State of Tennessee
Department of Children’s Services

Self-Assessment for
Round Two of the CFSR

June 2008

http://www.tennessee.gov/youth/
# TABLE OF CONTENTS

## GENERAL INFORMATION

SAFETY AND PERMANENCY DATA

OVERVIEW

## SYSTEMIC FACTORS

**Systemic Factor 1 - Statewide Information System**

Item 24: Statewide Information System

**Systemic Factor 2 - Case Review System**

Item 25: Written Case Plan

Item 26: Periodic Reviews

Item 27: Permanency Hearings

Item 28: Termination of Parental Rights

Item 29: Notice of Hearings and Reviews to Caregivers

**Systemic Factor 3 - Quality Assurance System**

Item 30: Standards Ensuring Quality Services

Item 31: Quality Assurance System

**Systemic Factor 4 - Staff and Provider Training**

Item 32: Initial Staff Training

Item 33: Ongoing Staff Training

Item 34: Foster and Adoptive Parent Training

**Systemic Factor 5 - Service Array and Resource Development**

Item 35: Array of Services

Item 36: Service Accessibility

Item 37: Individualizing Services

**Systemic Factor 6 - Agency Responsiveness to the Community**

Item 38: State Engagement in Consultation with Stakeholders

Item 39: Agency Annual Reports Pursuant to the Child and Family Services Plan (CFSP)

Item 40: Coordination of CFSP Services with Other Federal Programs

**Systemic Factor 7 - Foster and Adoptive Home Licensing, Approval, and Recruitment**

Item 41: Standards for Foster Homes and Institutions

Item 42: Standards Applied Equally

Item 43: Requirements for Criminal Background Checks

Item 44: Diligent Recruitment of Foster and Adoptive Homes

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*Statewide Self-Assessment: Tennessee Department of Children’s Services*

June 2008
CHILD AND FAMILY OUTCOMES

SAFETY

Outcome 1 – Children are, first and foremost, protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment ............... 79
Item 2: Repeat maltreatment .......................................................................................... 82

Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into care .......................................................................................................................... 85
Item 4: Risk Assessment and safety management .................................................................. 92

PERMANENCY

Outcome 1 – Children have permanency and stability in their living situations

Item 5: Foster care re-entries ............................................................................................ 95
Item 6: Stability of foster care placement ........................................................................... 98
Item 7: Permanency goal for child .................................................................................... 102
Item 8: Reunification, guardianship, or permanent placement with relatives .................. 104
Item 9: Adoption ............................................................................................................... 108
Item 10: Other planned permanent living arrangement ..................................................... 111

Outcome 2 – The continuity of family relationships and connections is preserved for children

Item 11: Proximity of foster care placement ..................................................................... 114
Item 12: Placement with siblings ..................................................................................... 116
Item 13: Visiting with parents and siblings in foster care .............................................. 119
Item 14: Preserving connections ....................................................................................... 122
Item 15: Relative placement ............................................................................................ 126
Item 16: Relationship of child in care with parents ........................................................... 130

CHILD AND FAMILY WELL-BEING

Outcome 1 – Families have enhanced capacity to provide for their children’s needs

Item 17: Needs and services of child, parents, Resource Parents .................................. 134
Item 18: Child and family involvement in case planning ................................................. 139
Item 19: Caseworker visits with child ............................................................................... 144
Item 20: Worker visits with parents .................................................................................. 147

Outcome 2 – Children receive appropriate services to meet their educational needs

Item 21: Educational needs of the child ............................................................................ 150
Outcome 3 – Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child ................................................................. 154
Item 23: Mental/behavioral health of the child ................................................ 157

STATE ASSESSMENT OF STRENGTHS AND NEEDS ........................................ 164

CONCLUSION .................................................................................................. 165

APPENDICES

Appendix A: Practice Wheel ................................................................. 166
Appendix B: Statewide Assessment Team ................................................. 167
Appendix C: Tennessee Map with Regions ................................................. 174
Appendix D: DCS Acronyms ................................................................. 175
<table>
<thead>
<tr>
<th>Statewide Assessment Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of State Agency</strong></td>
</tr>
<tr>
<td>The Tennessee Department of Children's Services</td>
</tr>
<tr>
<td><strong>Period Under Review</strong></td>
</tr>
<tr>
<td>Onsite Review Sample Period: April 1, 2007 - November 30, 2007 (foster care cases)</td>
</tr>
<tr>
<td>April 1, 2007 - November 30, 2007 (in-home cases)</td>
</tr>
<tr>
<td>Period of NCANDS Data (or other approved source; please specify if alternative data source is used): April 1, 2006 – March 31, 2007.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mary Jane Peck, M.S.S.W.</th>
<th>Susan Mee, J.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>CFSR Coordinator</td>
<td>Director, Evaluation &amp; Monitoring</td>
</tr>
<tr>
<td>Address:</td>
<td>436 6th Avenue N/Cordell Hull Bldg. 9th Floor</td>
<td>436 6th Avenue N/Cordell Hull Bldg. 9th Floor</td>
</tr>
<tr>
<td></td>
<td>Nashville, TN 37243</td>
<td>Nashville, TN 37243</td>
</tr>
<tr>
<td>Phone:</td>
<td>(615) 253-5223</td>
<td>(615) 253-2341</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(615) 202-1672</td>
</tr>
<tr>
<td>Fax:</td>
<td>(615) 253-7868</td>
<td>(615) 532-5723</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:mary.peck@state.tn.us">mary.peck@state.tn.us</a></td>
<td><a href="mailto:susan.mee@state.tn.us">susan.mee@state.tn.us</a></td>
</tr>
<tr>
<td>CHILD SAFETY PROFILE</td>
<td>Fiscal Year 2005ab</td>
<td>Fiscal Year 2006ab</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>I. Total CA/N Reports Disposed</td>
<td>59,998</td>
<td>94,469</td>
</tr>
<tr>
<td>II. Disposition of CA/N Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantiated &amp; Indicated</td>
<td>12,472</td>
<td>20.8</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>42,128</td>
<td>70.2</td>
</tr>
<tr>
<td>Other</td>
<td>5,398</td>
<td>9</td>
</tr>
<tr>
<td>III. Child Victim Cases Opened for Post-Investigation Services</td>
<td>4,455</td>
<td>24.2</td>
</tr>
<tr>
<td>IV. Child Victims Entering Care Based on CA/N Report</td>
<td>3,365</td>
<td>18.3</td>
</tr>
<tr>
<td>V. Child Fatalities Resulting from Maltreatment</td>
<td>34</td>
<td>0.2</td>
</tr>
</tbody>
</table>

STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY

| VI. Absence of Maltreatment Recurrence | 7,233 of 7,870 | 91.9 | 8,403 of 9,160 | 91.7 | 8,526 of 9,180 | 92.9 |
| VII. Absence of Child Abuse and/or Neglect in Foster Care | 15,778 of 15,911 | 99.1 | 15,304 of 15,417 | 99.2 | 14,872 of 14,992 | 99.2 |

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
### Additional Safety Measures For Information Only (no standards are associated with these):

<table>
<thead>
<tr>
<th>Fiscal Year 2005ab</th>
<th>Fiscal Year 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours</td>
<td>Unique Childn.(^2) %</td>
</tr>
<tr>
<td>VIII. Median Time to Investigation in Hours (Child File)(^9)</td>
<td>&lt;24</td>
<td></td>
</tr>
<tr>
<td>IX . Mean Time to Investigation in Hours (Child File)(^10)</td>
<td>23.7</td>
<td></td>
</tr>
<tr>
<td>X. Mean Time to Investigation in Hours (Agency File)(^11)</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XI. Children Maltreated by Parents While in Foster Care.(^12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance):

<table>
<thead>
<tr>
<th>Fiscal Year 2005ab</th>
<th>Fiscal Year 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reports % Duplic. Childn.(^2) % Unique Childn.(^2)</td>
<td>Reports % Duplic. Childn.(^2) % Unique Childn.(^2)</td>
</tr>
<tr>
<td>XII. Recurrence of Maltreatment(^13) [Standard: 6.1% or less]</td>
<td>637 of 7,870 8.1</td>
<td>757 of 9,160 8.3</td>
</tr>
</tbody>
</table>

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*Statewide Self-Assessment: Tennessee Department of Children’s Services*

*June 2008*
<table>
<thead>
<tr>
<th>XII. Incidence of Child Abuse and/or Neglect in Foster Care(^{14}) (9 months) [standard 0.57% or less]</th>
<th>104 of 14,480</th>
<th>0.72</th>
<th>113 of 13,695</th>
<th>0.83</th>
<th>89 of 13,400</th>
<th>0.66</th>
</tr>
</thead>
</table>

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
## NCANDS data completeness information for the CFSR

<table>
<thead>
<tr>
<th>Description of Data Tests</th>
<th>Fiscal Year 2005ab</th>
<th>Fiscal Year 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]</td>
<td>8.10</td>
<td>8.76</td>
<td>8.80</td>
</tr>
<tr>
<td>Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Percent of perpetrators with relationship to victim reported [File must have at least 75%]*</td>
<td>97.60</td>
<td>97.96</td>
<td>98</td>
</tr>
<tr>
<td>Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Average time to investigation in the Agency file [PART measure]</td>
<td>Not reported</td>
<td>Not Reported</td>
<td>N/A</td>
</tr>
<tr>
<td>Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]</td>
<td>Not reported</td>
<td>100, but no matches</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

*States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

### FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

<table>
<thead>
<tr>
<th>Disposition Category</th>
<th>Safety Profile Disposition</th>
<th>NCANDS Maltreatment Level Codes Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Substantiated or Indicated (Maltreatment Victim)</td>
<td>“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”</td>
</tr>
<tr>
<td>B</td>
<td>Unsubstantiated</td>
<td>“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”</td>
</tr>
<tr>
<td>C</td>
<td>Other</td>
<td>“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”</td>
</tr>
</tbody>
</table>

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to...
children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).

8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by Resource Parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a Resource Parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. “Response time” is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a Resource Parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. Data on response time are not collected as defined.
## POINT-IN-TIME PERMANENCY PROFILE

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Children</td>
<td>% of Children</td>
<td># of Children</td>
</tr>
<tr>
<td>I. Foster Care Population Flow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in foster care on first day of year¹</td>
<td>8,772</td>
<td>8,853</td>
<td>8,651</td>
</tr>
<tr>
<td>Admissions during year</td>
<td>7,139</td>
<td>6,564</td>
<td>6,341</td>
</tr>
<tr>
<td>Discharges during year</td>
<td>6,425</td>
<td>6,844</td>
<td>7,011</td>
</tr>
<tr>
<td>Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)</td>
<td>473</td>
<td>7.4% of discharges</td>
<td>435</td>
</tr>
<tr>
<td>Children in care on last day of year</td>
<td>9,486</td>
<td>8,573</td>
<td>7,981</td>
</tr>
<tr>
<td>Net change during year</td>
<td>714</td>
<td>-280</td>
<td>-670</td>
</tr>
<tr>
<td>II. Placement Types for Children in Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Adoptive Homes</td>
<td>205</td>
<td>2.2</td>
<td>77</td>
</tr>
<tr>
<td>Foster Family Homes (Relative)</td>
<td>1,260</td>
<td>13.3</td>
<td>1,055</td>
</tr>
<tr>
<td>Foster Family Homes (Non-Relative)</td>
<td>5,087</td>
<td>53.6</td>
<td>4,992</td>
</tr>
<tr>
<td>Group Homes</td>
<td>655</td>
<td>6.9</td>
<td>555</td>
</tr>
<tr>
<td>Institutions</td>
<td>779</td>
<td>8.2</td>
<td>925</td>
</tr>
<tr>
<td>Supervised Independent Living</td>
<td>69</td>
<td>0.7</td>
<td>15</td>
</tr>
<tr>
<td>Runaway</td>
<td>554</td>
<td>5.8</td>
<td>262</td>
</tr>
<tr>
<td>Trial Home Visit</td>
<td>861</td>
<td>9.1</td>
<td>690</td>
</tr>
<tr>
<td>Missing Placement Information</td>
<td>16</td>
<td>0.2</td>
<td>2</td>
</tr>
<tr>
<td>Not Applicable (Placement in subsequent year)</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>III. Permanency Goals for Children in Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunification</td>
<td>6,203</td>
<td>65.4</td>
<td>5,507</td>
</tr>
<tr>
<td>Live with Other Relatives</td>
<td>839</td>
<td>8.8</td>
<td>885</td>
</tr>
<tr>
<td>Adoption</td>
<td>1,613</td>
<td>17.0</td>
<td>1,633</td>
</tr>
</tbody>
</table>

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
### Long Term Foster Care

- **Long Term Foster Care**: 88 (0.9%) 34 (0.4%) 58 (0.7%)
- **Emancipation**: 0 (0.0%) 0 (0.0%) 0 (0.0%)
- **Guardianship**: 0 (0.0%) 0 (0.0%) 0 (0.0%)
- **Case Plan Goal Not Established**: 0 (0.0%) 332 (3.9%) 275 (3.4%)
- **Missing Goal Information**: 743 (7.8%) 182 (2.1%) 27 (0.3%)

### POINT-IN-TIME PERMANENCY PROFILE

<table>
<thead>
<tr>
<th><strong># of Children</strong></th>
<th><strong>% of Children</strong></th>
<th><strong># of Children</strong></th>
<th><strong>% of Children</strong></th>
<th><strong># of Children</strong></th>
<th><strong>% of Children</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal FY 2005ab</td>
<td></td>
<td>Federal FY 2006ab</td>
<td></td>
<td>12-Month Period Ending 03/31/2007</td>
<td></td>
</tr>
</tbody>
</table>

#### IV. Number of Placement Settings in Current Episode

- **One**: 2,889 (30.5%) 3,007 (35.1%) 2,800 (35.1%)
- **Two**: 2,276 (24.0%) 2,074 (24.2%) 2,007 (25.1%)
- **Three**: 1,372 (14.5%) 1,195 (13.9%) 1,070 (13.4%)
- **Four**: 817 (8.6%) 633 (7.4%) 552 (6.9%)
- **Five**: 515 (5.4%) 415 (4.8%) 407 (5.1%)
- **Six or more**: 1,577 (16.6%) 1,231 (14.4%) 1,140 (14.3%)
- **Missing placement settings**: 40 (0.4%) 18 (0.2%) 5 (0.1%)

#### V. Number of Removal Episodes

- **One**: 7,743 (81.6%) 6,842 (79.8%) 6,351 (79.6%)
- **Two**: 1,477 (15.6%) 1,457 (17.0%) 1,366 (17.1%)
- **Three**: 227 (2.4%) 238 (2.8%) 226 (2.8%)
- **Four**: 37 (0.4%) 32 (0.4%) 35 (0.4%)
- **Five**: 2 (0.0%) 3 (0.0%) 3 (0.0%)
- **Six or more**: 0 (0.0%) 1 (0.0%) 0 (0.0%)
- **Missing removal episodes**: 0 (0.0%) 0 (0.0%) 0 (0.0%)

#### VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)

- 2,122 (30.6%) 1,939 (31.0%) 1,522 (26.8%)

---

*Statewide Self-Assessment: Tennessee Department of Children’s Services*

*June 2008*
## VII. Median Length of Stay in Foster Care  
(of children in care on last day of FY)

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>11.9</td>
<td>11.5</td>
<td>11.1</td>
</tr>
</tbody>
</table>

## VIII. Length of Time to Achieve Perm. Goal

<table>
<thead>
<tr>
<th>Goal</th>
<th># of Children Discharged</th>
<th>Median Months to Discharge</th>
<th># of Children Discharged</th>
<th>Median Months to Discharge</th>
<th># of Children Discharged</th>
<th>Median Months to Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>4,324</td>
<td>6.8</td>
<td>4,908</td>
<td>7.6</td>
<td>4,741</td>
<td>7.8</td>
</tr>
<tr>
<td>Adoption</td>
<td>1,121</td>
<td>32.5</td>
<td>995</td>
<td>30.8</td>
<td>1,185</td>
<td>30.8</td>
</tr>
<tr>
<td>Guardianship</td>
<td>40</td>
<td>3.9</td>
<td>30</td>
<td>9.7</td>
<td>147</td>
<td>18.7</td>
</tr>
<tr>
<td>Other</td>
<td>927</td>
<td>20.1</td>
<td>911</td>
<td>18.3</td>
<td>938</td>
<td>17.5</td>
</tr>
<tr>
<td>Missing Discharge Reason (footnote 3, page 16)</td>
<td>0</td>
<td>--</td>
<td>0</td>
<td>--</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Total discharges (excluding those w/ problematic dates)</td>
<td>6,412</td>
<td>10.2</td>
<td>6,844</td>
<td>10.5</td>
<td>7,011</td>
<td>11.1</td>
</tr>
<tr>
<td>Dates are problematic (footnote 4, page 16)</td>
<td>13</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].

Scaled Scores for this composite incorporate two components

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29 of 47</td>
<td>State Score = N/A*</td>
<td>State Score = 118.1</td>
<td>State Score = 119.4</td>
</tr>
</tbody>
</table>

**Component A: Timeliness of Reunification**

The timeliness component is composed of three timeliness individual measures.

**Measure C1 - 1: Exits to reunification in less than 12 months:** Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75th percentile = 75.2%]

|                                                                              | Federal FY 2005ab | Federal FY 2006ab | 12-Month Period Ending 03/31/2007 |
|                                                                              | 72.9%             | 71.5%             | 71.2%                            |

**Measure C1 - 2: Exits to reunification, median stay:** Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure)]

|                                                                              | Median = 7.1 months | Median = 7.5 months | Median = 7.6 months |
|                                                                              | 71.5%               | 72.9%               | 71.2%               |

**Measure C1 - 3: Entry cohort reunification in < 12 months:** Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75th Percentile = 48.4%]

|                                                                              | N/A                | 55.5%               | 55.4%               |

**Component B: Permanency of Reunification**
The permanency component has one measure.

**Measure C1 - 4: Re-entries to foster care in less than 12 months:** Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]

|                                                                              | N/A                | 15.0%               | 14.9%               |

*Data cannot be provided for all of the measures in this composite because TN changed their encryption of record numbers from 2004B to 2005A.*
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].

