



QUARTER 3

PIP 5.1.4

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In an effort to improve outcomes for children placed in treatment foster care, in February 2011 a treatment foster care (TFC) workgroup convened to identify what Nevada child welfare agencies want to purchase from treatment foster care providers. The workgroup was comprised of participants from Clark County Dept. of Family Service (5 persons), Washoe County Dept. of Social Services (4 persons), DCFS Family Programs Office (2 persons), DCFS Children's Mental Health (5 persons) and DCFS Rural Region (1 person). This workgroup met weekly for a period of 8 weeks, meeting times ranged from 4 hours to 8 hours.

The workgroup developed an action plan to inform and guide its work. National guidelines and standards, models of therapeutic foster care, evidence-based practices and best practices were researched and reviewed. Data from the UNITY system was pulled and reviewed. Reports from the DCFS Planning and Evaluation Unit were also reviewed. All of these materials were taken under consideration in the development of the workgroup's recommendations.

The workgroup produced three documents which embody the recommendations. These include: *Therapeutic Foster Care Service Components and Roles and Responsibilities*, *Individual Child TFC Report Card*, and *Assessment Process*.

To support and enhance the work of the TFC workgroup, DCFS submitted the documents to the Nevada Youth Care Providers (a statewide group of treatment foster care agencies) for feedback and held a focus group to solicit treatment provider agency input regarding the training needs of treatment foster parents. This group was held on July 22, 2011 from 9:30am-11:00am. The focus group consisted of 11 treatment provider agencies.

Northern Nevada Representatives:

Maple Star
Koinonia
Briarwood
Reagan Home

Southern Nevada Representatives:

Trinity Foster Care
SAFY
Boys Town Nevada
Olive Crest
Maple Star
Majestic
Bountiful

A series of eight questions were asked. These questions were intended to elicit discussion and information from the provider agencies in regards to initial and advanced training of treatment foster parents, foster parent capability, foster home therapeutic milieu, reduction of placement disruptions, and provider agency supports for foster parents. While responses to the questions varied, in general, themes that emerged from the group included a need to develop consistent training, a current lack of consistent

implementation of a therapeutic milieu, and the need for clear role definition around permanency planning.

Each of the child welfare agencies has taken the feedback and the tools that were developed and is implementing pilot treatment foster care programs in their respective areas. These pilot programs will be used to implement and assess the work that was developed, the feedback that was received, and adjustments will be made as necessary for a final treatment foster care program and foster parent training program.

Individual Child TFC Report Card

The TFC Report Card documents information about a child's functioning, progress toward achieving permanency, safety, medical care and services received. The Report Card is used to ensure that all aspects of a child's care in the TFC is reported and reviewed regularly.

	<u>Frequency</u>	<u>Reporting Party</u>	
		<u>TFC Parent</u>	<u>TFC Agency</u>
<u>Demographics</u>			
Name At admission			x
Race At admission			x
Ethnicity	At admission		x
Gender	At admission		x
Date of birth	At admission		x
Date of admission	At admission		x
Date of discharge	At discharge		x
Grade in School	Monthly	x	
Special Education Status	Monthly	x	
Probation status	Monthly	x	
Custodial Status	Monthly		x
Permanency Goal	Monthly		x
<u>Clinical Measures</u>			
Child & Adolescent Functional Assessment Scale (CAFAS)	Every 90 days		x
Youth Self Report Inventory	Monthly		x
Caregiver Self Report Inventory	Monthly		x
Services Provided:	Monthly	x	
PSR, number of hrs/mo.			
Individual therapy, number of hrs/mo.			
Group therapy, number of hrs/mo.			
Family therapy, number of hrs/mo.			
Day treatment, number of hrs/mo.			
Substance abuse treatment, number of hrs/mo.			
Co-Occurring MH/SU treatment, number of hrs/mo.			
Psychiatric, number of sessions/mo.			
<u>Education</u>			
Number of days absent from school	Monthly	x	
Semester grade point average	Each Semester	x	
Number of disciplinary actions	Monthly	x	
Classes failing, list each	Monthly	x	
School change (Y/N), If Y Reason	Monthly	x	
<u>Legal</u>			
Number of arrests	Monthly	x	
Number of days in detention	Monthly	x	
Did the child return to the same home (Y/N)	Monthly		x

