



CENTER
for RESEARCH
to PRACTICE

12 Shelton McMurphey Blvd.

Eugene, OR 97401

Phone: 541.343.3793

Fax: 541.868.0117

MTFC® Program Certification

General Information.....	1
MTFC® Program Certification Application.....	3
Minimum Application Requirements	4
Criterion 1: Program Completion & Outcomes for Youth.....	5
Criterion 2: Therapy Components.....	7
Criterion 3: Behavioral Components.....	9
Criterion 4: Foster Parent Meetings	11
Criterion 5: Clinical Team Meetings	16
Criterion 6: Program Staff	20
Criterion 7: Training.....	23

General Information

How are programs evaluated?

The certification review evaluates a program's progress towards successful implementation of the MTFC model. The evaluation assesses a program's ability to implement the MTFC 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.

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 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.mtfc.com.

MTFC® Program Certification: What Does It Mean?

Program certifications will allow you to use the terms 'MTFC' and 'Multidimensional Treatment Foster Care' 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 or OSLC Community Programs. 'MTFC' and 'Multidimensional Treatment Foster Care' are registered service marks of OSLC Community Programs.

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

Initial certification is valid for a period of two years. Subsequent renewal certifications are valid for three-year periods. Your organization will receive an expiration notice six months before your certification expires. For certification renewal, the entire time period between initial certification and the renewal application will be reviewed.

How does my program apply for certification?

Attached is a MTFC® Certification Application to complete and return. Certification is specific and limited to the MTFC clinical team for which materials are submitted, so all information in the application must pertain to the same team. The fee for conducting the evaluation is \$2,050* 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.

Complete confidentiality will be maintained by CR2P with regard to all materials submitted for review in the certification process. All CR2P staff have signed confidentiality agreements. All materials submitted will be stored securely at CR2P. CR2P is prepared to sign a HIPAA Business Associate Agreement prior to the submission of the application materials, if requested. Please contact Theresa Mayne before you send in the application and accompanying materials if you wish to have such an Agreement executed.

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

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. If desired, TFC Consultants can help you assess whether you are in a good position to apply for certification, and is 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 is certification determined?

To be certified as a Multidimensional Treatment Foster Care 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.

For questions or further information, please contact:

Theresa Mayne
Program Evaluation
Center for Research to Practice
12 Shelton McMurphey Blvd.
Eugene, OR 97401
541-343-3793
theresam@cr2p.org

* Programs engaged in the readiness process or under contract for implementation services with TFC Consultants, Inc. before 02/28/2008 may qualify for a reduced rate. Please contact TFC Consultants to learn if your program qualifies for the reduced rate by sending an e-mail to Gerard Bouwman at gerardb@mtfc.com.

MTFC® Program Certification Application

Name of applicant organization:

Address:

Contact person: Name:

Title:

Telephone Number:

E-mail address:

Website:

A check or money order for the application fee of **\$2,050.00**, made out to **Center for Research to Practice**, is enclosed.

- I have read, I understand, and I accept all information in the MTFC® 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:

Title:

Date:

Minimum Application Requirements

It takes considerable time and experience to successfully implement all of the components of the MTFC 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.

Please answer the following questions.

1. What month and year did your program begin? (month/year)
2. If your program has been in operation for more than 12 months, do you want less than the total program length considered for certification purposes?

☐ Yes, we are including information from (month/year)

How many youth have successfully completed the program since that date?

☐ No, we are including information from the start of the program.

How many youth have successfully completed the program since the start of the program?

3. How many cases do you have currently?

Criterion 1: Program Completion & Outcomes for Youth

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

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

The most common successful outcome is when a youth leaves MTFC to go to a home in which the adult(s) have participated in the MTFC 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, a family friend, or an adoptive home, which are items # 1 through 6 in the Living Situation chart below. Sometimes, the MTFC program goal is to prepare older youth for independent living. When independent living is the intended goal during the MTFC placement, items # 7, 8, 9 and 13 are considered successful outcomes. There are also situations where the MTFC 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 # 10, 11, 12). In these situations, it is considered a successful outcome if a) the foster care placement was a planned MTFC goal, and b) the youth's problem behavior have decreased to a level requiring no or less treatment.

Complete the Living Situation Summary on the next page for each youth that has been involved in the program since the date of the first placement. Indicate 'yes' or 'no' whether the youth finished the program and graduated out of MTFC. Enter the appropriate number from the summary list to show where the youth went after leaving MTFC. 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.

