

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES



Guide to the Implementation of the ***UNIFIED PLACEMENT PROCESS***

Regional leadership was viewed as the single most important factor. Staff at all levels stated that success in initiating a system such as unified placement required a strong management team led by a Regional Administrator with a clear vision. Viewed as absolutely critical was the Regional Administrator's ability to communicate the vision for the unified placement process to staff and generate excitement and energy around it.

"Lesson Learned" from UPP Pilot in Rutherford County, May 2006

Submitted by

Daryl Chansuthus, TDCS Director of CQI
7th Floor, Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
(615) 532-7366

Michele Munson, M&B Consulting
6953 Charlotte Pike; Suite 401
Nashville, TN 37209
(615) 356-4946

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Introduction to the Guide

This Guide was developed specifically for the TDCS Regions to provide the tangible information needed to succeed in implementing a Unified Placement Process. It is divided into three parts.

The first part provides an overview of the Unified Placement Process – what it is; why we need it; and what elements are essential to implementation. This information should provide the “big picture” understanding of this reform initiative.

The second part provides detailed information about the essential elements required to successfully implement the Unified Placement Process. These six elements inextricably integrate the work of the Regions to enable a more cohesive approach to supporting the needs and strengths of children and families. Under each element, there is specific information regarding measures for successful Regional implementation, “lessons learned” from the UPP Pilot in Rutherford County, and a listing of supports Regions can expect during implementation.

The third part contains written tools and templates that Regions can use as they move forward in planning for and implementing the Unified Placement Process in each of their counties.

This Guide is not intended to be all-inclusive. Rather, it is designed to provide a good foundation for initial implementation. As the Statewide Unified Placement Process unfolds, additional elements will be introduced to sustain effective efforts at improving outcomes for children and families. Therefore, the Guide is in binder format in order to simplify the insertion of periodic revisions and additions.

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PART I:

***Introduction to the
Tennessee Department of Children’s Services
Unified Placement Process***

A. *What is the Unified Placement Process?*

Definition

The Unified Placement Process is an integrated approach to child placement that timely identifies and provides resources from a continuum of caregiver and service options which are flexible and adaptable to respond to the individualized needs and strengths of children and families.

Goals

The Commissioner's goals for a successful Unified Placement Process at full implementation across the State are to:

- * Minimize trauma experienced by children and families
- * Provide for the child and family needs, no more and no less
- * Reduce the length of stay in placement
- * Keep children safe in their own homes
- * Strive for the first placement to be the best placement
- * Engage child and family teams in placement decisions to promote safety, permanency and well-being
- * Place children with siblings, in their home community, and with relatives/kin whenever possible
- * Utilize Resource Homes unless there is documented justification for a congregate treatment placement

Key Components

The three key components required to achieve these goals are:

1. Increase the Use of Front-end Services to Prevent Removal and Support Kinship Care

Child and Family Team Meetings are utilized to ensure that children are only removed from their homes if there are immediate safety concerns that cannot be addressed in a manner that would enable a child to remain in his/her home. Individualized and functional assessments occur quickly, and the appropriate intensity of targeted supports and services are immediately accessible to address safety-related concerns. Consequently more children are safely maintained in their homes or in the homes of their kin.

2. Improve Systemic Capacity to Target Placement Resources to the Child and Family Strengths and Needs

If the decision is made to place a child in custody, multidisciplinary Child and Family Teams make placement decisions with the child and family at the center of decision-making. The application of placement resources is an individualized process that incorporates analysis of assessment information, matching of needs and strengths of the child with potential caregivers, and proximity of placement setting to child's family and community. A consolidated Placement Services Division serves as a single portal of access to DCS and Private Provider placement and service resources. Staff within the Placement Services Division are strategically assigned to counties/clusters to inform and support the Child and Family Team decision-making process, track and maintain available resources and to identify and fill gaps in placement and service needs.

3. Enhance Specialized Permanency Supports to Expedite and Sustain Permanency

DCS provides the post-placement services and supports to enable children in custody and their families to achieve timely permanency. Custodial caregivers are recruited and empowered to serve as respected members of the permanency planning teams at the very beginning of a child's journey through placement. Resource parents and caregivers in alternative placement settings are depended upon to interact with birth families and other individuals who are important to the children in a manner that is collaborative and will assist in achieving timely permanency.



Think outside the box. Avoid the first impulse to 'yank us out of our homes.' Instead, work to develop a wide range of services that can be wrapped around us on the front-end and that are targeted to the strengths and needs of my family.

~ thoughts on Placement from TN's Current and Former Foster Youth

B. Why Does Tennessee Need a Unified Placement Process?

Nationally, out-of-home placements for children have been driven by what is available rather than by what a child needs. Supports required to maintain placements in home-like settings can be difficult to access. Often, there is no single entity within the systems charged with identifying, developing and sustaining the full array of placement options and support services available within a child's community. As a result, children are separated from their families by great distances, receive inadequate wrap-around services, and remain in care longer than necessary. These children not only lose their families, but also their friends, schoolmates, childcare providers, and other relationships important to any child's well-being.

Currently in Tennessee, there are four distinct structures through which a child needing out of home care is placed: 1) CPS/Family Services Case Workers; 2) Resource Management Units; 3) Resource Family Support Units; and 4) Contract Providers. Each entity may identify placement options and make placement-related decisions in isolation of the other.

The CPS and ongoing case workers are directly responsible for kinship resource home placements and an expedited approval process is triggered to accommodate the need for emergency placements with relatives. This expedited foster home approval process enables children to be immediately placed in relatives' homes with the necessary DCS supports and services.

However, when appropriate kinship resources are not identified, direct service case managers (CPS, Family Services) must determine which branch of the decision tree (DCS or contract agency) would be most appropriate for addressing the needs of the child entering care. Regional Resource Management Units manage the child placement services budget and the utilization of private provider contracts. Regional Resource Family Support Units manage the pool of DCS resource homes. Both gather initial child and family intake information from DCS Child Protective Services or the courts and determine where to submit information based on the referral information received by the CPS or Family Services case workers. If the child is medically fragile, or requires therapeutic services only available in a level-2 or greater setting, then the referral information is sent to the Regional Resource Management Unit who, in turn, sends referral packets to the various placement specialists employed by private providers serving the Region who may have potential placement options available. The private provider placement specialists then identify and make placements within their own networks of available resources.

Unless a Potential Removal CFTM is held, the Child Protective Services case worker or court liaison is often the only professional staff that talks directly with the child in need of placement. Resource Management and Resource Family Support staff rely on the

information provided by these referring individuals or the “intake” form to determine the needs of the child and which placements might accommodate those needs. Different regions use different child and family intake forms. Often the information on the intake form is not consistent with the information conveyed by the Child Protective Services case worker or court liaison during the initial phone call or the form is only partially filled out.

In general, it is difficult to match a child’s strengths and needs with a specific resource home or alternative placement setting identified for placement because only a modicum of information about the children is either accessible or communicated; technology is not available to provide aggregate information about the pool of DCS and contract provider potential homes in a particular community; and, regarding what is known at any given time, the number of homes and support services that are available for placement is small. As a result, the placement process can become a crisis-driven scramble to find any safe place for the children using both DCS- and private provider-managed resources concurrently.

The DCS Practice Model calls for removal and placement decisions to be made by a Child and Family Team. Information about the child and family’s individual and collective needs; and decisions regarding potential resource families, service options and community supports can best be determined in this forum. The Regions have made great strides in building infrastructure for Child and Family Team Meetings. They are utilizing skilled facilitators to support Child and Family Teams in decision making regarding a number of critical issues affecting outcomes for children and their families. With the implementation of the Unified Placement Process, Child and Family Teams are posed to add quality decision making for child placement identification and supports to their responsibilities. Child and family assessment information will be available for decision making, Placement Services Divisions will be functioning as active supports to casework staff and Teams, and an adequate supply of locally-accessible placement and service resources will enable individualized matching to meet the needs of children coming into care.



Get all my community resources and supports to the table when gathering information and making such a life-changing decision of whether to remove me from my home.

~ thoughts on Placement from TN’s Current and Former Foster Youth

C. What are the Essential Elements all Regions Must Master to Implement the Unified Placement Process?

The essential elements that serve as the foundation for successful implementation of the Unified Placement Process in every Region are:

1. Piloting for a Consolidated and Responsive Placement Services Division

Regions must systematically create a consolidated placement services division that is responsive to the case work staff and the Child and Family Teams through a combination of skills and geographically-based knowledge of community resources and placement options, and processes for accessing them expeditiously. The first step in developing a Placement Services Division is to designate a Placement Specialist in a targeted cluster/county.

2. Applying a Functional Assessment Process to Gather Information Using the FFA and CANS Instruments

Casework staff and supervisors must be trained in and able to demonstrate skills at employing a functional assessment process when gathering information regarding the needs and strengths of children and families. They must be trained in and capable of producing accurate and meaningful information for Child and Family Team decision making using the Family Functional Assessment and Child and Adolescent Needs and Strengths instruments.

3. Using Child and Family Teams to Make Critical Decisions regarding Child Removal, Initial Placement and Placement Transition

Regions must establish and implement procedures to ensure that Child and Family Team Meetings are routinely called prior to initial placement or placement moves whenever possible or as soon as possible after an emergency removal. Child and Family Team facilitators, casework staff and supervisors must be trained in and able to demonstrate skills in teaming with the informal and formal support persons in the life of the families who can provide the critical information for assessment and decision making immediately following the triggering events and the ongoing supports and decision making that will enable successful interventions and child permanency.

4. Partnering with Providers and Courts for Placement Practice Reform

Regions must establish working agreements with private providers and with the court system designed to ensure that when a child needs to be placed, regional staff will know more about the children coming into care from the courts, know more about the placement resources available to them, and be able to work collaboratively with their partners to enable appropriate removal and placement practices, even after hours and even for children who are new to the system.

5. Developing Locally-Accessible Resources that Match the Needs of Children and Their Families

Regions must identify and develop an increasing pool of diverse, community-based resources that match the population of local children entering care. These resources -- in-home, foster care, transitional and post-permanency -- must be able to address the needs and complement the strengths of children and their families.

6. Using Data to Measure Progress

Regions must have and utilize county-specific baseline data to guide them in measuring their progress. The State is committed to providing these baseline reports. Regions must be able to demonstrate skills in analyzing and using the data to inform decision making.

These six elements, which are discussed in greater detail in Part II of this Guide, are directly related to the second key component for achieving a successful Unified Placement process (see Section A.) -- *improving systemic capacity to target placement resources to the child and family strengths and needs*. This component is at the core of the Unified Placement Process definition and successful placement reform. However, full implementation of the Unified Placement Process requires an integrated approach in order to successfully sustain placement practices that will achieve the goals identified by the Commissioner.

