

Contract Provider Monthly Summary Guide

The Monthly summaries are to be completed on a monthly basis for each family case served by your agency and must be submitted in TFACTS as a Contract Provider Monthly Summary case recording once a month. The summary needs to be entered in the system by the 15th of the subsequent month. This document is to be used as a template to ensure that all required information is included in your Monthly Summary submissions.

In the Safety, Well-Being, Permanency and Visitation section, expected content should include information about identified needs and strengths as well as progress made toward goals in the areas documented below. You should answer questions such as: What has changed since the last month? Is engagement, teaming, assessment, planning, implementation and tracking present around each identified need/strength?

1. Safety:

A. Child Risk Behaviors: Suicide risk, Self-mutilation, Other self-harm, Danger to others, Runaway, Fire setting, Sexually reactive behavior, Sexually aggressive, Delinquent behavior, Substance use. Discuss monthly serious incidents in this section.

CFSR Item 3: Did the agency make concerted efforts to assess initial and/or ongoing risk and safety concerns?

CFSR Item 3: If safety concerns were present, did the agency: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services?

B. Caregiver Safety Concerns: Substance use, Safety, *Domestic Violence*

CFSR Item 3: Was there a safety concern related to the child in foster care during visitation with parents/caretakers or other family members?

CFSR Item 3: Was there a concern for the child's safety related to the foster parents, members of the foster parents' family, and other children in the foster home or facility, or facility staff members that was not adequately or appropriately addressed by the agency?

2. Well-Being:

A. Health/Development Functioning Medical, Physical, Sleep, Developmental, Sexuality. For all services, including dental, medical or behavioral health accessed through TennCare providers send in DCS form <u>CS-0689</u>, "<u>Health Services Confirmation and Follow-up Notification</u>", as the appointments occur throughout the month. Documenting all medical, dental and mental health appointments on <u>CS-0689</u> will suffice for the required Health/Medical information in this section.



CFSR Item 17: Did the agency accurately assess the children's physical and dental health care needs and ensure that appropriate services were provided to the children to address all identified needs?

CFSR Item 17: Did the agency provide appropriate oversight of prescription medications for physical health issues?

B. Life Domain Functioning School: School attendance, School behavior, School achievement ex: *Progress Notes, Grade Level, Report Cards, Disciplinary Actions (suspension, expulsion, etc.)*

CFSR Item 16: Did the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis and whether identified needs were appropriately addressed in case planning and case management activities?

C. Child Strengths: Interpersonal-adult, Interpersonal-peer, Resiliency-crisis, Resiliency-long term, Optimism, Talents/Interests, and Recreational.

CFSR Item 12A: Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the children's needs (social competencies, attachment, and caregiver relationships, social relationships, and connections, social skills, self-esteem, and coping skills)?

CFSR Item 12A: Were appropriate services provided to meet the children's identified needs? Examples of services that are assessed under this item include child care services that are not required for the child's safety, mentoring programs that are not related to the child's education, recreational services, teen parenting education, preparation for adoption and other permanency goals, services that address family relationships that are not mental health in nature (for example, services to assist children in reestablishing or maintaining family ties), and services to assist the child that are recommended by a therapist or other provider but are not mental health- related (such as enrollment in an activity to assist with social skills or to boost self-esteem.

D. Child Emotional/Behavioral Needs: Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Trauma experiences, Attachment, Anger control, Emotional control. Provide a brief update on the child's treatment, indicating whether identified needs are being met.

CFSR Item 18: Did the agency address the mental/behavioral health needs of the children?

CFSR Item 18: Did the agency conduct an accurate assessment of the children's mental/behavioral health needs either initially and on an ongoing basis to inform case planning decisions?

CFSR Item 18: Did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?

CFSR Item 18: did the agency provide appropriate services to address the children's mental/behavioral health needs?



- **E.** Interdependent Living: Job functioning and Vocational skills.
 - If youth is 16 or older and an Independent Living Assessment has been completed, please list outcomes, recommendations, and status of the agency action toward meeting recommendations.

CFSR Item 12: Did the agency concerted efforts to provide the child with services to adequately prepare the child for independent living when the child leaves foster care, such as post-high school planning, life skills classes, employment training, financial planning skills training, and transitional services.

3. Permanency:

- **A. Life Domain Functioning:** Family-nuclear relationships, family-extended, current living situation, legal issues, Spiritual /Religious, Natural supports.
 - Action steps to permanency.
 - Ongoing barriers to permanency.

CFSR Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

CFSR Item 9: Did the agency make concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

B. Caregiver Strengths and Needs: Supervision, Physical, Involvement, Mental health, Knowledge, Organization, Developmental, Social resources, Residential stability. Discuss the caregiver/parent's progress on their goals.

CFSR Item 12B: Did the agency (1) made concerted efforts to assess the needs of parents initially and on an ongoing basis to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

CFSR Item 12B: Did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother's and father's needs?

CFSR Item 12B: Did the agency provide appropriate services to the mother's and father's identified needs?

CFSR Item 13: Did the agency make concerted efforts to actively involve the mother and father in the case planning process?

Should we also include foster parents?

CFSR Item 12C: Did the agency adequately assess the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need to in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?



CFSR Item 12C: Were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?

4. Visitation/Contacts:

A. Parent/Child Visits: Include information regarding visitation between the parents and the children. Provide a summary of the frequency, quality of the interactions, observations and a summary of action steps as a result of the contact.

CFSR Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?

- **B. Worker/Child Visits:** Include information regarding the contacts between the agency worker and the child. Provide a summary of the frequency, quality of the interactions, observations and a summary of action steps as a result of the contact.
- CFSR Item 14: Was the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
- **C. Worker /parent Visits:** Include information regarding the contacts between the agency worker and the child's parent(s). Provide a summary of the frequency, quality of the interactions, observations and a summary of action steps as a result of the contact.

CFSR Item 15: Was the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

- **D. Sibling Visits:** Siblings that are not placed together must visit at least once a month. If all sibling are placed in the same home this section is not required. Provide a summary of the frequency, quality of the interactions, observations and a summary of action steps as a result of the contact.
- CFSR Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

CFSR Item 8: Did the agency make concerted efforts were made to ensure that visitation between a child in foster care and his or her siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members