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 MTFC 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 MTFC.

Living Situation Summary

Successful Outcomes		Other Outcomes	
01	Two Biological Parents	14	Group Home
02	Biological Mother	15	Emergency Shelter
03	Biological Father	16	Residential Treatment
04	Home of a Relative	17	Medical Hospital
05	Adoptive Home	18	Drug or Alcohol Rehab. Center
06	Home of a Family Friend	19	Inpatient in Psychiatric Hospital
07	Independent Living by Self	20	Juvenile Detention Center or Youth Correctional Center
08	Independent Living with Friend	21	Jail
09	Supervised Independent Living	22	Homeless
10	Foster Care (specify program)	23	Runaway
11	Specialized Foster Care (specify program)	24	Other (specify)
12	Therapeutic Foster Care (specify program)		
13	Residential Job Corp or Vocational Center		

Youth first name	Completed MTFC		Living Situation (# from list above)	Additional Information
	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	
	<input type="checkbox"/>	<input type="checkbox"/>	Choose From List	

Criterion 2: Therapy Components

The therapy services in the MTFC 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 face-to-face and 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.

Please complete the table on the next page by double clicking on the table and filling in the columns as follows:

- Column 1: (Youth Name) List the youth who have successfully completed the program from Criterion 1 **and** the youth who are currently enrolled in your program.
- Column 2: (2nd Month Entry Date) We know that it can take a few weeks to get a routine going with therapy appointments, so we don't include the first month of placement in the summary of sessions. Enter the date that is one month later than the youth's placement date.
- Column 3: (Discharge or Current Date) Enter the date the youth left the program or the current date if the youth is currently in the program.
- Column 4: (# Months in Program) The number of months in the program will be automatically calculated from the entry and end dates in columns 2 and 3.
- Columns 5-7: (Number of Sessions) Enter the number of sessions for each therapy type that occurred from the entry date in column 2 to the end date in column 3. As noted above, do not count more than one session in a week for each type of therapy.
- Column 8: (Total Sessions) The total number of sessions across the types of therapy will automatically be calculated from the previous 3 columns.
- Column 9: (Average # Sessions per Month) The average number of sessions per month will be automatically calculated from the information in the rest of the table.

The table below will automatically calculate the number months in program, total sessions, average number of sessions per month, and the percent of youth meeting the delivery standard. To use this feature, double click anywhere inside the table to enable the spreadsheet. When you are finished, click outside the table to return to the regular document.

[illegible]

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 8.5 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 in the chart above.

Criterion 3: Behavioral Components

The appropriate use of the behavioral tracking and management systems is integral to the MTFC 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.

Include the WebPDR analyses or copies of the PDR forms for the last two weeks. 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?

If foster parents report no behaviors or under report behaviors you know are occurring then more training with the foster parents is needed. Likewise, when foster parents report the same behaviors every day it is usually an indication that they are not reporting accurately and further training is warranted. 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 youth's behaviors.

2. Point and Level System.

Include copies of the point and level charts for the last two weeks. 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 cards for the last two weeks. We ask the following questions to evaluate how school cards are being used:

- Are the school cards being used consistently?
- Are the school cards complete?
- Is the use (or lack of use) of school 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.

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 MTFC 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 MTFC 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

For the first part, complete the table below for all of the foster parent meetings in the last 12 weeks by double clicking on the chart and filling in the information in the first 3 columns. The percent of meetings attended by foster parents and the totals at the bottom of the chart 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.

To use the table below, double click on the table to enable the automatic calculation feature and enter information in the blank cells. When finished, click outside the table to return to the regular document.

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 program supervisor as the authority? (e.g., foster parent called PS for help with a problem, foster parent directed youth to contact the PS to answer a question or deal with a problem, youth called PS for a decision, foster parent or youth clarified rules of the program with PS, PS 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. 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.
8. Did the program supervisor 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. (NA if no issues of this nature were discussed)

9. Did the program supervisor or other foster parents offer help or advice with logistics (appointments, finances, transportation, local activities etc.)?
10. Did other foster parents offer understanding and support to this foster parent's situation (were empathetic, offered encouragement, bolstered, etc.)?
11. 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.)?
12. 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.)
13. Did the program supervisor 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.

