

Tennessee CFSR Program Improvement Plan (PIP)

**Tennessee Child and Family Services Review Round 3
Program Improvement Plan**

Part One: Goals, Strategies/Interventions, and Key Activities

State/Territory: Tennessee

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Introduction

The Tennessee Department of Children's Services (DCS) is a state administered child welfare system that was created in 1996 by the Tennessee General Assembly, blending services that were previously provided by a number of other state agencies. DCS has the authority/responsibility to provide services to all ninety-five counties within the state as outlined by Tennessee Code Annotated 37-5-106. DCS administers funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independent Living (CFCILP).

The population served by DCS includes not only custodial children, youth, and their families, but In Home children, youth and their families receiving prevention and intervention services to ensure safety, permanency and well-being. Children in the custody of the state include those who are determined to be dependent and neglected or adjudicated delinquent or unruly by the courts. Additional populations include children and families served through Child Protective Services (CPS), who receive services through one of the Multiple Response System (MRS) tracks: Investigations, Assessments, Resource Linkage, Family Support Services and Family Crisis Intervention Services. Through the Independent Living Program, DCS serves youth who have reached the age of majority and have exited care or remain in care on a voluntary contract. DCS provides services to In Home youth and families of youth placed on state probation and aftercare supervision by the courts.

DCS accomplishes this work with more than 4,200 employees, a statewide network of foster parents, contract providers, and many community partners. The department collaborates with the juvenile courts and provides expert testimony to the legislature regarding the needs of children who come into care or who are at risk of doing so.

Some additional highlights and recent accomplishments include:

- In summer 2017, U.S. District Court Judge Waverly D. Crenshaw approved an agreement between the state and Children's Rights, the New York-based advocacy group that in 2000 filed litigation known as the Brian A. lawsuit. DCS successfully exited the lawsuit that began a 17-year-effort that has transformed the Department and outcomes for children and families served by the department.
- The Office of Child Safety (OCS) implemented a Drug Exposed Child Team in March 2017 in response to Tennessee experiencing an increased number of referrals for drug exposed infants and children, particularly in the eastern portion of the state. This team responds to allegations of drug exposed infants in a manner that has advanced knowledge about addiction, recovery and relapse cycle. The team uses a host of community resources to provide services to parents.
- In collaboration with the Administrative Office of the Courts (AOC), DCS established Safe Baby Courts (SBCs) in five jurisdictions as required by legislation passed in the spring of 2017. An additional five courts will be established by January 2019.
- TNFosters is a statewide campaign linking government, faith, non-profit, business, and creative communities that support the state's foster care system. Only some are called to foster or adopt, but all have the opportunity to make a difference in the life of a child in foster care.

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- Tennessee was approved to conduct state administered Child and Family Service Reviews (CFSR) in December 2016. The state had previously relied upon the Quality Service Review (QSR), as its primary qualitative case review process. During 2017 Tennessee conducted both the CFSR and QSR in each of the twelve service regions. Tennessee adopted CFSR as the primary qualitative case review system in 2018 and intends to continue to use this process moving forward. Tennessee completed the official federal CFSR review in 2017. Results from the 2018 CFSR were then used to determine the baseline for Tennessee's Measurement Plan.

2017 CFSR Results

Tennessee developed a Program Improvement Plan (PIP) to identify and implement strategies for areas of program improvement identified in the 2017 CFSR. Based on the 2017 CFSR outcomes, DCS did not meet substantial conformity in any outcome area, other than Safety Outcome 1. There are three areas of focus in which outcomes are most concerning:

- *Safety and Risk Assessment* (Safety Outcome 2, Item 3);
- *Comprehensive Family Assessment* (Well-Being Outcome 1, Item 12; Well-Being Outcome 2; Item 16; Well-Being Outcome 3; Items 17 and 18), and;
- *Service Delivery* (Safety Outcome 2; Item 2; Permanency Outcome 1; Item 4; Well-Being Outcome 1, Item 12; Well-Being Outcome 2; Item 16; Well-Being Outcome 3; Items 17 and 18).

The following are the specific items, outcomes and results from the 2017 CFSR on which this PIP is based:

- Item 3: Risk and Safety Assessment and Management
 - 23% of 75 applicable cases rated a strength (30% of 40 applicable foster care cases; 18% of applicable In Home services cases; 0 of the 7 applicable In Home services alternative/differential response cases).
- Item 4: Stability of Foster Care Placement
 - 60% of 40 applicable cases rated a strength.
- Item 5: Permanency Goal for Child
 - 59% of 39 applicable cases rated a strength.
- Item 6: Achieving Reunification, Guardianship, Adoption, and Other Planned Permanent Living Arrangement
 - 48% of 40 applicable cases rated a strength.
- Item 12: Needs and Services of Child, Parents, and Foster Parents
 - 12a: Children – 45% of 75 cases rated a strength (55% of 40 foster care cases; 39% of 28 In Home services cases; 14% of 7 In Home services alternative/differential response cases).
 - 12b: Parents – 21% of 68 cases rated a strength (21% of 33 foster care cases; 25% of 28 In Home cases; 0 of 7 In Home services alternative/differential response cases)
 - Mothers – 26% of 66 cases rated a strength
 - Fathers – 21% of 61 cases rated a strength.
 - 12c: Foster Parents – 48% cases of 31 cases rated a strength

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- Item 16: Educational Needs of the Child
 - 55% of 53 applicable cases rated a strength (62% of 39 foster care cases rated a strength; 40% of 10 In Home services cases rated a strength; 25% of 4 In Home services alternative/differential response cases rated a strength).
- Item 17: Physical Health of the Child
 - 59% of 54 applicable cases were rated a strength; (65% of 40 foster care cases rated a strength; 55% of 11 In Home services cases rated a strength; 0 of 3 In Home services alternative/differential response cases rated a strength).
- Item 18: Mental/Behavioral Health of the Child
 - 33% of 57 applicable cases rated a strength; (35% of 37 foster care cases rated a strength; 38% of 16 In Home services cases rated a strength; 0 of 4 In Home services alternative/differential response cases rated a strength).

CFSR PIP Development

Tennessee partnered with the Children's Bureau to share the results of the 2017 CFSR with internal and external stakeholders at a CFSR Report Out Meeting on February 15, 2018. More than 150 stakeholder participated face to face in the meeting with another 100 participating via WebEx. External stakeholders included Guardian ad Litems, Parent Attorneys, Juvenile Court staff, Administrative Office of the Courts staff, contract providers, DCS Foster Parents, Extension of Foster Care youth, university partners, and children's hospital staff. Several internal and external stakeholders then participated in work groups during the afternoon session to provide feedback on the CFSR Report and what strengths and opportunities for improvement that DCS should consider for development of its PIP. Some of these stakeholders continue to participate in work groups and focus groups to help develop strategies and key activities.

Goals, Strategies and Key Activities

Goal 1:

Ensure children and families receive timely, quality initial and ongoing assessments.

Outcomes: Safety 2; Well-being 1; Well-being 2; and Well-being 3

Systemic Factors: Quality Assurance; Staff and Provider Training; Service Array and Resource Development

Justification 1:

A selection of Team Leaders who serve as the frontline supervisors for caseworkers across the spectrum of populations served by DCS participated in focus groups. Information gathered from those focus groups included that CANS (Child and Adolescent Needs and Strengths) and FAST(Family Advocacy and Support Tool) assessments are not being returned for corrections by approving supervisors to the caseworkers (less than 7% of CANS are returned and no data is available on FAST) when the supervisor identifies that an assessment is not of quality. Some supervisors noted that that they often do not return these assessments because this would cause the assessment to be completed late and would impact the caseworker's performance metrics. Tennessee has a pay for performance evaluation system implemented by the Tennessee Department of Human Resources for all state departments. Specific performance metrics are required for vital aspects of each job category. While these metrics cannot be removed from current individual performance plans, DCS Executive

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Leadership team continues to convey to staff the importance of placing a priority on quality over compliance. Efforts to strive for quality can be indicated in the performance metrics and taken into account as part of their pay for performance. Tennessee DCS has included training and coaching for supervisors to reduce the impact of this barrier (Goal 1 – Strategy 1; Goal 3 – Strategy 1). It was also learned during these focus groups that many supervisors could not clearly verbalize what must be included in an assessment for it to be considered of quality. This aspect is also being addressed through the aforementioned training and coaching.

Upon completion of each CFSR in 2018, a regional Debrief Session was held with caseworkers, Team Leaders, regional leadership, and in some regions service providers. It was learned during these sessions that many caseworkers do not equate child and birth-parent visits to be informal assessments. They also often do not document observations made during visitation in case recordings or use them to develop a more comprehensive assessment of needs and strengths. During deeper conversations about quality assessments it was learned that most caseworkers do not always consider past family history, but focus primarily on the presenting family circumstances when completing formal assessments. Finally, not all caseworkers or Team Leaders were always able to verbalize what would demonstrate a quality assessment during the Debrief Sessions.

Policy and practice requirements and compliance data is provided below. While DCS would ultimately like to see a higher rate of timely submission of assessments, improving the quality of assessments that are being completed appears to be more important to better outcomes for the families DCS serves.

Policy and practice requirements include:

- CPS FAST must be submitted within 10 business days of intake. The supervisor must approve within 72 hours of submission.
- For In Home cases originating in court, the FAST is due within 10 business days of the episode begin date. For cases originating from CPS, the FAST is due 45 calendar days of the episode begin date. Approval must be received within 72 hours of submission. Submission timeframes were increased after the 2017 CFSR to allow supervisors more time to review and approve these assessments.
- CANS requires the entire approval process be completed (worker complete, Team Leader review, and Vanderbilt Centers of Excellence Consultant approve) within 15 business days of custody start date.

Strengths regarding policy and practice compliance (FY17 statewide) include:

- CANS assessments are being done timely (81% by 7 days; 99% by 30 days); and,
- FAST completion is being done timely (72%).

