Therapeutic Interventions

Nurturing Children and Families

Policy and Procedure Manual

October 2020

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POLICY #:	TI Strategic Planning Process	DATE 6/10/20202:
COA CORE/PRACTICE STANDARD(S): AFM 2		APPROVED BY: Lois Barrett Luke

Policy:

TI understands the value of utilizing a systematic routine for identifying and clarifying strategic organizational goals which are in alignment with the overarching strategic priorities of our organization: sustainability, excellence, and growth. Our vision, mission, values, and treatment philosophy are the foundation for our strategic planning process. Our annual strategic review process is an opportunity to collaborate, as a team, to assess our progress, review changes to our service environment, identify new challenges and to keep our strategic planning process in alignment with our overall mission. We analyze progress toward our goals, identify successes and areas for improvement and consider new opportunities to stay up to speed with changing regulatory mandates, community needs, workforce demographics and environmental challenges. Revisiting our goals consistently keeps them at the forefront as we make decisions on a day to day basis.

Our strategic planning process utilizes data from all facets of our work, contributed by team members at every level of the organization. All team members have a role in the strategic planning process. We also solicit feedback from shareholders via shareholder surveys and Advisory Committee meetings and include their feedback in our strategic planning process.

Procedure:

The Governing Board will take suggestions and feedback from the Advisory Board and review the feedback and suggestions from the annual Team Retreat to update and approve the long term Strategic Plan, which affects our success, general operations and the overall wellbeing of the company. This meeting will occur during the first quarter of the fiscal year. During this meeting, the team will:

a. Review our mission, vision, values, treatment philosophy, strategic priorities, and contractual mandates.
b. Consider organizational response to changing service environment based on new laws, contractual mandates, funding streams and regulatory changes.
c. Review population and organizational demographics and consider how this informs strategic goals.
d. Identify emerging strengths, weaknesses, opportunities, and challenges and update our SWOT Analysis.
e. Review HR Report, including data regarding recruitment, evaluation, and training needs.

f. Review Annual PQI Report to assess progress on strategic goals from the prior year.
g. Assess progress on each goal and whether that progress is moving us closer to one or more of our strategic priorities, in alignment with our vision, mission, values, philosophy of treatment, and contractual mandates.
h. Review Shareholder Advisory Group recommendations regarding strategies and goals to support needs of our communities and service populations, and our serviceenvironment.
i. Discontinue goals, create new, measurable goals, and make recommendations for changes in services, based on emerging data.
j. Operationally define goals for the coming year, linking each goal to the overall mission of the organization.
k. Recommend benchmarks for each strategic goal.

The Governing Board will make every effort to encourage input and feedback that results from this meeting and will give feedback to staff in a timely manner regarding the status of Board approval of recommendations, suggestions and related feedback, with explanations of Board decisions. The Board supports a culture of transparency and will share information regarding decisions whenever possible.

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Stakeholder Advisory Board

Member Responsibilities and Guidelines

Responsibilities

- Attend annual advisory board meetings. Review agenda and supporting materials prior to board meetings.
- Remain informed about the agency's programs, clients, services/supports, and activities and share that information with the community at large.
- Provide support and advice to assist in the development of new initiatives and identify best practice standards.
- Serve as an ambassador and advocate, facilitating connections to, and providing ongoing exchange of information with, practitioners in the field and other external contacts.
- Assess the currency of curriculum and teaching practice. Work with program staff and other board members to ensure that the program is delivering learning that is current, up to date, and relevant to our community and current professional practices.
- Assist in the identification and recruitment of new board members.
- Provide recommendations for professional development and topic presenters for advisory board meetings.

Personal Characteristics

- Ability to listen, analyze, think clearly and creatively, work well with people individually and in a group, and provide constructive feedback.
- Willing to prepare for and attend board meetings, ask questions, share ideas, opinions, and experiences, and open doors in the field.
- Possess honesty, openness to differing views, a friendly, responsive, and patient approach, engagement skills, personal integrity, a developed sense of values, and concern for and interest in the mission and vision of the organization.

Membership

The advisory board is non-voting body and does not engage in decision-making related to program personnel, budget, or internal policy development.

Advisory Board Meetings

Advisory board meetings will be held on a quarterly schedule and will be of appropriate length to maintain the support, interests, and involvement of advisory board members. Effective and efficient meetings are critical to the success of the advisory board.

Typical agenda items could include introductions, a general organizational update, Regional Key Performance Indicator (KPI) Reports and Regional Forecasts, updates from the field and primary discussion/decision topic(s) to solicit and secure input from external members. As a benefit to all attendees, it is also recommended that one or two meetings per year include some form of professional development to include presentations from external subject/topic area experts, professional association representatives, stakeholder representatives, or others. It is also recommended that representatives from each position/job class within the organization occasionally be invited to present on their experience in the field.

Advisory Board Member Compensation

There will be no formal compensation for advisory board members. TI will cover all site costs associated with the advisory board meetings such as space rental, technology costs (conference call/video conferencing, equipment rental, technicians, and other), food services, and parking.

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Roles and Responsibilities of the Board of Directors

Therapeutic Interventions, Inc. (TI) is a closely held private S-Corporation with owners (shareholders) serving as the board of directors of the company. The owners of the company, shareholders, and the governing board of Therapeutic Interventions, Incorporated are one and the same and are sometimes referred to by any one of these terms in company literature, policies, procedures, and documentation. The agency is currently owned by two individuals with equal shares of stock. The two board positions currently being filled by owner shareholders include the President and Secretary/Treasurer.

These individuals guide and have overall responsibility for the direction and operation of the agency and the protection of stakeholder interests. (Stakeholders include our community, our clients, foster parents, employees, investors, shareholders, and other identified entities). The responsibilities of the board of directors include fiduciary responsibility for the financial well-being of the corporation. Board members are entrusted to ensure that the company is profitable whenever possible and to guarantee availability of financial resources for company growth, sustainability, and ongoing operations of the company.

The board of directors has a responsibility to ensure that no board member engages in activities that involve any conflict of interest such as putting the interest of the board member ahead of that of the company. The board will review and approve contracts for services, where the company is a primary contractor and where the company contracts with other entities to provide services in line with the agency mission and vision, as well as to avoid potential conflicts of interest.

The Board of Directors will enlist community input through the development of an advisory board of directors that includes community leaders, experts and professionals who share agency values and support the strategic plan of the organization.

Specific duties of the board include:

1. Provide direction and continuity for the organization by setting up and managing the legal existence of the agency, and to represent the organization's stance and point of view to stakeholders and advocacy for programs and services
2. Set the mission, vision, and philosophy of treatment for the organization
3. Select and appoint an Executive Director (Chief Executive) to whom responsibility for the administration and day to day operations of the organization is delegated, and to review and evaluate performance regularly on the basis of a job description, executive relations withthe

board, leadership in the organization, in program planning and implementation, and in management of the organization and its personnel in relation to the agency's strategic plan, annual plans and identified key performance indicator

4. Be a trusted advisor to the Executive Director in assisting in development and implementation of the agency's strategic plan, mission, vision, and philosophy of treatment and to offer administrative guidance
5. Determine whether to retain or dismiss the executive
6. Develop the long-term goals of the organization and ongoing strategic planning with the Executive Director
7. Govern the organization by reviewing and approving policies and objectives that are formulated and reviewed annually by the by the Executive Director and employees
8. Acquire sufficient resources for the organization's operations, manage those resources effectively and to finance the programs adequately
9. Account to all stakeholders for programs and the services of the organization
10. Oversee and manage funds, including:
    a. provides for fiscal accountability, approve the budget, and formulate, review, and approve all policies related to all programs and services
    b. approves all contracts with public and private entities
    c. monitor agency business to ensure and avoid potential board conflicts of interest
11. Serve as a Court of Appeal to stakeholders of the organization
12. Determine and Monitor the Organization's Products, Services and Programs
13. Enhance the Organization's Public Image
14. Assess Its Own Performance
15. Act as ambassadors for the organization
16. Ensure commitment to a diverse advisory board and staff that reflects the communities served

Therapeutic Interventions has combined the board positions of secretary and treasurer. Tennessee law requires that corporations have a President and a secretary/treasurer, and these two positions can be filled by one person in the case of closely held private for-profit companies. The two owners fill these two positions. For purposes of clarification the responsibilities of all positions are outlined below.

Chairman of the Board/Board President

The board chairman or president is responsible for the overall functioning of the board of directors and ensures that all appropriate actions are taken. This individual will be a shareholder and will:

- Ensure that an agenda is planned for each board meeting
- Preside over meetings of the board of directors and the annual meeting
- Serve as supervisor/liaison with the agency Executive Director
- Serve as primary spokesperson for the organization
- Sign specific documents on behalf of the board of directors and the corporation as outlined in the corporate bylaws and shareholder legal agreements
- Manage relationships and communicates with stakeholders
- Coordinate an annual performance evaluation of the Executive Director
- Assist the Executive Director and committee in recruiting advisory board members
- Plan, preside over, and facilitate board and committee meetings; partner with the Executive Director to ensure that board resolutions are carried out

Vice President

The vice president of a corporation will be able to fill the duties of president if required. The vice president chairs assigned committees by the board in its bylaws or on an ad-hoc basis. This position is currently vacant.

Board Secretary

The secretary of the board of directors has overall responsibility to create and maintain corporate records and other important corporate documents. Included in this responsibility:

- Act in the role of a secretary
- Record minutes of all board meetings and minutes of all committees as needed. Minutes must be taken in a specific form and all board and committee actions must be recorded.
- Keep records of all policies approved by the board.
- Maintain a calendar of corporate events, including the date of the annual meeting and budget approval dates.
- Maintain personnel and payroll records for executive employees reporting directly to the board of directors.
- Keep all records in a safe place and make sure all documents are in good order in case ofaudits.

Board Treasurer

The treasurer of the board of directors has primary responsibility for the financial well-being of the corporation but does not take day-to-day responsibility. Included in the board treasurer's duties are:

- Creating and maintaining the corporation's annual budget for each fiscal (financial) year. This responsibility includes presenting the budget to the board for approval.
- Creating, implementing, and reviewing financial policies for the corporation.
- Reviewing the investment activities of the corporation
- Overseeing the annual financial audit of the corporation (if public) and other audits of corporate records and finances.
- Chairing the board's finance committee

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POLICY #:	Conflict of Interest	DATE: 7/30/20
COA CORE/PRACTICE STANDARD(S): AFM 5.01, 5.02, 5.03, 5.04		APPROVED BY: Lois Barrett Luke

Policy

As a basic condition of employment, all personnel have a responsibility to act in the best interest of the Agency by not engaging in activities that are in competition with the Agency's own interests. The policy and procedure contained herein establishes guidelines around job-related and/or external activities that create actual or potential conflicts of interest.

Any actual or potential conflict of interest or commitment between an employee of the Agency and a competitor, supplier, distributor, or contractor to the Agency, must be disclosed by the employee to his or her supervisor, Human Resources, or the Executive Director. If an actual or potential conflict of interest is determined to exist, the Agency will take steps, as it deems appropriate and necessary, to reduce, eliminate, or proactively manage this conflict.

Procedure

Overview

The purpose of this policy is to establish guidelines for conflicts of interest or commitment that might arise in the course of an employee's job duties and external activities. This policy is not intended to unreasonably limit external activities, but instead seeks to emphasize the need to disclose conflicts and potential conflicts of interest and commitment, to manage such conflicts and to ensure that the Agency's interests are not compromised.

General Guidelines

1. This policy applies to all personnel.

   Non-staff, including governing body members, advisory group members, and

consultants who have a financial interest in the organization's assets, business transactions, leases, or professional services are subject to this policy under the purview of voting on such interests,

and will not participate in any discussion or vote taken with respect to such interests.

2. An employee's activities should not damage the Agency's reputation, compete with the Agency's interests, or jeopardize the Agency's business activities, or reasonably appear as doing so.

3. In addition, an employee must not profit or otherwise gain advantage from participation in the Agency's business activities, nor should there be a chance that the employee's job duties or participation in other Agency activities could reasonably appear to affect the external activity or the interests of an external entity in which the employee, or relative, has a financial interest. The definition of "relative" for the purpose of this policy includes, but is not limited to, spouses, civil union partners, domestic partners, and other familial relationships, immediate or removed.

4. Where an employee or an employee's relative is engaged in an external activity or has a financial interest, full disclosure is necessary if there is a chance that the interest or activity could reasonably appear to affect or be affected by the employee's decisions, actions, or participation in the Agency's business activities. Further to this point, an employee must refrain from external activities involving personal gain or financial benefit for self or for relatives in which they use, appear to use, or likely have the opportunity to use confidential information or special knowledge gained as a result of their employment by the Agency and/or participation in other Agency businessactivities.

5. An employee must not engage in the unauthorized use of the Agency's resources for personal benefit or for the benefit of any other person or external organization.

Gifts

Employees, especially those in management and supervisory roles, must exercise good judgment in giving or receiving gifts or entertainment. It is sound practice to discourage personal gifts and favors from entities and individuals with personal or business relationships with the Agency.

Employees involved in awarding or administering contracts using federal or other government funds are prohibited by law from soliciting or accepting gratuities, favors, or anything of monetary value from contractors or potential contractors.

Personal gifts of more than nominal value should be declined or returned to avoidany appearance or suggestion of improper influence. Entertainment or travel with a more than nominal value paid for by an external individual or entity must first be disclosed to and approved by the direct supervisor, Human Resources, or the Executive Director.

Referrals

While the Agency does not employ a formal referral process whereby prospective opportunities – recruitment, business, or otherwise – are recommended by an individual or entity which has an existing relationship with the Agency, the following practices are prohibited:

1. making or accepting payment or other consideration in exchange forreferrals;
2. preferential treatment of organization members, community partners, members of the organization's governing body, advisory groups, personnel, or consultants applying for and receiving the organization's services;and
3. steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultantsare engaged.

Nepotism & Preferential Treatment

An employee must disclose a familial relationship if it appears to create a conflict of interest or casts doubt on the fairness or integrity of the Agency's employment or business decisions.

Employees must avoid favoritism or the appearance of favoritism that may be associated with making employment or business decisions based on kinship or relatedness, more specifically a person with whom the employee has a legitimate familial relationship.

Additionally, an employee may not make, participate in, or attempt to influence employment decisions (e.g. hiring, promotion, supervision, and termination) or business decisions involving a person with whom the employee has a legitimate familialrelationship.

Fraternization

An employee must disclose a personal, romantic, sexual, or external business relationship if it appears to create a conflict of interest or casts doubt on the fairness or integrity of the Agency's employment or business decisions.

Sexual, romantic, or familial relationships are not permitted between employees where there is a direct or indirect reporting relationship and especially where one has the ability to

influence the employment status of the other. Employment of relatives, or of someone with whom a current employee resides, in the same department is discouraged and should be disclosed to the direct supervisor, Human Resources, or the Executive Director.

Additionally, an employee may not make, participate in, or attempt to influence employment or other business decisions involving a person with whom the employee has a sexual or romantic relationship. Sexual and romantic relationships are also addressed in the Sexual Harassment and Discrimination policy.

Moonlighting

The Agency recognizes that employees may seek additional employment during off-hours, but expects, in these cases, that any outside employment will not affect job performance,

work hours, or scheduling, or otherwise adversely affect the employment relationship or reflect negatively on the Agency.

Outside employment which creates a conflict of interest or which affects the quality or value of an employee's work performance or availability to perform job duties at the Agency is prohibited. Any outside employment, regardless of conflicts, must be reported to the direct supervisor, Human Resources, or the Executive Director.

Disclosures

Self-disclosure is an important and proactive response to an actual or potential conflict of interest, and it allows personnel, governing body members, advisory group members, and consultants to protect their personal and professional reputation from embarrassing or harmful allegations
of inappropriate conduct.

Employees are encouraged to seek guidance from their supervisor or Human Resources, even if their situation is not directly covered by the disclosure obligations in this policy.

Disclosures, as required by this policy, must be in writing to the direct supervisor, Human Resources, or the Executive Director when an employee becomes involved in external activities covered by this policy, or becomes aware of an actual or potential conflict of interest, or becomes involved in a sexual, romantic, or external business relationship covered in this
policy.

Disclosures should provide details such as:

a. the nature of the external activity or financial interest, potential or actual

role in the external activity

b. whether there is compensation or other financial remuneration associated with the external activity.
c. the nature of familial relationship.

Management Plans

Human Resources will respond to the disclosure and identify whether a written management plan is necessary. Depending on the nature of the conflict, a written management plan should be devised by, as appropriate, the Executive Director, the Regional Director, or Human Resources and must be approved by the Regional Director and kept on file with Human Resources.

At a minimum, management plans must:

a. address the external activity, interest, or commitment in a way that will ensure that it will not interfere with the interests of the Agency,
b. confirm and ensure the employee is not participating in making decisions on behalf of the Agency where the external activity, interest, or commitment will cast doubton

   the fairness or integrity of the Agency's business activities and employment decisions, and
c. establish a review and approval process as appropriate. Review of the established plan should occur at least annually and whenever there is a significant change in reporting relationships.

Failure to Disclose

Failure to disclose an actual or potential conflict of interest or commitment, or to comply with an established management plan, is a violation of this policy and may result in corrective action up to and including termination of employment.

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POLICY #:	Code of Ethics and Professional Conduct	DATE: 9/29/20
COA CORE/PRACTICE STANDARD(S): AFM 6		APPROVED BY: Lois Barrett Luke

Policy

The purpose of this policy is to:

1. establish expectations for ethical and professional conduct while employed or under contract with the Agency;
2. explain the consequences for misconduct;
3. outline the procedures for reporting suspectedmisconduct;
4. outline the procedures for self-disclosing misconduct; and
5. emphasize prohibition of employment-related retaliation for reporting misconduct and confidentiality of reportedinformation.

The Agency will conduct its business honestly and ethically wherever operations are maintained. We strive to improve the quality of our services and operations and will maintain a reputation for transparency, fairness, respect, responsibility, integrity, trust, and sound business judgment.

In addition to these principles, all personnel must comply with policies, professional standards, and the letter and spirit of applicable laws and regulations.

Procedure

Overview

All personnel are expected to adhere to high standards of business, personal integrity, and professionalism as a representation of our business practices.

1. Workplace Environment

   The Agency is committed to creating and maintaining a workplace environment which fosters mutual respect, integrity, and professional conduct. The Agency is also committed to providing a safe work environment in which discrimination, harassment, and acts or threats of violence are not tolerated. The Agency expects its personnel to treat each other and those with whom they have business dealings on behalf of the Agency with respect, honesty, integrity, consideration, and civility. Please refer to specific policies relating to equal employment,

discrimination, hostile work environment, workplace violence, bullying, and sexual harassment for detailed guidance.

2. Conflicts of Interest

   The Agency understands that personnel may have or be involved in outside financial, business, professional, academic, public service, or other activities. We expect that officers, directors, managers, and employees will not allow personal interests to conflict with the interests of the Agency, its clients, or affiliates, nor will they misrepresent the Agency or use their Agency contacts to advance private or personal interest. Please refer to specific policies relating to conflict of interest for detailed guidance.

3. Confidentiality and Privacy

   The Agency entrusts its personnel with the confidential information of the Agency, its clients, and at times, others. It is the responsibility of each personnel to protect this information and prevent misuse or unauthorized disclosure. The confidentiality of sensitive business information about the Company or operations, or that of our clients or partners, is to be treated with discretion and only be disseminated on an authorized, need-to-know basis. Please refer to specific policies relating to privacy and confidentiality for detailed guidance.

4. Agency Records

   All financial records, expense reimbursements, accounting, time and attendance records, data entry, and submissions to regulatory agencies must be truthful, timely, complete, and accurate. Please refer to specific policies relating to attendance and recordkeeping for detailed guidance.

5. Use of Company Resources

   Agency personnel are responsible for protecting and preventing the misuse of Agency resources, property, and other assets, including, but not limited to, funds, information, intellectual property, facilities, office supplies, equipment, computers, networks, software, telephone and internet services, voicemail, e-mail, and social media accounts. Agency resources are reserved for Agency business and may only be used for lawful and authorized purposes. Company-issued computers and business e-mail may be used for reasonable and incidental personaluse.

6. Personal Appearance and Professionalism

   It is important and expected for all Agency personnel to present themselves in a professional manner. This includes reporting for work dressed and neatly groomed, maintaining personal hygiene habits that are generally accepted in the community, and displaying appropriate social behavior, especially while conducting business on behalf of the Agency or attending company events. Please refer to specific policies relating to dress code, drug and alcohol use, and company events for detailed guidance.

7. Violations

All personnel are responsible for adhering to these principles of ethical and professional conduct, including acting on and reporting violations.
Violation of the Code of Ethics and Professional Conduct is considered misconduct, and can result in disciplinary action, up to and including termination of employment. The degree of discipline imposed may be influenced by the existence of voluntary disclosure of any ethical violation(s) and whether the violator cooperated in any subsequent investigation.

8. Reporting Responsibilities and Procedures

It is the responsibility of each personnel to promptly notify the Agency of any inappropriate behavior or misconduct, so that it can be properly addressed. Agency personnel who are aware of or suspect fraud, misappropriation of funds, theft, other misuse of Agency resources or assets, accounting irregularities, or other violation of these principles or Agency policy, should report their concerns immediately to their supervisor, Human Resources, or the Executive Director. Please refer to specific policies on harassment, conflict of interest, and grievance procedures for more detailed guidance.
All reports of misconduct received, actions taken, and resolutions reached will be documented, tracked, and secured in a confidential manner.

9. Retaliation

The Agency strictly prohibits retaliation against any person for making a report in good faith, cooperating with an investigation, or reporting of suspected misconduct or questionable practices. Individuals who take retaliatory action will be subject to disciplinary action up to and including termination of employment.

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POLICY #:	Financial Review, Operating Reserves & Investment Practices	DATE: 10-01-2020
COA CORE/PRACTICE STANDARD(S): AFM 8.02		APPROVED BY: Michael Hullett

Policy

All bank accounts and financial statements are reconciled by accounting staff and reviewed monthly by the Executive Director and Board of Directors. The Board and Executive Director will meet quarterly to review, analyze, and approve all financial statements and engage in financial planning to ensure that the financial needs of the company are met. The review will include analysis of profit & loss, balance sheet, investment accounts, payments to owners, bonuses, incentives, and extraordinary expenses.

The company will maintain 60 days of working capital, set aside in a separate savings account, as operating reserve. Therapeutic Interventions will manage risk of investment accounts, opting for those which offer the highest return and lowest relative risk. Annually, the Board of Directors will review average gross monthly expenses over the previous year and projections for the coming year to determine whether an adjustment to the working capital amount is required to accommodate growth or anticipated growth.

The financial needs of the company and financial health of the organization is paramount in all decision-making regarding bonuses, payments, or disbursements. All disbursements or payments outside of ordinary operating expenses (including staff bonuses and payments to owners) will be reviewed in Board meetings and approved by the Board of Directors.

Procedure

Therapeutic Interventions, Inc. (TI) Board of Directors consists of two equal owners/shareholders. The Board determines which financial institutions meet the needs of the company regarding maintenance of checking, savings, and investment accounts.

All bank accounts are established and controlled by the owners or Board of Directors. The owners will be signers on all bank accounts.

Accounting staff are authorized to transact business such as account transfers and inquiries, but all payments require board member approval prior to processing the transaction.

Investment options which do not impose time restraints on accessibility or penalties for liquidation of funds, are preferred. All investment accounts are approved and monitored by the Board of Directors.

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POLICY #:	Client Funds and Allowance	DATE: 10-18-2020
COA CORE/PRACTICE STANDARD(S): AFM 11.04		APPROVED BY: Michael Hullett

Policy

Therapeutic Interventions does not hold funds for clients or service recipients and does not assume fiduciary responsibility for client funds. If it ever becomes necessary to assume responsibility for client funds, those funds will be maintained in a separate account designated as client funds and will not be used for any other purpose.

Therapeutic Interventions, Inc. will pay daily allowance to youth in custody of at least $1 per day per child regardless of client age. Receipt of allowances will be documented by having a child/youth sign the allowance disbursement form indicating that they have received the daily allowance.

In the event that a child/youth is not old enough, nor able to understand the significance of signing the allowance receipt (due to developmental delay, disability, etc.), resource parents will submit documentation in the form of receipts for purchases, savings account tracking, etc. to the agency.

When a child's allowance is unspent due to age, disability or other reason, the foster parent may open a bank account as guardian for the child's allowance funds. The Executive Director must approve the arrangement all bank account transactions. All bank account statements must be reviewed by the Executive Director at least quarterly. Children/youth should be given the opportunity to use their allowance as they wish within age appropriate boundaries with prudent parenting in mind.

Therapeutic Interventions Incorporated seeks to help all clients with budgeting skills through learning to spend personal funds/allowance as independently as possible. Clients are not asked to purchase such items as hygiene items, school supplies, standard haircuts or clothing, food, utilities (such as cable) in residential settings, recreational equipment in residential settings, or non-prescription medication.

At no time will a client be asked to supplement agency funds or lend money to TI staff or foster parents.

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POLICY #:	Therapeutic Interventions PQI Plan and Operational Procedures	DATE: 5/1/20
COA CORE/PRACTICE STANDARD(S): PQI		APPROVED BY: Lois Barrett Luke

Policy

TI is committed to creating and sustaining a culture of outstanding service to our community by continuously striving to fulfill our mission in more strategic and meaningful ways, for an ever broader and growing number of children, youth, and families.

We aspire to exemplify the values of a ***learning organization***, whereby we

- encourage, test, and adopt new ideas
- encourage and reward team members for learning
- recognize and embrace diversity in all its forms
- provide timely and accurate feedback
- encourage appropriate risk-taking
- learn from our mistakes
- share our knowledge
- value and reward teamwork

In our quest to continuously improve and refine our services, TI utilizes a Plan-Do-Check-Act method to identify Core Performance and Outcome Measures and corresponding benchmarks which are aligned with the Organization's Strategic Plan. This plan addresses all regions and sites across the organization. We are engaged in the ongoing process of identifying and working toward goals for identified measures which are program and department-specific, as well as overarching organization-wide measures and goals. Program outcome measures are selected based on their respective correlation with benchmarks of excellence in our field. We are committed to continually improving our effectiveness in meeting our mission through sustainable practices which build organizational capacity.

Therapeutic Interventions utilizes a robust combination of methods, systems, structures, and practices to identify organization-wide and program-specific issues, to evaluate services at all regions and sites, and which drive overall effectiveness and efficiency of the organization.

TI has identified the following areas as primary among items in which continued improvement will contribute to our goals of fulfilling our mission in an ever more effective, efficient manner. Continual improvement in these areas supports overall organizational relevance and sustainability.

Performance Outcome Measures

The following performance outcome measures have been selected because we recognize them as critical components of excellence. Our performance on each outcome measure corresponds to either excellence or sustainability and are evaluated and scored quarterly. Benchmarks have been set for each of the following outcome measures based upon industry best practice benchmarks and are adjusted to reflect challenging and attainable incremental improvement.

1. **Successful discharges; permanence**

   Why we measure this outcome:
   Data from this measure helps us gauge our performance in meeting one of our fundamental mandates.
   This outcome measure is an indicator of our effectiveness in reaching a goal of permanence for the children and youth we serve. We make a commitment to a child when we accept them into our program: we will do our best to facilitate permanence for them in the safest and most expedient fashion possible.

   How we measure this outcome:
   Data regarding the reason for discharge is collected for each client in Kaleidacare by the Office Administrator. This data is pulled into reports and populates the Kaleidacare dashboard. Reasons for discharge which are counted as successful are return to parent, return to family and adoption. Reasons for discharge which are counted as unsuccessful are runaway, the client required services outside the scope of the TI continuum which required discharge back to DCS, aging out of the system. An unsuccessful discharge is any reason for discharge except adoption, reunification, family placement, or PPLA.

   Benchmark: 70%
   All clients discharged successfully/All clients discharged is equal to or greater than 70%

2. **Placement stability; negative moves**

   Why we measure this outcome:
   We know that placement stability contributes to the overall security experienced by children and youth. Disruptions in placement are traumatic to our clients and can impede progress toward permanency. Our performance in this area reflects our ability to make first placements, the best placements possible and to establish a secure base for each of our clients.

   How we measure this outcome:
   Whenever a client is moved from one living situation to another, the reason for the move and the type of move is documented in Kaleidacare. This data populates the Kaleidacare dashboard. Negative moves are those which do not lead to permanency including from one foster home to

another, as well as higher level of care when the client stays in the TI continuum and disruption from a trial home visit back to a foster home.

Benchmark:
Total negatives moves per thousand days of care (4.44 CFSR National Benchmark)

3. **Build net capacity**

Why we measure this outcome:
We want to serve as many clients as we can serve well. This requires us to build up the infrastructure that allows us to serve an ever-increasing number of clients while maintaining an excellent quality of care for every client. Our performance in this area reflects the sustainability of our organization. Consistently building capacity ensures that our organization can continue to serve clients even when we lose capacity due to homes closing or operating at full capacity.

How we measure this outcome:
When a new home is opened, the Foster Parent Recruiter Trainer enters approved capacity into the Foster Parent Case File in Kaleidacare. This data will be reflected in the Kaleidacare dashboard. The FPRT also completes and sends the Foster Home Data Form to the Office Administrator within 24 hours of a home's approval from DCS. The FPRT also completes and submits a Foster Home Data Form to the Office Administrator within 24 hours of a home's closing. The Office Administrator enters the data into the Client Roster where it populates the monthly PQI data tab on the same spreadsheet. The Client Roster is stored and shared as a document on *Google Pages.*

Benchmark: 5%
Current Quarter Capacity – Previous Quarter Capacity = net growth of 5% or more for foster youth capacity for the quarter.

4. **Census growth; sustainability**

Why we measure this outcome:
We want to increase the number of children and youth we serve. Doing so enables us to scale our mission to serve an ever-increasing number of children and youth and supports the long-term sustainability of our organization. Serving more clients enables us to invest more resources into quality improvement goals such as increases in staffing, training and foster parent and client supports.

How we measure this outcome:
Case Managers submit a Placement Notification Form to the TI Team, which includes the Office Administrator, within 24 hours of every client move. The Office Administrator tracks the client in Kaleidacare, and this data is pulled into the Kaleidacare dashboard. The Office Administrator also enters the data into the Client Census document, which populates the PQI dashboard.

Benchmark:
Did region increase census for quarter by at least 2.5%

5. **Length of Stay**

Why we measure this outcome:
Our goal is to help move each child and youth to permanency in the most expedient manner possible and to minimize the time each client spends in an out-of-home setting.

How we measure this outcome:
This outcome is measured by pulling a Days in Care report from Kaleidacare which reflects length of stay for each child and youth upon discharge from the TI program.

Benchmark: 240 days
Average length of stay for clients at time of discharge during the quarter, length of stay is 240 days or less.

6. **Meeting face to face requirements**

Why we measure this outcome:
Making face to face contact with each client according to DCS (Department of Children's Services) policy is at the heart of the work TI does in providing case management services. Face to face allow us to assess the safety and well-being of each child and youth firsthand. Spending time alone with each client at each face to face is a requirement that helps us ensure that the client has an opportunity to speak with us privately about concerns or feelings they are not comfortable otherwise sharing.

How we measure this outcome:
Immediately following each face to face visit, Case Managers enter a case note into Kaleidacare which reflects in the narrative, the nature of the contact and any information shared. Case Managers also check a box in the case note application indicating when a visit has been face to face. Regional Directors pull a report for each client at the end of each month and confirm that the required number of face to face visits have occurred for each client during that previous month. Regional Directors use data from the Kaleidacare report to complete a monthly Regional PQI report that is submitted to the Executive Director on the last day of each month. The Regional PQI report reflects data for each child regarding face to face visits. The Executive Director spot checks Kaleidacare to ensure data integrity and compiles data from all monthly Regional PQI Reports into a single agency-wide quarterly board report for the Board of Directors.

Benchmark: 98%
Percent of clients who received required monthly face to face contacts is 98% or more.

7. **Team stability; staff turnover**

Why we measure this Outcome:

We believe that continuity in our team membership helps us to preserve our values of integrity and excellence and supports our momentum as we continually improve the quality of our

services and the sustainability of our organization. With staff turnover, comes loss of institutional knowledge and results in additional expensive to recruit, hire and train new team members.

How we measure this outcome:
The HR Director collects data on an ongoing basis regarding staff turnover as well as feedback from exit interviews and provides this data in a monthly Staff Census report which is submitted to the Executive Director. The Executive Director shares this data with the Office Administrator for inclusion on the PQI dashboard and includes data from these monthly reports in Quarterly PQI Reports for the Board of Directors.

Benchmark: 10%
Staff turnover, as measured by number of team members leaving employment in a month, divided by total number of team members for that month, averaged quarterly, is 10% or less.

8. **Utilization**

Why we measure this outcome:
This measure indicates our level of effectiveness as stewards of client placement resources. This measure refers to the percentage of available placement slots that are being utilized to serve clients in foster homes.

How we measure this outcome:
The Office Administrator maintains the client roster which contains the number of placement slots approved for each foster home and the daily census. This data populates the PQI dashboard. Regional Directors include utilization data in the monthly PQI Reports submitted to the Executive Director, who compiles data from all these reports into a Quarterly PQI Report for the Board of Directors.

Benchmark: 64%
The average number of placements each quarter compromised 64% of average total available placement slots.

9. **EPSD&Ts completed on time**

Why we measure this outcome:
Early and Periodic Screening, Diagnosis and Treatment is a specific term to describe required annual physical exams which are required to be completed for each child and youth at the time they enter care and annually, thereafter. Our performance in this area reflects a fundamental aspect of child safety. Ensuring that EPSD&T appointments occur on time helps us ensure that our clients medical and developmental needs are being assessed and identified. EPSD&T exams often result in recommendations for follow-up to address needs, deficits, or diagnoses.

How we measure this outcome:
Case Managers upload Health Service Confirmation Forms into Kaleidacare following every client appointment, including EPSD&T appointments. Case Managers also complete the Case Staffing Summary form for each client prior to Client Case Reviews, which are held by Regional Directors twice each month. The Case Staffing Summary contains verification of compliance

with EPSD&T requirements, including follow-up with all recommendations that result. Regional Directors include compliance data regarding timely EPSD&T appointments in the monthly Regional PQI Reports they submit to the Executive Director. This data is compiled from all regions in the form of a Quarterly PQI Report for the Board of Directors.

Benchmark: 98%
98% of clients have had timely EPSD&T appointments each quarter.

10. **FH Reassessment Compliance**

Why we measure this outcome:

We recognize that fully compliant foster home settings correlate with safety and security for our clients. This outcome measure refers to our success in ensuring that foster home reassessments are successfully and timely completed, which means that foster homes are in full compliance with all requirements for approved homes, including required background checks.

How we measure this outcome:

Foster Parent Recruiter Trainers track reassessment due dates for each approved foster home. Foster Parent Recruiter Trainers complete all required documents, activities and assessments for each reassessment and upload the RHET packet to TFACTS for department approval of the home no less than two weeks prior to the home's expiration date. When a home's reassessment is approved, the Foster Parent Recruiter Trainer updates the Foster Home Reassessment Due Dates spreadsheet and updates Kaleidacare. Foster Parent Recruiter Trainers provide a monthly report to their Regional Director regarding status of all reassessments which are due in the coming quarter. Regional Directors include this data in the Monthly Regional PQI Reports for the Executive Director, who aggregates this data for all regions as part of the Quarterly PQI Report for the Board of Directors.

Benchmark: 100%

All foster home reassessments will be completed on time, without lapse in approval.

Procedure

It is the responsibility of all TI leaders to ensure that PQI is on the agenda of board, staff, and management meetings. Minutes of these meetings will reflect an evaluation of the group's need for data and the entire PQI system including infrastructure, processes, and procedures.

PQI Method: TI utilizes the **Plan-Do-Check-Act Cycle** as a method for implementing our Performance Quality Improvement Plan.

Plan, Do, Check, Act (PDCA) Cycle:

PDCA (Plan-Do-Check-Act) is an iterative, four-stage approach for continually improving processes, products, or services, and for resolving

problems. It involves systematically testing possible solutions, assessing the results, and implementing the ones that have shown to work.

The PDCA Cycle provides a simple and effective approach for solving problems and managing change. It enables businesses to develop hypotheses about what needs to change, test these hypotheses in a continuous feedback loop, and gain valuable learning and knowledge. It promotes testing improvements on a small scale before updating company-wide procedures and work methods. The PDCA cycle consists of four components:

Source: https://theleanway.net/the-continuous-improvement-cycle-pdca

Therapeutic Interventions' PDCA Cycle

- **PLAN:** We identify outcomes annually; collect relevant data needed to measure outcomes quarterly; develop hypotheses for quality improvement issues and decide which ones to test.
- **DO:** We develop solutions; decide how we will measure outcomes; test our solutions and measure our results.
- **CHECK:** We aggregate, review, and analyze the data; We decide whether our hypotheses were supported or not.
- **ACT**: We document our results; we share information about changes to our processes based on what we have learned; make recommendations for future cycles for planning.

Systems and tools in the PDCA Cycle

- PQI Dashboard: An online, real time graphic indicator of organizational performance, available to all team members. Allows every team member to access performance outcome data to clarify expectations, improve performance and assess progress. The dashboard serves as a feedback loop for all team members. Includes the Quarterly Score Card.
- Kaleidacare Dashboard: Customized snapshot of organizational performance available to Board and Executive Director through CMS; source of some data that will populate PQI Dashboard.
- Kaleidacare Reports: Specific data accessible to all team members, with data based onroles
- Client Roster: An online, real time spreadsheet that reflects census, capacity, andutilization
- Monthly HR PQI Report: Submitted by HR Director to Executive Director; captures feedback from exit interviews, staff turnover data, employee engagement survey results. A portion of this report will be posted to online PQI Dashboard, including aggregate and anonymous survey results and staff turnover numbers.
- Monthly Regional PQI Reports: Developed by Regional Directors and submitted to the Executive Director; capture PQI Regional Team feedback, posted to online PQI Dashboard

- Annual and periodic stakeholder surveys
- Quarterly PQI Board Reports

Groups and committees in the PDCA PQI Cycle

- Monthly Regional PQI Meetings
- Quarterly PQI Leader Committee Meetings
- Quarterly Board Meetings
- Annual All Team Strategic Planning Retreats
- Annual Stakeholder Advisory Group Meetings

Groups and Committees in the PQI Cycle:

Regional Teams:

Composition: Comprised of all team members within a region, including case managers, foster parent recruiter trainers, administrative staff, and regional directors.

Meeting Frequency: Regional teams meet monthly to review progress on performance outcomes, set and adjust monthly goals to meet quarterly goals, offer feedback about changes to outcome measure definitions or data collection methods.

Work of the Group: They consider the questions: How are we doing? What have we learned? Are there additional measures we should be tracking? Should we adjust what we are measuring?

Work Product: Regional Directors collect feedback from regional teams and shares it with the Executive Director via a monthly PQI Report. This report becomes part of the Quarterly PQI Board report.

PQI Leader Committee:

Composition: Comprised of organizational leaders with case manager representation. The Executive Director chairs this committee. Membership includes Regional Directors, the HR Director, the Office Administrator and at least one Case Manager. Membership will evolve over time, with rotation of case managers on an annual basis or as needed. The committee votes on changes to the structure and membership of the group annually and as needed and ensures that appropriate positions are represented on the committee, relative to each organizational performance outcome. Although comprised primarily of supervisory and administrative team members, this committee ensures adequate representation from across the organization, with no fewer than one entry level team member serving at any given time.

Meeting Frequency: The PQI Leader Committee convenes quarterly to review data aggregated from Monthly Regional PQI Reports, including research questions, feedback and suggestions made by regional teams.

Work of the Group: This committee is charged with ensuring that the organization's PQI process remains focused on creating and sustaining a culture of outstanding service to our community by continuously striving to fulfill our mission in more strategic and meaningful ways, for an ever broader and growing number of children, youth, and families. The committee considers the questions: Are we remaining mission focused? Do the organization's performance outcomes reflect our vision and mission? What are the trends we have noticed in performance? How do we account for regional and seasonal differences in performance? Are we measuring the right things? Is our data measuring what we intended to measure? What research questions are emerging? The PQI Leader Committee is empowered to conduct research to determine how to better define and measure performance outcomes. What programmatic changes can be made in real time to affect better outcomes?

This committee reviews and tracks:

- Complaints, grievances, and appeals (Quarterly)
- Incident reports (Quarterly)
- Facility maintenance checks (Quarterly)
- Case record review (Quarterly)
- DCS and Licensing audits (Annually)
- DCS policy changes

Work Product: Submits meeting minutes to the Executive Director with findings, challenges for further exploration, hypotheses, and recommendations for changes to the PQI system and performance outcomes.

Stakeholder Advisory Committee:

Composition: Comprised of internal and external stakeholders; individuals who are personally or professionally concerned with or associated with the effective and efficient delivery of high-quality services to clients served by the organization. Membership may represent state licensure or provider contract personnel, foster parents, previous clients, birth families, community child welfare organizations, child advocates, guardians ad litem, CASA, the judicial system, juvenile justice, churches and religious groups, organizations serving LGBTQ+ youth, and academia, among others.

Meeting Frequency: This committee convenes annually, within the last quarter of each calendar year.

Work of the Group: To identify service gaps for children and families, to review and make recommendations regarding the Stakeholder PQI Report and make recommendations regarding potential new outcome measures and adjustments to existing measures. To identify issues in the child welfare arena which may be appropriately addressed by the organization. This group makes recommendations for resources and community connections that support organizational mission.

Work Product: Submits meeting minutes to the Executive Director with findings and recommendations.

Board of Directors:

Composition: Comprised of the two owners of the company, also referred to as Shareholders.

Meeting Frequency: Convenes quarterly in January, April, July, and October.

Work of the Group: Responsible for governance of the organization; makes decisions about large scale changes to PQI system, approves policy changes and approves significant financial expenditures. Responsible for organization's strategic plan.

Work Product: Board Meeting Minutes.

All Team Strategic Planning Retreat:

Composition: All team members (employees) and shareholders (board members) participate in an annual staff retreat.

Meeting Frequency: The All Staff Retreat occurs annually, typically early in the first quarter of the calendar year.

Work of the Group: To review and celebrate previous year's successes in PQI cycle, identify performance outcome measures for the coming year, collaborate with Board of Directors to develop and refine organization's strategic plan.

Work Product: Strategic Plan Rough Draft

Roles and Responsibilities for PQI Process:

All Team Members: Attend and participate in committees, meetings, and retreats. Participate in employee engagement surveys. Offer honest and thoughtful feedback. Monitor the PQI Dashboard and understand how individual roles and responsibilities relate to performance outcome measures.

Board of Directors: Convenes on a quarterly basis to review the status of the Strategic Plan Goals, review Quarterly PQI Report submitted by Executive Director, and consider recommendations for changes.