Scaled Scores for this composite incorporate three components.

<table>
<thead>
<tr>
<th>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal FY 2005ab</td>
<td>Federal FY 2006ab</td>
</tr>
<tr>
<td>National Ranking of State Composite Scores (see footnote A on page 12 for details)</td>
<td>19 of 47</td>
</tr>
<tr>
<td>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</td>
<td>27.6%</td>
</tr>
<tr>
<td>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</td>
<td>Median = 32.5 months</td>
</tr>
<tr>
<td>Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75th Percentile = 36.6%]</td>
<td>27.6%</td>
</tr>
<tr>
<td>Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)]</td>
<td>Median = 32.5 months</td>
</tr>
<tr>
<td>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75th Percentile = 22.7%]</td>
<td>27.6%</td>
</tr>
<tr>
<td>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to &quot;reunification,&quot; &quot;live with relative,&quot; or &quot;guardianship.&quot; [national median = 8.8%, 75th Percentile = 10.9%]</td>
<td>8.3%</td>
</tr>
<tr>
<td>Measure C2 - 5: Legally free children adopted in less than 12 months: Of all</td>
<td>N/A</td>
</tr>
<tr>
<td>children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [<strong>national median = 45.8%, 75th Percentile = 53.7%</strong>]</td>
<td></td>
</tr>
</tbody>
</table>

*Data cannot be provided for all of the measures in this composite because TN changed their encryption of record numbers from 2004B to 2005A.*
<table>
<thead>
<tr>
<th>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scanned Scores for this composite incorporate two components</th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Score = 140.1</td>
<td>State Score = 147.2</td>
<td>State Score = 152.4</td>
<td></td>
</tr>
</tbody>
</table>

**National Ranking of State Composite Scores (see footnote A on page 12 for details)**

- 48 of 51
- 49 of 51
- 51 of 51

**Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.** This component has two measures.

**Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.** Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative).

- National median 25.0%, 75th Percentile = 29.1%

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33.5%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>
| **Measure C3 - 2: Exits to permanency for children with TPR:** Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative).

- National median 96.8%, 75th Percentile = 98.0%

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>93.0%</td>
<td>92.9%</td>
</tr>
</tbody>
</table>

**Component B: Growing up in foster care.** This component has one measure.

**Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.** Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.3%</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].
Scaled scored for this composite incorporates no components but three individual measures (below)

<table>
<thead>
<tr>
<th>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]</th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Score = 75.5</td>
<td>State Score = 82.6</td>
<td>State Score = 85.9</td>
</tr>
</tbody>
</table>

National Ranking of State Composite Scores (see footnote A on page 12 for details)

<table>
<thead>
<tr>
<th>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]</th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Score = 75.5</td>
<td>State Score = 82.6</td>
<td>State Score = 85.9</td>
</tr>
</tbody>
</table>

Special Footnotes for Composite Measures:

A. These National Rankings show your State’s performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.
## PERMANENCY PROFILE
### FIRST-TIME ENTRY COHORT GROUP

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Children</td>
<td>% of Children</td>
<td># of Children</td>
</tr>
<tr>
<td><strong>I. Number of children entering care for the first time in cohort group</strong> (% = 1st time entry of all entering within first 6 months)</td>
<td>2,947</td>
<td>82.0</td>
<td>2,607</td>
</tr>
<tr>
<td><strong>II. Most Recent Placement Types</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Adoptive Homes</td>
<td>22</td>
<td>0.7</td>
<td>9</td>
</tr>
<tr>
<td>Foster Family Homes (Relative)</td>
<td>448</td>
<td>15.2</td>
<td>375</td>
</tr>
<tr>
<td>Foster Family Homes (Non-Relative)</td>
<td>1,363</td>
<td>46.3</td>
<td>1,199</td>
</tr>
<tr>
<td>Group Homes</td>
<td>163</td>
<td>5.5</td>
<td>125</td>
</tr>
<tr>
<td>Institutions</td>
<td>170</td>
<td>5.8</td>
<td>181</td>
</tr>
<tr>
<td>Supervised Independent Living</td>
<td>17</td>
<td>0.6</td>
<td>7</td>
</tr>
<tr>
<td>Runaway</td>
<td>131</td>
<td>4.4</td>
<td>55</td>
</tr>
<tr>
<td>Trial Home Visit</td>
<td>630</td>
<td>21.4</td>
<td>655</td>
</tr>
<tr>
<td>Missing Placement Information</td>
<td>3</td>
<td>0.1</td>
<td>1</td>
</tr>
<tr>
<td>Not Applicable (Placement in subsequent yr)</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>III. Most Recent Permanency Goal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunification</td>
<td>2,274</td>
<td>77.2</td>
<td>2,083</td>
</tr>
<tr>
<td>Live with Other Relatives</td>
<td>174</td>
<td>5.9</td>
<td>209</td>
</tr>
<tr>
<td>Adoption</td>
<td>68</td>
<td>2.3</td>
<td>197</td>
</tr>
<tr>
<td>Long-Term Foster Care</td>
<td>3</td>
<td>0.1</td>
<td>4</td>
</tr>
<tr>
<td>Emancipation</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Guardianship</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Case Plan Goal Not Established</td>
<td>0</td>
<td>0.0</td>
<td>86</td>
</tr>
<tr>
<td>Missing Goal Information</td>
<td>428</td>
<td>14.5</td>
<td>28</td>
</tr>
</tbody>
</table>
### AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

<table>
<thead>
<tr>
<th>PERMANENCY PROFILE</th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST-TIME ENTRY COHORT GROUP (continued)</strong></td>
<td># of Children</td>
<td>% of Children</td>
<td># of Children</td>
</tr>
<tr>
<td><strong>IV. Number of Placement Settings in Current Episode</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>1,230</td>
<td>41.7</td>
<td>1,199</td>
</tr>
<tr>
<td>Two</td>
<td>852</td>
<td>28.9</td>
<td>744</td>
</tr>
<tr>
<td>Three</td>
<td>414</td>
<td>14.0</td>
<td>347</td>
</tr>
<tr>
<td>Four</td>
<td>196</td>
<td>6.7</td>
<td>138</td>
</tr>
<tr>
<td>Five</td>
<td>96</td>
<td>3.3</td>
<td>79</td>
</tr>
<tr>
<td>Six or more</td>
<td>146</td>
<td>5.0</td>
<td>99</td>
</tr>
<tr>
<td>Missing placement settings</td>
<td>13</td>
<td>0.4</td>
<td>1</td>
</tr>
</tbody>
</table>

| **V. Reason for Discharge** | | | | | | |
| Reunification/Relative Placement | 1,233 | 91.7 | 1,156 | 91.2 | 1,169 | 90.9 |
| Adoption | 14 | 1.0 | 13 | 1.0 | 11 | 0.9 |
| Guardianship | 12 | 0.9 | 7 | 0.6 | 9 | 0.7 |
| Other | 86 | 6.4 | 92 | 7.3 | 97 | 7.5 |
| Unknown (missing discharge reason or N/A) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

| **VI. Median Length of Stay in Foster Care** | | | | | | |
| Reunification/Relative Placement | 10.3 | | 6.2 | | not yet determinable | |

### Statewide Self-Assessment: Tennessee Department of Children’s Services

June 2008
<table>
<thead>
<tr>
<th>Issue</th>
<th>N</th>
<th>As a % of adoption exits</th>
<th>N</th>
<th>As a % of adoption exits</th>
<th>N</th>
<th>As a % of adoption exits</th>
</tr>
</thead>
<tbody>
<tr>
<td>File submitted lacks data on Termination of Parental Rights for finalized adoptions</td>
<td>483</td>
<td>43.1 %</td>
<td>7</td>
<td>0.7 %</td>
<td>5</td>
<td>0.4 %</td>
</tr>
<tr>
<td>Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).</td>
<td>7</td>
<td>0.6% fewer in the official adoption file.</td>
<td>1</td>
<td>0.1% fewer in the official adoption file.</td>
<td>7</td>
<td>0.6% fewer in the Unofficial adoption file*</td>
</tr>
<tr>
<td>File submitted lacks count of number of placement settings in episode for each child</td>
<td>40</td>
<td>0.4 %</td>
<td>18</td>
<td>0.2 %</td>
<td>5</td>
<td>0.1 %</td>
</tr>
</tbody>
</table>

* The adoption data comparison was made using the discharge reason of “adoption” from the AFCARS foster care file and an unofficial count of adoptions finalized during the period of interest that were “placed by public agency” reported in the AFCARS Adoption files. This unofficial count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.
Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

<table>
<thead>
<tr>
<th></th>
<th>Federal FY 2005ab</th>
<th>Federal FY 2006ab</th>
<th>12-Month Period Ending 03/31/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]</td>
<td>3,195 73.7</td>
<td>3,407 69.4</td>
<td>3,324 70.1</td>
</tr>
<tr>
<td>X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]</td>
<td>309 27.6</td>
<td>295 29.6</td>
<td>353 29.8</td>
</tr>
<tr>
<td>XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]</td>
<td>6,095 73.0</td>
<td>6,202 75.9</td>
<td>6,233 78.3</td>
</tr>
<tr>
<td>XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]</td>
<td>767 10.7 (82.0% new entry)</td>
<td>761 11.6 (80.4% new entry)</td>
<td>679 10.7 (80.9% new entry)</td>
</tr>
</tbody>
</table>
FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

1 The FY 05, FY 06, and FY 07 counts of children in care at the start of the year exclude 199, 194, and 155 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

2 We designated the indicator, 17 of the most recent 22 months, rather than the statutory time frame for initiating termination of parental rights proceedings at 15 of the most 22 months, since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.

3 This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic."

4 The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

5 This First-Time Entry Cohort median length of stay was 10.3 in FY 05. This includes 13 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 10.3.

6 This First-Time Entry Cohort median length of stay was 6.2 in FY 06. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

7 This First-Time Entry Cohort median length of stay is Not Yet Determinable for 06B07A. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.
Organizational Structure

The Tennessee Department of Children’s Services (DCS or the Department) is the state-administered public child welfare system providing services in Tennessee’s 95 counties, divided into 13 regions. \(^1\) DCS is responsible for investigating claims of abuse and neglect against children and for providing services to promote the safety, permanency and well-being of children who have been determined dependent and neglected (D & N), those at risk of dependency and neglect, and those adjudicated unruly or delinquent. DCS also serves delinquent youth up to age 19 if court ordered, as well as former foster youth choosing to enter into voluntary post-custody services. Many DCS services extend to the families and caretakers of those children served.\(^2\)

DCS, led by Commissioner Viola P. Miller since December 2003, is composed of three major sections. Protection & Permanency, which is responsible for all program and field work related to the dependent and neglected and the unruly populations, includes the Offices of Child Safety, Child Permanency, Child Well-Being and Regional Support. Juvenile Justice serves the delinquent population and includes DCS’ Youth Development Centers (hardware secure facilities), Community Services, Group Homes and Treatment Services. Administration and Training contains the offices of Performance and Quality Improvement, Information Technology, Human Resource Development and Finance and Program Support. Other structural supports include Administration Procedures, Communications, the Commissioner’s Special Staff, the Blue Ribbon Team, and the Office of the General Counsel (AKA Legal Division, including Central Office legal staff and field attorneys who represent the Department in Juvenile Court proceedings).

At the regional level, Regional Administrators, reporting to two Executive Directors for Regional Support, supervise case-loading carrying staff and their supervisors (Team Leaders who report to Team Coordinators), as well as administrative and support staff. Well-Being units (described in the Assessment) work in and support the regions, though their reporting line, like that of the legal staff, is to Central Office. Nine of the thirteen regions are comprised of multiple counties, while four regions (Davidson, Hamilton, Knox and Shelby) are single-county, urban regions. Organizational structure within the regions varies. Six regions use a cluster approach in which particular geographical clusters (typically counties in multi-county regions) report to one Team Coordinator who oversees all work within his/her cluster. Six do not, organizing instead by program type (e.g., all staff responsible for in-care D & N children report to one TC), though one of those plans to shortly switch to a cluster approach. \(^3\) There is a movement toward clustering. One region has a hybrid approach.

Practice Philosophy and Key Initiatives

**Guiding Principles and Areas of Focus**

DCS’ practice is anchored by a commitment to a strengths-based, family-centered, child-focused, community-based and culturally responsive approach to achieving improved outcomes for children.

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\(^1\) Data used throughout this Self-Assessment references twelve regions. The state’s largest region, East, broke out into two regions, East and Smoky Mountain, in Spring 2008.

\(^2\) DCS is responsible for the administration of 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 Independence Program (CFCILP). Services include child protection, foster care, adoption and Independent Living.

\(^3\) In the Eastern half of the state, the Eastern, Northeast, Upper Cumberland and Smoky Mountain regions are clustered. Knox anticipates moving to a cluster system in September 2008. Hamilton and Southeast are not clustered. In the Western half of the state, the Mid Cumberland, Northwest regions are clustered, while Davidson, Shelby, Southwest are not clustered. South Central (Western half) has a mixed configuration.
Statewide Self-Assessment: Tennessee Department of Children’s Services

June 2008

and families. These values are further delineated in the nine principles that guide the Department’s work:

1. Unified Purpose
   DCS’ primary responsibilities are to prevent child maltreatment, promote child and family well-being, and aid and prepare youthful offenders in becoming constructive members of their communities.

2. Urgency of Child’s Needs
   DCS practice will be driven by a sense of urgency related to each child’s unique needs for safety, permanence, stability, and well-being.

3. Individualized Planning for Permanency
   DCS will provide flexible, intensive, and individualized services to children and families in order to preserve, reunify, or create families.

4. Family-Centered Casework and Case Planning
   DCS will utilize a family-centered, case-planning model that encourages, respects, and incorporate input from the children and families it serves.

5. Systemic Continuity of Care
   DCS will work with communities, organizations, and institutions to build and maintain a seamless and effective system of service delivery that produces measurable, positive outcomes for children and families.

6. Constructive Organizational Culture
   DCS will model a constructive organizational culture that is culturally competent and will attract and sustain qualified, trained and competent staff.

7. Equal Access to Services
   DCS will provide the best available and appropriate services to all children in care without regard to age, race, religion, gender, disability, sexual orientation, or legal classification.

8. Reduction of Trauma to Child
   DCS will strive to recognize and minimize the trauma children experience while in Departmental care.

9. Best Interests of Child as Paramount
   DCS will consider the totality of circumstances to make decisions that are in the best interests of each child and will not apply any single principle or standard of practice if in so doing a negative outcome for the child would result.

Two common threads - 1) teaming with the child, family and community and 2) building and sustaining an evaluative, responsive, continuously learning and improving Department - are woven throughout these principles. Teaming at both the macro and micro levels (in addition to being a value) and heightened ability to assess, track and adjust are essential strategies for achieving improved outcomes. As manifested in DCS’ major initiatives of the last several years, these strategies are targeted toward two interim objectives that have pervasive effects on the ability to achieve improved outcomes for children and families - 1) high quality casework and 2) high quality placements. Other important initiatives and key ongoing pieces of work will be referenced at various points in the document, but the key DCS initiatives summarized below will be referenced throughout this Self-Assessment.  

4 DCS' last implementation plan, Road to Reform (R2R), reflects these areas of emphasis. The five R2R domains are: Supporting Families through Quality Casework, Building Quality Case Practice through Continuous Learning and Improvement, Improving the Performance of Contract Agencies, Identifying and Strengthening Community Network Capacity, and, finally, Recruiting, Retaining, and Supporting Resources for Permanency. The Road to Reform was developed out of lessons learned from Path to Excellence (P2E), the initial Brian A. v. Bredesen implementation plan. Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
Multiple Response System (MRS), Transition of CSA and Seamless Case Management

The Multiple Response System (MRS) is a service delivery model with early family and community engagement at its core. In Spring 2005, Tennessee’s legislature passed DCS-supported legislation allowing the Department to establish a MRS system, starting in three demonstration sites, with a statewide implementation deadline of 2010. Currently, the core components of MRS are implemented in eight of the 13 regions, with the remaining five regions at various stages of implementation. DCS plans to reach full implementation by the end of 2008. While not yet implemented statewide and still in need of strengthening where implemented, MRS is DCS’ primary systemic vehicle for engagement of communities. By leveraging community strengths and supports to effectively serve children and families earlier, MRS provides the potential for preempting abuse by intervening before caretaker and family issues escalate to a more serious level. Where abuse or neglect has occurred, MRS bolsters the Department’s ability to work with families in minimally intrusive ways that strengthen family functioning, increase supportive resources, and reduce the likelihood of out-of-home placement, without sacrificing child safety.

In Tennessee’s MRS system, DCS responds to intakes along one of three tracks: investigation, for allegations that would constitute severe abuse (including sexual abuse) if proven; assessment, for non-severe abuse allegations; and, for allegations that do not meet abuse or neglect criteria, resource linkage to other agencies for services as appropriate. MRS workers assess the child and family’s needs and strengths to determine the best intervention to stabilize the family, then coordinate with community agencies to develop consistent and focused service plans.

Independent, local Community Advisory Boards (CABs) composed of community representatives, required in each county by the MRS legislation, represent an important opportunity to bring together DCS, families, and resource providers to collaborate in the assessment, development and effective usage of needed community services. The community partnership aspect of the MRS program highlights the interest of DCS and stakeholders in building connections with community partners to provide for the safety and well-being of children.