A selection of caseworkers from across all populations served by DCS participated in focus groups. Many caseworkers participated in the regional CFSR Debrief Sessions held on the Friday of that regions review week. Several caseworkers also provided feedback to Program Evaluation Staff during CFSR Documentation Trainings that were offered in some regions. Based on comments from these groups, it would appear that many caseworkers do not feel comfortable discussing more difficult topics with families. Several caseworkers reported that they do not feel that they received the level of coaching and mentoring they need to help them better understand what a quality visit or quality assessment should include.

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DCS currently provides an excellent pre-service training curriculum to new hires. However, this training system anticipates that the new hire will have a strong On the Job Training Coach within the region to help the new hire apply knowledge learned in class. OJT Coaches are DCS employees under the supervision of the regions that are charged with providing on the job training for new caseworkers and supporting them through the pre-service training program. This system also involves each new hire having a Mentor on their assigned team who will guide them as questions arise. It was learned during Team Leader focus groups and Debrief Sessions that new hires often do not benefit from having a strong OJT Coach or Mentor. Also, Team Leaders noted that they do not feel they have the time to accompany caseworkers on visits and serve as a Coach for them due to the administrative tasks assigned to those positions.

The quality of assessments data available and reviewed by the Quality Assessment workgroup include CFSR 2017, Quality Service Review 2013-2017, and semi-annual Brian A. 4+ custody reviews for 2014-2016. CFSR and Brian A. data sources indicate significant challenges in comprehensive assessments.

CFSR assessment-related Item 3 indicates that only 23% of cases demonstrate comprehensive initial and ongoing risk and safety assessment. Narrative evidence from the 2017 review year indicates missing historical and current family dynamics such as domestic violence, long-term alcohol and drug use, and generational child abuse and neglect. Other trends include lack of frequent or quality contacts with the children and families to informally assess risk and safety issues, and missed opportunities to use informal observations during home visits and other family contacts.

CFSR assessment-related Item 12 indicates that only 16% of cases include comprehensive initial and ongoing assessments of children, parents, and foster parents. Narrative evidence from the 2017 review year indicates trends such as missing comprehensive child assessments related to self-esteem, peer relationships, social skills, and bonding with caregivers and siblings. Parent/caregiver assessments lack understanding of underlying needs and frequently focus solely on issues related to the referral or case plan, without attending to other contributing factors. Foster parent assessments lack in-depth understanding of their needs related to parenting the specific target child. Across all areas, assessment responsibilities appear to be delegated if a private provider is involved in the case.

The Brian A. 4+ custody reports were case file reviews completed on a 100% sample of children who entered foster care for at least the 4th time. The review was completed four times over the course of 2014 through 2016 on a semi-annual basis, completing a review of 37 total cases. The cases represented all grand regions across the state. All reviews discovered a lack of comprehensive assessment that missed prior family history and dynamics. Formal assessments and case documentation were consistently poor, with missing or contradictory information. The reviews also determined that all families in the sample faced multiple safety, risk, and well-being needs, particularly ongoing alcohol and drug abuse; generational child abuse and neglect; incarceration of parents and youth; homelessness; and poverty. However, this information was only gleaned through the review of all cases in totality and was not adequately assessed, addressed, or documented in any one of the family's cases and its associated assessments. Lack of documentation from and monitoring of the work of those providers was also consistent across the Brian A. 4+ reviews.

The QSR Indicator for Ongoing Functional Assessment trended up from 49% in 2013 to 79% in 2017. This coincides with increases in Teamwork and Coordination from 53% in 2013 to 86% in 2017. These numbers appear to support the trends above regarding reliance on private providers in the assessment process. While teaming and coordination with providers and others may be improving assessments in

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shorter terms of the QSR review periods, these ongoing collaboration and coordination does not appear evident in the longer period under review in CFSR. Over the years, the Brian A. 4+ cases reports show a trend in case assessments and services being delegated to private providers with minimal teaming or oversight.

The qualitative data and trends discussed above support the need for improved ongoing and comprehensive assessment skills and documentation development at the frontline and supervisor level as discussed in the Assessment Integration expansion, as well as improved teaming development as discussed in the Child and Family Team Meeting (CFTM) improvements strategy.

To improve engagement and global assessments on In Home cases, DCS implemented a Quality Contacts Initiative. This initiative is expected to strengthen staff's understanding of how they structure their time with case team members monthly to build the quality of contacts in a way that increases both formal and informal assessment improving the quality of contacts. The initiative began in October 2017 in Davidson, Smoky Mountain and Upper Cumberland regions with all program areas. Caseworkers and supervisors participated in an eight-part (plus one additional session for supervisors) webinar series on Quality Contacts that focused on demonstrating concerted efforts with children, siblings, parents, and out-of-home caregivers. This initiative also included the implementation of a Desk Reference Practice Guide to support staff in writing monthly documentation and new monthly summary.

In January 2018, staff in the Office of Performance and Quality Improvement (PQI) conducted a review of 94 cases to determine the efficacy of this initiative. The review included In Home children (13), children in care adjudicated dependent and neglected or unruly (60), and youth in care adjudicated delinquent (21) from Davidson County, Smoky Mountain, and Upper Cumberland regions. Initial results of the assessment demonstrated trends very similar to those observed in CFSR. Final review of the initial roll out will be conducted in January 2019.

Focus groups were held to determine why the initiative did not produce the expected improvements. Staff feedback indicated that they were hearing mixed messages about how to complete documentation. Staff felt case-specific coaching helped them implement needed changes in both practice and documentation. The Quality Contacts Initiative has been restructured to include a one-day classroom for staff and supervisors, followed by three face-to-face supervisor coaching sessions that teach supervisors how to conduct case-specific coaching. Ongoing coaching will provide staff the feedback needed to plan adjustments to practice heading into contacts with case members, follow up on how contacts went, and specific feedback on how to thoughtfully document efforts following contacts. The Quality Contacts Initiative is designed as a compliment for the Team Leader Mentoring Enhancement Project (Goal 3 – Strategy 3) to ensure that supervisors are providing adequate coaching on completion of quality assessments.

The qualitative data and trends discussed above support the need for improved assessment skills and documentation development at the frontline and supervisor level as discussed in the Assessment Integration expansion, as well as improved teaming development as discussed in the Child and Family Team Meeting (CFTM) improvements strategy.

Initial feedback from caseworkers and supervisors appears promising. Caseworkers and their supervisors report a better understanding of what each visit should include and how to use visitation with parents and children to better inform formal and informal assessments. The Case Process Review (CPR) Tool has been updated to reflect CFSR expectations and will be used to continually assess improvements. The CPR is completed by supervisors in each region. A sample of those cases completed by supervisors followed by an inter-rater reliability review conducted by CQI Coordinators. Many of the CQI Coordinators are trained CFSR Reviewers for Tennessee. It was discovered initially that the CQI Coordinators who were not CFSR Reviewers had different results on the inter-rater reliability reviews than their peers who were CFSR Reviewers. The CQI Coordinators who were not CFSR Reviewers received additional training and support around CFSR expectations.

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and now display ratings in line with the other CQI Coordinators. Continued discussion about documentation in multiple venues including trainings, Senior Leadership meetings, and Policy & Practice meetings appears to be lessening confusion around documentation.

In an effort to further strengthen the overall quality of the assessments completed by the caseworkers, DCS implemented the Assessment Integration Model. The purpose of this model is to promote the use of the Child Adolescent Needs and Strengths (CANS) and Family Advocacy Support Tool (FAST) assessment tools as a key driver in case planning and enhance the ability of the caseworker to use these tools to create a quality, comprehensive assessment. In 2018, two of the pilot regions, Northwest and Southwest were evaluated to determine the effectiveness of the Assessment Integration (AI) pilot. All Pre and Post custodial CANS cases qualifying for the custodial AI review sample had to be opened at least three months prior to the start date of Assessment Integration in each region and remained open after the initial face to face learning collaborative session in each region. 10% of each region's cases were selected for the sample. The sample totaled 20 cases.

CANS Results:

Overall in each of the four review areas, Teaming, Planning, Implementation, and Tracking, there was improvement in the post AI CANS scores over the pre AI CANS scores.

0 = no evidence of a need to improve

- Pre AI CANS: 53%
- Post AI CANS: 89%

1 = some evidence of a need to improve

- Pre AI CANS: 38%
- Post AI CANS: 11%

2 = significant evidence of a need to improve

- Pre AI CANS: 9%
- Post AI CANS: 0%

Additional Notable Outcomes:

- None of the Pre or Post AI CANS domains had scores of 2 (significant evidence of a need to improve) in the area of Planning.
- Only 2% of the Pre AI CANS domains had scores of 2 (significant evidence of a need to improve) in the areas of Implementation and Tracking.
- 33% of the Pre AI CANS domains had scores of 2 (significant evidence of a need to improve) in the area of Teaming.
 - This is not surprising. In the AI pilot, a significant amount of time is spent emphasizing the importance of teaming around the CANS and case planning. It is also the area that initially receives the most resistance from AI participants.
- Acculturation in CANS and Cultural Factors in CANS 2.0 were the only domains that did not have any actionable scores to rate in either the Pre or Post AI CANS review.

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The Northwest and Southwest FAST reviews:

Cases qualifying for the review sample had to be open and have a completed FAST assessment prior to the start date of Assessment Integration in each region. Once the number of all qualifying cases for each region was established each region's cases were separated into two categories, CPS and Non-Custodial. 10% of each region's cases were selected for the sample. Overall in each of the four review areas combined, Teaming, Planning, Implementation, and Tracking, there was improvement in the post AI FAST scores over the pre AI FAST scores.

