration of the placement.

Criterion 4: **Foster Parent Meetings**

- In order for this criterion to be evaluated a minimum of 8 meetings must have been held in the 12 week period prior to the application date and 70% of those meetings must have been attended by 70% of foster parents.
- Video of 3 consecutive foster parent meetings is submitted in their entirety (must be the same 3 weeks for which behavioral components information is submitted).
- A minimum of 70% of all video rating responses must be “acceptable”

Criterion 5: Clinical Team Meetings

- In order for this criterion to be evaluated a minimum of 8 meetings must have been held in the 12 week period prior to the application date and 70% of those meetings must have been attended by 70% of the clinical team.
- Video of 3 consecutive clinical meetings is submitted in their entirety (must be the same 3 weeks for which behavioral components information is submitted).
- A minimum of 70% of all video rating responses must be “acceptable”

Criterion 6: Program Staff

- Job descriptions and supervisory structure are submitted.
- A minimum of 70% alignment with the recommended structure is required.

Criterion 7: Training

- A plan for ongoing training is submitted including a summary of how new staff will be trained in the model.
- A minimum of an “acceptable” rating is required.