Executive Director: Responsible for coordinating and implementing PQI plan across the organization. Continuously monitors all performance and outcome measures across the organization and their corresponding goals. Pulls monthly reports from Relias, Kaleidacare, Client Roster, Regional PQI Reports, HR reports including Monthly Employee Census, Stakeholder Survey results, monthly billing, and other relevant sources and aggregates the data. Executive Director produces a Quarterly PQI Board Reports which reflect organizational and regional performance, trends, areas for improvement and suggestions for changes to performance outcome measures or goals. This position is responsible for preparing Stakeholder PQI reports and distributing these to Stakeholder Advisory Board Members in advance of each annual meeting. The Executive Director also ensures that data is reflected on the Organizational PQI Dashboard and that the Dashboard is continuously updated and is available to all team members in an online format. The Executive Director ensures that the Quarterly Score Cared is maintained with accurate and reliable data and independently verifies the reliability of all key performance outcomes. Attends and participates in Regional Monthly PQI Team Meetings across the regions, as available. Chairs the PQI Leader Committee.

HR Director: Continuously collects data regarding HR PQI Report and submits to Executive Director which includes positions which have experienced turnover as well as circumstances of each departure, exit interview feedback and non-identifying aggregate employee engagement survey data. The HR Director administers employee engagement surveys. Attends and participates in Regional Monthly PQI Team Meetings across the regions, as available.

Regional Director: Continuously monitors all performance and outcome measures and their corresponding program and performance goals. Regional Directors meet with their teams at least monthly to review PQI regional performance. Regional Directors submit monthly PQI Performance Quality Improvement reports to the Executive Director with data reflecting regional performance outcomes. Regional Directors pull together data from multiple systems to develop a monthly PQI Report. This report is submitted to the Executive Director on the first day of each month. This report reflects regional performance and forecasts performance outcomes for the coming month. The PQI report form is standardized and captures feedback and suggestions from the Regional Director and their team regarding tweaking performance goals, new hypotheses to explore regarding trends and ideas for improving effectiveness or efficiency.

Home Study and Special Projects Coordinator: Continuously collects data regarding the status of home studies in writing across the organization. Maintains the Home Studies in Writing Spreadsheet on SharePoint. Audits foster parent case records on a quarterly basis, statewide, and reports findings to the Executive Director in the form of a monthly report. Attends and participates in Regional Monthly PQI Team Meetings, rotating regions each month.

Foster Parent Recruiter Trainer: Continuously collects data regarding marketing, recruitment, foster parent initial and annual training and foster parent case record compliance. Foster Parent Recruiter Trainers develop a monthly FPRT Report and submit to their Regional Director. This report includes data from these areas as well as any additional data requested by the Regional Director. Foster Parent Recruiter Trainers are responsible to upload accurate information into Kaleidacare in a timely fashion and to ensure that each Foster Parent Case Record in Kaleidacare is complete. Maintains the Foster Parent Progress Spreadsheet on SharePoint and updates at least weekly. Attends and participates in Regional Monthly PQI Team Meetings.

Case Manager: Continuously collects data regarding child outcomes, permanence, length of stay, discharges, transfers and adoptions and all other data related to client case management. Uploads accurate and complete data to Kaleidacare regarding client case records in a timely fashion. May participate as CM Representative on various committees, including PQI Leader Committee. Submits complete and accurate documentation, including Placement Notification Forms, in a timely manner. Attends and participates in Regional Monthly PQI Team Meetings.

Office Administrator: Maintains databases, spreadsheets, and systems to ensure timely update of all with accurate and complete information. This includes, but is not limited to, Client Roster Pages (including PQI page). Serves as point person for the Organizational Dashboard. Attends and participates in Regional Monthly PQI Team Meetings, rotating regions as available.

Administrative Assistant: Maintains databases, spreadsheets, and systems to ensure timely update of all with accurate and complete information. Assists with uploading information into Kaleidacare as needed. Attends and participates in Regional Monthly PQI Team Meetings.

Stakeholder Advisory Group Member: Attends and participates in annual and periodic Stakeholder Advisory Group Meetings. Prepares for meetings by reviewing Stakeholder PQI reports and agenda, collects and presents related and relevant information, data, and perspectives from field of expertise. Assists in identifying areas for improvement that may become performance outcome measures and makes recommendations for performance outcome measures that may be discontinued or changed.

TI PQI CYCLE and WORK GROUPS

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Client Case Record Review Process	DATE:
COA CORE/PRACTICE STANDARD(S): PQI 4: 4.01, 4.02, 4.03		APPROVED BY: Lois Barrett Luke

Policy

TI values excellence in the form of consistent and high-quality services and documentation. In alignment with this value, we utilize a quarterly case record review process, conducted using a standard tool for completing regular and comprehensive peer reviews of case record documentation.

Our peer review process helps us to ensure that:

1. Case record documentation is clear, complete, accurate, and up to date
2. Requirements for quality and clarity of case record documentation are consistently understood and met:
   - across regions
   - from Case Manager to Case Manager
   - from one case record to the next
3. Case record documentation reflects intentional, continuous efforts to move each client toward permanency; TI Case Managers are drivers in the permanency process.
4. We have valid and reliable data which allows us to continually improve our practice, policies, and procedures, to bring us in ever greater alignment with best practice.

The client case review tool collects data related to agency performance and outcome indicators:

1. Safety:
   a. Meeting face to face requirements
   b. Timely completion of Early and Periodic Screening, Diagnosis and Treatment appointments (EPSD&Ts): medical exam within 72 hours of Placement; annual medical thereafter
   c. Timely completion of vision exams: within one month of placement; annual thereafter
   d. Timely completion of dental exams: dental exam within one month of placement; every 6 months thereafter
   e. Appropriate and timely follow-up from EPSD&T and dental exam findings

2. Security:
   a. Placement stability/Disruptions/Negative moves

b. Family involvement

3. Permanence:
    a. Services and supports for families
    b. Length of stay
    c. Successful discharges

4. Services:
    a. Quarterly comprehensive assessment of child and child's caregiver's strengths and needs (CANS)
    b. Quarterly treatment plans built from CANS
    c. Quarterly TI crisis plans to support foster family and child
    d. Annual and semi-annual safety plans in coordination with DCS
    e. TI staff participation in DCS Child and Family Team Meetings (CFTMs) Foster Care Review Board and Court Dates
    f. Provision of counseling services
    g. Medication management services
    h. TI Staff involvement with education services, including IEP meetings, when indicated
    i. Copies of report cards/grade reports
    j. Assessment of life skills for clients 14 and older
    k. Building life skills for independent living older teens
    l. Adoption services when indicated

TI Case Manager Supervisors and the TI Quality Assurance Administrator also complete case record review processes which enhance and support the peer review process. Case Manager Supervisors conduct regular client case reviews, case record reviews, and routinely review and approve case record documentation. The Quality Assurance Administrator reviews all client case records each quarter and submits a monthly report regarding agency compliance performance.

Procedure

Peer Review Component

Quarterly peer case reviews are conducted during the months of January, April, July, and October.

Each quarter, the TI Quality Assurance Administrator uses a randomizer to select two client case records from each Case Manager's caseload, from a pool which includes cases that were closed during the most recent six-month period. The Quality Assurance Administrator assigns each Case Manager two cases for which they will complete peer reviews within the designated month and will grant them Kaleidacare review privileges for those case records.

Case Managers will review records for cases with which they have not been involved. Case Managers will utilize the client case record peer review checklist to complete a review of each assigned case record. The peer review checklist is aligned with the licensure requirements and captures performance outcome measure data. Completed reviews will be submitted to the Quality Assurance Administrator within 30 days of assignment.

The Quality Assurance Administrator shared the raw peer review data with Case Manager Supervisors and maintains the documents in an organized filing system on the TI Team site on SharePoint. The Quality Assurance Administrator will aggregate and analyze the data and will develop a case record review report. This report will be shared to the PQI dashboard, where all team members may access it at their convenience. The report will include a visual representation of agency and regional performance for each of the performance outcome measures listed above and will highlight anomalies, trends, and recommendations regarding topics for further training or policy development.

The office administrator will pull data from the quarterly peer review report to complete the quarterly PQI scorecard.

Quality Assurance Component

An essential role of the Quality Assurance Administrator is to serve as the quality gatekeeper for all electronic case records using the Kaleidacare report and review functions. The Quality Assurance Administrator utilizes a variety of Kaleidacare standard and custom reports monthly to ensure agency compliance with licensing standards, contract requirements as set forth in DCS provider policy manual, COA standards, and best practice.

The Quality Assurance Administrator prepares a monthly quality assurance report which includes agency, regional and Case Manager performance regarding all client-related outcome and performance measures. This report is sent to the Executive Director and is reviewed quarterly by the PQI Leader Committee.

The Quality Assurance Administrator will conduct a review of the electronic case record for each TI client quarterly.

Supervisor Quality and Utilization Component

Case Manager Supervisors (regional directors or team leaders) will review no fewer than one client case record from the caseload of each Case Manager each month and will document this review using the Case Record Quality Review Checklist. This checklist aligns with the DCS Performance Monitoring and Evaluation (PME) checklist and contains a utilization review component. Supervisors will ensure that they are reviewing a representative sample of records for new cases and cases where length of stay is longer than one year. Supervisors will use these reviews to:

1. Identify training needs for Case Managers, individually or collectively
2. Correct existing deficiencies when possible and appropriate, utilizing the supervision process with timely follow-up
3. Collaborate with leadership team to compare notes, identify trends, and make recommendations for adjustments to Case Manager orientation, training, policy, or procedure.
4. Direct casework to ensure safety, security, and expeditious permanence for each client.

In addition to conducting monthly quality reviews, Case Manager Supervisors also conduct monthly case reviews on every case using the following procedures:

1. Hold twice monthly case review meetings
2. Review all case notes for every client
3. Review and approve all treatment plans
4. Review all crisis management plans
5. Review all CANS assessments
6. Review all monthly summaries prior to TFACTS upload
7. Review all Serious Incident Reports prior to TFACTS upload
8. Pulls various standard and custom reports on a weekly basis

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Compliance Review	DATE 5/31/2020:
COA CORE/PRACTICE STANDARD(S): RPM 1		APPROVED BY:

Policy

TI is committed to fostering a culture of safety and security for all our stakeholders including the children and families we serve, our foster parents and our employees. We believe that it is our responsibility to facilitate safety through every aspect of our activities and with the involvement of all staff and leadership. As such, it is important to review our agency's compliance with local, state, and federal laws, codes, and regulations- especially those related to our licensure, facilities, human resource practices, accessibility, health, safety, and finances. We believe that safety is everyone's responsibility.

TI strives to identify and reduce potential harm, loss, and liability within our organization by annually monitoring and assessing risk prevention effectiveness.

Procedure

The Executive Director, with the involvement of the TI Board of Directors, will conduct an annual assessment of overall risk that includes:

- current liability and insurance needs
- agency health and safety including our facilities
- compliance with legal requirements including licensing and mandatory reporting laws
- fiscal accountability and governance
- staff training related to risk
- information security, including confidential information
- client rights
- human resource practice
- interagency collaborations and partnerships
- compliance with contracting agreements and practices

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Risk Prevention and Management	DATE: 5/31/2020
COA CORE/PRACTICE STANDARD(S): RPM 2		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions is a creative, diverse organization that is committed to its mission of nurturing children and families. As such, we are also committed to identifying any areas of vulnerability in our practice that could affect our outcomes or sustainability. TI seeks to involve all appropriate personnel at every level of our organization in the identification and evaluation of risk. We strive to foster an environment that encourages practical solutions to managing risk. This is accomplished by utilizing the following principles in our risk management work:

- We seek the participation of all staff from all levels of the organization and we make sure that diverse perspectives, from our front-line staff to our governing body, are considered.
- We ensure a safe program by systematically reviewing our work to ensure compliance with all laws, regulations, standards, and codes related to our operations, service delivery and management.
- We always strive to keep our facilities well maintained, accessible and safe.
- We always work to ensure client confidentiality is protected.
- We are committed to preserving and maintaining our agency's assets, to sustain our practices and fulfill our mission and goals.

Procedure

Risk management is everyone's responsibility at Therapeutic Interventions. Each employee has a role to play in ensuring safety and reducing risk. Our Executive Director is charged with leading these duties within the Risk Management Committee. The Risk Management Committee includes the Executive Director, all Regional Directors, the Quality Assurance Administrator, the HR Director, and the Office Administrator.

TI Management Team, including the regional director and the executive director, will conduct a review within 24 hours of all incidents, serious occurrences, accidents, and grievances that involve :

- actual harm

- the threat of actual harm,
- serious injury
- or death

The Management team also establishes time frames for reviewing , reporting, and responding to each incident including:

- requiring solicitation of statements from all involved
- ensuring independent review
- timely implementation, documentation, and review of action plan effectiveness
- ensuring all reporting requirements are met

The Risk Management Committee convenes quarterly and performs the following activities:

- Review of annual plan for all action items including progress in the implementation process.
- Identifying any immediate and ongoing risks and any potential violations of applicable requirements.
- Review of all facility safety and accessibility issues.
- Review of immediate and ongoing risks, including grievances, incidents, critical incidents, serious illness, injuries, accidents, and deaths.
- Potential violation of policies involving risk, the limitation of freedom of choice, use of restrictive behavior management interventions, seclusion, or restraint.
- Analyzes and assesses critical incidents, accidents, grievances, and any risk strategies or priorities.
- Reviews any circumstances in which a person was determined to be a danger to self orothers.

Risk Management Committee also conducts an annual risk assessment. The annual assessment includes:

- Setting annual goals for risk prevention including facility safety and accessibility.
- Establishing and updating the organization's policies and standards which will include contracting policies, conflict of interests, client rights, confidentiality, and human resources policies.
- Reviewing agency compliance withall applicable laws, codes and regulations related to management, operations and services delivered.
- Ensuring the organization's insurance and liability policies are appropriate and up to date.

The Board of Directors reviews and approves the annual assessment and completes the following annually:

- Adopting the annual budget from a risk management perspective.
- Reviewing changes in policies from a risk management perspective.
- Reviewing and approving needed insurance coverage.
- Reviewing conflict of interest policy.
- Reviewing financial risk and financial policies.

The overall goal of TI's risk management process is to identify risk that could potentially cause harm, understand the probability of a risk causing harm, weigh all factors to plan and prioritize risk factors and implement the most cost effective control measures that ensure they are functioning as planned.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Information Management	DATE: 8/1/20
COA CORE/PRACTICE STANDARD(S): RPM 4.01, 4.02 and 4.03		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions believes that it is very important to ensure that our technology and information systems have the capability to support our operations including service delivery, planning, and quality improvement. We strive to ensure all electronic and hard copy information is protected against intentional or unintentional destruction, modification and unauthorized disclosure or use. This includes all types of paper and electronic information maintained by our organization including case records, administrative reports, risk management records, personnel files, and quality improvement records.

Procedure

Therapeutic Interventions protects all confidential and sensitive information including electronic and paper documents from damage, theft, unauthorized use, or loss due to fire, water, or disaster by:

- Contracting with Acumen Technology for technology and data security needs
- Utilizing Microsoft Office 365 cloud-based backup of electronic data onSharePoint
- Ensuring an uninterruptable cloud-based power supply
- Using Webroot Secure Anywhere Antivirus software program for internet security
- Maintaining FortiGate FG-60E firewall protection
- Utilizing Kaleidacare Social Service and Foster Care software
- Limiting access of confidential and sensitive information to a need to knowbasis
- Maintaining all paper records in a secure location
- Maintaining financial information through NetSuite secure business management software

Kaleidacare software allows TI to:

- Give staff consistent and timely access to electronic records
- Support continuity and integration of services across the organization
- Capture tracking, compliance, and key success indicators
- Review longitudinal reporting and compare performance outcomes

- Use clear and consistent formats and methods for reporting and providing data to stakeholders

Therapeutic Interventions annually assess its technology and information needs including: a review of current technology and information systems; short- and long-term goals for utilizing technology and current technical skills of staff and need for staff training.

Records are maintained for at least 7 years after case closure unless otherwise mandated by law. Case records are accessed and disposed of in a manner that protects privacy. Adoption records are stacked at the DCS office, according to law and TN DCS policy.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Security of Information	DATE: 9/29/20
COA CORE/PRACTICE STANDARD(S): RPM 5, 5.01, 5.02 and 5.04		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions ensures that electronic information and hard copy information is protected against intentional and unintentional destruction or modification, and unauthorized disclosure or use. This includes case records and other information of persons served, administrative reports, personnel files, and performance and quality improvement reports.

Procedure

Therapeutic Interventions protects confidential and other sensitive information from theft, unauthorized use, damage, or destruction by fire or water loss, and disaster by ensuring the following procedures are followed:

- Limiting access to authorized staff on a need-to-know basis
- Monitoring security measures on an ongoing basis
- Maintaining electronic records off premises at a data center (Advanced Network Solutions)
- Using firewalls, anti-virus and related software and other appropriate safeguards
- Maintaining paper records in a secure location when not in use by authorized staff
- Having the ability to remotely wipe or disable mobile devises if a device is lost, stolen, repurposed, or discarded.

Case records are maintained and disposed of in a manner that protects privacy and confidentiality. Records are maintained for at least seven years after the case is closed unless otherwise mandated by law. Adoption records are maintained permanently, and children's records are maintained until the age of majority (or a few years beyond) depending on advice or counsel or legal/contractual requirements. If TI were to cease to exist, case records would be disposed of in a manner to maintain confidentiality.

TI ensures that all confidential information, including electronically transmitted information, is protected by safeguards in compliance with applicable legal requirements including the Health Insurance Portability and Accountability Act (HIPPA). TI recognizes that HIPPA privacy rules protect individual identifiable health information called protected health information (PHI). TI strives to maintain all reasonable and appropriate administrative, technical, and physical safeguards by:

- Ensuring the confidentiality, integrity, and availability of all PHI that we create, receive, maintain, or transmit
- Identifying and protecting against reasonable anticipated threats to the security or integrity of our information
- Protecting against reasonable anticipated, impermissible uses or disclosures
- Ensuring compliance of these procedures by our workforce

In the event of planned or unplanned interruptions of data , TI limits the disruption to its operations by maintaining procedures for managing interruptions and resuming operations, backing up electronic data regularly with copies maintained off premises, regularly testing the organization's backup plan and developing alternative methods of communication.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Social Media Use, Electronic Communications, and Mobile Devices	DATE: 9/29/20
COA CORE/PRACTICE STANDARD(S): RPM 5.03		APPROVED BY: Lois Barrett Luke

Policy

TII recognizes the increasing popularity of social media, electronic communications and mobile devices for personal use by individual employees, TI respects the rights of employees to use this technology as a form of self-expression and all TI employees are welcome to participate in these activities with the understanding that employees have no right of privacy in any communications over TI systems. To ensure the appropriate use of social media, electronic communications and mobile devices in a professional and business-related manner, TI has developed the following set of related requirements to be followed by employees.

Procedure

Social Media Use

TI understands that social media is widely used. However, use of social media also presents certain risks and carries with it certain responsibilities. As such, we have established the following guidelines for appropriate employee use of social media. Managers and supervisors should contact the Executive Director for additional guidance in administering the policy.

Guidelines

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal website, social networking or affinity website, web bulletin board or a chat room, whether or not associated or affiliated with TI, as well as any other form of electronic communication. When considering your activities on social media outlets, keep in mind that any of your conduct that adversely affects your job performance or the performance of fellow associates/employees, or that adversely affects families or clients of TI or TI's legitimate business interests, may result in disciplinary action up to and including termination of employment. Inappropriate postings that may include discriminatory remarks, slander, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination of employment. Always be fair and courteous to fellow employees, clients, families and foster parents, professionals, or other people associated with the Company. Also, keep in mind that you are more likely to resolve work-related complaints by speaking

directly with your co-workers or by utilizing a problem-solving procedure, than by posting complaints to a social media outlet.

When posting, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, dishonest, obscene, threatening or intimidating, that disparage employees, clients, families, foster parents, professionals, or other people associated with the Company, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion, sexual orientation, gender identity or expression, or any other status protected by law or company policy. Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about the Company, employees, clients, families, foster parents, professionals, other people associated with the Company or competitors. Do not post internal communications relating to the Company's trade secrets and private or confidential information. Any confidential or identifying information regarding clients, families, foster parents, or other staff members must not be shared on social media. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Respect financial disclosure laws.

Do not create a link from your blog, website, or other social networking site to the Company's website without identifying yourself as a TI associate. Express only your personal opinions. Never represent yourself as a spokesperson for TI and be clear and open about the fact that you are an associate and that your views do not represent those of TI, fellow employees, clients, families, foster parents, professionals, or other people associated with the Company. It is best to include a disclaimer such as "The postings on this site are my own." Refrain from using social media while on work time or on Company-provided equipment unless it is work-related as authorized by your supervisor or consistent with policy. Do not use company email addresses to register on social networks, blogs, or other online tools utilized for personal use. TI prohibits taking negative action against any associate for reporting a possible deviation from this policy or for cooperating in an investigation. Any associate who retaliates against another associate for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination of employment. If you have questions or need further guidance, please contact your supervisor or the Executive Director.

Personal Cell Phone /Mobile Device Use

Personal cell phone use at work is distracting and can be disruptive. Personal use of cell phones/mobile devices should be kept to a minimum. It is best to use your breaks to make personal calls. During this time, please use your phone in a manner that is courteous to those around you. While operating a vehicle on company time, the company requires that the driver's personal cell phone/mobile device be put away. If you need to make or receive a phone call, pull off the road to a safe location unless you have the correct hands-free equipment for the device that follows applicable state laws. Employees should never text while driving. Violation of this policy will subject an employee to disciplinary action up to and including termination ofemployment.

Voicemail, E-Mail, and Internet Use

This Voicemail/Email/Internet procedure is intended to provide each employee of the Company with the guidelines associated with the use of the Company's voicemail/email/Internet system (the system). This procedure applies to all employees, contractors, vendors, partners, or associates, and any others accessing and/or using the Company's system through onsite or remote terminals. The system, and all data transmitted or received through the system, are the exclusive property of the Company. No individual should have any expectation of privacy in any communication over this system. Any individual permitted to have access to the Company's system will be given an email and/or Internet address and/or access code and telephone extension, and will have use of the system, consistent with this policy. The Company reserves the right to monitor, intercept, and/or review all data transmitted, received, or downloaded over the system. Any individual who is given access to the system is hereby given notice that the Company will exercise this right periodically, without prior notice and without the prior consent of the employee. The Company's interests in monitoring and intercepting data include, but are not limited to: protection of Company proprietary and classified data; managing the use of the Company's computer system; preventing the transmission or receipt of inappropriate materials by employees; and/or assisting the employee in the management of electronic data during periods of absence. No individual should interpret the use of password protection as creating a right or expectation of privacy. To protect everyone involved, no one can have a right or expectation of privacy with regards to the receipt, transmission, or storage of data on the Company Voicemail/Email/Internet system. Any employee who abuses the privilege of access to the Company's voicemail, email, or the Internet system will be subject to corrective action, up to and including termination of employment. All email and telephone lines are to be used exclusively for work-related communication; personal use is strictly prohibited. If necessary, the Company will also advise law enforcement officials of any illegal conduct.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Contracts and Service Agreements	DATE: 10/8/20
COA CORE/PRACTICE STANDARD(S): RPM 6.0, 6.01, 6.02, 6.03 7.0, 7.01,7.02 and 7.03		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions enters into service agreements and contracts with due regard for practices that promote efficient use of resources and are responsive to the needs and desired outcomes of our youth. This applies to all contracts entered by our organization in which it acts as a purchaser or vendor of social and human services as well as to contracts for the purchase of support services. In addition, we always strive to ensure our organization monitors and evaluates the quality and effectiveness of these purchased services.

Procedure

TI has established a system of standardized contracting practices consistent with TI 's mission and values. As such, TI strives to always ensure due diligence in contracting activities by evaluating all possible risk involved in each contract. This is accomplished by:

- evaluating all contracts for alignment with our organizational service array and ensuring that they contain all significant terms and conditions in accordance with applicable law
- safeguarding that each contract is responsive to the needs of our clients, versus private interests
- using competitive bidding, when applicable
- ensuring governing body and legal counsel (or other qualified individual) review significant contracts

TI also ensures that non-contractual agreements or Memoranda of Understanding (MOUs) include, as appropriate:

- specifics of the services exchanged or provided
- goals of the collaboration and joint objectives
- procedures for collaborative sharing of information
- confidentiality protections (including signed written consent forms)
- assignment of case coordination responsibilities
- service authorization procedures (including accepting or rejecting cases)
- procedures for resolving communication difficulties
- roles and responsibilities of each organization including reporting responsibilities

In addition, TI monitors the effectiveness and quality of these services by:

- ensuring contractors have sufficient human and financial resources and are licensed or legally authorized to provide the contracted services
- routinely monitoring progress toward fulfilling terms of the contract
- ensuring contracts for human services include expectations that address quality, client satisfaction and desired outcomes
- including a process for remediating performance issues
- including protocols for addressing communication of data
- ensuring there is criteria for evaluating vendor performance

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Client Grievance Policy and Procedure	DATE: 6/2/20
COA CORE/PRACTICE STANDARD(S): CR 1.05		APPROVED BY: Lois Barrett Luke

This grievance policy shall be posted in reception and common areas of all TI offices.

Therapeutic Interventions is a diverse, open, and affirming organization. We are committed to the fair and equitable treatment of all applicants, clients, and stakeholders of our organization, without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran status or status as an individual with disability. This document outlines how to file a grievance and how grievances are resolved at TI.

TI Grievance Policy:

1. We are committed to ensuring that all people are treated with dignity and respect in the delivery of our services.
2. All applicants, clients and stakeholders of TI have a right to file a grievance, including a grievance regarding TI denial of service.
3. Those who file a grievance have a right to do so without interference or retaliation.
4. Those who file a grievance have a right to expect and receive timely written notification of the resolution and an explanation of any further appeal, rights, or recourse.

Who Can File a Grievance:

- Clients, applicants, stakeholders, or any other individual can file a grievance.

How to Resolve Concerns:

- Many concerns can be satisfactorily resolved outside of the formal grievance process.
- Individuals are encouraged to make their concerns known first to their TI Case Manager, who will document the concern and any agreed upon resolution.
- When the concern cannot be resolved by the Case Manager, or if the individual does not feel comfortable sharing the concern with the Case Manager, the concern should be directed to the appropriate TI Regional Director:
    - **Regional Director, West Region**: 615-457-2335 X109
    - **Regional Director, Middle Region**: 615-457-2334 X113

        - **Regional Director, East Region**: 615-457-2334 X110
- In the event a grievance directly concerns a Regional Director, the grievance should be forwarded to the Executive Director.
        - **TI Executive Director**
          1101 Kermit Dr. Suite 201
          Nashville, TN 37217

- In the event a grievance directly concerns the Executive Director, the grievance should be forwarded to the Board of Directors.
        - **TI Board of Directors**
          1101 Kermit Dr. Suite 201
          Nashville, TN 37217

TI Grievance Procedure:

The grievance procedure for submitting a complaint when services are unsatisfactory is provided to clients and families through the Client Handbook and Parent Pamphlet. Grievance forms are accessible in the reception and common areas of TI facilities as well as online. At the time a complaint occurs, TII will provide clients with the written grievance policy and procedure. An investigation will be completed in a timely fashion, and the client will be informed of the resolution with notification maintained in the client file. All procedures will be conducted in a manner to protect client confidentiality. The procedure for clients filing a grievance begins when a complaint is expressed.

TI Grievance Procedure

- If a concern is regarding allegations of abuse or neglect, the Case Manager will immediately notify their Regional Director.
    - Immediate appropriate action will be taken to ensure client/staff safety.
    - Allegations of abuse or neglect will follow mandated reporter protocol.
- If the concern does not pose a safety risk to clients or staff, but cannot be resolved to their satisfaction, individuals can request a grievance form to file a formal complaint.
- TI staff will assist the individual in completing the grievance form, at the individual's request.
- All grievances should be forwarded to the appropriate Regional Director:
        - **TI Regional Director, West Region**
          233A Oil Well Rd.
          Jackson, TN 38305
        - **TI Regional Director, Middle Region**
          1101 Kermit Dr. Suite 201
          Nashville, TN 37217
        - **TI Regional Director, East Region**
          25 W. Broad St. Suite 8
          Cookeville, TN 38501
- Concerns or grievances can be submitted to either TI or TN DCS, or bothsimultaneously.
    - DCS procedure outlined athttp://files.dcs.tn.gov/policies/chap24/24.5DOE.pdf.

- TI will cooperate fully with investigations of concerns received by TN DCS
- Grievances received by TI will be acknowledged in writing by the receiving Regional Director within 3 days.
- The recipient of the grievance will investigate the grievance, which will include interviews with all concerned, including the individual who filed the grievance.
- The recipient of the grievance will document their investigation and findings and will provide this documentation to their supervisor and to the TI Risk Management Committee.
- The recipient/investigator, in consultation with their supervisor, will determine the appropriate resolution or action required, based upon findings of their investigation. Required actions may include training, policy revision and/or disciplinary action.
- The recipient/investigator will forward a written notification of the agency's response to the author within 3 weeks of receipt of the grievance. This correspondence will include an explanation of any further appeal, rights, or recourse.
- Whenever a grievance cannot be resolved within the 3-week timeframe, the recipient/investigator will notify both their supervisor and the author of the delay and an anticipated timeframe for resolution.
- Grievance recipients will ensure that all grievances received, resolutions tried, and action(s) taken will be documented, tracked, and secured in a confidential manner.
- The TI Risk Management committee will conduct quarterly reviews of grievances which do not involve the person about whom the complaint has been made, or the person who reached the decision under review. The committee will:
    - Review resolutions to assess compliance of corrective action has been implemented
    - Identify what is working and what can be improved upon
    - Recommend if further action or intervention is required.
    - Log and track type of grievance, date/time of incident and submission of grievance, resolutions attempted, and action taken
- The TI Risk Management committee will conduct an annual review of logged grievances (type, frequency, and resolutions) to
    - Identify trends/patterns of occurrence indicating possible areas of need for further administrative review
- Provide reports and recommendations to the Executive Director and Board of Directors
- The Executive Director and Board of Directors will assess and determine necessary actions including, but not limited to, additional training and or policy revisions to mitigate risk of recurrence.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Consent for Services	DATE: 6/3/20
COA CORE/PRACTICE STANDARD(S): CR 1.06		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions is a diverse, open, and affirming organization that is committed to its mission of nurturing children and families. As such, the need for foster care services is the primary criterion of eligibility. TI recognizes the critical role of parents/legal guardians and seeks to obtain parental consent in collaboration in the development of treatment plans and the delivery of services. However, there are circumstances under which TI may serve minors without consent of parent or legal guardian. TI works closely with the TN Department of Children's Services (DCS) in providing foster care and continuum services for children in the legal and physical custody of the Department. DCS is authorized by virtue of the Court's order granting DCS legal custody to consent to services without parental permission if necessary (unable to locate parent, parent refuses to sign DCS consent forms or is non-compliant with DCS Permanency Plan and Termination of Parental Rights have been initiated). This information is included in the Parental Rights and Responsibilities which is reviewed with or mailed to the parent/legal guardian when possible and upon request.

Procedure

- TI will require proof of custody in admission/placement of youth through the Department of Children's Services; All Legal documentation pertaining to youth will be kept on file
- TI will require signed Consent for Routine Treatment from DCS to provide services; Consent forms will be provided to foster parent and kept on file
- Parents / Legal Guardians will be provided copy of TI Parental Rights and Responsibilities within 72 hours of placement whenever possible
- TI will make and document reasonable efforts to contact youth's parents/legal guardian
- In the event a parent/legal guardian cannot be located, TI will defer to the Department of Children's Services for authorization of services

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Confidentiality and Privacy Protections	DATE: 7/22/20
COA CORE/PRACTICE STANDARD(S): CR 2; 2.01; 2.02; 2.03; 2.04		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions (TI) values ethical practice and professionalism in assuring a client's rights to privacy. As such, TI informs clients, parents, and legal guardians of their rights and responsibilities in the Child or Youth Handbook and the Family Handbook provided during the admission process. For all information requests, TI first determines if the reason to release the information is valid. TI then informs the client and/or parent or legal guardian about circumstances when it may be legally or ethically permitted or required to release such information without his or her consent and notifies the client of such a release when it occurs. In situations when the parent or legal guardian cannot be contacted and or the youth is not of legal age to consent, TI may defer to the Department of Children's Services for authorization and or seek legal counsel, as necessary, when others seek identifying information about an individual or family, or when the release of confidential information is necessary for the provision of services.

TI protects the confidentiality of all information obtained, created, or collected, directly or indirectly, in any medium, which identifies a client and assumes a protective role regarding the disclosure of confidential information about a client. TI obtains informed, written consent from the client or a legal guardian prior to recording, photographing, or filming. All written requests and authorizations for client-specific information are documented and maintained on file as official records which are designated confidential by law and protects client privacy in accordance with applicable statutes, rules, policies, and ethical standards.

Procedure

TI obtains informed written authorization to release information from the client and/or parent or legal guardian for each individual valid request for confidential information about a client and when the release of confidential information is necessary for the provision of services, prior to releasing such information. A separate signed authorization for release of information is obtained for each separate entity and request for client specific information and maintained on file.

The TI release form includes:

The name of the person whose information will be released; the name and signature of the person whose information is to be released or the parent or legal guardian who is able to authorize; the specific information to be released; the purpose for which the information is to be used; the effective dates and

the date the consent expires in relation to the individual purpose for disclosure (not to exceed one year from the when the release takes effect); the name of the organization that will receive and the name of the organization that is disclosing the confidential information and a statement that the person may withdraw their authorization at any time.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Case Record Organization	DATE: 10/8/20
COA CORE/PRACTICE STANDARD(S): PRG 1		APPROVED BY: Lois Barrett Luke

Policy

TI values child safety and security. This includes maintaining accurate, thorough, and most importantly, private, and secure case records of those we serve during a sensitive time in their lives. Each child admitted into Therapeutic Interventions continuum program will have an electronic case record managed through the HIPAA-protected Kaleidacare online documentation system. The case record includes necessary information on the child and services rendered throughout their participation in our program. The case record reflects the complete, organized, and confidential documentation of all assessments and services and supports provided to a child, from intake to discharge.

At the time of case closure the case record is reviewed by the Case Manager Supervisor and any incomplete notes and subjective observations are expunged from the record. TI maintains a case record for discharged children until their eighteenth birthday, or for a period of seven years, whichever is longer. In the event a child has an extension of foster care and remains in the TI program past their eighteenth birthday, TI maintains the case record for seven years post discharge. Annually, the Quality Assurance Administrator will review all archived case records, both in paper and electronic formats, and will ensure that paper records for all clients who have reached the age of majority, or have reached the period of seven years after discharge (whichever is longer) are shredded. Electronic files will be permanently deleted.

Procedure

Upon placement intake, an electronic case record is immediately generated, and the TI Case Manager enters the child's demographic and contact information and preliminary treatment plan within 24 business hours in the electronic case record.

The preliminary treatment plan includes:

- Permanency Goals
- Family Time Plan
- Supervision/Safety Needs

- Immediate treatment needs of the child in the following areas:

  Physical health (EPSDT, Dental, Vision)

  Emotional/Behavioral Health

  Educational

  Substance Use/Abuse (Alcohol and Drug Screening) as applicable

  Sex Education as applicable

- Reason for request or referral of service needs

Within 30 days of client intake, all relevant client documents are requested, reviewed, and uploaded into the case record. Case Managers produce Weekly Case Notes, Monthly Summaries and Quarterly Treatment Plans throughout the duration of case to monitor progress on meeting service needs and goals. Client case records are maintained by the TI Case Manager and are routinely reviewed by the Case Manager Supervisor via monthly case record audits. For further information, please refer to the Case Record Documentation chapter of the TI Case Manager Handbook. The client case record contains the following case record documentation:

Case Record Table of Contents

Section I: Client Information

Individual Basic Information

DCS Initial Intake Placement Well-Being Information and History DCS Form CS-0727

Placement Exception Request (If applicable)

Birth Certificate

Social Security Card

TI Placement Notifications

DCS Placement Notifications

Photo

Client Inventory

Monthly Allowance

TI Release of Information

TI Youth Handbook Signatures

TI Placement Contracts

Travel Authorization (if applicable)

Correspondence (Client Grievance or Records Request)

TI Discharge Summary

Section II: Health Information

Authorization for Routine Health Services for Minors DCS Form CS-0206

TennCare Card or Application

EPSD&T Medical, Dental and Vision

Immunization Records

Doctor Orders for Medications or Treatment

Credentials of Prescribing Provider

Health Service Confirmation Forms

Informed Consent for Psychotropic Medication

Psychotropic Medication Form

Medication Logs (Prescription and Non-Prescription)

Medication Side Effects

Section III: Treatment

Preliminary Treatment Plan

Request for CFTM

Request for Treatment Plan Meeting

Request for Treatment Plan Signatures

Signed Treatment Plans – Initial, Quarterly or Change in Circumstances

Quarterly TI CANS Comprehensive Assessment

TI Crisis Management Plan

DCS Safety Plan (if applicable)

Psychological Evaluation

Other Assessments/Evaluations/Discharge Summaries

Weekly Case Notes

Monthly Summaries

Monthly Case Review Notes

Daily Foster Parent Notes

Casey Life Skills Assessment (clients aged 14+)

Section IV: Legal

Protective Custody Order

Termination of Parental Rights Order

Full Guardianship Order

Foster Care Review Board Recommendations

Home Pass and Trial Home Visit Safety Plan

Section V: Educational

Education Passport

Report Cards/Progress Reports

IEP - Individualized Education Plan, 504 or S-Team Review

Miscellaneous Education Documents including certificates, attendance, or discipline reports

DCS Permanency Plan, DCS CANS Assessment, and DCS CFTM Notes are maintained and monitored within DCS TFACTS system.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Case Record Access	DATE:
COA CORE/PRACTICE STANDARD(S): PRG 2		APPROVED BY:

Policy

Accessibility of Client Case Records

Access to a child's confidential information will be managed in accordance with TN DCS policies and procedures, state statutes, and HIPAA requirements. Accessibility to the client case record is limited to those who have a legitimate reason to access it on a 'need-to-know' basis. The following individuals are granted access to the case record in accordance with the TI Confidentiality and Privacy Protection Policy and Procedure:

- TI Case Manager assigned to the case
- TI Case Manager Supervisor
- TI Regional Director
- TI QA Administrator
- TI Executive Director
- TI Board of Directors

Temporary Access

Temporary case record access is granted to the following individuals on a time-limited basis for the purpose of conducting a specific audit or review:

- TI Case Manager assigned to conduct peer review
- Licensing and accrediting bodies for the purpose of conducting an audit or review

Archived Paper Files

In the year of 2020, Therapeutic Interventions transferred case records to be completely electronic in a secure online database system. TI has elected to maintain some paper files of clients while transitioning to electronic case recordkeeping. These archived files are housed in TI regional offices in double locked fire-resistant storage rooms.

All children, family members, and foster parents are informed of their rights of access in their respective TI Handbooks, which are reviewed, signed, and documented in electronic case record.

Procedure

Procedure for a Child/Birth Parent/Legal Guardian/Foster Parent to Access a *Current or Active* Client Case Record

1. The child, parent/legal guardian or foster parent may submit to the case manager or case manager supervisor, a written request to view the case record. The request will include a) Name of child/youth; b) Child/youth date of birth; c) Name of person requesting and to whom information is being released; d) Specifics of records requesting; and e) Reason for the request.
2. The request will be uploaded to the client case record under Correspondence and will be staffed with the Child and Family Team (CFT), either during a Child and Family Team Meeting (CFTM) or through correspondence, when the request is time sensitive.
3. The CFT, which should include TI Regional Director or other senior management, will review, and decide the appropriateness of the request, identify any areas of concern, and will determine the circumstances under which the request should be granted.
4. If the CFT determines that access to the case record would be detrimental to the child, the request may be denied.
5. If the CFT recommends granting access, the TI Regional Director will sit with the requestee and help them access the requested portions of the file. TI staff will not make copies or share copies of the file beyond those documents which are routinely shared with the child and family. Information will be withheld from requestee if determined to be harmful or in violation of a family member's privacy who does not give written consent to information released.
6. The child, when age appropriate, will be informed of the opportunity to add a statement to the case record. The child will be notified of any staff responses to their statement, which are tracked in the case record, and allowed an opportunity to review and comment on that staff response.
7. This procedure, including original request, CFTM notes of approval or denial, and assisted review with requestee feedback or statement, will be documented under case notations in Correspondence in the client electronic case record.

Procedure for a Child/Parent/Legal Guardian/Foster Parent to Access a *Former, Discharged or Deceased* Client Case Record

For any former minor or adult clients discharged from the TI continuum who wish to review their own case record which includes information produced by DCS, the client will be directed to DCS Records Requesting protocol as DCS is responsible for safeguarding rights to privacy and permissions of disclosure for all children in state custody. Tennessee law (37-5-107 - Confidentiality of Records) prevents disclosure of confidential information regarding any child who received services from the Department of Children's Services, with a few exceptions. Exceptions include:

- Program evaluations or audits
- Court order by subpoena

- Upon request by federal, state, or local child abuse or child fatality review team or entity
- A minor client's parent or legal guardian
    - Must have written request that is evaluated by DCS.
    - Must not be the subject of report made to DCS, an alleged perpetrator, or in any way responsible for the child abuse and/or neglect of the youth.