Placement Safety

Number of incident/accident reports	Monthly	x	
Number of suicide attempts	Monthly	x	
Number of physical holds	Monthly	x	
Number of runaways	Monthly	x	
Number of days on runaway	Monthly	x	

Placement Stability

Restrictiveness of Living Environment Scale	Every 6 months		x
Number of days in acute care	Monthly	x	
Did the child return to the same home (Y/N)	Monthly		x
Where did child go at discharge from the TFC home	At discharge		x

Permanency Outcomes

Number of visits by CW case manager	Monthly	x	
Life Book/3-5-7 activities (Y/N)	Monthly		x
Number of visits with parents/permanent family	Monthly	x	
Number of overnight visits with parents/permanent family	Monthly	x	
Number of visits with siblings	Monthly	x	
Permanency status at discharge	At discharge		x

Health

Number medical visits	Monthly	x	
Number of dental visits	Monthly	x	
Special medical conditions	Monthly	x	
On psychotropic medications (Y/N)	Monthly	x	
On other prescribed medications (Y/N)	Monthly	x	

Ultimately, the TFC agency is responsible for the submission of the monthly TFC Report Cards.

ASSESSMENT PROCESS

Where is the child?

In a Shelter (receives screening)



Family Foster Care (after 24 hours the child is placed in a foster home if in Clark County) If the child has not received a screening it is completed while the child is in family foster care. If a screening has been completed and is positive, the child moves on to an assessment

or

Currently in a higher level of care

The child moves on to an assessment

or

Family cannot handle the child's mental health issues which is one of the reasons the child was removed from the home but the child's mental health history is known and documented, the child is moved on to an assessment

Screening

Child receives a mental health screening. If positive for mental health issues, the child will be referred for a full mental health assessment.



Assessment

Assessment is completed (CUMHA, CAFAS/PECFAS, ECSII/CASII)

Assessment is completed by an objective entity:

- DCFS Early Childhood Mental Health for all children under the age of 6 years old
- DCFS Children's Mental Health
- Mojave Mental Health
- Community providers
- County clinical staff

If the child is positive for therapeutic foster care admission criteria the assessing clinician and child welfare case manager (legal custodian) meets with the Multi-disciplinary Team. Child welfare clinical services in each jurisdiction coordinates the assessment process and ensures that children whose needs can best be met in therapeutic foster care proceed to the Multi-disciplinary Team.



Multi-disciplinary Team

Multi-disciplinary Team reviews assessment materials and makes a determination for placement in a therapeutic foster care home.

Assessment updates

If the child is in a therapeutic foster care home the treating clinician will complete 90 day reviews. At 6 month intervals the child's progress will be reviewed by the Multi-disciplinary Team. The treating clinician will provide a Report Card documenting the child's progress in treatment and progress toward achieving permanency.

The treating clinician can be a licensed therapist within the therapeutic foster care agency or a therapist from DCFS Children's Mental Health, Mojave, or a community provider.

Oversight

Several oversight mechanisms are in place in this process.

- Multi-disciplinary Team review before admission and at 6-month intervals
- A Report Card documenting the child's progress in treatment and progress towards achieving permanency is required every 6 months. In addition, 90 day reviews are completed on each child.
- Therapeutic foster care is time-limited
- Provider agencies will select an evidence-based behavioral management model and they will maintain fidelity to the selected model.

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care Therapeutic Foster Care Service Components and Roles and Responsibilities

Qualitative Aspects of Care	Child Welfare Agency	TFC Foster Parent	TFC Agency
<p>The Child Welfare agency has defined therapeutic foster care as:</p> <ul style="list-style-type: none"> *A family-based, service delivery approach providing individualized treatment for a child and their family. Treatment is delivered through integrated services with key interventions and supports provided by treatment foster parents who are trained, supervised and supported by qualified program staff. <p>The Child Welfare agency has identified values of appropriate and nurturing therapeutic care necessary for the emotional growth and permanency of the child.</p> <p>*Adapted from the Foster Family-Based Treatment Association's definition of Treatment Foster Care.</p>	<ul style="list-style-type: none"> • Provide appropriate care, nurturing and affection • Establish trusting relationships with the children in their care and, as needed, their birth families • Model healthy family roles and decision making • Celebrate and acknowledge the child's achievement (e.g. attend school plays in which the child has a part, watch the child play in sports events, attend award ceremonies, etc.) • Support educational stability and progress • Advocate on behalf of the child(ren) in their care • Reinforce the child's progress • Participate in school functions and recreational activities related to the child • Maintain a stable, structured environment for the child for the duration of the placement • Agree to accept support services in the home appropriate to the child's needs and in accordance with his/her treatment plan • Provide for locked storage of all medications in the home to include those that must be refrigerated • Respect and support children's cultural, spiritual and linguistic needs 	<p>Ensures that the TFC Foster Parent adheres to qualitative aspects of care through training, coaching, and monitoring.</p> <p>One child per TFC home; exceptions only upon approval of CW agency management or administration; exceptions should be for sibling pair with both meeting admission criteria or for TFC homes who have proven experience and skills in providing TFC care</p>	