FAST results:

0 = no evidence of a need to improve

- Pre AI FAST: 40%
- Post AI FAST: 61%

1 = some evidence of a need to improve

- Pre AI FAST: 35%
- Post AI FAST: 27%

2 = significant evidence of a need to improve

- Pre AI FAST: 22%
- Post AI FAST: 16%

Strategy 1:

Implement Quality Contacts Initiative. Supervisors provide caseworkers with monthly case specific coaching toward achieving improved global assessment that is integrated in case planning and ongoing assessment. Caseworkers and supervisors participate in ongoing learning and implement small tests of change to improve practice and related documentation over a six month period.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Implement a robust supervisory learning collaborative that involves education, skill building, and coaching with a focus on quality as an enhancement to the Quality Contacts Initiative for both In Home, foster care and juvenile justice cases to include:</p> <ul style="list-style-type: none"> a. Develop and implement coaching model and curriculum using the Child Welfare Skills-Based Coaching Model and the Core Steps in Coaching outlined in the Capacity Building Center's Coaching in Child Welfare brief. b. Conduct a one-day training for frontline workers, Team Leader Supervisors (TLs) and their Team Coordinator supervisors (TCs) in the regions to expand skills through case coaching toward achieving global assessment. c. Team Leaders and Team Coordinators participate in three supervisory level, face-to-face small group, classroom style coaching sessions in the pilot regions (one every four weeks). Work through coaching on a selected case to receive and give coaching. These sessions will focus on caseworker practice regarding safety, permanency and well-being with each family and team member each month. d. Partner with Vanderbilt University to create an ongoing coaching assessment and readiness evaluation to be conducted at regular intervals throughout the project. e. Implement supervisory coaching by conducting a deeper dive on one case per caseworker to be tracked throughout the implementation of the model within each specific Region. Develop a portfolio of documentation, including case conference notes, use of the Desk Reference Guide, and case documentation from each worker that demonstrates improvements in caseworker's integration of global assessment during the supervisory coaching sessions two and three. Supervisors will receive feedback on their portfolio throughout the sessions. CPSA Supervisors will track two cases and CPSI will track three cases. f. Review on a quarterly basis three cases brought to the TL by the caseworker within the regions each quarter on an ongoing basis following the completion of the implementation phase. Three cases per TL will, in turn, be reviewed by the Team Coordinator. The Regional Administrator will review three cases per Team Coordinator per quarter. g. Provide supervisory coaching to each caseworker each month between classroom sessions on the cases they are coaching each of the caseworkers on. 	<p>Executive Director of Training and Professional Development; Regional Administrators; Regional Investigations Directors; Regional Juvenile Justice Directors; Continuous Quality Improvement Coordinators; DCS Training Officers.</p>	<p>Quarter Eight</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>h. Conduct a case review (Office of Continuous Quality Improvement) on one case per supervisor from their portfolio to assess for progress during the training period. Supervisors will receive feedback from the case review.</p> <p>i. Consult with the Capacity Building Center for States on the initiative to partner on development and obtain feedback.</p> <p>Cohort One (Smoky Mountain Region; Davidson County Region; Upper Cumberland Region) completed in November 2018. Office of Continuous Quality Improvement is currently assessing results through case reviews within the three regions. Success of the key activity and any necessary modifications will be determined prior to roll out of Cohort Two.</p>		
<p>2. Revise Desk Reference Guides based on feedback and learning from evaluation plan and implement changes through webinars provided to caseworkers and supervisors.</p>	Executive Director of Training and Professional Development	Quarter Two
<p>3. Revise Quality Contacts Initiative based on learning and feedback from evaluation to develop a proposal for implementation.</p>	Executive Director of Training and Professional Development	Quarter Two
<p>4. Implement cohort #2 (3 regions) beginning in Quarter Three. The Executive leadership team will identify these three regions based on CFSR data, input from the Regions, CFSR schedule, and COA schedule. An email with an overview of the model and implementation will be sent to Regional Leaders 2 months prior to implementation. One month prior to implementation, a call will be held with Regional Leaders to allow an opportunity for questions and answers as well as address logistics.</p>	Executive Leadership Team	Quarter Three
<p>5. Implement cohort #3 (3 regions) beginning in Quarter Six. The Executive leadership team will identify these three regions based on CFSR data, input from the Regions, CFSR schedule, and COA schedule. An email with an overview of the model and implementation will be sent to Regional Leaders 2 months prior to implementation. One month prior to implementation, a call will be held with Regional Leaders to allow an opportunity for questions and answers as well as address logistics.</p>	Executive Leadership Team	Quarter Six

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Key Activity	Responsible Party	Projected Completion Date:
<p>6. Implement cohort #4 (3 regions) beginning in Quarter Eight. The Executive leadership team will identify these three regions based on CFSR data, input from the Regions, CFSR schedule, and COA schedule. An email with an overview of the model and implementation will be sent to Regional Leaders 2 months prior to implementation. One month prior to implementation, a call will be held with Regional Leaders to allow an opportunity for questions and answers as well as address logistics.</p>	<p>Executive Leadership Team</p>	<p>Quarter Eight</p>

Strategy 2:

Implement a statewide Assessment Integration Model for all program areas to ensure quality assessments are incorporated in case planning and service delivery throughout the life of the case.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Expand a Learning Collaborative statewide that uses data, science implementation, and Transformation, Collaboration, Outcomes, and Management (TCOM) principles to support a culture shift in assessment process; and promote utilization of Child Adolescent Needs and Strengths (CANS) and Family Advocacy Support Tool (FAST) as an Assessment Intervention. This collaborative will be for all program areas and will be considered the foundation and shared vision for all other initiatives addressing our assessment interventions. DCS has implemented the Assessment Integration in the Northwest, Southwest, and Tennessee Valley regions, and the learning collaborative will be implemented in the remaining nine regions by July 2019.</p> <p>a. Supervisors use coaching sessions and the CFTMs as the vehicles to drive this change in practice.</p> <p>b. Supervisors use Motivational Interviewing techniques to reinforce these skills.</p> <p>c. Holistic assessment approach includes all children and caregivers in the home.</p>	<p>Director of Assessment Integration; Executive Director of Training and Professional Development; Director of Vanderbilt Center of Excellence for Youth in State Custody; Assessment Supervisor of Vanderbilt Center of Excellence: Vanderbilt Assessment Consultants</p>	<p>Quarter One</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>2. Implement the below strategies to focus on supervisors' role in supporting and coaching staff to use assessment interventions throughout the life of the case.</p> <ul style="list-style-type: none"> a. Collaborative Leads (Lead teams consist of two individuals – One DCS and one Vanderbilt Centers of Excellence) will meet with regional leadership prior to launch of the Collaborative to share information about the project and to explain the purpose of the work and importance of the role of regional leadership. Executive Leadership participated in the selection of the pilot counties. Collaborative was developed in partnership with Vanderbilt University and Regional staff. All levels from Regional Leadership to front line staff were involved in the crafting and design of the Collaborative during the pilot phase. b. Conduct webinar to lay the foundation for this work; frontline supervisors and Team Coordinators from all program areas will attend this webinar. The intent is to emphasize the importance of a Learning Collaborative approach to reinforce learning and ensure implementation of skills as well as begin to explore the concepts and overview of Assessment Integration c. Conduct one Face-to-face session with frontline supervisors and Team Coordinators to promote key concepts and strategies; d. Conduct four coaching calls with regional supervisors (1 per month over a 4 month period) to reinforce concepts and offer additional support; and, e. Conduct one Face-to-Face Sustainability session with regional supervisors to create a plan to continue to spread this work in the Region. <p>Vanderbilt Assessment Consultants attend all of webinars, face to face sessions, coaching sessions, and the Sustainability Planning Meeting. These consultants are an integral part of the process, and are also responsible for follow up coaching and consultation within the Regions.</p>	<p>Director of Assessment Integration; Executive Director of Training and Professional Development; Director of Vanderbilt Center of Excellence for Youth in State Custody; Assessment Supervisor of Vanderbilt Center of Excellence; Assessment Consultants</p>	<p>Quarter Three</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>3. Implement an evaluation model that uses Continuous Quality Improvement (CQI) principles to measure outcomes. Three separate methods are utilized: CANS/FAST Uses and Supports-Supervisors (CUSS); CANS/FAST Uses and Supports-Practitioner (CUSP); and qualitative reviews and parent satisfaction survey.</p> <p>a. Conduct the CUSS and CUSP in all regions for supervisors and practitioners to evaluate understanding and implementation of quality practice.</p> <p>b. Sample 10% of cases in all program areas from each region using a specialized review tool to determine effectiveness of the model. This will be an ongoing strategy and to gauge change over time.</p> <p>c. Conduct parent satisfaction survey to elicit parents' opinion of case planning, service delivery, and desired outcomes.</p>	<p>Director of Assessment Integration; Project Manager, Vanderbilt Center of Excellence; Continuous Quality Improvement Coordinators</p>	<p>Quarter Six</p>

Goal 2:

Utilize an enhanced service array that meets the assessed needs of children and families to ensure that services are trauma informed and personalized to meet their unique needs.

Outcomes: Safety 2; Permanency 1; Permanency 2; and Well-Being 1

Systemic factors: Service Array, Staff and Provider Training

Justification 2:

The case review process identifies weaknesses in the areas of family and team engagement and global assessments. Narratives from CFSR cases indicate that safety assessments are lacking in the following areas: inclusive of all children in the home; inclusive of all adults living in the home; assessment focused on referral issues or primary problems only but also global assessment of safety and risk factors impacting the family at the time of intervention; and including historical information pertinent to family safety and risk issues.

CFSR FY 2017 results indicate that assessments are performed at the highest quality with foster parents (with most regions above 50%), followed by children (in most areas – other than mental health – averaging around 50%), and poorest with parents (generally less than 40%; 4 regions at 0%).

