



## MTFC-P Site Readiness Questionnaire

**Agency Name:**  
**Date completed:**  
**Completed by:**  
**Title:**  
**Contact person with regard to this questionnaire:**  
**E-mail address:**  
**Telephone number:**

The information requested in this questionnaire is important in determining the preparation needed to ensure an efficient and successful implementation of Multidimensional Treatment Foster Care for Preschoolers. Please provide detailed information on each of the questions. Based on your responses, TFC Consultants will work with you to prepare a detailed and realistic implementation plan prior to the start of implementation activities.

### Administrative/organizational

1. Describe the reasons why your organization is interested and motivated to implement MTFC-P.
2. Describe all current services provided by your organization, the number of staff members involved in each type of service and the number of clients receiving each type of service per year. If your organization has offices in multiple locations, please indicate where your offices are located, and in which office your MTFC-P program will be located. If your organization is already providing foster care services, please describe this program in detail.
3. Who in your organization will be responsible for providing the leadership for the implementation of MTFC-P, and what is his/her position/job title?
4. Describe the source(s) of the referrals for MTFC-P, and the referral mechanism.
5. Please describe your organization's experience with foster parent recruitment, if any. Include information on what recruitment strategies you have used, and what specific challenges you foresee with regard to foster parent recruitment for MTFC-P.
6. In MTFC-P, foster parents must work closely with program staff, attend weekly meetings, provide daily behavioral information regarding the placement child, and implement a structured behavior contingency plan. What challenges do you see with these requirements and how do you anticipate that the challenges might be overcome?

7. Describe the funding structure for the proposed MTFC-P program, both during the implementation phase and in terms of long-term sustainability.
8. Please indicate the anticipated timeline for bringing the MTFC-P program up to capacity (i.e., how many placements after one month, how many after three months, etc., until the team reaches capacity of approximately 10 placements).
9. What is the target date for the stakeholders meeting (this is the official beginning date of the implementation services)?
10. What is the target date to place the first child?
11. In MTFC-P, certain information is generated in the course of the operation of the program (PDR-information, point and level charts, school cards, etc.). Funders, referring agencies and/or your organization may have documentation requirements with regard to MTFC-P placements. In order to coordinate the information generated in the program with your documentation requirements, please provide a description of these requirements. Please attach all forms pertaining to these requirements.

### **Youth and families to be served**

12. What are the criteria that you intend to use for MTFC-P placements? Please specify age, gender, type of problem behaviors, availability of aftercare resources, etc.
13. What exclusion criteria do you anticipate using?
14. Have the placement and exclusion criteria been agreed to and formalized by funders and/or referring agencies?

### **Geography**

15. Where will the members of the MTFC-P treatment team be housed? Please list the office location for each team member.
16. In terms of travel time, how far are MTFC-P foster homes from the location of the treatment team (include closest and farthest)?
17. In terms of travel time, how far are the public schools in which the MTFC-P youths will be enrolled from the foster homes (include closest and farthest)? In terms of travel time, how far are these schools from the location of the treatment team (include closest and farthest)?
18. In terms of travel time, how far are the homes of the birth families or alternative aftercare resources from the location of the treatment team (include closest and farthest)?

## **Staffing and clinical roles**

19. Please list all members of the MTFC-P clinical team that you have identified so far to date. For each member, please indicate his/her role on the team, level of education, previous relevant experience, intended FTE at the start of the program and after six months of operation. Will identified team members have any responsibilities outside of the MTFC-P program?
20. Please indicate how members of the MTFC-P clinical team not yet identified, (if any), will be recruited. Will they be recruited from within your organization or do you intend to hire new employees for these positions? For each position, please list the required qualifications. Please indicate what, if any, responsibilities outside of the MTFC-P program are envisioned for each of these team members.
21. What is the targeted hiring or appointment date for each of the MTFC-P team members?

## **Treatment process**

22. Describe the proposed back-up procedure for 24/7 availability of the program supervisor to the foster families in case of illness, vacation, or other absence.
23. Describe the mechanism through which each of the therapists will be available, between appointments, to the placement child and birth parent(s)/aftercare resource, respectively.
24. Please describe the discharge criteria pertaining to the MTFC-P placements, including any criteria around placement duration.

## **TFC Consultants support and assistance**

25. We conduct MTFC-P training in Eugene, OR 4 times per year in – January, April, July and October. When does your organization intend to have the MTFC-P clinical team attend? (NOTE: the trainings are conducted over a four-day period for all clinical staff with an additional training day for Program Supervisors)
26. Please list the persons who will attend this training, including their positions. Please include other persons who are not members of the MTFC-P clinical team, if any, who you would like to have attend, both from within and outside your organization.
27. When do you anticipate the training of the first group of foster parents? (NOTE: this training is provided by TFC Consultants.)
28. Who, other than prospective MTFC-P foster parents, would you like to have attend this training? Please list their positions.
29. When do you anticipate the training of the PDR-caller in the use of the WebPDR system? (NOTE: this is provided on your site by TFC Consultants.) Please provide the name of the caller and the name of the back-up caller(s) to be trained.

30. Please describe the type of internet access (DSL, for example) and Web browser that will be used by the PDR caller.
31. We require that weekly videotapes of the foster parent and clinical meetings be sent prior to the weekly consultation calls with your TFC site consultant. Please describe the video recording equipment that will be used to record the weekly foster parent and clinical team meetings. In what format will the recordings be sent to the site consultant (VHS, DVD, etc.)? How will you send the recordings of the meetings to the site consultant (U.S. mail, FedEx, e-mail, etc.)?

### **Foster parents**

32. Please describe the plan for ongoing foster parent training beyond the first training provided by TFC Consultants.
33. What time line do you anticipate for the certification of new foster parents?

Thank you for providing this important information. This document will be essential in the development of a workable plan to effectively implement your MTFC-P program. TFC Consultants will contact you within a few weeks after receiving the completed questionnaire to discuss how to proceed.

Please e-mail the questionnaire to:  
gerardb@MTFC-P.com

Or, mail to:

Gerard J. Bouwman, President  
TFC Consultants, Inc.  
1163 Olive Street  
Eugene, OR 97401

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