



## TFCO-P™ Program Certification

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## **General Certification Information**

### ***TFCO-P™ Program Certification: What Does It Mean?***

Program certifications will allow you to use the terms ‘TFCO-P’ and ‘Treatment Foster Care Oregon – for Preschoolers’ in the name of your program. The use of these ‘brand names’ is limited to programs that are certified and to programs receiving clinical supervision from TFC Consultants. ‘TFCO-P’ and ‘Treatment Foster Care Oregon – for Preschoolers’ are registered service marks of TFC Consultants.

Program certification provides assurances to funding agencies, referring entities and other stakeholders that your TFCO-P program meets rigorous model adherence and treatment outcome standards. In jurisdictions where TFCO-P 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 entire 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 process evaluates a program’s progress towards successful implementation of the TFCO-P model (Treatment Foster Care Oregon – for Preschoolers). The assessment focuses on a program’s ability to implement the TFCO-P model as recommended and maintain adherence to the model over time. TFC Consultants uses ten criteria to evaluate certification status. Together, these criteria provide a comprehensive assessment of a program’s progress towards successful implementation of the TFCO-P model. 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.

The evaluation will provide an understanding of your program’s strengths as well as an indication of areas your program may benefit from further development. You will receive a score and written feedback on each of the certification criteria. TFC Consultants, Inc. in Eugene, OR is available to provide additional implementation assistance that is specifically targeted to the areas identified for further development. Contact information can be found on their website at [www.tfcoregon.com](http://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 (the Successful Completion standard) with at least 7 children that have completed the program successfully,
- Meet Criterion #2 (the Foster Placement Stability standard), and
- Receive an acceptable rating for at least six of the eight 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 ensure that your program is likely to meet certification standards before you apply. To this end, please carefully review the certification criteria and the standards that must be met for certification. If desired, TFC Consultants can help you assess whether your program is in a good position to apply for certification. TFC Consultants is also available to assist you in improving aspects of your program that may not be identified as fully model-adherent prior to the submission of the application.

### ***How does my program apply for certification?***

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

Certification is specific and limited to the TFCO-P 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 6, 7 and 8 must be on the team on the date the certification application is submitted. The fee for conducting the evaluation is \$3,075 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 an initial evaluation reveals that materials provided are incomplete or not useable. In such cases, all materials will be returned to you along with a refund check for the application fee minus shipping and handling costs.

Please be advised that upon our receipt of materials, the certification process may take up to three months to complete.

***How does my program submit the TFCO-P 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-P Certification Application Part II electronically by emailing it to [theresam@tfcoregon.com](mailto:theresam@tfcoregon.com)
- All supporting documents, video, and the 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.  
12 Shelton-McMurphey Blvd.  
Eugene, OR 97401  
541-343-2388  
[theresam@tfcoregon.com](mailto:theresam@tfcoregon.com)



## ***TFCO-P™ 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 **\$3,075.00**, made out to **TFC Consultants Inc.**, is enclosed.

- I have read, I understand, and I accept all information in the TFCO-P™ 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-P 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 completed the program. 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 TFC-P Initial Certification Application Part II.** Programs can download 'TFCO-P 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.'

Please note: When youth are admitted to your program as a sibling unit, the program is responsible for identifying which sibling is being targeted for TFCO-P treatment **at the time of placement**. When more than one sibling is identified for TFCO-P treatment the outcome for the siblings will be treated as a single case, however information will be provided and evaluated for each sibling targeted for treatment in all other certification criteria. While we appreciate that all siblings placed in care may be included in and benefit from TFCO-P treatment, siblings that are outside of the age range as defined by TFCO-P and siblings that are placed in the same foster home after the initial placement of the TFCO-P youth will not be counted toward any of the certification criteria.