- Item 12: Needs and Services of Child, Parents, and Foster Parents
 - 12a: Children – 45% of 75 cases rated strength (55% of 40 foster care cases; 39% of 28 In Home services cases; 14% of 7 In Home services alternative/differential response cases).
 - 12b: Parents – 21% of 68 cases rated a strength (21% of 33 foster care cases; 25% of 28 In Home cases; 0 of 7 In Home services alternative/differential response cases)

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- Mothers – 26% of 66 cases rated a strength
- Fathers – 21% of 61 cases rated a strength
- 12c: Foster Parents – 48% cases of 31 cases rated a strength

CFSR results also indicate lower performance on In Home cases than in custodial cases regarding quality of contacts:

- Item 3: Risk and Safety Assessment and Management
 - 23% of 75 applicable cases rated a strength (30% of 40 applicable foster care cases; 18% of applicable In Home services cases; 0 of the 7 applicable In Home services alternative/differential response cases).
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 - 12c: Foster Parents – 48% cases of 31 cases rated a strength
- Item 16: Educational Needs of the Child
 - 55% of 53 applicable cases rated a strength (62% of 39 foster care cases rated a strength; 40% of 10 In Home services cases rated a strength; 25% of 4 In Home services alternative/differential response cases rated a strength).
- Item 17: Physical Health of the Child
 - 59% of 54 applicable cases were rated a strength; (65% of 40 foster care cases rated a strength; 55% of 11 In Home services cases rated a strength; 0 of 3 In Home services alternative/differential response cases rated a strength).
- Item 18: Mental/Behavioral Health Needs
 - 33% of 57 applicable cases rated a strength; (35% of 37 foster care cases rated a strength; 38% of 16 In Home services cases rated a strength; 0 of 4 In Home services alternative/differential response cases rated a strength).

DCS has experienced an increase in Child Protective Services (CPS) cases involving infants, resulting in more children being placed out of the home or into foster care. The majority of CPS referrals for children under the age of one have an allegation of substance abuse. A 35% increase of infants entering custody occurred between October 2016 and August 2017, and was directly related to parental/caretaker alcohol or drug abuse. The department created two initiatives to focus on a more specialized approach to this vulnerable population that engages parents in the assessment and service delivery process while incorporating knowledge of addiction, recovery and strategies to enhance and create additional resources to sustain children safely in their home.

Safe Baby Courts (SBC's) were legislatively created in July 2017, with the support of the Executive Committee for the Juvenile Court Judges. Safe Baby Courts (SBC) were created in collaboration with DCS, the Administrative Offices of the Courts (AOC), and the Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS). The SBC's were developed utilizing the Zero to Three practice model and incorporates the core components, which have proven to reduce time to permanency and repeat maltreatment in other states. Tennessee has received on-site technical assistance from Zero to Three and continues to maintain a strong relationship for ongoing support

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and technical assistance. This initiative recognizes the critical stages of child development and uses a specialized judicial approach to coordinate and expedite services, and to engage community partners to support and sustain families. This approach has strong support from the Juvenile Court Judges and the infant mental health community to ensure that services to the infant and the parents/caregivers are tailored to their unique circumstances and to support critical timeframes unique to infant development to reduce trauma, custodial episodes and future involvement from CPS. In 2018, five jurisdictions were created, representing courts in the urban and rural areas of the state and in each grand region. There were two existing SBCs that were incorporated into the implementation process, for a total of seven functioning SBCs statewide. Funding mechanisms are being explored to expand SBC courts in 2019. The courts were chosen based upon interest and commitment from the Juvenile Court Judge and in concert with AOC, DCS regional staff, and DMHSAS. Areas for consideration included data for the 0-3 years population for custodial and In Home cases, resource capacity, and other initiatives in that county that would impact the implementation of a SBC.

The Safe Baby Courts are using a system already familiar to the Juvenile Courts called Quest. It is an automated system and each court coordinator has the responsibility to input data and case notes. This system was fully implemented for the SBC in September 2018 and the first data extract occurred during January 2019. The Administrative Offices of the Courts (AOC) is responsible for extracting the data from Quest and generating reports for distribution to appropriate stakeholders. There have been data entry challenges for the court coordinators, and the AOC is diligently working with each court coordinator individually to overcome these challenges and ensure data is entered timely and accurately.

As a result of the SBC program being relatively early on in the implementation process, there are no assessments yet to determine if outcomes have been met. DCS will be working closely with Vanderbilt University Centers of Excellence (COE) to develop a systematic, repeatable, program evaluation. The outcomes established for this initiative are reducing time to permanency, reducing repeat maltreatment, reducing trauma, increasing resource capacity, community involvement and family engagement.

The creation of the drug teams was a specialized approach DCS implemented in 2018 that incorporated the knowledge of addiction, recovery, and strategies to engage parents and assess child safety. This initiative provides a more collaborative intervention involving community partners to coordinate an intervention that reduces child maltreatment, and custodial episodes and sustains the parent's addiction recovery process. This approach also aligns and supports the specialized judicial oversight in the SBC sites in the areas where both initiatives exist and will be applied to the future SBC sites.

Tennessee recognized the need to improve the match of service availability based on the family needs identified through the FAST for In Home cases. Results from the CFSR as well as increased Foster Care commitment rates demonstrate that this was an area of opportunity for the state. Two Juvenile Courts were selected to participate in this initiative. Blount County is a suburban county in East Tennessee bordering Knoxville, the third largest city in the state. The Juvenile Court Judge in Blount County expressed interest in partnering with DCS and recognizes the need to prevent children from coming into state custody through delivery of quality in home services. DCS also desired to partner with a rural county in this initiative, such as Marshall County located in Middle Tennessee. DCS Executive Leadership Team members met with the Juvenile Court Judge in Marshall County about the foster care commitment rate in that county and the need for improved in home services. Marshall County and Blount County Juvenile Courts have both expressed a strong commitment to working with DCS in this strategy.

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DCS will create an ongoing feedback loop with the Juvenile Court Judges in Blount and Marshall Counties in order to promote an atmosphere of partnership through continuous quality improvement. DCS Program Evaluation Team representatives will contact these Judges on a monthly basis to discuss strengths, barriers, and/or concerns with the initiative, including how the results of the FAST should be used and presented in court to make the assessment more impactful to their decision making. Feedback received from these Judges will be used to make any needed improvements, design and provide additional training, and/or modify how the FAST assessment is shared with the court. These Judges will be invited to participate in the development of the new Child and Family Service Plan, and will be engaged to share their experiences with their fellow Juvenile Court Judges.

Initial implementation of the Child and Family Team Model (CFT) coincided with the onset of Brian A. Settlement agreement activities as a strategy to improve engagement of families, informal supports, and collaborative partners in case planning and service delivery. With Commissioner support, the Team Excellence was formed in 2004 as a group of standard-bearers – one from each region - who were the most highly skilled facilitators and enthusiastic early adopters of the CFT Model. Team Excellence members were trained and certified by the Child Welfare Policy and Practice Group or Central Office leaders and were certified at Coach Level. Their enthusiasm and commitment were recognized through nomination by both regional and Central Office leadership to gain membership in the group. Team Excellence members were expected to fulfill the following roles in their respective regions and in partnership with Central Office leadership:

1. Coach and certify other full-time facilitators.
2. Coach and mentor field staff on engagement and planning skills.
3. Monitor the provision of preparation prior to and debriefings following CFTMs.
4. Provide New Employee Orientation on the CFT Model to new regional staff.
5. Provide ongoing refresher training on the CFT Model within the region.
6. Monitor fidelity of the model as implemented within the region.
7. Participate in monthly Team Excellence calls with Central Office leadership to identify practice strengths and barriers to the implementation of the model.
8. Facilitate All Families Matter meetings in other regions for particularly difficult cases which required extra attention and skill from an outside entity.

Since 2013, changes have occurred in Central Office leadership of the CFT Model, as well as in regional leadership; Team Excellence was no longer maintained; facilitator turnover has increased and some facilitator positions have been reallocated; and there has been a decrease in facilitator training opportunities. Facilitators have taken on more complex roles - some carry caseloads in addition to facilitation duties; many carry other task assignments outside of facilitation. Not all CFTMs are required to have a skilled facilitator; however, in recent years, frontline staff and supervisors have been asked to take on facilitation of meetings with less training and support, thereby decreasing fidelity to the model.

The CFTMs are the vehicle for team decision-making on each case, which drives the development of permanency plans. DCS has determined that following development of an updated Team Excellence, a focus on improving the quality of decisions made within the team format will include identifying appropriate application of current plans to achieve permanency.

The CFT model encourages the attendance and participation of both parents' and children's attorneys in case specific CFTMs. This is referenced in the DCS policy 31.7, section 2Bc under "Other Participants". DCS has the ability to track the attendance of Guardian ad Litem during CFT through data entered into the TFACTS system. Participants of the CFTM receive a meeting notification letter. All participants

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invited to meetings and in attendance are captured in individual case records in TFACTS, to include GALs and attorneys. Attendees also sign the CFTM Summary form. If a GAL or parent attorney does not attend a meeting, he or she will have access to the Summary.

The Quality Service Review was a qualitative review tool that involved a case review and stakeholder interview process to determine the last ninety days of performance based on the DCS Practice Wheel. When CFT practice and QSR began, CFT-related items were rated as follows: Family Satisfaction 62%; Engagement 42%; Teamwork and Coordination 26%. At the peak of CFT practice in 2010, QSR results demonstrated improvements in CFT-related indicators: Family Satisfaction 81%; Engagement 44%; Teamwork and Coordination 45%. Although the QSR is no longer used, CFSR data demonstrates a downward trend in the primary CFT-related item of Child and Family Involvement in Planning (Item 13). In the 2017 CFSR, Item 13 rated at 41% strength and in 2018 rated at 34% strength.

Observations conducted on CFT practice in 2018 through the Team Leader Enhancement and Mentoring Project (A3 Strategy – Goal 3) noted that the CFT model was not followed in meetings being conducted by frontline staff, supervisors, or back-up facilitators. Meetings were held without preparation discussion. Families were not given the opportunity to voice their family story or perspective and were not engaged in the development of action steps to address family concerns. CFTM data shows a decrease in the use of skilled facilitators in all regions beginning in January 2017. In addition, focus group responses from caseworkers in March 2018 indicate difficulty in engaging and teaming with families. Some key responses to the question “What are your beliefs about how DCS and Stakeholders should engage parents?” include the following:

- “What is meant by how we should engage the parents?”
- “Too often, we use terms that people within the department understand during our CFTMs, etc. However, most of the time, the families are clueless as to what is being discussed.”