14. Did the meeting start with time for casual social conversation (e.g., conversation about special events, hobbies, interests, etc. not related exclusively to foster parenting)?
15. Were snacks and beverages provided and accessible?
16. Did participants seem comfortable physically (chairs, temperature, lighting, etc.)?
17. 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.)?
18. Did the Program Supervisor manage the time well, making sure there was adequate time to spend reviewing each case?
19. Did the program supervisor redirect the conversation when necessary, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused? (NA, conversation did not need redirecting)
20. Did most of the foster parents seem involved with each other on a personal level (expressed interest or exchanged information about each other's lives and activities, vacations, jobs, etc.- topics unrelated to their foster child)?
21. Did the program supervisor "normalize" difficult youth behaviors (anger, non-compliance, etc.) as a way to help foster parents remain non-reactive to extreme behaviors?
22. Did the program supervisor share any personal experiences as a way to become a member of the group and join with them?

23. Did the program supervisor 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.

24. Did the meeting end on a more social note, with time for casual conversation?

25. Other than the program supervisor, how many treatment staff were at the meeting?

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 MTFC 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 MTFC program.

- a. Do foster parents demonstrate an appropriate use of the MTFC model components? (items 1,2,3,4,5,6,7)
- b. Are foster parents engaged in the meeting? (items 11,12,20)
- c. Are foster parents receiving support and guidance? (items 8,9,10,13,23)

3. Program Supervisor. Two subsets of questions are used to provide feedback on the program supervisor's ability to conduct the meeting in a manner that supports ongoing adherence to the MTFC model.

- a. Does the program supervisor facilitate the meeting appropriately? (items 18,19, 21,22)
- b. Is the tone of the meeting conducive to casual and supportive interaction? (items 14, 15, 16, 17, 24)

Criterion 5: Clinical Team Meetings

The weekly clinical team meetings are also considered key to a successful implementation of MTFC. 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

For the first part, complete the table below for all of the clinical team meetings in the last 12 weeks by double clicking on the chart and filling in the information in the first 3 columns. The percent of meetings attended by clinical team members and the totals at the bottom of the chart 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.

To use the table below, double click on the table to enable the automatic calculation feature and enter information in the blank cells. When finished, click outside the table to return to the regular document.

Date of Meeting	Number of MTFC Clinical Team Members on Staff	Number of MTFC Clinical Team Members in Attendance	Percent of Clinical Team Attending
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
Total Number of Meetings			0
Requirement Met for Number of Meetings			No
Percent of Meetings with 70% Attendance			#DIV/0!

Part 2: Clinical Team Meeting Content

Please submit video recordings of 3 recent MTFC clinical team meetings. Videotapes submitted should be in VHS or DVD format. The recordings should include a view of the program supervisor 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. 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. Finally, please record the entire meeting from beginning to end.

To protect confidentiality it is advisable that you limit the use of names in the meetings to first names only. Please note that all CR2P staff members have signed confidentiality agreements and the videotapes you send can either be sent back to you or destroyed when the review is over.

Providing the conditions on the previous page 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 MTFC 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 trainer) 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 program supervisor present the foster parents' perspective and/or interests?

9. Did the program supervisor synthesize the case discussion? i.e., provided a summary of problems noted, potential solutions, and staff member's role in the solutions?

Overall Impressions

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

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

11. Did the program supervisor redirect the conversation when necessary, not allowing individuals to dominate the conversation and/or not allowing the conversation to become too unfocused?

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 program supervisor 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 program supervisor use an individual case or situation one or more times during the meeting as an opportunity to reinforce the MTFC 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 program supervisor offer support to staff in difficult situations or reinforce staff for their contributions or actions?

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

18. How many people were at the meeting?

19. How many cases were discussed in the meeting?
20. How many of those cases included references to clinical diagnosis?
21. (If one or more on #19) 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 MTFC 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)
3. Program Implementation. A subset of items is used to provide an indication of how the key MTFC program components are being implemented. (items 1, 2, 3, 4, 5, 7, 8)

Criterion 6: Program Staff

The MTFC 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 the checklists below and provide a copy of your job descriptions for each position as well as a brief summary of the supervisory structure for your MTFC team.

For each position, check ‘yes’ or ‘no’ if the task is included as a part of each staff member’s role.