## **Criterion 1: Successful Completion**

A key indicator of a successful implementation of the TFCO-P program is whether or not children successfully complete the program. If TFCO-P is being implemented as recommended, it is expected that 75% of the children enrolled in the program successfully complete TFCO-P. For purposes of certification, a child is considered to have successfully completed the program if circumstances are such that the child completes the TFCO-P program and:

- a permanency plan can be implemented, or
- the child can continue in his/her current foster care placement without treatment.

### **Complete the Outcomes Summary Table in the TFCO-P Certification Application Part II.**

The Outcomes Summary Table is found in the folder named 'C1 Outcomes.' **Complete the table for each child 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 sibling units as a single case, and specify in the comment section if more than one sibling was targeted for treatment at the time of enrollment.** Enter an 'X' for 'yes' or 'no' to indicate whether the child finished the program and graduated out of TFCO. Enter the appropriate number and outcome from the summary list to show where the child 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.

To meet the standard for this criterion the percentage of total cases that completed the program and moved on to less restrictive settings will be calculated. If the TFCO-P program is being implemented as recommended, it is expected that at least 75% of the children admitted to the program experience successful outcomes from their involvement in TFCO.

## **Criterion 2: Foster Placement Stability**

Inherent to successful completion of TFCO-P is the ability of the program to maintain children in foster placements until they are ready to transition to a permanent placement. Placement disruptions while in the TFCO-P program interfere with a child's treatment plan and impact progress toward successful completion. Adherence to the TFCO-P model is compromised beyond an acceptable level in cases where a child has more than 2 placement disruptions. Consequently, those cases won't be counted as cases that successfully complete the program. When one or two placement transitions are unavoidable, they should occur in a carefully planned manner in order to minimize disruption of the child's progress towards the treatment objectives. If TFCO-P is being implemented as recommended it is expected that:

- at least 50% of the children who successfully complete the program experience no transitions in foster placements while in the program
- no more than 15% experience 2 transitions.

To meet the standard for this criterion, the program must maintain children in their foster placements as described above.

**Complete the Placement Stability Table in the TFCO-P Initial Certification Application Part II.** The Placement Stability Table is found in the folder named 'C2 Stability.' **Complete the table for each child that has completed the program (each child listed in Criterion 1).** *For sibling units, if more than one sibling was targeted for treatment, please list each sibling treated.* **Please do *not* include cases currently in your program.**

### **Criterion 3: Therapy Components**

The therapy services in the TFCO-P model include weekly sessions for each of the three types of service; family therapy, skills coaching, and therapeutic playgroup. 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 last 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-P Initial Certification Application Part II located in the folder named ‘C3 Therapy Comp’.** The tables will be completed for **children who have successfully completed the program and children who are currently enrolled in your program.** *For sibling units, if more than one sibling was targeted for treatment, please list each sibling treated.* The tables reflect:

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

#### **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**. For sibling units listed in Criterion 1, list all siblings targeted for treatment.

Placement Date: Enter the child’s placement date.

Date One Month after Placement: Enter the date that is one month later than the child’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.** Please provide separate narrative information if the permanent placement plan for the child did not include reunification with a family member or an adoption plan and therefore Family Therapy sessions were limited or did not occur, or if the therapeutic playgroup component was not required, e.g. the TFCO child is in kindergarten.

## 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 table on the following page is designed to assess your program's delivery rate. The first month of services (reported in the table above) 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.** Please provide separate narrative information if the permanent placement plan for the child did not include reunification with a family member or an adoption plan and therefore Family Therapy sessions were limited or did not occur, or if the therapeutic playgroup component was not required, e.g. the TFCO child is in kindergarten.

**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. The minimum monthly average number of sessions for all three types of therapy combined is 9.0 sessions. If the plan for the child did not include Family Therapy and/or Therapeutic Playgroup then TFC Consultants will adjust the minimum monthly average requirement accordingly. Should you be concerned that your program is not meeting the standard for this criterion because Family Therapy or Therapeutic Playgroup was not required in a given case, please contact Theresa before submitting your application materials. She may provide an initial review of your Therapy Components information.