As is evident throughout the nation, there are limited placement resources available (particularly resource homes) to meet the ever-growing population of children entering out of the home care. In order to build and sustain a supply of community-based placements, Regions must maintain an integrated focus on all three key components outlined in Section A.: 1) *increase the use of front-end services to prevent removal and support kinship care*; 2) *improve systemic capacity to target placement resources to the child and family strengths and needs*; and 3) *enhance specialized permanency supports to expedite and sustain permanency*. Front-end supports and services are necessary to enable children to remain in their homes or with family when appropriate. At the same time, Resource Families and other out-of-home caregivers must be actively working with children and their families to support permanency in a timely manner. Such partnerships and supports allow placement services staff to target, recruit and utilize placement settings that “match” the individualized needs and strengths of children and

families.

The six essential elements listed above will serve as the “starting point” from which all Regions will be evaluated and measured as to their readiness to move forward with additional elements needed to sustain quality placement practices.¹ This initial focusing of Regional efforts on the six essential elements will enable a coherent and cohesive foundation that will provide the necessary uniformity across the State as each Region successfully achieves full implementation of the Unified Placement Process.



If no relatives or community members are immediately available, it's OK to put me in a 'temporary home' as long as I know what's going on and the family really knows how to provide for my needs and help me adjust to this really scary change in my life.
~ thoughts on Placement from TN's Current and Former Foster Youth

¹ A list of the essential and supportive elements related to the key components can be found in Part III, Section G. of this Guide.



PART II:

***Implementing the
Tennessee Department of Children's Services
Unified Placement Process***

A. ORGANIZATIONAL STRUCTURE ELEMENT: Piloting for a Consolidated and Responsive Placement Services Division

Measuring Successful Implementation by Regions

As outlined in the “Lessons Learned” section below, the State has not yet had the experience of piloting a Placement Services Division in a Region. The Mid-Cumberland Region has a clear vision for its Placement Services Division. While the vision is sound and is embraced by the State, the detailed Divisional structure have not been fully tested and evaluated at this writing to determine the impact on outcomes for children and families region wide. At this time, it is necessary to continue piloting the Placement Services Division in the Mid-Cumberland Region to determine what modifications to the structure, if any, are necessary in order for it to serve as the organizational mechanism the State requires to generate better placement-related outcomes. The State will conduct a formal evaluation of the Division within three months of its full implementation, as described in the Statewide Support Plan below.

Therefore, the current focus of this section is to implement what has been successfully piloted to date. An update of this section will be completed in early 2007 following the formal evaluation of the Placement Services Division in the Mid-Cumberland Region. The update will contain the information needed by the Regions to develop Placement Services Divisions statewide.

What does successful piloting for a Placement Services Division look like?

- At least one dedicated and competent Placement Specialist in each Region is hired and assigned to provide placement-related support to casework teams in a targeted county/cluster. The Placement Specialist is successfully implementing the duties and responsibilities as outlined in the draft job plan and protocol.²
- All DCS leadership, management and casework staff in the targeted county/cluster are committed to and understand the unique roles they play in the success of the Unified Placement Process. The case-carrying workers are successfully implementing the duties and responsibilities as outlined in the draft protocol.³

What will it take to achieve success?

² See Part III, Section A. for draft copies of the job plan and protocol developed during the Pilot.

³ See Part III, Section A. for a draft copy of the *Placement Protocol for Case-Carrying Workers* that was developed during the Pilot.

- The Regional Administrator and key Regional and County leadership must be identified and trained by an experienced Region and the State to support the Placement Specialist role and the piloting of the UPP process in a targeted county/cluster selected by the Region.
- The Placement Specialist must be identified, hired and trained by their Regional Administrator and key Regional and County leadership. The training, which will be supported by an experienced Placement Specialist from another Region, will focus on the purpose and comprehensive nature of a Unified Placement Process. This includes how placement practices have changed under the new model; the importance of relationship building with CPS, SS, and JJ case workers, Child and Family Team facilitators, private providers and community-based service providers; and how the changes in placement practices have impacted the children and families served in the experienced sites: data on increase in in-county placements, placements in family settings, increase in private provider in-county placements.
- All DCS staff in the targeted site -- including Child and Family Team facilitators, direct-service case workers, permanency specialists and support personnel -- need to be engaged by Regional Leadership to understand the unique roles they play in the success of the Unified Placement Process. The Regional Administrator and key Regional and County leadership need to engage staff in Unified Placement Process discussions, planning and implementation. All staff need clarity regarding the roles and responsibilities of the Placement Specialist and how the new protocols for placement will require changes in their own practices in order to improve outcomes for children and families.
- The Placement Specialist must have access to the technological tools that will enable her/him to obtain and maintain geographically-based knowledge of children at risk of coming into care; and community resources and placement options, and processes for accessing them expeditiously.

How will we know when we have achieved success?

- There is a positive impact on performance indicators and outcomes in the targeted site:
 - ⇒ Decrease in the number of children entering DCS custody;
 - ⇒ Decrease in the time from removal to placement;
 - ⇒ Increase in children placed in their home counties and/or local communities;
 - ⇒ Increase in children placed in resource homes in their home counties and/or communities;
 - ⇒ Decrease in length of stay in DCS custody; and
 - ⇒ Increase in placement stability.
- Families, children, casework staff, and other Child and Family Team members report an increased satisfaction with placement practices and outcomes.

- Private placement agencies report increased satisfaction with the child information received and the referral process for placement.

Lessons Learned from the UPP Pilot⁴

The Mid-Cumberland Region's vision for the Placement Services Division establishes a consolidated and responsive team of committed professionals whose mission is to support the reduction of trauma children experience when entering out of home care; recruit and retain resource parents within the child's home community; provide the least restrictive and most appropriate setting for children in need of placement; and offer training and support for resource families and staff that leads to fewer disruptions and more stable placements. The new Division recognizes and embraces its role as a proactive support mechanism and resource for direct-service case workers so that the case workers can focus their energies to act primarily as change agents, team facilitators, case planners and problem solvers with and on behalf of children and families.

It is important to keep in mind that the detailed structure for the Placement Services Division was being developed during the pilot and has not yet become fully functional. A chart of the organizational structure for the Placement Services Division in Mid-Cumberland has been created,⁵ staff are being hired, and job plans are being developed. The staff units under the Placement Services Division are:

Placement Services consisting of Placement Specialists assigned to casework teams by cluster and by congregate care designations and a Transportation Officer;

Training, Support and Recruitment consisting of Recruitment Specialists and Training and Support Specialists assigned to counties by cluster; and

Utilization Review and Billing consisting of Utilization Review Specialists and Billing Specialists (TNKIDS Financial and ChipFins, Respite and Travel Claims).

What has been fully tested during the Pilot is the effectiveness of the Placement Specialist position. An enormous amount of thought and planning have gone into the development of this position. Process mapping at the State level focused extensively on this role. A draft job plan and detailed protocol has been developed for the position.⁶ In February 2006, the first Placement Specialist was hired and began working in Rutherford County. She was carefully chosen and trained. The Leadership Team sought a person who was open to their vision for placement described above and not

⁴ Most of the information contained in this Section was generated during a process evaluation conducted by Daryl Chansuthus, TDCS Director of Continuous Quality Improvement in May 2006.

⁵ See Part III, Section A. for organizational chart.

⁶ See Part III, Section A. for drafts of the Placement Specialist job plan and protocol.

invested in the old way of placing children. Her real-life and hands-on application of the new vision has assisted in further refining the responsibilities of the position, and Rutherford County has experienced a dramatic increase in in-county placements during this time.

An important “lesson learned” during the pilot is that, in large part, piloting a dedicated and competent Placement Specialist in Rutherford County in combination with strong leadership for change from the Regional Administrator and Leadership Team created the genuine buy-in and support needed for the development of the Placement Services Division. The Rutherford County Placement Specialist has been touted by DCS and PP staff, foster youth and other community stakeholders who have experienced the difference she makes as the best thing that’s ever happened to placement. The Placement Specialist is viewed as a member of the Rutherford County casework team rather than a part of a separate unit. She is cited as being committed to the children and is flexible, creative, and innovative in identifying the most appropriate placement settings. She practices full disclosure in a relationship-based referral process with DCS and private provider staff.

Frontline casework staff in Rutherford County are now fully committed to the restructuring involved. They believe that the Placement Services Division eliminates unnecessary bureaucracy and provides greater ease and speed in internal communication, thus yielding better results for the child and family. One Team Leader sums it up as:

“The whole resource unit has restructured. Before, a social services case manager never knew who to go to about placement. With the new structure, the resource unit became the placement services division with a placement specialist who is assigned to a county team and who is the point of contact for all placement needs.”

The Placement Specialist’s efforts to decrease the trauma experienced by children needing placement -- by reducing the time they spend waiting in the office, and ensuring that the placement is the very best option available -- has underlined the need for resource tracking technology. Under the Unified Placement Process, it is the primary responsibility of the Placement Specialist and her colleagues to know and access the universe of resources (placement and services) available to meet the needs and strengths of children and families within their own communities, and to identify gaps and recruit resources in a targeted manner based on analysis of unmet needs. The Rutherford County pilot site has had difficulty collecting and managing this information due to the lack of a comprehensive and user-friendly resource tracking system. The efforts by the Placement Specialist to attend all placement-related Child and Family Team Meetings, hold regular workgroup meetings with the local placement provider community, and developing a binder with detailed information regarding each Resource Home in the county have been helpful in increasing her own knowledge of resources.⁷

⁷ See Part III, Section A. for a copy of the Foster Parent Data Sheet developed by the Rutherford County Placement Specialist to collate and track information on the homes in the county.

However, as expressed by the Mid-Cumberland Regional Administrator, there is a need to have a clear understanding of the number, type, and functional capacity of resource homes at the county level as well as of the location of the homes, preferably by zip code and/or school zone.

“Data on placement resources and tracking is needed. We need to know where homes are located and where kids are placed. With that information, we can do strategic recruitment in the neighborhoods our kids come from. As you get better at strategic recruitment, you can use your community information for other purposes. You can overlay information on school zones to keep kids not only in their communities but in their schools as well. You can overlay information on community partners to see what services are available and where. This will facilitate recruitment of vendors in the areas of greatest need. What you get with this kind of information is a visual of the community that can be shared with the community to mobilize support and resources.”

The Rutherford County casework teams have also experienced change in their responsibilities and improvement in their practices related to reducing the trauma experienced by the children they serve. During the development of the plan for the Pilot, front-line staff met by Unit to brainstorm regarding trauma reduction strategies.⁸ A placement-related protocol specific to CPS and ongoing case workers is being operationalized in the county.⁹ The protocol emphasizes that it is the case-carrying worker’s primary responsibility to attend to the immediate emotional and physical needs of the child at risk of entering care. Staff and leadership are developing and implementing plans to ensure nurturing settings where children can be kept safe and comfortable during emergency removal situations and while placement decisions are being made; fact sheets to share with waiting children that profile DCS and Private Provider resource homes; and Parent to Parent Meetings to provide an opportunity for birth parents and foster parents to meet face to face and talk specifically and solely about the needs of the child.¹⁰

In conclusion, field staff report a new professionalism as a direct result of becoming more involved in making decisions regarding appropriate placements for their children and advocating for quality services. As the Regional Administrator put it, *“We’re not doing things haphazardly anymore; we’re thoughtful and proactive.”* As a result, more information is being collected about children before they are placed, the needs of children and their families are being heard, better first placements are being made faster, and more and more children are being placed in their home communities.