Redirecting focus to high-fidelity CFTMs would provide an increased focus on the practice wheel elements necessary to engage family members, informal supports, and collaborative partners in case planning and service delivery. Staff would have a local support available to provide training, coaching, and mentoring of the model, to observe and provide developmental feedback to staff as they learn and implement the model, and to support ongoing awareness of the importance of engagement and teaming throughout the life of the case.

Strategy 1:

Tennessee is developing strategies and key activities in coordination with the Administrative Office of the Courts (AOC) to support Safe Baby Courts (SBC) in Coffee, Davidson, Grundy, Johnson, Knox, Madison, and Stewart Counties and will identify future sites. These strategies address access and quality of services.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Support the existing SBCs by:</p> <ul style="list-style-type: none"> a. Implementation team for DCS and AOC will conduct on site visits to provide additional support for the strategic planning that was facilitated by Zero to Three during Q1 and Q2 in 2019. b. Implementation team for DCS and AOC will debrief with courts, stakeholders and DCS staff to monitor implementation progress, practice application and address issues or barriers, which will occur after each site visit in Q1 and Q2 2019. c. DCS Implementation team will provide initial consultation with SBC sites regarding specialized foster parent recruitment and relative caregiver support to coordinate efforts for building resource and relative caregiver capacity specifically suited for children involved in SBC, which needs to support increased service delivery, visitation, and coordination. Ongoing support will be provided as indicated by the regional needs. d. Support and assist in the development of services within Stewart County and Johnson County specifically related to A & D Assessment and Supervised Visitation due to the previously identified needs within these areas. 	<p>Executive Director of Child Safety; AOC; Regional Investigations Directors</p>	<p>Quarter Two</p>
<p>2. DCS, in coordination with the AOC, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), and the SBC sites, will develop and implement:</p> <ul style="list-style-type: none"> a. Finalize Safe Baby Courts Standards of Operation Guide. b. Finalize, in collaboration with the AOC, data reporting requirements from the SBC Coordinators. c. Implementation team from DCS and the AOC will explore expansion opportunities by meeting with DCS staff, community stakeholders and interested Juvenile Court Judges as identified by the AOC. This will be conducted in partnership with Jurist in Residence sponsored by the Casey Family Programs, who helps to enhance communication and strengthen relationships between DCS and the Juvenile Court Judges. 	<p>Executive Director of Child Safety; AOC; Jurist in Residence</p>	<p>Quarter Two</p>
<p>3. Support Court Coordinators in collaboration with the AOC:</p> <ul style="list-style-type: none"> a. Implementation team staff from DCS and AOC will coordinate monthly conference calls with Court Coordinators to provide guidance and support, increase consistent practice, and problem solve. b. Develop training opportunities and facilitate information sharing among the sites. 	<p>Executive Director of Child Safety; AOC</p>	<p>Quarter Two</p>

Key Activity	Responsible Party	Projected Completion Date:
<p>4. Key Activities for the drug teams:</p> <ul style="list-style-type: none"> a. Continue to collaborate with University of Tennessee Hospital and East TN Children's Hospital by sharing information and including hospital staff in decisions related to discharge planning and child safety following release from the hospital. b. Monitor Plans of Safe Care, utilizing a Central Office Program Coordinator c. Implement and monitor the collaborative pilot project with Omni Community Health to provide intensive In Home services and case management to FSS cases transferred from the drug team in the Northeast region. d. Strengthen formal and informal services inclusive of the courts through permanency planning process with a focus on addiction, recovery/relapse and trauma through increased training for frontline staff related to addiction/recovery resources and monitored through the quality review process e. Conduct quarterly case file reviews on 5% sampling and aggregate data to identify gaps in service delivery and identify opportunities to develop and strengthen collaboration with external partners. 	<p>Executive Director of Child Safety; Office of Child Safety Program Coordinator; Regional Investigations Director</p>	<p>Quarter Two</p>

Strategy 2:

Improve the match of service availability based on the family needs identified through the FAST for In Home cases by strengthening assessment quality to guide case planning, and increasing collaboration with court staff and service providers.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Engage the Judiciary in Blount and Marshall Counties to create a shared understanding of the assessment, service planning, and service array support needs.</p> <ul style="list-style-type: none"> a. The DCS team will gather the relevant FAST data and CFSR and resource/services inventory to share with the Courts. Relevant data to include FAST scores/greatest needs specific to the In Home families, resource linkage inventory/information around resources and services (availability, quality, gaps), and CFSR scores – strengths and opportunities for improvement. b. CFSR staff will meet with regional leadership in the counties to engage them in planning for the small test of change. c. A meeting with the Courts will be set at their convenience to explore FAST, CFSR, and resource data, as well as engage in discussion about the Department’s use of assessments to plan with families, relevant data described above, and to collect input from courts about their experience with services in those counties. A mutually agreed upon small test of change will be identified to strengthen partnership opportunities. d. Develop plan for ongoing engagement activities around FAST, planning, and service delivery/array with input from the Court, including the frequency of these collaborations. e. Assessment Consultants will be available to provide FAST training or other consultation to Court staff to enhance their understanding of the tool. f. During the annual Juvenile Court Conference DCS will partner with conference officials to offer training for Judges and court personnel on the basics of the FAST assessment and its role in case planning and service delivery. g. Guardian ad Litem, Parent Attorney’s, and Juvenile Court staff will receive information about the FAST and case planning, as well as other relevant information through quarterly newsletter produced by the Program Evaluation Team and delivered through e-mail using the EMMA system. 	<p>Director of Vanderbilt Center of Excellence for Youth in State Custody; Director of Program Evaluation; Resource Linkage Coordinators; Program Evaluation Team</p>	<p>Quarter One</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>2. Assess match of FAST outcomes and service array options for children and families in Blount and Marshall Counties.</p> <ul style="list-style-type: none"> a. Develop service array workgroup with multi-agency collaborators (DCS, Court, providers) to review aggregate FAST data on identified needs of children and families, as well as service availability and quality related to those needs. Include Resource Linkage, Court Liaison, and Fiscal staff from DCS. Other team members to be identified as appropriate. b. Implement monthly meetings for the first 6 months of the small test of change. Future meeting schedule to be determined by the needs in each county. c. Develop and implement action plans targeted at filling service gaps and improving service quality based on data and case review discussions held in monthly meetings. d. Develop a review process to assess how plans have impacted service availability and service quality for identified FAST needs. 	<p>Regional Administrators; Continuous Quality Improvement Coordinators</p>	<p>Quarter Two</p>

Strategy 3:

Revitalize Child and Family Team Meeting (CFTM) process in all program areas, returning to a focus on the Practice Wheel as described in the Tennessee child welfare Practice Model (Engagement, Teaming, Assessment, Planning, Implementation, and Tracking & Adjustment).

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<ol style="list-style-type: none"> 1. Implement enhanced oversight and support of the CFTM Facilitators through the Director of Permanency. <ol style="list-style-type: none"> a. Reinstate the CFTM Team Excellence, with at least one Team Excellence member from each region, with a defined set of core competencies and role expectations set by the Facilitator Continuous Quality Improvement group and Central Office Leadership. b. Implement new monthly Facilitator Continuous Quality Improvement (CQI) calls to address ongoing quality practice issues and barriers, and to share best practices across all regions. c. Revise the initial CFTM Facilitator Assessment, and design and implement a new recertification process to ensure ongoing quality of facilitator skills. d. Develop and implement mandatory ongoing skill development opportunities to enhance CFTM Facilitator effectiveness. e. Schedule annual Facilitator Retreat to provide opportunities for shared skill development, coordinated review and revision of CFTM practices, and peer learning. f. Revise and re-educate field staff on the CFTM Appeals process. g. Develop and implement a randomized Quality CFTM review. 	Director of Permanency Planning, Regional and Division Leadership	Quarter One

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Key Activity	Responsible Party	Projected Completion Date:
<p>2. Reinforce the roles and responsibilities of the Child and Family Team members and the CFTM model to ensure CFTMs are utilized throughout the life of the case, as informed by practice model components (engagement, teaming, assessment, planning, implementation of services, and tracking/adjusting).</p> <ul style="list-style-type: none"> a. Create and implement a CFTM refresher training for all staff. b. Create and implement improved diligent search and concurrent planning training for all staff. c. Develop and implement a CFTM User Guide. d. Revise the CFTM Protocol to clarify purpose and need for unbiased skilled facilitators leading particular types of meetings, emphasize adequate supervision or leadership support in critical meetings, and support the inclusion of extended family and informal supports as team members. e. Revise the CFTM form to include sections to document discussions of diligent search and concurrent planning. f. Revise the Client Handbook to include emphasis on the CFTM process and expectations of family involvement. g. Develop and implement a CFTM Preparation Tip Sheet for frontline staff to engage families and collaborators prior to meetings. h. Develop and distribute a family-oriented CFTM brochure to communicate the process to children, youth, families, and informal team members. i. Consult with other parent mentoring agencies to explore the possibility of developing a parenting mentoring program with a focus on advocacy and education for birth parents to better understand their role in the Child and Family Team, and to enhance their ability to effectively participate in meetings and the child welfare system. j. Reinstate the post-CFTM debriefing process. k. Develop and implement a post-CFTM family and partner survey. l. Court Liaisons and representatives from the AOC have been invited and are participating in a leadership group that is also comprised of contract providers and multiple levels of DCS staff, including legal. This group has been instrumental in the development of the plan of this strategy and will be the ongoing leadership group that will help drive the implementation of this strategy through regular ongoing meetings, consultations, and collaborations. m. Identify targeted staff (current or additional, based on resources and need) to complete ongoing, intensive diligent search. 	<p>Director of Permanency Planning; Continuous Quality Improvement Coordinators</p>	<p>Quarter Four</p>

Key Activity	Responsible Party	Projected Completion Date:
<p>3. Enhance the deployment of the CFTM Model in In Home Cases.</p> <ul style="list-style-type: none"> a. Develop a CFTM Leadership Team for CPSI, CPSA, FSS, and JJ Probation/Aftercare to guide the development and implementation of CFTM practice in In Home cases through active participation in the following action steps b-d. b. Revise CFTM Protocol to include required and suggested meetings for In Home cases. c. Identify CFTM Team Excellence members from CPSI, CPSA, FSS, and JJ Probation/Aftercare to join the CFTM Excellence, monthly CQI, and facilitator retreat groups to bring In Home casework perspective to these ongoing improvement processes. d. Revise the Client Handbook to include use of the CFTM process in In Home cases. e. Collaborate with existing parent mentor programs for families involved in In Home Cases to develop similar process for supporting parent mentoring related to In Home CFTMs. 	<p>Director of Permanency Planning; Training Officers</p>	<p>Quarter Six</p>

Goal 3:

Ensure children have quality supports to promote safety and stability in their living situations, continuity of family relationships, and preserved connections to their identified home community and culture.