Crosswalk: COA Standards and TI Requirements for Program Staff Training

COA Program Staff Training Requirement	TI Training Title	How Delivered	Timeline
Mandatory reporting, pursuant to relevant professional standards and as required by law, and the identification of clinical indicators of suspected abuse and neglect, as applicable;	1. Mandated Reporter and 2. Identifying and Preventing Child Abuse and Neglect	Orientation on Relias and DCS Website	First Month
Federal and state laws requiring disclosure of confidential information for law enforcement purposes, including compliance with a court order, warrant, or subpoena;	Policy - Confidentiality Laws and Penalties including Duty to Warn and Necessary Disclosures	Orientation	First Month
Duty to warn, pursuant to relevant professional standards and as required by law;	Policy - Confidentiality Laws and Penalties including Duty to Warn and Necessary Disclosures	Orientation	First Month
The agency's policies and procedures on confidentiality and disclosure of service recipient information, and penalties for violation of these policies and procedures; and	1. HIPAA and 2. Introduction to Foster Care and Child Welfare Policies and Standards	Orientation on Relias and Supervisor Trained PowerPoint; additional self-study and quiz for Program Staff	First Month
The legal rights of service recipients.	Client Rights Policy and Client Handbook	Orientation with Supervisor Trained PowerPoint; additional self-study and	First Month

		quiz for Program Staff	
Personnel receive training on the following, as appropriate to their position and job responsibilities:			
Proper documentation techniques;	1. Kaleidacare Basics and 2. TI Kaleidacare Online Documentation Training	Basics on Relias and TI online training via scheduled meetings with supervisor or administrative staff relevant to position. During pre-service and on-the-job training.	1. First Month and 2. Second Month
The maintenance and security of records; and	1. Kaleidacare Basics and 2. TI Kaleidacare Online Documentation Training	Basics on Relias and TI online training via scheduled meetings with supervisor or administrative staff relevant to position. During pre-service and on-the-job training.	1. First Month and 2. Second Month
The use of technology and information systems including refresher trainings when changes or updates are made.	1. Kaleidacare Basics and 2. TI Kaleidacare Online Documentation Training	Basics on Relias and TI online training via scheduled meetings with supervisor or administrative	1. First Month and 2. Second Month

		staff relevant to position. During pre-service and on-the-job training.	
Direct service personnel receive training on:			
Communicating respectfully and effectively with service recipients;	Effective Communication	Pre-Service Training on Relias	First Month
Engaging service recipients, including building trust, establishing rapport, and developing a professional relationship;	Motivational Interviewing	Pre-Service Training on Relias	First Month
The impact of trauma on individuals, families, and personnel; and	1. KEY foster parent training and 2. ACES assessment 3. ACES and Toxic Stress	Pre-Service Training on Relias, KEY training, and Article with Quiz	1. Second Month and 2. and 3. First Month
Trauma-informed care, including screening, assessment, and service delivery practices.	Trauma Informed Care	Pre-Service Training on Relias	First Month
Training for direct service personnel addresses differences within the organization's service population, as appropriate to the type of service being provided, including:			
interventions that address cultural and socioeconomic factors in service delivery;	Individual and Organizational Approaches to Multicultural Care	Pre-Service Training on Relias	First Month

The role cultural identity plays in motivating human behavior;	Individual and Organizational Approaches to Multicultural Care	Pre-Service Training on Relias	First Month
Procedures for working with non-English speaking persons or individuals with communication impairments;	Policy - Working with non-English speaking persons or Individuals with Communication Impairments	Orientation	First Month
Understanding bias or discrimination;	1. Project Implicit Bias 2. Race and Poverty Discrimination in Child Welfare and Racial Disproportionality and Disparity in Child Welfare	Pre-Service Training website and articles with Quiz	First Month
Recognizing individuals and families with special needs;	1. IDD and Trauma 2. Substance Use and Misuse in the Family 3. Multicultural Care 4. Trauma Informed Care	Pre-Service Training on Relias	First Month
The needs of individuals and families in crisis, including recognizing and responding to a mental health crisis;	1. Behavior Management Policy and Incident Reporting 2. Therapeutic Behavior Management 3. Together Facing the Challenge 4. Suicide Prevention 5. Safety Planning for Children with High Risk Behaviors	Pre-Service Training on Relias, DCS Website, and Quiz. Therapeutic Behavioral Model completed within 6 months of hire.	1., 4. and 5. First Month and 2., 3. First Six Month Second Month
The needs of victims of violence, abuse, or neglect and their family members; and	Identifying and Preventing Child Abuse and Neglect, Trauma Informed Care, CANS, Permanency Planning Policy	Pre-Service Training on Relias, DCS Website and CANS	First Month

		assessment training website	
Basic health and medical needs of the service population.	EPSDT Health Policy	Pre-Service Training with Quiz	First Month
Direct service personnel demonstrate competence in, or receive training on how to:			
Identify and access needed community resources;	Identifying and Accessing Community Resources	Pre-Service Training with Quiz	First Month
Collaborate with other service providers;	Identifying and Accessing Community Resources	Pre-Service Training with Quiz	First Month
Access financial assistance, including public assistance and government subsidies; and	Identifying and Accessing Community Resources	Pre-Service Training with Quiz	First Month
Empower service recipients and their families to advocate on their own behalf.	Identifying and Accessing Community Resources	Pre-Service Training with Quiz	First Month
Personnel receive training, as appropriate to the position or job category, that includes:			
Implementing practices that promote positive behavior;	Trauma Informed Parenting Strategies, Therapeutic Behavior Management, Together Facing the Challenge	Stage 2 Pre-Service Training	First Three Months
Recognizing psychosocial issues, medical conditions, and challenging behaviors that	Behavior Management Policy and Incident Reporting, Suicide	Pre-Service Training on Relias, DCS	First Month

are a threat to self or others and knowing when to seek assistance;	Prevention, Safety Planning for Children with High Risk Behaviors	Website, and Quiz.	
Understanding how the physical environment, and other factors, can lead to a crisis; and	Trauma Informed Parenting Strategies, Therapeutic Behavior Management and Together Facing the Challenge	Stage 2 Pre-Service Training	First Three Months
Understanding the impact of personnel behaviors and responses on the behavior of service recipients.	Trauma Informed Parenting Strategies, Therapeutic Behavior Management and Together Facing the Challenge	Stage 2 Pre-Service Training	First Three Months
Direct service staff receive training on methods for de-escalating volatile situations, including:			
Listening and communication techniques, such as negotiation, centering strengths, and mediation;	De-Escalation Techniques, Trauma Informed Parenting Strategies, Therapeutic Behavior Management, Together Facing the Challenge	Stage 2 Pre-Service Training	First Three Months
Involving the person in regaining control and encouraging self-calming behaviors;	1. De-Escalation Techniques, 2. Trauma Informed Parenting Strategies, 3. Therapeutic Behavior Management, 4. Together Facing the Challenge	Pre-Service training on DCS Website and Stage 2 Pre-Service Training	1. First Month and 2.,3.,4. First Three Months
Separation of individuals involved in an altercation;	1. De-Escalation Techniques, 2. Trauma Informed Parenting Strategies, 3. Therapeutic Behavior Management, 4. Together Facing the Challenge	Pre-Service training on DCS Website and Stage 2 Pre-Service Training	1. First Month and 2.,3.,4. First Three Months

Offering a voluntary escort to guide the person to a safe location;	1. De-Escalation Techniques, 2. Trauma Informed Parenting Strategies, 3. Therapeutic Behavior Management, 4. Together Facing the Challenge	Pre-Service training on DCS Website and Stage 2 Pre-Service Training	1. First Month and 2.,3.,4. First Three Months
Voluntary withdrawal from the group or milieu to allow the person to calm down; and	1. De-Escalation Techniques, 2. Trauma Informed Parenting Strategies, 3. Therapeutic Behavior Management, 4. Together Facing the Challenge	Pre-Service training on DCS Website and Stage 2 Pre-Service Training	1. First Month and 2.,3.,4. First Three Months
Other non-restrictive ways of de-escalating and reducing episodes of aggressive and out-of-control behavior	De-Escalation Techniques, Trauma Informed Parenting Strategies, Therapeutic Behavior Management, Together Facing the Challenge	Pre-Service training on DCS Website and Stage 2 Pre-Service Training	1. First Month and 2.,3.,4. First Three Months

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Training Content and Effectiveness	DATE: 8/17/2020
COA CORE/PRACTICE STANDARD(S): TS: TS 1.03, TS2: TS2.01-TS2.07		APPROVED BY: Lois Barrett Luke

Policy

TI values security and permanence excellence. We understand that successful child outcomes are contingent upon skilled, competent, and highly trained team members, including staff and foster parents. Therapeutic Interventions (TI) provides a focused, intensive, and comprehensive orientation program to all incoming program staff members, as outlined in the TI Program Staff Training Matrix (ATTACHMENT 1). In addition, TI prescribes a rigorous annual training plan for all program team members who work directly with children and families, which is also outlined in the training matrix. Finally, each TI program staff member is involved with their supervisor in the development of an Individual Annual Development Plan (ATTACHMENT 2), which is focused on the intersection of agency needs and the unique skills, interests, strengths, and aspirations of the team member, and which supplements their required training. Any changes to program staff training programs, requirements, or the Program Staff Training Matrix will be completed in consultation with the COA Staff Training Crosswalk document (ATTACHMENT 3).

TI values child safety above all. All incoming program staff members receive training on identifying and preventing child abuse and neglect, mandated reporter responsibilities, child sex abuse prevention, suicide prevention, child exploitation and human trafficking, trauma-informed care, requirements for Early and Periodic Screening, Diagnosis and Treatment, vision, and dental care, Therapeutic Behavior Management, and Together Facing the Challenge therapeutic foster care model. Incoming program staff receive training on TI policies and procedures regarding HIPPA, confidentiality and disclosure of client information, client rights, case record documentation and security and maintenance procedures for confidential case record information.

TI values support. One of our primary goals is to identify and address barriers to permanence for children and families. New program staff are introduced to community resources in an orientation training, Accessing Community Services, which includes contact information for providers of various types of assistance, including public assistance/financial assistance, food, housing, utilities, domestic violence, health, legal assistance, job support, substance abuse, LGBTQ+ support, services for the aging, and services for veterans. This training emphasizes the role of the case manager as a family advocate and references the importance of teaching self-advocacy skills to families.

TI values evidence-based, trauma-informed practice. Our orientation and annual training requirements reflect our commitment to building skills and employing practices which fit these criteria. We are also committed to staying abreast of new and emerging practices which are promising in their applicability for improving child and family outcomes. Our individual development plan affords us the opportunity to learn about new models and practices, based upon agency need and staff member interest. Our program staff

complete training in the latest research on topics of trauma informed care, therapeutic behavioral models, and treatments for various disorders and unique needs of the population we serve.

TI values cultural competence. Cultural sensitivity begins with a self-awareness on the part of a TI team member of our own privilege and power. In the course of our work, we are privy to private details of children's and family's lives and it is vital that we recognize the imbalance of power in the work we do. We exercise humility and respect in all aspects of our relationships with children and their families. Our orientation and annual training requirements address the following topics related to cultural competence: individual and organizational approaches to multicultural care, LGBTQ+ best practice, sexual orientation, gender identity and expression (SOGIE), implicit bias, race and poverty discrimination in child welfare, and racial disproportionality and disparity in child welfare. All incoming team members are trained on the TI Policy and Procedure which addresses working with non-English speaking and communication-impaired clients and family members.

TI values excellence and teamwork. We provide initial training on effective and respectful communication skills and understanding trauma, as these are critical aspects of case management in therapeutic foster care. New program staff receive training on the DCS Practice Wheel (engaging, teamwork, assessment, planning, implementation, tracking and adjustment). New program staff are also trained in motivationalinterviewing.

TI values self-care and a healthy work-life balance. Vicarious trauma and compassion fatigue are common phenomena which affect those who work in child welfare positions, and which can lead to staff turnover. Our program staff orientation includes training in multiple areas of self-care: stress management, importance of self-care for frontline professionals, and orientation to the TI Employee AssistanceProgram.

Procedure

Training Formats

TI program staff orientation training includes training delivered in the following formats:

- In person training with reflective discussion and competency-based exam
- Virtual training with competency-based exam
- Self-study training with reflective discussion and competency-based exam
- In-person and virtual T4T certifications in high-fidelity models of care (TBM and TFTC), with competency-based assessment and follow-up coaching
- Professional conference participation with certificates

Training Schedule

Program Staff Orientation:

All TI staff participate in a week-long orientation to the agency and to the field of child welfare.

Program Staff Pre-Service Training:

All new program staff complete 134 hours of pre-service training prior to assuming a practice caseload or responsibilities for supervising a case manager. Each training includes a competency-based assessment or certification. This training is broken up into two stages with the first portion being delivered during the first month following hire, and the second stage being delivered within three months of hire. A small practice

caseload, not to exceed three children, may be assigned to the staff member upon satisfactorily completing the pre-service training.

Pre-Service Training Stage 1:
Stage 1 focuses on child welfare laws, regulations, contract requirements, accreditation standards, and best practice. New program staff also learn about the requirements of casework practice, documentation, safety, cultural awareness, and trauma training.
Pre-Service Training Stage 2:
New program staff training continues throughout the first three months on the job. Stage 2 includes DCS-sponsored Foster-Parent Required Trainings related to trauma, positive behavior management, CPR and First Aid, Medication Management, Building Strong Brains, and Trauma Informed Parenting Strategies, among others. Program staff become certified in Therapeutic Behavior Management and the Together Facing the Challenge therapeutic model during State 2 of pre-service training.

On-the-Job Training:
Upon satisfactory completion of pre-service training, all new program staff participate in on-the-job training of no less than 80 hours of shadowing colleagues and supervisors as they complete each of the routine program activities, from intake to discharge. This training includes conducting a comprehensive assessment, treatment planning, developing safety plans and crisis management plans, case reviews, Foster Care Review Board, Child and Family Team Meetings, IEP/504 Educational meetings, court reviews, medication management visits, EPSDT/Dental/Vision appointments, initial placement/intake, supervised visitation, trial home visit, family contact, monthly foster parent paperwork, and face to face visits with children. Staff track their hours and what they have learned on the on the job training documentation form that is reviewed and signed by the staff member they are observing.

Upon satisfactorily completing on the job training, the staff member completes a written competency-based exam which is reviewed and graded. Upon satisfactory completion of the written exam, the program staff member participates in a panel interview assessing knowledge and understanding. The panel is comprised, at a minimum, of a peer and the program staff supervisor. When this portion is completed successfully, the regional director will indicate in writing, including the date of training completion, that the staff member has completed all training required and may be assigned a caseload.

Annual Training
Program staff continue to participate in professional development training opportunities during their first year on the job. After the first year, case managers are required to have 40 documented annual professional development hours. Case manager supervisors and regional directors are required to have 25 documented hours annually. Annual and biennial training requirements mandated by DCS regulation and policy are outlined in the Training Matrix.

Evaluating Training Effectiveness
All program staff complete a training satisfaction survey at three points in the initial training process: upon completion of orientation, completion of pre-service training, and completion of on-the-job training. For annual trainings, all staff complete a training attendance form which includes a training evaluation component.

<u>Training Tools and Documentation</u>

Orientation Documentation Form

Training Matrix

On the Job Training Documentation

Subject-Specific Quizzes

Certificates

Study Guide

Competency Assessment

Program Staff Training Checklist

Training Assessments/Surveys

Training Attendance Form

Weekly Supervision Notes on Self-Study Trainings

Attachments

1. TI Program Staff Training Matrix
2. Individual Annual Development Plan
3. COA Staff Training Crosswalk

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Supervision Framework	DATE: 7/22/20
COA CORE/PRACTICE STANDARD(S): TS 3: 3.01, 3.02, 3.03, 3.04		APPROVED BY: Lois Barrett Luke

Policy and Procedure

TI values communication, support, transparency, excellence, teamwork, and continuous performance and outcome improvement. We embrace these values by promoting continuous education, training, and personal and professional skills development through honest, thoughtful, and affirming, supervision. We aspire to exemplify the values of a ***learning organization***, whereby we

- encourage, test, and adopt new ideas
- encourage and reward team members for learning
- recognize and embrace diversity in all its forms
- provide timely and accurate feedback
- encourage appropriate risk-taking
- learn from our mistakes
- share our knowledge
- value and reward teamwork

Our team members are our agency's greatest asset. Regular supervision meetings are an integral opportunity for support, training, sharing of ideas, goal setting, feedback, reflection, planning, and assessment of performance. Structured, proactive supervisory communication is a primary tool to achieve excellence in our performance and outcomes, both individually and collectively. The supervision process helps build strong supervisory relationships and supports staff retention. TI embraces a strengths-based approach to supervision, whereby individual strengths are identified and cultivated to support the overall quality of our services and increase the breadth and scope of services we can offer our clients.

Supervision Framework:

Leadership Mindset: Beyond experience and education, a leadership mindset is a valuable characteristic of a TI supervisor. Leaders are good communicators, who inspire their teams, and

who have clear guiding principles. Leaders' actions demonstrate the example they would have their teams follow. They invest in people and empower people to be stewards of their work. Leaders appreciate the value of respectful dissent and drive their teams to engage in lively and innovative problem solving. Leaders empower their teams with information and perspective, and grant them latitude in decision-making, when appropriate. Leaders value honesty and practice having courageous conversations. Leaders take risks and hold themselves accountable. They see themselves as sources of support and resources for their team. Leaders are accessible to their teams.

Supervisory Functions: TI supervisors are a bridge for their supervisees to agency values, culture, policy, procedure, and best practice. They are accountable for monitoring the well-being of any staff members who are exposed to trauma in the course of performing their job responsibilities and are responsible for timely and appropriate action to support such staff members within the confines of policy. Supervisors are part of a leadership team in which they and their colleagues have input regarding high-level administrative decisions and directions. Supervisors are conduits of information between their supervisees and agency administrators, ensuring timely and transparent communication across the agency hierarchy. Supervisors plan their work and budget their time to ensure they can keep regularly scheduled supervision meetings, provide training for their supervisees, and conduct thoughtful and detailed employee performance evaluations. When other duties encroach upon a supervisor's ability to provide thorough support and supervision, the supervisor is responsible for consulting with agency leadership and developing a plan for delegation, shifting priorities, or getting additional support from their own supervisor, in order to devote sufficient resources to supervision responsibilities. Supervisors carry out directives from their supervisors to achieve organization goals.

General Supervisory Job Responsibilities: All supervisors have oversight of, and are accountable for, the performance of their teams and their individual supervisees. Delegates and oversees timely, accurate, and compliant work products. Ensures supervisees are appropriately trained and resourced. Prioritizes and provides on-site crisis support to supervisees, as the need arises, regardless of time of day or day of the week. Conducts and documents regular monthly supervision meetings and annual performance evaluations for each supervisee. Completes documentation, reports, and data analyses specific to position. Uses data to drive quality performance and outcomes. Collaborates with colleagues to solve problems and to ensure uniform application of policy and procedure across regions. Serves as gatekeeper of quality and integrity of services.

Supervisory Skills Set: Interpersonal and Electronic Communication, Professional Writing, Advocacy, Reflective Listening and Empathic Perspective, Data Analysis, Attention to Detail, Crisis Response and Conflict Management, Problem Solving, Critical Thinking, Time Management, Quality Assurance, Team Building, Delegation, Coaching, Critical Thinking, Flexibility

Supervisor Resources and Supports: TI offers an Employee Assistance Program for all team members, free of charge. Supervisors may encourage supervisees to utilize EAP services and may choose to access EAP services themselves. Supervisors are responsible for monitoring the well-being of supervisees, particularly in response to work-related stress commensurate with child trauma or death. Supervisors respond to these situations by making necessary adjustments to workloads, work schedules, and referrals (formal or informal) to EAP counseling. Supervisors may access group team counseling through the EAP program to process grief and loss, in the aftermath of a traumatic event or circumstance. Supervisors may access an array of optional trainings using Relias, the TI Learning Management System. Relias offers hundreds of relevant trainings for TI team members, including self-care related trainings and supervisory support trainings. Within the boundaries of the TI mission, vision, and values, supervisors have the discretion to reassign caseloads and redistribute workloads based on a short-term need to accommodate the personal or professional challenges of supervisees, including vicarious trauma. Similarly, they may make equitable workload adjustments based on individual strengths of supervisees. In response to staff stress, supervisors may authorize flex time arrangements for supervisees after consultation with their own supervisor or, in the absence of their supervisor, the HR Director.

Supervisor: Supervisee Ratios: No supervisor will have supervision responsibilities for more than seven employees. No case manager supervisor or regional director will supervise more than five (5) case managers.

Frequency of Supervision: Regular supervision may be scheduled to occur as often as needed, but no less often than monthly. Supervision meetings should be scheduled more frequently when a supervisee is focused on learning new information, developing competencies, or when the staff member is experiencing unusually traumatic circumstances related to their caseload, or when they have a challenging caseload based on numbers of children or needs of children, families or foster families

Format of Supervision: Supervision meetings will be scheduled in advance using the Outlook calendar. Supervisors will complete the Supervision Meeting Summary to document each formal supervision. Supervisors will obtain signatures from all parties attending and will provide a copy of the signed supervision form to the employee. Supervisors will maintain a copy of each Supervision Meeting Summary in a confidential, designated electronic or paper file. The TI Supervision Meeting Summary is a standard form. See Attachment 1.

Frequency of Performance Reviews: Supervises conduct performance evaluations for each supervisee annually on the anniversary of their date of hire.

Format of Performance Reviews: The TI Performance Evaluation is a standard form. See Attachment 2.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Therapeutic Interventions Client Centered Logic Model	DATE: 5/01/20
COA CORE/PRACTICE STANDARD(S): FKC 1.0; 1.01 and 1.02		APPROVED BY: Lois Barrett Luke

Policy

Needs the Program Will Address:

Therapeutic Interventions (TI) targeted services are in Treatment Foster Care for children in Tennessee who are part of the Level II and Level III continuum of care. TI's mission is to nurture children and families and to lead the effort in reaching a marginalized group of LGBTQ youth over-represented in the foster care system.

> Lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people are over-represented in foster care, where they are more likely to experience discrimination, abuse, neglect, and the risk of harm. A 2019 study found 30.4 percent of youth in foster care identify as LGBTQ and 5 percent as transgender, compared to 11.2 percent and 1.17 percent of youth not in foster care.
>
> Source: www.childrensrights.org

TI works in cooperation with Tennessee Department of Children Services (DCS) to structure trauma-informed wraparound services approved foster homes. Educating foster parents on LGBTQ issues and recruiting adults from the LGBTQ community to become foster and adoptive parents is one of our major focuses. TI is an open and affirming culture. We appreciate and welcome diversity. We aspire to appreciate and serve all children and all families.

Formal and informal kinship care services are provided in the birth or relative home when the court rules for trial home visits to reunify the family. Our staff strive to be open and affirming and help to educate birth families on LGBTQ issues with their children to assist with reunification. If reunification with the birth family is not possible, TI works to secure a pre-adoptive home, providing foster to adopt services in direct coordination with TN DCS.

Available Human, Financial, Organization, and Community Resources (Inputs):

Therapeutic Interventions (TI) is a Family Foster Care and Kinship Child Placing Agency licensed in Tennessee since 1997. TI currently subcontracts with Omni Visions to provide a continuum of services, including therapeutic foster care for children and youth whose needs have been assessed at Levels II and III. Omni Visions contracts directly with DCS. TI was founded as a for-profit corporation in 1997 by Michael A. Hullett, who is currently Co-CEO. Dr. Richard Call, who joined TI in 1999 as Co-CEO. TI has an Executive Director, HR Director, Office Administrator as well as 3 Regional Directors housed in Nashville (Middle Region), Cookeville (East Region), and Jackson (West Region). TI employs Foster Parent Recruiter/Trainers to secure new homes and qualify them with training. Case Managers are hired and trained to serve a maximum of 8 children on their case load.

Through contractual agreements, TI will accommodate in congregate care settings (group and residential care) a minimal capacity of 10-15% of the Level 3 continuum children and youth served annually. Therapeutic Interventions currently accesses residential treatment services for continuum youth through our subcontract arrangement with Omni Visions. We have identified additional residential service providers including Florence Crittenton, Holston United Methodist Home for Children and Upper Cumberland Human Resource Agency.

Therapeutic Interventions employee training and development addresses many aspects of our company's workplace learning and is trauma informed. These aspects include specific knowledge, skills, and behaviors required to meet job performance expectations. Therapeutic Interventions training meets the requirements established by TN DCS Licensing Regulations and DCS Provider Policy.

The structure of a therapeutic training program increases our ability to provide a consistent and high-quality training experience for our employees and foster parents.

Our case manager training curriculum closely mirrors that of DCS and their family support workers (FSW). Our case manager training spreadsheet identifies 80 hours of pre-service training and 80 hours of additional on-the-job training.

Program Activities Intended to Bring About Desired Results (Outputs):

TI believes in providing the best possible therapeutic foster care. Our goal is permanency for our children through foster care that brings about reunification or adoption when reunification is not possible.

TI Treatment Philosophy:

We at Therapeutic Interventions (TI) adhere to these basic beliefs about the children and families we serve as well as our role in their lives. The following system of beliefs provide direction and impetus for our involvement in the lives of the children and families we serve:

- We are role models for those we serve.
- Circumstances, often beyond the control of those we serve, precede our involvement in their lives.
- Positive life changing experiences result from patient and open interactions with those who have a positive influence in our lives.
- Relationships between family members are crucial and respected.

- Permanence and stability are fundamental to sound mental health and emotional development.
- Human growth and change are a process that occurs over time. Progress occurs when people's basic needs are met, and they are provided with positive learningexperiences.
- Knowledge of best practice treatment is essential to providing quality services andis done in accordance with our mission, vision, and guiding principles.
- Continuous program development and growth are critical in providing services to children and families.

Program Outputs:

Therapeutic Wrap-Around Services for Foster Children Include:

1) Approved and trauma-trained foster home for placement
   a) Initial licensing training for home: TN Key and 15 hours of specialized trauma training
   b) on-going training for home: 15 hours of specialized trauma training annually
   c) monthly monitoring
2) Quarterly comprehensive assessment of child and child's caregiver's strengths and needs (CANS)
3) Quarterly treatment plans built from CANS
4) Quarterly TI crisis plans to support foster family and child
5) Annual and semi-annual safety plans in coordination with DCS
6) ESPD&T Exams:
   medical exam within 72 hours of Placement; annual medical thereafter
   dental exam within one month of placement; every 6 months thereafter
   vision exam within one month of placement; annual thereafter
7) Staff Participation in DCS CFTM's; Foster Care Review Board and Court Dates
8) Counseling needs provided to fit each child
9) Medication management as needed
10) On-going medical, dental, visions need provide to fit each child
11) Involvement in schools through IEP/Behavioral Plans as needed
12) Monitoring grade reports
13) Building life skills for independent living for older teens
14) In-person Case Management visits as per visitation protocol
15) Adoption services when indicated

Performance Outcome Measures

1. Successful discharges; permanence
2. Placement stability, negative moves
3. Build net capacity
4. Census growth; sustainability
5. Length of Stay
6. Meeting face to face requirements

7. Team stability; staff turnover
8. Utilization
9. EPSD&Ts completed on time
10. Foster home reassessment compliance

Desired Outcomes:

At TI we have a vision that ultimately drives our outcomes:

> We look forward to a world where all parents instill in their children a sense of being valued and feeling secure, where families are emotionally stable and caring, where all communities are safe and supportive.

Our number one outcome is permanency for a child in our therapeutic foster care program whether it is through reunification with birth families or close contacts for the child or through starting a new family through adoption. Once TI commits to a child, we stick with that child through their healing process. Our measurable outcomes are listed above and those are met at 90% with 100% being our true goal. Those tasks drive our number one goal for a child in foster care is permanency.

Other desired outcomes expected are:

Decrease in disruptive behaviors in school or home setting

Decrease in aggressive behaviors

Decrease in sexually reactive behaviors

Decrease in crisis events including depression and suicidal ideation

Decrease in illegal drug/alcohol use

Improvement in school grades and/or learning programs/job trainingprograms

Expected Long-Term Impact on the Organization, Community, and/or System:

TI's forward and progressive plans seek to impact our organization and community with a holistic therapeutic environment for staff, caregivers, children, kinship, and adoptive families, by working to reduce critical behaviors of children in our care.

We are looking at reducing ACEs as it pertains to our children and trauma in general with our staff, our organization, our community, and the foster care system. Our goal is to make our entire community healthier and ultimately re-shaping the health of a person in later life away from chronic illness and reduction in life span.

> Adverse Childhood Experiences (**ACEs**) include child abuse (emotional, physical and/or sexual abuse); household challenges (family violence, substance use, mental illness, divorce and/or incarceration of a family member); and neglect (emotional and/ or physical).

A higher ACE score correlates with later negative health outcomes, including early death, for some.

Our therapeutic environment plans for a reduction in stressors by providing positive alternatives and by enabling support which will ultimately give a sense of empowerment for our staff. Our hope is that this therapeutic milieu will allow families an opportunity to shine and allow children to reach their full potential.

Change in clinical status

TI case managers produce quarterly, comprehensive assessment of children and their caregiver's strengths and needs through the Tennessee CANS (Child and Adolescent Needs and Strengths) comprehensive assessment. The CANS is a multi-purpose tool developed for children's services to support clinical decision making, including level of care, service planning and to facilitate quality improvement programing. The CANS scores then filters to the quarterly treatment plan highlighting what the treatment team needs to focus on for the child's clinical status.

TI's progressive plans seek to impact our organization and community through a holistic, therapeutic environment for staff, caregivers, children, kinship, and adoptive families by working to reduce disruptive behaviors of children in our care.

Health, Welfare, and Safety

TI works in a coordinated effort to impact the health, welfare and safety of youth through Initial Placement Child and Family Team Meetings (CFTM's) with TN DCS to manage the treatment team through the case manager under the supervision of the TI team leader (TL) or TI regional director (RD).

TI Case Managers produce a crisis plan within the first 24 hours of placement for the child. This plan is updated quarterly, and as new staff and new resources are found for the child.

TI Case Managers produce a CANS comprehensive assessment and Treatment Plan within 30 days of placement for the child. CANS and Treatment Plan are updated quarterly.

TI Case Managers produce a 6-month safety plan in coordination with DCS through an Initial CFTM as needed for children in therapeutic foster plan.

TI Case Managers ensure Early and Periodic Screening, Diagnosis and Treatment (ESPDT) exams as follows:

medical exam within 72 hours of Placement; annual medical thereafter

dental exam within one month of placement; every 6 months thereafter

vision exam within one month of placement; annually thereafter

TI Case Managers create a goal of at least one counseling session per week for Level II and Level III children to be included in their treatment plans and works to coordinate all counseling sessions.

Below is a summary of our visitation policy per TN DCS Visitation Protocol:

- *FSW and TI Assigned staff shall visit the child in the placement setting within 72 hours of a new placement.*
- *The Contract Agency case worker shall accompany the DCS FSW to these visits at least once every three (3) months to have discussions with foster parent/caregiver, the child and each other about issues pertinent to the case.*
- *Face to face contacts must occur no less often than six (6) times during the first two months the child is in a new placement. At least three (3) of those visits must occur in the foster home or residential placement.*
- *Two (2) times a month following the first two (2) months in the new placement.*
- *Monthly visits should occur in the home of the Contract Agency foster parent.*
- *Based upon Assessments and/or TL recommendations more visits than required may be* necessary.
- TI Case Managers work with foster parents to ensure medication is appropriately given and documented.

Permanency of Life Situation

TI's number one desired outcome for our youth is permanency. We strive to accomplish permanency through reunification with birth families, planned permanent living arrangements (PPLA) or by starting a new family through adoption. Once TI commits to a child, we stick with that child through their healing process. We understand that it is imperative that each child's team works effectively to find safe, permanent homes for our youth as quickly and safely as possible.

When reunification is the desired outcome and goal, TI Case Managers work with DCS to ensure Trial Home Visits (THV) are successful and TI's therapeutic wrap around services are provided for a minimum of 90 days or as ordered by court.

When Adoption or Permanent Placement Living Arrangement (PPLA) is the goal, TI Case Managers work with the Regional Director to provide all necessary legal documentation for DCS.

Quality of life

TI makes a commitment to children placed with our agency. TI works to find homes of quality and open and affirming to all children. Foster parents and assigned TI Case Managers are expected to care for the child as if they are their own child and participate with DCS CTFM's, Foster Care Review Boards and court dates. Foster Parents and TI staff have an involvement in schools through IEP/Behavioral plans; monitoring attendance and grade reports and helping our teenagers pick paths for independent living such as college preparation, trade school preparation or employment.

Procedure

Below is a summary list of required foster care case procedures:

- Case Managers, under the supervision of Regional Directors, are responsible for the case management of his/her clients, using the Kaleidacare electronic system.
- Case Management Visits

- Case Management visits are completed for each individual child and are timed as per DCSpolicy 16.38 Visitation Protocol.
- Case Notes Documented in Kaleidacare:
- Case notes create a record of services provided and interactions with clients.
- TFACTS Monthly Summaries Documented in Kaleidacare.
- Case Managers are also responsible for summarizing the events for the child in a TFACTS Monthly Summary report.
- CANS in Kaleidacare
- CANS comprehensive assessment is required for all active clients. The initial CANS is required within 30 days of admission. Subsequent CANS are required at least every 90 days but may be required before 90 days if the child moves, has a new diagnosis, or other reason.
- Treatment Plans in Kaleidacare:
- Treatment Plans are required for all active clients. The initial treatment plan is required within 30 days of admission. Subsequent treatment plans are required at least every 90 days but may be required before 90 days if the child moves, has a new diagnosis, or other reason. Treatment plans are a collaborative document that is drafted during the treatment plan staffing meeting. All treatment plans must be completed, signed, entered into Kaleidacare, and filed in the client file. Any missing signatures must include documentation as to why the signature is missing and documentation that the individual was invited to the treatment plan staffing meeting. Approval of the treatment plan with signatures must be received within a reasonable time for treatment team members who were unable to attend the treatment plan meeting.
- Crisis Management Plans in Kaleidacare:
- Crisis Management Plans are required for all active clients. The initial crisis management plan is required within 30 days of admission. Subsequent crisis management plans are required at least every 90 days but may be required before 90 days if the child moves, has a new diagnosis, or other reason.
- Incident Reporting is to be communicated to Regional Director as soon as possible and documented in Kaleidacare and, if needed, a report can be uploaded to TFACTS.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Prohibited Interventions	DATE: 04/30/2020
COA CORE/PRACTICE STANDARD(S): FKC 1.04		APPROVED BY: Lois Barrett Luke

Policy

Therapeutic Interventions prohibits the use of corporal punishment in any form. TI views discipline as a teaching process that is initiated by a trauma-informed caregiver. TI Foster Parent Recruiter Trainers are trained to screen out potential foster parents who cannot understand behavioral issues in the context of normal and atypical child development as well as trauma responses. Addressing behavioral challenges in a patient, informed and therapeutic manner with a child who has experienced a great deal of adverse childhood experiences creates an opportunity to engage that child in the process of healing. Foster Parents and program staff are certified in Therapeutic Behavior Management, which teaches tools and perspectives on managing behavior and which create a shared language and skills set among and between foster parents and Case Managers.

TI foster parents' home approval process also includes required classes on the topics of trauma-informed parenting and positive behavior management. TI does not offer exception to this training.

Every TI foster parent receives, reviews, is trained on and signs the TN DCS Discipline Policy. Foster parents are required to review and sign this policy initially and biennially.

Procedure

TI clients and families receive a handbook at the time of admission which explains our prohibition of corporal punishment.

At no time are TI staff or foster parents allowed to use aversive stimuli such as slapping, spanking, or hitting with an object.

Cruel or unusual punishment is strictly prohibited. This includes chemical or mechanical restraints such as the use of psychotropic medications as a restraint. Seclusion is not allowed.

Children cannot be denied nutrition or hydration by any TI staff member or TI foster parent.

No TI staff member or foster parent can inflict physical or psychological pain. This includes denial of legal rights including the following: denial of planned visits, telephone calls, or mail contact with approved birth family/kinship/sibling family; attorney; their case workers or counselors.

No TI staff member or foster parent can use demeaning, shaming or degrading language or activities. This includes, but is not limited to, the following: verbal abuse; ridicule; humiliation, threats of removal from foster home.

No TI staff member or foster parent can use physical exercise as a negative discipline. Examples include military style punishment such as running laps, repetitive sit-ups, etc.

No TI staff member or foster parent can use unwarranted invasive procedures or activities as a discipline.

No TI staff member or foster parent can assign punitive work to a child. Examples include excessive chores.

No TI staff member or foster parent can allow punishment by peers. This includes not allowing a sibling or other child in the home to discipline a child.

No TI staff member or foster parent can allow group punishment or discipline for an individual's behavior.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Positive Behavior Support	DATE: 5/3/20
COA CORE/PRACTICE STANDARD(S): FKC 1.03		APPROVED BY: Lois Barrett Luke

Policy

TI has the expectation that each child in our program lives in an environment in which they are valued, respected, and well cared for. We recognize that we are responsible to ensure that the highest quality care is provided to each child and to ensure all our staff receive the best possible initial and ongoing training in positive behavior support and therapeutic interventions. Our belief is that all children should be guided and instructed so that they can grow to become adults who demonstrate compassion, respect, self-control, and the ability to care for themselves. We encourage our staff and foster parents to set clear expectations, develop regular routines and encourage cooperation and problem solving in all their interactions with our youth.

Procedure

All our staff must practice positive behavior support in their therapeutic intervention in working with each child. Positive behavior support and intervention is based on dignity, offering choices, and respect. This supports a child in developing effective strategies for getting their needs met and helps to reduce behavior problems.

TI strives to ensure our therapeutic interventions are utilized appropriately by:

- Ensuring all staff are trained on these techniques within the first 30 days of employment and prior to having any contact with our youth.
- Continuously monitoring our use of therapeutic interventions and ensuring their effectiveness
- Identifying the possible risks related to therapeutic interventions and taking the best possible action to minimize harm and risk.
- Discontinuing any intervention immediately if it causes adverse effects or is determined unacceptable according to best practice standards.

Therapeutic Interventions
Nurturing Children and Families

TI Program Staff Training

Table of Contents

I. Child Welfare Mission and Value Training

1. Know the mission of child welfare services as protected children from maltreatment and assuring their safety in stable, permanent homes.

2. Understand how a family-centered approach, strength-based approach tochild protection can support and sustain the rights of maltreated children and their families.

3. Understand the potential serious negative impact of separation, out-of-home placement, and impermanence on attachment, child development, and family emotional stability and understand the need for timely permanence.

II. Role of Child Welfare Agencies

1. Understand the child welfare system's responsibility to ensure children permanence by providing reasonable efforts to prevent placement, reunify children and families or pursue permanent alternative placement through adoption, legal custody, or guardianship.

2. Understand the inherent potential tension between parents' rights and children's rights in child protective services.

3. Know provisions of federal laws governing child welfare proactive i.e. ASFA, ICSA, P.L. 96-272, MEPA, CAPTA and the state laws that implement their provisions.

III. Culture and Diversity

1. Know definitions and fundamental concepts of culture and diversity.

2. Understands how cultural differences in verbal and nonverbal communication can impact the case work relationship and create misunderstandings.

3. Understand how culturally based differences in parenting and childcare practices can influence the determinations of child maltreatment.

IV. Engagement

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POLICY #:	Continuity of Care and Case Assignment	DATE: 5/1/20
COA CORE/PRACTICE STANDARD(S): FKC 2.07 and FKC 2.08		APPROVED BY: Lois Barrett Luke

Policy

TI ensures that each child always has an identified TI Case Manager, without lapse. Case Managers are assigned by the TI Regional Director or Case Manager Supervisor at the time of intake. Every effort is made to ensure there is only one Case Manager assigned to each foster home to ensure continuity of care and to provide an opportunity to build positive relationships between staff and the foster parents. The Regional Director or Case Manager Supervisor is responsible for assigning caseloads and for ensuring that no caseloads are balanced and do not exceed eight (8) children.

In the event TI does not have enough Case Managers to maintain caseload limits, the Case Manager Supervisor and/or the Regional Director will assume a caseload. Our organization strives to support positive outcomes for families by assigning Case Manager caseloads which are manageable, with consideration given to individual qualifications, competencies, experience, time constraints of individual cases and complexity of each case. TI highly values the relationships Case Managers build with their clients and consider this to a primary therapeutic tool. For this reason, we strive to avoid any circumstance which would require arbitrary shifts in caseload assignments.

Procedure

TI's priority is to serve children who have therapeutic-level needs in a treatment foster care setting. At times, there are large sibling groups referred for placement with TI. We recognize the importance of keeping siblings together to prevent additional loss and trauma. To keep siblings together, a Case Manager may have a blended caseload, comprised of clients with therapeutic needs but also their siblings, who have a lower level of need.

To determine an appropriate blended caseload, one therapeutic continuum level 2 or level 3 foster child equals two children without therapeutic needs (level 1).

Examples include:

- Case Manager has a caseload of 8 children with therapeutic-level needs = 16 points

- Case Manager caseload is a combination of 6 children with therapeutic-level needs and 3 children with regular foster care-level needs = 15 points

TI strives to keep caseloads for regular (level 1, non-therapeutic) foster care below 12-15 points, therapeutic foster care below 16 points, and blended caseloads below 15 total points.

TI follows the procedure outlined below for reassigning cases to ensure coverage and to maintain the continuity of agency case management without interruption:

- Minimize reassignment of cases to new case managers and doing so only whennecessary
- Reassign cases within one (1) business day of the previous Case Manager leaving employment.
- Arrange a face to face meeting between the departing Case Manager and the receiving Case Manager, unless there is a documented emergency, or the agency worker leaves without notice.
- Make a concerted effort to have the departing Case Manager introduce the receiving Case Manager to the child and family.

Contracted Therapeutic Services

When therapeutic services are contracted for counseling and therapy services, the Regional Director or Case Manager Supervisor and the Case Manager work with the contractor to ensure continuity of care for the individual treatment needs of the child. Whenever possible, and in the best interests of each child, efforts are made to ensure that a single contract provider for each type of service is assigned to the foster home in order to facilitate therapeutic relationships and to minimize disruption in the home.

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POLICY #:	Initial Assessment and Intake Procedures	DATE: 5/3/20
COA CORE/PRACTICE STANDARD(S): FKC 3 and FKC 3.02		APPROVED BY: Lois Barrett Luke

Policy

The TI Therapeutic Foster Care Program provides safe, nurturing care and guidance in private homes when children are unable to receive the parental care they need in their own homes. Each child is integrated fully into the community and provided opportunities for participation in community and extracurricular activities, as well as opportunities to develop individual talents, interests, and hobbies. Each placement with TI will be in a home with the least restrictive setting that meets the unique needs of the child with respect to their community and school district. TI values family connection and strives to place siblings together. TI foster parents receive standard foster parent training as well as trauma-informed training and are supervised and supported by agency staff, working together to meet the goal of permanency based on the best interests of the child. The families of children are involved in treatment planning and coordination to facilitate reunification whenever appropriate, based upon the child's permanency goal. The child with therapeutic-level needs requires a higher level of clinical support, intervention, and case coordination than those eligible for standard foster care. The emotional and behavioral support needs of each child are met by foster parents who have received specialized training. A child is determined to have therapeutic-level needs when it has been determined that they have moderate needs, which can be met through community and/or outpatient services.

Procedure

TI Regional Directors conduct prompt and responsive initial assessment of Tennessee Department of Children's Services placement referrals from all Tennessee regions.

Regional Directors prioritize placement of a child with urgent needs or in emergency situations.

Regional Directors determine if a child can be appropriately placed by gathering all information necessary to identify critical service needs.

Regional Directors assess a child's risk of harm to self or others through their review of the DCS Placement Packet and information supplied by DCS placement staff.

Regional Directors makes an informed, collaborative decision with DCS placement staff whether youth is within TI scope of services.

Regional Directors identify an appropriate foster home after consulting with foster parents, allowing them to review all legally permissible information available, and collaborating with DCS placement staff. Safety plans are immediately developed, and actions are taken to ensure timely initiation of services if placement is made.

If Regional Directors review the referral and find the service level is not appropriate and a more intensive service is necessary, Regional Directors provides prompt feedback to DCS Placement staff regarding alternative service recommendations if needed.