⁸ See Part III, Section A. for a list of questions front-line staff responded to regarding reducing trauma for children and families during the Pilot.

⁹ See Part III, Section A. for the draft Placement Protocol for Case Carrying Workers.

¹⁰ See Part III, Section A. for copies of *Trauma Reduction Tool II* and *Overview and Draft Protocol of Parent to Parent Meetings*.

Statewide Support Plan for Piloting for a Placement Services Division¹¹

To enable successful piloting of the Placement Services Division, the State will:

- **Coordinate planning sessions to develop Working Agreements between the State and each Region prior to implementing Placement Specialists in targeted counties/clusters.**

State Contact: Amy Cooper, Judy Cole and Mildred Lawhorn

Start Date: August 2006

Beginning in September, the State will meet with each Region scheduled to begin piloting a Placement Specialist and the other essential elements in a targeted site to review their readiness to move forward and to develop a Working Agreement that outlines the plan for implementation of these elements, including any needed technical assistance identified.

- **Complete a formal evaluation of the Mid-Cumberland Region's Placement Services Division.**

State Contact: Daryl Chansuthus

Start Date: January 2007

The Mid-Cumberland Region will have fully rolled-out the detailed structure for the Region's Placement Services Division by October 2006. Within three months of that time, the State will conduct a formal review of the performance and impact of the new organizational structure. This evaluation will be reviewed with Regional Administrators throughout the State. Based on this evaluation, uniform requirements for Placement Services Divisions across the State will be identified and implemented.

- **Provide training and ongoing support to Placement Specialists and current Resource Managers in using a series of new reports available in the 06.06 TNKids build.**

State Contact: Amy Cooper

Start Date: Currently Ongoing

As Placement Specialists and Placement Services Divisions are activated across the State, a primary responsibility they will have is the development, identification and appropriate use of placement-related resources that will meet the individualized needs and complement the strengths of children and families in the communities they serve. The current build of TNKids contains a series of reports useful for both matching children with appropriate placement settings, as well as tracking the range of placements available at the county, region, and state levels.¹² A computer-based training is being developed by the State.

¹¹ See Part II, Section F. for a list of baseline data and reports the State will provide related to this element.

¹² See SELECTED TNKIDS REPORTS AND KEY USE in Part III of the Guide.

The following is a listing of the Resource Homes Reports generated by TNKids. Unless noted, all have been tested or are in the process of being tested and have an estimated delivery date of August 31, 2006:

- ⇒ New Custody Commitments Report
- ⇒ Closed Custody Commitments Report
- ⇒ Approved Resource Home Timeframe Report
- ⇒ Available Resource Homes Report
- ⇒ Expedited Resource Home Time Frame Report
- ⇒ First Year In Home Training Report
- ⇒ DCS Resource Homes with Overdue Re-Approvals
- ⇒ In Service Training Hours Report
- ⇒ Adoptive Home Placement by Race
- ⇒ Foster Home Placement by Race
- ⇒ Open Resource Homes Report
- ⇒ Placement Within Same Zip Code Report
- ⇒ Private Providers Resource Homes With Overdue Re-Approvals
- ⇒ Referral Source Report
- ⇒ Closed Resource Homes (still in development)
- ⇒ Resource Home Ratio Report (still in development)
- ⇒ Path Inquiry Report
- ⇒ Recruitment Report

Specific to identifying available Resource Homes for placement, the *Available Resource Homes Report* details the currently available resource homes as well as the number and characteristics of children accepted by the homes.¹³

Additional reports allow a region to look at the mix of current placements to identify recruitment needs either in terms of geography – *Placement Within Same Zip Code Reports* – or ethnicity – *Foster Home/Adoptive Home Placement Report By Race*. At a more macro level, the *Resource Home Ratio Report* provides an estimate of the general adequacy of the number of resource homes available without taking into account the client mix of a particular county or region. Another useful set of reports focuses in more detail on the pipeline of new resource homes. The *Referral Source Report* identifies those sources of referrals that led to new resource homes being approved during the prior month allowing for a better understanding of successful recruitment methods. The *PATH Inquiry Report* details those potential resource parents who have expressed interest, but not yet attended PATH training. This report can be used to generate a mail merge list to send out reminders. If a potential resource parent no longer responds after an initial inquiry and/or to follow-up reminders, s/he is placed on the *Closed Resource Home Report*. This report may provide a source

¹³ It is critical to reporting and knowing true Resource Home capacity for placement of children coming into care to understand the use of the “number approved for” TNKids field to reflect the “functional capacity” of the resource home. See Part III, Section A. for a training document defining this important and new data entry requirement.

of potential resource parents who could be contacted again at a later date to see if they are now ready to become resource parents. Additionally, the *Closed Resource Homes Report* allows DCS to track the reasons for resource home closure as well as look for trends or patterns by type of home.

○ **Explore Geographic Information System (GIS) options for use in placement and service resource tracking and planning.**

State Contact: Simon Tidd

Start Date: July 2006

One of the requirements of the future SACWIS system is to integrate information, such as data described above, to generate maps at the local, county, regional and state level. This technology, known as Geographic Information System (GIS), will provide a number of valuable benefits when fully developed.

For example, when multiple types of information are represented on the same map – such as the location of a child’s home, the location of available resource homes, and perhaps also information on school district boundaries and the location of treatment providers – visually sorting this information can be much more efficient than running a complicated search algorithm for finding an optimal match. Additionally, in situations such as this, if no single match is optimal, a visual representation of the choices may ease the decision-making process by presenting the full information simultaneously. A GIS system could also be used to identify gaps in resource home coverage to aid targeted recruitment.

Initially, the State is working with the Mid-Cumberland Region to generate basic information for planning and analysis such as mapping the number children entering care from a particular zip code with the number of resource homes currently available in that zip code area. It is likely that any future GIS system will combine information already captured about resource homes and children in custody with newly developed sources of DCS information such as the Child and Adolescent Needs and Strengths (CANS) and the Family Functional Assessment (FFA) instruments (see the ASSESSMENT ELEMENT, in Part II, Section B.) and other data on local resources.

The future SACWIS system, which will replace TNKids, is several years away. However, DCS is beginning pilot work to test the functionality of GIS on a small scale to build understanding for the development of a statewide system. In six to twelve months from now, TDCS will have a firmer understanding of the timeframes involved in producing a GIS-based system.



Care about me and don't put me where I don't want to go.

~ thoughts on Placement from TN's Current and Former Foster Children

B. ASSESSMENT ELEMENT: Applying a Functional Assessment Process to Gather Information

Measuring Successful Implementation by Regions

What does a successful family functional assessment look like?

- Direct-service case workers employ a process for understanding and assessing family functioning with respect to child and family strengths and underlying needs as well as the context in which these strengths and needs have emerged.
- All appropriate clinical, functional, educational, and informal assessment techniques and tools are used to support and inform the assessment process, including the Structured Decision Making (SDM) risk assessment tool and the Child and Adolescent Needs and Strengths (CANS) service needs assessment tool.
- Direct-service case workers use the Family Functional Assessment Instrument to:
 - ⇒ Guide them in the assessment process;
 - ⇒ Share the assessment with the families and the Child and Family Teams and integrate their views in the process;
 - ⇒ Integrate information gathered from various formal and formal assessment techniques and tools; and
 - ⇒ Document and continuously update the Child and Family Teams' "big picture" understanding of the child and family's strengths, needs, and context.
- As a result of the ongoing assessment process, the Child and Family Teams:
 - ⇒ Fully recognize and understand present strengths, risks, and underlying needs requiring intervention or support;
 - ⇒ Fully understand the necessary conditions for permanency and select effective change strategies based on this understanding;
 - ⇒ Identify appropriate services and supports, both formal and informal;
 - ⇒ Integrate change strategies, services, and supports into a plan for permanency that serves as a guide to effective intervention and lasting change;
 - ⇒ Track plan implementation and assess the effectiveness of the plan in achieving the desired change; and
 - ⇒ Make adjustments to the plan when needed to ensure successful outcomes.

What will it take to achieve success?

- All Child and Family Team facilitators, direct-service case workers, and supervisors working with the pilot population in the targeted county/cluster must be skilled in the Family Functional Assessment process for understanding and assessing family functioning.
- All Child and Family Team facilitators, direct-service case workers, and their supervisors in the targeted county/cluster must be trained in and capable of producing accurate and meaningful information for Child and Family Team decision making using the Family Functional Assessment and Child and Adolescent Needs and Strengths instruments.
- All Child and Family Team facilitators, direct-service case workers, and their supervisors in the targeted county/cluster must be skilled in working with the child and family and the Child and Family Team to gather and integrate information from the ongoing assessment into developing strategies for change, planning services and supports to facilitate change, tracking and assessing plan implementation, and adjusting the plan as needed to achieve desired outcomes.

How will we know when we have achieved success?

- A compliance score of 100% is achieved for the Assessment and Permanency indicators of the Case Process Review for every case in the pilot population in the targeted county/cluster.
- A completed and up-to-date Family Functional Assessment instrument documenting the use of a process for understanding, assessing and documenting the functioning of children and families and integrating CANS results is in the DCS case records for the children and families in the pilot population in the targeted county/cluster.
- A rating in the acceptable range is achieved in a Quality Service Review¹⁴ of a representative sample of cases from the pilot population in the targeted county/cluster on each of the following indicators:
 - ⇒ Teaming
 - ⇒ Assessment
 - ⇒ Planning
 - ⇒ Tracking and Adjusting

Lessons Learned from the UPP Pilot¹⁵

¹⁴ The Quality Service Review should be performed as a peer review process. The “peers” performing this “readiness” review could be lead reviewers from other counties/clusters within the same region, from the regional office, from other regions, from Central Office, or from an external entity (e.g. CPORT).

¹⁵ Most of the information contained in this Section was generated during a process evaluation conducted by Daryl Chansuthus, TDCS Director of Continuous Quality Improvement in May 2006.

The UPP Pilot site is also a pilot site for CANS and FFA instrument/application development and utilization. This is a critical integration of initiatives as the Child and Family Teams and Placement Specialists working under the UPP Pilot need accurate and timely assessment information to make good decisions that address the needs and support the strengths of the child and family. Key staff throughout the Region are trained in both the functional assessment process and in employing the CANS and FFA instruments (as well as other assessment tools) to inform decision making.