Along with MRS, the Department has taken an important step by eliminating the contractual relationship between DCS and the Community Service Agencies (CSAs) and transitioning family preservation/reunification services and management of the associated flexible funds back into DCS. Doing so has allowed DCS to accomplish three important goals: to provide one central authority over all programs and services; to bolster the capacity to provide valuable oversight and monitoring functions for contracted services; and the achievement of a seamless case management model (one worker, one child and family).

Child and Family Team (CFT) Model

Like MRS at the system level, the Child and Family Team model, at the individual case level, supports more responsive, informed, inclusive and cohesive work with children and families. The CFT model is central to DCS’ effort to move toward a more family- and child-centered practice. The Child and Family Team is the collection of people with a shared commitment to helping the involved family. It may include the child (if age appropriate), birth parents, formal and informal support systems of the family, resource parents, DCS staff, community partners, and agency providers. Each team member brings his/her own expertise and perspective to the table. The

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5 Hamilton, Knox, Northeast, Northwest, South Central, Southeast, Southwest and Upper Cumberland are in implementation status throughout their respective regions. Four regions (Davidson, East, Mid Cumberland and Smoky Mountain) have implemented across particular zip codes (for urban) or counties (for rural) within their regions. Shelby anticipates roll-out across the region (a single county region) in Fall 2008. Bradley County in Southeast and three counties in Upper Cumberland (Cannon, Warren and Van Buren) were early pilots, beginning in April 2006. Statewide Self-Assessment: Tennessee Department of Children’s Services

June 2008
quality of decision-making is improved because CFTM (Child and Family Team Meetings) include all of the parties involved in the case.

The use of family group conferencing was initiated in 2002 as a core component of DCS' Practice Model. The Tennessee DCS' CFT process is an integration of various models of family conferencing and team decision making and includes the following commitments:

- To entry and placement decision CFTMs that are facilitated by a skilled, trained facilitator;
- To building a Child and Family Team that meets regularly throughout a child’s time in custody, utilizes the CFT process, including the meeting component as necessary, for assessment and planning, monitors and tracks the implementation of the plan, and reconvenes as needed to adjust the plan and respond to new issues as they arise;
- To pre-meeting preparation, including the preparation of family members, recognizing that, in emergency circumstances that surround some placement or other CFTMs, there is less time for pre-meeting preparation; and,
- To building the engagement, preparation, team building, and facilitation skills of Team Leaders and Family Service Workers (FSWs) so that they have the skills needed to support the CFT process.

While skilled, trained facilitators facilitate point of entry and change of placement CFTMs, FSWs and/or Team Leaders (TLs) facilitate other CFTMs. Most importantly, FSWs, with support and supervision from their TLs, are primarily responsible for ensuring the quality of the CFT process for children on their caseloads. All DCS staff members receive training in this model of practice. Currently, there are over 80 full time facilitators. Additionally, over 250 other staff persons have been trained in an advanced curriculum in child and family meeting facilitation skills, widening the influence of, and commitment to, this model of practice throughout the state.

**DCS Practice Wheel**

The DCS Practice Wheel provides both a common vocabulary and a common frame for assessment of practice performance. Developed in part to help workers visualize and break out the qualities of best practice casework, it includes six critical components: Engagement, Teaming, Assessment and Understanding, Planning, Implementation, and Tracking and Adjustment. Many of DCS' case reviews, and subsequent discussions regarding quality casework, are framed within the context of the Practice Wheel. All field staff, both case workers as well as supervisory staff, are trained on the Practice Wheel, which is widely displayed and used statewide. Practice Wheel components are referenced throughout this Assessment. [See Appendix A.]

**QSR**

The Practice Wheel is at the heart of the Quality Service Review (QSR) - a strength-based, action-oriented learning process. Using individual cases reviewed over 1 ½ - 2 days by trained reviewer pairs (both internal and external to DCS), QSR explores what is working and not working in practice and at the systems level and why these circumstances exist. The QSR review protocol (eleven Child and Family Status Indicators and eleven System/Practice Performance Indicators) examines short-term results for a review child and his/her parents/caregivers, as well as the contribution made by local service providers and the system of care in producing those results. The System Performance Indicators are based in substantial part on the Practice Wheel. System/Practice Performance, as measured in these indicators, focuses on the practice situation observed for the child over the past three months, and indicators range from a low of 1 (adverse status) to a high of 6 (optimal status), with 1-3 in the unacceptable range and 4-6 in the

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6 The Practice Model arose out of the first Brian A. Needs Assessment and its fundamentals are encapsulated in the Department’s core values, the nine Guiding Principles, and the Practice Wheel, the latter of which is discussed later in this overview. 

*Statewide Self-Assessment: Tennessee Department of Children’s Services*

*June 2008*
acceptable range. Aggregate QSR data is reported as a percentage of cases rating acceptable on the indicators. Case review and other findings are used by local agency leaders and practice managers to stimulate and support efforts to improve services for children in care, including by examining the effectiveness of the broader system of care as applied to the reviewed child and family. Case specific information is used to provide individual feedback about case status and develop next steps to enhance outcomes.

The third year of QSR reviews was completed in Spring 2008, with well over 250 cases reviewed and scored. Results from the first year (2005-2006) and partial results (that is, from the reviews in six regions for which scoring has been completed) from the just-ended review year (2007-2008) will be used throughout this Self-Assessment. This data is used to identify areas of potential trends, areas where targeted effort may be needed for improvement, and where outcomes may be influenced by promising practices. Additionally, QSR stories over the first and second years, as well as part of the third year, were analyzed to identify common trends and themes across cases, and this information is contained at various points in the Assessment.7

Chapin Hall, Brian A. and Other Quantitative Data

Beginning in January 2005, DCS began using longitudinal data on nine key outcomes provided by the Chapin Hall Center for Children of the University of Chicago (Chapin Hall). These nine outcomes, tracked at the regional and statewide level, capture expectations for improvement in child safety, permanency and well-being. The key outcome areas are:

1. Reduce the number of children entering out-of-home placement
2. Increase the proportion of children entering out-of-home placement who are initially placed in their home county.
3. Increase the proportion of children initially placed in family setting.
4. Decrease the length of stay of children in custody.
5. Increase the number and percent of children exiting custody to permanency.
6. Decrease the number and rate of children re-entering out-of-home care.
8. Increase the number and rate of siblings placed together.
9. Reduce any disparities related to race within each of these outcomes. Outcome 9 is embedded within the other Outcomes.

The data, which is updated every six months and is broken out by different cohort groups, established baselines, and it is used on an ongoing basis to identify performance targets. The regions use the information to determine areas of focus for their planning efforts. This data, along with monthly and quarterly reports from DCS’ SACWIS system (TNKids), provide a wealth of quantitative information to Central Office and field staff.8

Needs Assessments

DCS has conducted three specific needs assessments as required by the Brian A. settlement agreement, all of which tie back to the Department’s focus on quality casework and quality placements that appropriately serve its population. The primary recommendation of the first Needs Assessment was that DCS develop and implement a clearly articulated practice model to guide
DCS and all of its partners toward the achievement of agreed-upon outcomes related to safety, well-being and permanency for children. From that initiative sprung not only the Practice Model (officially A Model of Practice), but also the creation of the DCS Practice Wheel, described earlier. The second Needs Assessment focused primarily on placement, services and support issues related to the recruitment and retention of qualified resource homes (foster and adoptive; kinship and non-kinship); it included an initial assessment of the provision of independent living services and transitional assistance to older youth. Needs Assessment III, which was completed in December 2006, focused on DCS’ efforts to meet the needs of adolescent foster youth. This assessment identified three broad strategies for improving outcomes for young people:

- strengthen youth engagement and build a youth voice infrastructure
- redefine the work of the Independent Living Division by integrating preparation for adulthood and relational permanency efforts
- collaborate with other state agencies and external partners to build a system supporting successful youth transition to adulthood

Needs Assessment IV, currently in process, focuses specifically on in-home support services. This assessment includes an analysis of statewide service gaps, the implementation/use of family functioning assessment tools, and assessing the quality of the current family preservation/reunification services as reported by families and stakeholders.

**PBC**

Like the use of TNKids and Chapin Hall data, the Performance-Based Contracting (PBC) Initiative is key to DCS’ ability to move forward in an evaluative, data-driven way in seeking and contracting for appropriate placement provider and related services for children. DCS traditionally has purchased out-of-home care services for children in its custody via a per diem reimbursement system. PBC, an initiative with Chapin Hall, uses an innovative approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies’ effectiveness in offering services that improve those outcomes. The permanency outcomes measured include improved timeliness and likelihood of permanency (reunification, adoption, or guardianship), reduced placement moves, and reduced re-entries into care.

The initial implementation of the Performance-Based Contracting Initiative began in July 2006, with the initial six-month review for Phase I providers concluding in mid-March of 2007. Effective July 1, 2008, DCS will initiate Phase III of the PBC initiative, expanding from five providers in Phase 1 and 11 in Phase 2 to a total of 20 in Phase III.

**UPP**

In July 2006, DCS began implementing the Unified Placement Process (UPP), an integrated approach to child placement. The Child Welfare Reform Division was created in Fall 2007 to assist in the implementation the Unified Placement Process in Tennessee. All regions have at least started to reform their placement practice and utilize technical assistance. Successful implementation of UPP will meet the following goals:

- Minimize trauma experienced by children and families
- Provide for the child and family needs, no more and no less
- Reduce the length of stay in placement
- Keep children safe in their own homes
- Strive for the first placement to be the best placement
- Engage child and family teams in placement decisions to promote safety, permanency and well-being
• Place children with siblings, in their home community, and with relatives/kin whenever possible
• Utilize resource homes unless there is documented justification for a congregate treatment placement.

As is obvious from a review of the above UPP goals, UPP is a clear reflection of DCS’ focus on family-centered, responsive practice with teeming at its core. Similarly, aside from the first bullet below, the essential elements of UPP mirror the key practice and system emphases of DCS leadership.

• Development of a Consolidated and Responsive Placement Services Division, redesigning the old Placement Services Division structure and approach
• Applying a Functional Assessment Process to Gather Information Using the Family Functional Assessment (FFA) and CANS (Child and Adolescent Needs and Strengths)
• Using Child and Family Teams to Make Critical Decisions regarding Child Removal, Initial Placement and Placement Transition
• Partnering with Providers and Courts for Placement Practice Reform
• Developing Locally-Accessible Resources that Match the Needs of Children and Their Families
• Using Data to Measure Progress

The UPP initiative emphasizes the tools - teaming and assessment, continuous learning and improvement - and the areas of focus - high quality casework and, especially, high quality placement - that are at the center of DCS’ efforts and its model of practice. As such, success on UPP will herald very substantial positive movement in the reform effort in which DCS has been engaged.

Statewide Assessment Process
The information for the Tennessee statewide assessment was gathered through collaboration between a wide array of DCS staff, community partners, and child welfare stakeholders. Outcome and Systemic Factor Teams composed primarily of Central Office staff began the process by creating initial drafts for each item in November 2007. In January 2008, a statewide kick-off event was held to bring stakeholders and regional staff into the CFSR process. Kick-off participants included service providers, Resource Parents, former foster youth, representatives from various state agencies (Department of Health, Department of Mental Health and Developmental Disabilities, Department of Human Services, Governor’s Office of Child Care Coordination, the Tennessee Commission on Children & Youth (TCCY)), staff from the Administrative Office of the Court, staff from the legislative Select Committee on Children & Youth, youth, and regional DCS staff, and others, with facilitation and support by Children’s Bureau representatives, NRCOI consultants, Supreme Court Justice Cornelia Clark, the AOC, senior DCS leadership and DCS Evaluation & Monitoring staff. The kick-off was a day long session, focused not just on information sharing but on bringing together a range of partners and stakeholders to begin a genuine, rich, broad assessment process. Kick-off participants were added to the Outcome and Systemic Factor Teams, contributing to the assessment process and to writing on particular items. [Appendix B shows participants by team.] In addition to the kick-off participants, several groups provided input, including the Children’s Services Advisory Council (a multidisciplinary group providing general oversight for DCS), the Supreme Court Committee of the Court Improvement Program (AKA Action Plan Workgroup) and TCCY’s commissioners.

With support from other DCS divisions and external partners, Division of Evaluation & Monitoring (E & M) planned and supported several focus groups as a part of the assessment. These included Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
sessions with legislators and legislative liaisons for child-serving organizations, courts and a cross-section of service providers, both custodial and non-custodial. E & M also helped to develop surveys for older youth, and it analyzed information obtained from a significant number of existing surveys or focus groups with youth, providers, courts, resource parents, schools, the medical community and others. This information is referenced throughout the document.

In addition to obtaining information to feed into an assessment document, DCS undertook the CFSR Self-Assessment in a genuine desire to use the process a growth and improvement opportunity. Key goals included introducing more staff and externals to DCS data (both qualitative and quantitative), mooring them in the fundamentals of Safety, Permanency and Well-Being, strengthening DCS’ ability to synthesize, evaluate and act on information, heightening the teaming process with private providers and other partners, and utilizing information gained in the Self-Assessment for continuous quality improvement (including by getting a head start on PIP development). The Statewide Self-Assessment process has been a valuable opportunity and one that supports our ongoing commitment to further strengthening Tennessee DCS’ services to and outcomes for vulnerable children and families.
SYSTEMIC FACTORS

STATEWIDE INFORMATION SYSTEM

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Summary Response
The Department currently utilizes a statewide information system called TNKIDS that allows for identification of the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months has been) in foster care. The tracking and reporting capabilities of the TNKIDS system has allowed the Department to use data as a management tool to improve practice.

Performance on Round 1
Item 24 was a Strength during Round 1 because the Department’s information system could identify the status, demographic characteristics, location and goals for the placement of every child in foster care. At the time of the previous statewide assessment, the Department had implemented the first component of the statewide information system, TNKids. Stakeholders reported several limitations with the system, many of which were addressed by system enhancements.

Policy and Practice
The Office of Information Systems (OIS) provides technology supporting more than 5,600 DCS computer users and sixty (60) applications. The primary application is the TNKids child welfare system, which helps the Department attain safety, permanency and well-being for children who are in state custody, or who are at risk of entering custody, and their families. There are several other legacy systems operated and maintained to support specific programs and operations. Together the TNKids application and legacy systems readily provide the status, demographic characteristics, location, and permanency goals for every child who is or has been in foster care.

TNKids was implemented in September 1999 and primarily supported the Department’s intake and referral functions. At that time only a few selected staff in each of the regions served as centralized data entry personnel in their respective regions. Additional modules were implemented and training for all DCS employees was completed in December 2000 and all staff in the Department began using the same information system.

The TNKids application is used to produce data for federal (AFCARS, NCANDS) and state reporting requirements. TNKids is also used for planning and management both in Central Office and the regions.

Documenting, tracking, and reporting compliance is one of the main objectives for OIS. The Division maintains all important information needed for case planning and management. Since the last review, there have been several TNKids maintenance builds and enhancements to ensure that accurate and timely data is entered into TNKids to aid in this initiative. Existing system functionality has been updated to make TNKids an easier tool for staff to use; some of the changes implemented since the previous review are:
Major Enhancements

- Centralized CPS intake has been added to the intake module. Web-based CPS Intake is available to law enforcement, educators, and medical practitioners as a way to submit electronic CPS referrals to the Department.

- Placement Redesign was completed in June 2006 – this functionality supports the process for authorizing and reviewing a child’s placement activity and history in TNKids. Some of the improvements included:
  - Tracking of each child’s placement Authorization, Re-authorization, and de-authorization history.
  - Tracking of each child’s placement contracts, placement services, daily rates, and effective begin and end dates associated with each placement.
  - Instant Access to all children authorized for any given contract under any specified placement location.
  - Approvals that will be enforced whenever conditions occur that require higher levels of authority (e.g. contract maximum liability is either exceeded or has crossed over the margin of safety, DCS foster home exceeds maximum number of children allowed, etc).
  - Alerts and acknowledgments to appropriate staff including the upper levels of management to ensure their acknowledgment and awareness of placements that meet specific conditions requiring special approvals.
  - Integration of the TNKids Financial System and Foster and Adoptive Child Placement (FHACP) web application into TNKids.

- A new placement type was added to ensure children placed in therapeutic foster homes via a Continuum contract can be authorized for placement services. This has improved tracking and payments for children served by private providers who are in in-home placement.

- Subsidized Permanent Guardianship (SPG) - this functionality provides the ability to identify the SPG status of the client as well as a new permanent guardianship option associated with the release reason of “Living with Other Relatives”.

- TNKids Case Recordings (Face-to-Face) a WEB enable interfaced to TNKids for private providers is available. Private providers can record information about face-to-face visits the staff has with DCS clients. This provides the Department a better method of capturing and reporting on face-to-face visit for clients in private providers care than the previous manual gathering of data.

- Service Appeals Tracking (SAT) allows tracking of any appeals filed by DCS or against DCS in regard to the inability to fulfill a service or placement need identified for a client in custody. This is a WEB enable interface that provides a means for TennCare Consumer Advocates (TCCA) to view fulfillment of services on children in the Grier lawsuit. This information was previously managed manually and the web interface provides the ability to view relevant data captured in other DCS applications as well as improved aggregate reporting.

- Multiple Response Legislation passed in 2006 requires that children/families who come to the attention of the Department due to a “low risk” allegation of abuse be assessed for services rather than undergo a traditional CPS investigation. The Multiple Response

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9 Subsidized Permanent Guardianship is a new permanency option being piloted in Tennessee via an approved IV-E waiver.
System (MRS) in TNKIDS allows users to distinguish between traditional CPS investigations and Assessments.

- Serious Incident Reporting is used by residential providers to report serious incidents that affect children in custody. Both DCS staff and private provider staff now use the system to report incidents.
- Child and Family Team Tracking enhanced the Review and Case Recording modules to improve documentation and data collection for gathering data important to child and family team meetings. Previously, this detail data was being captured in a stand-alone database. These enhancements significantly reduce entry time and errors and enhance analytical and reporting capabilities necessary for monitoring practice and reporting to the Brian A. Technical Assistance Committee (TAC).
- The Health Services enhancements added the capacity to track specific healthcare providers, identified and completed heath services, as well as the capacity to provide aggregate and child-specific reporting for all clients served by the Department. Monitoring of clients prescribed multiple psychotropic medications will improve and standard reports will be generated.

