



# The History of the Foster Family-based Treatment Association

## The Roots of Development

On November 4-5, 1985, over 120 professionals from 24 states (including Alaska and Hawaii) and Canada attended the first foster family-based treatment conference in Asheville, North Carolina. The conference was designed to determine if there was broad-based interest in (1) moving treatment technologies out of institutional settings and into foster family settings and (2) researching the effectiveness of this model.

Attendance at the Asheville conference far exceeded the expectations of its organizers and the host agency, Professional Parenting, a new Treatment Foster Care (TFC) program in North Carolina. The conference brought together a large group of like-minded professionals. Their responsiveness and desire to further the concepts created the foundation for the Foster Family-based Treatment Association (FFTA), which was formally established by the end of 1988.

The Asheville conference grew out of several small meetings among TFC agencies between 1983 and 1984, each of which was spearheaded by Dr. James Breiling of the National Institute of Mental Health (NIMH). The NIMH Division on Antisocial Behavior and Violence had a long-term interest in non-institutional, therapeutic interventions for aggressive youths. Since the early 1970s, NIMH had supported research on therapeutic group homes for delinquent and predelinquent youths (the Teaching Family Model).

As the success of this model moved into more normalized settings (foster homes), NIMH was approached for funding to develop the Professional Parenting program. By reading the first booklet on therapeutic foster care (Special Foster Care: A History and Rationale, Bryant, 1980), Dr. Breiling discovered that People Places, located in Virginia, had been providing therapeutic services within foster homes since the early 1970s. This booklet was widely distributed through the Child Welfare League of America and provided further seeding of the TFC movement in the early 1980s.

People Places was unique. It was committed to program evaluation, to serving as an institutional alternative for older children and teens, to a methodology throughout all of its “specialized” foster homes, and to the role of “foster parents” as the main agent of change for the child in their care. These values were shared by Professional Parenting. Breiling linked these two agencies with another new program that demonstrated an analogous philosophy, the Pressley Ridge School’s PRYDE program in Pittsburgh, PA.

Similar to the other two programs, PRYDE was developed to serve the same population of children who had been placed in residential treatment programs. The early meetings between Professional Parenting, People Places and PRYDE provided a forum for sharing data, debating the inclusion of “foster care” within each program’s description, and considering the role of treatment or professional parents and the necessity of daily documentation. It was a time of growth and development for the three programs.

The idea for the Asheville conference was generated at a meeting that was held in Pittsburgh, PA, in the

summer of 1984. With NIMH, the Pressley Ridge Schools co-hosted a working conference for 20 nationally recognized professionals from the fields of child mental health, social services and public policy. The purpose of the gathering was to critique the three comrade programs (and TFC in general), to assist in the development of a series of books (later published by Child Welfare League of America as The Trilogy: Treatment Foster Care: Critical Issues (Hawkins and Breiling, Eds.); Troubled Youths in Treatment Homes: A Handbook on Treatment Foster Care (Meadowcroft and Trout, Eds.); Son Up, Son Down (Carenen)) and to inspire future directions, one of which was the 1985 conference.

During the early 1980s two other factors furthered interest in a TFC organization: the advocacy work of CASSP (Child and Adolescent Service System Program) and the successful outcome evaluations reported by TFC programs. CASSP, also a division of NIMH, began in 1985 with the mission of reducing the need for psychiatric (“deep end”) placements for seriously emotionally-disturbed youth. A network of state-level CASSP offices was established to provide training and consultation in developing community-based options to hospitalization. CASSP also published widely disseminated materials on a “system of care” for seriously emotionally-disturbed children and adolescents. A key component of this system of care was Treatment Foster Care. A System of Care for Seriously Emotionally-disturbed Children (Friedman and Stroul, 1986), became the blueprint for developing services for troubled children throughout the United States.

At this point, TFC was both a mental health *and* social service program, as it continues to be. Even by the mid-1980s the outcome data indicated that the TFC model could serve the same population of children who had been served in therapeutic group homes. TFC increasingly realized the potential of serving as a residential treatment option rather than as an aftercare service. Throughout the rest of the decade, TFC programs evolved in every state, pre-existing programs expanded and research continued to indicate competitive outcomes and cost compared with residential services. With this growth came an increased interest in understanding the distinctive features of TFC, and an accelerated demand for a professional organization.

The turnout for the 1985 conference in Asheville, the enthusiasm of the participants and the responses on the conference evaluation forms indicated that a “movement” had been launched. Nearly 100% of the attendees indicated an eagerness to work on the development of a national organization for treatment foster care.