Regional Directors consider all these issues to see if a TI Foster Home can meet the needs of children and families. If a TI Regional Director reviews a referral and determines that services cannot be provided or cannot be provided promptly, the DCS Placement staff is notified immediately.

Therapeutic Interventions
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POLICY #:	Admissions	DATE: 5/1/20
COA CORE/PRACTICE STANDARD(S): FKC 3.01		APPROVED BY: Lois Barrett Luke

Policy

Eligible children referred to Therapeutic Interventions foster care are initially assessed with the Child and Adolescent Needs and Strengths (CANS) comprehensive assessment tool by TN Department of Children's Services (DCS) staff. This assessment is completed for each child over the age of 5, regardless of adjudication. Based on the results of the CANS assessment, DCS designates a level of need for each child using a scale of 1 through 4, which corresponds with the continuum of care established in Tennessee. DCS placement staff send out referrals to all TI Regional Directors, who match the child with an appropriate placement option, with preference always being given to keeping a child as close to home as possible. Upon DCS request, the TI Regional Director conducts a statewide search.

The TI Therapeutic Foster Care Program serves children who have been identified as having Level 2 or Level 3 therapeutic needs. TI makes exceptions at times, and may serve a child with Level 1 needs, when that child is part of a sibling group, to place the children together.

At no time will a person otherwise eligible be excluded from participation in, denied the benefits of, or subjected to discrimination in the administration of TI programs and services based on non-merit factors such as age, disability, sex, race, color, national origin, religion, gender identity, gender expression, or sexual orientation.

Procedure

TI assesses suitability for admissions of a child to the TI Therapeutic Foster Care Program using the following criteria:

a) Child is unable to receive the parental care needed in his/ her own home.

b) Child appears capable of participating in a family unit and able to participate in family and community activities without posing a serious danger to themselves or others.

c) Child may be of any adjudication type and are not excluded from admission based on low-risk status, or their successful completion of a treatment program.

d) Child may have a history of moderate mental health, and behavioral concerns which require monitoring or observation to prevent an increase in severity. Child may have current emotional or behavioral symptoms which are moderate or transiently severe in nature. These may manifest as difficulty coping socially, occupationally, or in school functioning.

e) Child may have a CANS comprehensive assessment recommendation for Level 2 or Level 3 services. Child may score a 2 or 3 within the domain of child behavioral or emotional needs, such as psychosis, anxiety, adjustment to trauma, and/or an elevated rating on either life domain functioning or child risk behaviors.

The TI Therapeutic Foster Care Program provides the following services and supports for a child determined to have Level 2 or Level 3 needs:

a) An array of services to meet individual child and family needs related to moderate or severe mental health, behavioral, and medical issues.
b) Services and supports to mitigate barriers to permanence for the child. Our goal is identify family and child strengths and needs and to provide services and supports to address those needs as expeditiously as possible, supporting rapid movement of the child through the service system toward permanency.
c) Customized treatment plans, services, and supports to meet child and family needs in the least restrictive setting possible, including after the child returns home.
d) A full array of services or contracted services that meet child and family needs, designedto help a child achieve permanency.
e) Engagement of a professional, trauma-informed TI team which is trained in *Therapeutic Behavior Management* and the evidence-based treatment foster care model of care: *Together Facing the Challenge.*

TI will deny referrals for the following guidelines:

a) The child has a significant mental health disorder (DSM-IV-TR or DSM-5) and is impaired in social, educational, familial, and occupational functioning. This level of functioning is not due exclusively to intellectual or developmental disability or organic dysfunction. This disorder is amenable to “psychiatric treatment” and requires mental health treatment that cannot be successfully provided at a lower level of care. The youth needs psychiatric consultation and access to physician services as well as daily supportive guidance toward stabilization.
b) The child is unable to adequately care for physical needs without external support that is beyond the capacity/capabilities of the family and/or other non-inpatient community support. This inability represents harm to self or others (e.g., reckless self-endangerment) and is due to psychiatric disorder, not developmental, social, cognitive, or specific medical limitations.
c) The child’s current living environment, family setting, and extended community cannot provide the support and access to therapeutic services necessary to maintain stability or maximize effective daily functioning and/or the child has not been successful in lower levels of treatment efforts (e.g., has failed to maintain or sustain adequately).

d) The child cannot achieve successful adaptation for the purpose of stabilization, at this time, without significant structure and supportive residential guidance that can only be provided through twenty-four (24) hour intervention and supervision in a highly-structuredenvironment.
e) The child/youth meets the age, cognitive capacity, adaptive functioning level and/or developmental level requirements necessary for minimal acceptance in a homeenvironment.
f) The child does not require medical substance abuse treatment (e.g. detoxification) as the primary need and does not have contraindicated medical conditions that are primary and would supersede the psychiatric symptoms.

Following the initial assessment and intake procedure, the child is then admitted to the TI Therapeutic Foster Care Program. A TI Case Manager is assigned by the Regional Director or Case Manager Supervisor, and except for extraordinary circumstances, the TI Case Manager is present at the time of a child's placement in a foster home. It is important that the TI Case Manager is present in order to welcome the child and orient the child to the TI program and the foster home, share the TI Handbook and Case Manager contact information, answer questions and concerns, review the initial Family Time Plan with the child, review any safety plans with the child, perform the initial assessment interview, and begin to establish a rapport with the child.

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Nurturing Children and Families

POLICY #:	ICWA: Indian Child Welfare Act	DATE: 5/1/20
COA CORE/PRACTICE STANDARD(S): FKC 3.04		APPROVED BY: Lois Barrett Luke

Policy

TI values diversity and cultural competence. We understand that a child's connection to family, community, culture, and heritage are important determinants of child well-being. TI is subject to compliance with the Indian Child Welfare Act of 1978 (ICWA).

Procedures for Identification of Children with American Indian and Alaska Native Heritage and Collaboration with Tribes on ICWA Cases

TI receives referrals for therapeutic foster care through Tennessee's Department of Children's Services. A child's heritage is screened and noted to fulfill the ICWA requirements on an intake packet through their document, *Initial Intake, Placement and Well- Being Information and History*, located on-line https://files.dcs.tn.gov/forms/0727.pdf.

TI adheres to DCS Policy 16.24 Children of Native American Heritage, available online at https://files.dcs.tn.gov/policies/chap16/16.24.pdf

TI shall comply with all rules, regulations and laws governing the Indian Child Welfare Act of 1978 (ICWA) and make a diligent effort to identify those children/youth and families subject to the Act.

TI works to ensure that all services affecting children identified as Native American are conducted in compliance with the federal guidelines outlined by ICWA. The goal of the ICWA is to strengthen and preserve Native American families and culture.

TI provides families information regarding their rights under the Indian Child Welfare Act. This information is included in the Family Handbook.

ICWA sets minimum standards for any child of Native American heritage involved in a child protective services case, adoption, guardianships, termination of parental rights action, runaway/truancy matters, or voluntary placement of children who are unmarried and under the age of eighteen (18). The ICWA requires that cases involving Native American children be heard in tribal courts if possible and permits a child's tribe to be involved in state court proceedings. It requires testimony from expert witnesses who are familiar with

Native American culture before a child can be removed from his/her home. If a child is removed, either for foster care or adoption, the law requires that Native American children be placed with extended family members, other tribal members, or other Native American families. The state of Tennessee is within the Eastern Region jurisdiction of the Bureau of Indian Affairs.

Determination of Native American Child's Tribe

During TI's initial contact with the child and family, the child and family's status will be explored and must be confirmed with the Bureau of Indian Affairs and affiliated tribe (see Confirmation of Native American Heritage.)

The TI Case Manager is responsible for notifying DCS if it is determined that an assessment of the child and family heritage is indicated. The child, family, and significant others, as appropriate, and with the consent of the family, are advised of ongoing progress, and will participate in service planning as appropriate. The assessment must be completed whether or not a child/family is registered with a tribe.

All actions initiated by TI in an ICWA case must be in collaboration with, and under the guidance of, the Tennessee Department of Children's Services (DCS) Central Office Legal Counsel or appropriate Regional Legal Counsel.

If it is believed or confirmed that a child or parents are Native American, but the tribe or registration information is not known, tribal affiliation must be determined.

The TI Case Manager must notify the DCS FSW of the need to contact the Bureau of Indian Affairs for assistance (see Determination of Tribal Affiliation) and must be done in collaboration with the appropriate DCS Regional Legal Counsel and the family. (Not all tribes fall under the Indian Child Welfare Act).

Tennessee is in the Eastern Region of the Bureau of Indian Affairs and the contact information for assistance is listed below:

Bureau of Indian Affairs Eastern Region

545 Marriott Drive, Suite 700

Nashville, TN 37214

Phone: (615) 564-6500

Fax: (615) 564-6701

The Bureau will provide guidance regarding the process and any further procedures to be followed to determine a child or family's tribe or affiliation.

If the case involves a child or family outside of the Eastern Region jurisdiction of the Bureau of Indian Affairs, the above listed Bureau or the appropriate Regional Legal Counsel can help.

Confirmation of Tribal Affiliation

If TI receives notice or becomes aware that a child falls under ICWA, a determination must be made to see if the child/family is under the jurisdiction of ICWA and the requirement for involvement of the tribe in planning for the child.

It is anticipated that the Bureau will require the following information for tribal notification from DCS and TI:

1. Identifying information, i.e., parent(s) names and birth dates, grandparent's names, child(ren)'s names and birth date; address and telephone number;
2. Proof of affiliation (i.e., registration or band number) or any other identifying information, if available;
3. Reason for current court action (i.e., adjudication hearing; petition; complaint or other document by which the proceeding was initiated);
4. A statement of the right of the biological parents or Native American custodians and the Native American child's tribe to intervene in the proceeding;
5) Name of attorney;
6) Location, mailing address and telephone number of the Court;
7) A statement of the right of the parents or Native American custodians or the Native American child's tribe to petition the Court to transfer the proceeding to the Native American child's tribal Court; and
8) Confidentiality statement.

The tribe must be notified by registered letter with return receipt requested.

TI will facilitate family and tribal participation in assessment and service planning to determine the most appropriate plan for children and families. TI will work to maintain connections between a child and their extended family and tribe.

Time Limits and Extensions

The time limits listed below are minimum time periods required by the Act. The Court may grant more time to prepare where State law permits.

1. A tribe, parent or Native American custodian entitled to notice of a child custody proceeding has a right, upon request, to be granted an additional twenty (20) days from the date upon which notice was received to prepare for participation in the proceeding.
2. The proceeding may not begin until all the following dates have passed:
    a. Ten days (10) after the parent or Native American custodian (or Secretary where the parent or Native American custodian is unknown to the petitioner) has receivednotice;
    b. Ten days (10) after the parent or Native American child's tribe (or the Secretary if the Native American child's tribe is unknown to the petitioner) has received notice;

c. Thirty days (30) after the parent or Native American custodian has received notice if the parent or Native American custodian has requested an additional twenty (20) days to prepare for the proceeding; and
d. Thirty (30) days after the Native American child's tribe has received notice if the Native American child's tribe has requested an additional twenty (20) days to prepare for the proceeding.

TI Foster Care or Pre-Adoptive Placement

In any TI foster care or pre-adoptive placement of a Native American child:

1. The child must be placed in the least restrictive setting which:
    a. Most approximates a family;
    b. The child's special needs are met; and
    c. Is in reasonable proximity to the child's home.
2. Preference must be given in the following order, absent good cause to the contrary, to placement with:
    a. A member of the Native American child's extended family;
    b. A foster home, licensed, approved or specified by the Native American child's tribe, whether on or off the reservation;
    c. A Native American foster home licensed or approved by an authorizednon-Native American licensing authority; or
    d. An institution for children approved by a Native American tribe or operated by a Native American organization which has a program suitable to meet the child's needs.
3. The Native American child's tribe may establish a different order of preference by resolution, and that order of preference shall be followed, given the criteria above are met.

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Nurturing Children and Families

POLICY #:	TI Comprehensive Assessment	DATE: 8/18/20
COA CORE/PRACTICE STANDARD(S): FKC 4: 4.01, 4.02, 4.03, 4.04		APPROVED BY: Lois Barrett Luke

Policy

At TI, our goal is to achieve security and permanence for our clients. A comprehensive assessment allows us to identify the unique strengths and needs of each child and family so that we can provide timely and specific resources, supports, and accommodations to mitigate barriers to permanence.

The comprehensive assessment is conducted within 30 days of placement in the TI therapeutic foster care program and every 90 days, thereafter. The assessment process is iterative, with each case manager activity contributing to and improving the accuracy and depth of the previous assessment. The comprehensive assessment is reviewed as part of the case review process and may be completed more frequently than every 90 days, as indicated due to changes in child or family circumstances or to inform team decision-making.

The sole source for referrals for placement with TI is the Tennessee Department of Children's Services (DCS). The Department conducts a comprehensive assessment for each child referred to TI for placement. The referral packet for each child includes an ***Intake, Placement and Well-Being Information and History*** **document (DCS – CS 0727)** completed by DCS **(ATTACHMENT 1)**. In addition, DCS completes the ***Child and Adolescent Needs and Strengths (CANS)*** comprehensive assessment for each child **(ATTACHMENT 2)**.

Often, DCS lacks sufficient information at the time of placement to complete a thorough and accurate comprehensive assessment, particularly when TI is a first foster care placement for a child. Upon receipt and review of the comprehensive assessment provided by DCS, TI utilizes a system of records review, interviews, meeting participation, screenings, and formal and informal assessments to learn additional information that will inform casework practice and treatment goals. Based on this additional information, TI completes a CANS comprehensive assessment within 30 days of placement. We use this tool to document, organize, and

integrate any new information gleaned from observations, interviews, records reviews, Child and Family Team Meetings, screenings, and formal and informal assessments. The CANS is a comprehensive assessment tool which is valid and reliable. Every TI case manager and case manager supervisor is trained and certified in the use of the CANS assessment. This tool identifies needs and strengths of children and families, supports care planning and permanency, facilitates quality improvement initiatives, and enables us to monitor outcomes and services.

Cultural Competence:

Cultural sensitivity begins with a self-awareness on the part of a TI team member of our own privilege and power; in the course of our work, we are privy to private details of children's and family's lives. It is vital that we recognize the imbalance of power in the work we do and that we exercise humility and respect, as this is the foundation for our relationships with children and their families. We take the time to learn about the

history, traditions, values, family systems, and unique expressions of race and ethnicity of our clients. It is important to recognize and consider immigration and refugee status, tribal group, religion and spirituality, sexual orientation, gender identity and expression, social class, mental abilities, and physical abilities of children and families. All interviews and communications with children and families are conducted in a manner that is respectful of, and attuned to, the unique cultural characteristics of the child and family.

Identifying Barriers:

TI continuously assesses barriers to child or family participation in the treatment planning process. TI case managers address barriers within the comprehensive assessment and treatment planning processes and make accommodations and provide resources to support family and child opportunities for success. There are many types of barriers to the successful engagement of children and families in the treatment planning process. Early identification of these barriers and the provision of resources and accommodations sets the stage for expeditious child permanence. Examples of barriers include language barriers, social/religious/family stigma, financial, transportation, access to technology, e.g.: telephone, internet, computer, access to services, mental health symptoms, substance use, physical limitations, chronic illness, incarceration or involvement with criminal justice system, and literacy.

Procedure

Comprehensive Assessment Tools and Components:

The TI case manager follows the steps outlined below to complete a CANS comprehensive assessment **(ATTACHMENT 2)** within 30 days of placement and every 90 days thereafter. The assessment may be completed more frequently as indicated, due to changes in child or family circumstances or to inform team decision-making. The CANS assessment identifies treatment plan goals and child and family strengths which will be utilized to achieve permanency.

1. **Review of referral packet prior to placement**: The placement supervisor evaluates the need for therapeutic foster care services based upon intake packet documentation. Only children and youth who meet the criteria for Level 2 or Level 3 needs, or those who are siblings of these children and who have a lower level of need, are accepted for placement in TI therapeutic foster care program. The placement supervisor screens the packet for information that would indicate a higher level of care is indicated in order to ensure the safety of the child or others, and will not accept a child for placement who requires care, supervision or services beyond the scope of TI's therapeutic foster care program or continuum of care.

2. **Initial Records Review :** At the time of intake, the TI case manager conducts a thorough review of the entire referral packet, which includes the *Intake, Placement and Well-Being Information and History* document (DCS – CS 0727) **(ATTACHMENT 1)** and the DCS CANS comprehensive assessment. Together, these documents provide an individualized multi-disciplinary assessment including demographic information, current description of the child, medical history (physical, dental, vision) and status, behavioral and mental health status, trauma history, education status; and sexual development. If not part of the referral packet, the case manager requests that DCS the DCS Family Assessments (FAST), the DCS Safety Assessment (SAFETY). Some of these documents may be accessible in TFACTS, which is the DCS record management system. Throughout the assessment process, the case manager takes note of any accommodations which may be required and any barriers to child and family participation in the treatment planning process or in the achievement of treatment goals. The case manager may choose to use the Comprehensive Assessment Work Tool (**ATTACHMENT 3**) to gather information and to make note of missing or incomplete information in the DCS comprehensive assessment. This document is not required, but the interview questions and criteria are required components of the TI Comprehensive Assessment.

   Tasks for the Initial Records Review:

   - Identify barriers to engagement for child and family and make a preliminary plan to mitigate these barriers
   - Identify missing information and unanswered questions
   - Request additional or missing information from DCS
   - Identify caregivers and make a list of family members to interview
   - Identify risk behaviors and safety concerns
   - Identify physical needs
   - Identify substance use history
   - Identify social functioning and wellbeing
   - Identify examples of crisis-based and long-term resiliency
   - Identify communication abilities with peers and adults
   - Identify history, traditions, values, family systems, and unique expressions of race and ethnicity evident in, or suggested by, intake packet
   - Identify immigration and refugee status, tribal group, religion and spirituality, sexual orientation, gender identity and expression, social class, mental abilities, and physical abilities of child and family
   - Identify need for any additional screening:
     - Mental Status
     - Trauma

- Suicide risk/Self harm
- Developmental
- Alcohol and drug use (A&D)
- Child trafficking

- Make referrals to ensure continuity for:
  - Medication Management
  - Counseling
  - Psychological evaluation
  - Medical (EPSDT), dental and vision appointments
  - Any specialist appointments, services
- Determine and arrange for additional services and supports that may be required upon intake
- Formulate questions and topics for further exploration during child and family interviews
- Identify emotional needs and mental health history
- Identify educational needs and functioning and gather educational and vocational information
- Note financial status, including financial assistance and insurance coverage
- Determine housing status, history, and a description of living conditions
- Any other information necessary to provide services.

3. **Initial Child Interview**: The TI case manager meets with the child at the time of placement, as part of the admission process. Based on individual circumstances, the child's age and understanding and time constraints, this initial interview may be brief, with the case manager completing the child assessment interview process over the next week. The case manager encourages the child to tell her or his from his own perspective. The case manager asks the child to elaborate on how they and their family have functioned over time, asks the child to identify some things they and their family are good at, and elicits stories about some times in the past when the family successfully handled challenges. The case manager collects information about what resources the family may have used in the past or may have at their disposal currently. The case manager asks the child to identify who is important in their life and who has helped them. The case manager uses interviews with the child and parents to gain information that may be missing from the DCS comprehensive assessment. When exploring sexual orientation, gender identity, and expression the TI case manager will first explain that TI is an open and affirming place and will then employ open-ended questions that prompt discussion and help establish rapport, as opposed to asking direct questions. Information shared will only be included in written plans when a child gives explicit consent.

   Tasks for the Initial Child Interview:

   - Orient and welcome the child to TI and to the foster home
   - Establish how the child can reach their family, their case manager and their DCS worker
   - Allow the child to tell their own story
   - Discover who is important in the child's life, from the child's point of view
   - Conduct any necessary screenings, as identified in the records review
   - Assess strengths, needs, family and child functioning using the CANS framework

- Identify examples of crisis-based and long-term resiliency
- Identify child's short-term and long-term goals

4. **Initial Child and Family Team Meeting(CFTM):** The comprehensive assessment is completed in consultation with the Child and Family Team. The TI case manager participates in the Initial Child and Family Team Meeting which is held within 72 hours of placement. During this meeting, the TI case manager has direct contact with parents or caregivers and shares contact information and establishes a rapport. The case manager may request additional information or pose questions to any member of the Child and Family Team, including parents and family members, DCS staff, service providers, the Guardian ad Litem, educators, or the CASA worker, to provide information necessary to complete the CANS assessment. During the initial CFTM, the TI case manager arranges to meet privately the parents and family of the child.

   Tasks for Initial CFTM:

   - Introduce yourself and TI to family members, set expectations, establish a rapport
   - Share contact information and indicate a need to schedule interviews
   - Ask questions of team members regarding missing or blank information in the intake packet and arrange to get information
   - Document for the case record the names, roles, and contact information for each team member

5. **Initial Family Interview(s):** Individual meetings are held with birth parents, and with all members of the child's immediate family, within ten days of placement. Throughout the interview, the TI case manager explores the unique cultural composition of the family and identifies barriers to their engagement in the treatment planning process. Family members are encouraged to tell their story from their own perspectives. The case manager asks family members to reflect on how they and their family have functioned over time, asks them to identify some things they and the child are good at, and elicits stories about some times in the past when the family successfully handled challenges. The case manager collects information about what resources the family may have used in the past or may have at their disposal currently. The case manager asks the family to identify individuals, extended family members, community members, and organizations who may be resources for the family as they work toward permanence. Family interviews cover family trauma and resulting symptoms and behaviors, the family's ability to meet basic financial needs and obtain adequate housing, food, and clothing, the physical health of each family member, the history and presence of substance use within the family, any mental health diagnoses of any family member, adjustment and coping abilities of family members, and an assessment of parenting skills and disciplinary practices.

   Tasks for the Initial Family Interviews:

   - Orient and welcome the family to TI
   - Establish how the family member can reach their case manager and their DCS worker
   - Allow the family member to tell their own story
   - Discover who is important to the functioning of the family, from the family member's point of view

- Determine resources, accommodations, and supports which should be addressed within the treatment plan to mitigate barriers to family engagement in permanency planning
- Understand and note the needs of the child from the family's perspective
- Assess strengths, needs, and family and child functioning using the CANS framework
- Explore the family members' history of substance use, family relationship, dynamics, and functioning
- Explore history of domestic violence and indicators for human trafficking
- Assess caregiver trauma exposure and trauma symptoms
- Discuss caregiver physical health, substance use, mental health history and developmental history.
- Assess caregiver ability to meet basic financial needs and obtain adequate housing, food, and clothing for self and child
- Explore caregiver coping abilities, parenting skills, and disciplinary practices

6. **Interviews with Extended Family or Community Resources:** Based on interviews with the child and family, the TI case manager may interview additional family members or supports within the community.

   Tasks for Extended Family or Community Resource Interviews:

   - Determine nature of relationship with child and family
   - Determine willingness to be a resource
   - Identify type of support individual can offer
   - Ask about additional resources within the family and the community

7. **Interviews with Foster Parents:** Individual meetings are held with foster parents within ten days of placement for the purpose of completing the comprehensive assessment. This is an opportunity for foster parents to share their observations of the child in the home and community environments. This interview may be conducted in a series of interviews during the first ten days of the child's placement. Collecting information and recommendations from foster parents is an important part of ongoing treatment planning and should occur during every home visit for the duration of the child's stay.

   Tasks for the Foster Parent Interviews:

   - Assess child functioning within the home and family
   - Note foster parent perspective regarding child strengths, needs, and challenges
   - Note additional assessments, services, or supports foster parent recommends
   - Note new information child may have shared with the foster parent
   - Note foster parent assessment of child's coping strategies, ADL skills, interactions with family during visits or phone calls, responsiveness to redirection, ability to self-regulate, degree of independence, developmental milestones

8. **Face to Face Observation**: Case managers meet with or speak to each client on a weekly basis. Face to face meetings offer the case manager an opportunity to directly observe and assessthe

child's comfort level in the home, interactions and relationships with foster family members, and the degree to which the child feels secure in the environment.

9. **Screenings:** The TI case manager may conduct or request any of the following screenings when indicated by requesting a referral from the DCS Family Services Worker (FSW) or the Child and Family Team.
    - Mental Status
    - Trauma
    - Suicide risk/Self harm
    - Developmental
    - Alcohol and drug use (A&D)
    - Child trafficking
    - Independent Living Skills: **Casey Life Skills Assessment** is administered by the case manager for all youth 14 years of age or older to assess independent living skills. Results of this assessment are addressed in the comprehensive assessment and the treatmentplan.

10. **Referrals for Formal Assessments: Case managers may request any of the following formal assessments when indicated at any point in the comprehensive assessment process. Formal assessments are requested within the context of the Child and Family Team. These formal assessments may only be completed by a licensed mental health professional.**

    - Alcohol and Drug Abuse Screening
    - Trauma Assessment
    - Alcohol and Drug Assessment (A&D)
    - Psychological Evaluation: Vanderbilt Center of Excellence
    - Psychosexual Evaluation

11. **Crisis Response Assessment:** Whenever a child is in crisis and requires immediate assessment, a Mobile Crisis Evaluation can be accessed by using the Mobile Crisis Hotline. A mental health evaluator will meet with the child and assess the need for a higher level of care. This is the mechanism in place to allow for psychiatric hospitalization when a child may be a danger to self or others.

TI Comprehensive Assessment Policy and Procedure

Attachment 1

Intake, Placement and Well-Being Information and History **Document (DCS – CS 0727)**

This document can be found at the following link:

https://files.dcs.tn.gov/forms/0727.pdf

TI Comprehensive Assessment Policy and Procedure

Attachment 2

Child and Adolescent Needs and Strengths (CANS) 2.0 Comprehensive Assessment

Introduction to the Child and Adolescent Needs and Strengths (CANS)Tool

The **Child and Adolescent Needs and Strengths** is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices.

The CANS gathers information on child and caregiver strengths and needs. Strengths are the child's assets --- areas of life in which the child functions well or has an interest or ability. Needs are areas in which a child requires intervention, resources, or support. We utilize the comprehensive assessment process to identify barriers to permanence and to identify the strengths of the child and family which they can use as resources to meet treatment goals.

The CANS framework offers an opportunity for child and family engagement in permanency planning. Using the CANS items as conversation starters and as the basis for questions during the interview process, provides case managers a segue into discussions around sensitive and important topics.

Reliability

Evidence from reliability studies indicates that individuals working with youth and families can complete the CANS reliably. A number of individuals from different backgrounds have been trained to use the CANS assessment reliably including mental health providers, child welfare caseworkers, probation officers, and family advocates. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson, et al, 2001). A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings.*

https://praedfoundation.org/project/child-and-adolescent-needs-and-strengths-2/

TI Comprehensive Assessment Policy and Procedure

Attachment 3

TI Comprehensive Assessment Work Tool

Therapeutic Interventions
Nurturing Children and Families

Comprehensive Assessment Work Tool

This tool is for Case Manager use in conjunction with the ***CANS*** outline, in conducting the comprehensive assessment. This is an informal work tool for which provides prompts for collecting information from record reviews, interviews, Child and Family Team Meetings, and any additional formal assessments. This work tool is an aid in completing the ***CANS*** comprehensive assessment.

Client:_____ Date of Current Placement: _____

DOB:_____ Foster Home:_____Date of Initial FC Placement: _____

Parent/Caregivers:

_____ Relationship:_____Contact: _____

_____ Relationship:_____Contact: _____

Siblings:

_____ Minor Child? Y/N____Contact: _____

_____ Minor Child? Y/N____Contact: _____

Extended Family/Child and Family Resources:

_____ Relationship:_____Contact: _____

_____ Relationship:_____Contact: _____

Record Review:

Notes:

- Court Orders?

- Visitation Plan

- Anyone the child cannot see/speak to?

    - Physical health, including any chronic health problems:

    - Emotional stability and adjustment:

    - Behavior, including any risk of harm to self or others: Safety Plan?

    - Education and cognitive development, including school readiness: (IEP, 504)

    - Family relationships:

    - Informal and social supports, including relationships with adults and peers in the extended family and community, connections to community and cultural resources:

    - Current and historical substance use and frequency:

    - Trauma exposure, including placement history, and related symptoms:

    - Gender identity and sexual orientation:

    - History of or exposure to domestic violence or human trafficking:

        - Is assessment with Rapid Screening Tool for Child Trafficking or the Comprehensive Screening and Safety Too for Child Trafficking indicated?

    - Diagnoses:

    - Medications:

- Notes on history, traditions, values, family systems, and unique expressions of race and ethnicity. Is the child of Native American Heritage?

- Notes on immigration and refugee status, tribal group, religion and spirituality, sexual orientation, gender identity and expression, social class, mental abilities, and physical abilities of child and family:

Child Interview Date(s): _____

Notes:

- Child's story about how and why they came into care:

- Child's understanding of foster care and permanence:
- What does the child see as the biggest barrier to permanence? What is the child's understanding of the circumstances that necessitated foster care?

- Safety assessment: Address any safety concerns, safety plans and assess status:

- Trauma-related symptoms and behavior: trauma screening to identify trauma exposure and reactions. The case manager will arrange for a formal trauma-focused assessment by a licensed clinician when indicated
- Important relationships and resources:

- History of or exposure to domestic violence or human trafficking:

    - Is assessment with Rapid Screening Tool for Child Trafficking or the Comprehensive Screening and Safety Too for Child Trafficking indicated?

- Interests/Hobbies/Strengths:

- Cultural characteristics:

- Barriers to engagement:

- Child requests for further assessment or additional services:

Parent/Family Member/Caregiver Interview with_____on_____.

- Family member's story about how the child came into care:

- What does the family member see as the biggest barrier to permanence? What is the family member's understanding of the circumstances that necessitated foster care?

- Extended family and other supports:

- Family history, family competencies and times families successfully managed challenging situations:

    - Notes on history, traditions, values, family systems, and unique expressions of race and ethnicity:

    - Notes on immigration and refugee status, tribal group, religion and spirituality, sexual orientation, gender identity and expression, social class, mental abilities, and physical abilities of child and family:

- Barriers to engagement:

- Parental strengths, needs, and functioning related to the following areas:
    - family relationships, dynamics, and functioning, including any history of or exposure to domestic violence or human trafficking:
    - informal and social supports, including relationships with extended family and community members, as well as connections to community and cultural resources;
    - trauma exposure and related symptoms;
    - ability to meet basic financial needs and obtain adequate housing, food, and clothing;
    - physical health, including any chronic health problems;
    - substance use; emotional stability, including mental health, adjustment, and coping abilities;
    - parenting skills and disciplinary practices

- History of or exposure to domestic violence or human trafficking:

    - Is assessment with Rapid Screening Tool for Child Trafficking or the Comprehensive Screening and Safety Too for Child Trafficking indicated?

- Recommendations for further assessment or additional services:

Parent/Family Member/Caregiver Interview with_____on_____.

- Family member's story about how the child came into care:

- What does the family member see as the biggest barrier to permanence? What is the family member's understanding of the circumstances that necessitated foster care?

- Extended family and other supports:

- Family history, family competencies and times families successfully managed challenging situations:

    - Notes on history, traditions, values, family systems, and unique expressions of race and ethnicity:

    - Notes on immigration and refugee status, tribal group, religion and spirituality, sexual orientation, gender identity and expression, social class, mental abilities, and physical abilities of child and family:

- Barriers to engagement:

- Parental strengths, needs, and functioning related to the following areas:
    - family relationships, dynamics, and functioning, including any history of or exposure to domestic violence or human trafficking:
    - informal and social supports, including relationships with extended family and community members, as well as connections to community and cultural resources;
    - trauma exposure and related symptoms;
    - ability to meet basic financial needs and obtain adequate housing, food, and clothing;
    - physical health, including any chronic health problems;
    - substance use; emotional stability, including mental health, adjustment, and coping abilities;
    - parenting skills and disciplinary practices
- History of or exposure to domestic violence or human trafficking:

    - Is assessment with Rapid Screening Tool for Child Trafficking or the Comprehensive Screening and Safety Too for Child Trafficking indicated?

- Recommendations for further assessment or additional services:

Foster Parent Interview with_____on_____.

- Child's adjustment to the home: reflections and observations:
- Child strengths:
- Family strengths:
- Trauma-related symptoms and behavior:
- Child's responsiveness to redirection:
- Child's functioning within the family:
- Activities of Daily Living (ADL) skills assessment: what does the child do independently, what does the child need help with? Are the child's ADL skills commensurate with the child's age?
- Indications of child's exposure to domestic violence or human trafficking:
    - Is assessment with Rapid Screening Tool for Child Trafficking or the Comprehensive Screening and Safety Too for Child Trafficking indicated?

- Recommendations for further assessment or additional services:

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Treatment Planning	DATE: 10/19/20
COA CORE/PRACTICE STANDARD(S): PRG 5.01, 5.03, 5.05 FKC 5, 5.01-5.03 FKC 8, 8.01-8.05 FKC 13.03		APPROVED BY: Lois Barrett Luke

Policy

At TI, our goal is to achieve safety, well-being, and permanence for our clients. The TI treatment plan is based upon child and family strengths and needs identified by the CANS comprehensive assessment. The treatment plan is an individualized roadmap which identifies a strategic pathway for achieving child permanence.

The treatment plan is a strengths-based tool which identifies strategies and tools for addressing challenges, needs, and barriers to permanence by leveraging child and family strengths, formal and informal supports, and services.

The treatment plan is family-centered and is developed in collaboration with the Child and Family Team (CFT).

The child and family are invited to identify supportive individuals to be a part of the CFT, and these team members can participate in decision making regarding treatment planning. The treatment plan identifies goals and services which facilitate and strengthen family and community relationships, and which are agreed upon by the CFT. The Family Time Plan is an addendum to each treatment plan which outlines the specific schedule of family contact and the strategy for maintaining and strengthening a child's relationships with family, peers, and community. Under no circumstances will family visits, communication, or other contact be denied as a form of disciplinary action for a child or family.

The Treatment plans reflect the unique strengths and needs of the child and family. Treatment plan goals identify strategies for accommodating the specific needs and challenges of the child and family. Treatment plan goals are realistic, specific, measurable, and are associated with a timeframe for completion.

The treatment plan promotes self-determination and the most independent life possible in the community for a child with intellectual and/or development disabilities. In this case, the treatment plan also identifies, and addresses support services and information provided to the family which are intended to:

- strengthen the family's self-sufficiency, supporting their ability to provide care
- prevent unwanted and inappropriate out-of-home placements, including congregate care settings
- help mediate conflicts between the child and his/her family, advocate, or others involved in planning for the child
- build and support family unity

Treatment plans include goals specific to the diagnoses and special needs of the child. These needs might require services and supports that include assistive technology equipment, software, and supports, intentional opportunities for social and community inclusion, education on sexuality and relationships, and self-advocacy.

The treatment plan considers and addresses child and family communication barriers and is designed to accommodate any child or family visual, auditory, linguistic, motor abilities, and literacy needs. These plans may be translated, and may include communication technologies, sound amplification, and literacy considerations. TI arranges for professional advocates, skilled in communication assistance, for a child or family member with special needs who has difficulty making their service needs known.

The treatment plan guides the work of the TI Case Manager. It forms the basis for the delivery of individualized services and supports which are age-appropriate and strengths-based. Treatment plan goals indicate the services provided, the person or entity providing each service, and the frequency and dates of each service. The treatment plan provides the therapeutic framework for well-considered and fully informed team decision making, which is crucial to the safety, well-being, and permanency of the child.

Achieving permanency is the overarching goal of every treatment plan. Typically, a child's permanency goal is to be reunified with the family, with the court returning custody of the child to the family or kinship caregiver. When reunification is not possible, and when a child's permanency goal is officially changed, TI develops a new treatment plan for the child to achieve permanency through adoption or legal guardianship.

Procedure

The Treatment Plan addresses:

- The reason the child is involved in the child welfare system
- Specific diagnosis that prompted the referral to treatment foster care or was identified during assessment
- Status of child functioning in major developmental areas
- Short and long-term therapeutic interventions
- Stressors in the child's environment that are trauma reminders, or which contribute to emotional or behavioral issues
- Permanency goal, as ratified by the court
- Family strengths and needs
- Child strengths and needs
- Child and family goals and desired outcomes
- Action plan with timelines for TI staff, parents, child, foster parents, and Department of Children's Services
- Timelines for evaluation of progress

- Services provided for child and family, names of service providers, and dates of service
- Expected completion dates
- Quarterly updates and progress notations

The Treatment Plan identifies strengths and needs in these categories:

- Emotional/Behavioral
- Educational/Vocational
- Health/Medical
- Social
- Independent Living (youth 14 and over)
- Family
- Recreation
- Discharge Planning

The Treatment Plan includes the following components:

- Goals/Objectives
- Frequency/Timeframes
- Interventions, and Responsible Individuals
- Signature Page

Each treatment plan included a signature page which contains the signature of in-person attendees and acknowledgement of signatures of those who attended by teleconference during the CFTM treatment planning process.

Family Time Plan

A Family Time Plan is an addendum to each treatment plan. The Family Time Plan is developed in collaboration with the Child and Family Team (CFT) and outlines a strategy for maintaining and strengthening a child's relationships with family. Each plan is unique to the strengths and needs of the child and family, as identified in the comprehensive assessment, and is modified as necessary to reflect changes in permanency plans and court orders.

The Family Time Plan includes the following information:

- start dates, frequency, time, length, and location of in-person contacts
- participants
- transportation arrangements
- supervision or monitoring requirements (if supervised visitation is required)
- developmentally-appropriate and interactive activities, including caregiving for young children when possible and appropriate
- cancellation arrangements
- preparation and debriefing plans

The Family Time Plan should include plans for helping a child maintain and strengthen relationships with a larger attachment network which may include extended family, peers, other individuals with whom they had a prior relationship and members of the child's community, ethnic group, faith group, clan, or tribe.

Responsibilities:

The TI Case Manager completes the treatment plan for each child and family assigned to their caseload, in conjunction with the completion of the CANS comprehensive assessment, and in collaboration with the Child and Family Team. Completes a safety plan when necessary (see DCS Child Safety Plans CS-1044, below). Documents and updates the Family Time Plan as an addendum to each treatment plan and modifies the plan when necessary based on a change in permanency goal or court order. Notifies CFT when a new treatment plan is developed or and shares the amended treatment plan with each member. Documents these efforts using the Treatment Plan Notification Form and files with the treatment plan in the client case record. Regularly reviews and document progress toward treatment plan goals and permanency goals. Completes weekly case notes documenting interactions and communications with child, family, and foster family. Maintains ongoing communication with family members and documents their perspectives on progress and concerns in the client case record. Obtains all necessary signatures on the treatment plan, any treatment plan revisions, and when applicable, the safety plan. Supports meaningful and constructive family contact by helping the child, family, and foster parent(s) prepare for and transition to and from in-person, teleconferencing, and telephone family time. Follow up with the child, family, and foster parent(s) to process each family time event, ascertain and document progress, and assess for any concerns which could indicate the need to modify plans or services. Documents interactions and behaviorally-specific observations regarding family relationships and demonstrated parenting skills, to be considered in assessing case progress. Receives initial, ongoing, and as needed training on how to provide community resources for a child's family to support permanency goals. When a child has an intellectual or developmental disability, the TI Case Manager participates in additional training , as outlined the TI Training Matrix, to help the child address treatment plan goals and achieve permanency.

The TI Regional Director reviews and approves all treatment plans, treatment plan revisions, and safety plans initially, monthly in Case Review Meetings, and while competing randomly selected case record audits. The TI Regional Director reviews treatment plan implementation, child and family progress towards goals, progress towards permanency goal, adherence to and effectiveness of the safety plan, and compliance with all laws and regulations, including ICWA (as applicable). Facilitates monthly peer case reviews to review treatment goal progress, progress toward permanency, implementation of services, and the ongoing appropriateness of treatment plan goals and permanency goals. Reviews Family Time Plan and implementation, and Case Manager performance regarding pro-active planning and support for maintaining and strengthening family relationships and documentation thereof.

Treatment Plan Schedule

Preliminary Treatment Plan: Within 24 hours of placement

A Preliminary Treatment Plan is completed within 24 hours of placement to address acute symptoms and immediate needs. An interim Family Time Plan is developed at the time of placement, which outlines a 30-

day plan for a child's contact with family. It is important to be aware that, In situations with known or suspected concerns about human trafficking, traffickers may pose as a boyfriend or older relative, or communicate through another individual and utilize in-person contact to continue the exploitation of the victim. The TI Case Manager will fully vet anyone listed on the Family Time Plan with the Child and Family Team (CFT).

Initial Treatment Plan: Within 30 days of placement

Following completion of the CANS comprehensive assessment and individual consultation with the child and family, as well as the Child and Family Team, the TI Case Manager completes an Initial Treatment Plan in the Kaleidacare electronic file. The treatment plan is developed using information gleaned from all sources, including the CANS assessment and the Initial Child and Family Team Meeting, with agreed upon goals and objectives. The child is an integral member of the CFT and participates in the development of the treatment plan. CFTM notes can be found in DCS' TFACTS system and are uploaded by the DCS FSW. A complete Family Time Plan is developed in collaboration with the Child and Family Team (CFT) and is an addendum to the initial treatment plan.

Subsequent Treatment Plans: Every 90 days or more often, as indicated

TI Case Mangers complete a CANS comprehensive assessment and develop a treatment plan every 90 days, in coordination with the CFTM schedule. A new CANS assessment and/or a new treatment plan may be required before 90 days when there is a change in permanency plan or some other change in child or family circumstances. (See Expedited Treatment Planning, below.)Progress from the previous treatment plan is reviewed and documented in the context of each new plan. The Family Time Plan is reviewed and updated every 90 days, or more often, based on a change in permanency goal or court order. The Family Time Plan is an addendum to every treatment plan.

The listed signatures are the documentation by all participants that they agree to the plan and its components. The child (when appropriate based on age and level of comprehension) and family's signatures are included on the signature page. Whenever a family does not attend a CFTM, the TI Case Manager mails a copy of the treatment plan to them. The family has an opportunity to review the plan, provide input and sign the document. Whenever possible, TI Case Managers meet with the family to review and sign the treatment plan.

Additional signatures are gathered from service providers who are not in attendance at the CFTM, but who provide services or supports to the child or family, to ensure coordination of care.

Expedited Treatment Planning

There are certain circumstances which may require a new CANS comprehensive assessment and the development of a new treatment plan. Examples include a change in placement, including beginning a trial home visit, an official change in permanency goal, discharge from a hospital or residential facility, a significant change in behavior or symptoms, and whenever there is a change in circumstance which makes an existing goal irrelevant or which requires a new goal. There may be additional circumstances that warrant the revision of the assessment or the treatment plan. The TI Case Manager will consult with their supervisor and with the CFT regarding situations that require expedited treatment planning.

DCS Child Safety Plans CS-1044 (if applicable)

TI Case Manager update a child's safety plan as often as circumstances require, but no less often than every 90 days, in consultation with the CFT. The DCS document CS-1044 is uploaded into Kaleidacare. The TI Regional Director is responsible for reviewing and approving all safety plans.