Program Supervisor		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Supervises all MTFC program staff
<input type="checkbox"/>	<input type="checkbox"/>	Oversees the recruitment and training of foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Conducts evaluations of potential foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Matches program youth with foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Oversees support services for foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Provides/arranges for 24 hour on-call availability for foster parents and youth
<input type="checkbox"/>	<input type="checkbox"/>	Oversees each placement (finalizes treatment plans for program youth upon discussion with program staff and foster parents, monitors progress on each case, and amends treatment plans as needed)
<input type="checkbox"/>	<input type="checkbox"/>	Leads weekly clinical team meetings and weekly foster parent meetings
<input type="checkbox"/>	<input type="checkbox"/>	Coordinates contacts with the child welfare system, schools, probation departments, mental health agencies, and other relevant community entities
<input type="checkbox"/>	<input type="checkbox"/>	Provides/oversees proper record keeping and documentation for all clinical and supervisory activities
<input type="checkbox"/>	<input type="checkbox"/>	Ensures adherence to all applicable county, state and other regulations
<input type="checkbox"/>	<input type="checkbox"/>	Has Master’s degree in psychology or related field
<input type="checkbox"/>	<input type="checkbox"/>	Works full time on the MTFC program

Child Therapist		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Provides individual therapy to program youth using the MTFC treatment model
<input type="checkbox"/>	<input type="checkbox"/>	Participates in the development of individual treatment plans for youth
<input type="checkbox"/>	<input type="checkbox"/>	Attends weekly clinical team meetings
<input type="checkbox"/>	<input type="checkbox"/>	Provides case documentation

Family Therapist		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Provides therapy to program youth's family members using the MTFC treatment model
<input type="checkbox"/>	<input type="checkbox"/>	Participates in the development of individual treatment plans for families
<input type="checkbox"/>	<input type="checkbox"/>	May participate in 24 hour on-call availability for program families
<input type="checkbox"/>	<input type="checkbox"/>	Attends weekly clinical team meetings
<input type="checkbox"/>	<input type="checkbox"/>	Provides case documentation

Skills Trainer		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Provides skills training to the youth once or more a week as directed by the program supervisor (may include behavior management skills, communication skills, coping skills, problem solving, and study skills)
<input type="checkbox"/>	<input type="checkbox"/>	Provide appropriate documentation of skills training sessions
<input type="checkbox"/>	<input type="checkbox"/>	Participates in weekly consultation and supervision with the Program Supervisor either individually or at weekly clinical team meetings

Foster Parent Recruiter		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Works with program supervisor to anticipate recruitment needs
<input type="checkbox"/>	<input type="checkbox"/>	Prepares and places recruitment ads

Foster Parent Trainer		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Conducts initial and follow-up training of foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Facilitates certification of foster parents
<input type="checkbox"/>	<input type="checkbox"/>	Serves as resource and trouble shooter to foster families; helps to maintain motivation and participation of foster parents, facilitates positive relationship with foster parents
<input type="checkbox"/>	<input type="checkbox"/>	May organize and attend/co-facilitate weekly foster parent meetings
<input type="checkbox"/>	<input type="checkbox"/>	Attend weekly clinical team meetings

PDR Caller		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Conducts structured telephone interviews with foster parents on program youth behaviors and foster family stress (PDR) on a daily basis (5 days/week)
<input type="checkbox"/>	<input type="checkbox"/>	Provides PDR data to program supervisors and program staff in a timely manner
<input type="checkbox"/>	<input type="checkbox"/>	Attends weekly clinical team meetings

Note that it is common for the Foster Parent Recruiter, Trainer, and PDR caller to be combined into one position. Also note that MTFC 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 MTFC 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

Program Supervisor	40
Family Therapist(s)	10
Individual Therapist(s)	10
Skills Trainer(s)	10
Foster Parent Recruiter	10
Foster Parent Trainer	10
PDR Caller	10

Criterion 7: Training

MTFC 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: For each staff member, list their name and hire date and complete the checklist about their initial training.

Program Supervisor:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

Family Therapist:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

Individual Therapist:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

Skills Trainer:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

Foster Parent Recruiter		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

Foster Parent Trainer:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

PDR Caller:		Hire Date:
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC manuals
<input type="checkbox"/>	<input type="checkbox"/>	Read MTFC articles
<input type="checkbox"/>	<input type="checkbox"/>	Participated in training in Eugene
<input type="checkbox"/>	<input type="checkbox"/>	Participated in in-house training. <i>(If yes, indicate who conducted the training and what the training included.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other <i>(specify)</i>

B. On-going Training:

Please provide a brief description of the ongoing training in the MTFC 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 MTFC model.

Please note that training conducted by TFC Consultants, Inc. or an Implementation Partner is required for Program Supervisors and preferred for other MTFC program staff. 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,
- 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.