Outcomes: Safety 2; Permanency 1; Permanency 2; and Well-Being 1; Well-Being 2; and Well-Being 3

Systemic factors: Case Review, Service Array, Foster and Adoptive Parent Licensing, Recruitment and Retention

Justification 3:

The Child and Family Service review identified Placement Stability, CFSR Item 4, as an area not in substantial conformity. Approximately 60% of 40 cases were rated strength for this item. Although the department’s goal is to continuously improve the stability of placements for all children in the state’s care, we have determined based on a review of the data, that teens are not only an increasing population of custodial children in Tennessee, they are also experiencing a significant number of placement moves while in custody.

DCS acknowledges that more work is needed in order to address teen custody entries and their placements. The data show that teens are experiencing more instability than younger children, for instance:

- 47% of the entry population are teens statewide;
- Regionally teen populations are Davidson (60%), Shelby (52%), Northwest (46%)
- 26% of these teens entered as 16-17 year olds;

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- 64% had behavior as a removal reason; and,
- 21% had 2 or more moves within 30 days of entry¹.

Placement stability tracking statewide includes data from the Cross Regional Workbook in Fiscal Year 2018. Data indicate that the placement moves per 1000 days for youth aged 13+ were 11.6 (Dependent/Neglected youth) and 11.9 (Delinquent adjudicated youth). The teen population experiences 43% more moves than younger children in the state during the same period.

DCS has examined the trends for teenagers aged 13-18 to determine how the placement type impacts the length of stay. The best outcomes occur in kinship placements. Youth who are predominantly placed with kin have a shorter length of stay according to the Foster Care Data Archives (FCDA). Fifty percent of the youth predominantly placed with kin exited within 294 days, compared to the 352 days it took 50% of those primarily placed in foster home to exit. The state of Tennessee utilizes the assistance from Harmony Family Center to support kin. In home counseling is offered to support kinship parents, along with crisis intervention and classroom preparation. The Harmony Family Center trains many foster parents in Tennessee and assists foster parents to identify critical needs for youth to include trauma. Youth placed in traditional foster homes still have better outcomes than youth placed in congregate care. According to the research, youth in congregate care settings are less likely to achieve educational goals and more likely to develop emotional and behavioral problems as well as have longer stays in care. It is our belief that preparing foster parents for teen placements will likely decrease the length of stay and increase the placement stability of this population and improve overall outcomes. For teenagers in Tennessee, re-entry rates in general are higher than those of younger children, with approximately one out of six dependent and neglected teenagers re-entering care while one out of four delinquent youth re-enter custody. Youth who are in congregate care for the majority of their placement re-enter care at twice the rate of those teens exiting from kinship homes.

In addition to length of stay and general outcomes, placement stability is another factor of need for Tennessee's teenagers. The Annie E. Casey Foundation Child Welfare Strategy Group (CWSG) has partnered with DCS to understand the state's placement stability trends and identify strategies for improvement by focusing on Davidson County region. Davidson County region has the highest number of moves for teenagers before 60 days in the state and 24% of teenagers in Davidson County had three or more moves within 30 days of entry. Teenage behaviors appear to be the primary reason for removal in Davidson County for 70% of the youth according to Annie E. Casey's findings. In addition to the Davidson County region, Shelby County and Northwest regions also have experienced recent increases in either placement instability or higher entry rates for teenagers. Shelby County's teens experience a higher number of moves than the state average. Approximately 36% of Shelby's dependent/neglect youth and 73% of juvenile justice youth experience 2 or more moves compared to the state average of 31% and 41% respectively in Fiscal Year 2017-2018 (FY18). They also have higher rates of experiencing non-permanent exits 42% of Shelby's and 40% of Davidson's juvenile justice youth experiencing a non-permanent exit. Shelby County's juvenile justice youth experience 16.8 moves per 1000 days compared to the state average of 11.9. Shelby's dependent/neglect teens experience 14.0 moves per 1000 days compared to the state average of 11.6. In FY18, approximately 52% of children entering foster care in Shelby County were teens. In the Northwest region in FY18, the rate of entry of teens has spiked to 6.7 per 1000 dependent/neglect teens compared to the state average of 4.8 in the same period. Northwest's juvenile justice rate of entry has remained higher than the state at 3.3 compared to a 2.9 state average in FY18.

¹ Source: TN State Chapin Hall file 12/31/2017, data for all teen entries 2016-2017.

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In order to improve placement stability of teens, the department is implementing the CORE for Teens strategy in partnership with Annie E. Casey foundation and Spaulding for Children. Tennessee is joining the public child welfare agencies in Pennsylvania and Florida, and one tribe in North Carolina to implement this strategy.

The objective of CORE for Teens is to provide foster, adoptive, and kinship parents with the knowledge, skills, and abilities they need to meet the needs of older youth, thereby resulting in an increased likelihood families will welcome these youth into their families, be more successful parents, maintain placement stability, and commit to permanence.

CORE for Teens works to ensure older youth are matched with skilled families and engaged productively in their communities. The curriculum consists of three self-assessments, a 14 - hour classroom training, and a minimum of three right-time trainings (DVD trainings) in the home. The curriculum is currently being developed by Spaulding for Children in partnership with the Child Trauma Academy, the Center for Adoption Support and Education, the North American Council on Adoptable Children, and University of Washington.

Additionally, the department is partnering with the Annie E. Casey foundation to implement the Connect Parenting Program in Davidson County. The Connect program is an evidence-based parent education program designed to equip parents with improved perception, understanding and response to teen behavior. It is designed to support not only birth parents raising teens, but also foster parents in responding to the unique needs of teens in foster care. The expected benefits of this program include: more stable foster placements, diversion from foster care, and support to placements after foster care.

Ongoing engagement of children and families is crucial to assessing and supporting safety and stability. The frequency and quality of visitation impacts the ability of the Caseworker to properly engage children, families, and foster parents. Quality Caseworker visitation can be a key factor in moving children to permanency in a timely fashion or preventing removal into state custody. CFSR FY 2017 results indicated that Tennessee was found to not be in substantial conformity on Caseworker Visitation:

- Item 14: Caseworker Visits with Child
 - 44% of the 75 cases were rated a strength. (Item 14 was rated a strength in 55% of the 40 foster care cases, 39% of the 28 In Home services cases, and none of the 7 CPS cases).
- Item 15: Caseworker Visits with Parents
 - 29% of the 68 applicable cases were rated a strength. (Item 15 was rated a strength in 33% of the 33 applicable foster care cases, 32% of the 28 In Home services cases, and none of the 7 CPS cases).

Focus groups were held with caseworkers and Team Leaders across the state who serve the various populations of DCS. Debrief Sessions were also held at the closing of each region's CFSR during the 2018 season. Information collected from those sessions indicated that many caseworkers were not able to identify what a quality visit should entail. Also, the importance of using caseworker visits as an informal assessment was not often understood. Many new caseworkers reported that OJT Coaches often did not provide the level of support that they felt they needed due to OJT Coaches having other job duties assigned to them. While many teams have Mentors assigned to mentor and support new caseworkers, many of the Mentors reported that due to their own caseload and employee vacancies they were not able to

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really do any mentoring with the new staff. Finally, several Team Leaders reported that they did feel that they had the time to go out with caseworkers on visits to determine if they were having quality visits due to administrative tasks assigned to them. It was also not evident during the Team Leader focus groups that all Team Leaders were able to describe what a quality visit would entail.

The Team Leader Mentoring Enhancement Project is designed to thoughtfully use Lean Six Sigma processes such as the A3, Go See Process, SIPOC (suppliers, inputs, process, outputs, and customers), and Swim Lane Mapping after shadowing select Team Leaders over a two day process to identify:

- The approximate time certain tasks take
- Identify tasks that do not add value to work
- Identify wastes (waiting, overproduction, re-work due to errors, unnecessary repetition).

This project will also use SimLabs, which are currently being used by the Office of Training and Professional Development and Office of Child Safety, to provide experiential learning to caseworkers. A Simulation lab is a training technique that utilizes immersive scenarios that replicate real life, on the job events. A room or building can be set up to mimic a location similar to a real life encounter, such as a client's home. A simulation lab training team consists of at least two individuals. One member of the Simulation Lab training team serves as a facilitator, that is an outside observer, not actively participating in the actual event. This person will direct questions to trainees after the scenario is complete. Other members of the simulation team serve as actors, such as a parent or child within the scenario. It is important that the actors are familiar with the child welfare system and the real life scenarios they are trying to recreate. Individuals being trained in the lab will serve as both observers and participants throughout the process. An unscripted scenario is played out to closely mimic a situation that the trainees could encounter on the job. The scenario is played out without any outside intervention until the facilitator stops the scenario, ensuring the utmost adherence to real life. The observing trainees and the participating trainee are then prompted with questions about the scenario by the facilitator including how the participant felt, why they made the choices they did, and what observations they made in the scenario. The observing trainees may also be asked questions such as what they observed, if they have any critiques and compliments for the participant, and what they might have done. Feedback is also provided by the facilitator. The scenario is then resumed with a new participant stepping into the scene. This process is repeated until all trainees have participated in the scenario. Simulation labs can be utilized in many different ways, and could be easily modified to train staff for any conceivable scenario.

