Placement & Provider Services Division

Placement Support Guide

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Introduction

As is evident throughout the nation, there are limited placement resources available (particularly foster homes) to meet the ever-growing population of children entering out-of-home care. In order to build and sustain a supply of community-based placements, regions must maintain an integrated focus on the following three key components:

1) Increase the use of front-end services to prevent removal and support kinship care;

2) Improve systemic capacity to target placement resources to the child and family strengths and needs; and,

3) Enhance specialized supports to expedite and sustain permanency.

Regions must systematically create a consolidated Placement Services Division (PSD) that is responsive to the case work staff and the Child and Family Teams. This will be accomplished through a combination of trained skills and geographically-based knowledge of community resources and placement options as well as the processes for accessing them expeditiously.

Front-end supports and services are necessary to enable children to remain in their homes or with family when appropriate. At the same time, Foster Families and other out-of-home caregivers must be actively working with children and their families to support permanency in a timely manner. Such partnerships and supports allow placement services staff to target, recruit and utilize placement settings that "match" the individualized needs and strengths of specific children and families.

Traditionally, out-of-home placements for children have been driven by what is available rather than by what a child needs. Supports required to maintain placements in homelike settings can be difficult to access. Often, there is no single entity within the system charged with identifying, developing and sustaining the full array of placement options and support services available within a child's community.

As a result, children are often separated from their families by great distances, receive inadequate wrap-around services and remain in care longer than necessary. These children are not only displaced from their families, but also their friends, schoolmates, childcare providers and other relationships important to any child's well-being. Effective Placement Services Divisions could help alleviate many of these barriers to appropriate and timely placement.

Key Components of Regional Placement Services Division (PSD) Philosophy:

Each PSD unit must develop its own internal protocol that clearly delineates how the unit proposes to apply each of these standards into their practice in compliance with this philosophy.

Key Component:

- Interpretation and Utilization of Data Analysis in Placement Decisions;

  Note: Information is the key ingredient to building a successful infrastructure that supports best practice placement standards in a seamless and efficient manner. Each PSD unit must be organized in a fashion that maximizes the collection of information and data. The organizational structure must clearly delineate how that information and data are to be collected and employed.

- Use of Assessment Intervention:
- Utilization of *Child and Family Team Meeting Guide* and Ensuring Family Engagement When Identifying and Securing Most Appropriate and Least Restrictive Placement;
- Engaging CFTM Members in Identifying, Approving and Processing Kinship Placement;
- Cultivating Knowledge of Local/Regional Provider and Community Supports;
- Cultivating Knowledge of Departmental and Provider Foster Home Capacity at the Regional and Local Level;
- Engaging Private Providers In Consistently Matching Child to Best and Least Restrictive Placement; and,
- Cultivating and Maintaining Mutually Beneficial Private Provider and Community Partnerships.

DCS Placement Management Philosophy for the Regional Placement Services Division (PSD)

The PSD will be cognizant of the philosophy that all children need permanency in a safe and nurturing environment. It is a fact that children experience trauma when they are removed from their home and placed in care. PSD staff must seek to properly assess and manage each child's out-of-home stay and will identify and assist in the coordination and seamless delivery of services to meet each child and family's unique needs. Response and service application in each case must be tailored to meet the specific needs of the child and family. These needs are to be met with special emphasis placed on a timely exit to permanency, a reduction in the length of out-of-home care, the minimization of re-entry into care, reduction of trauma and maintaining the child's stability and safety.

Comprehensive, informed assessment of the individual child and family dynamic is crucial to identifying the most appropriate and least restrictive placement for a child or youth. The Child

and Adolescent Needs and Strengths (CANS) assessment must be utilized on a consistent basis to determine the clinical needs of a child entering custody. These interventions are utilized throughout a child's spell in custody at defined intervals, ensuring the continuing needs of the child are being met. In cases of emergencies, the necessary assessments may not be immediately available but must be submitted to the provider as soon as possible.

Child and Family Team Meeting (CFTM) participants should act as the decision-making body. This group is considered the cornerstone of the Department's best practice standards for appropriate placement. It is the intent of the Department to maintain the integrity, structure and decision-making authority within the CFTM, as the strengths and needs of each child and family guide this decision-making process. Effective teaming ensures that every member's perspective is heard and considered. It is also critical that the group keeps foremost in mind each child's need for safety and permanency and that those needs are met within the least restrictive, least intrusive setting. Representation of the PSD at the CFTM is crucial to assuming full participation in this critical phase of the decision-making process.

