

# Treatment Foster Care Oregon

## *Overview & Research*

**Senate Committee on Human Services  
Senator Gelser Blouin Chair**



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# TFCO Summary

- Treatment Foster Care Oregon (TFCO) is an **evidence-based practice** developed as an alternative for institutions, psychiatric hospitals, and residential care settings
- **Youth placed individually** in specially recruited and trained foster homes
- TFCO offers **intensive, behaviorally focused clinical treatment** in a non-restrictive and community-based setting
- **Simultaneously** intervenes with youth, family, and community.
- **Title IV-E Prevention Services Clearinghouse: Qualifies for federal reimbursement if included in state prevention plan.**

# Evidence-Based Registries

- [Blueprints for Healthy Development](#)
- [Washington St. Institute for Public Policy](#)
- [California Clearinghouse for EBP](#)
- White House Coalition for EB Policy
- Center for Substance Abuse Prevention
- National Registry of Evidence-Based Programs and Practices
- [Title IV-E Prevention Services Clearinghouse](#)

# Title IV-E Prevention Services Clearinghouse

**The Title IV-E Prevention Services Clearinghouse** was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements.


<https://preventionservices.acf.hhs.gov/programs/498/show>



**Title IV-E Prevention Services  
CLEARINGHOUSE**



# TFCO Objectives

1. Support children/youth at risk of experiencing disruption in their home or present living arrangement due to need for higher level of treatment.
  2. Provide an intensive, individualized, community-based service alternative to group care, psychiatric hospital, residential facilities, or other institutions.
  3. Provide a step-down service for youth and families leaving congregate care across multiple systems simultaneously.
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# TFCO Services

## **TFCO Home**

Training  
PDR Calls  
Weekly Meeting  
24/7 Support  
Respite

## **Child**


Therapeutic CM  
Behavior Man. System  
Daily Mentoring  
Close Supervision  
School Card  
Individual Therapy  
Skills Coaching

## **Family**


Family Therapy  
Therapeutic Visits  
24/7 Support  
Skill Building



# TFCO Team

- TFCO Treatment Home
  - Team Leader (1.0 FTE)
  - Family Therapist (1.0 FTE)
  - Youth Therapist (.50 FTE)
  - Skills Trainers (hourly)
  - PDR Caller/Foster Parent Recruiter (1.0 FTE)
  - Consulting Psychiatrist (hourly)
  - TFCO Champion
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# Differences From Other Therapeutic Foster Care Programs

- One treatment youth per home
  - Highly trained and highly supported treatment foster homes
    - Weekly treatment foster parent meetings
    - 24/7 support from TFCO team
  - Manualized and prescriptive model to support clinical delivery
  - All treatment services delivered within the TFCO team
  - Weekly consultation support for the TFCO team
  - Monthly agency leadership support
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# TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Leve et al., 2022	At 10 years, TFCO girls: <ul style="list-style-type: none"><li>- Had 30% fewer court convictions</li><li>- Had significantly lower rates of violent crimes and reduced criminal offenses into young adulthood</li><li>- Were half as likely to be convicted of assault</li><li>- Had 1/5 the rate of conviction for robbery</li><li>- Had 2/3 the rate of conviction for burglary</li></ul>
Leve et al., 2019	At 10 years, TFCO girls: <ul style="list-style-type: none"><li>- Were 5 times less likely to have child welfare involvement as mothers than those who were placed in congregate care</li><li>- For every \$1.00 spent on TFCO treatment compared to usual care, there is a benefit of \$3.15 at 4.5 years, increasing to \$4.35 at 9.5 years, when considering child welfare and criminal justice involvement.</li></ul>
Rhoades et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"><li>- Had a decreased rate of drug use</li><li>- Had increased resilience to the influence of partners' drug use</li></ul>
Kerr et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"><li>- Maintained initial reduced depressive symptoms</li><li>- Had reduced rates of suicidal ideation</li></ul>

View all TFCO journal article summaries:

<https://www.tfcOregon.com/wp-content/uploads/2024/02/2024-TFCO-Journal-Article-Summaries.pdf>



# TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Harold et al., 2013	At 24 months post-baseline, TFCO girls: <ul style="list-style-type: none"><li>- Had reduced depressive symptoms</li></ul>
Smith et al., 2010	At 12 months postbaseline, TFCO boys: <ul style="list-style-type: none"><li>- Had lower levels of self-reported drug use</li></ul> At 18 months postbaseline, TFCO boys: <ul style="list-style-type: none"><li>- Had lower levels of self-reported tobacco, marijuana, and other drug use</li></ul>
Kerr et al., 2009	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none"><li>- Had fewer pregnancies</li></ul>
Leve & Chamberlain, 2007	At 12 months, TFCO girls: <ul style="list-style-type: none"><li>- Had higher rates of homework completion</li><li>- Attended school at a higher rate</li><li>- Homework completion mediated the effects of TFCO treatment</li></ul>
Chamberlain et al., 2007	At 24 months, TFCO girls: <ul style="list-style-type: none"><li>- Had lower ratings of self-reported delinquency</li><li>- Had fewer criminal referrals</li><li>- Spent fewer days in locked settings</li></ul>

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# TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Leve & Chamberlain, 2005	At 12 months, TFCO girls: <ul style="list-style-type: none"><li>- Had fewer associations with delinquent peers</li></ul> Associating with delinquent peers mediated the effects of TFCO treatment
Leve et al., 2005	At 12 months, TFCO girls: <ul style="list-style-type: none"><li>- Had fewer criminal referrals</li><li>- Spent fewer days in locked settings</li><li>- Had lower ratings of caregiver-reported delinquency</li></ul>
Eddy et al., 2004	At 24 months, TFCO boys: <ul style="list-style-type: none"><li>- Were less likely to commit violent offenses</li></ul>
Eddy & Chamberlain, 2000	Supervision, discipline, positive adult–youth relationship, and deviant peer association mediated the effects of TFCO treatment
Chamberlain & Reid, 1998	At 12 months, TFCO boys: <ul style="list-style-type: none"><li>- Had fewer criminal referrals</li><li>- Spent fewer days incarcerated and less time running away</li><li>- Had lower rates of self-reported delinquent behavior</li></ul>