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

Permanency

<ul style="list-style-type: none"> • Diligent Search • Follow up search with people identified by child with the TFC parent during monthly discussion • Use Casey Perm Rating Scale prior to referral to TFC and every 90 days while in TFC for every child placed in TFC who scores poor or uncertain, CW agency does multi-disciplinary review team process prior to the TFC placement and at least every 90 days thereafter • Recruitment of adoptive families • Review Life Book in monthly visit • When parental rights not terminated, introduces parents to TFC family • Introduces identified permanent family (when identified prior to placement) to TFC family 	<ul style="list-style-type: none"> • Completes or continues Life book with child throughout TFC • Monthly discussion with child about important people/adults/family, new people they want to connect with, identifying potential permanent family members, documented on a checklist report form which is sent to the CW worker • Transports to visits with family/permanent family • Allows/encourages visits/contacts with family to include in the TFC home (exception to visits in the home when such visits present safety risks as determined by CW agency) • Trains identified permanent family on: <ul style="list-style-type: none"> ○ Behavior interventions used in TFC ○ Building/supporting relationships with child relationship skills ○ Teaching parenting skills • Maintains child's community connections to community of origin • Transports to school if determined that child will remain in school that is not neighborhood school of TFC home • Maintains current community activities and supervises child in these activities • Consistent, age appropriate (non-physical) discipline and limit setting • Overnight visits with identified permanent family <ul style="list-style-type: none"> ○ Maximum of 3 nights per visit ○ Maximum of 25 nights per calendar year 	<ul style="list-style-type: none"> • Provides 3-5-7 model to all children (with and without identified permanent family) <ul style="list-style-type: none"> ○ Genogram ○ Connectedness map ○ Eco-map • Provides aftercare services to support plan stability – 90 day training after transition (separate hourly rate, not part of TFC daily rate) <ul style="list-style-type: none"> ○ Supporting relationship with child and parent's relationship skills ○ Training to behavior management interventions ○ Training to parenting skills ○ Training to low level crisis interventions
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What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

Structured Environment

<ul style="list-style-type: none"> • Approves behavior management program selected by TFC agency • Provide individual child medical record (history and current) 	<ul style="list-style-type: none"> • Provides supervision and parenting • Child is under the supervision of a responsible adult during waking hours per child's individualized treatment and care plan (expect to decrease as child is prepared for transition from TFC care to family home care) • Defined daily routine • Supervises and assists with homework and school projects • Recreational and leisure activity involvement and supervision of these in the home and in the community • Provides basic and routine medical care, first aid, and stays home with sick child, monitoring and reporting symptoms and conditions to medical providers • Provides proper administration and monitoring of approved over the counter and prescribed medications (with informed consent per CW agency policy) and reporting of adverse reactions and any effects of medication whether desired, expected, or unexpected to mental health and medical providers • Implement Behavior Management program - teaching skills, having child role play and practice, monitoring, reinforcing - 13 hrs/ch/wk (1 hr/day school days, 4 hrs/day non-school days) • Participates in child's treatment (assessments, therapies, MH rehab, psychiatric) in order to provide information to the treatment provider and implement 	<ul style="list-style-type: none"> • Implements evidence-based practice or research-based promising practice models for <ul style="list-style-type: none"> ○ Parenting skills ○ Behavior management/skills ○ Monitors and reports adherence to evidence-based or research-based model(s) using that model's fidelity measure • Supervision of TFC parents at least 1 hour per week or more as indicated by the selected behavioral management program • Provides respite to TFC parents – 14 days per year • 24/7 crisis response to TFC parents & crisis response to TFC child (phone and/or in-home) 2 hrs/child/mo. • Notify CW case manager and birth parent immediately but not to exceed 24 hours of any crisis event, the crisis response and outcome, report to CW case manager must be on a written incident accident form • Provides training and coaching to TFC parents on at least one evidence-based practice or research-based promising practice behavior management program • TFC agency selects at least one evidence-based or research-based promising practice behavior management program that CW agency approves prior to implementation OR DCFS and county CW agencies create list of approved behavior management programs for TFC programs to select from OR larger multidisciplinary group including JJ & MH create approved list
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What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