Multiple maintenance enhancements have also been implemented to improve case planning and management, resource home management, financial management and reporting; data integrity and duplication, service tracking, IV-E monitoring, reporting and data security.

The maintenance upgrades and numerous enhancements to case management and financial management have greatly improved the capability of TNKids to provide information on a statewide, regional, and county level about the safety, permanency and well-being of at-risk, custodial and non-custodial children. Characteristics and experiences can be captured and displayed in the various reports that are available to Central Office and/or regional staff. Canned reports located in the TNKids application provide real-time or recent data used by managers on a daily, weekly or monthly interval to monitor case assignments, permanency plans, placements, and many of the federal and key Brian A. performance indicators. Reports produced from monthly TNKids extracts supplement those available directly from the application.

Policies and procedures are in place to guide data entry and monitoring to ensure that all case documentation is entered accurately and timely in TNKids; in addition, data field validations and approval processes are in place to guarantee that users enter data accurately. Program policies include instructions for documentation on the appropriate TNKids data entry screen and the time frame required for entry into the TNKids application.

Monitoring the overall quality of TNKids data is the ongoing responsibility of Data Quality and selected staff in the regions. The Data Quality unit facilitates communication on data issues between the field staff, program staff, and Central Office management and has protocols and procedures in place for ongoing specialized data cleaning efforts around custodial and safety data in the TNKids application. The unit sponsors a daily “TNKids Tip of the Day” which is a “tip” with detailed explanation about data entry issues sent electronically to all TNKIDS users in the Department. In addition, the Field Systems Administrator (FSA) located in each of the regions provides the ongoing technical support of TNKids data. They are the liaison between the program staff in the regions, Central Office, policy units and Data Quality. The FSAs and regional data management staff have procedures, checklists, and quality assurance guidelines to ensure data quality as well.
Barriers
Some of the obstacles that have faced the agency in operation of an efficient information system include:

- Inconsistent reporting infrastructure and multiple reporting databases. To begin addressing these issues, the Department reorganized OIS and restructured all Departmental reporting units into a single division in August 2006. This has significantly improved the overall agency reporting infrastructure.
- Ongoing issues with the timeliness and completeness of data entered into the system. This is being addressed with training and also with various monthly reports that indicate the percentage of cases complying with data entry requirements.
- Some of the various other legacy systems do not interface with each other and/or the TNKids application. The deployment of a federally compliant state of the art, web-based Statewide Automated Child Welfare Information System (SACWIS) will alleviate this barrier.

Strengths and Promising Practices
It is an exciting and daunting challenge for OIS to develop the capacity to integrate all of the data now available into information that is useful in decision-making. A more sophisticated approach to reporting outcomes and performance measures is needed; thus, MicroStrategy Business Intelligence, software was secured to enable the Department to convert data from multiple data sources and applications into information that is useful to managers.

Another exciting and daunting challenge in integrating all of the data now available into information that is useful in decision making is the establishment of SACWIS. This is and will be the main focus for OIS for the next two and a half years. The Department has completed extensive business process mapping and selected a vendor. In addition, the Department has conducted a feasibility study and an alternatives analysis and has developed a preliminary project management plan, schedule, and budget.

A new SACWIS project has been initiated to meet these key business needs:

- **Closer alignment of the system to case practice.** The initial modules of the TNKids application were designed and developed soon after the Department was formed. DCS case practice has matured and migrated to a family-centered model, and the new SACWIS system will further support this shift in case practice. Although most of the required data to support these major program enhancements is captured in TNKids, the integration of the necessary process changes, particularly those of the new Practice Model, would require a total re-write of the application’s framework. By developing a system that is designed to follow business processes and workflows and by improving system navigation, the consistency and effectiveness of case documentation and management will improve – and the Department will be better positioned to monitor, track and ultimately improve the outcomes of the children and families it serves.

- **Additional decision making support.** Automation of screening, assessment and other decision-making tools will increase consistency in case work and improve services to at-risk children and their families.

- **Broader system access.** DCS and its partners, such as courts and service providers, need a secure but easily accessible means of exchanging information to provide seamless integration of all child welfare data. For example, private vendors who provide care for custodial children have valuable case information that needs to be added to the children’s online records so that the Department has a more comprehensive history of a child’s
experiences in care. Currently, private providers are required to submit information about changes in placements through the Placement Change Notifications web utility (built on the TNKids Financials web-based platform). The notifications are routed to regional staff, who enter the updated information in TNKidsB. To ensure all private providers’ placement changes for a child are entered into TNKIDS, unacknowledged notifications are escalated to management and the Child Placement and Private Provider Division generates statistical reports that monitor the frequency of placement changes.

- **Elimination of legacy systems.** Although DCS has benefited from the programmatic and financial components of TNKIDS, many functions (especially in the financial area) continue to be performed with stand-alone or paper systems. These disparate systems can be replaced with one centralized application and database that includes an integrated reporting tool that is able to meet information needs at all levels. This integration will improve user effectiveness, eliminate redundancy, improve data quality, maximize revenues, enhance program and financial reporting, and reduce the cost of system maintenance.

- **Leveraging the capabilities of new technology.** PowerBuilder, the primary TNKIDS application development tool, is decreasing as a viable product and the application is simply not flexible enough to address the State’s rapidly changing business environment. Based on the experiences of recent large systems projects (including SACWIS projects in other states), the Department has determined that migration to current industry-standard technologies will enhance its child welfare application and broaden the pool of cost-effective, knowledgeable and highly skilled IT professionals available to provide ongoing support. In addition, newer architecture can provide the storage of and access to valuable case information such as photographs, digitized voice files, document images and global positioning system (GPS) data that the current system cannot accommodate.

- **Developing automated interfaces.** The State is in the early development stages for an Enterprise Resource Planning system (Department of Finance and Administration’s EDISON), a food stamp / TANF / Medicaid case management system (Department of Human Services’ Vision Integration Platform / VIP), and a Multi-Agency Regulatory System (MARS). Significant operational improvements can be realized by implementing or upgrading interfaces with these and other State systems such as Child Support and Medicaid.

The new SACWIS system will be both case management-friendly and fully integrative. All information related to both the child and family will be contained in one record and, like TNKIDS, operate as a single system throughout the Department for all of the regions.

The Department began working with a SACWIS vendor in April 2008 and SACWIS implementation is projected for 2010. After implementation, a one year maintenance/warranty period is required to ensure that the system is functioning properly and OIS staff can fully support and maintain it.

Until the implementation of the SACWIS, TNKIDS maintenance is needed and remains a significant focus for OIS. The Department continues to maintain a full team of technical staff to make changes and enhancements to TNKIDS. Future enhancements to TNKIDS include:

- **Permanency Plan** – the current template will be replaced with a design that is more closely matched to the Practice Model and enhances uniformity with both a custodial and non-custodial version.
- CANS - an integrated web-based assessment tool that is clinically based to assess strengths and needs for all DCS custodial clients.
- Subsidized Permanent Guardianship – funding and intake modules will be implemented to enhance existing functionality and ensure timely and accurate payments are provided to those individuals caring for children under the SPG IV-E waiver pilot.
- Youth Level of Service (YLS) - a comprehensive assessment and case management tool designed to assist staff in assessing the rehabilitation needs of juvenile offenders.
- Performance Based Standards (PbS) - Functionality will be added and/or enhanced to allow more detail data entry and collection to be used in conjunction with agency participation in PbS, a self-improvement and accountability system for Youth Detention and Correction facilities.
CASE REVIEW SYSTEM

Item 25: Written Case Plan. Does the state provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child’s parent(s), that includes the required provisions?

Summary Response
Since 2002, the Department has placed emphasis on the Child and Family Team process to improve the participation of the child and the family in the development of the written case plan or permanency plan. The DCS staff have been trained on family conferencing through the Child and Family Team Process, with the importance of family involvement as the key focus. Tennessee has trained Facilitators within each region to lead the CFTMs and ensure that the family has an active voice in the identification of their strengths and needs. There has also been emphasis placed on the youth voice in the planning process.

Performance on Round 1CFSR
This item was rated as an Area Needing Improvement during the previous CFSR because of the lack of participation of the child and family. There were several barriers to family involvement identified: excessive travel for families and workers, high caseloads due to worker vacancies, parent’s availability, lack of transportation for families, workers’ perceptions of family involvement as being too time consuming, engagement skill level of workers, and willingness of parents to participate.

Policy and Practice
All children in DCS custody must have a Permanency Plan that is developed in the context of the Initial Permanency Planning Child and Family Team Meeting (CFTM), in which DCS staff collaborate with the family and other members of the team on the development of a plan that will address the problems that necessitated the child’s removal. The permanency planning meeting takes place no later than 15 working days following the child’s entry into custody. Within 30 calendar days the plan is presented to the court for approval. The court may approve the plan as written or direct a revision of the plan. The permanency plan includes information about the risks, behaviors, or conditions that lead to the child entering custody and is addressed through the action plans to achieve permanency that include child safety issues, community risk issues, educational and behavioral issues, medical issues and family functioning issues. The action plans have timeframes for expected achievement of the goals and the responsible party for ensuring that certain actions take place.

The Permanency Planning Policy (16.31) has recently changed to allow staff more time to do a thorough assessment prior to convening the Initial Permanency Planning CFTM and have more opportunities to seek out and engage family members to participate in the CFTM.

A permanency plan must be approved by the court within sixty (60) calendar days of the date a child first enters state custody. The law also requires that DCS prepare a new plan at least every twelve (12) months until permanency is achieved or until the child reaches the age of majority. The court or DCS may request permanency hearings more frequently than every twelve (12) months in order to review the permanency plan of each child in custody.
Generally, children ages six and older are to be included in service planning unless there is clinical justification for not doing so and the planning is done in order for the family members to maintain as much personal responsibility and maintain respect throughout the process. The Department will use the Foster Care Review and Quarterly Progress Reports for each child to evaluate the progress and continued needs of the family. The custodial Permanency Plan has been redesigned to follow the flow of the Functional Assessments. This should allow Family Service Workers to better translate the needs and strengths of the family gathered in the Functional Assessment to the Permanency Plan. In addition, the Interdependent Living Plan has been incorporated into the Permanency Plan. The Interdependent Living Plan is developed to create goals that will help the youth transition into adulthood. It also ensures that the youth’s voice is a part of the planning process since their input is required.

**Measures and Assessment of Performance**

Aggregate results shown below indicate that improvement as seen in practice in Teaming, the Child and Family Planning Process, Plan Implementation, and Tracking and Adjustment.

The chart above references data from the Quality Service Review (QSR). Aggregate results shown below indicate that improvement is seen in practice in Teaming, the Child and Family Planning Process, Plan Implementation, and Tracking and Adjustment from the first year of review (2005-2006) to this year.

The data above show that the state is showing improvements in Teaming which increased from 25% to 29% and Child and Family Planning Process increased slightly from 24% to 27%. Tracking and Adjustment, reflecting elements of ongoing planning, improved from 30% to 37%.
The statewide indicators above also show progress occurring in all areas that are addressed on the written permanency plan. The Practice Wheel indicators, although only partial data is reflected, still shows improvement in the Child and Family Planning Process.

These indicators are called the “Practice Wheel” as a reflection of the interrelatedness of these elements of practice. QSR data indicates correlations between ratings for Engagement and Child and Family Planning Process and Ongoing Functional Assessment and Child and Family Planning Process. This suggests that the adaptations to permanency planning policy put in place to support increased engagement and assessment of families may have a positive impact on the planning process as well.

**Barriers**
As described above, the reporting capability for CFTMs has just recently been built into the TNKIDS system. Quantitative data is necessary to be able to show the improvement and needs in the child and family participation in the planning process. Until this report became available there was not a thorough tracking method available to rate and guide DCS on this outcome. Other barriers are the parents’ unwillingness to participate and the difficulty in locating parent to participate in the planning. Scheduling conflicts for those parents who work during the day and the workers attempt to avoid overtime is an area that is a constant struggle. Many of the required appointments for children must occur during the day. Transportation for families continues to be a challenge, but some regions have tried to develop transportation contracts to address this issue. With the high price of gasoline, the number of agencies wanting to enter into a transportation contract is limited.

**Strengths and Promising Practices**
The Department has completed a TNKIDS enhancement that will allow managers and supervisors to evaluate individual worker performance on the case planning process. Issues that are identified can be addressed through professional development and engagement skill acquisition. FSW caseloads are meeting current state standards and this allows workers more time and flexibility to arrange meetings according to the needs of the family.

**Item 26: Periodic Reviews.** *Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a Court or by administrative review?*

**Summary Response**
DCS continues to focus on making sure that every child’s case is reviewed no less than every six months. Local courts, or Foster Care Review Boards acting on behalf of the court, formally review cases at least every six months. Timeliness and productivity of some of the Foster Care Review Boards can at times present challenges to a child’s case. There is some variation in roles and responsibilities for Review Boards from county to county, which can create confusion for workers and families.

**Performance on CFSR Round 1**
Item 26 was rated as a Strength in the last CFSR. The Department had a process in place for the periodic review of the status of each child and the reviews were conducted in a timely manner. Although DCS and the courts had a strong process in place, it was noted that statewide consistency did not exist and each Review Board was independent of the others. This continues to be the case, and some review boards are more effective than others. The Department has...
partnered with the Administrative Office of the Courts (AOC) to bring some consistency through trainings to members of the review boards and to DCS staff.

**Policy and Practice**
State law requires the local Juvenile Court or its Foster Care Review Board (FCRB) to review the progress of the permanency plan for each child in out of home care within ninety calendar days of the date of the child’s placement in custody and no less than every six months thereafter, for so long as the child remains in state custody. The Department requires that quarterly progress report forms be completed every ninety (90) calendar days from the date of custody. In courts where no Foster Care Review Board exists or is not being held on a regular basis, quarterly progress reports are submitted to court via legal referral asking for a motion to submit for all youth in state custody, though the vast majority of jurisdictions in Tennessee utilize FCRBs.

Court proceedings are an integral part of the Department’s work. The Foster Care Review Board provides another mechanism through which to monitor the care and permanency of all children in state custody. The court is charged with the task of periodically reviewing permanency plans to ensure reasonable efforts are being made to achieve a permanent home for each child. DCS is responsible for keeping the court informed of the progress of all children under its care. The quarterly progress report provides the court with a clear description of how the child is doing, including the quality of visitation, educational level, interdependent living, and any medical/dental/treatment needs. It also ensures that diligent efforts are being made to locate other relatives. The court reviews for progress on action steps and outcomes from the permanency plan and make recommendations for next steps. The FSW secures a written report of the findings of the review and includes it in the child’s case file. Report information and review dates are entered into TNKids.

**Measures and Assessment of Performance**
Most of the numerical data that informs the remainder of this response comes from the Court Improvement Project (CIP)’s *Re-Assessment of Tennessee’s Judicial Process in Foster Care Cases (CIP Reassessment)*, which was released in June 2005 and based on information gathered for a significant period of time before that. For the CIP study, FCRB members were surveyed across the state. Survey topics likely related to the quality of review hearings included length of reviews and persons in attendance.

**Length of Reviews**
Fifty four percent (54%) of board members indicated that the average length of review for cases is between 10 - 19 minutes. Only five percent (5%) of board members surveyed reported spending an average of 45 or more minutes reviewing case. The short duration of the majority of board hearings gives rise to questions regarding the ability of the board to perform its duties effectively.

**Attendance at FCRB Hearings**
Directly related to the average length of review hearings is the presence (or lack thereof) of persons at the review with valuable information. The *CIP Re-Assessment* examined the participants that usually or always appear at board hearings. Table 26-A, below, reflects this data as stated by FCRB members ONLY.
The survey indicates that, per FCRB members, attorneys and treatment providers are noticeably absent form FCRB hearings. While FCRB members estimate attendance by children 12 and older at 68% in dependency proceedings, foster youth reported attendance - for both dependency and delinquency FCRB hearings - at only 47%. Similarly, while FCRB members estimate resource parent attendance at 81% for dependency proceedings, resource parents report the figure at 61%. Foster youth and Resource Parents surveyed reported their attendance at hearings to be significantly lower than that reported by board members, while (as shown above), FCRB members showed those figures Only 43% of foster youth over the age of 12 and 61% of Resource Parents reported attending FCRB hearings. Biological parents were not surveyed, so no comparisons can be made between their estimates and those of the FCRB members.

**Notification and Accessibility of FCRB Hearings**

Data from the Reassessment suggests that notification and accessibility of the FCRB hearings may be a barrier to greater attendance. Resource Parents overwhelmingly indicated that DCS is the entity providing notice of FCRB hearings. The majority of Resource Parents report “usually” or “always” receiving notice of FCRB hearings 60% of the time, with notice often coming within a week of the hearing. Over 70% of Resource Parents report that DCS provides no assistance so that the Resource Parent can attend the hearings, i.e. baby-sitting, transportation, though the data does not indicate if assistance had been requested.

**Training for FCRB Hearings**

The CIP is the sole provider of training for FCRBs across the state and has been doing so since 1998. In 2007, the CIP offered FCRB training to 51 counties. Attendance varied in each county, but multiple different parties took part in the trainings, including court staff, attorneys, DCS staff and private agency staff.