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# 10-Year Follow Up of Randomized Control Trial

Condition	Those with Children	Child Welfare Involved
Group Care (n=85)	33 of 85 (39%)	12 of 33 (36%)
TFCO (n=81)	27 of 81 (33%)	2 of 27 (7%)

**Youth receiving TFCO intervention are 5 times less likely to have child welfare involvement when they have children of their own.**

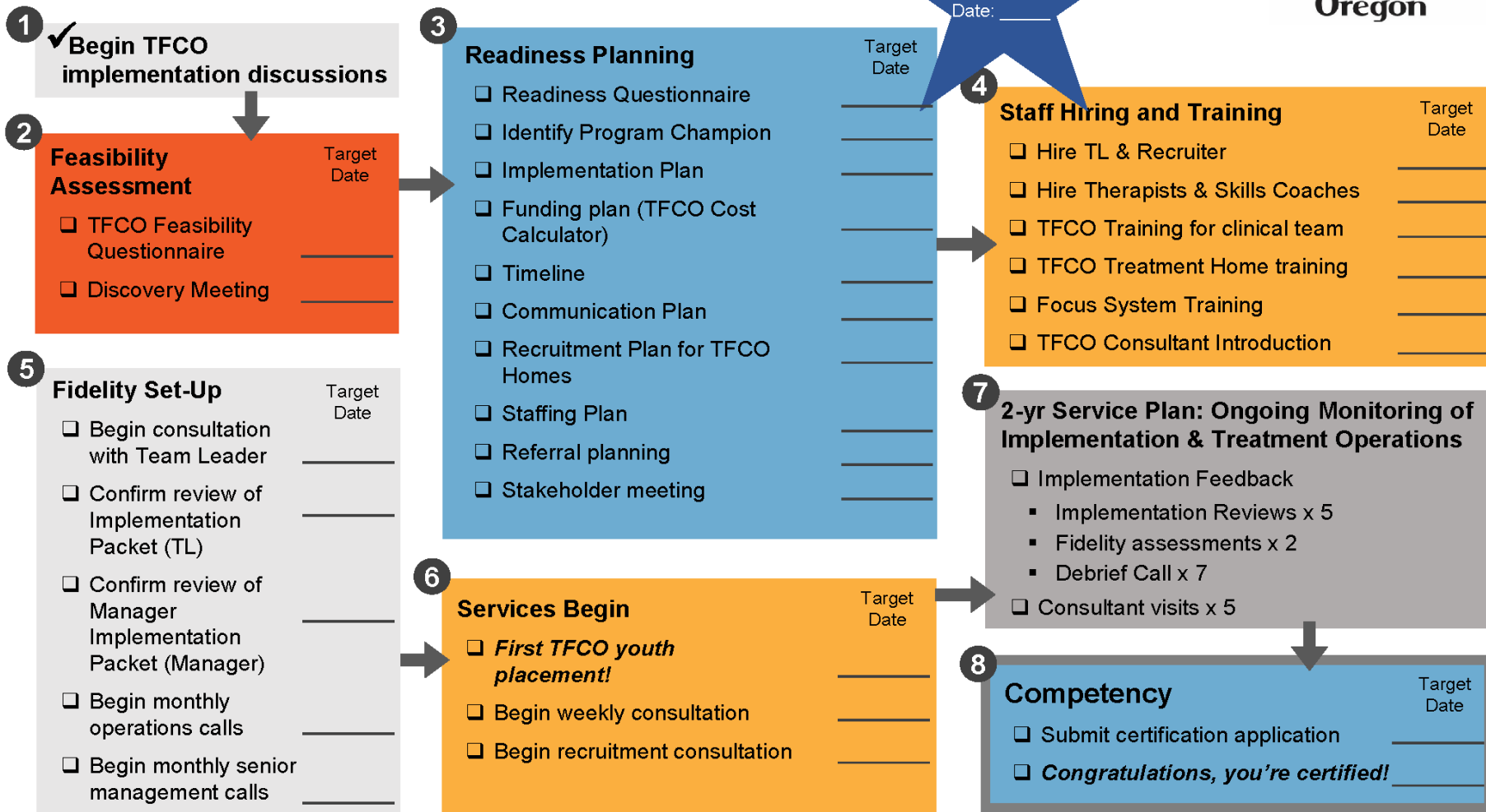
Leve, Leslie D.; Schweer-Collins, Maria; Bates, Elizabeth (2022) Criminal Offense Charges in Women: A 10-year Follow-up of an RCT of Treatment Foster Care Oregon.  
*Journal of Consulting and Clinical Psychology.*

# Cultural Responsiveness/ Sensitivity in the TFCO Model

**Examples of applying a cultural lens to the implementation of TFCO include:**

- Engaging community stakeholders
- Hiring a diverse staff for the TFCO Team
- Recruiting a diverse cadre of foster parents
- Diversity, equity, and inclusion training for agency staff and TFCO staff and consultants
- Culturally inclusive program materials (verbal and written materials)

# Implementation Roadmap



## Ideal Ranges for Implementation Milestones

Pre-Implementation Phase (#1-3): 90-270 days

Readiness to Training: 60-120 days

Implementation Phase (#4-7): 689-925 days

Training to Start-Up: 0-90 days