DCS has experience using the SimLabs and Lean Six Sigma; however, these have not been used for Team Leader training in the past. The Team Leader Mentoring Enhancement Project is new and was developed specifically to assist with areas identified from the CFSR process and subsequent focus groups and Debrief Sessions.

Strategy 1:

Implement the Team Leader Mentoring Enhancement Project. This project is designed to enhance the frontline Supervisors' ability to serve as mentors to staff thereby improving the overall quality of monthly visitation between caseworkers and children/youth, as well as caseworkers and birth parents. This project includes clarifying Supervisor role confusion between primary mentoring versus completion of administrative tasks, and helping caseworkers understand that each visit is an opportunity to engage and assess families in order to achieve sustainable permanency.

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Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Assess Team Leader activities to determine what tasks do not add value to work products and prevent modeling and mentoring Caseworkers.</p> <ul style="list-style-type: none"> a. Select up to 24 Team Leaders from across the state that have supervisory responsibility for Foster Care, In Home, and AR/DR cases to participate in the assessment. b. Program Evaluation Team members shadow Team Leaders for two business days to categorize and time tasks. c. Program Evaluation Team members produce a SIPOC and A3 for each Team Leader shadowed. d. Work Group of DCS employees identifies non-value added tasks (administrative, regional requirements, etc.) that prevent Team Leaders from mentoring and modeling quality visitation. 	<p>Program Evaluation staff; Team Leaders</p>	<p>Quarter One</p> <p>[a.] Selection and shadowing completed 12.31.18.</p> <p>[b.] Work Group completed 12.31.18.</p> <p>[c.] SIPOC and A3 to be completed by 2.15.19</p>
<p>2. Identified Team Leaders participate in the Team Leader Mentoring Enhancement Project.</p> <ul style="list-style-type: none"> a. Executive Leadership Team will determine the counties and teams that participate in the project based on the support of the project from regional leadership, staff capacity/vacancies, and availability/access to Program Evaluation Team members and experienced CFSR Reviewers who can provide assistance. Selected counties/teams may not be the same Team Leader who participated in key activity one. b. Program Evaluation Team meets with the Regional/Divisional Leadership of each Team Leader selected for the project to determine rationale for non-value added tasks/roles. c. Program Evaluation Team works with DCS Leadership to remove or reduce non-value added work from participants and develop a Mentoring Plan that outlines the importance of modeling and coaching quality visitation and the use of visitation to improve the overall quality of initial and ongoing assessments (formal & informal). d. Participants complete the Quality Contacts Initiatives Trainings conducted by the Office of Training and Professional Development (Goal 1/Strategy 1) prior to starting the Mentoring Enhancement Project. 	<p>Program Evaluation staff; Team Leaders</p>	<p>Quarter Two</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>3. Identified Team Leaders are assigned a CFSR Reviewer to serve as a mentor and must demonstrate understanding of a quality visit with a child/youth and a birth parent and be assessed on their ability to model quality visitation to Caseworkers.</p> <ul style="list-style-type: none"> a. SimLab Model is used to allow participants to get real time feedback on their own ability to conduct quality visitation. b. Team Leaders document the quality visit conducted during the SimLab and receive feedback on the documentation of the visit. c. Team Leaders are assigned a Coach/Mentor who is a CFSR Reviewer or QA Reviewer who provides ongoing assistance and support to the Team Leader on visitation. 	<p>Program Evaluation staff; Team Leaders</p>	<p>Quarter Three</p>
<p>4. Team Leaders discuss quality visitation with Caseworkers during Monthly Performance Briefings, Staff Meetings, and Case Reviews.</p> <ul style="list-style-type: none"> a. Team Leaders provide training on quality visitation with their assigned Caseworkers after participation in SimLab activities. b. Team Leaders incorporate quality visitation discussions during Monthly Performance Briefings, Staff Meetings, and Case Reviews after participation in SimLab activities. c. Coach/Mentor is available to participate in this training and discussions as needed. 	<p>Program Evaluation staff; Team Leaders; Caseworkers</p>	<p>Quarter Four</p>
<p>5. Team Leaders accompany caseworkers on one visit each month to mentor quality visitation and appropriate documentation of visitation.</p> <ul style="list-style-type: none"> a. Team Leader model one quality child visit and one quality birth parent visit for each caseworker within two months of completion of the SimLab. b. Team Leader continue to accompany each caseworker on a minimum of one visit each month and provide feedback to each Caseworker. c. Coach/Mentor accompanies Team Leader on one visit each month and provides feedback to the Team Leader on progress. 	<p>Program Evaluation staff; Team Leaders; Caseworkers</p>	<p>Quarter Four</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>6. Evaluate Effectiveness of the project.</p> <ul style="list-style-type: none"> a. Distribute and analyze survey data from parents, children, foster parents, and all parties directly involved in the case and data reports regarding the quality of service to evaluate the effectiveness of the model. b. SimLab Model is used to assess the caseworker’s ability to conduct quality visitation with children/youth and birth parents. c. Caseworkers demonstrate the ability to conduct informal assessments of safety and well-being during visitation with children/youth. d. Caseworkers demonstrate the ability to conduct productive and engaging visitation with birth parents. e. Caseworkers are provided feedback on the visitation conducted in SimLab by the Team Leader. f. Team Leaders receive feedback from Coach/Mentor on their progress in providing quality feedback. 	-	Quarter Five
<p>7. Statewide Implementation will occur based on the effectiveness of the Team Leader Mentor Enhancement Project.</p> <ul style="list-style-type: none"> a. Regional CQI Coordinators will be used to assist Regional/Divisional Leaders in determining non-value added work that can be reduced for Team Leaders. b. Each region will have a minimum of two CFSR Reviewers who will be able to serve as Mentors to Team Leaders on the importance of coaching and modeling performance. 	Continuous Quality Improvement Coordinators	Quarter Six

Strategy 2:

Build capacity through regional foster parent recruitment and retention plans, train program staff and foster parents and equip them with skills needed to meet the needs of older youth, and support proper placement matching for placement stability.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. Implement the CORE for Teens training initiative in three Regions (Northwest, Shelby County, and Davidson County) along with a community provider, Omni Visions, who will work in conjunction with DCS in the western part of the state. The two urban regions were chosen for placement stability reasons and extensive involvement in placing teenagers in foster care. Northwest region was chosen as a rural region where Omni Visions is involved and has had an increase in the rates of entry for teens. Activities will include:</p> <ul style="list-style-type: none"> a. Build capacity through recruitment activities, by investing in personal relationships, implementing Right Time Training, and ongoing coaching at the point teenagers are placed in foster homes. Right Time Training is an evidence-based training model that assists foster parents in gaining a greater understanding of the needs of teens, to include themes on transitions, adapting parenting, developing relationships, trauma informed parenting and emotional regulation. b. Evaluation process will be completed by the University of Washington utilizing the following: <ul style="list-style-type: none"> i. Data collection fidelity checklist; ii. Outcome surveys completed by the resource parents and youth; iii. Foster parent self- assessments (before and after program); iv. Pre/post tests for the classroom curriculum (for seven modules); and, v. Evaluations linked to the Right Rime training videos. 	<p>Director of Foster Care; Director of and Resource Eligibility/ Director of Training and Professional Development</p>	<p>Quarter Two</p>
<p>2. Establish baseline data metrics of current outcomes for CORE for Teens and evaluate outcomes through the following metrics:</p> <ul style="list-style-type: none"> a. Placement Stability b. Non-Permanent Exits c. Recruitment and Retention of Placements 	<p>Director of Foster Care and Resource Eligibility/ Director of Training and Professional Development</p>	<p>Quarter Three (baseline) Quarter Six (evaluation)</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>3. Implement Teen Connect in Davidson county as a first phase of a prevention continuum that includes a CFTM for all possible teen entries, enhanced kinship practice, and a court strategy for youth abandoned in detention population, in collaboration with the Annie E. Casey Child Welfare Strategy Group (CWSG):</p> <ul style="list-style-type: none"> a. Identify provider for Teen Connect and cohort for initial sessions. b. Identify a lead and workgroup to support CFTM. c. Identify lead and workgroup to support kin practice enhancements. d. Identify a lead and workgroup to develop court strategy with Davidson County Juvenile Court. 	Davidson Regional Leadership	Quarter Three
<p>4. Evaluate placement process and make enhancements to support first right placement as part of the Teen Connect implementation in Davidson County and in collaboration with CWSG. Implementation in other regions will be determined based on success of intervention and funding.</p>	Davidson Regional Leadership	Quarter Six

Goal 4:

Enhance the Continuous Quality Improvement process to monitor progress on the Child and Family Service Review Program Improvement Plan and program outcomes.

Outcomes: Safety 2; Permanency 1; Permanency 2; and Well-Being 1; Well-Being 2; and Well-Being 3

Systemic factors: Quality Assurance

Justification 4:

DCS determined while reviewing the results of the CFSR and developing the CFSR PIP that much of the data the agency has collected and used to navigate practice while under the Brian A. Lawsuit was quantitative in nature. Qualitative data based on the effectiveness of fit of services delivered to children and families was lacking. The voice of the certain key external stakeholders was also not incorporated into ensuring quality service delivery. DCS is committed to involving internal and external stakeholder input in the development of its Child and Family Service Plan, Strategic Plan, and Families First Prevention Services Act Plan.

The intent of the court strategy is to develop and improve relationships with the courts. We are focusing on two or three courts to begin improving those relationships. These initial courts were chosen due to an identified willingness of the Juvenile Court Judge to work with DCS to look at alternatives to committing children into state custody. It is our belief that by creating strong relationships with the court system,

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improved outcomes will be achieved for children and youth of all ages. We will also need to ensure that court staff of various roles and positions are being invited to participate as we develop strategies going forward.

Regional Leaders participated in a presentation with Chancellor Fansler, Jurist In Residence. He stressed the importance of making personal and professional connections with one or two Judges in their Region(s) by increasing number of formal and informal contacts and meetings. His rationalization is these relationships will help guide practice and decisions. The Regional Leaders asked for the Regional General Counselors to be involved in this work to help create a shared vision and a better understanding of the expectations and how to initiate these relationships. A retreat at an offsite location will be held to facilitate this shared vision.