However, staff in the Rutherford County Pilot site have been hindered by technical instabilities in the FFA web-based application that have frustrated their efforts to document information gained during the assessment process. To address the frustration with the web-based tool and avert transfer of the aggravated feelings to the assessment process in general, the Rutherford County Social Services Team Leader has encouraged her team to use the FFA tool available in Word format to document assessment information.¹⁶ Team members then transfer that information into the web-based tool when time and technology permit. Neither the process nor the documentation of the process suffers as a result.

It is important to understand that this team's behavior is more likely to be the exception rather than the rule in those counties/clusters that lack team leaders with similar levels of understanding and skill in the Family Functional Assessment process. In such counties/clusters, frustration with tools intended to facilitate documentation of a process -- whether Family Functional Assessment or some other process -- leads to frustration with the process itself. To avoid this, Regional leadership and management teams should continuously monitor their systems to identify problems such as these and immediately work with the State to address those problems in ways that support the maintenance of processes critical to the quality of work and the documentation of those processes.

For information needed to identify appropriate placement options, initially the Rutherford Pilot site developed a placement interview/referral document that the Placement Specialist would use to collate assessment information from multiple sources.¹⁷ This stand-alone document was developed because of a lack of integration of the multiple assessment tools now being utilized by DCS as a child moves through the system. The Pilot site met with the State to discuss their concerns about the confusion and frustration involved in trying to collate information from so many different assessment tools and forms. As a result of these discussions, the Region agreed to forego the use of the placement interview/referral document in order to avoid the introduction of yet another stand-alone tool into the plethora of assessment-related tools. Instead, all

¹⁶ See Part III, Section B. for a copy of the Family Functional Assessment tool in Microsoft WORD and the Field Guide for the Family Functional Assessment.

¹⁷ A copy of the Mid-Cumberland Region's placement interview/referral form and the "Best Practice" Map can be found in Part III, Section B. of the Guide.

variables addressed in the Pilot's placement interview/referral document were integrated into the FFA application to enable the generation of a placement interview/referral report.

Statewide Support Plan for Assessment¹⁸

To strengthen and sustain the family functional assessment process, the State will:

- **Ensure that a Placement Interview/Referral Report can be generated by Placement Specialists in all Regions using the Family Functional Assessment application.**

State Contact: Thomas Jones

Start Date: Currently Ongoing

As described in the "Lessons Learned" section above, this report contains critical information needed by the Placement Specialists to initiate the interviewing and referral process in order to identify appropriate placement options. All variables addressed in the Pilot's placement interview/referral document have been integrated into the FFA application to enable the generation of a placement interview/referral report. However, the report is not yet available.

- **Develop an integrated process for gathering and organizing information necessary for decision making.**

State Contact: Randal Lea and Shalonda Cawthon

Start Date: May 2006

Along with the placement interview/referral report, the State is committed to the development of an integrated assessment process for gathering and organizing information necessary for decision making. It recognizes that, while there is a clear expectation that all assessment information is to be gathered using a functional assessment *process*, it is a State responsibility to determine how and when various assessment *instruments* will be used and how the tools are integrated. The goal of this integrated and functional assessment process is to enable the Child and Family Team, with the support of the Placement Services Division, to ensure that each child is cared for in the most family-like setting in his/her community where caregivers are responsible for working to address the unique needs of both the child and the family in order to move quickly toward successful reunification or, when necessary, alternative permanency options.

- **Provide training on the Family Functional Assessment process and documentation tool.**

State Contact: Thomas Jones

Start Date: Currently Ongoing

¹⁸ See Part II, Section F. for a list of baseline data and reports the State will provide related to this element.

At this time, the Family Functional Assessment (FFA) process has been fully rolled-out to each region in the State. To provide regional support, each Region in the State has a group of approximately 8 FFA coaches who, when training is completed at the end of July 2006, will have received comprehensive training as to the FFA tool and process. These 8 individuals will also be trained to coach others in their respective Regions on the FFA.

In addition to the FFA coaches, a plan is beginning to form that will consist of training an “expert county” in each of the Regions that will have the ability to train other counties in the Region. The goal for developing county expertise is to enable understanding and recognition of how the FFA process flows and is utilized within and between all program areas.

The Consortium has been engaged with the FFA coaches training across the State. The engagement of the Consortium will continue throughout all the trainings in the hopes that they will be able to train staff as updates are made to the FFA.

- **Monitor the implementation of the FFA process and the use of the FFA tool and provide technical assistance to address issues as they arise.**

State Contact: Thomas Jones

Start Date: Currently Ongoing

During the recent FFA coaches’ training across the State, questions were posed as to the problems with FFA and issues in the field. The overwhelming response was that the actual web application itself was problematic. These concerns have been identified and logged in a usable format and regular meetings are occurring with OIS in the hopes that some if not all of these problems will be alleviated in a timely manner. To help achieve an even more accurate way of measuring errors and problems with the web application itself, an internal reporting mechanism has been incorporated. This reporting mechanism automatically sends an email to OIS each time any user in the state receives an error message while using the web application. This “log” of errors is evaluated and patterns are identified. The Help Desk is also critical in creating logs of errors and evaluating them with OIS to help identify patterns with problems experienced in the field.

- **Provide training on the Child and Adolescent Needs and Strengths Assessment Tool.**

State Contact: Randal Lea

Start Date: January 2006

The Statewide network of Centers of Excellence are responsible by contract for all the training involving the CANS. As of July 2006, the contract with Vanderbilt for six Regions in the center of the State is in effect. Other contracts are in the process of negotiation with timelines expected to coincide with the training dates

in the table below. The chart below also contains the Centers for Excellence which will be used, the contact person for each Center for Excellence (initially, supervisors; these will become line staff co-located in Regions), and the anticipated timeframe for an initial round of training to begin and to end. Ongoing training for new case managers is the responsibility of the Centers for Excellence. John Lyons, developer of the CANS, remains in a consultant role to Tennessee and is conducting many of the initial trainings personally. DCS Central Office and the Domain V workgroup will coordinate the training needs with the Centers for Excellence and the Regions.

The current CANS training schedule is as follows:

Region	COE	Contact	Start	End
MC	Vanderbilt COE	Kathy Gracey	April 2006	September 06
SC			September 06	December 06
UC			September 06	December 06
DV		Tarah Kuhn	November 06	March, 2007
SE			July 2006	December 06
HM			July 2006	December 06
NW	UT_Boling COE	Janet Todd	September 06	December 06
SW			September 06	December 06
SH			November 06	March 2007
KX	UT~Cherokee COE	Joel Hornberger	May 2006	September 06
ET			October 06	March, 2007
NE	ETSU COE	Michele Moser	November	March 2007



Find me a stable setting as soon as possible. A place where I can still go to my same school, church, and see my family and friends. Don't leave me "in limbo."

~ thoughts on Placement from TN's Current and Former Foster Youth

C. CFT DECISION-MAKING ELEMENT: Using Child and Family Teams to Make Critical Decisions regarding Child Removal, Initial Placement and Placement Transition

Measuring Successful Implementation by Regions

What does effective Child and Family Team decision making for removal, initial placement and placement transition look like?

- Child and Family Team Meetings are routinely called prior to child removal, initial placement or placement moves, whenever possible, or within 24 hours after an emergency removal or placement move.
- Family members, facilitators and casework staff are collaboratively identifying informal and formal support persons involved in the life of the families who can provide the critical information for assessment and decision making immediately following the triggering events and the ongoing supports and decision making that will enable successful interventions and child permanency.
- Informal and formal support persons are actively participating in Child and Family Team Meetings where team membership generally consists of at least 50% informal supports.
- Current resource parents and other child care givers are regular members of the Child and Family Teams.
- Potential Removal CFTM, Initial CFTM and Placement Preservation CFTM are facilitated by skilled, certified Child and Family Team facilitators.
- The Placement Specialist participates in Potential Removal, Initial, and Placement Preservation Child and Family Team Meetings for all children in “difficult to place” situations.¹⁹
- In general, the Child and Family Teaming Process consistently:
 - ⇒ Establishes the DCS Case Worker as the Single Point of Contact. The DCS Worker is the single point of contact for the Child and Family Team

¹⁹ The Mid-Cumberland Pilot site is currently working on a graduated priority matrix for Child and Family Team Meeting attendance by the Placement Specialist that defines “hard to place” situations based on acceptance preferences of currently available local placement resources. It will be available as an additional UPP tool next month.

and assumes responsibility for coordinating information exchange among Child and Family Team members and providers regarding the implementation of team decisions and for tracking and assessing progress toward achieving goals.

- ⇒ Engages in Strengths and Needs-Based Planning that is Culturally Competent. When addressing needs, all services and resources are customized to creatively reflect the children and families' unique culture and individual strengths. All agreed-upon plans reflect the families' values, priorities, strengths and needs. The decision-making process, from the facilitation of Child and Family Team meetings to the provision of services, is culturally competent and linguistically appropriate, building on the unique values, preferences and strengths of the children and families and of their communities.
 - ⇒ Assures Child and Family Team Participation for All Critical Decisions. Providers are able to interact, communicate and consult in the absence of Child and Family Teams. However, meetings that result in decisions affecting the children and families occur with the families' full participation. Decisions affecting substantive changes in service delivery or permanency outcome are made with the participation of the full Child and Family Teams. The Child and Family Teams serve as the key point in deciding on needed plan adjustments to ensure successful goal attainment. Children and families receive necessary supports to enable their participation in Child and Family Team Meetings.
 - ⇒ Seeks to Reach Consensus. All Child and Family Teams strive to reach consensus on the needs of the children and families, on the findings of the assessment process, and on the service plans.
 - ⇒ Encourages Community Partnerships. Cooperation is sought from other involved agencies and from the community at large. The Child and Family Teams strive to promote positive connections with all the community has to offer rather than, for example, relying solely on paid supports. When children and families are involved with multiple child-serving systems, collaboration demands the Child and Family Teams' full respect for the societal mandates of each involved system (e.g. learning, for education).
 - ⇒ Continuously Assesses Child and Family Functioning. The underlying needs and strengths of families are continually reassessed and addressed on an ongoing basis. While the initial assessments will always be completed early in a family's involvement with DCS, the assessment process is a continuous, evolving course of action, and planning is an open-ended process. Child and Family Teams are flexible and, when necessary, adapt their processes to accommodate parallel processes like Individualized Education Plan (IEP) meetings in special education.
- Specifically when making decisions in Potential Removal, Initial, and Placement Preservation Child and Team Meetings, members consistently:
 - ⇒ Discuss DCS view of the behaviors and conditions that endanger the child

or others and any measures that can be taken immediately to relieve the conditions or modify the behaviors so that the child can safely remain with or return to the parent or caregiver's home within a very short period of time. These measures are outlined in a formal safety plan that is ratified by the Court.