**Effectiveness of CIP Program**

The CIP Re-Assessment measured perceptions of DCS attorneys, FCRB members, judges and DCS attorneys on the extent to which the CIP program has improved the Foster Care Review Board process in their respective counties. On a four measure scale, not including a “don’t know”
category, a total of 67% of responding judges indicated that the CIP program has improved the FCRB process “somewhat” or “quite a lot” - the two middle values - while an additional 20% indication “substantial” improvement (the highest rating). Over half (56%) of DCS attorneys responded with “don’t know,” while 15% was reported in both the “somewhat” and “quite a lot categories,” with 12% reporting “substantial” improvement and only 2% indicating no improvement because of the CIP program. Eighty-two percent (82%) of FCRB members responded that CIP has improved the process “somewhat” (27%), “quite a lot” (32%) or “substantially” (23%).

**Barriers**
According to DCS policy 16.32 (B) (1), the FSW has the discretion to follow the recommendations of the Board, making it very difficult for all parties to place value in the Review Board’s assessment and recommendations. However, as a matter of practice, FSWs are encouraged to respond to the recommendations made by the FCRBs since they are an extension of the Juvenile Court designed to assist the court with the high volume of cases that must be reviewed annually. Formal feedback can be provided to the FCRBs in one of two likely fashions: FSWs and/or supervisors can appear at a subsequent hearing to provide a verbal report, or the FSW can submit a written report to the board. Additionally, each region has designated one person as the contact for FCRB chairs or others on non-case specific concerns arising out of the FCRB process. At the state level, the Director of Foster Care has been designated as the contact if concerns not be resolved regionally or if they point to a statewide systemic issue. The Director of Foster Care estimates having been contacted only a couple of times in approximately the last two years on FCRB issues. Local DCS staff also are assigned to receipt information on issues of concern arising out of FCRB cases.

There is some inconsistency across the state regarding how judges utilize the findings of the review boards. Some judges place a high value on what is recommended, but some others do not appear to consider FCRB findings relevant, thus raising the potential for significant confusion for workers and families. There also is confusion in some locales between DCS and court staff as to who bears the responsibility and authority over the boards in their respective counties. In some counties, the court does not exercise any control or authority over their Foster Care Review Board, including appointment of members.

The number of Foster Care Review Boards in each county varies widely across the state. For example, Shelby County, the largest county in the state, has only two boards to review cases. On the other hand, Davidson County, the second largest county in the state, has 13 boards. Thus it would seem apparent that just two review boards could not possibly provide quality reviews given the number of cases in Shelby County.

**Strengths and Promising Practices**
Some counties have developed specialty boards in the areas of delinquency and DCS guardianship cases. In 2008, the CIP plans to develop training for counties to create boards specializing in older foster youth and independent living services. The review boards will work with Interdependent Living Specialists to recruit youth who are receiving post-custody services.

DCS is working with the AOC CIP to form a stakeholder group to evaluate the FCRB process and determine if any changes can be made to improve the system. Although this review was originally scheduled for 2008, it will be postponed until 2009 due to the number of other initiatives and strategies that are currently underway by CIP.

*Statewide Self-Assessment: Tennessee Department of Children’s Services*
*June 2008*
Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified Court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Summary Response
DCS has a process in place to ensure that every child in foster care has a permanency hearing during the required timeframes. The policies and statutes specify the permanency planning process. Relationships with the judicial system have improved, allowing DCS legal staff to work with courts that are having difficulty with permanency decisions. DCS legal staff has also been able to encourage the courts to make the tough decisions about terminating parental rights and expediting permanency for children. Although there are still problems with delays and frequent continuances in the court process, this continues to be a strength in Tennessee.

Performance on Round 1 CFSR
This area was rated as a Strength during the previous CFSR and continues to be a strength. At the time of the last review, DCS had recently increased the number of legal staff, which greatly improved permanency hearing outcomes.

Policy and Practice
Policy 16.31 Permanency Planning for Children/Youth in DCS Custody clearly outlines the requirements for permanency planning. Permanency plans must be approved by the court within sixty calendar days of the date a child first enters state custody. The court is required by law to review the requirements, goals, and progress on the permanency plan of each child in state custody, including in-state and out-of-state permanent placement options. If a child is already in an out-of-state placement, the hearing must determine whether the placement continues to be appropriate and in the child’s best interest. DCS must revise the permanency plan at least every twelve months until permanency is achieved or until the child reaches the age of majority. The court or DCS may request permanency hearings more frequently than every twelve months in order to review the permanency plan of each child in custody.

Following the ratification of the Permanency Plan, the court shall hold a permanency hearing within twelve months of the date of a child’s placement in state custody and every twelve months thereafter until permanency is achieved or until the child reaches the age of majority. Even though permanency plans and other documents are developed for juvenile justice YDC youth by DCS policy, the permanency plans for children/youth placed in YDCs are not submitted or reviewed by the court unless the court issues a directive. When a youth placed in an YDC is released and/or stepped down, a permanency plan must be completed and approved by the court within sixty calendar days of the date of step down.

The purpose of permanency hearings is to review the appropriateness of the established goal(s) and to review progress that has been made toward achieving the stated permanency goal(s). Permanency hearings also provide an opportunity to review services provided to the child and/or family. Outcomes of the hearings are documented in the child’s case record and entered into TNKids.

The Court Improvement Program conducts a Legal Advocacy in Child Dependency and Termination Proceedings training in which permanency hearings are addressed. The content of the training focuses on the significance of the permanency hearing, including emphasis on the fact
that it is to be a full evidentiary hearing. Specific detail is given as to the roles and responsibilities of both the parent’s attorney and the GAL. It is important to note that DCS legal staff always present at these trainings.

**Measures and Assessment of Performance**
As with Item 26, it must be noted that there is a gap in recent data on many of the issues raised in this item, as reliance is again heavy on the 2005 *CIP Re-Assessment*, which, while a very good tool, is outdated.

**Occurrence of Hearings within 12 Month**
In addition to running regular reports to track compliance with timely completion and ratification of permanency plans, DCS’ TNKids system tracks dates of permanency hearings but does not run regular reports. DCS attorneys are responsible for ensuring that their courts timely schedule hearings. Various internal reviews, including the 100 day, 9 month and 12 month reviews conducted by top agency program and legal leadership, involve working directly with staff so that cases stay on track, and timeliness of permanency hearings has not been identified as an issue. A review of four counties by AOC CIP staff for the 2005 *CIP Re-Assessment* noted a range of compliance with the 12 month requirement, with compliance rates of 89%, 83%, 53% and 43%.

**Quality of Permanency Hearings**
The 2005 *CIP Re-Assessment* evaluated the quality of permanency hearings as it relates to the substantive information gained during the hearing. The survey indicates that seventy-four percent (74%) of DCS attorneys report that permanency hearings are “usually” or “always” evidentiary hearings. Twenty-four percent (24%) of DCS attorneys perceive GALs as “usually” or “always” presenting testimony or evidence at permanency hearings, which is close to the GAL self-report of 28% “usually” or “always” on testimony or evidence presentation. Thirty-five percent (35%) of DCS attorneys perceive parent’s attorneys as “usually” or “always” presenting testimony or evidence at the permanency hearing 35% of the time, while 57% of parent’s attorneys reported “usually” or “always” presenting testimony or evidence.

**Attendance of Stakeholders in Permanency Hearings**
The *CIP Re-Assessment* evaluated the attendance of necessary parties at permanency hearings. The table below reflects responses received about the participants that “usually” or “always” attend the permanency hearings.
Participants Who “Usually” or “Always” Appear at Permanency Hearings

<table>
<thead>
<tr>
<th>Participant</th>
<th>Dependency Proceeding</th>
<th>Delinquent Proceeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>49%</td>
<td>57%</td>
</tr>
<tr>
<td>GAL</td>
<td>71%</td>
<td>NA*</td>
</tr>
<tr>
<td>CASA</td>
<td>45%</td>
<td>NA*</td>
</tr>
<tr>
<td>Child’s Attorney</td>
<td>NA*</td>
<td>53%</td>
</tr>
<tr>
<td>Custodial Parent</td>
<td>82%</td>
<td>67%</td>
</tr>
<tr>
<td>Custodial Parent’s Attorney</td>
<td>67%</td>
<td>NA*</td>
</tr>
<tr>
<td>Non-custodial Parent</td>
<td>37%</td>
<td>32%</td>
</tr>
<tr>
<td>Non-custodial Parent’s Attorney</td>
<td>35%</td>
<td>NA*</td>
</tr>
<tr>
<td>DCS Case Manager</td>
<td>86%</td>
<td>75%</td>
</tr>
<tr>
<td>DCS Attorney</td>
<td>82%</td>
<td>71%</td>
</tr>
<tr>
<td>Resource Parent</td>
<td>45%</td>
<td>NA*</td>
</tr>
<tr>
<td>Treatment Provider</td>
<td>NA*</td>
<td>36%</td>
</tr>
</tbody>
</table>

* NA indicates the given participant was not a listed selection on the survey.

Participation of attorneys at the permanency hearing is significant because all parties are entitled to an attorney to represent their respective best interests. According to the 2005 CIP Re-Assessment surveys, 15% of custodial parents in attendance responded that there were not represented by counsel at the permanency hearing. The same surveys indicate that, as of 2005, custodial parents continued to be under-represented by counsel at pivotal hearings throughout the dependency proceedings. The data does not indicate what percent, if any, of these custodial parents had waived their right to counsel.

Attendance of Resource Parents and non-custodial parents appeared to be consistently low at the permanency hearings. Less than 45% of the resource parents reported attending the permanency hearings. Over 90% of Resource Parents report they do not testify. One-quarter of Resource Parents indicated they have had information about the child or family but were not allowed to testify. This has also been reported through statewide surveys that have been conducted with resource parents. Resource parents state they have even been told by judges that they did not have a voice in the hearings. The absence or lack of participation of these individuals equates to a loss of a source of information regarding the case.

The 2005 CIP survey also indicates that children (all ages) are “always” or “usually” at hearings in only 49% of dependency cases and in only 57% of delinquency proceedings, the latter of which obviously involve older children.

Given all of the concerns noted, it is difficult to express a high level of confidence that most hearings are effective. Taken alone, the fact that only ¾ of permanency hearings were reported to be evidentiary hearings (as of 2005) is troubling, since permanency hearings obviously are a time for all parties to be heard for judicial decision about the progress, efforts, needs, goals and best interest of the child. DCS does have counsel present a significant amount of the time, and best practice is to advocate for appointment of adverse counsel, while seeking not to inappropriately...
delay needed permanency hearings. AOC CIP indicates that it has not observed permanency hearings.

**Barriers**
As noted in the previous CFSR, the process is in place to ensure these reviews do occur. However, not all relevant parties are always in attendance to make this a meaningful event. In addition, not all judges place a value on the information that can be shared by all parties, especially the resource parents. Since it is believed that all of the reviews occur during day time hours, thus making it difficult for parents and resource parents who work during the day to attend. Teenagers often do not want to miss school on certain days due to tests or other school activities. With too many appointments and meetings occurring during the day, parents, resource parents, and youth must decide which meetings they are willing to miss work or school to attend.

**Strengths and Promising Practices**
This is an area that is being monitored by the Court Improvement Program and by DCS and evaluated through exit interviews with resource parents. Results of the this information-gathering should be utilized to develop strategies for improving attendance at hearings.

Most regions also utilize the 100 day, 9-12 month and backlog reviews to help expedite permanency and the legal staff has an integral part in this process. Some regions also have several GALs that participate in this process and work well with DCS legal staff. Keeping court officials actively involved throughout the planning process may help establish more meaning for the hearings and thus increase the attendance by all parties. Other regions, like Knox County, have a CQI group working with the Court to address issues that arise between DCS and the court.

**Item 28: Termination of Parental Rights.** Does the State provide a process for Termination of Parental Rights (TPR) proceeding in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

**Summary Response**
For children who cannot be safely returned to the custody of their families or extended families within a reasonable period of time, the Department must act promptly to terminate parental rights and place the child in a permanent home. Because Family Service Workers and attorneys are devoting more time to these cases and teaming more effectively and efficiently, the Department has made considerable progress in reducing the number of children in custody for more than 15 months for whom TPR has not been filed - from over 1900 when the reviews began in November 2006 to 836 children as of June 30, 2007.

**Performance on Round 1 CFSR**
Item 28 was rated as an Area Needing Improvement during the first CFSR because TPR was not done in all cases in accordance with AFSA.

**Policy and Practice**
Departmental policy, procedure, and the Adoption Best Practice Manual have been created or revised to ensure that DCS has a clear process for termination of parental rights. The current policies and accompanying procedures were created to ensure that the provisions set forth in the Adoption and Safe Families Act (ASFA) were met by the Department. The Department’s TNKIDS system automatically tracks the length of custodial episodes for each child in state custody and alerts the family services worker when the child has remained in care for 13 months with no TPR.
Policy requires that a CFTM be held at least every three months to determine if it is in the child’s best interest to pursue a goal of adoption. If the team agrees upon a goal of adoption, the Department is still mandated to document and ensure that reasonable efforts are made to return the child/youth to the parent or caretakers until a termination is granted.

If a goal of adoption is approved by the child’s team, the Permanency Specialist will immediately register the child on the REACT Database (Resource Exchange for Adoptable Children in Tennessee). All children who are in state guardianship or have the goal of adoption must be registered and maintained in current status in REACT. REACT data provides Permanency Specialists and private provider staff with information necessary to identify families who are most suitable to meet the needs of children who may need permanent families. From the point of a child’s entry in the REACT system, the child’s progress toward permanency is tracked until a permanent placement is found.

DCS policy outlines steps and reasons for pursuing termination of parental rights. There are explanations of when parents or guardians may voluntarily surrender their rights versus an involuntary surrender. Grounds for termination of parental rights such as abandonment, wanton disregard, lack of concern and substantial non-compliance with the permanency plan are some of the instances in which the Department can move forward and pursue termination of parental rights. If such a course is followed in order to gain permanency for a child, the Department must carefully document the progress in achieving termination of parental rights and adoptive placement.

The Brian A. lawsuit language also spells out some of the guidelines for TPR. Within 90 days of permanency goal changing to adoption, the DCS attorney should file the TPR petition so long as a legitimate basis for termination exists. DCS should take all reasonable steps to ensure that the date of the trial court order granting full guardianship is within eight months of the filing of the TPR and that the date of the finalization of the adoption or the date the child achieves permanent guardianship is within 12 months of full guardianship. All children who have been in custody for 15 months or more with no TPR petition filed shall be reviewed by the Commissioner or her designee.

Measures and Assessment of Performance

There are a number of reports available and being utilized to assess and improve our practice to ensure timely permanency through adoption. These are pulled and monitored monthly and quarterly by Central Office program and legal staff. These reports are also monitored by the regional program and legal staff.

Children in Custody 15 Months with No TPR

The Department has made considerable progress in reducing the number of children in custody for more than 15 months for whom TPR has not been filed—from over 1900 when the reviews began in November 2006 to 836 children as of June 30, 2007. Currently, there are less than 500 children in custody for more than 15 months for whom TPR has not been filed.

Permanency Plan Goal of Adoption TPR Activity Compliance Report

The Permanency Plan with a goal of Adoption TPR Activity Compliance report monitors all permanency plans with a sole goal of adoption until full guardianship and adoption is achieved. It may be run to include a dual goal.
For the period of May 1, 2007 through April 30, 2008, for all children with a sole goal of adoption established for three of more months, eighty-one (81%) percent had a TPR filed within three months. While the Southwest, Northwest, Hamilton and Knox county regions achieved 100% compliance for this period, the Shelby county region struggled with only fifty-four (54%) percent compliance.

**Brian A. 8 or More Months from Petition to TPR Summary Report**
The Department is working to take all reasonable steps to ensure that the date of the trial court order granting full guardianship is within 8 months of the filing of the TPR. For the period of May 1, 2007 through April 30, 2008, for all of the TPR orders obtained, 57% of these were obtained in less than 8 months. While the Knox County region obtained these orders 88% of the time in less than 8 months, the Southeast region was only able to obtain 30% of them in 8 months.

**Length of Time from Guardianship to Permanency Summary Report**
The Department is working to ensure that children in full guardianship exit state custody with a permanent family through guardianship or adoption within twelve (12) months. For all children and youth who achieved permanency from May 1, 2007 through April 30, 2008, 81% of them achieved permanency within 12 months of entering full guardianship. While only 66% of the children and youth in the Southeast region achieved permanency within 12 months of entering full guardianship, 93% of the children and youth in the Southwest region were able to do so. Again, there is a wide discrepancy in regional practice.

**Barriers**
While the Department has made tremendous improvement in its efforts to ensure that, when needed and appropriate, children and youth who are legally free for adoption in a timely manner, there remain some barriers.

The Department is working to ensure that every child has a fully engaged team of support as soon as possible to ensure the provision of needed, individualized supports and services, there are some counties where this is implemented with a high level of quality and others where this quality, effective early engagement and provision of support services is not occurring in a manner that will ensure timely permanency through adoption.

As outlined in region and county specific detail, the newly developed Child and Family Team reports indicate a wide level of discrepancy regarding the engagement of birth mothers, birth fathers and extended family in the formal Child and Family Team Meetings. For example, for the Period October 1, 2007 – December 31, 2007, the Upper Cumberland region had a lower percentage (20.3%) of birth/legal fathers engaged in the Initial Child and Family Team meeting while the Northeast region had the highest percentage of birth/legal fathers (44.1%) engaged in this Initial Child and Family Team Meeting. This is one indication that the diligent search process is not taking place with a high level of consistency and quality throughout Tennessee and this remains a barrier to timely permanency through adoption.
Strengths and Promising Practices
The Department is currently developing a process for capturing, tracking and reporting on the following:
- explanatory data for cases in which a termination petition is not filed within 90 days of goal change;
- efforts made for cases that fall outside the 8 month “TPR to final order” time line; and,
- reasonable steps taken for cases that go longer than 12 months from full guardianship to adoption finalization.

The Department anticipates generating monthly lists of the cases falling into each of these categories, sorted by region, and developing a review process for those cases. At present, the Department has not projected a date by which this review process will be in effect.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for Resource Parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Summary Response
Although the Department has put significant effort into endeavoring to notify all appropriate parties regarding the permanency hearings and reviews, and it appears that there has been significant improvement, timely notice may still be something of a challenge. New legislation, as well as training, should help address this issue to a very significant degree.