DCS Policy 31.18 requires that a safety plan (CS-1044) be implemented whenever a child scores a two (2) or above on the CANS Assessment in the following areas: Danger to Others, Sexually Reactive or Sexually Aggressive. A safety plan may also be required for other behaviors or symptoms which potentially pose a safety risk to the child or others. All parties responsible for implementing a safety plan review and sign the plan. TI Case Managers note status of safety plans in the monthly summary.

TI Crisis Plans

The TI Case Manager develops a TI Crisis Plan within 24 hours of placement and updates the crisis plan quarterly to ensure expediated service planning for therapeutic foster parents when crisis or urgent needs are identified after hours.

TI Kaleidacare Health Care Visit Documentation

The TI Case Manager regularly documents service appointments for all medical and behavioral needs and collects and files a Health Service Confirmation Form documenting each appointment. For EPSDTs, the TI Case Manager must collect the Health Service Confirmation Form from the DCS FSW.

TI Therapeutic Foster Family Daily Notes

TI Case Managers collect, review, and sign the daily notes kept by therapeutic foster parents which note progress, strengths, and areas of need for the child. Regional Directors also review and sign foster family daily notes.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Permanency Planning	DATE: 10/15/20
COA CORE/PRACTICE STANDARD(S): FKC 6, 6.01 -6.07		APPROVED BY: Lois Barrett Luke

Policy

TI values child permanence. Achieving child permanence is our key mandate, while also ensuring child safety. We understand that a child in the foster care system is at increased risk for trauma and that the longer a child is in foster care, the greater the risk for additional trauma and poor outcomes. TI is committed to working urgently and diligently as a Child and Family Team (CFT) member toward permanence for each child.

Role of DCS in Permanency Planning

By policy, the Tennessee Department of Children's Services (DCS) identifies that the Department is responsible for facilitating permanency planning. (TN DCS Policy 16.31). This does not diminish TI's commitment to serving as a focused, driving force in the pursuit of expedient child permanence and a dedicated agency partner with DCS. As members of the Child and Family Team (CFT), TI contributes to decision-making regarding child permanence.

Role of TI in Permanency Planning

A Family Permanency Plan is developed as a product of the Initial Permanency Planning Child and Family Team Meeting (CFTM) and may be revised during any CFTM. The TI Case Manager actively participates in each CFTM, providing information, resources, and supports. Part of TI's role as a member of the CFT is to help build and maintain key child relationships with significant adults. Additionally, TI serves as a strong voice, advocating for expedient permanency. The TI Case Manager collaborates with the child, parents, and DCS FSW to identify, notify, and engage relatives and other close, supportive adults who can serve as a placement resource or a placement support for permanency, regardless of the child's age or permanency goal. The TI Case Manager maintains a record of the Family Permanency Plan and documents participation in each CFTM in the client case record. The permanency plan shapes treatment plan goals. TI team members are required to voice team dissention with permanency plans, based upon the best interests of thechild.

Procedure

The TI Case Manager is responsible for the following job duties related to permanency planning:

- Develop treatment plan goals which are geared toward achieving child permanence
- Provide support, services, referrals, and resources to the child and family to aid in the achievement of treatment plan goals.
- Monitor and document progress on treatment plan goals.
- Attend and document participation in all CFTMs.

- Provide support for DCS efforts to conduct a diligent search for a potential family member or individual to be a natural support, adoptive, foster, or planned permanency living arrangement (PPLA) support for a child. To identify and engage kin, the TI Case Manager will:

  -Engage the child and families in identifying potential resources

  -Review the case record thoroughly for leads regarding kinship resources

  -Use technological resources, such as public records available online

  -In collaboration with DCS, provide notification to identified kinship resource in the preferred language of the family

  -Provide notification to identified kinship resource in multiple forms, including written form

- Share information with the CFT regarding identified resources and supports for a child and/or family.
- Make recommendations regarding appropriateness of permanency plan.
- Advocate for expedient permanence at every opportunity, in the best interests of the child.
- Register TI disagreement with a permanency goal as needed, based on a TI team recommendation, including drafting formal communication with the CFT and theCourt.
- Pursue concurrent planning, whereby parallel, but separate efforts are made to simultaneously support and strengthen child relationships with family and positive adults while also identifying and strengthening other placement options.

The TI Regional Director is responsible for the following job duties related to permanency planning:

- Review and approve treatment plan goals, ensuring that they are based on achieving permanence and that they are designed to support and strengthen family and community relationships.
- Conduct monthly team case reviews to
  - assess treatment plan progress.
  - assess progress toward permanence.
  - determine continued appropriateness of treatment plan goals.
  - determine continues appropriateness of permanency goal.
- Ensure case record documentation
  - is complete, accurate and timely
  - reflects permanency goal as approved by the Court
  - contains documentation of progress on treatment plan goals and permanency

goal

- Advocate for expedient permanence at every opportunity, in the best interests of the child.
- Review and approve all formal written communications to the CFT and the Court
- Forward all communications to the Court to executive director for review, approval, and signature prior to dissemination

Registering TI Dissent with a Permanency Plan:

If the TI team disagrees with a permanency plan, the Case Manager or the Regional Director have the responsibility to present their concerns about the plan to the CFT. TI, as an agency partner, has a right to present such concerns to the Juvenile Court when deemed appropriate by the Regional Director and executive director. The TI team reviews the appropriateness of the permanency goal for a child during monthly case reviews and requests a Child and Family Team Meeting be convened when the TI team disagrees with the permanency plan. When a permanency plan is developed with which the TI team disagrees, the most senior TI team member in attendance at the CFTM will indicate the agency's dissent and intention to draft correspondence to the Court.

Whenever necessary and appropriate, the TI Case Manager or Regional Director may draft formal correspondence to the Juvenile Court, indicating disagreement with a child permanency plan. The correspondence will include evidence to support the recommendation of the agency and will be sent to all members of the CFT, in addition to the court. All such correspondence with the court will be reviewed and approved by the Regional Director and will be signed by the executive director or her/his designee.

According to DCS Policy 31.7, disagreement with a permanency plan is not grounds for an appeal of a CFTM decision. Appeals can be filed regarding only: child's type of placement, a child's level of care, or the continuation of a child's current services.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Child Placement and Matching for Therapeutic Foster Care and Adoption	DATE 10/16/20
COA CORE/PRACTICE STANDARD(S): FKC 7, 7.01-7.06 AS 8.04-8.09 AS 9.02		APPROVED BY: Lois Barrett Luke

Policy

TI values child safety, security, stability, and permanence. We believe that engaging in a detailed and thoughtful placement matching process helps to ensure child security and stability, which contribute to positive outcomes, including permanence. We use all available information to match child needs with the training, skill, and ability of therapeutic foster parents and expressed preferences of the child and family. We only make placements in thoroughly vetted and fully approved, compliant, and supported foster homes in which the foster parent(s) has a demonstrated ability to meet the needs of a child.

First Placement, Best Placement

We believe in making the first placement for a child, the best possible placement. Making the best possible match between a foster family and a child prevents disruptions and the child trauma which results from each move. The application of this rule to pre-adoptive placements is amplified. We partner with the DCS Permanency Specialist in following a thorough process for identifying a pre-adoptive home for a child, as identified in the TN DCS Adoption Best Practices Manual. Our goal of first placement, best placement allows a child to establish meaningful and supportive relationships and to experience the greatest degree of security and support possible. The best way to achieve placement stability for a child is to make a good match initially between the child's needs and the foster or pre-adoptive family's skill, preparation, and commitment to meeting those needs.

Serving Only Children Whose Needs We Can Address

The first rule when determining admission into the TI therapeutic foster care program is that TI accepts for placement only those children we believe will be well served by our program. We embrace the philosophy that a child is most likely to thrive in a safe, attuned, family environment in which the parent(s) is fully informed about the child's strengths, needs, and history, including trauma history and fully prepared to

address those needs using therapeutic skills. We do not accept for placement a child who has demonstrated needs which are beyond the scope of our continuum of services.

Matching

We match a child's needs with the demonstrated ability of a foster family to meet those needs. We identify the best possible placement for a child using all available information regarding child and family preferences, children's and resource families' strengths, needs, supports, and resources, including:

- Complete child referral packet, which contains the CANS comprehensive assessment and ongoing assessments and case review
- All information available about child and parent preferences and family history
- Foster parent(s) POPS Tool, TN-KEY or PATH Assessment
- Foster home assessment or reassessment
- Home Study, including recommendations by the home study writer
- TFACTS approved capacity of the home
- Needs of children already residing in the home based on client roster information and communication with case manager for the home

Whenever a foster or pre-adoptive family already has more than one unrelated child in the home or has recently added a member of the family, whether through adoption, birth, or otherwise, the team weighs these factors and take additional steps to prepare for and support such placements.

Number of Children in a Foster Home

Each foster home will have no more than a total of five children in the home, regardless of whether they are foster children, adopted children, birth children, or other. Foster homes will have no more than two children under the age of two; four children over the age of 13; and two children in treatment fostercare. Tennessee Department of Children's Services may allow a higher total number of children in a foster home, but TI follows accreditation standards, which are more stringent.

Placement Exception Requests (PER)

There are occasions when TI seeks a DCS Placement Exception Request (PER) to exceed these numbers to place a child. Reasons to request a placement exception include:

- Best interests of all foster children in the home
- Placement of a large sibling group together
- A foster home with fewer children, fewer therapeutic-level need children, or the compliant number of children or the compliant ages of children, cannot be located that will accept the child for placement, despite a diligent search on the part of DCS

Accommodating Family Needs

TI makes every effort to place siblings together in the most family-like and familiar setting possible. We work to place children with foster families from their own communities and near their families. This facilitates ongoing family involvement, visits, and support. Placement options are weighed heavily in favor of proximity to the family. Staying close to home also supports a child in maintaining connection to their community and school. TI is committed to facilitating child and family connections, regardless of proximity. When a child is placed outside of the community where the family resides, TI makes appropriate accommodations, including providing transportation or transportation vouchers, to allow regular, meaningful contact.

Kinship Placement

Kinship is the first choice for placement, whenever possible. TI is committed to helping identify, train, and support kinship resources. When a kinship option is identified for a currently placed child, TI works to prepare the child, the kinship resource, and the therapeutic foster family for a smooth transition. Whenever possible, TI helps to connect the kinship resource with the foster family to broaden the attachment network of the child. Having multiple positive relationships with adults across the boundaries of foster care, family, and community, serve to strengthen resilience and improve outcomes for a child. Having a cohesive group of adults who are concerned with the child's best interests, and who can communicate with one another, supports a child's feelings of safety and security.

Children Who are Members of a Native or Indigenous Tribe

The Indian Child Welfare Act (ICWA) requires that American Indian and Alaska Native children be placed according to placement preferences as outlined in the ICWA. For further guidance, including how to determine tribal affiliation of a child, please refer to the Guidelines for Implementing the Indian Child Welfare Act document.

Procedure

Intake Packet Review

The TI placement supervisor screens referrals from DCS. The screening consists of identifying whether a child has needs which can be appropriately addressed by the services available within the TI continuum and if the supervisor has reason to believe that a child can be well-served by the TI therapeutic foster care program. If an initial screening reveals that this is the case, the TI placement supervisor completes a thorough review of a child's referral packet, which contains information about a child's characteristics, behaviors, history, and permanency goal(s), as well as a CANS comprehensive assessment, which identifies child and family strengths and needs. The placement supervisor will often have a conversation with the DCS Placement staff member at this stage to request additional documentation or to gain clarity regarding questions which arose from reading the referral information.

Once the placement supervisor has a clear and thorough understanding of a child's needs and characteristics, the supervisor will consult multiple additional resources to identify a therapeutic foster home which matches the needs and strengths of the child. The placing supervisor considers the following in deciding whether a foster home may be a placement match for a child:

- Supervisor and case manager knowledge of characteristics and needs of children served successfully in the past by individual foster homes
- Supervisor and case manager knowledge of strengths, skills, and specialties of fosterparents
- POPS Tool, which indicates characteristics of a child for which a foster family feelsprepared
- TI Client Roster, which indicates
    - children currently placed in a home and the needs of those children relative to additional placements
    - therapeutic level of children in the home
    - total number of children in the home
    - ages of children in the home
    - Pertussis and flu vaccine status of the foster family (required for placing children under 5)
    - approved capacity of the home
    - sleeping arrangements in the home
    - whether the home has been placed on suspended admissions (check TFACTS also)
- Home Study, including recommendations by the home study writer
- TN-KEY or PATH assessment
- TFACTS approved capacity of the home
- Foster home assessments and Foster Parent Review Committee minutes and recommendations regarding foster parent strengths, skills, abilities, and successes.

Sharing Intake Packet with the Foster Parent(s)

TI foster parents are respected decision-making partners. Once the placement supervisor has reviewed a complete referral packet for a child, consulted the various resources listed above, and has made a determination that a particular therapeutic home may be an appropriate placement option for a child, the placement supervisor contacts the foster parent(s) and shares the referral information with them in a secure and HIPAA compliant manner. The referral packet contains all legally permissible information about a child's characteristics, behaviors, history, and permanency goal(s). Once the foster parent(s) reviews the contents of the packet, the placement supervisor has a phone call with the foster parent(s) to field questions, provide clarification, and identify areas in which further information from DCS may be required in order to make a placement decision. Ultimately, the therapeutic foster family determines whether they feel they can meet the needs of a child and their decision is respected.

Sharing Child Information with Pre-Adoptive Foster Parents

When a pre-adoptive foster parent(s) has been identified as a match, and prior to placement or signing an Intent to Adopt, the pre-adoptive parents are presented with a pre-placement summary and a full disclosure

binder at a meeting which is held for the specific purpose of reviewing all current and historical information regarding a child. All information that is legally permissible to be shared is part of the full disclosure binder. This meeting offers the pre-adoptive parents an opportunity to ask questions and to have all available information to make a fully informed decision regarding the adoption. Pre-adoptive foster parents are allowed a minimum of two weeks following the full disclosure meeting before signing an Intent to Adopt. The TI Case Manager continues to provide information, counseling, training, and ongoing assessment regarding the suitability of the match until the finalization of the adoption.

Recommending a Pre-Adoptive Placement

The TN DCS Adoption Best Practices Manual outlines the process for identifying a pre-adoptive resource for a child. The TI Case Manager works closely with the DCS FSW and Permanency Specialist, attending monthly special CFTMs for a child who has a permanency plan of adoption but has no identified pre-adoptive resource. The TI Case Manager staffs the child's case with the TI Regional Director to identify a prospective pre-adoptive home from TI's cadre of therapeutic foster parents. The TI Case Manager uses case notes in the child's case record to document all recommendations and discussions regarding proposed pre-adoptive placements and provides all information required to assist the team in making the best placement choice for the child. TI program team members are familiar with the Multi-Ethnic Placement Act and the Indian Child Welfare Act and are required to observe and offer feedback to the team regarding compliance with the stipulations of both laws in matching and making placement decisions.

Preparing a Child for Adoption

The TN DCS Adoption Best Practices Manual outlines how the DCS Permanency Specialist, the TI Case Manager (Adoption Specialist), the therapist or counselor, and the DCS FSW work together to prepare a child for adoptive placement by ensuring that the child has the opportunity to understand the reason for separation from the birth family, the experience of foster care, and an opportunity to grieve the loss of family and to understand what adoption will mean. TI collaborates with the team to prepare a child for adoption by providing services and supports to address the following, as required by DCS, and excerpted from the TN DCS Adoption Best Practices Manual:

A. Birth/Legal Family Separation

Help the child understand feelings about his/her birth/legal family, explain w the child cannot be with his/her birth/legal parents, and why it was necessary for the child to enter foster care. If indicated, refer the child to counseling/therapy to help the child understand adoption and cope with separation, loss, and birth family loyalty issues. (Refer to Work Aid: Suggest Preparation Techniques)

B. Disengagement/Blessing Message for Separation from the Birth Family

Provide the child with a blessing or disengagement message from the birth family, which will enable the child to move forward. Identify the tools and techniques needed to facilitate and deliver the disengagement or blessing message. (See Work Aid: The Separation: The Blessing Message from the Birth Family)

C. Permanency

Help the child see his/her entitlement to a permanent family and benefits that come from having an adoptive family, especially if the child has experienced multiple foster care placements or an unsuccessful adoption.

D. Resource Parent's Role

Consider the child's resource parents as potential adoptive parents based on the child's best interests. If that is not possible, identify ways the child's resource parents may help in the adoptive placement process.

NOTE: Resource parent adoptions are often best for a child because of the existing emotional relationship and the decrease in the number of placements for the child. Therefore, the longer the child remains in the resource home, the greater priority DCS gives to maintaining the relationship. Also, consider the child's best interests in determining placement of sibling(s).

E. Resource Home Separation

Help the child understand and resolve feelings about moves from the resource home, including why the resource parents cannot adopt and/or why the chi cannot stay in the resource home.

F. Blessing/Disengagement Message for Separation from the Resource Family

Provide the child with a disengagement message to help the child move forward. (See Work Aid: The Separation: The Blessing Message from the Resource Family)

G. Adoption Process

Help the child understand adoption: what it means, how it differs from foster care, and the adoption process.

H. The Cover Story: Helping Children Explain Their Placement

Assist children in explaining who they are, how they came to be living apart from their birth families, and how they came to be with their current family (See Work Aid: The Cover Story: Helping Children Explain their Placement)

I. Siblings

Help the child understand adoptive plans for his/her siblings.

J. Contact with Significant Others

For older children, it is recognized they may have strong ties to significant others where ongoing contact after adoption may be beneficial. Significant others m be birth family members, resource family members, tribe members (when o has been identified), or other significant relationships. Such ongoing contact serves the child's need for a sense of continuity. DCS is committed to evaluating the best interests for children in maintaining contact with birth relatives and significant others through adoptive placement. Determination of the be interests for children is based on the quality of the relationship and all parti reaching a mutually agreed upon plan for contact.

K. Involving the Child/Youth

Engage the child in the process of adoption planning and Life Book work bas on the child's developmental level. For children too young or otherwise unable to engage in the process, the FSW or resource parent for the child will ensure the completion of a Life Book.

L. Pre-placement Visitation

Provide the child with opportunities to visit prospective adoptive parents, as outlined in Conducting Pre-placement Visitation (Page 92). Prepare and support the child before and after pre-placement visits. The child's feelings about the visitation experience should be incorporated into the Life Book.

Introductory Process

Whenever possible, TI provides opportunities for a child and foster family or pre-adoptive family to meet one another and spend time together prior to making a placement decision. This is especially helpful when a child is stepping down from a residential or hospital setting into a new home, when a child has experienced multiple disruptions, and particularly so when a pre-adoptive placement is being sought. We coordinate with the child's team, including the family, to plan for introductory phone calls, followed by a series of brief visits or respite stays to allow both the child and family time to get to know one another and to gather enough information to inform placement choice. Whenever possible, a child's family is involved in this process and a connection between the family and the foster family is established and nurtured. Ideally, even when the child, the team, or the foster parents determine a home is not the best fit for placement, the child and family may maintain an informal relationship of support.

Regarding therapeutic foster care placements, it is critical that the team prepare a child for the introductory process, ensuring the child understands that the overall goal is to expand the child's circle of support and that placement may or may not be the ultimate decision. The goal is to avoid, at all costs, a child experiencing the introductory process that does not result in placement as a rejection. The child's team works closely to frame this process and the possible outcomes for the child prior to initiating the process.

Whenever a child transitions to a new placement, or has a pass, visit, or respite stay, the TI Case Manager takes all appropriate measures to ensure that the transfer takes place in a secure and appropriate manner. For certain circumstances, it may be necessary and appropriate to enlist a program team colleague (Case Manager, Regional Director, Executive Director) to accompany the child and Case Manager in making the transfer.

Coordinated Placement Planning

TI believes that placement stability supports a child's overall experience of safety and security. Maintaining placement stability is a top priority for the TI program team. We actively work to anticipate threats to placement stability, and we take swift action to prevent placement disruption. Such action may require additional needs assessment, intense availability or presence of the case manager or regional director to the family and child, additional training for the foster parent(s), skilled crisis intervention, additional referrals for services or supports, respite placement, and/or strategic use of the foster family's natural supports/contingency plan. When a TI program team member is required to spend additional time with a family or child in order to maintain a placement, the supervisor of that team member will absorb or reassign the workload as necessary to prioritize and accommodate this priority.

Whenever a change in placement is to occur (such as those which support children's best interests and permanency goals, including moving from a foster home to a pre-adoptive adoptive home or kinship home, or to a placement which allows a child closer proximity to family, home, or community), all CFT members, including the child, family, and TI foster family are provided a 14-day notice, whenever possible. When the need for a move or disruption arises, a placement Child and Family Team Meeting is convened, and all CFT

members are invited to attend. This CFTM allows the team to discuss the reasons for the proposed move and to allow each team member to express their feelings and perspectives about the move and to offer ideas and develop a collective strategy for identification of a resource family or other placement setting that can best promote safety, well-being, and permanency. The CFT makes decisions regarding necessary referrals or additional services or supports to support a child and family.

Permanency Placement Meeting CFTM

Pre-adoptive placements and adoptive placements are approved within a Permanency CFTM and specifically approved by the DCS Permanency Specialist. Children must have been in a pre-adoptive placement for a minimum of 6 months prior to finalizing an adoption.

Ongoing Assessment of Appropriateness of Placement

Child and Family Team Meetings (CFTMs) are convened quarterly, and more often as needed. The Child and Family Team is responsible for reviewing the appropriateness of a child's placement, to support the child's best interests and permanency goal(s). CFTM minutes are uploaded to TFACTS, the DCS electronic records management system, by the DCS FSW and are also part of the TI electronic case record in Kaleidacare.

Therapeutic Interventions
Nurturing Children and Families

Family Time Plan

Child:_____DOB:_____Date of TI Placement: _____

Date Completed or Updated:_____Completed By: _____

Purpose: The Family Time Plan outlines the specific schedule of family contact and the strategy for maintaining and strengthening a child's relationships with family, peers, and community. The Family Time Plan is developed in collaboration with the Child and Family Team (CFT) and based on the CANS comprehensive assessment.

Timeline for development: A draft of the Family Time Plan is developed at the time of an initial placement and a fully developed plan is completed 30 days following placement and reviewed and updated every 90 days thereafter. This plan is an addendum to each treatment plan and is updated whenever there is a change in circumstance, permanency goal or court order, as necessary.

Community connectedness: The Family Time Plan addresses plans for helping a child maintain and strengthen relationships with an attachment network which may include extended family, peers, other individuals with whom they had a prior relationship and members of the child's community, ethnic group, faith group, clan, or tribe.

- Under no circumstances will family time be denied as a form of disciplinary action for a child or family.

Family Members

The DCS FSW or Child and Family Team have identified the following **family members** to be included in family time planning:

Name	Relationship to Child	Contact Information
Name	Relationship to Child	Contact Information
Name	Relationship to Child	Contact Information
Name	Relationship to Child	Contact Information

Community Members

The child, family or the Child and Family Team have identified the following members of the child's **extended family, peers, other individuals with whom the child has a relationship and members of the child's community, ethnic group, faith group, clan, or tribe** participants with whom the child will spend time:

Name	Relationship to Child	Contact Information
Name	Relationship to Child	Contact Information
Name	Relationship to Child	Contact Information

Individual(s)	Start Date	Frequency	Length of Time	Location	Transportation	Supervision Requirement

Preparation:

The TI case manager, the family, the foster parent(s), and the child will make preparations to ensure that the following recommended developmentally-appropriate and interactive activities can be enjoyed during family time.

1.
2.
3.

Family Caregiving:

The TI case manager will support the child's family in being prepared to provide caregiving for young children during family time, when possible and appropriate, in the following ways:

1.
2.
3.

Debriefing

The TI case manager will debrief with all parties following time spent with family and will address activities, interactions, caregiving, and relationship-building. Debriefings will be reflected in TI case manager notes in the client case record.

Cancellation Arrangements

The following arrangements have been made with all parties regarding what to do if family time arrangements are cancelled:

Therapeutic Interventions
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POLICY #:	Child Orientation	DATE: 10/8/20
COA CORE/PRACTICE STANDARD(S): FKC 10.01		APPROVED BY: Lois Barrett Luke

Policy

At TI, we value respect, honesty, and sensitivity. This extends to the children and families who are our clients.

We strive to maintain transparency and obtain clarity regarding the circumstances that brought the child into care. This allows us to partner in planning for the safety and well-being of the child.

We value safety, security, and permanence. We recognize the importance of welcoming and orienting each child to our agency and to their foster home. Being in out of home care is a frightening and disorienting experience. We spend time with a child at the time of placement to share information, offer reassurance, help them know what to expect, and apprise them of their rights. This increases a child's feelings of safety and security. Explaining the rules and processes in the program help a child know what to expect. We also ensure that, at the time of placement, a child has information about how and when to contact family members, the TI Case Manager, the DCS FSW, their Guardian ad Litem, their CASA worker and other team members.

We value support. At the time of placement, the TI Case Manager conducts an initial assessment interview with the child to gather information that helps TI and the therapeutic foster parent to keep the child safe. Another function of the initial assessment interview is to learn more about the child's perspective and to find out what the child needs to feel safe and secure.

Procedure

Child Orientation

At the time of placement, each child is oriented to the agency and to their therapeutic foster home by the TI Case Manager.

- **Child or Youth Handbook:** Each child receives a child or youth handbook, depending upon the child's age and development. Typically, children 10 years old and younger receive a child handbook and older children receive a youth handbook. Each handbook provides some basic information about foster care, the role of the agency, the role of the foster parent, and personal safety

information. Each handbook also contains information about the child's rights and responsibilities and provides contact information for key people who will assist the child, including their TI Case Manager and their case management supervisor. The TI Case Manager reviews the handbook with the child and answers questions.

The intent of the handbook is to orient the child to new surroundings, circumstances, people, processes, and systems. The handbook includes an explanation of the Child and Family Team Meeting (CFTM) process and an overview of the assessment and treatment planning process, including the child's option to invite up to two (2) individuals who are not direct caregivers or family members, such as coaches or mentors, to assist with the development of the plan. The handbook also explains TI involvement in the educational process as well as the child's right to religious freedom, privacy, personal safety, and wellness. Each handbook covers the client grievance policy and procedure and serves as a reference document for the child when looking for information or assistance. The language of each handbook is suited to the age of the child and is explained in a developmentally appropriate manner by the TI Case Manager.

- **Review of Agency and Foster Home Rules:** At the time of placement, the rules of TI's therapeutic foster care program and the specific rules of the foster home are reviewed and explained to the child, with an opportunity for questions and clarification.

- **Safety Plans:** A safety plan is necessary when a child has behaviors which require monitoring and include a description of unsafe behavior, supportive people in the child or family's life and ways they can help, prevention awareness with identified early warning behaviors and/or triggers, and suggestions to address and implement safety action steps. If a safety plan is in place, the plan is reviewed with the child at the time of placement and thoroughly explained to the child. The dangers of running away and the alternatives to running away are covered in each handbook and discussed with the child. The TI Case Manager asks about what a child needs, to feel safe and ensures that the child knows how to stay safe and what to do if they do not feel safe.

- **Family Time Plan:** A preliminary Family Time Plan is created at the time of placement based upon information received from DCS, the referral source. The Family Time Plan outlines how a child will maintain contact with parents, siblings, extended family, friends, and community while in out of home care. At the time of placement, the TI Case Manager reviews the preliminary Family Time Plan with the child and either makes notes of the family time plan in the child's handbook or shares a copy of the Family Time Plan with the child.

- **Initial Child Assessment Interview:** The TI case manager meets with the child at the time of placement, as part of the admission process. Based on individual circumstances, the child's ageand understanding and time constraints, this initial interview may be brief, with the case manager completing the child assessment interview process over the next week. The case manager encourages the child to tell her or his from his own perspective. The case manager asks the child to elaborate on how they and their family have functioned over time, asks the child to identify some things they and their family are good at, and elicits stories about some times in the past whenthe

family successfully handled challenges. The case manager collects information about what resources the family may have used in the past or may have at their disposal currently. The case manager asks the child to identify who is important in their life and who has helped them. The case manager uses interviews with the child and parents to gain information that may be missing from the DCS comprehensive assessment. When exploring sexual orientation, gender identity, and expression the TI case manager will first explain that TI is an open and affirming place and will then employ open-ended questions that prompt discussion and help establish rapport, as opposed to asking direct questions. Information shared will only be included in written plans when a child gives explicit consent.

Tasks for the Initial Child Interview:

- Orient and welcome the child to TI and to the foster home
- Establish how the child can reach their family, their case manager and their DCS worker
- Allow the child to tell their own story
- Discover who is important in the child's life, from the child's point of view
- Conduct any necessary screenings, as identified in the records review
- Assess strengths, needs, family and child functioning using the CANS framework
- Identify examples of crisis-based and long-term resiliency
- Identify child's short-term and long-term goals

Information gathered from the initial child assessment interview will inform the TI Case Manager's completion of the CANS comprehensive assessment.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Therapeutic Environment	DATE: 10/8/20
COA CORE/PRACTICE STANDARD(S): FKC 10.02-10.09		APPROVED BY: Lois Barrett Luke

Policy

At TI, we believe the quality of the therapeutic foster home environment is a primary determinant of child safety, security, and overall well-being. We view the following components are critical components of a positive, nurturing, and therapeutic environment for a child:

1. Thoroughly vetted and approved foster parents
2. Trauma informed approach which is attentive to a child's need for safety and which supports the child in understanding and processing trauma and developing skills and strategies for dealing with reminders of trauma
3. Supported by a network of family, community, and professionals who communicate frequently to ensure a child receives supports and services to address identified needs and build on strengths
4. Positive behavior management and discipline and nurturing, attachment-based model of care with healthy boundaries and rules and thoughtful, meaningful consequences
5. Appropriate supervision and guidance and prudent parenting, including age appropriate and developmentally appropriate rules, which provide opportunities for a child to grow, explore, experience, and participate in typical childhood experiences
6. Child-centered schedules, routines and supports that ensure a child's developmental, physical, emotional, psychological, social, and spiritual needs are met
7. Personal space, both literal and figurative, where a child can be alone as appropriate, process information, and creatively express themselves
8. Ongoing assessment of child strengths and needs, particularly related to the child's self-regulation, effective communication, relationships, and ongoing identity development
9. Active, positive, supportive involvement of adults in a child's education
10. Intentionally builds protective factors to promote resiliency, including designing opportunities for a child to make informed choices and to learn independent living skills

Procedure

Therapeutic Interventions intentionally prepares each therapeutic foster parent to create a therapeutic environment for a child. This section highlights the multiple rules, processes, trainings, and requirements we implement to ensure each child is placed in a safe, positive, welcoming, supportive, and therapeutic environment while in temporary out-of-home care.

1. **Thoroughly vetted and approved foster parents:** Every TI therapeutic foster home is approved by Tennessee Department of Children's Services and has been thoroughly vetted to provide a safe and supportive atmosphere. Prospective foster parents undergo fingerprint and background checks and are checked against various state agency registries before engaging in therapeutic foster parent training and preparation. Our foster parents meet strict requirements for participation in substantial initial, pre-approval, therapeutic (trauma-informed), and annual training. TI foster parent training requirements meet and exceed those established by Tennessee DCS; TI foster parents are on a trajectory to participate in additional *Therapeutic Behavior Management (TBM)* training and to also become certified in the evidence-based therapeutic foster care curriculum, *Together Facing the Challenge.* To ensure ongoing compliance and to maintain DCS approval, all TI therapeutic foster parents undergo annual assessment.

2. **Trauma informed approach which is attentive to a child's need for safety and which supports the child in understanding and processing trauma and developing skills and strategies for dealing with reminders of trauma:** TI therapeutic foster parents are trained in TN KEY (Knowledge Empowers You), an initial foster parent training that provides prospective foster parents with 15 hours of training credit on the most trauma-informed information available as they begin the journey to becoming foster parents. TI foster parents participate in additional 8 hours of trauma training prior to the approval of their home: TIPS: Trauma Informed Parenting Strategies (6 hours) and Building Strong Brains (2 hours). The TI Case Manager, in collaboration with the Child and Family Team, identifies a child's need for assessment, counseling or therapy, and medication management services to aid in the treatment of trauma and to assist the child in developing healthy coping skills and strategies for dealing with trauma.

3. **Supported by a network of family, community, and professionals who communicate frequently to ensure a child receives supports and services to address identified needs and build on strengths:** The TI Case Manager and the therapeutic foster parents participate as members of the Child and Family Team (CFT), whose meetings are facilitated by Tennessee Department of Children's Services. The team collaborates to make decisions, implement changes, and monitor progress. Whenever a need is identified through the comprehensive assessment process or outside the formal assessment process, the therapeutic foster parent, and the TI Case Manager staff this with the CFT. The TI Case Manager makes timely, appropriate referrals for services including assessment, diagnosis, and treatment services to address identified child needs. TI offers 24/7 support to our therapeutic foster parents, who can access virtual and on-site help whenever necessary.

4. **Positive behavior management and discipline and nurturing, attachment-based model of care with healthy boundaries and rules and thoughtful, meaningful consequences** Beginning in 2021, TI

foster parents will become certified in Therapeutic Behavior Management (TBM) (8 hours) within their first year as an approved foster home, with a 2-hour recertification required every 2 years. All TI program staff are trained in Together Facing the Challenge (TFTC)(15 hours) and beginning in 2021, and TI will be training all foster parents on this curriculum. Together Facing the Challenge (TFTC)is an evidence-based, high fidelity model of care designed specifically for therapeutic foster care, with a scientific rating of 2 by the California Clearinghouse. TFTC is based upon an in-home coaching model, whereby TI Case Managers and program staff support therapeutic foster parents on site, in real time, to address behavior from a positive and trauma informed perspective. TFTC and TBM both teach skills and offer tools to support therapeutic foster parents in providing positive behavior support and discipline.

5. **Appropriate supervision and guidance and prudent parenting, including age appropriate and developmentally appropriate rules, which provide opportunities for a child to grow, explore, experience, and participate in typical childhood experiences:** All TI therapeutic foster parents are required to take Creating Normalcy through Prudent Parenting, a 3 hour training provided by Tennessee Department of Children's Services, which helps foster parents understand their considerable latitude in creating normalcy for a child while balancing and mitigating risk. TI program staff are also required to take this training as part of their pre-service requirement.

6. **Child-centered schedules, routines and supports that ensure a child's developmental, physical, emotional, psychological, social, and spiritual needs are met:** The TN KEY course prepares foster parents to maintain a regular but flexible schedule to accommodate a child's needs as they become apparent. In TN-KEY training, foster parents practice creating an eco-map, which helps them anticipate what resources they can count on to accommodate a child's schedule and changing needs. The TI Case Manager and the DCS FSW collaborate with foster parents and are available to provide transportation to and from appointments, as necessary.

7. **Personal space, both literal and figurative, where a child can be alone as appropriate, process information, and creatively express themselves:** We recognize the importance of building time into the family routine that allows a child free time each day. TI requires that each child have their own bed, dresser, closet, and personal space which the child is free to decorate and personalize. Time away is a technique discussed in Therapeutic Behavior Management and Together Facing the Challenge, as a tool to support self-regulation.

8. **Ongoing assessment of child strengths and needs, particularly related to the child's self-regulation, effective communication, relationships, and ongoing identity development.** The TN-KEY training sessions entitled Impact of Trauma and Roadmap to Resilience address adverse childhood experiences (ACEs) and survival behaviors. It discusses the importance of understanding the needs underlying child behaviors. Rerouting Trauma Behaviors is also a session in TN-KEY which emphasizes positive discipline methods and teaches techniques for building healthy relationships, improving self-regulation, and communication skills. This session highlights the importance of understanding there can be a difference between the physical, emotional, and cognitive ages of a child and that it is important that interventions are age-appropriate and developmentally appropriate, based on the unique needs of the child. As part of the ongoing comprehensive assessment and treatment planning processes, the TI Case Manager continuously assessesemerging

needs and strengths and updates the CANS comprehensive assessment every 90 days, or more frequently, as needed. The comprehensive assessment is the driver which helps to identify which services and supports the Case Manager obtains for a child.

9. **Active, positive, supportive involvement of adults in a child's education.** Each child placed in the TI therapeutic foster care program is enrolled and required to attend school. All TI foster parents are required to take Working with the Education System training (2 hours) within the first 30 days following the approval of their home. All TI program staff also take this training as part of their pre-service training requirement. This training provides an in-depth discussion of the requirement for program staff and foster parents to be involved in a child's education and to collaborate with educators and the Education Specialist at Tennessee DCS to ensure that all of a child's educational needs are met. This training includes information about Individual Education Plans and how to advocate for a child in the context of an IEP meeting. The TI Case Manager plays an active role in a child's education and collaborates with educators, guidance counselors, and school administrators monthly, as part of standard case management practice. DCS provides an Education Passport and enrollment letter for each child addressed to the school for which the foster home is zoned.

10. **Intentionally builds protective factors to promote resiliency, including designing opportunities for a child to make informed choices and to learn independent living skills:** All TI foster parents complete TN Key curriculum which includes a session entitled Roadmap to Resilience. All TI program staff also participate in TN-KEY training as part of their pre-service training. This session covers the "Circle of Security" which helps foster parents understand their role as a secure base for a child. Understanding the attachment cycle, foster parents learn their role as allowing a child to venture into the world, learn new things, make decisions, develop new skills, experience consequences, and return to the secure base for comfort, nurturance, and processing of what they have learned. The 3 Rs are covered in this session as well, which addresses how to support a child's own ability to regulate, relate and reason. TI Case Managers utilize the Casey Life Skills Assessment tool for a child fourteen years and older to help identify appropriate treatment goals, services and supports which become part of the treatment plan. The treatment plan also addresses activities of daily living which a child may need support to complete.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Comprehensive Health Care	DATE: 10/8/20
COA CORE/PRACTICE STANDARD(S): FKC 11; 11.01-11.06		APPROVED BY: Lois Barrett Luke

Policy

TI values child well-being, which includes regular and early physical and mental health screenings, diagnoses, and treatment. We are committed to ensuring the delivery of timely and appropriate services, delivered by credentialed providers.

Procedure

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Every child placed into the TI therapeutic foster care program receives an Early Periodic Screening, Diagnosis and Treatment (EPSD&T) checkup within 72 hours of initial entry into the foster care system. All EPSDT checkups required to be completed by the State Health Department. If TI cannot obtain proof of TennCare insurance coverage for a child within 72 hours of initial entry into foster care, the TI Case Manager will coordinate with DCS to ensure the Department gets fiscal approval to pay for the EPSDT outside of TennCare or TI will pay for a timely checkup and seek reimbursement afterward from DCS.

Tennessee Department of Children's Service outlines the following information on their website regarding the details of the EPSDT program:

EPSDT is a program of checkups and health care services for children from birth until age 21 to detect and treat health problems. EPSDT checkups are FREE for all children who have TennCare. In Tennessee, the EPSDT program covered by TennCare is called TennCare Kids.

- ***Early: Identifying problems early, starting at birth***
- ***Periodic: Checking children's health at periodic, age-appropriate intervals.***
- ***Screening: Doing physical, mental, developmental, dental, hearing, vision,and other screening tests to detect potential problems***
- ***Diagnosis: Performing diagnostic tests to follow up when a risk is identified***
- ***Treatment: Treating the problems found***

What Will Happen at the Checkup?

- ***During your scheduled check-up, your health care provider may provide:***
- ***Health History***
- ***Complete Physical Exam***
- ***Lab Tests (as needed)***
- ***Immunizations***
- ***Vision and Hearing Screening***
- ***Development/Behavioral Screening (as needed)***
- ***Advice on how to keep your child healthy***

The EPSDT identifies health conditions that require immediate medical attention as well as a possible chronic condition. This EPSD&T medical also attempts to identify developmental needs for children under 6 years of age.

The Health Department shares the results of the EPSDT checkup directly with DCS. The TI Case Manager collaborates with the DCS FSW to obtain a copy of the checkup results and cooperates with DCS to ensure that referrals are made for any recommendations from the EPSDT.

Whenever a child is placed with TI as a first foster care placement, EPSD&T Dental and Vision appointments are scheduled by the TI Case Manager to occur within the first 30 days of placement, by credentialed providers who accept Tennessee's Medicaid (TennCare).

The EPSDT checkup and vision appointments are required to be completed annually. EPSDT dental appointments are required to be completed every 6 months.

TI Screening Process: Each child's complete referral packet is reviewed by the placing supervisor prior to accepting a child into placement into the TI therapeutic foster care program. During this initial review of the packet, the placing supervisor notes the need for any screenings or assessments that may be indicated. The placing supervisor notes such needs in the transfer of the child's case to the TI Case Manager. The TI Case Manager ensures that the appropriate services are rendered within the first 30 days of placement. Such assessments include alcohol and drug screenings, medication management appointment, personal hygiene consultation, early intervention services, developmental assessments, nutritional consultations, smoking cessation consultation, counseling on personal violence and safer relationships, family planning consultations, STD screenings or treatment, pregnancy testing, prenatal care appointment, parenting education, and HIV/AIDS prevention consultation or treatment.

The placing supervisor also carefully considers a child's medical needs when matching the child with a potential therapeutic foster home. TI is committed to accepting for placement only those children and families we can serve well and whose needs can be appropriately addressed by TI and within the TI continuum of services.

Any child prescribed psychotropic medication will be seen at least monthly by a qualified subscriber. TI foster parents are trained and responsible for supervising and documenting the use of all prescription and over the counter medications a child may take. Whenever a psychotropic medication is prescribed for an off-label use, DCS employs a review board comprised of medical professionals at Vanderbilt University Medical Center to review, approve, and monitor the use of the medication. TI cooperates with DCS to share information and to collaborate to ensure child safety.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Services and Supports for Pregnant, Expecting and Parenting Youth	DATE: 10/12/20
COA CORE/PRACTICE STANDARD(S): FKC 12; 12.01-12.07		APPROVED BY: Lois Barrett Luke

Policy

Youth placed in the TI therapeutic foster care program will not be separated from their children solely due to the youth's age or involvement with the child welfare system age, or as a means of obtaining services or financial support for the child.

TI values child and youth health, safety, and well-being. When a pregnant youth, expectant father, or parenting youth is placed in the TI therapeutic foster care program, TI is committed to ensuring that the youth receives a full complement of timely, individualized, and appropriate services and supports to address their well-being throughout pregnancy, during the post-partum period, and as a parent. We consider the pregnant, expecting, or parenting youth from a holistic perspective, which requires that we stay focused on their existing needs and strengths while adding services and supports to address the additional needs that arise from pregnancy and/or their new role as parent.

When a pregnant, expecting, or parenting youth is placed in the TI therapeutic foster care program, or when an existing client becomes pregnant or becomes an expectant father, TI utilizes the appropriate tool to identify needs, strengths, and the resources to be accessed to educate, support, and empower the youth parent.