- ⇒ Assess the appropriateness of the child's current living situation/temporary placement.
- ⇒ Identify relatives, kin, or any persons with a meaningful pre-existing relationship with the child that could be available as a placement, visiting, or other type resource for the child and family.
- ⇒ Determine if the child is in school and, if so, gain as much information as possible about his/her current school status (name, location, grade of student, favorite teacher, etc.)
- ⇒ Assess possible or actual traumatic effects to the child related to removal. Collect as much information as possible related to the child's routine, behaviors, and personal preferences in order to ensure his/her well-being while in care. Make a plan for obtaining the child's clothing, favorite toys and any personal items needed in the new placement.
- ⇒ Discuss any medical or behavioral health issues for the child and get parental consent for medical treatment, if necessary.
- ⇒ Arrange an immediate visitation schedule between the child and the parents, the siblings, and any other family members or persons who have a significant relationship with the child.
- ⇒ Arrange for a schedule of contacts between the case manager and the family.
- ⇒ Identify any other immediate needs and develop/modify the plan for addressing them. Clarify the roles and responsibilities of Team members in completing the plan and incorporate all necessary services and supports.
- ⇒ Deliberate on and document the Team's vision for the best possible placement scenario for the child that will ensure safety, well-being and expedite permanency.

What will it take to achieve success?

- All Child and Family Team facilitators, direct-service case workers, and supervisors working with the pilot population in the targeted county/cluster must be skilled in the process of Child and Family Team decision making.
- Regional leadership and key staff must establish clear protocols and implement firewalls to ensure that Child and Family Team Meetings are routinely held prior to child removal and initial placement (Potential Removal CFTM) or potential placement transitions (Placement Preservation CFTM), or within 24 hours after an emergency removal (Initial CFTM) or move.

- The Child and Family Team facilitators must have access to the technological tools that will enable them to enter, track and analyze information regarding the quality of Potential Removal CFTM, Initial CFTM, and Placement Preservation CFTM and to adjust and improve practices based on the analyses.

How will we know when we have achieved success?

- Children, families and other formal and informal Child and Family Team members feel more satisfied and more involved in decision making.
- CFTM reports pulled from the CFTM database and TNKids demonstrate increases in the number of Potential Removal, Initial, and Placement Preservation Child and Family Team Meetings and increases in family and community participation.
- There is a positive impact on outcome indicators in the targeted site:
 - ⇒ Decrease in the number of children entering DCS custody;
 - ⇒ Increase in children placed in their home counties and/or local communities;
 - ⇒ Increase in children placed in resource homes in their home counties and/or communities;
 - ⇒ Decrease in length of stay in DCS custody; and
 - ⇒ Increase in placement stability.
- A compliance score of 100% is achieved for the Assessment and Permanency indicators of the Case Process Review for every case in the pilot population in the targeted county/cluster.
- A completed and up-to-date Services or Permanency Plan that integrates the assessment information documented in the Family Functional Assessment instrument is in the DCS case records for the children and families in the pilot population in the targeted county/cluster.
- A rating in the acceptable range is achieved in a Quality Service Review²⁰ of a representative sample of cases from the pilot population in the target county on each of the following indicators:
 - ⇒ Engagement
 - ⇒ Teaming
 - ⇒ Assessment
 - ⇒ Planning
 - ⇒ Tracking and Adjusting

²⁰ The Quality Service Review should be performed as a peer review process. The “peers” performing this “readiness” review could be lead reviewers from other counties/clusters within the same region, from the regional office, from other regions, from Central Office, or from an external entity (e.g. CPORT).

Lessons Learned from the UPP Pilot²¹

The Rutherford County Pilot site experienced the importance of having ALL staff who touch the lives of the children and families they serve involved in the development of the UPP plan and protocols. Throughout the early implementation of the Pilot, there was an ongoing struggle to dispel the erroneous assumption that a unified placement process simply meant a newly named division with Placement Specialists who place children a little better. This narrow definition, along with staffing transition in the Child and Family Team facilitator position for Rutherford County during development of the pilot plan and early implementation, resulted in Child and Family Team facilitators not always understanding their new responsibilities in facilitating placement decisions as well as removal decisions; nor the significance of new resources or mechanisms available to the Teams during meetings.

The development and implementation of a Unified Placement Process requires the engagement and buy-in from all DCS staff, as well as private providers, resource parents, courts, and other community stakeholders, as its success depends on changes in practices far beyond those of Placement Specialists. It is critical to successful implementation to have regular and ongoing communication and feedback mechanisms for all staff working in the targeted sites.

Another lesson experienced in this area was the power in teaming with the Placement Specialist during the Child and Family Team Meetings in order for the Teams to make informed placement decisions that can best meet the needs and complement the strengths of the children and families. The Placement Specialist in Rutherford makes every effort to attend the Potential Removal CFTM and the Placement Preservation CFTM. This practice is important for 3 primary reasons:

- 1) The Placement Specialist gains a clear understanding of the children and family's needs and strengths. This information can be more accurately conveyed to providers of potential placement settings following the meeting.
- 2) The Placement Specialist can provide the Team with information about available homes and other settings during the meeting. This benefit was highlighted repeatedly by front-line casework staff in the Process Evaluation as a real asset. One staff person reported that: *"In at least one recent Potential Removal CFTM, a youth had the opportunity to choose from one of two placement options!"*
- 3) The Placement Specialist gains greater knowledge of the accessibility and quality of the resources available locally that can support placements. This knowledge is logged and stored away for future use.

By practicing in this manner, the Placement Specialist is able to best operationalize her

²¹ Most of the information contained in this Section was generated during a process evaluation conducted by Daryl Chansuthus, TDCS Director of Continuous Quality Improvement in May 2006.

responsibility to inform and support the Child and Family Team decision-making process as it relates to placement issues. Members of Child and Family Teams report overwhelming satisfaction.

Statewide Support Plan for CFT Decision-Making²²

To strengthen and sustain the Child and Family Team decision-making process regarding child removal, initial placement and placement transition, the State will:

- **Provide technical assistance and support to the multi-regional skilled Child and Family Team facilitators group to advance their professional development and improve practices in and outcomes of the Child and Family Team Meetings.**

State Contact: Diane Irwin

Start Date: Currently Ongoing

Four groups have been formed to include Regional facilitators, their supervisors and facilitators from the Youth Development Centers to meet quarterly for ongoing training and development. These groups began meeting in January, 2006. This format allows facilitators to get advanced training, network with each other, and exchange Regional challenges and strategies. Topics addressed in the three meetings held to date are responding to domestic violence in the context of CFTMs; intervening with difficult behaviors in a CFTM; and working with functional strengths and underlying needs. All have been very well received and are valued by the facilitators.

There are plans to have a training retreat for the Team Excellence facilitators and to identify one back-up facilitator from each Region. This retreat will be facilitated by Office of Child Permanency staff and consultants from the Child Welfare Policy and Practice Group.

- **Modify current Child and Family Team Meeting web-based application to enable improved data entry, tracking and analysis regarding the quality of Potential Removal CFTM, Initial CFTM, and Placement Preservation CFTM.**

State Contact: John Johnson and Rhonda Simpson

Start Date: July 2006

The web-based application has been simplified to reduce the amount of time it takes to complete and to focus data gathering on the most salient information. There are also plans to develop a user's guide to assist facilitators in using the database.

- **Integrate the Advanced Child and Family Team Meeting training into the advanced training series.**

²² See Part II, Section F. for a list of baseline data and reports the State will provide related to this element.

State Contact: Diane Irwin and Donna Johnson

Start Date: January 2007

This integration will require a year-long process of developing trainers through demonstration, co-training, observation, and feedback, until the Department is satisfied that the Consortium can deliver an advanced training in a manner that is consistent with DCS's needs, expectations and goals.

One Consortium trainer attended an advanced CFTM training cycle and then co-trained with DCS in Memphis recently. Another Consortium trainer observed the training in Memphis and will assist in training in Davidson County in October. An Annie E. Casey Foundation consultant was also present to observe during the Memphis training. The Department is seeking to obtain Annie E. Casey Foundation's permission to adapt some of their materials to the Tennessee model and incorporate it into a Tennessee-specific curriculum.



Don't move me without a family meeting. Maybe then we can learn to address the underlying problems rather than continuing the "change of venue" quick fix solution.

~ thoughts on Placement from TN's Current and Former Foster Youth

D. PROVIDER/COURT PARTNERSHIPS ELEMENT: Partnering with Providers and Courts for Placement Practice Reform

Measuring Successful Implementation by Regions

What does a successful partnering with providers and court look like?

- Regional and County leadership and front-line staff are engaged and meeting regularly with private agencies who provide placement resources for children in the Region. These meetings are resulting in mutual understanding of the placement resources currently available in the Region, an increase in local placement of local children, and collaborative development of placement practices that are reducing trauma experienced by children entering care and increasing the likelihood of the first placement being the last placement.
- Regional and County leadership and front-line staff are engaged with Judges and other Court administrators on a regular basis to increase communication regarding children coming into care directly from the Court, and to implement more appropriate removal and placement practices.

What will it take to achieve success?

- Key Regional and County leadership and front-line staff must be identified to champion the engagement of Private Providers and Courts serving each county/cluster.
- Regional and County leadership and front-line champions must be trained in building community partnerships specifically to impact placement-related outcomes and processes.
- Key Regional and County leadership and front-line champions must be preparing for and meeting at least monthly with DCS staff, Court systems and private agencies which provide placement resources for children locally. These subject-specific cross functional teams or CQI teams must be actively addressing placement-related outcomes and processes; and must include key decision makers and direct-service staff from DCS, the courts, and local provider agencies.
- Working Agreements (or other collaboratively-developed written plans) must be established between DCS and:
 - ⇒ Private agencies which provide placement resources for children locally; and

- ⇒ Court systems responsible for the adjudication of local children.
- Working Agreements (or other collaboratively-developed plans) with private provider agencies and local Court systems must include plans for:
 - ⇒ Decreasing the number of children entering DCS custody;
 - ⇒ Increasing the knowledge base related to children coming into care directly from the Court;
 - ⇒ Minimizing trauma experienced by children and families during the placement process;
 - ⇒ Placing children in their home counties and/or local communities;
 - ⇒ Increasing the likelihood of placement stability; and
 - ⇒ Placing children in the least restrictive, most family-like settings that will meet their needs.
- All action steps in the Working Agreements (or other collaboratively-developed plans) must be documented, tracked and adjusted as progress is made.

How will we know when we have achieved success?

- Private Providers and Court personnel feel more satisfied and more involved in Departmental planning and decision making involving children at risk of coming into care or who enter care.
- Action steps in the Working Agreements (or other collaboratively-developed plans) are having a positive impact on performance indicators and outcomes:
 - ⇒ Decrease in the number of children entering DCS custody;
 - ⇒ Increase in children placed in Private Provider placements in their home counties and/or local communities;
 - ⇒ Increase in children placed in Private Provider resource homes in their home counties and/or communities;
 - ⇒ Decrease in length of stay in DCS custody; and
 - ⇒ Increase in placement stability.