Performance on Round 1 CFSR
Item 29 was an Area Needing Improvement during the last round of CFSR. Although DCS had a process for notifying Resource Parents, pre-adoptive parents, and relative caregivers of review or hearings and an opportunity to participate, stakeholders commented that there was confusion regarding who was responsible for providing notice.

Policy and Practice
According to Tennessee Codes Annotated 37-2-402,403,404,408 and 409, a written permanency plan must be developed in collaboration with the child and family during a Child and Family Team Meeting (CFTM) for all children/youth adjudicated dependent/neglect or unruly under 18 years old and for all children/youth under 19 who have been adjudicated delinquent that are in the custody of DCS. State law requires that the Juvenile Court of venue review the case of each child in foster care within 90 days of custody and twelve months of the date of foster care placement.

According to DCS policy, the FSW is to notify the parent of the time and place of the review, unless parental rights have been terminated. The FSW should also invite non-relative resource parents, kinship care resource parents, Guardian Ad Litem, the parents’ attorneys, and the child, if the child is age six or older and it is appropriate for the child to participate. Notice must be provided to all team members and documented in TNKIDS at least seven calendar days before the hearing if done by phone or in person and ten calendar days in advance if notice is given by mail. As described in the Strengths and Promising Practices section, below, recently-amended legislation should support improvement on notice requirements.

Scheduling of Permanency Planning hearings is the responsibility of DCS. In larger areas, notably the four largest cities in the state (Nashville, Knoxville, Chattanooga, and Memphis), the Juvenile
Court assists with scheduling. Each case record is to include Initial Child and Family Team Meeting, the Initial Permanency Planning Child and Family Team Meeting, the Discharge Child and Family Team Meeting, and any CFTM scheduled as the circumstances for the child or family changes.

The success of the reviews and the hearings depends upon the skill, ability and knowledge of the FSW to notify and engage the appropriate parties of the hearings/reviews and then follow-up with the parties to support their participation. FSWs have embraced the CFT model, but a few continue to minimize involvement of Resource Parents. To support this, PATH training for resource parents includes information provided by a panel of experts on notice, participation rights, requirements and roles and responsibilities related to hearings. The panel consists of CASA volunteers, GALs, birth parents, resource parents and FSWs.

The Foster Care Review Board training provided by CIP includes information on the right of Resource Parents, prospective adoptive parent or relative providing care for the child to be heard in court at hearings and reviews. The Boards are trained that these individuals, if present, should testify at each review hearing, though they are not a party to the proceedings. Training also includes the need to assure that these individuals have been notified of the hearings. The trainings include Foster Care Review Board members, court and DCS staff, Resource Parents, CASA and others involved in child welfare.

**Measures and Assessment of Performance**

Data gathered during DCS Exit Surveys conducted January - June 2007 with resource parents whose homes were closed during the first six months of 2007 strongly indicates that resource parents are receiving the notification of hearings and reviews. According to the survey, 74.6% of resource parents who responded reported that they attended CFTM meetings. In the same survey, some resource parents reported that they were in attendance at the hearings, but the court would not let them speak or be heard. In addition, 66.4% report that they were given copies of the permanency plans. DCS has made progress scheduling the CFTMs around the birth parents’ and resource parents’ work schedules; however court hearings typically are held during the day, making it difficult to ensure that birth parents and resource parents can/will attend. AOC CIP staff report getting anecdotal reports of problems with notice not coming or coming shortly before the hearing, particularly with regard to FCRB hearings. CIP indicated a lack of current knowledge on the issue of court (as opposed to FCRB) hearing notices.

**Barriers**

As noted above, there are several barriers to notifying and ensuring that the appropriate parties attend the meetings, reviews, and hearings. Parents may receive notices the day before the hearing or only a couple of days before the reviews. The FSW has been noted as a barrier in some instances, when parents indicated that they were not invited to the hearings or reviews in court because the FSW believed their information was not needed.

**Strengths and Promising Practices**

The CFTM model promotes the inclusion of the birth parents, resource parents, pre-adoptive parents and relative caregivers in case planning. FSWs are beginning to value the role of the resource parent as a professional member of the team. In the past, many resource parents did not know they could be included and therefore did not inquire about meetings, hearings, or reviews. The Resource Parent Advocacy Program has helped educate resource parents regarding their role in the teaming process.

*Statewide Self-Assessment: Tennessee Department of Children’s Services*  
June 2008  
- 28 -
In 2007, the Supreme Court submitted legislation proposed by the CIP work group to amend T.C.A. § 37-2-416 to require that the Juvenile Court determine whether DCS had provided the notice of hearings to the Resource Parents, prospective adoptive parents or a relative providing care for the child. This amendment became effective July 1, 2007. In a letter dated September 5, 2007, the Supreme Court notified the Juvenile Court Judges of this new requirement and that the order of each hearing should include documentation to this effect. The Supreme Court’s Action Plan Workgroup (AKA Supreme Court Committee, a multi-disciplinary group that includes DCS) submitted legislation to the General Assembly during the 2008 legislative session to amend T.C.A. § 37-2-416. The new amendment requires DCS to provide Resource Parents, prospective adoptive parents or a relative providing care for the child with notification of the right, as opposed to mere opportunity, to be heard in any review or court hearing. The legislation was enacted, with an effective date of July 1, 2008.
QUALITY ASSURANCE SYSTEM

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Summary Response
Through the Division of Evaluation & Monitoring (E&M) of the Office of Performance and Quality Improvement (PQI), the Department has put in place a process to monitor and evaluate the performance of providers who have contracts to deliver services to children and families. These monitoring activities provide protection to the children served by these agencies by establishing and enforcing standards that provide for the children’s basic health, safety and well-being. The primary activities related to this monitoring are carried out through the Program Accountability Review (PAR) and Licensure teams. While the activities of both the Licensure and PAR teams have been largely quantitative in the past, there is ongoing work within E&M to infuse a more qualitative bent to these reviews in order to better serve children and families.

Performance on Round 1 CFSR
Item 30 was rated as a Strength during the first CFSR. DCS had implemented standards to ensure that children in foster care were provided quality services. Policy established standards for assessment, permanency planning, and social welfare practice for which case workers, foster homes, and contract agencies were accountable.

Policy and Practice
Standards for Professional Practice
As noted in the Overview, the Department has developed a set of nine Guiding Principles and the associated standards for professional practice which forms the foundation for work with children and families. Additionally, the standards of COA and other membership organizations guide performance. The monitoring and licensure entities within PQI/E & M establish additional standards according to rules and regulations identified by the Department of F & A, by statute and, as to PAR monitoring, in accordance with the DCS Provider Policy Manual for the purpose of monitoring for contract compliance and, to a limited degree, to assess the quality of services. The DCS Practice Wheel identifies the way the Department works with families and other stakeholders within the child welfare system. Service providers are also expected to do their work consistent with this vision.

The nine key outcomes identified with and monitored by Chapin Hall also guide the work. Key outcomes are tracked for every region within the state, as well as for providers who have transitioned to performance-based contracting.

Program Accountability Review
PAR monitors agencies that contract to provide services to children and families. Monitoring, as defined by PAR, is the review process used to determine a subrecipient’s compliance with terms of the contractual agreement and the requirements for administering the program; adhering to applicable laws and regulations; and measuring progress toward stated results and outcomes. Monitoring also includes the review of internal control to determine if the financial management and the accounting system are adequate to account for program funds in accordance with state
and/or federal requirements. Monitoring should result in the identification of areas of non-compliance with the expectation that corrective action will be taken to ensure compliance.

**Licensure**

Licensing standards are developed by committee and promulgated through public hearings and review by the legislature. Licensure staff conducts annual reviews to ensure compliance with licensure standards. In addition, unannounced visits to these agencies are conducted on a regular basis, but at least three times per year. Reviews also are conducted in response to complaints received for specific agencies. A written summary of all findings/observations is generated for each review or site visit conducted by a Licensure Consultant, regardless of the scope of the review. All licensing summaries are available for public review through open records laws.

The DCS Licensure Unit provides licensing and oversight to all Child Abuse Prevention Agencies, Domestic and International Adoption Agencies, Temporary Holding Resources, Residential Child Care Agencies, Detention Centers, Family Boarding Homes, Group Care Homes, Child Placing Agencies and Runaway Houses operating within the state of Tennessee.

**Placement Quality Team (PQT)**

PQT is a cross-functional CQI team of Central Office staff from multiple DCS divisions who meet regularly to discuss provider related issues, both systemic and agency specific, and make critical decisions when issues of concern are identified. A number of possible action steps can be enacted based on the issues presented to the PQT, as it pertains to provider agency substandard performance. For example, technical assistance may be provided to the agency in order to assist a provider in its efforts to improve performance in some specific area(s). In situations where the substandard performance is so critical that it places children in the program at risk in some capacity, provider sanctions are enacted. Such sanctions include: placing a freeze on all new admissions to the program; requiring the regional staff to remove all children from the program immediately; amending the current contract status of the agency; canceling the contract with the agency. Findings regarding provider performance are addressed through corrective action plans that are managed by a subgroup of the PQT.

**Targeted Reviews/Clinical Reviews**

In situations where the PQT might require additional information regarding a provider’s performance in some key area of case management or treatment planning and execution, the team might request special targeted reviews of case files or other documents, such as treatment plans. Special clinical reviews may be requested from Department clinicians and other professionals in order to assess the therapeutic effectiveness of Level 3 and Level 4 services. This information is then used by the PQT to determine the proper course of action regarding provider performance.

**Internal Child Death Review**

According to the Department’s policy, DCS shall conduct a comprehensive, multidisciplinary forensic review of the circumstances surrounding the death of a child/youth in custody or during an active Child Protective Services (CPS) investigation at the time of death. The findings from these reviews are used to improve the delivery of services to children, youth and families, to improve the health and safety of children and youth, and to take action that may prevent other deaths in the future.
Measures and Assessment of Performance

PAR

The following information is excerpted from the Policy 22 Subrecipient Contract Monitoring Plan for FY 2007-2008:

- **Total Subrecipient contract population**
  The total subrecipient contract population for FY 2008 includes 306 contracts with a total liability of $208,512,472.30.

- **Subrecipients to be monitored during FY 2008**
  The aggregate current year maximum liability value of the contracts to be monitored during the FY 2008 year is $157,891,558.03, which is an amount greater than 2/3 of the aggregate current year maximum liability value of the entire DCS subrecipient grant population, and the contract count of 138 is greater than 1/3 of the total number of all subrecipient contracts executed for 2008 by DCS, as required by Policy 22.

- **Risk assessment process**
  Establishing the level of “risk” for a given subrecipient involves the evaluation of several factors, such as: operating systems, internal controls, experience with government contracts, financial/budget impact, and results of prior monitoring reviews or audits. Other areas that help identify the subrecipient’s risk level include: financial problems that could lead to diversion of program funds, loss of essential personnel, loss of license or accreditation to operate the program, rapid growth, new activities or services, organizational restructuring, and complaints regarding program and/or fiscal operations.

- **Annual Monitoring Plan**
  The monitoring plan, as submitted to F&A, ensures that over a three year period all of the contracts will be monitored. The contracts that are targeted for review each fiscal year include the highest risk providers and all of the residential providers.

**Licensure**

The Department has recognized need for case workers in the regions to be able to quickly access licensure verification for potential providers being accessed through regional flexible funding. To this end, the Licensure unit periodically provides a list to the regions of contracted and subcontracted providers, as well as contact information for licensure staff in the event that there are questions about the licensing status of a particular program. This list also includes those programs licensed by the Department of Mental Health and Developmental Disabilities (MHDD).

**Barriers**

The Department feels confident in its monitoring activities for residential providers through the PAR and Licensure units. However, there has not been any meaningful monitoring for the family preservation and reunification service providers who are accessed through the Child and Family DPA. PQI recently developed a business process map that produced a detailed pathway for PAR, Licensure, and DPA monitoring activities. The next step is for the PAR and Licensure directors to develop a specific protocol for executing monitoring functions for the DPA. This protocol is targeted to be in place by July 2008.

**Strengths and Promising Practices**

The Licensure unit has initiated visits to regions in order to engage in a dialogue with regional staff regarding the licensing process, and to also discuss how regional and Central Office staff might work together to establish a more effective monitoring program. The Department has encouraged...
direct feedback from case workers to the Central Office Licensure staff, who are in and out of programs much more frequently than any monitoring entity possibly could be.

**Item 31: Quality Assurance System.** Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

**Summary Response**
Through the Office of PQI, the Department has in place a quality assurance system designed to evaluate best practice casework, implement improvement strategies, and monitor performance. The primary tools utilized to that end, are the Quality Service Review (QSR) and the Continuous Quality Improvement (CQI) process.

**Performance on Round 1 CFSR**
Item 31 was Strength during the first CFSR. DCS had a quality assurance system that evaluated the quality of services, identified strengths and need of the service delivery system, provided relevant reports, and evaluated program improvement measures.

At the time of the last CFSR, the Department had recently created a small Quality Assurance Unit in 2001. However, as the Department developed a more sophisticated approach to quality assurance, the role and responsibilities of that unit expanded. In the latest development in the evolution of the Department’s Quality Assurance Program, the Department has established an Office of Performance and Quality Improvement (PQI) which is now responsible for the specific QA Unit responsibilities enumerated in the Brian A. Settlement Agreement. Prior to the creation of the PQI Office, quality assurance related functions were distributed among a variety of units and divisions, creating considerable confusion about roles and responsibilities and limiting the effectiveness of the Department’s quality assurance efforts.

**Policy and Practice**

**Quality Service Review**
It is the Department’s policy to provide a QSR for each region on an annual basis and to report the data back to the regions, as well as to other stakeholders, as a way to measure the Department’s progress at improving system performance. Additionally, each region is expected to conduct their own QSRs (“mini-QSR”) on an ongoing basis as part of their CQI process. Thus the QSR is used both as a way to develop a statewide agency assessment as well as a way for regions to measure their own performance. In this regard, the Department has developed and implemented QSR to serve as an Annual Review. The QSR annual review is a random, stratified sample that includes over 200 dependent/neglected children (drawn from each region of the state) as well as cases involving delinquent children.

The E&M Division within the Office of PQI coordinates an annual QSR for each of the twelve DCS regions. These QSRs are conducted by reviewers from a cross-section of stakeholders, including Central Office staff, regional staff, and staff from outside agencies such as TCCY and TCCW. When the annual regional QSR is completed, an exit discussion is led by the QSR review team. At this time, the regional staff is given some early feedback regarding the results of the review, and some of the strengths and weaknesses of the regional performance can be discussed. Once all of the data has been checked for accuracy, a final report is shared with the Commissioner, the
Central Office core leadership team, the regional administrator, the Tennessee Commission on Children and Youth (TCCY) and the Tennessee Center for Child Welfare (TCCW). The final report presents the scores for all of the service indicators and compares them to prior QSR results. In addition, the report includes story narratives that summarize the findings from the specific cases that were reviewed. These narratives provide rich material for mining information that can be helpful for improving regional casework performance. This information can also be shared with the other regions as examples of lessons learned.

The primary goal of the regional mini-QSR is for each region to build and maintain a Quality Service Review infrastructure in order to implement appropriate use of QSR to understand and improve practice. The core objectives can be summarized as follows:

**Objective 1:** Promote consistency and continuity in each region for uniform and standardized QSR reviewer development.

**Objective 2:** Utilize staff to support the use of QSR as a coaching tool and to preserve the integrity of the QSR process.

**Objective 3:** Utilize the Regional Point Person, QSR Coaches and Lead Reviewers to strengthen the regional QSR infrastructure and the ability to use QSR for coaching and mentoring daily practice to support quality casework.

**Continuous Quality Improvement**
The overarching goal of CQI is to empower DCS staff at all levels to assume an active role in improving overall organizational performance, by continually improving the system of care and the services that are provided to all stakeholders, in order to improve the outcomes experienced by children and their families. For example, information learned through the QSR is then feed into the CQI process for analysis, brainstorming, planning, implementation, tracking and adapting.

CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on "process" rather than the individual, it recognizes both internal and external "customers" and it promotes the need for objective data to analyze and improve processes. The following items identify the core steps in CQI:

- Form a team that has knowledge of the system needing improvement.
- Define a clear aim.
- Understand the needs of the people who are served by the system.
- Identify and define measures of success.
- Brainstorm potential change strategies for producing improvement.
- Plan, collect, and use data for facilitating effective decision making.
- Apply the scientific method to test and refine changes.

**Regional Planning and Use of Data**
As a part of the Path to Excellence (P2E) Brian A. implementation plan, each region developed a Regional Implementation Plan geared toward addressing identified needs. While framed around common goals and utilizing TNKids, Chapin Hall and other data, each plan had discrete strategies, action steps and benchmarks depending on regional strengths and needs. Each region worked with a Central Office liaison who helped develop initial strategies, assess performance over time, provide consultation and technical assistance, and track and adjust to improve performance. In addition to working together individually, regional leadership and their liaisons met
regularly as a large group to promote idea-sharing and collaboration, ensuring that the work of the various regions did not conflict and remained focused on core DCS values. This team of liaisons, known as the Implementation Support Team (IST), did not continue to meet formally after the end date of the Path to Excellence in January 2006. As alluded to in the CQI discussion, use of various forms of data (including Chapin Hall, QSR, Brian A and other TNKids data) is a key technology for driving and improving regional practice.