Internal efforts at collaborating and teaming must focus on gathering, analyzing and developing an intimate knowledge and understanding of each child's strengths and needs. Only through this informed approach can an effective child-to-placement match be determined. Such knowledge and understanding will empower the PSD when identifying the most appropriate placement. It will also allow each PSD to proceed with a high degree of confidence when communicating the specific needs of the child to the identified placement. In this way, the PSD can act as a compelling advocate when articulating the needs of each child to potential placements.

PSD staff will display an expansive understanding of each placement's capability to administer general as well as specialized services. This comprehensive knowledge of available resources and their corresponding service menus will result in more effective and efficient placement, reducing trauma to both child and family. PSD must be committed to the principal and practice that the optimum placement for a child is in a relative or kinship setting. PSD must ascertain that all efforts are exhausted to make the initial placement with a relative. Subsequently, if such placement is not possible, PSD efforts must then focus on an alternative setting in a family-like environment that is well-matched to the child's identified needs. Out-of-home restrictive placement must be the absolute last alternative for a child.

Developing a general knowledge of provider performance and applying that knowledge to inform placement decisions increases a child's likelihood of exiting to permanency expeditiously. Understanding provider performance will allow a more tailored approach to

decision-making, providing crucial information as to a placement's strengths and successes with clearly defined populations.

A collegial partnership between the Department and the provider community must be built on trust, teamwork and full disclosure. Open and ongoing dialogue between all parties is crucial to achieving a high-functioning and successful infrastructure of service delivery. Facilitating a genuine partnership evolves over time and must be committed to working diligently on cementing and nurturing positive relationships with their network partners.

Information is the key to success. The future utilization of geo-mapping will allow the Department to identify gaps in service and work in concert with providers as they seek to broaden their reach. This keen awareness of the specific needs of disparate regions of the state and the willingness of providers to survey and address those changing needs in partnership with PSD will lead to a more seamless and efficient delivery of services to children and families.

Infrastructure Components of Placement Services Division (PSD)

1. Stability of Placement

a) The PSD must display a comprehensive knowledge of all available placement resources to include private provider agencies and their service milieu. In addition, PSD must have a broad understanding of each resource's strengths and challenges in supporting the specific needs of a child.

b) The PSD participates, when possible, in Child and Family Team Meetings (CFTM) in order to have a better understanding of the needs of the child and family and the supports necessary to maintain the stability of the placement. If unable to attend, PSD staff are engaged with the Family Service Worker (FSW)/Juvenile Service Worker (JSW) and/or Child Protective Services (CPS) Worker in the process of collecting information and identifying potential placements.

c) PSD provides technical assistance to identify and access supportive services as recommended by CFTM members in order to maintain placement and to maximize the placement to its fullest potential for the child and foster family or other caregiver.

d) PSD communicates all information to the foster family or other caregiver that will have a positive impact on the child's placement, health, education, family and other life situations.

e) PSD actively works with the caregiver and FSW/JSW to avoid potential disruptions in placement by being proactive in addressing and resolving issues/problems that may arise from time to time.

2. Placement Practice - Collect, Analyze, Synthesize and Disseminate Information

a) PSD must be proactive in preparing for the most challenging placements by using all available tools and data to assess and predict court referrals, disruptions and other placements. These steps are applicable to all placement types (initial or disruption).

b) PSD, upon notice of a child's risk of coming into care, must first begin a thorough review of the child and family. The components of this work must include the following:

- Gathering information and data on the child from all internal sources (e.g., Well-Being Unit and/or community providers);
- If the child has complex medical care needs, the regional nurse must review and determine if the child meets criteria for special placement for a child with special health care needs.
- Review to determine if assessments are current in accordance with practice and that the child was administered the CANS and that the Functional Assessment is complete (if assessment is not current, notify the appropriate FSW/JSW and Team Leader);
- Review and analyze all information collected and make a professional judgment as to the adequacy of the information;
- If the information compiled is lacking pertinent details, PSD will conduct additional investigative work in order to assure a complete understanding of the child's needs and strengths by engaging the FSW/JSW, regional nurse, the Court Liaison, CPS worker, and any other relevant staff or entity to obtain the additional information necessary for identification of a placement;
- Synthesize the information into a cohesive packet that is ready for dissemination;
- PSD must have a full understanding of the child's needs and strengths and be confident that the packet of information is as complete as possible in order for the receiver to make an informed decision about the placement of the child; and,
- PSD must be prepared and confident that all aspects of the child's needs are clearly understood and that the designated staff is confident in his/her ability to advocate on behalf of the child.

c) PSD, prior to the CFTM, assesses the pool of currently available placement options available to the child, **first exhausting all family options**, then exploring least restrictive options prior to engaging potential providers to begin the identification of a more restrictive placement.

d) PSD verifies that a CFTM is held in accordance with regional protocol, and reviews form *CS-0747, Child and Family Team Meeting Summary* for additional child and family information relevant to placement.

e) PSD contacts appropriate placement options following the principles for optimum placement, faxes a complete packet as defined in item 2 above, **engages that placement**

directly via phone and discusses the strengths and needs of the child and the placement's ability to meet the needs of the child. The PSD will be an advocate for the child in articulating how the placement can best meet the identified needs of the child.

f) PSD will seek counsel through teaming whenever a placement is not secured.

g) PSD will attend CFTMs whenever possible, at least by phone.