Assessment Tools for Pregnant, Expecting, and Parenting Youth

Pregnancy Checklist: This checklist identifies youth needs and strengths, as well as resources to support the pregnant youth and includes a list of contacts, supports, and resources. (ATTACHMENT 1)

Expectant Youth and Parenting Youth Checklist: Upon learning that a youth will become a parent, as early as possible during the pregnancy, or at the time of placement for parenting youth, the TI Case Manager will complete this checklist with the youth to identify needs and strengths related to the parent. (ATTACHMENT 2)

Needs identified in these two checklists are discussed with the Child and Family Team and are included in the youth's treatment plan. The TI Case Manager collaborates with the DCS FSW to follow through with identified needs by identifying appropriate resources and supports, making referrals, providing transportation, as necessary, and documenting same.

From a holistic treatment perspective, pregnancy and parenthood are critical life circumstances that must be acknowledged and addressed in treatment planning for youth. Acknowledging a youth's pregnancy, status as an expecting parent, or status as a parent will play a central role in shaping treatment goals, services, and supports, unless otherwise indicated and agreed upon by the Child and Family Team.

Procedure

All pregnant, expecting, or parenting youth are informed of their legal rights to custody of their children and are maintained together with their children unless a safety risk is identified. TI will identify legal resources and/or legal representation and/or make legal referrals as necessary for pregnant, expecting, or parenting youth placed with TI, to advocate for the youth regarding their parental rights.

The following protocols will be used by the TI Case Manager in planning and supporting a youth who is pregnant, an expecting parent, or parenting:

Pregnant Youth

Youth who are pregnant will receive timely, ongoing, relevant, and accessible services appropriate to their needs which address:

- Nonjudgmental and nondirective pregnancy and birth options counseling
- Prenatal health care
- Diagnosis and treatment of health concerns, including sexually transmitted diseases
- Genetic risk identification
- Nutrition
- Mental health care
- Substance use conditions
- Medication use
- Smoking cessation
- Labor and delivery

Postpartum Youth

TI promotes child and maternal well-being and prepares postpartum youth to recognize and respond to signs of problems in themselves and their infants.

We accomplish this by ensuring the postpartum mother receives timely postnatal care and support related to:

- Postpartum health care, including OB/GYN follow up appointments and annual checkups
- Postpartum depression, including screening for and addressing changes in the new mother's mood, emotional state, behavior, and coping strategies
- Breastfeeding education and assistance
- Pediatric care, including well-baby visits and immunizations

Expectant and Parenting Youth

TI supports expectant and parenting youth by collaborating with the youth and their caregivers, co-parents, and other family members when appropriate, to develop individualized parenting plans which outline the rights and responsibilities of the youth parents, as well as each individual's in supporting the youth parent to care for their child.

In addition, we support youth in parenting by helping them develop skills and knowledge related to:

- Basic caregiving routines
- Normative child growth and development Meeting children's social, emotional, and physical health needs
- Environmental safety and injury prevention
- Attachment parenting; parent-child interactions and bonding
- Age-appropriate behavioral expectations and appropriate discipline
- Family planning
- Establishing a functioning support network of family members or caring adults

Parenting Youth

In collaboration with Tennessee Department of Children's Services (DCS) and the Child and Family Team, the TI Case Manager assists parenting youth in accessing resources and supports that will enable them to care for their child and work toward financial independence. The TI Case Manager makes referrals and provides information regarding resources to meet the following needs:

- Tennessee Department of Human Services resources: Families First public assistance (TANF), WIC, SNAP (food stamps), and TennCare (Medicaid)
- Public transportation, where available
- Tennessee Department of Health Maternal and Child Health Program
- Legal advocacy
- Tennessee Department of Human Services Child Care STARS Program (quality initiative) and Certificate Program (childcare certificate or subsidy)
- Community resources, including free and reduced-cost clinics

- Educational or vocational programs that support and accommodate the circumstances of expectant and parenting youth, including

Expecting and Parenting Fathers

TI supports responsible fatherhood and expectant fathers and youth who are fathers by:

- Indicating in the case record when youth in care become fathers
- Identifying the relationship between expectant youth parents
- Linking young fathers to services that help them understand their legal rights and responsibilities, establish legal paternity, and adjust to the parenting role
- Assisting pregnant youth in notifying birth fathers and engaging them in service planning, when appropriate

ATTACHMENTS:

1. Pregnancy Checklist
2. Expectant Youth and Parenting Youth Checklist

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Rights of Pregnant and Parenting Youth	DATE: 10/12/20
COA CORE/PRACTICE STANDARD(S): FKC 12; 12.01-12.07		APPROVED BY: Lois Barrett Luke

Policy:

Youth placed in the TI therapeutic foster care program will not be separated from their children solely due to the youth's age or involvement with the child welfare system age, or as a means of obtaining services or financial support for the child.

Pregnant and parenting youth, both mothers and fathers, may face additional barriers to experiencing "normalcy" and these needs will be addressed in the treatment plan.

As contractors with the Tennessee Department of Children's Services, TI abides by DCS Policy regarding the rights and responsibilities of pregnant and parenting youth.

The Tennessee Department of Children's Services has established policy which addresses the reproductive health education and services for youth in care: Administrative Policies and Procedures: 20.8. This policy and procedure covers reproductive health services, general pregnancy guidelines, female reproductive health services, and reproductive health education. TI is bound to adhere to this policy and procedure, as indicated. This policy and procedure can be referenced by using the above link.

Rights of Pregnant and Parenting Youth:

- A minor parent retains the same rights to their children as a non-minor parent, regardless of whether they are in the child welfare system.

- Mothers and fathers will be supported in their roles as parents while also being supported in participating in age-appropriate activities.

- Hands-on assistance and parenting instruction will be provided and a youth's right as a parent will be respected and supported in TI's therapeutic foster care program.

- Parenting youth will receive support and assistance in arranging high quality childcare which enables the parenting youth to pursue educational and employment goals and opportunities for extra-curricular and enrichment experiences.

- Fathers will be supported and included in pre-pregnancy activities and upon birth of their child, will be provided services and supports to enable the development of a strong bond with their child and an appropriate co-parenting relationship with the child's mother.

- If a child is removed from a dependent child based on abuse, neglect or a voluntaryplacement, reasonable efforts will be made to keep the parent and child together.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Case Management Practices: Face to Face visits, Collaboration, and Home Visits	DATE: 10/16/20
COA CORE/PRACTICE STANDARD(S): FKC 13 FKC 14: 14.01-14.06 and 14.09		APPROVED BY: Lois Barrett Luke

Policy
TI values safety, security, and child wellbeing. These values are the foundation for all TI case management policy, procedure, and practice.

TI values relationships, communication, teamwork, excellence, and integrity. TI case management practices are guided by these values. Consistent, accurate, thorough, and documented ongoing communication with the Child and Family Team (CFT) is a cornerstone of TI case management practice.

Collaboration: The CFT is the decision-making body which steers casework practice. The CFT is comprised of the parents, the child, friends and family members identified by the child and parents, foster parent(s), service providers, the TI Case Manager (and CM Supervisor, as indicated), and the Department of Children's Services (DCS) Family Services Worker (FSW). The DCS FSW is responsible for convening Child and Family Team Meetings (CFTMs) at quarterly intervals and as needed, based upon child needs and circumstances. TI Case Managers are responsible for maintaining close communication with a child's DCS FSW, which often occurs daily. This communication is accomplished via telephone calls, email, and in-person meetings. TI Case Managers utilize the Kaleidacare system to enter weekly case notes, monthly summaries, CANS comprehensive assessments, treatment plans, and crisis management plans. TI Case Managers also obtain all health service confirmation forms, ensure follow-up regarding all provider recommendations, file these in the client case record, and share these with the DCS FSW. Kaleidacare information is available to the DCS FSW and, thereby, to the CFT. Monthly summaries are uploaded from Kaleidacare to the DCS electronic records management system, TFACTS, by a system administrator on behalf of TI.

Procedure

Purpose of Face to Face Meetings:
TI Case Managers make face to face visits with the child, family, and foster parent(s) to cultivate strong, trusting, supportive, and productive relationships, to monitor child safety, well-being, and permanency, and to facilitate parental involvement in the child's care and activities.
Child: Face to face visits with a child offer the child uninterrupted, private access to the TI Case Manager, and offer the TI Case Manager the opportunity to assess child physical, emotional, and psychological wellbeing, to monitor and facilitate child safety and security, to support healthy family relationships, to plan

and strategize with the child regarding treatment plan goals, to listen nonjudgmentally to the child's perspective, and to share information.

Family: Face to face visits with parents and family members allow the TI Case Manager to share information about their child, to partner with them in strategic problem solving, help them access services and navigate systems, to facilitate and confirm the timely delivery of appropriate services, respond to questions or complaints, to facilitation good communication among team members, to mitigate barriers to services, and to generally facilitate and support family relationships and child permanency.

Foster Parent(s): TI Case Managers conduct face to face visits with foster parents to learn about child's adjustment to the placement, monitor and support child safety and well-being, share all information that is relevant and legally permissible which concerns the child, help the foster parent understand their role in supporting the child and family goals in the treatment and permanency plans, share information about upcoming team meetings and court hearings and encourage their participation in same, provide feedback, both strengths and needs related, regarding performance, assess whether additional assistance or support is needed, and to respond to questions, concerns, and issues. Face to face visits with foster parents are utilized to provide trauma-informed in-home coaching for foster parents on the application of Therapeutic Behavior Management and the principles of Together Facing the Challenge, to support them in addressing child trauma responses and behavioral challenges.

Planning for Face to Face Visits:

- The TI Case Manager conducts in-home face to face meetings with a child and foster parent(s) according to the DCS visitation protocol. Twice monthly visits are the minimum number of face to face visits required according to DCS Policy.
- The TI Case Manager conducts monthly face to face meetings with parents.
- Visits primarily take place in the home of the foster parent or parent.
- Most visits are scheduled, but some visits will be unannounced.
- All visits include time for private discussion with each party to ensure the child and the caregivers have an opportunity to comfortably share information.

Face to Face Visits with the Child:
Frequency: TI Case Managers conduct face to face meetings with a child according to the DCS visitation protocol schedule as per DCS Policy 16.38 (**ATTACHMENT 1**). The DCS Visitation Protocol is complex and is based upon the needs of the child, the recency of the placement, and other factors. These requirements are a minimum standard and TI Case Manager face to face visits often exceed the number required by DCS policy.

Time of Placement: The TI Case Manager is present at the foster home at the time a child is placed, barring extraordinary circumstances that prevent it. In this case, a colleague or the Case Manager supervisor will be present. If the assigned TI Case Manager does not have a face to face visit with the child and foster parent at the time of placement, they will do so within 72 hours of placement. This protocol applies to both an initial placement as well as a change in placement. Every face to face visit that occurs in the foster parent home includes a private discussion with both the child and the foster parent(s).

Within 24 hours of placement, the TI Case Manager completes a Placement Notification Form to update DCS and TI program team members of the move. The placement is updated in Kaleidacare under client tracking and is reported to DCS Placement to ensure that current, accurate information about a child's placement is always available to authorized team members.

Ongoing Face to Face Visits: TI Case Manager conducts face to face visits with the child no fewer than 6 times during the first 2 months following placement. Three of those visits must occur in the foster home. Face to face visits are conducted, at a minimum, twice a month during the following months.

Face to Face Visits with Parents/Family: The TI Case Manager works to establish a relationship with the family at the time of placement and conducts an initial assessment interview with the family within 10 days of placement.

The TI Case Manager schedules face to face time with the family of the child monthly, at a place and time that is mutually convenient. Typically, these visits take place in the parent's home, particularly if the permanency plan is for the child to return home.

The DCS FSW has specific requirements to facilitate timely and consistent referrals for birth family assessments and birth family services decided by the Child and Family Team meeting. According to TN DCS policy, it is primarily the role of the DCS FSW to support parents in gaining access to services and it is the DCS FSW who provides information to the CFT regarding progress in this area. The TI Case Manager is informed by the DCS FSW of these referrals and the progress achieved. The TI Case Manager is available to assist with referrals, transportation, and follow-up for parent and family services and supports, as requested by the DCS FSW.

The TI Case Manager develops an initial Family Time Plan at the time of placement and is responsible for managing logistics to ensure that all planned family time is honored and that it occurs according to the plan. Case Managers provide a narrative summary of family time visits in the monthly summary, which is uploaded to the DCS record in TFACTS.

- Neither TI team members nor TI foster parents may deny or interfere with family time, telephone calls, or mail contacts with family members approved by DCS.

Face to Face Visits with Foster Parents
The TI Foster Parent Recruiter Trainer (FPRT) has a minimum of monthly contact with every foster parent, which may occur in person or via telephone. The TI Case Manager has a minimum of twice monthly face to face contact with every foster parent. The Case Manager supervisor maintains regular communication with each foster parent in their region. All TI program staff who interact with foster parents offer additional assistance, training, and support. Foster parents are encouraged to ask questions, express concerns and issues to the FPRT, Case Manager and their supervisor. The TI Case Manager and the TI FPRT complete notes in the Kaleidacare system regarding the foster parents face to face visits and communications.

Contact and Monitoring for Trial Home Visits
The TI Case Manager is typically present at the time of transition to a trial home visit. An initial home visit must be made in the home on the day following placement to confirm safety. The TI Case Manager makes referrals for all services and supports needed by the child and family during a trial home visit and ensures that services are provided by a credentialed professional, in a timely manner.

Case Managers conduct at least 3 face to face visits during the first month of the trial home visit. At each home visit, the TI Case Manager continues to visit with the child alone, outside earshot of the parent or caretaker, to ensure that the child is safe and to offer the child an opportunity to ask questions or share

concerns. The TI Case Manager also makes time to visit with the parent or caregiver alone, to allow them to speak without being overheard by the child. At least one visit each month should be unannounced. The Case Manager, the supervisor, or the CFT may request that additional visits are unannounced.

Case Managers conduct a minimum of 2 face to face visits per month for the remainder of the trial home visit, with at least one of these visits occurring in the family home.

Case Managers conduct 1 face to face visit with the school each month while school is in session. The Case Manager interviews school staff to determine progress and to ensure that the child's educational needs are being met and documents same in Kaleidacare.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Case Manager Contacts	DATE: 10/13/20
COA CORE/PRACTICE STANDARD(S): FKC 13		APPROVED BY: Lois Barrett Luke

Policy

TI values support, excellence, and integrity. To best serve each child, it is important for TI Case Managers to cultivate strong, positive relationships with each child, parent, and foster parent.

- Frequent contacts and accessibility build familiarity and comfort: our Case Managers maintain close contact and are accessible to offer support and services whenever needed.

- Competence and transparency build trusting relationships: our Case Managers are culturally competent and trauma informed professionals. They routinely have honest¸ courageous, and respectful communications.

- Weathering crises together builds strong bonds: our Case Managers support each child, parent, and foster parent by being present during times of crisis and by using their training, experience, and skill to normalize, regulate, reassure, and help navigate crises. We believe that every crisis is an opportunity for growth.

Procedure

Frequency of Face-to-Face Contacts with the Child

TI Case Manager face-to-face contacts are made in accordance with, and may exceed the requirements of, the TN DCS Visitation Protocol.

- The first visit occurs at the time of placement. The TI Case Manager meets with the child to review the Child or Youth Handbook and to conduct the first assessment interview. If the assigned TI Case Manager cannot be present, another TI Case Manager will be assigned to be on-site at the time of placement.
- A second visit is completed by the TI Case Manager in the home 72 hours of a new placement.

- The TI Case Manager accompanies the DCS FSW on a visit in the home at least once every three (3) months to have discussions with the foster parent, child, and one another about issues pertinent to the case.
- Based upon assessments, TI case staffing, Regional Director, or CFT recommendations, more additional visits may be necessary.
- The TI Case Manager makes face to face visits with the child at a minimum of six (6) times during the
- first two months the child is in a new placement. At least three (3) of those visits must occur in the
- foster home or residential placement.
- For any week that a face to face visit is not scheduled, the TI Case Manager will have contact with the child and the foster parent via telephone and will document same in the client case record.
- The TI Case Manager has face to face contact with the child no fewer than two (2) times a month following the first two (2) months in the new placement.
- At least one visit per month will take place in the foster home.

Frequency of Face to Face Parent Visits

- The TI Case Manager will have face to face contact with the parents of a child within the first ten days of placement for the purpose of conducting an assessment interview and establishing a rapport.

- When face to face contact is not possible, the TI Case Manager will make contact via telephone. When this is not possible or does not occur, the TI Case Manager will document the reason and their attempts in the client case record.

Family Time Plans

- The Family Time Plan will reflect a plan for visits between a child and their family for a minimum of 4 hours per month unless a court order or CFT decision indicates otherwise.

- The Family Time Plan will plan for the reflect the child to visit with one or both parents no less than twice per month.

- Each family time visit will last a minimum of one hour in length and occur as frequently as possible, unless
- the visit is shortened to protect the safety or well-being of the child. This will be documented in
- the child's case record.

- The Family Time Plan will be modified when there is a court order which specifically addresses family time visits.

- For siblings not placed together, sibling visits will occur no less than one (1) time per month regardless of parental visits, unless directed otherwise by a court order. More frequent sibling visits are appropriate and will be arranged, as resources and logistics allow.

Trial Home Visit Face to Face Visits

- The TI Case Manager will make three (3) face to face visits during the first month of the trial home visit.

- The TI Case Manager will make initial visit in the home on the day following placement to confirm safety.

- The TI Case Manager will make two (2) face to face visits per month for the remainder of the trial home visit, with at least one of these visits occurring in the family home.

- The TI Case Manager will make one (1) face to face visit with the school each month that school is in session. The Case Manger will interview the child's teacher to determine progress and if the school placement is appropriate.

Documentation of Contacts

- The TI Case Manager enters a case note in the child case record for each child, parent, and foster parent visit within one week which documents the nature of the visit and the information exchanged.

- Child Case Notes Follow the **SOAP** Format: TI Case Manager case note recordings are thorough and include details and relevant updates and concerns. Notes follow the general SOAP rule – **Subjective** information from the client; **Objective**, factual account of the interaction, **Assessment** of the child's presentation, progress on goals, and child perspective; and **Plan** or progress toward treatment goals.

- The case note for each child visit reflects that the TI Case Manager spoke with the child privately, outside the presence of any other individual, including the foster parent or parent.

- The TI Case Manager submits a monthly summary at the end of each month documenting the highlights from the weekly case notes and status of progress on treatment goals.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Discharge Procedures	DATE: 10/16/20
FKC 13 Discharge Procedures FKC 23: 23.01-23.04		APPROVED BY: Lois Barrett Luke

Policy

TI values excellence and integrity. It is our responsibility to discharge a child from the TI therapeutic foster care program with a chronicle of their experience while at TI, their strengths, needs, and successes, the services they received while at TI, and recommendations for ongoing services and supports. Providing the most relevant, thoughtful, and complete information, documentation, and planning possible, helps to support the child's continued well-being and reduces the likelihood of the child's next placement being disrupted and decreases the likelihood of the child re-entering custody.

Whenever a child who has been placed with TI is discharged from the program, the TI Case Manager completes a timely and complete discharge summary and shares the summary with the Department of Children's Services (DCS) Family Service Worker (FSW). Whenever possible, as is the case in reunification, adoption, pre-adoptive placement, and exiting custody with a relative, the TI Case Manager also shares the discharge summary with the child and the family or discharge resource. When a youth transitions to independence, the TI Case Manager provides the discharge summary to the youth.

Procedure

Planned discharges typically involve one of the following scenarios:

- Reunification
- Transition to Independence or Planned Permanent Living Arrangement (PPLA)
- Adoption
- Pre-adoptive placement outside of TI
- Exit custody to the care of a relative or permanent legal guardian

Unplanned discharges typically result from one of the following circumstances:

- The child requires services or supports outside the scope of the TI continuum
- The child runs away and does not return
- The CFT decides to reunify siblings in a non-TI home

Discharge Summary: Regardless of whether a discharge is planned or unplanned, the TI Case Manager develops a discharge summary. In the case of a planned discharge, the summary is developed two weeks prior to the planned discharge date. This allows for planning and collaboration with the child, the family or discharge resource, and the CFT. In the case of an unplanned discharge, when little or no notice is provided, the TI Case Manager completes a discharge plan within two weeks after the date of the discharge.

The Discharge Summary includes the following:

- Child strengths and needs at the time of placement
- Discussion of assessment results, and corresponding treatment provisions for the child and family
- Review of positive changes in behaviors and conditions which have reduced risk, and strategies and supports for maintaining those changes
- Chronicle of the child's time and placements while in the TI program
- Current educational status
- Child's aspirations and plans regarding school and career, if applicable
- Information regarding the child's behavioral history while in the program, including any major incidents which have occurred within the past three months
- Any specific treatment recommendations in the court order if the youth is delinquent and the status of their completion
- Services the child received while in the TI continuum
- Child strengths and success in addressing issues that brought them into custody
- Information regarding any unmet service needs, barriers to meeting these needs, and a plan or recommendations to address them going forward
- Recommendations or decisions of the Child and Family Team for post-discharge services, arrangements, supports, and resources

Discharge planning begins at the time of placement. TI treatment planning and documentation practices support the TI Case Manager in monitoring progress and planning next steps and this information is critical to the completion of a useful discharge summary. TI is invested in learning each child and family's story, their strengths and needs, and what makes each family and child unique. Having a clear and comprehensive understanding of the factors that brought a child into care is essential to providing high-quality case management services and developing a solid discharge plan, both of which help prevent a child from re-entering care. The TI Case Manger begins with the end in mind, consistently working toward safe and expeditious permanency for each child.

Notifications of Discharge: Whenever a child is discharged from the TI therapeutic foster care program, the TI Case Manager notifies existing service providers, schools, and tribal governments, when applicable. According to DCS policy and convention, DCS is the CFT member which serves as the liaison with the court and DCS notifies the court of the discharge.

Collaborative Discharge Planning: Prior to discharge, a Child and Family Team Meeting (CFTM) is convened to finalize a child's discharge from the continuum. This CFTM offers the opportunity for the TI Case Manager, the child, the family or discharge resource, the foster parent(s), and the DCS FSW to

collaboratively plan for discharge. The contents of this discussion and the decisions and recommendations of the CFT are reflected in the discharge summary.

Formal Case Closing Evaluation: Following each discharge, the TI Case Manager Supervisor conducts a formal case closing evaluation in the context of a case review meeting, identifying any unmet needs the child or family may have, along with TI recommendations to address these needs. This case closing evaluation is entered into Kaleidacare and forwarded to the DCS FSW. This evaluation helps the supervisor to identify gaps in policy, procedure, practice, or training. This process also serves as a means for conveying TI recommendations to DCS, in the absence of TI involvement in aftercare planning.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Responding to Allegations of Maltreatment in a Foster Home	DATE: 10/12/20
COA CORE/PRACTICE STANDARD(S): FKC 14.08		APPROVED BY: Lois Barrett Luke

Policy

Above all, TI values child safety. Whenever an allegation of maltreatment is made concerning a foster parent or a foster home, TI takes the allegation seriously and takes swift, appropriate action to protect the child and all children in the home and to report the allegation to the Department of Children's Services (DCS) for investigation.

In collaboration with (DCS) Family Services Worker (FSW), the Child Protective Services (CPS) investigator, and the Child and Family Team, TI will take the most immediate and prudent action regarding placement, supervision, and the implementation of a safety plan, to protect the safety of the child. TI is responsible for safeguarding the child, even when information or collaboration with the CFT is delayed, TI will act in the absence of collaboration, as necessary to protect the child. TI will immediately notify the DCS FSW of any such actions.

TI is specifically prohibited, by DCS policy, from conducting any investigation in the case of an allegation of child maltreatment. We are required to grant the CPS investigator access to the premises, the child, and the records. TI will fully cooperate with CPS investigations.

In the event a foster parent or anyone in the household is accused of maltreatment of a child, TI will ensure the safety of all children in the care of that foster parent while also advocating for the timely conclusion of the investigatory process by the Child Protective Services of Tennessee.

At the conclusion of the investigation, the TI Regional Director will confer with the CPS investigator or CPS supervisor to gather relevant information regarding findings, concerns, and the conclusion of the investigation. The Regional Director will staff these findings with the Executive Director, in order to determine whether further action is required regarding the status of the home, additional training or support that might be indicated for the foster parent(s), any new conditions associated with placement criteria for the home which require a home study addendum, and whether the findings have implications for changes to the treatment plan or safety plan of the child.

Procedure

TI complies with the Child Abuse Reporting/Investigation procedure outlined in the DCS Contract Provider Manual.

Compliance standards:

- Tennessee law (TCA 37-1-403 and TCA 37-1-605) requires that any person having knowledge of child abuse is to report this immediately.
- Any report of suspected abuse or neglect of a minor child will be immediately reported to DCS by the following methods:
    - Hotline: 1-877-237-0004 or 1-877-542-2873 (staffed day and night)
    - Online reporting: https://apps.tn.gov/carat/ (may take up to 24 hours to process)
    - Additional reporting resources https://www.tn.gov/dcs/program-areas/childsafety/reporting/child-abuse.html
- During an investigation, TI will grant access to premises, children, and records.
- While the need for TI to gather necessary information to make the report is recognized, TI is prohibited from conducting an independent investigation into the validity of the report.
- If a TI staff member requests a letter from the hotline, they will receive a letter stating whether the referral was accepted for investigation. If the TI staff member requests email notification, TI will receive a tracking number. If the referral is accepted for investigation, the TI staff member will be contacted if contact information was provided.
- All reports of endangerment to children that are investigated are handled by the Special Investigation Unit (SIU), local CPS staff within DCS, or Internal Affairs (IA).
    - SIU handles allegations of abuse or neglect when there is a concern that the contract provider may be responsible in their professional or volunteer capacity. Refer to Protocol for Foster Home Quality Team. https://files.dcs.tn.gov/policies/chap16/FHQTReviewProtocol.pdf
- TI is responsible for the safety of children they serve. TI will make a safety plan for the child while awaiting the screening/assignment decision. *(TI may make the decision to remove the child from the home, but this is not a legal requirement. This decision will be made internally by TI and staffed with the Executive Director or his/her designee, based upon collaboration with DCS whenever possible).*
- If the report is assigned for investigation, the safety plan will remain in effect until agreement between agency and Special Investigative Unit (SIU) is reached. See DCS Policy 14.25 Special Investigations Unit Child Protective Services Investigations. https://files.dcs.tn.gov/policies/chap14/14.25.pdf
    - During the investigation, TI will cooperate fully with SIU.
    - Investigations will be completed within sixty days. See DCS Policy 14.5 CPS: Locating the Child and Family. https://files.dcs.tn.gov/policies/chap14/14.5.pdf

If an investigation cannot be completed within the required timeframe due to circumstances, the agency will be informed. See DCS Policy 20.27 Child Death Near Death Rapid Response. https://files.dcs.tn.gov/policies/chap20/20.27.pdf

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Planning for Independent Living and Transition to Adulthood	DATE: 10/12/20
COA CORE/PRACTICE STANDARD(S): FKC 15: 15.01-15.05		APPROVED BY: Lois Barrett Luke

Policy

TI values safety, security, and permanence. We support youth in their transition to adulthood through individualized treatment planning that includes an independent living skills section. We work with the Department of Children's Services (DCS) and the Child and Family Team (CFT) to advocate for concurrent planning and the inclusion of an Independent Living Plan as part of the official permanency plan.

TI helps prepare youth transitioning to adulthood by preparing the youth with strategic planning, knowledge, skills, education, access to and knowledge of resources, and preparation to support their long-term safety, security, and well-being.

Procedure

Beginning when a youth turns 14 years old, the TI Case Manager administers the Ansell Casey Life Skills Assessment, *a free tool that assesses the behaviors and competencies youth need to achieve their long-term goals. It aims to set youth on their way toward developing healthy, productive lives. Examples of the life skills CLS helps youth self-evaluate include:*

- *Maintaining healthy relationships*
- *Work and study habits*
- *Planning and goal setting*
- *Using community resources*
- *Daily living activities*
- *Budgeting and paying bills*
- *Computer literacy*
- *Their permanent connections to caring adults*

TI works cooperatively with DCS as part of the Child and Family Team. The Independent Living Plan (ILP) is considered a section of the DCS CFTM Permanency Plan for all youth in state custody age fourteen (14) and

older; however, this plan is currently a separate document. As such, it is the responsibility of the assigned DCS Family Service Worker (FSW) to develop this plan along with the Permanency Plan, maintaining the same review and update schedule. (See DCS Policy 16.31, Permanency Planning for Children/Youth in DCS custody). Once the Independent Living Plan (ILP) is integrated into the permanency plan, the Independent Living sections will also be reviewed and updated with the same frequency as the Permanency Plan.

The Independent Living Plan is developed as a separate document for all emancipated young adults receiving voluntary post-custody services from DCS. As such, it is the responsibility of the assigned DCS FSW to develop this plan in collaboration with the CFT and to update the plan every six months.

The Independent Living Plan is unique in that it emphasizes the role of the youth or young adult's input and preferences. The aim of the plan is to integrate goals which will support the increasing ability of the youth to manage all aspects of their life self-sufficiently. The ILP plays an essential role in preparing youth for the establishment of legal, physical, and relational permanency and support. The work of building independent living skills is best viewed as a life-long process, with early gains being particularly helpful to youth coming of age in foster care.

The DCS Independent Living and Transition Planning Guide outlines the procedures for the DCS FSW to develop an ILP, establish an extension of foster care services, and to assist youth and young adults with maintenance of health insurance. TI team members support the youth and collaborate with the FSW and the CFT to contribute to the development of the ILP.

TI Case Managers work with the DCS Independent Living Specialist to support an older youth's transition from custody to independent living. The Independent Living Plan covers the following areas:

- housing and transportation;
- education and academic support;
- employment and workforce support;
- finances/income, including public assistance when available;
- health insurance;
- physical and behavioral healthcare, including needed medical, dental, mental health, and substance use treatment and transitioning to adult systems of care for mental health or developmental disabilities, when applicable;
- services and supports available to youth who were in foster care for education and independent living activities;
- social, peer, cultural, and community supports, including support or mentoring available through community volunteers or individuals who have made a successful transition;
- legal rights and requirements regarding consent to remain in care beyond the age of 18, if applicable; and
- how to contact TI and DCS after case closing, including information regarding voluntary return to care, as appropriate;

- copies and original copies of important legal documents such as:
    - an identification card or driver's license
    - a social security card
    - a resume with work experience and career development;
    - an original copy of their birth certificate and how to get one if lost in the future;
    - bank account access documents;
    - religious documents and information;
    - documentation of immigration or refugee history and status;
    - documentation of tribal eligibility or membership;
    - death certificates if parents are deceased;
    - a life book or a compilation of personal history and photographs;
    - a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
    - information about places they have lived (previous placement information);
    - educational records, such as high school diploma or general equivalency diploma, and a list of schools attended;
    - health and mental health records, including the names and addresses of youths' doctors, as well as information regarding any special needs and appropriate treatment, including medication, as applicable.
    - TI provides youth who transition from the system without achieving legal permanency with at least six months advance notice of the cessation of any health, financial, or other benefits that may occur at transition or case closing.

Extension of Foster Care – Supervised Independent Living

Extension of foster care and supervised independent living is a collaborative effort between TI and DCS. For TI young adults who voluntarily continue to be served in foster care after age 18, the youth will enter Supervised Independent Living (SIL), defined as any housing arrangement with approval and ongoing supervision by Department of Children's Services (DCS) staff and, as applicable, a contracted provider.

SIL requires balancing between the independence and dependence that exists for most young adults in their late teens and early twenties. Most young adults from intact homes return to their families at some point in their young adulthood, taking advantage of this natural safety net for support, whether financial, emotional, or logistical, simply for a place to live. The Extension of Foster Care (EFC) program is designed to offer 18, 19 and 20-year old young adults an extended period of time to enjoy the protection, support and nurturance of a secure base from which to launch into the adult world.

Eligibility Requirements

SIL is available for a young adult with TI who:

- Can demonstrate a reasonable level of maturity and ability to manage the expectations required in an SIL setting with minimal supervision and case management.

- Can demonstrate ability to meet personal goals without constant supervision.
- Turns 18 while in DCS care and approved for Extension of Foster Care Services,
- Is participating in a high school, GED/HiSET or post-secondary program, and
- In compliance with attendance policy established by high school, GED/HiSET or postsecondary program.

Contractual agreements between DCS and TI include:

- TI foster parents will receive a reduced board rate from the continuum rate.
- TI foster homes will meet basic health and safety standards.
- TN DCS Independent Living staff complete annual reviews using form CS-1060 Supervised Independent Living Annual Checklist for Placement Health and Safety Standards.
- The TI foster home will have protocols in place for the following:
    - The youth must have curfew;
    - Guidelines for use of tobacco and smoking areas;
    - Medication management;
    - Clothing;
    - Allowance;
    - Telephone;
    - Groceries;
    - Grievance procedures;
    - Transportation;
    - Cable;
    - Guidelines for guests;
    - Assigned case manager;
    - Supervision;
    - After hour's emergencies protocols.

Based on the youth's needs other contractual requirementsare:

- TI is responsible for paying up to the first $100 for each IL related request, such as replacement of essential documents, education records, testing fees/school fees, bus passes, work uniforms, etc.
- The TI Case Manager can call or visit each youth unannounced periodically throughout the week to ensure youth are conducting themselves in a manner consistent with the program's expectations.
- The TI Case Manager will, minimally, have face-to-face contact with young adults once a week and is available through email, text, or phone calls.
- The TI Case Manger continues to assist the young adult in development of life skills based upon an ongoing assessment of needs and strengths.
- The TI Case Manager will continue to complete the monthly summary.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Preparing for Reunification	DATE: 10/14/20
COA CORE/PRACTICE STANDARD(S): FKC 16: 16.01-16.07		APPROVED BY: Lois Barrett Luke

Policy

TI values permanency and the primacy of a child's connection to family. We know that children do best when raised by their families and our goal is to support reunification as expeditiously as possible whenever this is a child's permanency plan.

Reunification efforts begin on the day of placement, with the development of the Preliminary Family Time Plan by the TI Case Manager. TI actively engages with parents and families to support family child relationships and to mitigate barriers to permanence.

Procedures

Preparing for Reunification

TI has the goal of reunification in mind from the beginning. From the time of placement and the initial assessment interviews with the child, family, and foster parents, the TI Case Manager works to identify barriers to permanence and addresses those barriers in the treatment plan.

We are thoughtful about keeping permanence in the forefront as we plan with the child, family, and the foster parent(s). TI ensures that the child and the family have support, services, and preparation to facilitate the child's return home. We work to resource the child and family, stabilize the home, and prevent re-entry into foster care.

Preparing the Child for Reunification

The TI Case Manager resources the child with individualized, age- and developmentally-appropriate support and guidance that helps them explore their feelings about reunification and prepare for the return home. This support is provided by the TI Case Manager, the therapeutic foster parent(s), and the child's counselor or therapist.

Other ways the child is prepared for reunification:

- The child is typically present at court hearings and learns, firsthand, the decisions of the Court regarding permanency.
- The child attends Foster Care Review Board meetings which are held every six months, where the subject of permanency is reviewed.
- The child is a key member of the Child and Family Team, and unless very young, the child participates in CFT Meetings (CFTMs). The child is involved in making decisions regarding reunification during the permanency child and family team meeting (CFTM). Through the CFTM process, all parties, including the child, are aware of the progress and next steps toward reunification.
- The child participates in family time from the beginning of placement, with opportunities to maintain and strengthen family relationships.
- The child participates in a reunification process that evolves from family time visits, to overnight or weekend home passes, and finally, to a trial home visit, as part of the reunification process. This process allows the child and the CFT to gauge their readiness to return home. The DCS FSW and the TI Case Manager collaborate during this process to determine the need for additional services or supports for the child and make ensure they are delivered in a timely manner.

Preparing Parents for Reunification

While Department of Children's Services specifically maintains responsibilities to plan with and resource families in preparation for reunification, TI is a strong partner in this area. Birth families are supported by TI and the CFT process to help them prepare for the return of their children. Parents are provided with clear goals to accomplish which mitigate barriers to reunification. The DCS FSW, TI Case Manager, and the CFT parents develop strategies for providing appropriate care, managing child behavior, meeting any special needs the child may present, and preventing reoccurrence of the safety concerns that led to the separation of the child from the family. Parents are invited to consider how everyday living and family relationships will be impacted by their child's return, and to anticipate and prepare for their child's feelings about and behavior in response to returning home. Finally, parents are supported in addressing any anxiety, uncertainty, or ambivalence they may feel about their responsibilities related to their child's return.

TI helps DCS prepare parents for reunification in the following ways:

- Parents participate in family time from the time the child is placed with TI.
- The TI Case Manager establishes contact with the parents at the time of placement and conducts interviews with the parents as part of the comprehensive assessment process.
- The TI Case manager has ongoing monthly contact with parents.

- Parents are present at court hearing hearings and Foster Care Review Board Meetings, where progress toward the permanency plan is reviewed.
- Parents are key members of the Child and Family Team and participate in CFT Meetings (CFTMs). Parents are involved in making decisions regarding reunification during the permanency child and family team meeting (CFTM). Through the CFTM process, all parties, including the parents, are aware of progress and next steps toward reunification.
- Parents participate in a reunification process that evolves from family time visits, to overnight or weekend home passes, and finally, to a trial home visit, as part of the reunification process. This process allows parents and the CFT to gauge their preparedness to have the child return home. The DCS FSW and the TI Case Manager collaborate during this process to determine the need for additional services or supports for the family and make ensure they are delivered in a timely manner.

Preparing Foster Parent(s) for Reunification

TI therapeutic foster parents are thoroughly trained to understand their time-limited role in the life of a child and family. All training in which foster parents participate is geared toward teaching and reinforcing their role in supporting and facilitating reunification. As reunification approaches, foster parents are coached and encouraged to explore their feelings to cope with anxiety, grief, and other emotions they might experience when a child is leaving their home. TI foster parents also have access to the full complement of services available through TI's employee assistance program (EAP) to assist them in navigating their feelings regarding reunification and the associated grief and loss.

TI prepares foster parents for reunification in the following ways:

- Initial foster parent training: TN KEY, which covers partnering with parents, identifying personal loss, recognizing, and coping with grief and loss, self-care, protective factors, and foster parent resilience.
- Foster parents are key members of the Child and Family Team and participate in CFT Meetings (CFTMs). They are involved in making decisions regarding reunification during the permanency child and family team meeting (CFTM). Through the CFTM process, all parties, including the foster parents, are aware of progress and next steps toward reunification.
- Foster parents experience the reunification process from the perspective of thechild leaving for incrementally longer periods of time, helping them to gradually adjust to the reality of reunification.

90 Day In-Home Services During Trial Home Visit Period

As part of the continuum of services TI offers, the TI Case Manager provides in-home services to the child and family throughout the duration of the 90-day trial home visit. During this time, the TI Case Manager has regular visits with the child and parents, continues to assess needs and strengths and secures appropriate services and supports for the family and child, which are delivered during the trial home visit and afterward. The TI Case Manager strategizes with the parents to access and cultivate resources to support the family and to maintain the child at home. The TI Case Manager continues to monitor and support child safety, well-being during the trial home visit. At the successful conclusion of the trial home visit, when the child exits care, the parents are provided a discharge summary which documents the child's placements, experiences, and growth while separated from their family and which includes ongoing services and any outstanding recommendations. The DCS FSW ensures that the parents receive all legal documents, educational records, including copies of report cards and the most current Individualized Education Plan (IEP), health and mental health records, including the names and addresses of children's doctors, as well as information regarding any special needs and appropriate treatment, including medications, if applicable.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Foster Parent Recruitment Strategy	DATE: 10/14/20
COA CORE/PRACTICE STANDARD(S): FKC 17: 17.01-17.03		APPROVED BY: Lois Barrett Luke

Policy

TI values child safety and security, excellence, and integrity. Based on these values, we are committed to recruiting and retaining a cadre of highly motivated, compassionate, and diverse therapeutic foster parents to serve the children in our care. We recognize the quality of care our foster parents deliver largely dictates the quality of the services we offer and, ultimately, determines the success of our mission.

TI values cultural competence and diversity. We utilize an annual data analysis and planning process that evidences the degree to which the demographics of our foster parents align with those of the children and families who use our services. Based on these data, we develop a Strategic Annual Recruitment Plan which addresses general and target recruitment strategies for the coming year.

TI values transparency and communication. We offer informational meetings throughout the year to anyone interested in learning more about fostering and about TI. These meetings are open to the public and are advertised on various social media platforms.

Procedure

Annual Recruitment Plan

Annual Foster Parent Report: TI captures child, family, and foster parent demographics in Kaleidacare on an ongoing basis. During the third quarter of the calendar year, the Foster Parent Recruitment Committee develops an Annual Foster Parent Report which includes a comparative analysis of child and family demographics and those of our foster parents. The report identifies the degree to which foster parent demographics align with those of the children and families served by TI. The report contains an evaluation of the effectiveness of the current year's plan and highlights what strategies, events, and methods were successful and which were less successful. The report identifies trends, gaps, needs, and characteristics of successful foster parents from the existing cadre of therapeutic foster parents, as a collective.

Some data points to consider in collecting data and developing the Annual Foster Parent Report are:

- foster parent skills, interests, placement preferences, placement capacity, and training

- information about communities and neighborhoods that should be targeted for recruitment efforts so that children in care remain close to home and school of origin
- indicators that point to barriers, delays, and inefficiencies in the approval process to ensure that those interested and qualified to become foster parents can complete the process.

Strategic Annual Recruitment Plan: The Report is used by the committed in developing a Strategic Annual Recruitment Plan prior to the finalization of budget planning for the coming year, which is typically completed in October. The Strategic Annual Recruitment Plan includes general and targeted recruitment strategies for the coming year. The Chair of the Foster Parent Recruitment Committee is responsible for managing the Strategic Annual Recruitment plan, in collaboration with the committee. The Strategic Annual Recruitment Plan will be reviewed and approved by the Foster Parent Recruitment Committee and the Executive Director prior to implementation.

Informational Meetings

To help a prospective foster parent decide whether fostering would be a positive experience for them, their family, and the children they would care for, TI provides frequent informational meetings throughout the year. The information shared in these sessions is standardized across providers in Tennessee and these sessions are monitored by DCS for fidelity to the TN-KEY curriculum.

In this meeting, the TI Foster Parent Recruiter Trainers explain the basic value of partnership. They discuss the interactive nature of TN-KEY, stressing that trainers and participants will get to know one another while learning about the challenges of raising children who have lived in the child welfare system. This will allow the participants to assess for themselves whether becoming a foster parent is the right decision for them at this time. Trainers also discuss characteristics and needs of children who need families/homes. They emphasize the role of birth families as partners and the first goal of reunification. The class emphasizes the importance of the home study as a precursor to approval as a foster home. Foster parents who attend this class have 6 months to start TN-Key Classes. If classes are started more than six months after the meeting date, participants are required to attend another informational meeting.