**Measures and Assessment of Performance**
The Department began using QSR for an annual review in 2005-2006, thus making the current fiscal year (2007-2008) the third year since implementation. However, it was discovered early on during this third year of implementation that the results from the second year had been inadvertently positively-skewed due to a change in the reviewer process. This issue has been corrected and the QSR restored to its original process from the first year, and will remain consistent for the next five years in order to maintain model fidelity and produce reliable data that can be analyzed for trending patterns. Because of the model fidelity issue, scores from year three are compared to year one. The QSR results for the current fiscal year (third year of implementation) have typically shown poorer results than year two, but improvements over year one. The chart below from the Northwest region reflects improvement. Of course, there are variances within the indicators, with some showing significant improvement and others showing poorer results.

![System Performance Percent Acceptable - Raw Data](chart.png)

According to child welfare consultants who are providing QSR technical assistance to the Department, the scores from years one and three are consistent with what they would expect for an agency at this stage of development.
In a November 2007 DCS employee satisfaction survey to all DCS employees, 1,223 of 4,524 responses, yielding a 28% completion rate. Sixty-five (65) % report participating "in quality improvement activities within DCS."

**Barriers**
The Department has embraced the CQI process as its philosophical approach for engaging staff to implement system change, and one of the most important sources for information about system performance is the QSR. However, both of these tools are in relatively early stages in their development, and have not yet taken deep roots in all of the regions. To the extent that regional staff can make the important connection between QSR and CQI will largely determine the successful implementation of the Department’s quality assurance efforts. Some of the regions have recognized the value of these tools and embraced them in their daily pursuit of excellence. Superior examples of this connection were observed in recent regional CQI minutes for the Mid Cumberland, Upper Cumberland, and Northeast regions. However, many of the other regions still struggle to establish these practices, and thus are missing ripe opportunities for system improvement. The Office of PQI is fully engaged in ongoing efforts to establish these practices through technical assistance provided by the Division of Evaluation & Monitoring as well as through the CQI team.

**Strength and Promising Practices**
Several key strategies involve the use of QSR as a CQI tool. One important approach, slated for implementation in Fall 2008, centers the coaching and mentoring of the regional MSWs around cases that recently have been assessed in QSR reviews. Coaching and mentoring field staff, especially at the Team Leader and Team Coordinator levels, to improve clinical decision-making and analytical skills is the key function of the TCCW (“Consortium”) MSWs. With its deep look at child welfare practice and the broader system within which practice exists, follow up on QSR cases is a rich way to deepen supervisors’ ability to deepen their own understanding of the work and then to transfer that knowledge to workers.
STAFF AND PROVIDER TRAINING

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under title IV-B and IV-E, and provides initial training for all staff who deliver these services?

Summary Response
The Department has made a concentrated effort to address issues that have affected Initial Staff Training. Changes in the training curriculum as well as implemented strategies to reduce staff turnover have had a positive impact on the effectiveness of training.

Performance on Round 1 CFSR
Item 32 was rated as an Area Needing Improvement during the last CFSR. Stakeholders indicated that the initial training did not sufficiently prepare staff for the work they would be required to perform.

Policy and Practice
At the time of the previous statewide assessment, staff turnover was a significant factor affecting training. Low salaries, high caseloads, and challenging working conditions were among the reasons for turnover. The Department also recognized the importance of hiring individuals with an education in social work or related fields. In order to address the issue of staff turnover and increase the number of bachelor’s level and master’s level social workers applying to DCS, the Department entered into an agreement with universities across the state to prepare and recruit potential case workers. This agreement, which includes fourteen universities across the state with accredited BSW programs, established the Tennessee Social Work Education Consortium.

The Department also collaborates with the Consortium to provide initial training to direct service staff. The Consortium selected Middle Tennessee State University (MTSU) to be the lead university to assume fiduciary responsibility of managing the resources given to address DCS staff training needs as well as recruit BSW majors for employment with DCS through a stipend program. MTSU subsequently established the Tennessee Center for Child Welfare, (TCCW), to coordinate the management of the Consortium as well as the development, delivery and evaluation of professional development. Currently, eleven of the university partners within the Consortium have a sub-contractual relationship with TCCW to provide training to the Department’s direct service staff and resource parents.

As a result of the changes implemented through the Practice Model, in 2004 the Department designed a nine course New Case Manager Certification program. The new certification program is a 10-12 week course consisting of over 160 hours of training with four classroom courses and five on-the-job training courses. Family Service Workers are prepared to work effectively with families and children and introduced to the Department’s Guiding Principles and approach to practice, including the Practice Wheel.

During the four classroom courses, new caseworkers receive an overview of the Department’s philosophy and the competencies on which the curriculum is based. The classes focus on the development of skills in family centered practice, including cultural responsiveness. Caseworkers have the opportunity to practice each skill, with the option to videotape their performance. This is
followed by open discussion and reflection on the caseworker’s growth and development in these areas.

The training also assists caseworkers in developing the skills needed to conduct comprehensive family assessments. Caseworkers learn and practice the family assessment process, including understanding and using the family assessment tools, solution-focused questions to discover family strengths and risks, and building and supporting the family team.

During training caseworkers are introduced to the planning process. They learn the types of plans in both custodial and non-custodial cases and how to implement a family centered plan through collaborating with both informal and formal support networks, finding appropriate services in the community, incorporating new information to a plan and revising the plan with the family.

Training includes an introduction to DCS and federal regulations, policies, and procedures, which are integrated into the day to day practice of specific program areas of CPS, Permanency, and Juvenile Justice.

There are five on-the-job training courses designed to transfer the knowledge and skills from the classroom to direct practice opportunities in the field. All of the activities in the on-the-job training courses are coordinated by On-the-Job Coaches, (OJT Coaches), located in each of the twelve regions. OJT coaches assist in acclimating caseworkers to the working environment and resources within their assigned region/office. A Case Manager Team Meeting (CMTM) is held with the new case worker and the new caseworker’s direct supervisor, the OJT Coach, an assigned mentor, and the assigned classroom trainer(s). In one or two regions where the turnover rate is high, the OJT coach has had to conduct group CMTMs. The caseworker identifies the strengths and skills he/she brings to the job as well as the areas for development. The members of the CMTM develop an activity plan that outlines what practice activities the new worker will be participating in after completion of each classroom course. The new caseworker is given immediate feedback on his/her performance. The OJT Coach shares observations and assessment of performance with the new worker and the Case Manager Team, (CMT) develops an action plan based on strengths and areas of development.

The OJT Coach ensures that the new caseworker receives all necessary training, including TNKIDS training, training by the Health unit nurse on the health and medical requirements in obtaining and providing health services to families, training by the Child Welfare Benefits Counselors on establishing eligibility for services, and training by the local DCS attorneys on legal requirements.

During the last course of the on-the-job training, which typically lasts 2-4 weeks, the new worker receives a training caseload of no more than 5 cases, which are closely supervised by an experienced worker. The OJT coach prepares the worker for the final skill demonstration assessment as well as the final written knowledge examination. During the final CMTM, the new worker is informed as to whether or not he/she has successfully completed the certification program. At this time, the new worker may receive a full caseload or may be assigned a partial caseload if the supervisor feels it would be more appropriate to gradually increase the caseload.

Additional training is required for supervisory caseworkers. New supervisors are required to take the following courses: a 9 hour course entitled “Organizational Policies and Practices for Supervisors”; a 6 hour web-based course entitled “Performance Evaluation”; and a 5 day course
called “Supervision Basics”. Once supervisors complete their required training, they are expected to complete a minimum of 24 in-service hours.

Private provider staff members with case management duties are required to complete a minimum of 160 hours of pre-service, which must mirror the DCS curriculum, as well as 80 hours of classroom instruction and 80 hours field instruction before assignment of a full caseload. In addition, private providers must provide new supervisors 40 hours of in-service training specific to child welfare worker supervision prior to the assignment of supervisory responsibilities. Program Accountability Review (PAR), within DCS PQI’s Division of Evaluation & Monitoring, randomly reviews private provider employee files as a part of its contract monitoring functions. It does not review details of curriculum but does monitor for specified training topics and for completion of the requisite number of hours, as described by TCCW. PAR checks not only for training of case worker and case worker supervisor equivalent positions but also for training of direct line private provider staff, all as dictated by the DCS Policy Provider Manual (PPM), and in line with the hour requirements described above. PAR reviews for whether case management or case management supervisor staff get caseloads before the end of pre-service training, though it sometimes is difficult to ascertain exactly when caseloads are assigned. TCCW is responsible for monitoring and tracking provider development and implementation of training expectations that work toward Departmental goals and mandates around Safety, Permanency and Well-Being and that comport with the philosophy of DCS.

From a systems-level view, it is noteworthy the BSW stipend program should yield new workers, both DCS and private, who are better prepared for public child welfare work in Tennessee. The Tennessee Child Welfare Certification Program, which is administered through the Consortium, serves as the initial staff education and training program for the BSW stipend program. Students in the stipend program must take two child welfare courses and complete at least one full semester field placement in a DCS office. During the Fall 2007 semester, there were a total of 108 BSW Stipend students receiving financial assistance from DCS.

**Measurements and Assessment of Performance**

The Consortium provides quarterly reports to the Department on various measures, including the numbers of staff who complete the program and the number of staff requiring retraining, as well as impact evaluations 6 months to one year after training. The consortium also reports the number of successful and unsuccessful final skills demonstration and the written knowledge examinations.

Information from the collected data on initial staff training for the last fiscal year 2006-07 included aggregate data regarding the certification status of newly hired workers followed by group by group break out for the same population which included observations on the patterns and comparisons to similar data from the previous fiscal year (2005-06). The summary of those observations and comparisons are as follows:

There were 401 potential workers (in 33 groups) that attended training; this figure is based on class attendance. Of the new workers in training, 90% of workers successfully completed the final knowledge assessment on the first attempt, and 79% successfully completed both the knowledge exam and the final skills demonstration assessment on the first attempt. The average score for the final assessment is 70%. It is not uncommon across training classes for a small percentage of new workers to have to retake portions of the knowledge exam and/or the skills assessment before successfully completing certification. Independent caseloads are not assigned prior to successful completion of the knowledge assessment and the skills demonstration.
According to the analysis done by the Consortium, there was a statistically significant increase in knowledge across all courses when comparing pre-assessment (Orientation week) and post-assessment results (Final Assessment week). In addition, no regional differences were apparent with respect to knowledge assessment outcomes. Unfortunately, the summaries do not contain information regarding differences on the final skills assessments.

The November 2007 DCS employee satisfaction survey referenced in Item 31 reveals that 34% of respondents state that the “training provided by DCS has prepared me for what I deal with day to day.” From the framing of the question, it appears that the question applies to all types of training (pre-service and in-service).

As to private provider training, aggregation of data from 28 PAR private provider agency reviews conducted between July and December 2007 reveals a high compliance rate with PPM training requirements. Of 314 staff files reviewed, only 21 findings were made, a rate of 7%. This percentage could include multiple findings on one case, so the number of private provider employees not meeting PPM training requirements could be even lower. While the reviewed files include non-case management direct staff, PAR does focus on case worker and case worker supervisor files in its reviews.

**Barriers**

A significant barrier is the length of time it can take to complete the initial training, a process that can take up to three months to complete. The challenge is to reduce the amount of time it takes to complete the core training without compromising quality. One major strategy is to revise the way in which the material is delivered and to offer more computer-based training, focusing the time spent in the classroom for practice and demonstration of skills.

There are some issues that impact the delivery of initial staff training. Variations in the turnover rates of workers among the 12 regions determine the frequency of the provision of initial training offerings. Because the Northwest region has a much lower turnover rate than other regions, they are focused on providing ongoing training opportunities to staff. Other regions, such as East and Mid-Cumberlaid must spend more time on initial training.

In the past the DCS regional staff has experienced difficulty in hiring newly graduated BSW stipend students due to the Tennessee civil service registry system that all state government departments are required to use for employment purposes. The system has a point rating system that puts emphasis on an individual’s years of state employment and years of experience rather than education in a specific discipline, such as social work. The Department has established a special registry for Tennessee Child Welfare Certification Program graduates.

**Strengths and Promising Practice**

In addition to Tennessee practice standards, new caseworkers also receive coaching and mentoring during the on-the-job training. The CMTM process mirrors the expectations the Department has for the workers to interact with children/youth and families.

The Department plans to enhance the New Case Manager Certification program by providing portions of the training online as well as developing an online practice guide for new workers to access a wide variety of information regarding the policies, procedures and processes associated with working effectively with children/youth and families.
The Department plans to enhance the content and practice opportunities of the New Case Manager Certification program so that they are in alignment with the indicators of the Quality Service Review (QSR) Protocol, which were developed based on the Practice Model standards. Course revisions are scheduled to be completed in August 2008.

**Item 33: Ongoing Staff Training.** Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

**Summary Response**
Since the last CFSR, there has been significant improvement in the development and delivery of ongoing in-service training for staff.

**Performance on Round 1 CFSR**
Item 33 was an Area Needing Improvement during the previous CFSR. Stakeholders indicated that ongoing training needed to be more comprehensive and address specific areas such as substance abuse and cultural competency.

**Policy and Practice**
As the Department began moving toward a practice reflecting a family-centered, strengths-based, culturally responsive approach to casework, it recognized that supervisors needed to learn how to coach, mentor and support their staff in the new practice modality. TCCW and the Consortium developed two separate versions of the certification program, a supervisor version and an experienced worker version. The separate trainings consisted of 15 days for supervisors and 9 days for experienced workers. Between 2005 and 2007, the Department trained 2,358 experienced staff members.

Policy 5.2 outlines annual training hour requirements for the Department’s staff based on job category and position titles. Management and direct service staff have an annual in-service training hour requirement of 40 hours. Support staff must attend 16 hours.

The Department’s staff development opportunities are delivered through a variety of internal and external sources. Central Office program staff and the Training Division provide the internal opportunities. Management staff from the Office of Permanence has provided training to direct staff on the permanency planning process to ensure that information received was current and consistent from region to region. Many of the regions have identified staff appropriate to provide training to other staff. These regional trainers provide training to staff members transferring from one program area to another. Regional trainers were also responsible for delivering the DVD course on psychotropic medication policy.

Direct service staff also began receiving mandatory training for Psychotropic Medication Policy, Fostering Positive Behaviors, Suicide Prevention, and Supervisor Training. Recently, TCCW and the Consortium have begun the delivery of a core Child Sexual Abuse course, which will be made available to staff statewide. In order to provide DCS staff with specialized training, TCCW has developed trainings on Domestic Violence, Substance Abuse, Attachment Issues, Methamphetamines, and Advanced Engagement-Solution focused Interviewing, which are tentatively scheduled to be delivered to field staff in August 2008.

Several computer based trainings have been delivered to staff through the online Learning Management system, including Serious Incident Reporting (SIR), Rights of Foster Children with...
Disabilities, Functional Assessment Documentation, HIPAA and the recently released course on Continuous Quality Improvement (CQI). Additional mandatory computer based trainings are due to be released in July 2008 under TCCW’s new learning management system, Desire to Learn, (D2L). All required computer based training for new employees, as well as in-service computer based training courses, will be offered under the “New Employee Orientation’ class on D2L as well.

The professional development provided by the Consortium covers a wide variety of topics, from courses on how trauma that children and youth experience due to abuse and neglect might impact their behaviors to courses on how to communicate more effectively with Spanish-speaking children and families. The Consortium also provides supervisor training covering a variety of areas, including roles, responsibilities and competencies of a direct service supervisor as well as areas of supervision as it relates to ethical dilemmas, personnel and fiscal matters. The Consortium provides TNKIDS training, which includes a basic course, three courses specific to job duties, and another course for the application and payment process for vendors.

The Consortium assesses training needs of local and regional direct service staff and delivers courses targeted to meet those needs. A university partner in the Northwest region created a course to help Family Service Workers (FSW) assess parenting style as well as understand their role in helping families learn appropriate ways of dealing with child and adolescent behaviors. Another university partner provided a leadership workshop in the Southwest region.

The Department has partnered with the Consortium to implement Professional Skills Assessments, beginning in most regions with a focus on Team Coordinators and Team Leaders. The “Good to Great” training segment, a structured coaching and mentoring process, is being developed based on the recognition that training alone cannot drive system-wide practice change. A key focus of Good to Great is to increase the quality of supervision and casework throughout the agency.

DCS adapted the Advanced Facilitation Training program, based on the Annie E. Casey curriculum on Facilitation Skills, to more accurately reflect the CFT model in Tennessee adding many more opportunities for practice and skill development. This training equips staff to conduct Permanency Planning CFTMs and to keep families involved throughout the planning process. Initially, the target audience for this curriculum was Full-Time Facilitators, approximately 80 staff across the state. Since June 2006, regions have requested this training to develop additional staff to serve as back up facilitators, and encouraged Team Leaders to participate. Through fourteen cycles of this 5 day training, over 238 additional staff has been trained across the state to serve as back up facilitators for CFTMs.

**Measures and Assessment of Performance**

The Department, in collaboration with key partners, is focusing more attention on measuring the effectiveness of in-service training courses. Currently, the Consortium utilizes pre and post tests as tools to assess the level of knowledge gained through individual courses. However, TCCW would like to expand their current evaluation process to understand how training impacts direct practice. TCCW has conducted a variety of trainer development activities to assess the skills of the Consortium trainers. TCCW has 10 Regional Managers who work with each of the university partners to observe and give feedback on the individual trainers’ performance as a means. Although TCCW has made a commitment to evaluating the effectiveness of their training courses
The Training Division has several different sources of data collection to determine if staff are meeting their required annual training: through the regional training tracked by the regional Training Coordinators; through TAS, which tracks the training activities delivered by TCCW and the Consortium; through the Training Information System (TIS) database through the TN Department of Human Resources; and through the TN Department of Corrections’ Training Academy. Computer based trainings are currently automatically tracked within the Training Division’s online learning management system, MOODLE. Because there is not a centralized system for tracking training, the Department is not able to provide data on the number of staff who complete the training requirements. All of these sources will eventually be consolidated into the Enterprise Learning Management (ELM) system, which is scheduled to be launched in October 2008 through Project Edison (described below).