Lessons Learned from the UPP Pilot²³

Building partnerships, especially with private providers and the courts, around serving the best interests of children and families was viewed as crucial to the success of the Pilot in Rutherford County.

The Regional Administrator and his leadership team for the Mid-Cumberland Region began initial dialogue with private provider agencies serving the Region about general

²³ Most of the information contained in this Section was generated during a process evaluation conducted by Daryl Chansuthus, TDCS Director of Continuous Quality Improvement in May 2006.

principles, challenges and benefits of a family-centered, unified placement process in the Spring of 2005. They developed a Working Agreement²⁴ with the placement providers in the Rutherford County Pilot site in the Winter of 2005. The work laid out in that agreement is ongoing and monthly meetings continue to be held between Regional leadership staff and the private providers to tracking progress and adjust the plan. Currently, the monthly membership is being expanded to include targeted DCS and Private Provider staff as the Mid-Cumberland Region rolls out its Unified Placement Process to other counties.

While this “lesson learned” emphasizes the importance of the Regional Leadership Team setting aside a significant amount of time and focused attention to nurture these critical relationships with the private provider communities serving the Regions, in the Pilot site it has proven to be well worth the effort. As detailed in the Evaluation Element Section, Rutherford County has shown a substantial increase in local children being placed in their county and in family settings. These increases have been directly impacted by the private provider community. In November 1, 2005, not a single Rutherford child in a resource home was in a private provider home in Rutherford County. As of June 1, 2006, 64% of all Rutherford County children in resource homes were in private provider homes in Rutherford County.

In February 2006, the Mid-Cumberland Region’s Core Leadership Team spent a day with consultants brainstorming strategies for improving their relationships with the Courts in their Region. In March, Team Coordinators submitted Court Improvement Plans that were approved by the Regional Administrator and implemented. These plans were developed at the local level (rather than one Regional plan) because this Region recognizes the often extreme variances in the court systems from one county to the next based on court leadership. Therefore, strategies for building these collaborations must be as varied as the personalities of the judges and court administrators involved.

For instance, as a result of the relationship-building work in the county that was chosen for the UPP Pilot, frontline staff describe a Judge who understands the need for a Unified Placement Process. She understands her role in the placement process and is very supportive of the efforts to improve the process. The Regional Administrator is impressed by a Judge who does not commit children to custody for “*trivia*” but who “*is open to new ideas and will work with us and with our providers.*” Similarly, Rutherford County private providers have been actively involved with the Regional Administrator and DCS staff in the development of protocols, procedures, and working agreements necessary to facilitate the understanding and communication needed to achieve the goals.

In order to achieve this level of cooperation in all counties, regional leadership, management and county staff can’t start too soon in engaging their local partners and forming teams to develop a shared vision around improved placement practices,

²⁴ See Part III, Section D. for a copy of the Working Agreement.

mechanisms, and resources and shared goals for implementation of the Unified Placement Process. Every member of every team developed for these purposes must have a very clear understanding of his/her role and responsibilities. Technical assistance and support must be provided when needed to ensure that established timelines and performance expectations can be met. The Mid-Cumberland Regional Administrator sums it up best:

“The most important thing in engaging our partners is to model our work with families. These are complicated relationships that need to be managed and that can’t be managed until you engage your partners in this process. Take the time to build relationships. Allow at least three months for really focused, intense work with your partners and your staff. This is where it will make a difference.”

Statewide Support Plan for Community Partnerships²⁵

To strengthen and sustain community partnerships with the private provider community and the courts, the State will:

- **Develop a cohesive technical assistance structure to address Regional needs related to building community partnerships.**

State Contact: Servella Terry

Start Date: August 2006

The State is in the process of creating a more cohesive organizational structure and plans for providing technical assistance to the Regions on building community partnerships using cross-functional teams, community advisory boards and other tools. Specific support plans should be available to the Regions in the Fall of 2006.

- **Develop reports that Regions can share with their Court systems to create awareness of the issues.**

State Contact: Susan Mee and Rhonda Simpson

Start Date: August 2006

Data review is a good mechanism for building awareness of a problem or need. Recognition of a problem or need is the first step to generating interest in collaborative problem solving. Data reports at the county level will be made available to all Juvenile Court Judge's at the judicial conference in August.

Additionally, the State is working on county-level data reports that Regions can share with their Court systems on a monthly basis, with anticipated roll-out by the

²⁵ See Part II, Section F. for a list of baseline data and reports the State will provide related to this element.

end of the year.²⁶



Before you put me in a home, share information with me about them and with them about me - like you do for adoptive placements. I want to know if they have dogs, what they like to eat and do on the weekends, and how many kids they have.

~ thoughts on Placement from TN's Current and Former Foster Youth

²⁶ See Part III, Section D. for a list of strategies for engaging courts. These strategies were generated by the RAs and compiled by Susan Mee.

E. RESOURCE DEVELOPMENT ELEMENT: Developing Locally-Accessible Resources that Match the Needs of Children and their Families

Measuring Successful Implementation by Regions

What does successful development of locally-accessible, individualized resources look like?

- Children and families who come in contact with DCS in the targeted counties/clusters have access to a continuum of accessible and timely in-home, foster care, transitional and post-permanency resources that are capable of addressing their unique needs and complementing their unique strengths. Successful resource development requires:
 - ⇒ In-depth understanding of the needs and strengths of children and families and of the current pool of formal and informal resources (placements, services, concrete supports, etc.) in the targeted county/cluster;
 - ⇒ Strategic analysis of and collaborative planning with the local community regarding gaps in resources and availability of resources; and
 - ⇒ Ongoing DCS engagement with and empowerment of the community to share in child welfare and juvenile justice work and planning through continuous quality improvement teaming and by involvement in community life.

What will it take to achieve success?

- Regional leadership teams and fiscal managers must have access to funds to develop new resources and fill the gaps in resources that are of an inadequate supply. They must be trained on best practices for fiscal management and State and Federal regulations regarding fiscal accountability.
- Regional and County leadership and front-line champions must be trained in building community partnerships, evaluating the quality of currently available local service contracts, and in strategic planning for resource development.
- Regional County leadership and front-line champions must have access to the technological tools that will enable them to enter, track and analyze information regarding the needs and strengths of children and families served and the current pool of formal and informal resources (placements, services, concrete supports, etc.) available in the targeted county/cluster.

- Key Regional and County leadership and front-line champions must be preparing for and meeting at least monthly with community stakeholders and partners. These subject-specific cross functional teams or CQI teams must be actively addressing resource development issues; and must include key decision makers and direct-service staff.
- The TDCS “Level of Care” system must be redefined to address a child’s need for services and supports – not placement type. Therefore, a child can be placed in the most home-like setting possible in his/her community with readily accessible services to meet his/her physical, emotional, and clinical needs.
- Child and Family Teams must be empowered with adequate financial resources to address any urgent and immediate family needs that will enable children to safely remain in-home or with relatives.

How will we know when we have achieved success?

- Resource provision will be timely and appropriate to identified needs and strengths.
- Child and Family Teams will report increased awareness of formal and informal resources available in the community and will know how to access those resources.
- Families, children, casework staff, and other Child and Family Team members report an increased satisfaction with the resources available to support the defined goals.
- There will be a measurable impact on performance indicators and outcomes:
 - ⇒ Increase in the types and numbers of available formal and informal supports in the targeted county/cluster;
 - ⇒ Decrease in the number of children entering DCS custody;
 - ⇒ Increase in children placed in their home counties and/or local communities;
 - ⇒ Increase in children placed in resource homes in their home counties and/or communities;
 - ⇒ Decrease in length of stay in DCS custody;
 - ⇒ Increase in placement stability;
 - ⇒ Increase in number of children exiting to permanency; and
 - ⇒ Decrease in reentry rates.
- There will be an increase in the percentage of acceptable cases for the following Quality Service Review indicators:
 - ⇒ Appropriate Placement
 - ⇒ Permanency Plan Implementation
 - ⇒ Tracking and Adjusting
 - ⇒ Resource Availability and Use
 - ⇒ Informal Supports and Community Connections

⇒ Resource Family and Congregate Care Supports

Lessons Learned from the UPP Pilot²⁷

Under the Unified Placement Process, placement decisions culminate in the identification of a caregiver setting combined with the necessary array of wrap around services that will support an individual child's strengths and needs. When the goal is reunification, one fundamental need of each child is to be cared for in the least restrictive placement setting that enables them to stay connected to their families and involved in their own local communities (churches, schools, etc.) Under this anchor premise, a child's "level of care" determines the need for services – not placement. Therefore, the Placement Specialist works with the Child and Family Team to place a child in the most home-like setting possible in his/her community with readily accessible services to meet his/her physical, emotional, and clinical needs. When reunification is the goal, caregivers are expected to work intensively with the child, family and members of the Child and Family Team to support that goal in a timely manner.

In the Pilot site, Mid-Cumberland leadership has worked closely with their Placement Services Division staff and the Private Provider agencies to operationalize this premise. They have worked to inventory currently available resources and to develop creative strategies for addressing gaps in needed resources in the Pilot county. Mid-Cumberland leadership has worked collaboratively with the State Office to develop mechanism and tools for putting these strategies in place, with varying degrees of success.

Although some staff felt that Rutherford County went "*above and beyond with respect to reasonable efforts and providing front-end services for families,*" others explained that more was needed: "*When we try to put services in to prevent removal, services are not actually being put in place within 24 hours due to the red tape everyone has to go through.*"

The Regional Administrator agreed, explaining that at least part of the problem was due to the structure of a fiscal unit that was "*set up long ago to help us pass audits and not to help us think through how to make things happen for children and families.*" The other part of the problem related to the dearth of services in remote areas:

"Services are a very real problem, especially in rural areas. While you're building unified placement, you've got to find ways to compensate for what's not there---creatively---through some contracting. An example would be our "Building Community Partnerships" initiative where one of our providers has contracted with us to do targeted recruitment of resource families, to participate in child and family teams, and to provide some services in one of our more isolated communities."

²⁷ Most of the information contained in this Section was generated during a process evaluation conducted by Daryl Chansuthus, TDCS Director of Continuous Quality Improvement in May 2006.

Overall, staff felt that the provision of timely services and the availability of targeted placement options are vital to keeping children at risk of custody safe in their own homes or with relatives, placing children in stable settings that will expedite permanency, preserving placements of children in out-of-home care, and achieving and sustaining timely permanency. Thus, knowing what resources were available in each local community as well as how to access timely funding for those resources was viewed as factors fundamental to the pilot's success.