Several colleague treatment foster care programs in the Twin Cities area of Minneapolis-St. Paul (Family Alternatives, PATH, Human Service Associates, Volunteers of America and the Wilder Foundation-Children’s Placement Services), ignited by the enthusiasm of the Asheville conference and the interest in treatment foster care in Minnesota, organized and conducted a subsequent conference in Minneapolis in August of 1987. Over 400 professionals attended the Minneapolis conference, and the continued enthusiastic response resulted in subsequent conferences in 1988, Calgary; 1989, Atlanta; 1990, Las Vegas; 1991, Boston.

Based on the advice of Drs. Joe Hudson and Burt Galaway from the University of Alberta at Edmonton and board members of Human Service Associates, the Minnesota group decided to expand the conference to include participants from Canada. Parallel TFC developments had been taking place in Canada as far back as the early 1970s. The Parent Therapist program in Ontario, the earliest comparative evaluation of a TFC model, spearheaded replications of this program in Canada and elsewhere in the United States during the 1970s and 1980s.

The conference brochure for the first North American Treatment Foster Care conference, held in

Minneapolis in August 1987, described its goal as: “... to recognize treatment foster care as a vital segment social service delivery system. Building on the ideas generated by the Foster Family Treatment Conference held in November of 1985...we hope to provide an arena in which treatment foster care professionals can learn from, debate with, and challenge one another.”

Interest in forming a professional TFC organization had not abated since the Asheville conference, and a spontaneous meeting at the 1987 Minneapolis conference concluded with an invitation to all who wished to pursue a formal organizational structure for treatment foster care. At this meeting, Joan Riebel (Family Alternatives) led the group in a lively discussion which resulted in more than 25 people volunteering to serve on a “steering committee” to further explore the development of a professional association for treatment foster care. The first meeting of this steering committee was held in Minneapolis in January 1988.

Jim Breiling, in a memo to the “initial steering committee,” plotted the beginnings of FFTA.

*“Rationale (for establishing a professional organization for Treatment Foster Care): While Treatment Foster Care (TFC) has existed for several decades, it is only in the ‘80s that it has begun to be implemented on a widespread basis. The rate of implementation of TFC programs now appears to be high and likely to continue so in response to continuing efforts to reduce the number and costs of institutional placements and the need to strengthen foster care to obtain and train foster parents who can be successful with more difficult children and youth... This new, promising, fast-growing approach can benefit from an organization which, at minimum, will facilitate contact and the exchange of information among those interested and involved in TFC.”*

The memo went on to list potential goals of the organization:

1. creating a legal entity;
2. conducting an annual national meeting (perhaps regional at some point) for presentations on and discussions of policy issues, conceptualization of treatment models and empirical findings;
3. producing a periodic newsletter to report on association activities, provide annotated bibliographies on critical articles and summarize important policy and treatment methodology developments;
4. forming a public policy committee that would monitor federal and state actions which were relevant to TFC;
5. forming a research committee that would gather data from TFC programs on children served, duration of service, treatment parent characteristics, cost information, and would oversee the professional literature to ensure that newly emerging policies and treatment modalities were summarized for TFC providers.

The Steering Committee reflected this first memo in the direction, thinking and discussion that took place over the next year in an effort to organize the association.

The Steering Committee met four times during 1988—in Minneapolis in January, in Washington, D.C. in May, in Calgary, Canada in August, and in San Francisco in December. Seventeen to 24 Steering Committee members attended each of these meetings, devoting much time, expertise and agency expense to early development activity. Among these “pioneers” were many of the initial members of the FFTA board as well as experts in research and public policy regarding children’s services. (Drs. Jim Breiling, Rob Hawkins, Joe Hudson, Burt Galaway and John Pierce continued to serve on the FFTA Advisory

Committee.)

The January 1988 meeting in Minneapolis established several goals, including pursuing incorporation; linking with other professional associations; to garner “start-up” funds for association expenses; to determine a structure for membership, and to producing a vehicle to communicate with those interested in a professional organization for TFC. Three work groups/subcommittees were formed to achieve these goals (logistics, linkages and membership) over the next few months.