<p>treatment interventions in the home - 1.5 hrs/ch/wk</p> <ul style="list-style-type: none"> • Transportation to recreational, educational, medical, therapy and to other activities and appointments 3 additional transports per week from family foster care for each child, av. 30 mi/trip in Clark and Washoe Counties, av. 60 mi/trip in Rurals • Immediate crisis identification, response, support linkage and referral 24/7 • Teaches age appropriate basic living skills/independent living skills to child • Teaches basic living skills to regain lost skills or reach age appropriate skill levels lost or not attained due to emotional disturbance, .5 hrs/ch/day (3.5 hrs/ch/wk) • Participates in development and implementation of the youth's Independent Living Plan • Participates in educational assessments and educational planning e.g. IEPs, 504 Plans and other specialized plans • Participates in Child and Family Team meetings and case planning meetings - .5hrs/ch/wk • Implement crisis intervention plan to include triage and referral as needed • If a child requires acute psychiatric or medical hospitalization: <ul style="list-style-type: none"> ○ Participate in intake providing hospital with information as CW gives release to share ○ Deliver copies of medical prescriptions to hospital within 2 hours of admission ○ Deliver child's clothing to hospital on 	<ul style="list-style-type: none"> • Provides trauma-informed care to include: <ul style="list-style-type: none"> ○ Personal safety/trauma assessment ○ Develop safety/crisis intervention plan with child (one time event upon placement) - 2hrs/ch • Develops treatment plan for the child within the TFC home including behavior management, skills training, permanency work, etc and consistent with the child's treatment plan with the therapist, with the child's CW case management plan and with child's IEP or 504 educational plan and monitors implementation of the plan • Provide each TFC home with medication manual including information regarding medications, medication side effects, when to contact TFC care coordinator and when to access emergency medical services for a child • Provide each TFC home with a medical information packet for each child placed in the home to include medical history; allergies; medications, intended effects and potential side effects; • Provide each TFC home with medication administration record for each child upon placement • At least monthly quality assurance reviews of all TFC records for each TFC placed child - 1hr/ch/mo 	
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What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

	<p>day of discharge</p> <ul style="list-style-type: none"> ○ Visit child daily during visiting hours ○ Attend all treatment team meetings ○ Participate in therapy sessions as requested ○ Comply with other requests of hospital, e.g. shadowing on the unit ○ No eject/reject: Commit to taking child back into TFC home upon discharge, only exception is CW agency decides to place child elsewhere (not with this TFC agency or not in this TFC home) ○ Pick child up at discharge and participate in discharge planning meeting ○ If all expectations are met, CW agency will fund TFC daily rate for up to 10 days per episode, CW agency may approve beyond 10 days and up to 14 days per episode 	
	<ul style="list-style-type: none"> • If a child runs away: <ul style="list-style-type: none"> ○ Provide information to the CW worker regarding possible whereabouts ○ Look for child at possible known locations ○ No eject/reject upon return; Commit to taking child back into TFC home upon discharge, only exception is CW agency decides to place child elsewhere (not with this TFC agency or not in this TFC home) ○ Take for medical assessment as indicated upon return, e.g. substance use testing, STD testing, pregnancy testing ○ Available to pick up child 24/7 and within 4 hrs of notification that the child 	