Statewide Support Plan for Resource Development²⁸

For statewide implementation, a continuum of caregiver and service options that are adaptable to the individual needs and strengths of children and families in each Region is essential. The State is committed to the development of funding allocation strategies, mechanisms and supports for Regional implementation and maintenance of the Unified Placement Process and intersecting initiatives (Multiple Response Systems, Resource Home Recruitment and Retention, Performance Based Contracting, etc.) As the Unified Placement Process rolls out across Tennessee, collaborative dialogue regarding the strategic development of targeted resources will need to occur. Issues involving private provider contracts, reimbursement rates, and use of Needs Assessment monies and flex funds will need to be resolved in a systematic way at the State Office. Clarity and responsiveness to Regional concerns or questions and support in navigating and understanding fiscal issues will ensure success.

To strengthen and sustain Regional capacity to develop locally-accessible resources that match the needs of children and their families, the State will:

- **Implement the use of standardize service categories for expenditure reporting across the State in order to more consistently report on the services rendered to children and families in a manner that is meaningful and useful to program staff.**

State Contact: Joe Cimino, Jackie White and George Kemp

Start Date: July 2006

A workgroup on Service Category Review has been meeting to develop a strategy for reconciling account coding with KidsTRAX, SCI, and STARS with a primary interest in service categories. The focus of the committee is on review of the category titles from program's perspective in order to improve reporting related to flex fund spending. The review resulted in a document entitled, "Service Category Review". An internal review of the document within the Office of Finance and Program Support concluded that: 1) there was not sufficient time to make the necessary system changes required to implement, and 2) it was desirable that the document receive a review by a larger audience before implementation.

²⁸ See Part II, Section F. for a list of baseline data and reports the State will provide related to this element.

The current plan is to establish an ad hoc committee comprised of the Fiscal Director over Regional Fiscal Units, the Accounting Services Director, and the Budget Director. This committee will be responsible for the following:

- ⇒ Solicit program review of proposed service categories and revise them as may be necessary to accommodate their reporting requirements;
 - ⇒ Review and align program service categories with procedures codes and cost centers;
 - ⇒ Implement changes to SCI and STARS to accommodate revisions to procedure codes and cost centers;
 - ⇒ Train employees on new coding; and
 - ⇒ Implement new coding and reporting effective July 1, 2008.
- **Support the Regions in developing their FY07 Needs Assessment Spending Plans utilizing a format that requires more detailed elaboration on program goals and outcomes.**
State Contact: Susy Langley, Judy Cole, and Mildred Lawhorn
Start Date: July 2006

A workgroup around developing Needs Assessment III Implementation Plans has been focused on developing a planning process that challenges regions to a new and higher level of fiscal accountability. Previous Needs Assessment plans lacked the level of thoroughness required to anticipate outcomes with any degree of certainty. They were developed free style without the aid of a written set of instructions or forms that would insure critical planning processes were being conducted. It is anticipated that the new process will result in projects more outcome focused and regions being better equipped to implement their projects.

The result of the workgroup is a form entitled “Needs Assessment Implementation Project Form”. The form requires a written project description, goal statement, outcome measurements, description of goods or services to be procured, target dates, project cost, proposed vendor, and other administrative information that would be utilized to monitor the plan. The form is accompanied by a written set of instructions that addressed each block on the form and provided a sample project for clarity. Training has been provided during a Regional Administrators’ call in to Central Office and Regions have submitted their FY07 plans.

- **Provide training, written directives, and ongoing coaching and mentoring to the Regional Fiscal Units regarding their supportive role in the delivery of services to children and families, and the requirement that they be responsive, accountable, reliable, and timely in meeting the needs of program and other direct service staff.**
State Contact: George Kemp
Start Date: July 2006

The State Fiscal Division recognizes that it is imperative to develop good working relationships between fiscal and program staff in the Regions. The State is supporting the development of these quality relationships through coaching and mentoring of the Regional Fiscal Units to ensure that they are focused on meeting the needs of the Regional Administrator, Team Coordinators, Team Leaders and Case Workers on a daily basis. A document outlining the supportive role of the Fiscal Unit stipulates that the Regional Fiscal Managers' job is to oversee Regional resources and assist Regions in their quest for achieving positive outcomes for children and families. The document embraces a "whatever it takes" doctrine in the delivery of services to children and families in the most expedient and effective means possible.²⁹

- **Ensure that the sum of \$350.00 is immediately accessible during Potential Removal CFTM for the purpose of custody diversion through the application of funds to stabilize the family and keep the child safely at home or with kin.**

State Contact: George Kemp, John Johnson

Start Date: July 2006

During the Pilot, Mid-Cumberland leadership identified the need for an adequate amount of money that could be made readily available during Potential Removal CFTM that would enable children to remain in their homes or with kin. It was decided that the sum of \$350 that did not require the normal level of fiscal oversight or budgetary constraints would be made available during Potential Removal CFTM in all Regions to divert children from custody. In total, \$1,200,000 in FY07 Needs Assessment dollars has been set aside statewide for this initiative.

- **Develop and implement strategies to resolve funding access/procurement issues identified by the Regions.**

State Contact: Jackie White and George Kemp

Start Date: July 2006

In an effort to address an array of Regional concerns regarding how to access funds, a workgroup was established. The workgroup reviewed and formulated responses to a list of perceived procurement problems identified by the Regions.³⁰ Key members of the workgroup also conducted an interview with representatives from the Unified Placement Pilot in Rutherford County -- Frank Mix, Regional Administrator and Audra Colvin, Finance Manager -- in order to better understand specific issues around procurement experienced during the UPP pilot.

²⁹ See Part III, Section E. for a copy of *Regional Fiscal Unit Rules of Engagement*.

³⁰ See Part III, Section E. for a copy of *Regional Fiscal Issues*, May 5, 2006.

The interview findings suggest that Regional program staff struggle with knowing with a high degree of confidence that the expenditure is appropriate and likely to produce the desired outcome of diverting custody or in some cases expediting reunification. Fiscal management acknowledges that instinctively they sometimes over control expenditure in an effort to preserve prudence and forego audit issues. The consensus of opinion is that there are some issues that need addressing immediately, but that the resolution lies within improved communications between CFTM leaders and regional fiscal managers; continual training of field staff with regard to what works and what doesn't work; and the development of a strategy that will seek to address new related issues on an ongoing basis.

The workgroup led by Jackie White has produced a draft document entitled *Summary Report: Access to Services, Needs Assessment and Flex Funds*.³¹ The document addresses four problematic areas:

- ⇒ Too much time elapses to get a response from the Regional fiscal unit
- ⇒ Lack of clarification on available and allowable funding contributes to the delay in approving requests for services
- ⇒ Debate on methods of payment, as well as procedural and policy details contributes to delay in approving requests for services
- ⇒ Reauthorizations for services are not timely. Case managers do not respond timely and there may be a lack of clarification on the role of the case manager in re-authorizing services.

This document will serve as the basis for addressing procurement issues.

○ **Issue fiscal guidelines for service providers.**

State Contact: George Kemp

Start Date: July 2006

State Fiscal Services Division is current collaborating with Regional Fiscal Managers to develop a document entitled *Fiscal Guidelines for Service Providers*.³² The document will contain information for providers about the scopes of services required; the authorization procedures for procurement; forms and instructions for Regional staff in completing the referral for goods and services (Funding Request Forms)³³; and the current Child and Family Delegated Purchase Authority.

³¹ See Part III, Section E. for a draft document entitled *Summary Report: Access to Services*, July 10, 2006.

³² A draft of the *Fiscal Guidelines for Service Providers* is currently being reviewed and should be available to Regional staff soon.

³³ See Part III, Section E. for draft copies of several funding request forms and instructions.

Worthy of noting is that nowhere in the Funding Request forms or instructions does it ask the question of what funding source will be used. This signifies a shift in responsibility for identifying funding sources from program to fiscal staff. The case worker completes the form on the basis of needs and the Fiscal Manager identifies funds. In the event the Fiscal Manager receives a request for goods and services for which there is not a source of funding, communications between Regional program, fiscal, and Central Office budget staff may become necessary to resolve the issue.

- **Establish a Resource Development Committee to focus on resolving current procurement issues, developing procurement and funding methodologies for new emerging needs, and implementing short-term and long-term reporting improvements.**

State Contact: Jackie White

Start Date: July 2006

This State-facilitated committee will be comprised of fiscal (Accounting Services, Budgets, Contracts, Regional Fiscal Management), and program (CFTM or Deputy RA level) leadership. The *Summary Report: Access to Services*³⁴ document will serve as a basis for work of the committee.

Meetings will be called for considering procurement issues as needed but no less than monthly to consider new emerging needs. Referrals to the Resource Development Committee for procurement issues resolution may come from Regional CFTM teams, CQI teams, program management, executive management, Fiscal Managers, or any other stakeholder within the Department. A referral form for documenting the procurement issue will be developed for considering request and an issue resolution and status report will be distributed to those same stakeholders.

The Accounting Services and Regional fiscal appointee to the Resource Development Committee will meet periodically with DCS Office of Information Systems to consider process, procedure, and system changes required to accommodate expansions in procurement capacity as well as identify and carry out training requirements.



Remember that if I'm not going to kin, it's like "going to another country." Take me to my placement, introduce me to the caregivers, and stick around for awhile until I can handle being there on my own. I'm scared, whether I say so or not!

~ thoughts on Placement from TN's Current and Former Foster Youth

³⁴ See Part III, Section E. for a draft document entitled *Summary Report: Access to Services*, July 10, 2006.

F. EVALUATION ELEMENT: Empowering Regions to Self Evaluate

Empowering Regions to Self Evaluate

What does a successful self evaluation of progress look like?

Regions who successfully evaluate progress in implementing the various elements of the Unified Placement follow five basic steps:

Use Continuous Quality Improvement Teams. Successful self evaluation in can be accomplished only within the structure and context of a continuous quality improvement team. In a true CQI team, there is ***team learning***: people working collaboratively to improve their skills, techniques, and strategies. Their focus is not so much on learning about why certain things are done a certain way, but rather about how they can do things better. It is about how they can change practice to impact children and families in more positive ways. CQI Teams at DCS comprise child welfare professionals and partners in practice who:

- Share a common purpose/goals
- Build relationships for trust and respect
- Balance process and performance
- Involve members in strengths-based brainstorming and action planning
- Respect and understand each others' "diversity"
- Value synergism and interdependence
- Practice reflection and open, genuine dialogue
- Identify and resolve group conflicts
- Critique the way they work as a team, regularly and consistently
- Value and practice continuous learning and improvement

- ⇒ **Take Stock.** Taking stock means establishing baseline performance for each of the elements of the Unified Placement Process. This can be accomplished by reviewing existing reports, surveying or interviewing key stakeholders, conducting focus groups, or performing targeted reviews or structured observations. Ideally, a region's baseline will reflect both quantitative and qualitative data elements.
- ⇒ **Set Goals.** Once baselines have been established for each of the UPP elements, then regional management teams in collaboration with their practice partners should develop goals related to the baselines established for each element. Strive to make goals SMART:

Specific	To be specific, determine what you want to accomplish and what change you expect as a result, identify a location,
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establish a timeframe, identify any requirements and/or constraints.