At the May 1988 meeting of the steering committee (Washington, D.C.), “Foster Family-based Treatment Association (FFTA)” became the association’s official name. Those in attendance will recall that debate focused not only on an appropriate name, but on the definition of “treatment foster care.” This exchange was critical to developing the goals of the association, and was part of an ongoing dialogue. Another debate in these early meetings regarded staffing and finances. It became evident that the support of a part-time clerical assistant was required, and a campaign for soliciting start-up money was initiated. “Charter Member” solicitations included a “Founders” category (\$2000) and a “Patrons” category (\$1000). This successful campaign began bringing funds into FFTA, allowing it to begin operations. A more solid financial base was established in August 1989 when membership dues were implemented.

In addition to the commitment, expertise and financial contributions from the Steering Committee, the initial newsletters were a key factor in the successful development of the association. At the first steering committee meeting the group committed itself to producing at least two newsletters between January 1988 and the next North American Treatment Foster Care Conference (August in Calgary).

The first newsletter, a special issue of “Treatment Foster Care Association (TFCA) Newsletter” was published in April 1988 and mailed to all participants of the Asheville and Minneapolis conferences, as well as to individuals who expressed an interest in learning more about this treatment modality. The newsletter proposed a detailed definition of treatment foster care with requests for feedback on this initial definition (thus began the formation of the FFTA Standards of Practice). It also included a summary of the first Steering Committee meeting with an invitation to attend the next May meeting in Washington, D.C. Finally, this special issue included a survey regarding the formation of a professional association for TFC. Responses continued to indicate an interest across the United States and Canada.

The second newsletter, “The Foster Family-based Treatment Association (FFTA) Newsletter” (July 1988), was appropriately renamed based on the formal naming of the association. Various Steering Committee members continued volunteering their assistance to produce each newsletter. The July newsletter summarized the highlights of the evolving organization and provided its readers with FFTA’s initial mission statement and goals:

“To promote, develop, improve and support the quality of treatment foster care... (through):

1. provid(ing) a national marketing resource for treatment foster care;
2. set(ing) standards for treatment foster care;
3. provid(ing) a mechanism for certification of treatment foster care programs;
4. provid(ing) access to technical assistance for membership organizations or agencies;
5. updat(ing) members concerning Congressional action which affects treatment foster care.”

## A Vision Realized

Formal incorporation of FFTA occurred in August 1988 at the Second North American Treatment Foster Care Conference (Calgary) with the signing of the incorporation papers by members of the Steering Committee. It was agreed that board meetings would take place four times each year, with much of the work being done through a committee structure. The 21-member board would select officers for one-year terms. Board membership would be a three-year term with the first board members having rotating terms of renewal for one, two or three years to ensure continuity as new board members were selected. However, at the time of the Calgary meeting, the Association still lacked a Board of Directors.

The mechanism for establishing a Board of Directors required that an interim board (the Steering Committee) solicit a slate of potential board members and vote on members and officers at a subsequent meeting. The interim officers were Joan Riebel, as President, who had been serving as chair of the Steering Committee; Rosemary Unterseher, Vice President; Pam Meadowcroft, Treasurer; and Patricia Harmon as Secretary. Each represented diverse programs from across the United States or had close ties with Canadian TFC developments. Voting for membership on the FFTA board occurred at the first 1989 meeting of the interim board on March 17-18, 1989, in Chicago.

At the first FFTA board meeting (March 1989) a vigorous planning session produced both long- and short-term goals as well as an estimated first budget (based on short-term goals). The long-term reality of financially supporting a visionary association within its ambitious long-term goals was a bit daunting for many in attendance. Nonetheless, the first board moved ahead.

Each year FFTA exceeded its goals for securing more members and each year the association continued to achieve its short- and long-term goals. “Standards” for the TFC practice and “membership” topped the list of priorities developed at the first board meeting. Over the next two years, two committees—Standards and Marketing/Membership—dominated the board’s activities by creating eight regional meetings, a sound membership base of 100 agencies from 35 states and provinces; a highly respected quarterly newsletter and producing *The FFTA Standards* (1991), the first detailed description, definition and practice standards for providers of TFC.

The production of these standards involved all board members, all member agencies and the FFTA Advisory Committee. It represented programs throughout the United States and Canada and served as a document that introduced the expertise of a broad-based group of practicing professionals. Debates over these standards and definitions continue to be encouraged, and the Standards are revised on an ongoing basis.

The Standards Committee also developed a self-evaluation tool that measured program compliance with every item within the *FFTA Standards*. At the end of 1991, the committee distributed the self-assessment tool to all member agencies. The results of the self-assessments and discussions regarding the use of the *FFTA Standards* greatly influenced the evolution of the existing standards over the subsequent years.