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

	<p>has been located</p> <ul style="list-style-type: none"> ○ If all expectations are met, CW agency will fund TFC daily rate for up to 10 days per episode, CW agency may approve beyond 10 days and up to 14 days per episode ● If a child is detained: <ul style="list-style-type: none"> ○ Visit child in detention per detention visiting schedule ○ Deliver child's medications to detention within timeframe of administration of next scheduled dose in original prescription container ○ Attend all court hearings ○ Attend all appointments with probation ○ No eject/reject upon release; Commit to taking child back into TFC home upon discharge, only exception is CW agency decides to place child elsewhere (not with this TFC agency or not in this TFC home) ○ If all expectations are met, CW agency will fund TFC daily rate for up to 10 days per episode, CW agency may approve beyond 10 days and up to 14 days per episode 	
<p>Training</p>	<ul style="list-style-type: none"> ● Complete at least 40 hours of pre-placement training per requirements of and by TFC agency to include a minimum of 15 hours of training in the Behavior Management program ● Complete at least 20 hours of annual training per requirements of and by TFC agency (prior to annual license renewal) 	<ul style="list-style-type: none"> ● Training of TFC parents, both pre and post licensure ● Provides training and coaching to TFC parents on at least one evidence-based practice or research-based promising practice behavior management program (see supervision section) ● Minimum 40 hours of pre-placement

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

<p>• If 2 parent home, both must complete trainings</p>	<p>training minimum including minimum 15 for Behavior Management program: must include: prohibited and basic behavior management strategies; prohibited use of force and restraint; suicide awareness and prevention; administration of medication to children; applicable state and federal constitutional and statutory rights of children in the home; mandated reporting requirements and information on how to identify and report suspected abuse and neglect; protection of privacy and confidentiality of children and their families; stages of normal child development (to include sexual); potential effects on development and potential behaviors of children who have suffered abuse, neglect and/or trauma with an emphasis on related behaviors during each stage of childhood development, birth to 18 years, social, emotional developmental needs and interventions; mental health diagnosis, accompanying symptoms and interventions to treat and manage symptoms; working with and supporting birth families and permanent families; de-escalation and aggression replacement techniques; trauma-informed care</p> <ul style="list-style-type: none"> • 20 hours annually to incl. booster(s) in Behavior Management Program • Train care coordinators and clinical managers in same 40 hrs as TFC parents and train them to be coaching supervisors to the TFC parents in Behavior Management Program and trauma informed care • Assess training needs of TFC families, care
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What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

		<p>coordinators and clinical managers & base annual on assessed needs</p> <ul style="list-style-type: none"> • TFC agency training plan – initial & annual, updated annually
<p>Documentation & Reporting</p>		
	<ul style="list-style-type: none"> • Admission documentation to include CUMHA, CW Medical Record, CW permanency information • Safety plan • Treatment and Care Plan • Maintain up to date medication administration record • Daily progress notes for child • Permanency monthly checklist • Incident/accident reports • Discharge/transition summary • Daily behavior rating scale • Any additional documentation required in implementing the selected behavior management program • Report adherence to each evidence-based or research-based model • TFC Report card (clinical and other out come measures monthly report card) 	<ul style="list-style-type: none"> • Provide each TFC home with documentation records for each child placed prior to or at placement to include safety plan, treatment and care plan, progress notes, behavior management program documentation record, medication administration record, incident/ accident reports, permanency checklists, etc. • TFC Report card (clinical and other out come measures monthly report card)
<p>TFC Home Supervision & Support</p>		
<ul style="list-style-type: none"> • CW Worker conducts minimum of 1x/mo. home visits, ultimately responsible for safety assessment 		<ul style="list-style-type: none"> • Develop TFC treatment and care plan with CFT, monitor implementation, track outcomes • Report on TFC report card to track each child's progress • QA audits of TFC home documentation to include medication records • Supervision of TFC parents at least 1 hr/wk in the home coach to Behavior Management program, child's TFC treatment and care

