



Treatment Foster Care Oregon

12 Shelton McMurphey Blvd., Eugene, Oregon 97401 – (541) 343-2388 - www.TFCOregon.com

Evidence of Program Effectiveness

Randomized clinical trials are widely recognized as the “gold standard” for evaluating whether social science programs produce positive outcomes for the youth and families who participate in them.

Eight randomized trials and numerous other studies have provided evidence of the feasibility and effectiveness of TFCO. The first studies explored the feasibility and cost effectiveness of using the model for adolescents referred for delinquency and for children and adolescents leaving the state mental hospital. Results showed that TFCO was not only feasible, but compared to alternative residential treatment models, the cost of TFCO was substantially lower resulting in savings for both systems and taxpayers (see www.wsipp.wa.gov). Later studies examined immediate and long-term outcomes in several areas including:

- Youth criminal behavior and incarceration rates
- Youth violent offending
- Youth behavioral and mental health problems
- Disruption of placements and running away
- Placement recidivism
- Attachment to caregivers
- Gender differences
- Foster parent retention and satisfaction

Specifically, we have found that both boys and girls referred from juvenile justice show greater benefits from participation in TFCO than in group care. Youth in TFCO have about half the number of arrests as those in group care at follow-up and TFCO youth have a higher rate of desistance from arrest than those in group care. In addition, there are significant and meaningful differences between TFCO and group care youth on participation in violent criminal activity. Across studies, we have also found that fewer adolescents run away from TFCO than from group care. Once youth leave placements, those in TFCO spend significantly fewer days in locked settings (detention, training schools, hospitals, etc.) at follow-up.

The effectiveness of the TFCO-P program for preschoolers in the foster care system has also been examined in a randomized trial. Children entering new foster placements were randomly assigned to either the TFCO-P program or to foster care “as usual.” Results indicate that children in the TFCO-P program experienced fewer permanent placement failures over time. In addition, in contrast with children in regular foster care, permanent placement failures for TFCO-P children were no higher for children with multiple prior foster placements than for children with no prior placements.

Adaptations of TFCO for use in the “regular” state-supported foster care system are underway. In a large randomized trial, in collaboration with the Child and Adolescent Services Research Center (CASRC) in San Diego County, California, over 700 foster and kinship families receiving a new placement were randomly assigned to enhanced services using a version of the TFCO model or to case work services “as usual.” Foster and kinship homes in the TFCO condition had fewer placement disruptions, more frequent reunifications with birth families, and lower rates of child behavior problems.