It is expected that at least 70% of the children 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 children should have achieved this service delivery rate. This overall percentage is automatically calculated.

### **Criterion 4: Behavioral Components**

The appropriate use of the behavioral tracking and management systems is integral to the TFCO-P model as they provide both a mechanism for behavioral changes and a system for treatment team members to monitor progress. For **each current case**, please provide:

1. **PDR.**

Please include with your application:

- The PDR analyses for each child 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 staff see progress, or the lack of progress, but it is only effective if foster parents report accurately about the child's behaviors. 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. Behavioral Management Systems.

It is expected that foster parents use a behavior management system with the children in their homes that includes consistent limit setting and positive reinforcement. The system may vary according to a child's age and needs, but should incorporate the consistent use of appropriate consequences for negative behavior and incentives for pro-social behavior.

To evaluate how well behavior management systems are being implemented, we will be looking at the PDR forms, Implementation Tracking forms, charts being used (e.g., sticker chart, simple routine chart), and when applicable, school cards being used to see if the type and number of consequences are in line with the behaviors reported and if incentives are being used effectively to encourage desired behaviors (i.e. the type and rate of incentives is appropriate).

**Complete the Behavioral Components Table in the TFCO-P Certification Application Part II located in the folder named 'C4 Beh Comp'. The table will be completed for children who are currently enrolled in your program. For sibling units, if more than one sibling was targeted for treatment, please list each sibling.**

Please include three consecutive weeks of the following information with your application. This information must be **from the same weeks as PDR information** submitted:

- A. Copies of any charts being used with the children (e.g., sticker charts for targeted behaviors or simple daily routine charts)
- B. Implementation Tracking forms used in Clinical Team Meetings
- C. Copies of School Cards if applicable

A total score of 100 is possible for this criterion: 50 for PDR and 50 for the use of behavioral management systems. A minimum score of 70 is required to meet the standard for this criterion.

## **Criterion 5: Coordination of Services**

To maximize the potential for success it is important that other services involved in each case be coordinated so that treatment goals across services can be aligned as much as possible.

**Complete the Coordination of Services Table in the TFCO-P Certification Application Part II located in the folder named 'C5 Svc Coord'. The table will be completed for children who are currently enrolled in your program. *For sibling units, if more than one sibling was targeted for treatment, please list each sibling.***

For **each current case**, indicate how many contacts there have been with the child's caseworker in the last 3 months (the 3 month period prior to your application date). Indicate whether the child has an Early Childhood Special Education Plan (ECSC) and if so how many contacts have been made with the school staff in the last 3 months. Indicate whether the parent is in treatment and if so how many contacts there have been with his/her treatment provider in the last 3 months. Please feel free to provide any additional information about individual cases that may be relevant.

To meet the standard for this criterion at least 70% of the cases should have an average of 3 contacts per month with caseworkers, and at least one contact per month with school personnel and parent treatment providers.

## **Criterion 6: Foster Parent Meetings**

Regular foster parent meetings are vital to the effectiveness of the TFCO-P program. 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-P Certification Application Part II located in the folder named 'C6 FP Mtg':**

- Enter the names of the current youth in placement and the names of their foster parent(s). *For sibling units, if more than one sibling was targeted for treatment, please list each sibling.*
- 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 for at least 70% of the foster parent households with children 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:

- Are the foster parents using an incentive system to reinforce appropriate behavior?
- Are the foster parents setting limits appropriately?
- Are the foster parents supporting and learning from each other?
- Is the Team Leader providing direction and support for each foster parent?

The rating system used to evaluate the meetings and an explanation of the feedback that is provided from the review is included in this packet for your review.

To meet the standard for this criterion, the overall rating from the review should be at least 70%. (Please refer to the information in the Foster Parent Meeting Review for a detailed explanation of this rating.)