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

		<p>plan</p> <ul style="list-style-type: none"> • Caseloads of 14 children per care coordinator • Caseloads of 5 care coordinators per clinical manager/supervisor • Supervision of care coordinators at least 1hr/wk • Available 24/7 for crisis response to TFC family & child
<p>Recruitment, Matching & Pre-Placement</p> <ul style="list-style-type: none"> • License TFC homes and TFC respite homes • Provide data – geographic areas of removals child specific demographic and need data • Identify children with extraordinary needs who have not been matched with TFC home/agency (need to set tight criteria) • Determine children eligible for and in need of TFC care • Provide full history, permanency, current needs to TFC agency (implementation task – CW create referral packet and checklist) • Ultimate approval of TFC family match and placement • Ensure that appropriate legal consents for pre-placement visits are signed 	<ul style="list-style-type: none"> • Complete foster care licensing application and process • Complete and keep up to date TFC family profile • Participate in/host pre-placement visits to include: <ul style="list-style-type: none"> ○ 1 or more informal meetings, e.g. casual meetings as part of a group event, activity, etc. of 2 or more hours in duration ○ At least 2 day visits of 3 or more hours in duration ○ At least 1 overnight stay • When appropriate and in accordance with the child's permanency goal(s), involve the children's birth families to establish their meaningful involvement in TFC programming from the inception of TFC 	<ul style="list-style-type: none"> • Recruit a diverse pool of TFC families to include in communities where CW shows a pattern of removals • Complete foster care licensing packets and submit to CW agency licensing unit • Recruit for specific children who have extraordinary needs upon request of CW agency (pay separately with separate rate-partial for effort & partial for successful identification of family) • Receive and review child information received from CW agency and ensure that the needs, preferences and wishes of individual children are taken into consideration when a match decision is being made • Meet with, engage, discuss and survey individual child and birth families, as appropriate, to aid in making the best match for the child • Provide copy of TFC family profile to CW agency when providing a TFC family match recommendation for a child • Arrange for and ensure that pre-placement

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

		<p>visits occur to include:</p> <ul style="list-style-type: none"> ○ 1 or more informal meetings, e.g. casual meetings as part of a group event, activity, etc. ○ At least 2 day visits of 3 or more hours in duration ○ At least 1 overnight stay ○ When appropriate and in accordance with the child's permanency goal(s), children's birth families are to be integrated into pre-placement visits to establish their meaningful involvement in TFC programming from the inception of TFC
<p>Placement Stability Child Welfare agency will establish standard reporting format and requirements.</p>	<ul style="list-style-type: none"> ● Report critical incidents to TFC agency on-call supervisor/clinical manager <ul style="list-style-type: none"> ○ Suicide attempt - immediately (after call to 911 if medical attention needed) ○ Homicidal/severe aggression – immediately (after call to 911 if medical attention required and to police if immediate police attention required) ○ Runaway – immediately, and then call police ○ Police call – should consult TFC on call supervisor or clinical manager prior to calling police unless dangerous situation and police presence required immediately ○ School suspension – immediately ○ Child on child molest – immediately ○ Psychiatric crisis – immediately ○ Emergency room or hospital admission/care – immediately ○ Physical hold/restraint – immediately 	<ul style="list-style-type: none"> ● A high number of disruptions within a TFC agency will require corrective actions and may result in decrease in contract capacity or termination ● Report critical incidents to TFC agency on-call supervisor/clinical manager ● Report critical incidents to CW agency: <ul style="list-style-type: none"> ○ Suicide attempt – immediately ○ Homicidal/severe aggression – immediately ○ Runaway – within 1 hour ○ Police call – by next business day ○ School suspension – by next business day ○ Child on child molest – within 8 hours ○ If need hospitalization, immediately; otherwise by close of next business day ○ Emergency room or hospital admission/care – immediately ○ Physical hold/restraint – immediately ○ Death - immediately

What the Nevada Child Welfare Agencies Want to Purchase From Therapeutic Foster Care

	<ul style="list-style-type: none"> o Death - immediately • If TFC family insists on removal against advice of TFC agency and CW agency, will not be considered for another placement until an acceptable corrective action plan that better enables them to care for TFC level children is developed and implemented 	
<p>Quality Assurance</p> <p>Child Welfare agency will collect and review child specific report card data to monitor the child's progress.</p> <p>DCFS Planning and Evaluation will analyze aggregate report card outcome data to identify agency improvement needs.</p> <p>DCFS PEU in collaboration with the Child Welfare agency will conduct quality assurance reviews on TFC agencies.</p> <p>The Child Welfare agency will convene a multi-disciplinary team to review child assessment materials and make placement determinations for therapeutic foster care.</p> <p>The multi-disciplinary team will conduct reviews of child report cards and continuing stay at 6-month intervals.</p>	<p>TFC family will complete clinical and outcome measures monthly report card.</p> <p>TFC family will complete incident/accident reports</p> <p>TFC family will implement recommended quality improvement and corrective action strategies.</p>	<p>TFC agency must have quality assurance processes to review individual child report card and agency outcome data.</p> <p>The agency will implement quality improvement and corrective action plans.</p>