From 1989 through 1991, activities of the Marketing/Membership Committee (with assistance from Omni-Max) produced sufficient numbers of agency memberships to make FFTA viable. Membership recruitment campaigns and the distribution of *FOCUS FFTA*, a highly respected quarterly newsletter, helped to build FFTA membership to a total of 100 agencies.

*FOCUS FFTA*, the association’s most significant marketing and public relations tool, was written, edited and produced by Brad Bryant (People Places) under contract with FFTA. By the end of 1991, the

Marketing Committee's promotional responsibilities were greatly aided by the retention of a management firm for FFTA. At about the same time, *FOCUS FFTA* became the responsibility of the Editorial Committee, the first FFTA committee to include non-board members.

Another priority at the first board meeting was the production of an annual conference. The series of conferences that energized FFTA's evolution became the joint effort of the original "Minnesota group" and FFTA between 1989 and 1991. Beginning in 1991, FFTA contracted with NIFCAP, a division of Specialized Alternatives for Youth, to provide professional conference services. Conference organization and the development of mechanisms for TFC training were seen to be increasing priorities of FFTA. By the end of 1990, the Association's potential for achieving many of its original goals was clearly possible. However, to do so would require further investment in sound management of the growing association. The growth in membership and income; the demands on continuing to produce the newsletter; the increasing volumes of necessary correspondence; the growing frequency of inquiries regarding TFC; the ensuing obligation to provide an annual conference; the imminent completion of the FFTA Standards, and the need to continue progress on the FFTA long-range plan all served to convince the board to consider contracting for management services or hiring an executive director.

The board voted to contract with a management group because FFTA needed management assistance more than the leadership or conceptual assistance that an executive director would provide. After considering several proposals from professional management firms, the board approved the selection of David Schild, President of Management Dynamics (MDU), to develop and manage the FFTA Administrative Office in New York City beginning in March 1991.

Within one year, FFTA membership nearly doubled, growing from 100 to 180 member agencies. The staff of the FFTA office gave TFC professionals a working organization in which both long- and short-range goals for improving TFC services could be accomplished.

Much ground had been covered since FFTA's beginning in Asheville, North Carolina, in 1985. The vision of a viable, North American-based association had been realized. The *FFTA Standards* provided the child-serving community and policy-makers with the only thorough definition of treatment foster care. Several states had used this publication to develop guidelines or regulations for the provision of TFC within the states.

With the basics of structure in place by way of the board and the hardworking committees, the support and leadership of David Schild and the FFTA's management firm, FFTA began to turn toward deeper and more intense strategic directions during 1992. Treatment foster care was a lively endeavor in North America and agencies were interested in affiliating with FFTA to assist with that development.

The Board of Directors clarified and restructured the Board committees. Lively discussions took place with respect to the role of the committees and the goal of keeping the organizational structure efficient. The Association focused on its mission by having leadership in the field committed to participating in the FFTA's work.

The committees were as follows:

- Membership
- Public Policy (formerly Public Affairs)
- Standards and Evaluation
- Editorial

- Education/Conference

## **Chapters**

The Board also began to address the need for a structure to be developed for local chapters of FFTA members. In several geographic locations, Treatment Foster Care providers were meeting to discuss standards, foster parent training, local contracts and public policy. The question of the relationship between the local entities and the FFTA was considered, including the number of member agencies that could constitute a chapter, fund raising by local chapters, and auditing of chapters by FFTA. It was decided that Chapter By-laws should be developed and implemented.

In 1992, the Mid-West, California, Alberta, Illinois and Minnesota chapters were active, with plans by Maryland and Virginia to organize as well.

By the end of 1994, there were a total of 10 Chapters, including Nebraska, Ontario, Canada, and South Carolina. 1995 brought the addition of New York, New Mexico and Arkansas. Texas, North Carolina, the Northern and Southern California Chapters (replacing the California Chapter) joined in 1997. Kentucky became a chapter in 1998.

Chapters reported their needs for information in the areas of Medicaid and more educational opportunities. Eventually a Chapter Education Program was developed which provided seed money for local chapters to provide training opportunities. This was an important resource for developing chapters and organizations, and it in turn helped FFTA recruit more member agencies.