### Individual Review

**The reviewer answers yes/no to the questions in this section separately for each case reviewed during the meeting.**

1. Were specific behaviors from the PDR, routine charts or behavior charts referred to during the discussion?
2. Were child behavior problems discussed or described in behavioral terms? (e.g. ignored requests, said no to directions, non-compliance, whining and complaining, verses “uncooperative”)
3. Were positive aspects of the child’s *behavior* noted during the conversation? This includes comments about what the child’s strengths are, what specific thing he/she did well, etc., but not general comments like “she had a great week”.
4. Was there an indication that the foster parent was adhering to an incentive system to encourage and reinforce desired behavior? (reference made to giving kid bucks, stickers, marbles, etc.)
5. Was there an indication that the foster parent was using appropriate limit setting? (time-out, privilege removal)

6. Was there indication that the foster parent used other behavior management techniques consistent with the TFCO-P model? (e.g., redirect, ignore, pre-teach, verbal reinforcement, distraction, etc.)
7. Was there an indication that the foster parent defaults to the Team Leader or the foster parent consultant as the authority? (e.g., foster parent called for help with a problem, foster parent referred to TL or FPC as authority in general, foster parent referred to TL or FPC as authority to child, foster parent clarified rules of the program, etc.)
8. Did the case discussions include setting or reviewing goals? This includes identifying specific behaviors to work on in the foster home, strategies to stop problem behaviors, ways to introduce and encourage new behaviors, identifying steps to take to achieve bigger goals, etc.
9. Did the Team Leader or foster parent consultant offer support/advice/guidance to the foster parent around issues involving the biological family (or other aftercare resources)? (e.g., issues that came up around home visits, child's experiences with biological family, foster parent's interactions with biological family, etc.)
10. Did staff 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 most of the foster parents seem at ease and comfortable discussing their case? (i.e., participated in an enthusiastic and willing manner, spoke freely, 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 entire meeting.**

15. Was time provided for the 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/could be amused by their own or the child's behavior, unusual situations, participants seemed to enjoy being there, 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 when necessary, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused?
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. Did the Team Leader share any personal experiences as a way to become a member of the group and join with them?
23. Did the Team Leader use individual situations as a teaching opportunity for the rest of the group? (reinforced the things individuals did well, offered alternative solutions to problems, associated action by the foster parent or program with the child's response, pointed out how a foster parent's action prompted the desired response, etc.)
24. Did the Team Leader exhibit good leadership skills? (e.g. directed or guided discussions, probed for greater details...)
25. Did the Team Leader reinforce off-model 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-P 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-P program.
  - a. Are foster parents using the components of the model appropriately and is the meeting used to support foster parents use of the model components? (includes items 1,2,3,4,5,6,7,8)
  - b. Are foster parents engaged in the meeting? (includes items 12,13)
  - c. Are foster parents receiving support and guidance? (includes items 9,10,11,14,23,25)

3. Team Leader. Two subsets of questions are used to provide feedback on the program Team Leader's role in conducting the meeting in a manner that supports ongoing adherence to the TFCO-P model.

- a. Does the Team Leader facilitate the meeting appropriately? (includes items 19,20,21,22,24)
- b.** Is the tone of the meeting conducive to casual and supportive interaction (includes items 15,16,17,18)

## ***Criterion 7: Clinical Team Meetings***

The weekly clinical team meetings are key to program effectiveness. 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-P Certification Application Part II located in the folder named ‘C7 Clinical Mtg’. For certification, clinical meeting attendance is measured by attendance of the Team Leader, Family Therapist(s), Skills Coaches, and Playgroup Leader.**

- Enter the current children in placement and the interventionists working with each child. *For sibling units, if more than one sibling was targeted for treatment, please list each sibling.*
- 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 TFC 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?

The rating system used to evaluate the meetings and an explanation of the feedback that is provided from the review is included in this packet for your review.

To meet the minimum standard for this criterion, the overall rating should be at least 70%. Please refer to the information in the Clinical Meeting Review for a detailed explanation of this rating.