Objectives:

- Review eligibility requirements
- Review of the special needs of the children we serve due to abuse and how trauma affects behavior
- Recognize reunification as the goal for foster children
- Define foster parent roles
- Review of DCS Discipline Policy
- Describe the characteristics of successful foster parents
- Discover reasons for the considerable amount of paperwork and the assessment criteria
- Recognize the importance of self-assessment and self-care
- Review training requirements and the pathway to becoming an approved foster parent
- Available supports and services
- Foster parent reimbursement

Welcoming and Engaging Prospective Foster Parents

TI values our existing foster parents, and we support the involvement of successful foster parents in the recruitment process. Typically, our TN-KEY classes are taught by a Foster Parent Recruiter Trainer as well as a trained Foster Parent Co-facilitator.

TI values diversity in all its forms, and we actively cultivate a diverse and synergistic team to interact with prospective foster parents. We value and embody cultural competence in all aspects of our work and strive to provide fair, timely, sensitive, and culturally-responsive follow-up with each prospective foster parent throughout the training and approval process. A Foster Parent Recruiter Trainer makes a visit to the home of the prospective foster parent once they have applied to foster, prior to beginning the TN-KEY training.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Foster Parent Selection, Assessment, and Approval	DATE: 10/16/20
COA CORE/PRACTICE STANDARD(S): AS 6.02-6.08 FKC 13 FKC 18.01-18.09		APPROVED BY: Lois Barrett Luke

Policy

TI values safety, security, stability, and permanence for our clients. Achieving these goals is fundamental to the mission of our organization. These values form the foundation for the tools and processes we employ to complete the foster parent assessment, home study, and approval process.

TI conducts assessments and collects self-report assessments from prospective foster parents throughout training and the mutual selection process, prior to requesting approval for a new foster home. * A list of assessment tools used in the foster home vetting and approval process can be found at the end of this policy and procedure.

TI utilizes ***the Profile of Parenting Study (POPS)*** process to complete our foster care and adoption home studies. Home study writers for the organization, whether employees or contractors, are required to be ***POPS*** certified.

All home studies completed by TI meet the requirements for approval as both a therapeutic foster home and an adoptive home study; a new study is not typically conducted for adoption. We are a foster-to-adopt agency and as such, do not complete home studies for those parents whose sole goal is to adopt. Foster parents may become adoptive parents after fostering a child in their home for a period of no less than 6 months, and if approved by the adoption team. TI values permanency through foster-to-adopt situations when a child has a goal of adoption, has made a discernable, therapeutic, and loving connection with his or her foster parents, and when the foster family is able to meet the child's individual needs.

The home study process is the final and definitive component of a rigorous and thorough vetting process completed for each potential foster and adoptive family. The purpose of the home study is to ensure that

the child will be safe and nurtured in the home, while also educating and preparing the family to make either a temporary or lifelong commitment to the child. As a therapeutic foster care agency, we conduct home studies which assess the willingness and ability of a family to provide for the therapeutic needs of children and youth.

TI employs a Home Study Coordinator and Foster Parent Recruiter Trainers, and these positions are the primary positions with responsibility for the home study process. Each has different roles and specialties within this structure, and all of them are trained to complete foster and adoptive home studies. TI also contracts with qualified and experience POPS home study writers to complete home studies.

TI utilizes a team approach to vetting potential foster parents. The foster parent recruiter trainer, the Regional Director and the Home Study Coordinator comprise the Foster Parent Review Committee. The Executive Director is an ad hoc member of this team, which communicates frequently during the training and home study phases of the foster parent onboarding/approval process. Whenever potential concerns arise at any point in this process, the committee is convened to review the concerns and to collectively determine next steps, which may include mitigation of the concerns, further exploration, or denial of the application. The home study writer consults with the Home Study Coordinator on a weekly basis during the home study writing process. The purpose of this consultation is to assess progress, identify concerns, mitigating factors, and red flags and to review the overall eligibility and suitability of the home based on emerging information.

We recognize that not all applicants are equipped with the resources to become successful foster parents and that among those who are so equipped, not all possess the ability or desire to be effective therapeutic foster parents, caring for children and youth with exceptional needs. TI views the home study process as an open and transparent pathway for prospective parents to use in exploring and confirming their choice to foster or foster-to-adopt, based upon the new knowledge and emerging issues which are products of their engagement. An important aspect of the home study process is the mutual selection process, wherein both the agency and the potential foster parent(s) continue to take in new information and based on that information, either party may choose to go forward or to stop the training or approval process.

Our goal in the home study process is to determine eligibility and suitability of a family to provide a therapeutic environment to a child based on their strengths, motivation, and capabilities. We explore and assess prospective parents' capacity to provide both temporary and lifelong care and support to children who have experienced trauma and loss and who have therapeutic needs. This process enables us to match children with families who can meet their needs. Our home study process helps us to recruit and retain foster families whose values are in alignment with our own and supports our efforts to make the first placement for each child, the best possible placement.

TI follows DCS policy to in the foster parent recruitment, training, and home study processes. We follow DCS policies 16.3 Desired Characteristics of Foster Parents, and 16.4 Foster Home Selection and Approval.

https://files.dcs.tn.gov/policies/chap16/16.3.pdf

https://files.dcs.tn.gov/policies/chap16/16.4.pdf

Procedure:

Foster Parent Selection Criteria

All TI foster homes are selected and approved based upon standards and policy established by Tennessee Department of Children's Services. The following is an excerpt from DCS Policy 16.4 Foster Home Selection and Approval which lists selection criteria for foster parents. TI uses these criteria as a guideline in the home study review and assessment process and in the overall foster parent selection process. TI only submits a potential foster home for DCS approval once we have confirmed that the following criteria have been met:

> Serving as a foster parent or foster family for children in Tennessee is a privilege,
>
> not a right. Approved foster parent(s) will not petition to adopt, obtain guardianship,
>
> or file for custody of a child/youth in care of DCS unless the child's Child and
>
> Family Team (CFT) concurs with the plan and gives written approval. Noncompliance with this section may be grounds for immediate closure of a foster home.

1. An applicant who wishes to become a foster parent must meet the following criteria:
    a) Twenty-one (21) years of age. An applicant to be a foster parent for a sibling or other blood relative must be at least eighteen (18) years old;
    Note: Some contract agencies have a minimum age requirement of twenty-five (25) for therapeutic foster homes. (***Minimum age for TI therapeutic foster parents is 25**)
    b) A legal resident of Tennessee a minimum of six (6) consecutive months prior to application;
    c) A United States citizen or have been approved by the United States Citizen and Immigration Service as a Legal Permanent Resident;
    d) All adult household members pass a criminal background check;
    e) Applicants must be able to effectively communicate with the Department,

the child/children, health care providers and other service providers. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels;

f) Provide documentation of sufficient income or resources to meet household needs prior to the addition of a foster placement;

g) All pets must be vaccinated. No exceptions;

h) All household members that will be caregivers must have up-to-date pertussis (whooping cough) vaccine and influenza vaccine. If these immunizations are contrary to the individual's health, as documented by a licensed health care professional, or there are religious beliefs thatprohibit the applicant from participating in vaccines, an exception may be made. However, those caregivers receiving an exception will not be able to foster children under the age of five (5) years old or children with special medical care needs;

i) Applicants and their guests will not smoke, vape, or use other forms of e-cigarettes or smokeless tobacco inside the home or during transportation of a child in foster care. Precautions are put in place to protect children from secondhand smoke.

j) A house, mobile home, housing unit or apartment in which the dwelling and grounds is in reasonable state of repair within community standards. Non-dwellingsin questionable repair can be considered for a waiver.

k) If residing in government housing, confirmation from the Housing Authority (in writing) must be provided to complete the home approval process as this may affect eligibility.

2. Applicants are eligible regardless of gender, race, color, or national origin.

3. An applicant that wishes to become a foster parent is expected to participatein the following activities to assist the family in reaching permanency:

a) Mentor birth parents;

b) Transport children to routine appointments; and

c) Participate in Child and family Team Meetings (CFTM), court hearings and other meetings.

4. Approval is a mutual selection process and is based on the applicant's abilityto meet specific approval requirements, meet regional placement needs and to promote DCS Standards of Professional Practice. Refer to form CS-1217, Acknowledgement of Understanding Regarding Placement Acceptance.

5. All adult household members that provide a parental/caretaking role(childcare, transportation, discipline, or other support to children) must meet the same training and criminal history requirements as the foster parent applicant. This does not include birth parents that may reside in an applicant's home.

Home Study

The procedure for completing home studies is outline below by listing each position title, followed by the responsibilities of that position.

Home Study Coordinator: Serves as the gatekeeper for all TI home studies in writing. Serves as HSW, as necessary. Shepherds the home study writing process from beginning to end, ensuring home studies are completed within 90 days of completion of foster parent training. Serves as Chair of the Foster Parent Review Committee. Maintains weekly contact with home study writers during the writing process. Staffs concerns, red flags, mitigating factors, policy and compliance questions during the home study writing process and convenes the Foster Parent Review Committee as necessary in this effort. Safeguards the integrity of the vetting and approval process, ensuring that home studies meet all requirements set forth by the POPS process, licensing regulations, contract provider policy, DCS policy regarding foster home selection and approval, TI policy and procedure, accreditation standards and best practice.

Regional Director: Reviews and approves all home studies prior to submission to Regional Director. Reviews and signs each Foster Family Application prior to their beginning TN KEY training. Reviews and approves each home study; confirms that all required documentation accompanies the home study, poses questions, requests additional information and makes any recommendations prior to submitting the home study document/information to the Executive Director or his or her designee for final approval.

Executive Director: Supervises the Home Study Coordinator. Acts in the capacity of Home StudyCoordinator when this position is the HSW. Directly, or via a designee, reviews and approves all home studies directly prior to their submission to DCS for approval. Ad hoc member of the Foster Parent Review Committee

Foster Parent Recruiter Trainer (FPRT): Reviews and ensures complete foster parent applications. Provides TN KEY foster parent training and preservice training for applicants. Collects information and documentation from applicants. For kinship applicants, the FPRT specifically shares how TI collaborates with kinship caregivers and supports relationships between kinship families, parents, and extendedfamilies. Completes all required background and fingerprint checks. Assesses applicant eligibility and suitability to serve as therapeutic foster/foster-to-adopt parents during the recruitment and training process. Prior to enrolling applicants into TN KEY training, the FPRT completes a TFACTS check regarding applicant/applicants to determine if the applicant has previous unfavorable home studies, denied adoption petitions, disruptions, dissolutions, or placement of other children out of the home and staffs any findings with the Foster Parent Review Committee. Serves as a member of the Foster Parent Review Committee and convenes the Foster Parent Review Committee as necessary to staff issues that arise regarding eligibility, suitability, engagement, and assessment of the applicants. Completes and scores TN KEY assessment. Reviews the completed home study with applicant and obtains applicant signatures prior to entering the home for approval. Enters completed home studies and RHET packets into TFACTS for DCS approval. Completes (and submits to Regional Director for approval), form CS-1018, Foster Home Extension Request, whenever a foster home is anticipated to be approved beyond the 90- day time frame established by DCS policy. Utilizes this form to provide an explanation of the circumstances and the expected date for approval. Communicates DCS approval of each home to TI Foster Parent Review Committee. Sends TI Approval letter to the newly approved foster parent(s). Upon approval of the home, the FPRT opens a foster parent file for the new home in TI's Kaleidacare and uploads all required documents into Kaleidacare. Completes Foster Parent Data Form and email announcement to notify TI team members whenever a new home is approved. ****Note**: The **approval date** of the home study must match the **TFACTS approval date**.

Home Study Notebook:

During the application and training period, the Foster Parent Recruiter Trainer performs background checks, collects information and documentation, and conducts assessments which comprise the home study notebook. Upon satisfactory completion of TN KEY training and required preservice training, the Foster Parent Recruiter Trainer provides the complete home study notebook to the home study writer which contains documentation of the successful completion of the following tasks:

Background Checks:

Upon receipt of the complete and signed TI Foster Family Application, Background Check Releases, and a Fingerprint Card, the Foster Parent Recruiter Trainer schedules TBI Fingerprint Background checks appointments for each applicant in their locality. The Foster Parent Recruiter Trainer conducts the following background checks, and these are part of the Foster Parent Notebook:

- Local Criminal Check/Driver's License https://www.referenceservices.com/
- Waiver of Criminal Convictions, Training DCS CS-0921/Any Disposition (if applicable)
- National Sex Offender Registry http://www.nsopw.gov/
- Vulnerable Persons Abuse Registry http://apps.health.tn.gov/Abuse Registry/default.aspx
- DCS Database Search Results DCS CS-0741
- Out of State Abuse/Neglect Check (Adam Walsh background search for state) ifany applicant lived out of state within the past 5 years
- Fingerprint Results Card Information DCS CS-0691
- TBI Fingerprint Results
- DCS Criminal History IV Checklist DCS CS-0687

Signed forms required for the Foster Parent Notebook:

- Therapeutic Interventions Foster Family Application Form, signed by applicant(s), FPRT and Regional Director
- Signed Authorization for Release of Information and HIPPA Release DCS Form CS-0559
- Signed TI Release of Information
- Completed and signed CS-0962 Family History Questionnaire
- Copies of all training certificates
    - KEY Completion Certificate (Initial)
    - Completion Certificate of Therapeutic Training (Initial)
    - Medication Administration Certificate/ Test (Biennial)
    - CPR/First Aid Certificate (Biennial)
    - In-Service Training Log Completion (Annual)
    - TN KEY Assessment (Initial)
    - Training Certificates

Documents required for the Foster Parent Notebook:

- Preliminary Home Safety Checklist completed by FPRT at time of home visit
- Previous or other agency home studies, if applicable
- Privacy Statement (Annual)
- Acknowledgement and Authorization for Background Checks
- Foster Parent Oath to Abide DCS CS-0670
- Foster Family Disaster Plan DCS CS-0871
- Floor Plan & Fire Escape Route
- Foster Parent Medical Report
- Verification of Influenza/ TDAP or Pertussis Vaccinations (Annual Influenza, Once as An Adult TDAP or Pertussis)
- Child's Medical Record for each child in the home DCS CS-0427 (With Immunization Record)
- Discipline Policy DCS CS-0553 (Biennial)
- Safeguarding Medications Form
- Respite Policy Form
- Code of Ethics
- Foster Parent Handbook Signature Page

Verifications Required for the Foster Parent Notebook (Notebook may not contain all verifications at the time of transfer from FPRT to HSW)

- Birth Certificate (For All Household Members)
- Valid Driver's License (For Each Parent Transporting Child)
- Social Security Card for Each Applicant
- Social Security number for Each Household Member
- Auto Insurance
- Auto Registration
- Homeowner or Renter's Insurance
- Current Marriage Certificate
- Divorce Decree (all past)
- Death Certificate (for any previous household members)
- Final Decree of Adoption (for any past adoption or adoption while fostering)
- Medical Insurance
- Contingency Plan
- Pet Inoculations
- School Diplomas and / or Degrees

Financial information/verifications required to be included in the Foster Parent Notebook:

- Monthly Income and Expenditures Form DCS CS-0431
- Proof of All Reported Sources of Income
- Substitute W-9 Form CS-0842

Home Study Writer (HSW): Meets applicants during the TN KEY foster parent training to establish rapport, set expectations, and answer questions about the home study process. Completes, signs, and submits a home study within 60 days of receipt of the completed notebook to the Home Study Coordinator for review and approval. Upon completion of a home study, makes a recommendation regarding approval or denial of the application to become a therapeutic foster home with TI and includes number of children, with ages and gender of children the home should be approved for, including whether the family is willing to accept a sibling group. The HSW also notes any outstanding training needs as part of the home study narrative. The writer will make corrections, address additional questions, mitigate concerns, and conduct further in-home meetings or interview s with applicants as required, at the request of the Home Study Coordinator, Foster Parent Review Committee, or Foster Parent Review Committee member.

Home Study Process

Visits and Interviews

Upon receipt of the complete home study notebook from the FPRT, the home study writer (HSW) schedules visits with the applicant at their home. The HSW makes a minimum of 2 in-home visits for single applicants and 3 in-home visits for double applicants.

In-depth guidance regarding HSW interviews with applicants and completion of the home study can be found in the DCS Document: ***Documentation of the Foster Family Home Study.***

During the home visits, the HSW conducts Interviews with adults and children residing in the same household. The goal of individual interviews and family interviews is to learn as much information as possible to accurately reflect the family when assessing them using the ***POPS Tool*** and to enable the HSW to complete a thorough home study narrative. Two family interviews and one individual interview are required in households with double applicants. Additional home visits may be required to mitigate needs or concerns of the HSW, the Home Study Coordinator, or any member of the Foster Parent Review Committee. The HSW interviews all household members, including minor children. The HSW also interviews adult children of applicants, wherever they might live. Interviews with minor children are gauged to be age-appropriate and developmentally appropriate.

For kinship caregivers, the HSW will discuss their family's stories and the experiences that prompted them to choose to become kinship caregivers and to discuss their concerns with becoming licensed resource parents.

The HSW verifies identifying information of each family member and confirms address, phone numbers, and email addresses of each applicant during the initial visit. The HSW collects current photos of the front of the home, all family members, and all pets. Additional photos are taken of water features, play equipment, or anything that may pose a safety concern for children.

During the home visits, the HSW conducts a walkthrough of the home and conducts a home safety assessment using DCS form CS-0676 Home Safety Checklist. The home safety assessment contains a section regarding automobile safety which covers the correct use of passenger safety restraints, vehicle safety, and ensures that the vehicle is in safe operating conditions, with seatbelts and appropriate safety restraints. Copies of the foster parent's driver license and current auto registration are required to be on file in order to submit a RHET packet for approval of the home, and copies of updated documents are kept on file as the old ones expire.

The HSW observes and documents designated bedroom areas for placed children and observe family interaction during one or more visits to the home and documents these observations within the home study narrative.

The HSW collects and reviews references for the applicants as part of the interviewing process of the home study. A total of 5 references for double applicants and 4 references for single applicants is required. One relative reference per applicant, and 3 non-relative references, is required. Information regarding each reference's address, phone number, and email address is obtained during the first visit to the home. The HSW sends reference letters immediately to those listed by the applicant to prevent delay in completion of the home study. U.S. mail or email may be used to obtain references. The HSW follows up with each reference to conduct an interview, during which time any outstanding concerns expressed or alluded to in their reference, will be addressed.

The Home Study Report

POPS Tool

The HSW reviews and considers all available information, including the application, the foster family history questionnaire, their observations, information gleaned from interviews, and documentation to score the home using the ***Profile of Parenting Study (POPS) Tool***.
https://files.dcs.tn.gov/policies/chap16/ProfileofParentingStudyToolManual.pdf

The ***POPS Tool*** may be used collaboratively with prospective parents. The ***POPS Tool*** is a descriptive, item-level tool which helps the HSW identify strengths, weaknesses, and concerns in a potential home. The tool is used to assess a home in each of the following areas:

> *Knowledge of Parenting & Child Development; Ability to Nurture Social & Emotional Competence of Children; Identification and Use of Concrete Supports in Times of Need; Positive Family, Community Social Connections; Parental Resilience; Parental Health; Family Economics; Home Safety Factors; Children or Other Adults Residing in (or Frequently Visiting) the Home.*

Needs are scored as follows:

1 No need no action. No evidence or no reason to believe that the rated item requires training/intervention.
2 Watchful waiting/prevention. There is a need for monitoring or possibly preventive training/intervention.
3 Action needed. Some training/intervention is needed to address the problem/need.
4 Immediate/Intensive action. This is a significant need that prevents individual from currently being an option for parenting

Strengths are scored as follows:

1 Centerpiece Strength—this is a very well-developed area. This individual could teach others
2 Useful Strength— this is a developed area that will facilitate the individual's success in parenting or no information regarding skills/abilities as potential resource parent.
3 Identified Strength—this is an area of some interest or capacity but not yet able to support effective parenting
4 No Strength Identified—this is an area that must be fully developed

Depending upon how each item is scored, the tool offers implications for further actions, exploration, and mitigation. When a need is identified, for example, it may be that further training in a specific area is indicated. * The HSW will review the POPS Tool with the Home Study Coordinator within one week of its completion. Whenever an HSW scores an area on the POPS Tool as a 2, that concern must be staffed immediately with the Home Study Coordinator or the Foster Parent Review Committee to determine if the concern can be mitigated through training or support. Sometimes, the POPS Tool raises concerns which cannot be mitigated, and which may serve as sufficient cause for denial of an application to foster with TI. Whenever a HSW scores an area as a 3 on the POPS Tool, it indicates either no strengths are identified or that there is a significant need in an area, which indicates that the applicant is not a suitable candidate for fostering and the application will be denied. Scores of 3 in any area will be staffed with the Foster Parent Review Committee or the Home Study Coordinator immediately and should result in a recommendation for denial.

Home Study Narrative

The home study narrative includes a physical description of the applicant(s), other household members, and children in the home. The descriptions include physical characteristics such as height, weight, hair color, eye color, visible scars, birthmarks, and tattoos.

The first section of the home study addresses applicant motivation for fostering and preservice training and addresses the following:

- Applicant motivation for fostering or fostering-to-adopt.
- Applicant expectations for the fostering or adoption experience.
- Description of applicant's previous experience with foster care and adoption.
- Whether the applicant(s) demonstrate general knowledge of appropriate structure, expectations, and stability for children with abuse and neglect as well as the degree of willingness of each prospective parent to learn.
- The quality of the home environment and family life of the applicant(s) and a description of how these would support a child in need of placement.
- Applicant understanding of their role in supporting reunification and their willingness and ability to do so.
- Applicant's understanding of their role in supporting a child in maintaining a connection to his or her birth parents, siblings, and extended family, as well as their cultural, racial, and ethnic heritage.
- Applicant understanding and acceptance of the foster parent role to fulfill the service needs of children in TI's therapeutic foster care continuum, coupled with a willingness and ability to do so.
- The pre-service training assessments conducted by the Foster Parent Recruiter Trainer.
- Verification that each member of the household successfully completed all required training, including the titles of each training, dates attended, name of the trainer and location of the training.
- Applicant feedback regarding their experience with pre-service training.

The second section of the narrative addresses the home and neighborhood and contains the following:

- A description of the applicant's residence including square feet, lot size, single/two-story and an overview of the neighborhood (urban, suburban, rural) city and county, garage/carport.
- Information regarding accessibility and proximity (miles not minutes) to hospitals/medical centers.
- Information regarding elementary, middle school and high schools for whichthe residence is zoned proximity to the home, in miles.
- Description of the vehicles owned and operated by the applicant (year/make/model), current registration information and vehicle insurance, name of insurance carrier and expiration dates, including a determination regarding whether each vehicle is equipped with child safety seats, and whether applicants require use of safety belts.
- A description of the pets in the home, including each pet name, species, breed, temperament, documentation of current rabies vaccination for each pet cat and dog, and any concerns regarding the family pets.
- A description of the neighbors/neighborhood and applicant relationship with neighbors and community.
- A detailed description of the layout of home, including number of beds in each room; indicating which residents sleep in each room; identifying where the placed child/youth will sleep; storage available for the child/youth's clothing; windows for fire escape from upstairs bedroom(s); privacy issues for the child/youth; fire extinguisher locations; smoke and carbon monoxide detectors locations and

confirmation that these are in good working order; assurance that medications and chemicals are locked according to TI policy.

- Verification of handgun carry permits, if applicable, and determination that any weapons in the home are stored and locked properly as per the Oath to Abide DCS CS-0670.
- Confirmation that HSW visually confirmed that all weapons are locked and stored with trigger locks. Ammunition is locked in a separate container.
- Determination regarding whether there are any water safety issues with a pool, hot tub or body of water located on the property.
- Documentation that the home is sanitary and provides sufficient living space to accommodate foster children.
- Confirmation that residents of the home always have access to 911 emergency services through a landline or dedicated cell phone in the home.
- Confirmation that the house floor plan/escape route is posted; house rules are posted; and emergency numbers are posted.
- Reference to the Home Safety Checklist completed by the HSW and signed by the applicant(s).
- Reflect results of well water test completed in the presence of the HSW, when applicable, indicating verification that the home's water supply is safe todrink.

The third section of the home study narrative addresses foster parent capacity, ability, and support of the applicant for fostering. This portion of the narrative addresses the following:

- Notation of the applicant's place of birth and birth history and any major moves during the applicant's upbringing.
- Address whether the applicant was raised by anyone other than birth parents and describe the relationships the applicant had with the caregiver(s) growing up, as well as current status of those relationships.
- Description of the childhood and adolescent years of the applicant(s), with description of the applicant's values, rules, and moral structure during thoseyears.
- Discussion regarding how the applicant was disciplined, who provided that discipline and whether it was appropriate.
- List and elaborate on the siblings of the applicant.
- Description of the applicant's education history.
- Review of the physical and emotional health of the applicant during childhood.
- Description of any history of abuse (physical, sexual, psychological or neglect) or witness to traumatic incidents in childhood and adolescence.
- Description of any behavioral or delinquency problems in childhood or adolescence.
- Notation of any DCS involvement or court involvement as a child or adolescent.

The fourth section of the home study narrative concerns character, ethics and values of the applicant and includes their references. This section includes the following:

- Description of early dating and significant relationships to include marriages, domestic partners, divorces.
- Description of current relationships with extended family.
- Description of current relationships with the applicant's children.
- Description of applicant's current wellbeing and medical issues.

- History regarding infertility, miscarriage, or death of a child and discussion of services related to these events
- Description of applicant's mental health history since childhood.
- Description of applicant's legal history as an adult.
- Description of applicant's communication style(s), response to stress and strategies employed for problem solving.
- Assessment of each child in the home and description of their relationship history, wellbeing history, and legal history.
- Assessment and description of interactions between family members, including how they spend family time, community time, and if they are involved in any social groups.
- Description of caregiving abilities and experiences, especially in relation to those with extraordinary needs commensurate with therapeutic foster care such as mental health diagnoses and behavior related to trauma or neglect.
- An assessment of the applicant's parenting capacity that includes the following 4 areas: skills, financial and social support for fostering, character, ethics, andvalues.
- A review of the references received, and interviews conducted with applicant references.

Additional Responsibilities of the HSW:

Prior to submission of the completed home study, the HSW is responsible for ensuring all required documents, completed self-report information. and verifications are in the notebook. The HSW completes and submits the Foster Parent Case File Checklist at the time they submit the completed home study narrative.

The HSW adds the following documentation to the Foster Parent Notebook when submitting the completed home study:

- ***POPS*** Home Study narrative and recommendation page
- ***POPS Tool***
- Foster Parent Applicant Questionnaire DCS CS-0962, if applicable

  This document requires the applicant to self-report his/her motivation and expectations relating to fostering and adoption; an applicant's personal social characteristics of adaptability, coping skills, communication and problem solving; parenting abilities and experiences; knowledge of, and skills regarding, effective discipline techniques; openness to working with birth families; understanding of the importance of a child's racial, ethnic and cultural heritage; and self-reporting of previous fostering or adoption experience. This document also includes applicant's medical history relating to pregnancies and miscarriage; death of a child within the family; a personal history of trauma and abuse/neglect; history of alcohol or drug use; history of physical and mental health issues; current status of health and well-being; significant family history; education level

and degrees earned; language skills; past employment; current employment and financial status; community involvement and natural social supports.

- Foster Parent Reference Letters
- Foster Home Monthly Recording (summary of each HSW home visit with dates which match ***POPS Tool*** dates)
- Photos of family, pets and exterior of home
- Ecomap, if completed
- Genogram, if completed

Possible Denial or Denial

If, at any point in the home study process, concerns are identified that would present an obstacle that could prevent approval of the application to foster, the HSW is required to notify the Home Study Coordinator, who may elect to convene the Foster Parent Review Committee to review the application status and make a recommendation regarding denial. If a determination is made that further training/supportive services be offered, the Foster Parent Recruiter Trainer will ensure such training is offered and completed prior to completion of the home study document. In the event the home study is discontinued prior to completion or when an application to foster is denied, the applicant(s) will be notified and will receive information about how to appeal.

Approval

Once the review process is complete, the FPRT submits the collected information in the form of a RET Packet to **TFACTS** for approval as a therapeutic foster home. Upon receiving notice of approval from DCS, the FPRT issues an approval letter to the new foster parent(s), completes a Foster Home Data Form and submits it to the Office Administrator and sends out an email to all TI team members welcoming the new home. The FPRT enters the contents of the Foster Parent Notebook into TI's Kaleidacare system, thus creating the electronic foster parent file.

Continual Approval of Foster/Foster-to-Adopt Home

Changes in the Home: Whenever there is a change in the composition of a home, TI foster parents are required to immediately notify the Foster Parent Recruiter Trainer, who then:

- Completes an addendum to the home study within two weeks, to be kept in the record and uploaded to TFACTS at the time of the next assessment or reassessment
- Completes all necessary fingerprint/background checks immediately
- Completes and submits a Foster Home Data Form so that the change can be noted on the client roster

Annual and Biennial Assessments are completed on all of TI foster homes for continual approvals of the home.

During the Annual Assessment, the FPRT conducts a home safety assessment with the Foster Home Safety Checklist DCS CS-0676 and the following releases are renewed:

- Authorization of Release of Information and HIPAA PHI to or From DCS and Notification of Release DCS Form CS-0559
- TI Release of Information
- TI Privacy Statement
- MVR Checks https://dl.safety.tn.gov/_/

The FPRT verifies the information and completes a Training review in Kaleidacare, identifying any training needs, and ensures that the file contains copies of any updated insurance, driver's licenses, and auto registrations. The Foster Parent Recruiter Trainer completes the DCS Assessment Form CS-0692. All new information is uploaded into Kaleidacare.

During the Biennial Assessment, the Foster Parent Recruiter Trainer conducts a home safety assessment with the Foster Home Safety Checklist DCS CS-0676 and the following releases are renewed:

- Authorization of Release of Information and HIPAA PHI to or From DCS and Notification of Release DCS CS-0559
- TI Release of Information
- TI Privacy Statement
- TI Acknowledgement and Authorization for Background Checks

The following background checks are completed:

1. Local Criminal Check/Driver's License https://www.referenceservices.com/
2. National Sex Offender Registry http://www.nsopw.gov/
3. Vulnerable Persons Abuse Registry http://apps.health.tn.gov/AbuseRegistry/default.aspx
4. MVR checks https://dl.safety.tn.gov/_/

The Foster Parent Recruiter Trainer also renews the following documents:

Applicant Signed Forms

- Parent Oath to Abide DCS CS-0670
- Foster Family Disaster Plan DCS CS-0871
- Discipline Policy DCS CS-0553
- Medical Provider Signed Forms
- Foster Parent/Other Adult Medical Report DCS CS-0678
- Child Medical Report DCS CS – 0427 plus immunization record
- Verification of Influenza Vaccine – required for placements of child under 5 years old
- Income Verification Tools
- Monthly Income and Expenditures Form DCS CS-0431
- Income Proof
- W-9 (if applicable and the IRS has changed the document)

The Foster Parent Recruiter Trainer verifies the information and completes a training review in Kaleidacare, identifying any training needs. The Foster Parent Recruiter Trainer completes the DCS Assessment Form CS-0692. All new information is uploaded into Kaleidacare.

The Foster Parent Recruiter Trainer completes a Home Study review process in TFACTS and a RHET packet is uploaded to TFACTS to complete the biennial assessment. The RHET packet includes:

- DCS Background Checklist Form CS-0687 and background checks (any waivers)
- DCS Assessment Form CS-0692
- Any DCS Addendum Forms CS-0773 (for any new household members)
- New TI Approval Letter

Foster Home Assessment Tools: *

DCS Form CS- 0676 Home Safety Checklist
DCS Form CS-0687 Background Check History and IV-E Eligibility Checklist
DCS Form CS-0962 Foster Parent Applicant Questionnaire
POPS Tool
DCS Form CS-1227 Tennessee Key Assessment
DCS Form CS-1228 Tennessee Key Mutual Assessment Process Questionnaire
DCS Form CS-0963 Foster Family Reference Letter and Questionnaire
DCS Form CS-0692 Foster Home Assessment or Re-Activation

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Therapeutic Foster Parent Training and Pre-Adoptive Preparation, Training, and Support	DATE: 10/17/20
COA CORE/PRACTICE STANDARD(S): AS 7: 7.01-7.05 AS 9: 9:01, 9.03-9.05 FKC 19: 19.01-19.05		APPROVED BY: Lois Barrett Luke

Policy

TI values safety, security, and permanence. Based on these values, we thoroughly prepare and train TI therapeutic foster parents to develop and strengthen their capacity to care for children, support families, and support reunification. TI is a foster-to-adopt agency and all adoptions facilitated by TI meet these criteria; all pre-adoptive parents we work with are first, therapeutic foster parents. We are equally committed to preparing and supporting foster parents in the when they make a choice to transition to pre-adoptive foster parents for a particular child.

TI maintains a standard schedule of required training for all foster parents, beginning with attendance at an informational meeting, and encompassing the TN-KEY foster parent curriculum, pre-service training which occurs prior to approval of the home, prescribed annual training (the nature of which is contingent upon the length of time the home has been open), and additional annual therapeutic training hours. Because all pre-adoptive parents at TI are therapeutic foster parents first, all initial and annual foster parent training requirements apply to them.

All TI adoptions are completed in accordance with the guidelines set forth in the Tennessee Department of Children's Services (DCS) Adoption Manual. Every adoption is led by a DCS Permanency Specialist and Family Services Worker (FSW). TI's role is to support and collaborate with DCS to facilitate the adoption process. TI does not facilitate adoptions outside the parameters set by Tennessee DCS and all adoptions are conducted under the oversight of, and in relationship with, Tennessee DCS. TI facilitates adoptions only for approved therapeutic foster homes in which a child has been placed for a minimum of six months.

Attachment Networks and Openness in Adoption

TI values security, permanence, and connection for all children. Therefore, we embrace an attachment network model as a lens for understanding the emotional and attachment needs of children with respect to the adoption process.

One of our primary roles in facilitating adoption is to support the well-being of all parties involved in the adoption process. This includes the child, pre-adoptive parents, birth families, extended family members, and those with close relationships to the child. We believe that creating an attachment network around a child serves the child's best interests. This network is comprised of as many people as possible who share an investment in the child and who communicate with one another. Each member of the network may provide unique supports for the child. For example, although a birth parent's role changes because of adoption, that parent may have a role in the network of providing connection for the child to family culture and history, and connection to extended family and community. The best interests of the child should be the primary consideration for openness in adoption.

The attachment network model aligns with the Tennessee DCS policy regarding openness in adoption:

> Openness in adoption is a plan in which identifying or non-identifying information is openly shared between birth and adoptive parents. A continuum of openness ranges from the exchange of non-identifying information to ongoing contact between families after adoption finalization. The Permanency Specialist and FSW help birth and adoptive families negotiate their plan. (See Work Aid: Open Adoption Continuum, Work Aid: Assessing Birth Families and Adoptive Families for Openness in Adoption, and Work Aid: Purpose of Openness in Adoption) B. Explaining Openness in Adoption to Birth Family and Adoptive Family Share the following information with birth and adoptive families: 1. Openness in adoption is child centered. Its foremost reason is to benefit the adopted child. By this means the child is affirmed by all the people in his/her life. 2. It establishes honesty, freeing all involved from the burden of carrying secrets. 3. It shows respect for all parties involved. 4. It is a process in which both families have control in creating a plan that is right for their situation. 14 5. Both families have ongoing responsibility in carrying out the plan. Trust grows because of affirming behavior by all parties reliably demonstrated over time. 6. Openness in adoption is not co-parenting. Only the adoptive parents have full legal caretaker rights and responsibilities. 7. It helps the child understand that adoption is a fact of his/her life. 8. It helps the child understand how he/she is related to the various people in his/her life. 9. It helps the child understand the facts of the child's life and the relationships that organize it. 10. It helps the child establish his/her personal identity which requires understanding the contributions of the various parties in his/her life. Source: TN DCS Adoption Manual, p. 14

The TN DCS Adoption Manual notes that there is no provision in Tennessee State Law for open adoption and that any agreements made regarding openness are honor-bound, rather than law-enforced. Adoptive parents have the discretion and the legal right to, at any time, limit, change, or stop contact with the birth family if they feel this is in the child's best interests. If the adoptive parents determine, prior to adoption, that a child's birth family may continue to have involvement with the child, TI will offer counseling, assistance, and support to help the two families develop and agree on plans for the exchange of information or continued contact , to develop a plan for how handling conflicts that might arise in the future. Finally, birth parents have no legal recourse regarding decisions of the adoptive parents regarding continued contact or involvement in the child's life.

Preparing Foster Parents and Pre-Adoptive Parents

TI values healthy, secure, and lifelong attachments for children and youth. In alignment with these values, we are committed to fully preparing foster parents to support child permanency, in whatever form it might take. When adoption becomes the permanency goal for a child, we are committed to fully preparing and supporting foster parents as they transition to pre-adoptive foster parents. Adoption is a lifelong commitment and, therefore, requires additional, unique preparation. TI is responsible for training and preparing pre-adoptive parents so that they have the knowledge, skills, and perspectives necessary to meet

the developmental needs, specific trauma-related needs, and unique needs of the child at the time of adoption and into the future.

Foster parent training and preparation begins with attendance at an agency informational meeting. Prospective foster parents then attend TN-KEY, an additional seven (7) hours of preservice training, and a minimum 30 hours of training each year, with 15 hours of this training qualifying as therapeutic, or trauma-based. All TI foster parents are also required to become certified in Therapeutic Behavior Management (TBM) within their first year following approval. Beginning in 2021, all TI foster parents will be trained in Together Facing the Challenge, a 15-hour trauma-informed curriculum specifically designed for therapeutic foster parents.

Kinship foster parents have an additional first-year training requirement: Preserving Kinship Families (3 hours).

All TI foster parents sign an Oath to Abide prior to approval, and upon reassessment every two years. The oath indicates the foster parent's agreement to identify and report abuse and neglect, among other things. The Oath to Abide is Attachment 6 of this policy and procedure. All TI foster parents also sign the DCS Discipline Policy, DCS Form CS-0553, prior to approval and at the time of reassessment every two years. This policy indicates the foster parent's agreement to use positive discipline techniques and refrain from using physical and degrading punishment, and to ensure that others refrain from using physical and degrading punishment. This form is Attachment 7.

All TI foster parents complete a contingency plan which outlines their individualized plan for responding to emergencies including accidents, serious illnesses, or foster parent incapacitation. All foster parents who have a child placed in the home are also responsible for completing and submitting a monthly safety drill for emergency situations such as fire, tornado, or flood.

The TI Case Manager keeps pre-adoptive foster parents apprised of new and changing information related to the child throughout the pre-placement period.

Procedure

Tools:

The ABC Checklist for Pre-Adoptive Parents: This checklist crosswalks all required pre-adoptive training subject areas with the specific curriculum that provides that information. The checklist also identifies the evidence and/or competency exam for each training, the date the training was delivered, and the name of the trainer. The ABC Checklist is Attachment 2.

Foster Parent Training
Pre-Service Requirements

DCS TN-KEY Training (15 hours)
The DCS TN-Key is a training curriculum which prepares prospective foster parents to care for children and youth who have experienced abuse, neglect and a variety of traumatic events and environments. An underlying goal of this material is to model skills that can be replicated in the foster home, such as self-regulation, consistency, self-care, and teaching, while providing skills. The TN-KEY curriculum requires prospective foster parents to self-assess throughout the training and to intentionally choose trauma-

informed parenting strategies over those which are less effective for children in foster care. A mutual selection process occurs throughout all preservice training, whereby applicants are assessing their own ability and commitment to fostering based on their consideration of new information and perspectives, while the agency is assessing their suitability as foster parents. Attachment 1 provides an overview of the TN-KEY curriculum.

Additional Pre-Service Training

TI foster parents are required to complete an additional seven hours of preservice training prior to approval:

- Medication Administration and Safe Sleep (4 hours)
  This Medication Administration training is required for all foster and kinship applicants. Must be repeated every 2 years.
- CPR and First Aid (4 hours)
  This is not a certification course. Must be repeated every 2 years
- TIPS: Trauma Informed Parenting Strategies (6 hours) See Attachment 3 for curriculum overview
- Building Strong Brains (2 hours) See Attachment 4 for curriculum overview

Annual Training

TI foster parents are required to participate in 30 hours of training each year. Fifteen hours of this training must fit the criteria of trauma training as outlined in Tennessee DCS Policy 16.9.

First Year Required Training

- Darkness to Light: Stewards of Children Child Sex Abuse Prevention Training. (2 hours) Online Required within 30 days of home approval
- Working with the Education System (2 hours) Online class.
- Parenting the Justice Involved Youth (3 hours) Online class.
- Creating Normalcy through Prudent Parenting (3 hours)
- What to Know about Child Exploitation and Human Trafficking (2 hours)
- Preserving Kinship Families (only for parents with a biological, adoptive, or other familial relationship with the custodial child(ren) (3 hours)
- Therapeutic Behavior Management (TBM) (8 hours) *(Therapeutic Training)
  TI requires all foster parents to become certified in TBM within their first year, 2-hour recertification required every 2 years. See Attachment 5 for curriculum overview
    - Beginning in 2021, all TI foster parents will become certified in Together Facing the Challenge, an evidence-based therapeutic foster care training and consulting model of care which includes an in-home coaching component.(15 hours) Attachment 8

Transitioning from Foster Parent to Pre-Adoptive Foster Parent:

Once a pre-adoptive placement is made, and whenever a child already placed with TI becomes available for adoption and is in the pre-adoptive placement identified for that child, staff have the following responsibilities:

TI Case Manager: Responsible for notifying foster parent recruiter trainer of a pre-adoptive placement within two weeks of placement or qualifying event. Shares child-specific information with the foster parent recruiter trainer in the context of the biweekly case review process. Information shared should address the

child's therapeutic needs, safety factors, placement history, trauma history, diagnoses, behavioral challenges, academic performance, pre- and post-natal drug exposure, history related to domestic violence, incarceration of family members, involvement in human tracking, reason for initial placement, family environment and history and any unique characteristics of the child which might have implications for foster parent support, training or preparation. The case manager shares information with the FPRT regarding important people in the child's life, particularly birth family members, extended family members and community members, to facilitate openness in adoption and building of a potential attachment network for the child.

Foster Parent Recruiter Trainer: Responsible for providing and/or ensuring timely delivery of all required foster and pre-adoptive parent training in compliance with DCS licensing regulations, DCS provider policy manual, accreditation standards and best practice. Completes an ABC Checklist for pre-adoptive parents and ensures that all required areas are thoroughly addressed. Plans with the foster parents, case manager, and team to identify and access additional training, information, counseling, and support, relative to the unique characteristics and circumstances of the child and the family. Continuously assesses the ability, willingness, preparedness, and suitability of the family for adopting throughout the minimum 6-month pre-adoptive placement. Documents monthly assessments and progress using foster parent contact notes in Kaleidacare. Shares information about the foster parent preparation process with the team in the context of biweekly case review meetings.