## **Standards and Best Practice**

The Standards had been widely distributed by now. More public agencies were using them to determine state program standards. Within FFTA, the Standards Committee was beginning to analyze the results of the self-assessment survey completed by members and to begin the process of constructing a FFTA database. There was also the beginning of conversations about whether or not the adherence to the FFTA standards should be a requirement of FFTA membership. The conclusion was to require that “[M]ember agencies will adhere to the values described in the FFTA Standards and will work towards compliance with these Standards.” The Board was very sensitive to the fact that it was their intention that the Standards be revised on a regular basis (1994 was already designated for this task) and that the question of certification of member agencies would need to be addressed.

Also consistent with Best Practice, the Public Policy Committee worked on the first FFTA position paper. “Treatment Foster Care: It’s Role in the Service System” by Gerald M. Bereika, Ph.D., was utilized by member agencies to market their programs, and as a focus of discussion at the annual conference. This was just the beginning of a series of position papers that would help define FFTA as an organization committed to learning and exploring the challenging questions of an evolving field.

## **To Accredited or Not?**

Once again the issue of certification/self assessment/accreditation emerged as the Public Policy Committee reported the following results:

- 21 respondents suggested self-assessment using an FFTA self-assessment survey
- 16 respondents preferred peer review, paying the cost of a peer consultant to conduct an on-site

assessment

- 21 respondents suggested that FFTA contract with an independent accrediting organization

With respect to the question of whether or not the FFTA membership should be conditioned on certification or compliance with the FFTA Standards, the committee found that 13 respondents suggested a mandated program review and 24 respondents felt that it should be voluntary and not directly linked to an agency's membership in the FFTA.

In spite of the high level of interest in certification expressed in the membership survey, the decision was made to place a moratorium on certification and/or accreditation. It was agreed that the FFTA would promote the FFTA Standards to all organizations that provide accreditation and that the Standards Committee would develop a process for promoting the standards. When the Council on Accreditation for Family and Children Services (COA) began to revise their standards in 1994-95, FFTA was well positioned to influence their treatment foster care standards.

This proved to be an ongoing challenge to sort out: while it seemed the most desirable to form an alliance or become a sponsoring organization with FFTA, it was also reported that the JCAHO was also publishing treatment foster care standards for accreditation. This made it essential for the FFTA Board to have members in contact with both organizations until it became obvious that the best option for FFTA was to formalize a relationship with COA

At the May 1993 meeting, it was a source of celebration for the Board of Directors to note that essentially all of the goals developed by the FFTA in 1989 had been met, or were in process. This placed FFTA in a position to begin the development of a new long-range plan.

In 1993 the issue of Medicaid funding of treatment foster care services began to impact many of the FFTA member agencies. As a membership service and to promote discussion about this issue, the FFTA Board agreed to sponsor an Educational Institute on the topic.

By 1995, Joy Duva, chair of the Public Policy Committee noted the high level of interest from, and need for FFTA members to know more about managed care. At the time, the assumption was that because children's mental health and child welfare were sure to be a part of the managed care system, treatment foster care providers would be impacted as well. In addition, treatment foster care, given its excellent outcomes, lower cost and community base, could be a resource for managed care companies. FFTA proceeded to develop an outstanding program for its members to address this need.

### **Building Resources for the Future**

Historically, FFTA has consistently provided a high level of membership services while keeping the dues at a very low level. While this is important for the smaller member agencies that have restricted budgets, it has been a struggle for FFTA over the years to maintain membership services with the low dues.

At the beginning of 1997, the FFTA Board of Directors began to look at other fund development efforts for the organization. Michael Miller, a senior faculty member of the Fund Raising School at the University of Indiana Center on Philanthropy reviewed options for the Board's consideration, and as a result, the FFTA Executive Committee was charged with implementing a strategy for fund development.

## **Outcomes**

By now, virtually all of the FFTA members were becoming engaged in the discussion about outcomes. As indicated earlier by the Research Committee in its work, treatment foster care providers needed to be able to show what difference their work made for youth and families. Funders were demanding this and members were committed to it, not only because of the funders' need, but because it was consistent with best practice.

The Public Policy Committee worked with several organizations to produce a joint position on outcome measures for child welfare services. Part of the goal for the Public Policy Committee was to offer an "Outcomes Summit," perhaps at the conference, which would add to the information and knowledge base of FFTA members.

Also in 1997, the Council of Chapter Chairs affirmed a message and focus for its work. The following mission was approved at the Chapter Chair meeting on March 16, 1997:

"The mission of the Council of Chapter Chairs is to provide a collaborative voice for the unique agencies and regions that are FFTA; to network and act as an advocate for agency, regional or sectoral innovations; to provide a community forum in which all agencies, regions and sectors might gain support and participate in the evolution of treatment foster care and the development of the association. It was agreed that the Council would focus on three issues: policy, standards and research."