3. Case Management/Documentation

a) The PSD ensures follow-up with the FSW/JSW that forms *CS-0565, Daily Rate Child Placement Contract* and *CS-0727, Initial Intake, Placement Referral and Checklist* are completed at the time of a child's placement and all signatures and contact information are included.

b) The PSD ensures that all contractual adjustments are being completed timely in order to support the seamless delivery of services. The PSD will coordinate with the regional fiscal division and providers in the resolution of contractual or invoicing matters that affect placement.

c) The PSD collaborates with the FSW/JSW to complete all documentation according to regional protocol, such as the following:

- Efforts to document case recordings in TFACTS, and,
- Form *CS-0664, Placement Exception Request* (when applicable), or entered in *TFACTS* when the PER module is functioning.

d) The PSD will review the information provided by other staff and assist with completion of form ***CS-0727, Initial Intake, Placement Referral and Checklist*** within the context of the CFTM.

e) The PSD will assure the timeliness and accuracy of data entry in TFACTS relative to a child's placement and work in concert with other units and providers to assure the integrity and reliability of that data.

4. Providing Technical Support for Placement Decisions Made by CFTM Members

a) The PSD displays an understanding of the diligent search process and ensures that all placements outside the child's own network of connections will be the exception rather than the rule.

b) The PSD will seek to secure provider network placement only for those children without readily available and appropriate relative or kin placement.

c) The PSD will utilize the *Child and Family Team Meeting Guide* and ensure family engagement when identifying and securing most appropriate and least restrictive placement.

d) The PSD will provide technical assistance to identify and access supportive services as recommended by CFT members in order to maintain and maximize the placement to its fullest potential for the child, foster family or other caregiver.

5. Community Engagement

a) PSD actively cultivates, engages and maintains community partnerships within their respective regions in order to ensure an adequate pool of appropriate placement options and resources.

b) Actively seeks to support Departmental initiatives and address community concerns in a prompt and judicious manner.

6. Maintaining Provider and Community Partnerships

a) PSD will commit to meeting with each regional provider agency individually on a consistent basis to establish ongoing communications, nurture productive and professional relationships and discuss placement needs, and other issues and concerns that arise occasionally.

b) PSD will be proactive in resolving disputes with providers, addressing providers' concerns expeditiously and including providers in ongoing initiatives within regions.

c) PSD will pledge a commitment to accepting providers as true partners recognizing that providers' outcomes for children will reflect the region's outcomes for children.

d) PSD, in conjunction with regional management, will share regional and provider outcomes and other relevant data. PSD will also develop strategies for improving performance/outcomes in areas that are challenged.

e) PSD will actively seek out providers in partnering to meet goals and objectives of the region.

f) PSD will participate in Cross Functional Team meetings and other meetings with providers and other community partners whenever possible to work on and resolve issues and barriers to serving children and families.

g) PSD will develop, foster and maintain community partnerships.

7. Use of Data & Resource Development

a) PSD develops a general understanding of Chapin Hall's regional and provider data and will apply that knowledge when making placement decisions as information is made available by Placement and Provider Services.

b) PSD must utilize other data derived from TFACTS to guide their decision-making and knowledge about all resources.

c) PSD, in conjunction with regional management, will use available tools to thoughtfully and strategically analyze and project regional network needs for all service levels and formulate a plan for securing those resources.

d) PSD will engage Placement and Provider Services in the development of resources to assure compliance with Finance and Administration rules regarding the procurement of services.

e) Central Office's Placement and Provider Services Unit seeks to ensure that the Department is tracking and monitoring those unique situations that might lead to prolonged placement. In order to address these situations, Placement and Provider Services creates a weekly report that is disseminated to Departmental upper management, and others. This report tracks information relative to the following items:

- Non-Delinquent Youth Placed in Detention;
- Community Bound Youth Placed in Detention Over 30 days;
- Community Bound Youth Placed in Detention Over 14 days;
- Youth Placed In a Primary Treatment Center Over 30 days;
- Children Aged 6 Years and Under Placed in a Congregate Care Setting; and,
- Utilization of Level 4 and Level 4 Special Needs Placements.

f) The Director of Clinical Services (a credentialed mental health professional) will assist the Placement and Provider Services Unit in reviewing and evaluating the clinical services and processes employed by various providers within the network. This will be accomplished by the Director of Clinical Services visiting the providers on a regular basis, communicating with clinical and administrative staff, observing program components and reviewing relevant data. The frequency and intensity of such reviews will vary, depending on the level of identified need for any one provider. The Director of Clinical Services will deliver some limited technical assistance to the providers in order to support efforts to develop and enhance their clinical services and processes. However, based on the level of frequency and intensity required for meaningful systems change to occur, the Director of Clinical Services might, alternatively, serve as a liaison to additional resources and specialized expertise for the providers. Such resources might include, for example, consultation and/or training from a Center of Excellence.

Engaging the Placement and Provider Services Unit

Regions are to adopt the following best practice guidelines for placement. The regional PSD must retain full ownership and accountability for locating and supporting stable, quality placements for children in accordance with the Department's best practice standards.

The role of Central Office's Placement and Provider Services Unit in the placement process is to provide support and technical assistance to regions on the most demanding placements. This role includes, but not limited to:

- Consultation;

- Collaboration with PSD on challenging placements;
- Negotiating unique rates and placements; and,
- Facilitating resolution of placement barriers between regions and providers.

The following steps must be employed and coordinated by PSD when barriers to placement arise:

- PSD must be proactive in assessing and predicting placements that may be referred to the unit for out-of-home care. PSD will have a tracking system to help identify current and upcoming placement needs.
- PSD must implement infrastructure components of PSD-Section 2, "Placement Practice - Collect, Analyze, Synthesize and Disseminate Information".
- Best practice dictates that each time a referral packet is disseminated to any provider agency, PSD staff should follow up by phone to discuss the child's needs and strengths. It is at this juncture that the PSD staff takes an advocacy role in communicating how the agency can best meet the needs of this specific child/youth.
- PSD will ensure that the PSD Team Leader (TL) and Team Coordinator (TC) are first consulted when all placements are fully exhausted and there is no available placement for the child.
- The TL and TC together with the PSD staff will re-engage the recipients/providers of the placement packets to renegotiate the placement maintaining an advocacy posture.
- If this strategy fails, the PSD TL and TC will immediately contact key regional staff to consult and develop a strategy for securing placement. This *can* include the FSW/JSW, CPS, regional nurse, DCS psychologist, MSW, Regional Administrator (RA)/JJ Statewide Director (JJSD) or designee. Responses from agency providers are reviewed as a part of this consultation. In addition, the regional team should reassess the appropriateness of the referral and level of services to ensure that it does, in fact, meet the child's mental health, behavioral or medical needs.
- If all these steps result in no viable placement for the child and upon the approval of the RA/JJSD, the TC or TL will engage the Central Office Placement and Provider Services Unit for assistance. The TC/TL MUST engage Placement and Provider Services by e-mail followed immediately by a phone call to discuss the case. The e-mail will outline the strategies the region has already utilized to secure placement.
- Placement and Provider Services will review all the information provided and will, in conjunction, with the regional TC/TL formulate a plan as to the next steps that are to be taken by both parties in locating an appropriate placement that will fully meet the needs of the child.

Emergency Placements:

In cases where there is an emergency need for placement (weekends or after hours) and the procedures defined herein are not possible, the PSD must notify the TL and TC. If the TL and TC are unable to resolve the placement issue through their interactions with all appropriate providers, the RA/JJSD will be contacted. If the RA/JJSD determines that all viable strategies to locate placement is exhausted, the RA/JJSD will contact the Director of Placement and Provider Services for assistance. The Director of Placement and Provider Services will apprise the Executive Director of Network Development of all placement challenges and seek the ED's involvement as deemed necessary.

Temporary Safety Placement for Children with Special Health Care Needs:

A special needs child is in need of life-sustaining medications, treatments, specialized medical equipment, and/or assistance with daily living activities such as feeding, bathing, toileting, etc. Treatments may include tube feedings, oxygen therapy, suctioning, tracheostomy care, and breathing with the aid of a ventilator. These children require a specialized level of foster care which ordinarily is not available on short notice. Through a special agreement with TennCare Select these children with unique needs can be placed in a hospital until an appropriate placement can be identified and the caregiver can receive training related to specific medical needs of the child. Safety placements can be arranged by the DCS regional nurse.