Regional Director: Responsible for overseeing timely completion of ABC Checklist by foster parent recruiter and timely and thorough and timely conveyance of client information by case manager to FPRT and team in the context of bi-weekly case review meetings. Allocates appropriate resources for pre-adoptive parent training and support. Ensures ongoing assessment by FPRT of all TI foster parents with pre-adoptive placements, including timely completion of FPRT monthly contact notes in Kaleidacare.

TN-KEY Training Curriculum Overview

Informational Meeting

In this class, TI foster parent recruiter trainers explain the basic value of partnership. They discuss the interactive nature of TN-KEY, stressing that trainers and participants will get to know one another while learning about the challenges of raising children who have lived in the child welfare system. This will allow the participants to assess for themselves whether becoming a foster parent is the right decision for them at this time. Trainers also discuss characteristics and needs of children who need families/homes. They emphasize the role of birth families as partners and the first goal of reunification. The class emphasizes the importance of the home study as a precursor to approval as a foster home. Foster parents who attend this class have 6 months to start TN-Key Classes. If classes are started more than six months after the meeting date, participants are required to attend another informational meeting.

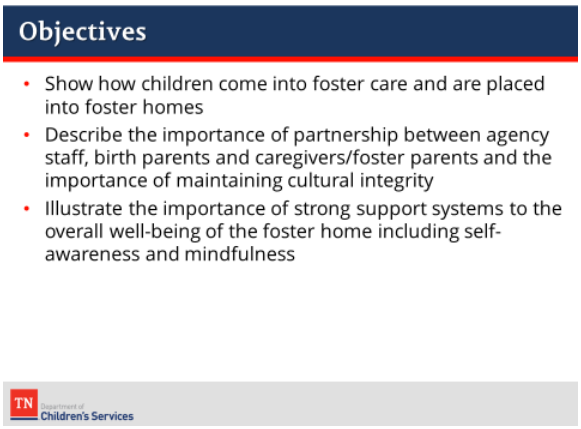
Objectives:

- Review of the special needs of the children we serve due to abuse and how trauma affects behavior
- Recognize reunification as the goal for foster children
- Define foster parent roles
- Review of DCS Discipline Policy
- Describe the characteristics of successful foster parents
- Discover reasons for the considerable amount of paperwork and the assessment criteria
- Recognize the importance of self-assessment and self-care
- Review training requirements and the pathway to becoming an approved foster parent

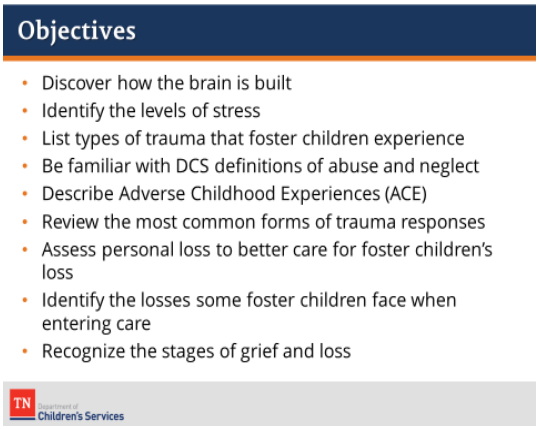
TN-KEY Training Curriculum Overview

TN-KEY Training is comprised of four modules:

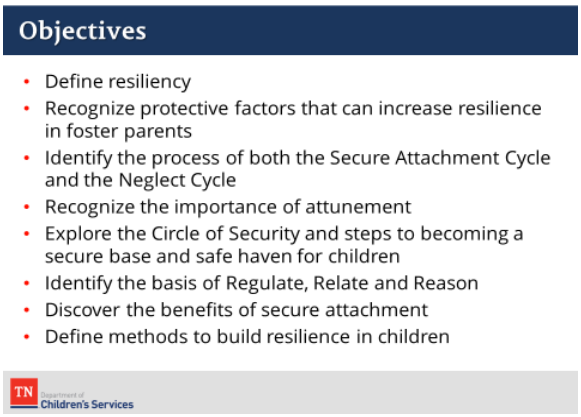
Module 1: Navigating the Child Welfare System



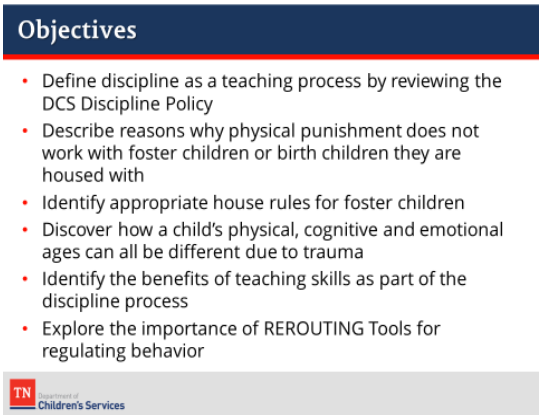
Module 2: Exploring the Impact of Trauma



Module 3: Roadmap to Resiliency



Module 4: Rerouting Trauma Behaviors



Foster Parent Training and Pre-Adoptive Parent Training and Support Policy and Procedure
Attachment 2

ABC Checklist for Pre-Adoptive Parents

The ABC Checklist covers the following training and preparation requirements for pre-adoptive parents:

a) laws and regulations regarding adoption
b) the availability of (and application process for) therapeutic subsidies post-adoption
c) options for openness in adoption and adoptive parents' rights
d) the importance of legally finalizing the adoption and for obtaining andmaintaining documentation of citizenship for children adopted internationally, if applicable
e) long term impacts of adoption on the child and the family
f) the availability and importance of post-adoption supports and services
g) characteristics and needs of children and youth who are awaiting adoption
h) prevalence of physical, psychological, and sexual abuse, neglect, and child trafficking and the impact of these adverse experiences on children and youth
i) the impact of foster care and institutional care on children and youth
j) prevalence of malnutrition, drug exposure, and domestic violence, and the impact of these experiences on the emotional, cognitive, and behavioral development for children andyouth
k) understanding and supporting attachment, bonding, and healthy relationships
l) experience of foster and adoptive children and youth with separation, loss, and grief and how to support healthy coping skills
m) how to manage change within the family and navigate new roles and responsibilities
n) how to support children and youth's healthy and authentic identity development
o) challenges for multicultural, multiracial, and multiethnic families and strategies for maintaining child and youth connections to their culture, community, tribe, andcountry
p) therapeutic behavior management
q) trauma informed parenting
r) how to prevent, recognize, and react responsibly to child sexual abuse, including how to support safe disclosure.
s) how to create security for children and youth who have experienced sexual abuse, trafficking, self-harming behavior, or any trauma that compromises security andsafety
t) how to identify and address barriers to accessing support outside the family

Foster Parent Training and Pre-Adoptive Parent Training and Support Policy and Procedure
Attachment 3

Trauma Informed Parenting Strategies (TIPS) Curriculum Overview

Trauma Informed Parenting Strategies Training (6 hours)

T.I.P.S. (Trauma Informed Parenting Strategies) provides a framework for foster parents who work with youth who come from hard places and helps them to make trauma informed decisions about their overall care. This 6-hour course is designed to focus on the effects of trauma on adolescent brain development and strategic methods of providing care and discipline. This course, while it can be applied to children of all ages, focuses on the needs of teenagers within the foster care setting. Traditional parenting methods may not be effective with children in the foster care system and teens are overrepresented in foster care.

Objectives

- Identify the significance of implementing Trauma Informed Parenting Strategies
- Understand the role trauma plays in the lives of foster youth
- Examine how brain development is affected by trauma
- Consider the differences between adolescent development and trauma responses
- Discover that building connections is the key to successful behavior management
- Understand that youth will thrive in an environment that embraces predictability and routine

Foster Parent Training and Pre-Adoptive Parent Training and Support Policy and Procedure
Attachment 4

Building Strong Brains Curriculum Overview

Building Strong Brains Training (3 hours)

The architecture of a young child's brain is shaped by the interaction between genes and experiences. Science shows that Adverse Childhood Experiences are correlated with negative health outcomes. In this training, participants will build knowledge and understanding of early childhood brain development and ways to mitigate the impact of Adverse Childhood Experiences. This training promotes potential of every child in Tennessee to have the opportunity to lead a healthy, productive life. This is an online class delivered by DCS and is required by Therapeutic Interventions.

The TI case manager works with the DCS Permanency Specialist assigned to the child. The DCS Permanency Specialist is responsible for addressing the adoption process through DCS including laws and regulations. The TI Regional Director in coordination with the DCS Permanency Specialist works with the adoptive parents to secure applications for available subsidies and other financial benefits and to find an attorney experienced in DCS adoptions. Discussions around birth family involvement and openness after adoption are held within CFTM meetings and decisions are made in the best interest of the child.

Foster Parent Training and Pre-Adoptive Parent Training and Support Policy and Procedure
Attachment 5

Therapeutic Behavior Management Curriculum Overview

Therapeutic Behavior Management (TBM)
(8 Hours)
TBM is a four-part crisis intervention training specifically designed for foster care. The topics cover staying professional, dealing with deliberate misbehavior, understanding emotional crisis, and de-escalating emotional issues. There is a 20-question competency test to achieve certification. Certification is good for one year with an annual 4-hour recertification and competency test.

Attachment 6

DCS Form CS-0670 Foster Parent Oath to Abide

Tennessee Department of Children's Services

FOSTER PARENT OATH TO ABIDE

Foster Home Name: _____

Foster Parent Initials	Co-Parent Initials	**Confidentiality**
		A great deal of sensitive and confidential information about children and families served by Department of Children's Services (DCS) will be shared with foster parents. DCS believes that protecting sensitive and confidential information is critical to building and maintaining positive relationships and requires that all persons affiliated with DCS adhere to a practice of protecting that kind of information. DCS requires all potential and active foster parents to sign an oath to refrain from sharing any information about children or families with individuals or agencies, including sharing on social media, not authorized by a child's Child and Family Team, to include birth parent, to share that information.
Foster Parent Initials	Co-Parent Initials	**Report Child Abuse and Neglect**
		I understand it is my duty to report suspected child abuse or neglect and to abide by child safety restraint laws. I do solemnly pledge to report any suspected child abuse or neglect to the proper authorities. I realize that failure to report is a violation of the law and is not in the best interest of children. I also pledge to adhere to child restraint laws while transporting children in my vehicle.
Foster Parent Initials	Co-Parent Initials	**Drug and Medication Expectations**
		I have read and understand the Protocol for Drug and Medication Expectations for Approved Foster Homes to ensure a drug-free environment.
Foster Parent Initials	Co-Parent Initials	**Proper Use of Car Seats**
		I pledge to adhere to child restraint laws while transporting children in my vehicle.

Foster Parent Initials	Co-Parent Initials	**Handgun Carry Permit**
		I have provided DCS with a copy of the permit. I understand that I am responsible for the safety of the children in my care and will always exercise extreme caution. (Attach copy of permit.) ☐ **N/A**
Foster Parent Initials	Co-Parent Initials	**Foster Parent Agreement with pool or other water hazards on their property**
		Local ordinances and homeowner insurance requirements have been followed to secure the pool/water with fencing/locked gate and/or an alarm system. ☐ **N/A**
Foster Parent Initials	Co-Parent Initials	**Foster Parent Involved searches:**
		Policy 31.4 has been reviewed with me, my concerns discussed, and questions answered.
Foster Parent Initials	Co-Parent Initials	**ADOPTUSKIDS Information Acknowledgement**
		I have received information regarding the AdoptUSKids website and understand that completing the necessary information on the site will allow me to search for children on the sites that are available for adoption and will also allow registered case workers to review my information when searching for families.
Foster Parent Initials	Co-Parent Initials	**Foster Home Disclosure Acknowledgement**
		I have received information and understand that serving as a foster parent is a privilege and that the approval and re-approval processes are intentionally rigorous to ensure the best able to care for children who are abused or neglected become or remain foster parents. I understand that information regarding my performance and quality of care as a foster parent will be shared between agencies if I choose to transfer or re-activate my services for an agency other than my initial assessment for the purpose of caring for children in state's custody.

I confirm that the Oath to Abide has been reviewed with me and I understand my responsibilities as a foster parent:

DCS Discipline Policy Form CS-0553

Tennessee Department of Children's Services

Discipline Policy

Discipline is a teaching process that is initiated by a trauma informed caregiver who is able to identify the underlying need of a foster child. It is through this process that a child develops the self-control, self-reliance, resiliency, and orderly conduct appropriate life skills necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behavior. The goals of discipline for foster children are:

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings, etc.)
- To feel good about relationships with other adults and other children
- To have a positive self-concept
- To acquire appropriate regulation skills on their own to be able to relate and reason when their needs are not being met
- To have secure attachment and connection with other adults and children
- To be resilient in the face of adversity, causing them to have a foundation of true self-esteem

In order to accomplish these goals, the following guidelines should be followed:

- Encouragement and praise of good behavior is often more effective than punishment and is a must in disciplining a child. The child's acceptance of discipline and ability to profit by it depends largely upon feeling that he/she is liked, accepted, and respected.
- Practice regulation methods that were taught in Pre-Service training to help reroute the child in times of dysregulation.
- Approach the child with words and actions that will form secure attachment and connection.
- Discipline must be determined on an individual basis and meet the child at the developmental and cognitive level of the child.
- All discipline shall be limited to the least restrictive appropriate method and administered in an appropriatemanner.

The following forms of punishment must **not** be used:

1) Corporal Punishment such as slapping, spanking, or hitting with any object,
2) Excessive exercising (particularly of a military nature), running laps, repetitive sit-ups, etc.
3) Cruel and unusual punishment,
4) Assignment of excessive or inappropriate work,
5) Denial of meals and daily needs,
6) Verbal abuse, ridicule, or humiliation,
7) Permitting a child to punish another child,
8) Chemical, physical, or mechanical restraints (ex; use of psychotropic medications as a restraint),
9) Denial of planned visits, telephone calls, or mail contact with birth family, attorney, siblings, Family Service Worker, pre-adoptive family, or attorney,
10) Seclusion as a punishment,
11) Threat of removal from the foster home, or
12) Any discipline that occurs more than 24 hours after the incident.

I have read this discipline policy of physical punishment and do comply with it.

Foster Parent Training and Pre-Adoptive Parent Training and Support Policy and Procedure
Attachment 8

Together Facing the Challenge **Training**

Table of Contents

Session 1: Building Relationships and Teaching Cooperation
- Ice Breaker
- TFC: An Evidence-Based Intervention
- Activities
- How does trauma affect youth in TFC?
- A Rationale for Providing More Structured Parenting to Youth in TFC
- How does uncooperative behavior develop?
- The Basics of Social Learning Theory
- Tracking Behavior
- Home Practice
- Summary and Wrap-Up

Key Components of Session l
- Understand that TFTC is an evidence-based practice
- Understand the correlation between relationships and outcomes
- Understand the impact of past trauma on current emotions and behaviors
- Understand how uncooperative behavior develops
- Understand the ABC model
- Understand the key components of tracking a behavior to assist in development of an action plan to address the behavior

Session 2: Setting Expectations
- Session 1 Review
- Power of Praise
- Power of Incentives
- Daily Check-In and Building Relationships
- Giving Effective Instructions and Directions
- Developing and Fine-Tuning House Rules
- Home Practice
- Summary and Wrap-Up

Key Components of Session 2
- Understand the significance of using praise and incentives as parenting tools
- Understand how daily check-ins build relationships
- Identify effective versus ineffective instructions
- Understand the importance of establishing and maintaining a clear set of house rules

Session 3: Use of Effective Parenting Tools to Enhance Cooperation

- Session 2 Review
- What is a power struggle?
- Button-Pushing
- The Conflict Cycle
- Recognizing, Thinking About and Dealing with Feelings
- How to Get Out of a Power Struggle
- Removed
- Home Practice
- Summary and Wrap-Up

Key Components of Session 3

- Learn to recognize their involvement in power struggles
- Be able to prevent participating in power struggles
- Learn strategies to improve emotional awareness
- Learn strategies to diffuse a power struggle in progress
- Understand how increased empathy to a youth's trauma can help avoid power struggles

Session 4: Implementing Effective Consequences

- Session 3 Review
- What is a consequence?
- Making Consequences Effective
- Logical and Natural Consequences
- Time Out
- Privilege Removal
- Work Chores
- Restitution
- Informal and Formal Behavior Contracts
- Developing a Behavior Contract
- Putting Contracts into Action
- Home Practice
- Summary and Wrap-Up

Key Components of Session 4

- Distinguish between effective and ineffective consequences
- Learn how to implement and enforce effective consequences for noncompliant behavior
- Be able to implement an effective behavior contract
- Understand the importance of consistency in behavior management

Session 5: Welcoming Diversity

- Session 4 Review
- Knowing Who You Are
- Exploring Individual Identity
- Working Effectively with a Culturally Diverse Population
- Responding to Diversity in Your Home
- Diversity Vignettes
- Home Practice
- Continuing to Develop Cultural Sensitivity
- Goal-Setting

- Summary and Wrap-Up

Key Components of Session 5

- Learn that individual identity includes racial, ethnic, sexual, spiritual, and other components of identity
- Examine their individual identities and consider the role these have in their self-concept and interactions with others
- Learn about the impact of foster care placement on youth's ability to develop theirunique individual identity
- Determine and evaluate strategies to help youth develop their individual identities
- Use a goal-setting tool to set short and long-term personal development goals

Session 6: Transition to Young Adulthood

- Session 5 Review
- Thinking about the Transition to Young Adulthood
- Your Role in the Transition to Young Adulthood
- Chapter Next: Making the Transition
- Essential Life Skills for the Transition to Young Adulthood
- Building Skills for Adulthood
- Goal-Setting
- Problem-Solving and Decision-Making
- Monitoring Progress with Support and Guidance
- Home Practice
- Summary and Wrap-Up

Key Components of Session 6

- Reflect on their own experience in transitioning to young adulthood
- Understand that the skills that promote interdependence start in early childhood
- Learn specific strategies to support youth in building essential life skills
- Learn strategies for assisting their youth in solving problemseffectively
- Learn strategies for assisting their youth in setting short - and long-term goals

Session 7: Effective Communication and Taking Care of Self

- Session 6 Review
- Family Communication
- Having Fun Together
- What's Stress Got to do with It?
- Pie of Life
- Taking Care of Self and Creating a Self-Care Plan
- Managing Life Stressors
- Thinking, Feeling and Reacting
- Review of Resources
- Summary and Wrap-Up
- Closing Celebration

Key Components of Session 7

- Learn the importance of regularly scheduled family meetings
- Learn how open communication with the family results in better family functioning

- Understand the importance of regularly scheduled family fun
- Identify their life stressors & recognize the impact stress has on parenting
- Identify how they are using their time & energy to develop plans for self-care

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	TOPIC: Respite Care	DATE: 10/16/20
COA CORE/PRACTICE STANDARD(S): FKC 22: 22.01-22.05		APPROVED BY: Lois Barrett Luke

Policy

TI values safety, security, and stability. In alignment with these values, TI offers respite care to our foster parents to provide temporary relief, reduce foster parent stress, support foster parent self-care, and promote placement stability. During unplanned events or foster family emergencies, respite care can allow for safety and security of the child while the foster parent shifts focus to a demanding personal or family crisis.

Respite care is the paid or unpaid provision of short-term planned or emergency care of a child to provide temporary relief to the foster parent who is responsible for the routine care of the child. TI strives to maintain foster homes which are adept at providing respite care. We also encourage and support foster parents to build a peer support network of other approved foster parents, so that when respite is needed, the child might stay with someone whom they already know, who is an approved foster parent, and who has a strong, positive relationship with the child and his foster family. This lessens the trauma of respite care for the child and helps to ensure a more seamless transition between the two homes.

Procedure

Criteria for Matching a Respite Care Provider

The TI Case Manager, Regional Director, Placing Supervisor, and foster parent typically collaborate to identify y a respite care provider. The decision is based upon based on several criteria:

- Familiarity with, and support for, the child's daily routines
- Resource possesses the skills and qualifications to care for a child with therapeutic needs

- Willingness and ability to collaborate with the fosterparent to meet the child's therapeutic needs, including:
    - preferred foods and activities
    - medical care
    - medication administration
    - educational needs
    - employment needs
    - safety plan needs
    - family time plans
- Resource is respectful of the child's culture, race, ethnicity, language, religion, gender identity, and sexual orientation.
- Ability and willingness of the respite care resource to offer enriching activities appropriate to the child's interests, age, development, physical abilities, interpersonal characteristics, culture, and special needs so that the respite stay is a fun and engaging break for the child
- Home of the respite care resource has no more than five children and no more than:
    - Two children under age two
    - Four children over age 13
    - Two foster children in treatment foster care

Crisis or Emergency Respite Care: When respite care is provided in response to a crisis, the TI Case Manager and program team provide additional support for the child, including additional visits, phone calls, and fun activities. It is important to remember that even though the child is outside their foster home environment temporarily, their attachment to their foster parent means that they are likely strongly affected by the crisis which necessitated respite care. When a child is moved unexpectedly, it is likely to be a trigger, reminding them of their removal from their home. This can result in feelings of insecurity, loss, grief, and fear about the future and these feelings can be precursors to trauma behaviors. The TI Case Manager will ensure that the child has an opportunity to ask questions, get clarifications, communicate with their foster parent, when possible, and to be given as much information as possible about the crisis, in age-appropriate terms. The TI Case Manager identifies and accesses interventions as needed, to support the child in coping with the trauma or stress associated with the crisis. This includes communicating with the child's counselor or therapist, the foster parent, and the respite care provider to frame the crisis in terms the child can understand, and which reassures the child and supports a sense of safety and security.

Respite and Prudent Parenting: TI Case Managers and foster parents are trained in reasonable and prudent parenting, which is a guidepost for decision making regarding 'normalizing' a child's experience in foster care. Prudent parenting allows foster parents to choose a qualified respite care provider who knows the child, has a positive and supportive relationship with the child, and who is a trusted family member or close family friend. This is often the ideal respite situation, as the child's routine, habits, and preferences are already known by the respite care provider and the child experiences minimal disruption.

DCS Protocol for Reasonable and Prudent Parenting
(https://files.dcs.tn.gov/policies/chap16/ProtocolReasonablePrudentParenting.pdf)

The Protocol for Reasonable and Prudent Parenting allows foster parents flexibility in decision making as to when youth in foster care can participate in activities that are intended to maintain a child's health, safety and best interests while encouraging the child's emotional, academic and developmental growth. The goal of exercising the reasonable and prudent parent standard is to attempt to normalize experiences for youth in care. Foster parents should use their best judgment (defined as "would you leave your biological child with this person?") when making respite placement decisions.

TI's respite policy is in alignment with DCS protocol and policy.

https://files.dcs.tn.gov/policies/chap16/ProtocolResandOtherEvents.pdf

Respite Care as a Self-Care Tool: Respite care is routinely discussed between the foster parent and the Foster Parent Recruiter Trainer during their monthly contacts as a contribution to the foster parent's healthy self-care practice. The TI Case Manager also discusses respite care with the foster parent, particularly when it seems it would be a support. A planned respite care stay is always preferable to an unplanned respite care stay. Utilizing respite care regularly can sometimes help a foster parent avoid a crisis later, which is more disruptive to the foster parent, the child, and the family.

Respite Placement with Non-Paid Foster Parent Family, or Friends

- Foster parents may select a respite care provider with friends or family members for a period of less than 48 hours and notify the TI Case Manager of selection. The TI Case Manager staffs each request with the Regional Director who will approve or disapprove the plan. Note: Respite scheduled to exceed a period of forty-eight (48) hours and is to be provided by a friend or family member must be cleared by a criminal background check (local law enforcement or court record and DCS Records Check)
- The TI Case Manager must be informed of any respite plans prior to the respite occurring. Notice may be provided via text, e-mail, telephone, or in person.
- Respite care requests which extend beyond 7 consecutive days require the approval of the DCS Family Service Worker(FSW).
- The TI Case Manager and/or the Case Manager Supervisor discusses with the foster parent, the provisions in place to ensure that the respite placement will be able to meet the child's needs including but not limited to transportation, medication, special health, dietary, well-being or safety needs. This includes any safety plans regarding children with high risk behaviors.
- The respite caregiver returns a child only to the foster parent, or another person approved by the foster parent, and follows procedures for situations that pose a safety risk or when a child requires protection.
- The TI Case Manager ensures that the foster parent provides the respite provider with all information required in the event of an emergency. This includes, but is not limited to, how to reach the TI Case Manager, TI Case Manager Supervisor, TI on-call Case Manager, DCS FSW, and the child's health care providers.
- If a child experiences an accident, health problem, change in appearance or behavior, or anything concerning to the caregiver or out of the ordinary, the respite caregiver is required to document it and to report it to the TI Case Manager and the foster parent. The TI Case Manager will ensure that timely and appropriate follow up is completed to ensure child safety and well-being.

- The TI Case Manager ensures that, in the case of emergency or crisis respite, communication between the foster parent, TI Case Manager, the DCS FSW, and the respite caregiver takes place to ensure the child's needs and response to the family crisis are being addressed using a consistent framework of understanding and that the child's emotional needs are being met in response to the family crisis.

Respite Placement with Approved TI Foster Homes

- Foster parents may request that another TI foster family provide respite. This decision is communicated to the TI Case Manager who staffs it with the Regional Director, who worksto identify a good match for the child, based on the criteria for matching, above.
- The TI Case Manager notifies the DCS FSW of any respite plans scheduled to exceed forty-eight (48) hours, prior to the respite occurring. Notice may be provided via text, e-mail, telephone, or in person.
- DCS must approve any respite request that exceeds 7 consecutive days.
- The TI Case Manager ensures that the respite foster parent receives all information required in the event of an emergency. This includes, but is not limited to, how to reach the TI Case Manager, TI Case Manager Supervisor, TI on-call Case Manager, DCS FSW, and the child's healthcare providers.
- The TI Case Manager ensures that, in the case of emergency or crisis respite, communication between the foster parent, TI Case Manager, the DCS FSW, and the respite foster parent takes place to ensure the child's needs and response to the family crisis are being addressed using a consistent framework of understanding and that the child's emotional needs are being met in response to the family crisis.
- The TI Case Manager drafts a respite contract which establishes the details of the respite placement and ensures timely reimbursement to the respite foster family. The respite rate shall be equal to or greater than the child's daily placement board rate. The TI Case Manager, Regional Director, and the respite foster parent will sign the contract.
- The respite foster parent returns a child only to the foster parent, or another person approved by the foster parent, and follows procedures for situations that pose a safety risk or when a child requires protection.
- If a child experiences an accident, health problem, change in appearance or behavior, or anything concerning to the caregiver or out of the ordinary, the respite foster parent is required to document it and to report it to the TI Case Manager and he foster parent. The TI Case Manager will ensure that timely and appropriate follow up is completed to ensure child safety and well-being.

Respite Placement with Biological Relatives/Kin

- To maintain family/kin connections, biological relatives/kin should be considered when identifying a respite caregiver. Examples: a grandmother who does not have the means to be a long-term placement but wants to remain involved; a teacher who has a significant relationship with a child but is unwilling to be a permanent placement option. The following procedures are followed when a child is to be in respite care with a biological relative or kinship resource:
    - Caregiver will be cleared by a criminal background check (local law enforcement or court record and DCS Records check);
    - Any court required authorizations must be honored; and,
    - Relative/Kin will not receive reimbursement for providing respite

Outings and Overnight Stays

- The TI Case Manager must be notified by the caregiver of any outings or overnight stays.
- The details of the outings/overnight stays may be given verbally and on short notice.
- Foster parents are responsible for abiding by contact restrictions set by either the court, DCS or by the Safety Plan.
- Foster parents may always consult with the child's case manager if they are unsure about giving permission for an outing or overnight stay. Note: DCS cannot pay any individual for providing supervision or care for a custodial child for the purpose of an outing or overnight stay except for pre-authorized approval for church camps, band camps, etc.

Out-of-State and Out-of-Country Trips

TI and/or DCS do not provide money for family trips or vacations. The expectation is that the foster family will include the child in their vacation plans. If a foster family chooses to do so and the family trip or vacation takes them out-of-state or out-of-country, permission must be obtained at least seven (7) business days prior to expected travel for authorization. Form CS-0679, Authorization for Child to Travel Out of State/Out of Country is to be completed and approved by the DCS Regional Administrator or designee. Foster parents who routinely take trips across state lines for the purposes of shopping and recreation are to complete form CS-0679 quarterly.

Documentation

The TI Case Manager, Foster Parent Recruiter Trainer, and Regional Director are each responsible for ensuring that documentation related to respite care is completed, signed, and filed in the foster parent and child case records in a timely fashion. The TI Case Manger will provide documentation in the child file in the form of case notes and the Foster Parent Recruiter Trainer will provide documentation in the foster parent file in the form of foster parent contact notes, regarding communications with foster parents regarding the stipulations of this policy, which can also be found in the Foster Parent Handbook. Content of the documentation is specific regarding the nature of the guidance given and information exchanged and includes assistance offered or provided, and the outcome of each situation.

Therapeutic Interventions
Nurturing Children and Families

POLICY #:	Adoption Services: Child Assessment	DATE: 04/30/2020
COA CORE/PRACTICE STANDARD(S): AS 5.01- AS 5.03- 5.04		APPROVED BY: Lois Barrett Luke

Policy

TI's adoption program establishes permanent family relationships for children in need of permanency who are not on track for reunification and Termination of Parental Rights (TPR) or surrender of parental rights has happened. TI's goal is to increase the well-being, functioning, and stability of children, birth parents, adoptive families, and adopted individuals.

The TI Adoption Team consists of the Regional Director, Case Manager, Contracted Counselors, Foster Parents, and the child. The TI Adoption Team coordinates with the DCS Adoption Team through Permanency CFTMs. The TI Adoption Team uses the guidelines set forth by DCS in the manual provided to contract agencies: *Adoption Best Practices Manual (2015)*.
https://www.tn.gov/content/dam/tn/dcs/documents/adoption/Adoption_Best_Practices_Manual.pdf

Each child whose parents' rights have been terminated or whose parents have surrendered their rights should be considered for adoption. Assessments are conducted and information is collected in a strengths-based, culturally sensitive, and clinically sound manner to identify services and resources that support the achievement of agreed upon goals and increase engagement in service delivery.

Procedure

Factors such as age, sibling group membership, race, color, national origin, or mental/physical/emotional challenges should not be seen as barriers. TI is bound to work within the parameters of Tennessee DCS Policy 16.2, *Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996.* Critical issues which also must be assessed include attachment, trauma, and developmental issues. Each child is assessed with the help of the *DCS Work Aid: Critical Issues in Assessment, Trauma, and Developmental Issues* which is found in the DCS *Adoption Best Practices Manual*.

TI ensures that counseling is in place as needed for any child struggling with separation, coping skills, grief, or loss. If an adoptive family has not been identified for a child who is 14 years or older, or when the child refuses recruitment/adoption, TI will ensure that counseling services are in place to discuss permanency with the child. If the child refuses to participate in counseling, the TI Case Manager documents this in the case record. The team will periodically re-engage any youth who refuses adoption and/or adoption counseling, and document in the case record.

Assessing Early Permanency

For children who are at legal risk of termination of parental rights, or for whom reasonable efforts for reunification have failed, TI will assess the current foster home for possible adoption. Every effort is

made to ensure the current foster parents are assessed for adoption. If the current foster home is not the right choice for the child, an immediate search is begun for a pre-adoptive home.

Adoption Pre-Placement Summary Procedure

The TI Case Manager prepares a Pre-Placement Summary within 60 days after the child is determined to be eligible for adoption services. TI completes the Pre-Placement summary for all children moving through the permanency process to adoption.

The purpose of the Pre-Placement Summary:

a. Serves as a decision-making tool for the prospective adoptive family
b. Shapes attitudes toward birth family
c. Treats family history and personal history as sacred for the child
d. Maps out post-placement needs and planning
e. Engages the child in their own Pre-Placement Summary and assessment of the following:
    1. Child goals
    2. Child's understanding of, and interest in, adoption
    3. Child's concerns
    4. Ways in which the child can be involved and engaged in their adoption process

The Pre-Placement Summary must document whether the child has special needs according to the criteria listed in DCS Policy 15.11, Adoption Assistance.

Information included in the Pre-Placement Summary is gathered from various sources, including the child and family's DCS case files, CPS records, medical/social histories, TI assessments, treatment records, and education records.

Pre-Placement Summary Information must be assessed and includes the following:

1. Child's medical pre-natal/birth records (Received from DCS FSW)
2. Child's birth certificate (Received from DCS FSW)
3. Child's complete medical records, including information on growth and development from pre-natal to present, current medical conditions, current medications, handicapping conditions, and medical and social history regarding:
    a) significant illnesses
    b) significant injuries
    c) significant diagnoses
    d) hospitalizations
    e) special needs
4. Child's immunization records
5. Child's developmental status and records
6. Child's dental records

7. Child's education records, including educational testing, disciplinary records, and recent grade reports
8. Information on who cared for the child from birth to present, indicating duration and quality of care
9. Reasons for placement moves
    a. planned
    b. unplanned
    c. family issues
    d. child behaviors
10. Description of child's characteristic way of responding to people and situations
11. Current information on child's functioning in placement and school settings
12. Child's psychological/psychiatric evaluations and information from CPS Investigations including:
    a) Complete history of abuse and neglect
    b) Full trauma history
13. All services child is currently receiving, including frequency
14. Progress notes from counselors and other service providers
15. DCS Form CS-0649 *Medical/Social History for Child and Child's Family*
(This should be completed on all cases, as it provides information regarding hereditary conditions and family background) (Received from DCS FSW)
16. Surrender paperwork, if applicable (Received from DCS FSW)
17. All court petitions and court orders (Received from DCS FSW)
18. Quarterly DCS Progress CFTM Notes (Form DCS CS-0430 – TFACTS and/or DCS FSW)
19. DCS CFTM Family Permanency Plans (TFACTS and/or DCS FSW)
20. Updated DCS FFA, if completed by DCS (TFACTS and/or DCS FSW)
21. Any relevant medical, psychological, and treatment records for parents' history
22. Birth parents' preference regarding seeing the child in the future
23. Indication regarding whether the child should continue contact with birth relatives and the plan for this contact
24. Indication of how the child has been prepared for adoption, the child's desires related to adoption, child's attachments to resource family
25. List of pre-placement activities required (visits, counseling, etc.), characteristics of an appropriate adoptive family, and placement considerations involving siblings (plan for continued contact with siblings, if separated)
26. *DCS Form CS-1033,* completed by TI Case Manager, which describes the child at the present time, including a physical description and current activities. This form also addresses:
    a. activities
    b. capabilities
    c. sleeping and eating routines and preferences
    d. self-help skills
    e. toilet habits
    f. play/social activities
    g. speech
    h. personality
    i. therapeutic issues

j. fears
k. school/work experiences – current education status
l. travel
m. health – current medical, dental, immunization information
n. how the child responds to affection and discipline

27. Dated photographs or videos of the child.
28. Contact information for organizations, medical professionals, facilities, and others involved in providing services to the birth parents and the child.

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POLICY #:	Adoption Services: Identification and Collaboration in ICWA cases	DATE: 4/30/2020
COA CORE/PRACTICE STANDARD(S): AS 5.05		APPROVED BY: Lois Barrett Luke

Policy

TI values diversity, equity, and cultural competence. We collaborate with each child, family member, and the Child and Family Team (CFT) to identify children who are of Native American heritage for the purpose of strengthening and preserve Indigenous families and culture. TI complies with all requirements established by the Indian Child Welfare Act and the TN DCS interpretation thereof.

Procedure

TI receives referrals for therapeutic foster care through Tennessee's Department of Children's Services. A child's heritage is screened and noted to fulfill the ICWA requirements on an intake packet through their document, *Initial Intake, Placement and Well- Being Information and History*.

TI's adoption program establishes permanent family relationships for children in need of permanency who are not on track for reunification and for whom Termination of Parental Rights (TPR) or surrender of parental rights has happened. TI's goal is to increase the well-being, functioning, and stability of children, birth parents, adoptive families, and adopted individuals.

TI adheres to DCS Policy 16.24 regarding *Children of Native American Heritage.*

TI shall comply with all rules, regulations and laws governing the Indian Child Welfare Act of 1978 (ICWA) and makes a diligent effort to identify those children/youth and families subject to the Act.

TI works to ensure that all services affecting children identified as Native American are conducted in compliance with the federal guidelines outlined by ICWA. The goal of the ICWA is to strengthen and preserve Indigenous families and culture.

TI provides information to families regarding their rights under the Indian Child Welfare Act. This information is included in the TI Client Services Handbook.

ICWA sets minimum standards for any child of Native American heritage involved in a child protective services case, adoption, guardianship, termination of parental rights action, runaway/truancy matters, or voluntary placement of children who are unmarried and under the age of eighteen (18). The ICWA requires that cases involving Native American children be heard in tribal courts if possible and permits a child's tribe to be involved in state court proceedings. It requires testimony from expert witnesses who are familiar with Native American culture before a child can be removed from his/her home. If a child is removed, either to foster care or adoption, the law requires that Native American children be placed with extended family members, other tribal members, or other Native American families. The state of Tennessee is within the Eastern Region jurisdiction of the Bureau of Indian Affairs

Therapeutic Interventions
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POLICY #:	Adoption Services: Procedures for Birth Parent Assessments	DATE: 6/30/20
COA CORE/PRACTICE STANDARD(S): AS 5.02		APPROVED BY: Lois Barrett Luke

Policy

TI values safety, security, and permanence. We begin engaging a child's parents in the assessment process at the time of placement. We understand that children who are raised by their families fare better in the short and long-term. Our goal in assessing a child's parents is to help us identify services and supports which will mitigate barriers to permanence for the child.

Procedure

TI's adoption program establishes permanent family relationships for children in need of permanency who are not on track for reunification and Termination of Parental Rights (TPR) has happened or when birth parents have surrendered their parental rights. TI's goal is to increase the well-being, functioning, and stability of children, birth parents, adoptive families, and adopted individuals.

Birth Parent Adoption Assessments are completed by DCS and submitted to TI. TI uses the Adoption Best Practices Manual

The following TI services to birth/legal parents are provided in coordination with DCS. DCS seeks Termination of Parental Rights (TPR) through their legal process with an attorney for the child, attorney for the birth parent, and an attorney for DCS. TI has input into the legal process through Child and Family Team Meetings.

1. Assessment, Service Planning & Monitoring of birth parent. DCS directs assessments needed for the birth parents through Permanency Child and Family Team Meetings (CFTM's). TI is a participant in all CFTMs and assessments needed for birth parents. TI works with birth parents to assess connection to the child and monitoring visits. TI coordinates service planning for the child with birth parents.

2. Overview of adoption process is provided to the birth parents by DCS and their appointed attorney. TI also provides information in the form of a Client Handbook to birthparents.
3. Information Regarding Openness in Adoption is given by DCS and by TI's Client Handbook.
    a. Preferences for the child's placement and wishes for the child are assessed by TI forthe child and by DCS regarding the birth parent. These issues come together at CFTMs.
    b. Preferences for openness or the child maintaining connections with siblings, family members, or other individuals is addressed in CFTMs.
4. Agency Surrender is conducted by DCS' legal process.
5. Revocation of a Surrender is handled by DCS' legal process.
6. Background Information is collected by TI
    a. Birth mother and father medical and social history, including mental health and substance use history;
    b. Birth parents' relationship history;
    c. Support provided by birth mother and father during the pregnancy and care, visitation, and custody of the child;
    d. Dated photographs, videos, and/or a physical description of birth parents; and
    e. Information about the child's grandparents and siblings.

Therapeutic Interventions
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ABC Checklist for Pre-Adoptive Foster Parents

	Required Pre-Adoption Preparation or Training	
A.	Laws and regulations regarding adoption	FP consultation with adoption attorney, Full Disclosure Child and Family Team Meeting
B.	The availability of (and application process for) therapeutic subsidies post-adoption	Full Disclosure Child and Family Team Meeting
C.	Options for openness in adoption and adoptive parents' rights	Full Disclosure Child and Family Team Meeting
D.	The importance of legally finalizing the adoption and for obtaining and maintaining documentation of citizenship for children adopted internationally, if applicable	FP consultation with adoption attorney and TI Pre-Adoptive Parent Information Packet
E.	Long term impacts of adoption on the child and the family	Impact of Fostering on Biological Kids, Instant Family Elective Training
F.	The availability and importance of post-adoption supports and services	Full Disclosure Child and Family Team Meeting
G.	Characteristics and needs of children and youth who are awaiting adoption	TN-KEY Informational Meeting and Child-Specific information is covered in Full Disclosure Child and Family Team Meeting and Redacted Full-Disclosure Binder provided to pre-adoptive parents
H.	Prevalence of physical, psychological, and sexual abuse, neglect, and child trafficking and the impact of these adverse experiences on children and youth	TN-KEY: Module 2 - Exploring the Impact of Trauma
I.	The impact of foster care and institutional care on children and youth	TN-KEY: Module 2 - Exploring the Impact of Trauma
J.	Prevalence of malnutrition, drug exposure, and domestic violence, and the impact of these experiences on the emotional, cognitive, and behavioral health and development for children and youth	TN-KEY: Module 2 - Exploring the Impact of Trauma TN-KEY: Module 4-- Rerouting Trauma Behaviors

K.	Understanding and supporting attachment, bonding, and healthy relationships	TN-KEY: Module 3 – Roadmap to Resiliency Positive Parenting
L.	Experience of foster and adoptive children and youth with separation, loss, and grief and how to support healthy coping skills	TN-KEY: Module 2 - Exploring the Impact of Trauma
M.	How to manage change within the family and navigate new roles and responsibilities	Impact of Fostering on Biological Kids
N.	How to support children and youth's healthy and authentic identity development	Engaging and Parenting Teens TN-KEY : Module 1 Navigating the Child Welfare System
O.	Challenges for multicultural, multiracial, and multiethnic families and strategies for maintaining child and youth connections to their culture, community, tribe, and country	Cultural Awareness (2 hours)
P.	Therapeutic Behavior Management	TBM: Therapeutic Behavior Management Certification TN-KEY: Module 4-- Rerouting Trauma Behaviors
Q.	Trauma informed parenting	TN-KEY: Module 2 - Exploring the Impact of Trauma TN-KEY: Module 4-- Rerouting Trauma Behaviors
R.	How to prevent, recognize, and react responsibly to child sexual abuse, including how to support safe disclosure.	Darkness to Light: Stewards of Children Caring for the Child with Sexual Trauma
S.	How to create security for children and youth who have experienced sexual abuse, trafficking, self-harming behavior, or any trauma that compromises security and safety	What to Know about Child Exploitation and Human Trafficking
T.	How to identify and address barriers to accessing support outside the family	Full Disclosure Child and Family Team meeting