## **Technical Assistance**

Building on the bibliography of Treatment Foster Care studies completed five years earlier, the FFTA began discussions in 1997 with Barbara Thomlison, Ph.D., from the University of Calgary to update the bibliography. The project's second phase was to offer FFTA members a listing of articles and papers on various treatment foster care studies. Upon request, the FFTA office would also link a person requesting technical assistance on treatment foster care with an FFTA member that had expertise in the requested area and would conduct a literature search in the area of interest.

## **Strategic Focus –1998 – Brings Changes to FFTA**

The FFTA Board of Directors approved the following new mission as a result of the 1997 strategic planning process:

The Foster Family-based Treatment Association is committed to enhancing the lives of children within families through strengthening family-based organizations.

This mission was based on the following core values:

- Children and Families must succeed (outcomes)
- Families are the best way to help children
- Healing power of families (all of them)
- Permanency for children

- Dedication of resources to provide quality care
- Family empowerment with community support
- Promote strength of families
- Honesty and integrity with families and communities

An International Sub-Committee was formed to develop strategies for the FFTA to meet the needs of member agencies in countries outside of North America. An information survey was developed to determine what the needs might be, and it was agreed to expand the survey to England and one or two other English-speaking countries.

The Standards and Evaluation Committee was re-vamped so as to align with the strategic direction. Because the response from member organizations to the self-assessment survey was too small to provide a meaningful analysis, the project was dropped and it was agreed that the committee would:

- Attempt to have a better understanding of how the standards can benefit member agencies
- Work more closely with COA on standards and compliance
- Support members as they move toward accreditation
- Focus on “best practice” issues rather than standards.

As a result of this decision, the committee’s name was changed to Best Practices Committee.

Public Policy provided for a lengthy discussion at the March 1999 meeting. The central issue was the publishing of position papers, i.e., would it be considered an “endorsement” by FFTA of a particular view? It was finally agreed that a procedure was to be developed by the Public Policy Committee and the Board for the reviewing of potential “endorsements.” The Board of Directors would review each paper before it was published, including the Ecology of Outcomes Report, which generated this lively discussion. In addition, the Public Policy Committee would develop a mechanism for considering specific public policy issues and models that would be presented in the future. In July 1999, the FFTA Board of Directors did endorse the position paper on the Ecology of Outcomes.

In May 1999, the new FFTA committee structure was established to include:

- Editorial
- Conference
- Association Development
- Public Policy
- Best Practices.

At that time, the FFTA conference, which consistently received high marks for quality and had excellent participation, broke the record by generating a \$93,000 profit. David Schild attributed this to the increased number of vendors and sponsors, as well as a reduction in expenditures.

In November the Technology Committee reported to the board on an analysis it had completed of various foster care technology systems. The goal was to assist FFTA members in identifying a high quality management information tool that could also be used for aggregate data collection relating to outcome measurements. While the FFTA had not previously endorsed any particular system, it decided to pursue a partnership with CompuCare Management Systems (now, KaleidaCare) in which the FFTA would help promote a system that would enhance members’ technological efficiencies.

The Chapters took an interesting turn in 1999 as well. It was noted at the November board meeting that several chapters were inactive. The Council of Chapter Chairs reviewed this situation and recommended to the Board of Directors that if a chapter had no meetings in a calendar year, it would become inactive and would be ineligible for Chapter Education Program funding.

Fund development efforts had continued. In May 2000, the Fund Development Committee considered several proposals from fund development consultants and firms. After interviewing and evaluating each one, the committee recommended that FFTA hire an individual fund development consultant rather than a firm. The consultant was contracted to conduct a feasibility study and identify funding sources that would be interested in family-based projects.

The FFTA Conferences continued to grow in size. The 2001 Conference on Treatment Foster Care, held in Atlanta, generated a record-breaking attendance of 774 individuals from 43 states and 3 Canadian provinces.

At the end of 2001, the FFTA had 339 members, and 101 multi-site members.

*Editor's Note:*

The first version of the FFTA History was written by Pam Meadowcroft, Ph.D. with input from Drs. Jim Breiling and Bob Snodgrass, Mike Peterson, Patricia Harmon, Joan Riebel and Bruce Maag.

The second version was written by Patricia Harmon and edited by Joyce Goldstein.