Measurable Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

Attainable Collaborate to identify goals that are most important to the region and to figure out ways to make them come true. Cultivate the attitudes, abilities, skills, and financial capacity needed to reach the goals set.

Realistic To be realistic, a goal must represent an objective toward which a region is both *willing* and *able* to work. A goal can be both high and realistic; only the region can determine just how high a goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force.

Tangible A goal is tangible when it can be experienced with one of the senses, that is, taste, touch, smell, sight or hearing. When a goal is tangible, or when an intangible goal (such as improving employee attitudes about functional assessment) is tied to a tangible goal (such as an increase in the use of functional assessments among CPS workers), there is a better chance of making the intangible goal specific and measurable and thus attainable.

Intangible goals are focused on the internal changes required to reach more tangible goals. They are the personality characteristics and the behavior patterns that must be developed to pave the way to success in reaching a tangible and/or longer term goal. Since intangible goals are vital for improving effectiveness, give close attention to *tangible* ways for measuring them.

- ⇒ **Develop Strategies.** Use creative team brainstorming and consensus building to develop meaningful strategies aimed at moving closer to the goals that have been set. Strategies should be SMART, clearly related to goal achievement, and stepped out in a way that facilitates implementation as well as tracking and communicating progress toward a goal.
- ⇒ **Track, Adjust, and Communicate.** To assure a credible and rigorous evaluation process, methodologies and tools used to establish baselines and to

gather data must be clearly documented. Progress toward goals must be tracked and results regularly analyzed for possible needed adjustments. Results and any needed adjustments should be carefully documented and communicated widely. Evidence of any achievements made should also be archived.

What will it take to achieve success?

- ⇒ State, Regional and County leaders who are committed to the purpose, goals and expectations of a Unified Placement process
- ⇒ Clarity regarding the key performance indicators and outcome measures that will indicate success
- ⇒ Baseline data to establish a starting point.
- ⇒ Quantitative and qualitative data to track progress from the baseline.
- ⇒ Tools for data gathering and tracking within the region.
- ⇒ State and Regional staff skilled in gathering, tracking, analyzing, and using data for decision making and performance management to improve practice and outcomes.
- ⇒ State and Regional staff skilled in documenting and communicating results.
- ⇒ State and Regional staff skilled in using CQI teaming for performance management activities related to assessing, planning, tracking, and adjusting.

How will we know when we have achieved success?

Regions are able to demonstrate to the State their capacity to use qualitative and quantitative data to assess strengths and needs, guide decision making, track and analyze progress, and make any needed adjustments to improve performance in the targeted counties or clusters. Regional skill development in analyzing and using data for performance management related to UPP will be evidenced by:

- ⇒ Documented, completed assessment of current status with respect to specific UPP elements
- ⇒ Completed Evaluation Matrix for each UPP element
- ⇒ Minutes documenting a team's CQI approach to using qualitative and/or quantitative data to understand and address issues/barriers related to UPP implementation
- ⇒ Completed implementation plan with documented evidence of regular progress tracking and results analysis
- ⇒ Documentation of any data collection efforts and associated analyses
- ⇒ Evidence of progress toward goal or goal achievement through
 - Documented implementation or completion of a critical process
 - Improvements in key performance or outcome indicators
 - Documented stakeholder feedback

Lessons Learned from the UPP Pilot³⁵

After several months of preparation, piloting of the Unified Placement Process in Rutherford County of the Mid-Cumberland Region formally began on December 1, 2005. The Unified Placement Pilot has experienced success.

A cohort of dependent/neglected and unruly children entering out-of-home placements between 12/1/05 and 4/30/06 was compared with the baseline cohort of children entering out-of-home placements between 12/1/04 and 4/30/05. In the 05/06 cohort, of the 35 children for whom placement information was available and placement in Rutherford County was appropriate, 89% had been placed in Rutherford County—an increase of 35% over the 04/05 cohort.³⁶ This is despite an almost 60% increase in the number of RC children in out-of-home placements in the two cohorts, from 25 in the 04/05 cohort to 42 in the 05/06 cohort. Although program type was not available in the report for the 04/05 cohort, all but one of the children with placement information available was placed in a family or a foster home.

Private Providers and DCS staff in Rutherford County note that the placement of children in their home counties makes the life of case workers much easier because they're not "trotting all over the place" to visit the children on their caseloads. There's less stress, less turnover, fewer changes in case managers for kids, and greater continuity and connections for children and families. Time is saved and quality is up when kids are close to home. It has also led to more resource families partnering with birth families and to higher levels of parent/child visitation in the home environment.

Other key stakeholders in Rutherford County report that the Pilot has enabled a decrease in trauma to the children in out-of-home placements as they participate in decisions that affect them, are supported throughout their interaction with DCS by professionals who care about them and advocate for them, and maintain important connections to their families.

While baseline and progress reports for performance indicators were not readily accessible or available in all cases, county-specific baseline and progress reports for key outcome areas were developed for the pilot and utilized by the Region. Rutherford staff believe that complete, accurate management reports detailing resource homes and their functional capacity, progress achieved with respect to results of Potential Removal CFTM and Change of Placement CFTM, and placement practices (e.g. placement location, placement moves, time to placement) are critical to empowering the staff to evaluate their own processes and performance.

Statewide Support Plan for Evaluation

³⁵ See footnote #2.

³⁶ See baseline data in Section III for details on the 04/05 cohort. Data for both cohorts was extracted from TNKIDS data presented in the 04/30/05 Brian A. Placement Location Report and the 04/30/06 Brian A. Placement Location Report.

- **Provide Technical Assistance on Data and Evaluation.**

State Contact: Daryl Chansuthus and Rhonda Simpson

Start Date: August 1, 2006

The State is committed to providing the regions with baseline data currently available and to partnering with the regions to develop through a rapid assessment approach any additional baseline data that may be needed for the five essential elements outlined in Part II, Section A. through E.

Beginning in September, the State will meet with each Region scheduled to begin formal implementation of the Unified Placement Process in a targeted site to develop a Working Agreement that outlines the evaluation plan for assessing implementation of each essential element.

- **Provide Technical Assistance on Understanding and Using Data to Manage Performance to DCS staff at all levels**

Regional skill development in analyzing and using data to manage performance will be essential to achievement of goals set for UPP. Qualitative and quantitative data must be frequently reviewed, analyzed, and discussed within the context of collaborative teams to inform and shape decisions on present and future activities as they relate to state, regional, county, and community shared performance indicators and outcomes. To build the knowledge, skill, and abilities of DCS staff at all levels in the use of data to track progress and guide decision making, practice-oriented training will be offered starting in the Fall of 2007.

- **Provide training on the Quality Service Review Protocol**

The Quality Service Review protocol provides the big picture view of and a common language for the key components of quality casework: engaging children and families, building child and family teams for decision making, assessing family functioning, planning and plan implementation, tracking and analyzing progress, and adjusting plans as needed to ensure the achievement of desired outcomes. The QSR Protocol is also a performance management tool that measures a region's progress in achieving outcomes related to the key components of quality casework. To empower regional staff at all levels to self-evaluate Ongoing training in the protocol will be provided to the regions by QSR lead reviewers and mentors in Central Office and the Regions.



Answer all my questions honestly. First, last, and everywhere in between, remember this is happening to ME!

~ thoughts on Placement from TN's Current and Former Foster Youth

PART III:

***Tools and Templates for the
Tennessee Department of Children's Services
Unified Placement Process***

A. Organizational Structure Tools and Templates

- A-1. Mid-Cumberland Region's Draft Job Plan for Placement Specialist Position, June 5, 2006 (Rev. 7/28/06)
- A-2. Mid-Cumberland Region's Draft Protocol for Placement Specialist, November 13, 2005 (Rev. 3/06)
- A-3. Mid-Cumberland Region's Draft Protocol for Case Carrying Worker, November 13, 2005 (Rev. 3/06)
- A-4. Mid-Cumberland Region's Placement Services Division Organizational Chart, June 2006
- A-5. Mid-Cumberland Region's Foster Parent Data Sheet
- A-6. Questions on Rutherford Unified Placement Pilot with Rutherford County Staff, October 13, 2005
- A-7. Rutherford County Pilot's Template for Resource Home Profile/Fact Sheets for Trauma Reduction II: "What Your Resource Family Would Like You To Know About Them..."
- A-8. Overview and Draft Protocol of Parent to Parent Meetings, August 2006
- A-9. *SELECTED TNKIDS REPORTS AND KEY USES*, Compiled by Simon Tidd, DCS Special Assistant to the Commissioner for Applied Research, July 2006
- A-10. *"Functional Capacity" for Unified Placement* under TNKids06 Build, June 2006

B. Assessment Tools and Templates

- B-1. Family Functional Assessment Instrument in Microsoft WORD, June 15, 2005
- B-2. Field Guide for the Family Functional Assessment, February 1, 2006
- B-3. Mid-Cumberland Region's Placement Interview and Referral Form, December 15, 2005
- B-4. Mid-Cumberland Region's "Best Practice" Placement Continuum Map

C. CFT Decision-Making Tools and Templates

C-1.

D. Provider/Court Partnerships Tools and Templates

D-1. Working Agreement between Mid-Cumberland Region and Placement Services Providers serving Rutherford County, December 2005

D-2. Court-Related Strategies Identified by TDCS Regional Administrators, Compiled by Susan Mee, July 23, 2006

E. Resource Development Tools and Templates

- E-1. Regional Fiscal Unit's *Rules of Engagement*
- E-2. *Regional Fiscal Issues* and Regional Fiscal Managers' Responses, May 5, 2006
- E-3. *Summary Report: Access to Services*, July 10, 2006
- E-4. DCS Fiscal Unit Funding Request Form and Instructions
- E-5. *Medical Services Authorization For Certain Non-TennCare Eligible Children* – Form and Instructions (Rev. 4/04)

F. Evaluation Tools and Templates

F-1.

G. Other Tools and Templates

- G-1. *Tennessee Unified Placement Process: Essential and Supportive Elements*, Prepared by M&B Consulting, June 2006
- G-2. *Unified Placement Process in Rutherford County: Timeline for Development and Implementation*, Prepared by M&B Consulting, Revised on March 8, 2006
- G-3. *UNIFIED PLACEMENT: SUPPORTING PLACEMENT STABILITY A Plan for the Enhancement of the Lives of Children Supported by the Tennessee Department of Children's Services*, November 1, 2005
- G-4. *Improving the TDCS Placement Process: Focus Group with the Tennessee Youth Advisory Council*, Prepared by M&B Consulting, September 14, 2005