### Individual Review

**The reviewer answers yes/no to the questions in this section separately for each case 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 progress and solutions?
4. Were positive aspects of the child's behavior or progress noted in the discussion?
5. Did staff refer to using appropriate reinforcement to encourage positive behavior (pre-teaching, reinforcement, charts, contingencies, etc.)?
6. Did staff refer to using appropriate strategies to set limits or manage problem behavior (redirect, set limits, time-out, privilege removal, etc.)
7. Were reports given from multiple team members about their activities during the week and their plans for the upcoming week (foster parent consultant, family therapist, skills trainer)?

8. Did the case discussions include setting or reviewing goals (short or long term)? Short-term goals tend to include identifying specific behaviors to work on in the various treatment settings, identifying steps to take to achieve bigger goals, etc. Long-term goals tend to include identifying and strategizing about meeting objectives for aftercare situations, or other program graduation objectives.
9. Were the foster parent's perspective and/or interests included in the discussion, beyond PDR data?
10. 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 entire meeting.**

11. Did the Team Leader manage the time well, making sure there was adequate time to spend reviewing each case?  
1 – yes                      2 – no
12. Did the Team Leader redirect the conversation when necessary, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused?  
0 - NA, conversation did not need redirecting  
1 – yes                      2 – no
13. 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.)?  
1 – yes                      2 – no
14. 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.)  
1 – yes                      2 – no
15. Did the Team Leader use an individual case or situation one or more times during the meeting as an opportunity to reinforce the TFCO-P model? This includes things like: generalizing rationale for decisions to the overall program objectives, offering alternative solutions to problems, associating program action with child response, and demonstrating how solutions relate to treatment objectives.  
1 – yes                      2 – no
16. 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; participants seemed to enjoy being there)

17. Did the Team Leader offer support to staff in difficult situations or reinforce staff for their contributions or actions?
18. Did the Team Leader confront or make any overt corrective comments to staff members during the meeting?
19. Did the Team Leader reinforce off model clinical practices? (e.g., develop plans that are not aligned with the TFCO-P roles, reinforce team members for using off model strategies such as setting limits, or lecturing or processing too much with the child...)
20. How many people were at the meeting?
21. How many cases were discussed in the meeting?
22. How many of those cases included references to clinical diagnosis?
23. (If one or more on #22) Was discussion of clinical diagnosis brief in nature and oriented towards behavioral targets or treatment plans?

**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 clinical meetings are being conducted in a manner that supports adherence to the TFCO-P 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 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19)
3. Program Implementation. A subset of items is used to provide an indication of how the key TFCO-P program components are being implemented (items 1, 2, 3, 4, 5, 6, 8, 9).

## **Criterion 8: TFCO-P Playgroup**

Therapeutic playgroup held during the foster parent meeting is an important part of the treatment offered to the children in the TFCO-P program. The weekly playgroups provide the opportunity for children to be in a highly structured environment with close supervision, where they can learn pro-social behaviors and decrease problem behaviors, and learn new skills for forming positive peer and adult relationships. As with the foster parent and clinical meeting reviews there are two parts to the therapeutic playgroup review: 1) Playgroup Schedule and Attendance, and 2) Playgroup Content.

### Part 1: Therapeutic Playgroup Schedule and Attendance

**Complete the Playgroup Table in the TFCO-P Certification Application Part II located in the folder named 'C8 Playgroup'.**

- Enter the current children in placement and the interventionists working with each youth. Please provide an explanation if a child does not participate in playgroup. *For sibling units, if more than one sibling was targeted for treatment, please list each sibling.*
- Enter playgroup sessions held in the last 12 weeks (the 12 week period prior to your application date will be reviewed for meeting attendance).
- The percent of sessions attended by children and the totals will be automatically calculated.

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

- At least 8 playgroups in the last 12 weeks need to have taken place
- At least 70% of the sessions need to have been attended by at least 70% of the children.