Strategy 1:

In alignment with Tennessee's Child and Family Service Plan (CFSP) and CFSR Program Improvement Plan, DCS will integrate qualitative processes with its existing quantitative methods to strengthen evaluative standards for safety, permanency and well-being of the children and families served.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<ol style="list-style-type: none">1. Incorporate CFSR standards and expectations into the Case Process Reviews (CPR) and Quality Process Reviews (QPR).<ol style="list-style-type: none">a. CQI Coordinators will be trained on CFSR standards and will serve as the Interrater Reliability (IRR) Reviewers for CPR and QPRs completed each quarter by Team Leaders.b. CQI Coordinators will review progress of quality visitation and documentation by Caseworkers, as well as the quality of Case Supervision narratives.c. CQI Coordinators will provide feedback to each region on the IRR results and monitor quarterly for improvements.	Program Evaluation staff; Continuous Quality Improvement Program Coordinator; Accreditation Coordinator	Quarter One

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Key Activity	Responsible Party	Projected Completion Date:
<p>2. Conduct Monthly Provider Summary Reviews on a sample of contract provider agencies and will incorporating CFSR standards and expectations.</p> <ul style="list-style-type: none"> a. Conduct Monthly Provider Summary (MPS) Reviews on 75 randomly sampled cases across the state using the CFSR guidelines for quality visitation and assessment of families. b. Train CQI Coordinators, Program Evaluation Coordinators, Placement Quality Team Coordinators, and Provider Accountability Review Coordinators on CFSR standards and the Monthly Provider Summary Review Tool and form a MPS Review Team. c. Complete Monthly Provider Summary Reviews on a quarterly basis. d. Share results from the MPS Reviews with contract providers and require providers to develop an improvement plan based on results. e. Share results from the MPS Reviews during the monthly Quality Assurance/Quality Improvement Interagency WebEx attended by quality and program evaluation staff from DCS and its provider agencies. 	<p>Program Evaluation staff; Continuous Quality Improvement Program Coordinator; Accreditation Coordinator</p>	<p>Quarter One</p>
<p>3. Enhance the Quality Assurance/Quality Improvement Interagency WebEx meetings to focus on CFSR Program Improvement Plan Strategies and Key Activities.</p> <ul style="list-style-type: none"> a. Expand the participant invitation list for the QA/QI WebEx to include additional providers that are sub-contracted by performance-based providers and community mental health providers. b. Share Progress and Results from CFSR PIP Key Activities with external participants with information on how provider's performance impacts that particular Key Activity. c. Discuss barriers to quality service delivery and key factors that impact performance and quality service delivery on each WebEx and brainstorm ideas to help improve outcomes. 	<p>Program Evaluation staff</p>	<p>Quarter One</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>4. Conduct annual Provider CFSR Reviews for custodial provider agencies.</p> <ul style="list-style-type: none"> a. DCS Executive Leadership select up to four Foster Care provider agencies that are performing under targets as identified by the Provider Scorecard, Performance Based Contract, and Vanderbilt University ASQ. b. At least five cases will be reviewed at each agency from December through March each year by the Program Evaluation Team, all trained CFSR Reviewers. c. Leaders from provider agencies being reviewed are required to shadow during the review week, as are DCS staff that are responsible for monitoring provider performance. d. CFSR Reviewers explain CFSR best-practice standards to shadows while reviewing each case. e. A Debrief Session occurs upon completion of each CFSR to explain areas of strength and areas of needed improvement and require the development of an agency improvement plan. DCS monitors the plans during strategic performance outcomes meetings. 	<p>Program Evaluation staff</p>	<p>Quarter Four</p>
<p>5. Continue to expand the CFSR process and use the OSRI as the official qualitative review process for Tennessee.</p> <ul style="list-style-type: none"> a. Provider agency staff will be invited to shadow CFSR reviews during the twelve regional reviews that occur annually April through September. b. Provider agency staff will be invited to attend CFSR preparation trainings held in each region six weeks prior to the review. c. DCS staff will be encouraged to participate as shadows during the annual CFSR reviews. d. Results from the CFSR reviews will be shared a at least quarterly at the DCS Executive Leadership, DCS Senior Management, DCS Strategic Outcomes and DCS Policy & Practice meetings, and as the Grand Regional Provider meetings. e. CFSR results will be incorporated into each region's Continuous Quality Improvement process and will include reviewing quantitative data compared to CFSR qualitative data, as well as performance expectations and results from the approved CFSR Program Improvement Plan. 	<p>Program Evaluation staff</p>	<p>Quarter One</p>

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Key Activity	Responsible Party	Projected Completion Date:
<p>6. DCS will use the current CQI system to review CFSR PIP performance on a monthly basis.</p> <ul style="list-style-type: none"> a. Strategy Leads will continue to meet with representatives on a quarterly basis to review the progress and any need for adjustments for their assigned strategies. b. Strategy Leads will review data on a monthly basis and notify Program Evaluation Team if the need for additional intervention is necessary. c. Quarterly progress reports will be completed by the Program Evaluation Team on the progress of Goals, Strategies and Action Steps for the CFSR Program Improvement Plan and shared with DCS Leadership and CQI Coordinators for integration into the CFSR process. 	<p>Program Evaluation staff; Strategy Leads</p>	<p>Quarter One</p>

Strategy 2:

Tennessee will integrate feedback from internal and external stakeholders into developing and assessing services provided to children and families.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
<p>1. DCS will partner with the Capacity Building Center in order to develop strategies to better engage birth families in the development of programs and providing feedback on service delivery.</p>	<p>Director of Program Evaluation</p>	<p>Quarter One</p>
<p>2. DCS will begin conducting Stakeholder Focus Groups via WebEx annually to solicit the feedback of birth families in an effort to improve services provided.</p>	<p>Director of Program Evaluation</p>	<p>Quarter Six</p>
<p>3. DCS will solicit internal and external Stakeholder participation in the development of the Child and Family Service Plan (CFSP), which will incorporate the findings of the CFSR.</p>	<p>Director of Program Evaluation</p>	<p>Quarter Two</p>

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Strategy 3:

Build partnerships and understanding between DCS, providers, Juvenile Judges and courts, Administrative Office of the Court (AOC), and attorneys to positively impact the overall child welfare system in order to promote permanency and reduce the number of children/youth in State’s custody.

Key Activities:

Key Activity	Responsible Party	Projected Completion Date:
1. Conduct monthly and/or quarterly meetings between Chancellor Fansler, DCS, AOC, and the Executive Committee of the Council of Juvenile and Family Court judges to increase understanding and to gather input into the department’s work. Assess any challenges or barriers with DCS’s work to provide the department with feedback.	AOC General Counsel	Quarter One
2. Chancellor Fansler will compile and provide a report to inform DCS of the results from his meetings and observations with the courts.	Chancellor Fansler	Quarter One
3. DCS staff will observe 12 court proceedings, one court in each service region, from a systems perspective. Compile a report to compare with the Chancellor’s report and findings. These results will inform the assessment. Regional Administrators (RAs), Regional General Counsels (RGCs), and Regional Investigative Directors (RIDS) and other DCS staff provided their ideas on the courts to include. The Commissioner and DCS leadership made the final determination based on the input. The department also considered the court’s availability, especially in multiple county regions.	DCS Executive Directors; DCS Deputy General Counsel: DCS Assistant General Counsel	Quarter One
4. DCS will conduct an assessment and identify 1-2 court jurisdictions in order to conduct a “deeper dive” based on the Chancellor’s and DCS’ reports. This will not necessarily include the courts with the most barriers, but will instead incorporate the jurisdiction’s willingness to participate in a more structured project. The Department will engage the AOC and providers in this work as well (i.e., CASA, GAL, other attorneys, providers, etc.).	DCS Executive Directors; DCS Deputy General Counsel; DCS Assistant General Counsel	Quarter Two
5. Plan and hold a retreat with Regional Leaders and RGCs to further expand on the work with courts and partners. DCS Jurist In Residence stressed the importance of making personal and professional connections with Judges by increasing number of formal and informal contacts and meetings, as these relationships will help guide practice and decisions. Regional General Counselors are involved in this work to help create a shared vision and a better understanding of the expectations and how to initiate these relationships. This retreat at an offsite location will be held to facilitate this shared vision.	DCS Assistant General Counsel: DCS Deputy Commissioner – Programs;	Quarter Three

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Key Activity	Responsible Party	Projected Completion Date:
<p>6. The department’s Regional Leaders (RAs/RIDs/Juvenile Justice Directors (JJDs)) and RGCs will work with the Chancellor and discuss the creation of a deeper working relationship with at least one Judge who is willing to be a champion of change.</p>	<p>DCS Regional Administrators; Regional General Counsels (RGCs)</p>	<p>Quarter Three</p>
<p>7. Address the court liaison position by identifying resources and needs in order for the position to be more consistent across the state.</p> <ul style="list-style-type: none"> a. Develop a directory of all Court Liaisons from each region and their immediate supervisor. b. OCQI Team will conduct a Focus Group with Court Liaisons to determine areas of need. c. Develop a consistent job plan for all Court Liaisons across the state. d. Implement monthly WebEx meetings with Court Liaisons to discuss roles, areas of need, court issues, and current court improvement work being conducted across the state, as well as services available. e. Partner with the AOC to help strengthen the relationship of Court Liaisons and Juvenile Courts. f. Train Court Liaisons to inform the court of the CFSR PIP, CFSP, and other initiatives. <p>DCS Court Liaisons are caseworker level positions that are present at hearings and assist juvenile court staff in determining possible in home services available for families. The Court Liaison is also responsible for completing in the initial intake paperwork on families committed into DCS custody or who have court ordered in home services including FSS or Probation.</p>	<p>DCS Assistant General Counsel; DCS Deputy Commissioner – Programs</p>	<p>Quarter Three</p>