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: Therapeutic Playgroup Content

Please submit:

- A. Video recordings of TFCO playgroups from 3 consecutive weeks. The playgroups recorded and submitted must be of the **same 3 weeks of PDR information submitted**.
- B. Lesson plans that correspond with the three videotaped playgroups.

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 TFC staff members have signed confidentiality agreements and the videotapes you send will be stored securely.

Providing the conditions for playgroup 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:

- The content and structure of the playgroup.
- How transitions were executed
- How behavior is managed
- Staff coordination

The rating system used to evaluate the playgroups and an explanation of the feedback that is provided from the review is included in this packet for your review.

To meet the minimum standard for this criterion, the overall rating should be at least 70%. The lesson plans will be used to support the video review and to determine that the program has preplanned activities focused on developing social-emotional skills as well as pre-literacy skills, and that the team adequately executes the lesson plan.

### Content and Structure of Playgroup

**The reviewer answers yes/no to each question unless other response indicated.**

1. As children were arriving, was there an activity going on that they could easily join?
2. Was there at least one “circle time” in this session? Circle time is when all children are seated (usually on a rug on the floor) in a circle attending to the teacher who is leading an activity or giving instruction. \_\_\_\_\_ # of circle times
3. Was there at least one projects included in this session? Projects are specific activities that children receive instruction for and work on independently. \_\_\_\_\_ # of projects
4. Was there a snack time?
5. When giving instructions for projects or activities, did the lead teacher usually clearly explain the activity using developmentally appropriate language?
6. Usually, when giving instructions for activities, did the teacher effectively demonstrate or role-play how to do the activity?
7. Were most of the children able to complete the projects independently? (i.e. could be completed with minimal staff intervention).
8. Were most of the children engaged and interested in the activities?
9. At the end of the playgroup, were “prizes” given according to some planned incentive system that occurred through the duration of the playgroup?
10. Did any of the activities included in this session amplify or escalate the activity level of the group creating opportunities for inappropriate or disruptive behavior?

### Transitions

11. At the beginning of playgroup, did staff give the children an overview of the day’s schedule and events?
12. Most of the time, was there a clear transition from one activity to another?
13. Did staff tend to give advance notice of the upcoming transition?
14. Most of the time, did staff effectively pre-teach the expectations for the transition?
15. Did staff usually notice and assist children who did not seem to be preparing for the transition? (e.g. continuing to work on their project, taking more food at snack, etc.) (N/A if no children needed assistance)

16. Did children seem to navigate most of the transitions smoothly (i.e., without disruptive behavior)?

### Behavior Management

17. Did the teacher explain the primary playgroup rules clearly, demonstrating appropriate behavior and/or using a role-play to show children what was expected?

18. In general, did children seem to be on-task?

19. Did staff routinely notice and reinforce normative and prosocial behavior?

20. Did staff vary the type of reinforcements used to encourage appropriate behavior (verbal praise, high-fives, thumbs up, pat on back, food, stickers/marbles, etc.)?

21. Most of the time, did children receive individual attention when necessary to stay engaged in activities?

When children behaved disruptively (this does not include behaviors that endangered or harmed anyone), did staff usually .....

22. ...ignore the inappropriate behavior and re-direct the child to more appropriate behavior?

23. ...reinforce and praise peers for the behavior that was desired from the disruptive child?

24. Did time-out(s) for inappropriate behavior occur away from the rest of the group?  
(N/A, no time outs)

25. Were incidences of more serious misbehavior (endangering/harming self or others, extreme disruptiveness) handled appropriately and effectively during this session?

0 - N/A, no incidences

1 – Yes, child was separated from the rest of the group so that corrective action was outside of the rest of the group’s awareness, given time away from the group, etc.

2 – No, staff took corrective action in front of the rest of the group, or staff ignored the behavior and it continued to escalate, etc.

### Staff

26. Was staff organized and were materials prepared for the activities?

27. Was there clearly a lead teacher?

28. Most of the time, did the rest of the staff actively participate without instruction or prompting? (leading activities, working with the children, setting up materials, etc.)
29. Most of the time, were staff positioned so that they were spread out amongst the children (as opposed to all together, or away from the children)?
30. Most of the time, did staff seem to work and communicate effectively with each other to manage behavior and facilitate activities?
31. Was the minimum ratio of 2 adults for 5 children met?
32. Number of staff present during session?  
\_\_\_\_\_ staff
33. Number of children present during session?  
\_\_\_\_\_ children

**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-P model.
2. Four subset summary scores are provided for each area of assessment:
  - a. How are the playgroups structured? Do they include the recommended content areas? (Items 1-10).
  - b. How are transitions executed? (Items 11-16)
  - c. How is child behavior managed during the playgroup? (Items 17-25)
  - d. Were staff functioning in their roles as recommended? (Items 26-31).
3. Items 32 and 33 are used to determine if the staff to child ratio during the playgroup is as recommended.

### **Criterion 9: Program Staff**

The TFCO-P program recommends a very specific staffing plan with distinct roles for each staff member. The recommended stratification and integration of roles facilitates implementation of the program. In order to determine how closely your program's staffing plan is aligned with the recommended plan for the TFCO-P program, please complete/provide the following items:

- A. Complete the Program Staff checklist in the TFCO-P Certification Application Part II located in the folder named 'C9 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.**

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.

#### Possible Score

|   |    |
|---|----|
| Team Leader .....                                   | 35 |
| Foster Parent Recruiter/<br>Trainer/Consultant..... | 20 |
| Family Therapist.....                               | 15 |
| Playgroup Leader.....                               | 15 |
| Skills Coach(es).....                               | 05 |
| Playgroup Assistant(s).....                         | 05 |
| PDR Caller.....                                     | 05 |

## **Criterion 10: Training**

TFCO-P considers training key to a successful implementation. Two areas are considered in the review of a program's training protocol; the initial training and on-going training.

**A. Initial Training: Complete the Initial Training checklist in the TFCO-P Certification Application Part II located in the folder named 'C10 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-P manuals and articles; newly hired Team Leaders will attend TFCO-P 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-P 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 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 and Assistant Teachers), until after program certification is obtained (for Team Leaders this requirement continues beyond program certification) – so all current TFCO program staff except Skills Coaches and Assistant Teachers 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 of your staff has read the written materials,
- All staff (except Skills Coaches and Assistant Teachers) 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

#### Minimum 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:

- Meet Criterion #1 (the Successful Completion standard) with at least 7 children that have completed the program successfully,
- Meet Criterion #2 (the Foster Placement Stability standard), and
- Receive an acceptable rating for at least six of the eight remaining criteria

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

#### Criterion 1: **Successful Completion**

- A minimum of 7 graduates and a minimum success rate of 75% (# of successful graduates/total number of youth discharged).

#### Criterion 2: **Foster Placement Stability**

- At least 50% of the children who successfully complete the program experience no transitions in foster placements while in the program
- No more than 15% experience 2 transitions.

#### Criterion 3: **Therapy Components**

- A minimum of 70% of current children 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 4: **Behavioral Components**

- A minimum score of 70 points across PDR, Point and Level System, and School Cards (maximum 50 for PDR, 50 for use of behavioral management systems)
- All information must be for the same 3 consecutive weeks and within 35 calendar days immediately preceding the application date.
- For **each child currently enrolled** copies of any charts being used with the child, Implementation Tracking forms, and copies of School Cards if applicable.
- 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 5: Coordination of Services**

At least 70% of current cases have an average of 3 contacts per month with caseworkers

- At least 70% of current cases have at least one contact per month with school personnel
- At least 70% of current cases have at least one contact per month with parent treatment providers if applicable.

**Criterion 6: 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 7: 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 8: Playgroup Sessions**

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

**Criterion 9: Program Staff**

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

**Criterion 10: Training**

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