The November 2007 employee satisfaction survey (referenced in Items 31 and 32) reflects that 78% of staff reported participating in the “on-the-job activities that enhance my knowledge and skills.”

Private Provider staff members are required to complete the same number of training hours as DCS staff. These requirements, which include 40 hours of in-service training, are outlined in the PPM, which is developed by the Department in partnership with private provider agencies. Currently, providers are responsible for providing both initial and ongoing training to their staff. TCCW is responsible for ensuring that providers are providing in-service training opportunities. TCCW also provides Training for Trainer opportunities to provider agencies for courses that TCCW provides to DCS staff. In addition, if there are available slots, provider agency staff can attend any in-service course that TCCW delivers to DCS staff. TCCW monitors the in-service training plans of private providers to ensure that provider employees meet the 40 hour requirement. DCS Evaluation & Monitoring’s PAR monitors for compliance with ongoing training requirements for private provider staff (frontline, case worker equivalent and case worker supervisor equivalent). As noted in Item 32, analysis of six months of PAR data for 2007 did not reveal a good compliance rate. When problems are found, either as to pre-service or in-service training requirements for private provider staff, they are addressed through the corrective action process. Systemic issues with provider training or pervasive problems with compliance would feed into DCS’ Placement Quality Team for determination on how such issues could be addressed.

**Barriers**

Providing effective professional development opportunities to staff, while allowing them to fulfill workload obligations, can be a challenge. The Department is attempting to change the perception of training as an event so that it is instead viewed as a professional development opportunity to learn new tools, skills and abilities that enhance performance. The Training Division, TCCW and the Consortium are collecting information regarding staff requests for professional development opportunities as well as looking at data sources such as QSR reviews, Chapin Hall data to determine what areas of practice need more attention. TCCW sent a needs assessment survey to all staff in December 2007 and is currently analyzing the results. Once these results have been analyzed, focus groups will be held across the state to collect additional information. In addition, the Consortium has collected various performance data, including QSR and Chapin Hall, in order to address areas of practice that need attention within each region.

**Strengths and Promising Practices**

The Department strives to help staff understand that participating in training is the first step towards improving performance. In order to support the skills gained in training, supervisors,
managers, and mentors role must encourage the use of newly acquired skills with the children and families. The Department has identified a variety of ways to encourage direct service supervisors in providing coaching, mentoring and feedback to staff. The MSW Specialist program was created to increase clinical expertise and promote quality casework within the Department. MSW Specialists provide clinical consultation to Team Coordinators and Team Leaders during case conferencing and the case review process. Additional consultation for particularly difficult cases is also provided through clinical teams.

Project Edison, due to be released in October 2008, is a database system for all state departments to access and share data in the areas of Fiscal and Human Resources. Edison’s Human Resource functionality includes an Enterprise Learning Management (ELM) system. All training hours and activities will be entered into ELM which can track staff, resource parent, and private provider training hours and activities. This system will also allow the Department to establish learning paths for professional development activities based on the skills, competencies, and position of an employee. The Training Division is partnering with the Project Edison group to ensure that all legacy information from both TAS and MOODLE are captured in ELM. All training delivered by state government external partners, such as the Department of Human Resources and the Department of Corrections will also be captured into ELM, making it much easier for the Department to access the training files of DCS employees who complete these state agencies’ in-service courses.

**Item 34: Foster and Adoptive Parent Training.** Does the State provide training for current or prospective Resource Parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoptive assistance under title IV-E? Does the training address the skills and knowledge base they need to carry their duties with regard to foster and adoptive children?

**Summary Response**
The Department has confidence in the quality of the regular PATH classes based on the structure of the classes, the quality of the Training Consortium trainers, and the feedback it receives on the classes from resource parents. Convenience of classes varies by region.

**Performance on Round 1 CFSR**
Item 34 was rated as a Strength during the first CFSR. At that time the Department was providing quality training to current and prospective foster and adoptive parents. Stakeholders commented that the training adequately prepared Resource Parents to provide for children in their care.

**Policy and Practice**
In 2005, the Department collaborated with Casey Foundation consultant Dr. Denise Goodman in revising the Parents as Tender Healers (PATH) curriculum to incorporate training material on cultural issues for children and families in the public child welfare system. Additionally Dr. Goodman provided training information to the curriculum to augment participants’ knowledge base on the importance of working with birth families. These changes were in line with the Department’s key themes of a family-centered approach, strength-based model, cultural responsiveness, and family/team driven casework practice. DCS and Private Agency staff received training on the revised PATH from August 2005 through January 2006. Policy 16.4 dictates that each of the twelve regions in the state should have PATH sessions available for prospective parents every
Systemic Factors
Staff and Provider Training
Items 32-34

DCS requires PATH training for all foster, adoptive, and relative caregivers prior to approval of a home study. All applicants and adults living in the home with a significant parenting role must complete an Intake session and 9 sessions of PATH for a 30 hr training requirement. In addition, Medication Administration, CPR and First Aid are newly required classes that will become a part of the initial approval process once the capacity for training delivery is established.

All newly approved resource parents must complete 15 hours of required in-service classes within 12 months of the date the family is approved. The required classes are “Working with Birth Parents”, “Parenting with Positive Discipline”, “Parenting the Sexually Abused Child”, “Cultural Competency”, “Education”, and an Elective. In subsequent years, resource parents must complete 15 hours of training and may select training topics based on interest and need. Resource parent are required to be retrained in Medication Administration and CPR / First Aid every two years.

The availability of the training has had a significant impact on the increased number of offerings across the state. The training schedules offer flexibility with classes offered at night, on Saturdays and some day classes. There is at least one PATH group started in every region each month. Multiple county regions require more than one group per month. There are 196 PATH groups scheduled for the 12 regions during FY 2007-2008.

The PATH class is a two- trainer model consisting of a university staff and a resource parent trainer. DCS recognizes the value of potential resource parents learning from the unique experience that resource parents bring to the classroom. This approach has been very effective.

PATH training is typically delivered to groups, but in appropriate situations, particularly with relatives and kin, the curriculum can be delivered on an individual basis. The regions remain responsible for the delivery of individualized PATH training to those for whom that training is appropriate. The Department is developing guidelines for determining when the individualized training is appropriate, a process for informing people about the individualized option and reviewing requests to receive the individualized training, and ensuring that there is some uniformity in the delivery of the training. There is considerable variation among and within the regions regarding all aspects of the individualized training.

In order to ensure that each DCS resource family is receiving the required training, Resource Parent support units within the regions are required to review documentation that training has been completed as a part of the initial approval and annual reassessment process. Corrective Action Plans are issued and resource homes will not be re-approved without documentation of annual training. In order to prevent the removal of children placed in the home, DCS or private provider staff meets with the family to assist them in meeting their training needs. Children are rarely moved because of the resource family’s non-compliance with training requirements.

In order to ensure that each private provider resource family is receiving the required training, DCS Licensure and Program Accountability Review (PAR) Team review resource parent files on site visits. The Licensure Unit of DCS reviews a sample of resource parent files, at least semi-annually, for all contract agencies operating under a license issued by DCS.

Measures and Assessment of Performance
The Consortium provides a structured evaluative process for trainers. Consortium Master Trainers of PATH provide Professional Development for Trainers classes. Once approved, University
trainers are assessed quarterly by the Consortium Regional Training Manager. All trainers receive evaluation on their skills at least three times during the delivery of PATH and at the end of each three-hour delivery of the Core classes. This evaluation process has enhanced the professional development of the trainers.

The following data is for PATH training conducted between July and December 2007.

**Participation**
Data indicates that the greatest number of trainings occurred in the Mid-Cumberland (27.5%) and East (19.35%) region. This is likely because these are both large multi-county areas that surround urban areas. These regions also experience a high rate of resource parent turnover.

**Trainee Satisfaction**
Participants indicate overall that they are satisfied with the PATH training and the trainers who deliver the curriculum.

**Retention Rates**
There is an expected drop out rate of 50% of trainees who will not complete PATH. The data below illustrates that 65.5% of trainees completed PATH. Factors contributing to increased retention include:

- **Availability, accessibility and flexibility of schedules** The training schedule has allowed prospective families more opportunities to enroll in classes within a reasonable time from the point of inquiry. The increase in the days of the week that the classes are offered and the Saturday classes has made this training more convenient for families.
- **Trainers** The current process for the university trainers requires frequent evaluation of trainer competency skills. Frequent substantive evaluations assist in the professional development of the trainers.
- **Resource Parent Trainers** The participants value the experience shared from the resource parents, which enhances the information presented in the curriculum. The connection with the resource parent co-trainer during the training often becomes the first step in the development of a support network for the prospective parents.

The Consortium also provides ten regional conferences across the state as a means for resource parents to obtain additional training in subject areas other than the required in-service training. Participants have an opportunity to earn up to 6 hours of training.

In the 2005-2006 fiscal year, 78 classes were delivered at 10 regional conferences, with 812 total participants trained. In the 2006-2007 fiscal year, 87 classes were delivered at 10 regional conferences, with 981 participants trained. In the 2007-2008 fiscal year, 87 classes have been delivered at 10 regional conferences, with 802 participants trained.

In addition to the regional conference there is a statewide conference held each year. The statewide conference occurs over a 3-day weekend. Parents have the opportunity to receive 15 hours of training, while networking with other parents and staff.

**Barriers**
Class attendance for the required classes has been an on-going challenge. Although the Department mails training announcements to resource parents in addition to making follow-up phone calls, the attendance falls short of maximum enrollment. Classes are available on
weeknights and Saturdays to accommodate the scheduling needs of resource parents. To reach compliance the approval process has changed to include all required classes prior to placement.

**Strengths and Promising Practices**

DCS is expanding the resource parent training beyond the classroom to offer self-directed on-line classes for resource parents. In the spring of 2008, TCCW will purchase 600 online training units from the Resource Parent College to provide resource parents with an option to receive training hours in the following areas:

- How to Deal with Anger Outbursts
- Relationship Strengths and Communication
- Teen Depression
- Lying
- Working with Schools
- Positive Parenting I
- Positive Parenting II
- Teen Aggression and Violence

In addition to these online classes, DCS is revising PATH to incorporate more delivery options, which will be implemented in the 2008-2009 fiscal year. Participants may choose from five-week, six-week, seven-week, or eleven-week training options. The training will involve a blended approach of web-based/classroom and traditional classroom training to provide greater convenience and flexibility.

DCS has enhanced the approval process to include a pre-screening phase, which includes an interview and questionnaire, to ensure qualified candidates participate in training. This serves to increase the number of quality homes and decrease the cost of training by eliminating participants who are not appropriate resource parents. Resource parents will receive all training requirements including Medication Administration and CPR/First Aid, prior to approval and placement of a child in the home.
SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Summary Response
Challenges remain with access to particular types of services (e.g., intensive drug and alcohol services, some specialized services). However, in general, appropriately assessing needs and identifying the related interventions has proved more challenging than obtaining appropriate services once identified. Since the last round of CFSR, there has been marked improvement in the evaluation of services.

Performance on Round 1 CFSR
During the first round, this item was rated an Area Needing Improvement. While DCS offered a broad array of services, most stakeholders expressed that there were significant gaps in services and that procedures were lacking for the formal evaluation of the quality of services. With regard to non-custody/prevention services, the report also noted that some stakeholders believed that the Community Services Agencies (CSAs), which at that time contracted with DCS to provide non-custodial services, were not approving needed services through flex funding, that appropriate services were not being sought, and that DCS caseworkers were not familiar with available services.

Policy and Practice
With DCS' focus on family-centered practice and early intervention, particularly as manifested through MRS, staff and partner capacity to engage in ongoing functional assessment and agency focus on creation of a cohesive, effective assessment process are essential to the Department’s ability to improve services and outcomes for children and families.

The Department’s policies establish guidelines for workers to assess the needs of children and families through the use of several qualitative and quantitative tools:

- Structured Decision Making (SDM) assessment tool
- Family Advocacy and Support Tool (FAST)
- Child and Adolescent Needs and Strengths (CANS)
- The Family Functional Assessment (FFA)
- The Youth Level of Service / Case Management Inventory (YLS/CMI)

These tools are the fundamental building blocks, along with analytic capacity, from which workers must build in determining underlying needs and necessary services and in then tracking and adjusting throughout the life of the case. The assessment process is explained thoroughly in Item 17.

Service Provision Scheme
DCS terminated its contractual relationship with the Community Service Agency (CSA) in 2005 and transitioned the responsibility for all of the family preservation/reunification services and the
associated funding back to DCS. This re-design supported three important goals: providing one
central authority over all programs and services; creating the capacity to provide oversight and
monitoring functions for contracted services; allowing for a seamless case management model
(one worker, one child and family). Fiscal Directors and purchasing teams are now present in all
twelve regions to ensure that services and the critical funding for services is readily available.

In-home services are available through the MRS system. Assessment workers assess the child
and family’s needs and strengths to determine the best intervention to stabilize the family.
Assessment workers work in coordination with community agencies to develop consistent and
focused service plans.

Since November 2006, DCS has contracted nine private community agencies to operate the
Relative Caregiver Programs (RCP) in every county across the state, with the purpose of
supporting services to caregivers who are raising and caring for related children without bringing
them into state custody. The program provides services such as support groups for caregivers,
birth parents and children, respite, enrichment, educational workshops, information and referral,
and start-up or emergency financial assistance. Support groups are now available in all ninety-five
(95) counties in Tennessee.

The Department continues to provide Family Crisis Intervention Programs (FCIP) with continuous
twenty-four hour on-call service designed to attend and stabilize juvenile-family crises. These
services are directed primarily to unruly children and their families. By law, no child may be
committed to the custody of the Department as unruly without having had the benefit of FCIP
services prior to removal, and there are specialized FCIP workers in each region.

A broad panoply of custodial services is available for children entering care, with emphasis on
supporting reunification and/or other appropriate permanency goals, on working to reduce the
trauma of custody and on meeting children’s broader well-being needs. The Practice Wheel, with
teaming and assessment at the core, epitomizes DCS’ model for working with children and
families. At this stage in the Department’s evolution, high quality casework and high quality
placement are areas of heightened attention. All of these elements are reflected in the key
initiatives summarized in the Self-Assessment overview and throughout the document.

Caseworkers are encouraged to seek the support and assistance of regional Well-Being staff on
any clinical questions, health access concerns and educational issues. The composition of the
Well-Being Units, expanded from Health Advocacy units in existence at the time of the previous
statewide assessment, now includes the Health Advocacy Representative, the Services and
Appeals Tracking (SAT) Coordinator, the Nurse(s), the Psychologist(s), the Educational
Specialist(s), the consultant MSW(s), the Interdependent Living Specialist and the CANS
Assessment Evaluator. Regional Well-Being Units participate in Child and Family Team Meetings
(CFTMs) and consult with field staff on individual cases, while also mentoring Team Leaders and
Team Coordinators around clinical supervision.

The Department has developed a strong partnership with the Tennessee Foster and Adoptive
Care Association (TFACA) and with Advocacy and Mentoring Programs to build networks of
support for resource parents and to promote resource parents to actively work toward
permanency for each child/youth. DCS also actively participates in TFACA annual regional and
statewide conferences.
DCS contracts with Harmony to provide Adoption Support and Preservation, including crisis intervention, family and individual counseling, mentoring, respite, support group and training. Harmony also provides the FOCUS team, which recruits adoptive homes for children who are difficult to adopt and/or have been in guardianship for an extended period of time.

Geared toward serving older youth, the Office of Interdependent Living is responsible for statewide programming to effectuate the goals of the Chafee Foster Care Independent Living Program (CFCILP) and the Educational and Training Voucher (ETV) Program. These child-centered services, many of which are community based, serve youth and young adults ages 14 - 21. Educational and Training Vouchers, and other services made available through the use of state funds and partnerships with community and private agencies, are available to eligible youth up to their 23rd birthday if in school and making satisfactory progress at the 21st birthday.

**Monitoring**
The implementation of QSR, which is embraced by agency leadership and increasingly in the field as an extremely valuable look at services, practice and outcomes, has greatly expanded and deepened DCS’ ability to look at service array issues. Additionally, bringing together key evaluation and monitoring components under the Division of Evaluation & Monitoring umbrella, and heightening the use of various pieces of monitoring information in systems level CQI processes such as the Placement Quality Team (PQT), provide DCS with a much better platform from which to evaluate needs from a systemic perspective. The work of various multidisciplinary workgroups supports a broader, more comprehensive understanding of service array strengths and needs.

**Measures and Assessment of Performance**
The QSR includes indicators that provide the Department with information about resources, primarily to help the Department understand how effective supports and services are on a family-specific level and to what extent resources available through the existing system of care resources meet the needs of families.

Resource Availability and Use is the primary measure of the fit between system of care resources and the needs of the children and families being served and, importantly, of the level of access to and effectiveness of these services. From the first year of review to this year, Resource Availability and Use has increased in urban (Davidson, Hamilton, Knox, and Shelby) and rural (East, Mid-Cumberland, Northeast, Northwest, South Central, Southeast, Southwest, and Upper Cumberland) regions, from 49% to 66% and from 54% to 62%, respectively.
Caregiver Functioning and Family Functioning are measures of status - that is, at the time of review, how able are caregivers (such as resource parents, relative caregivers, and residential programs) to meet the needs of children in their care. When reunification or exit custody to a relative is a goal, Family Functioning measures how able the family is to take control of the situation that led to custody and meet the needs of their children. Caregiver Functioning has improved slightly from the first year of review. Placement Supports - a measure of how DCS is supporting these placements (for example, through foster care support groups, specialized training in meeting unique needs of children, and responsiveness to placement concerns by staff) - also has improved slightly this year, as has Satisfaction from caregivers and children.

Family Functioning has declined from the first year of review, and the Department has sought to understand the reasons for this. The QSR data reflects an entirely custodial sample, meaning that every child in the sample has been removed from their families due to safety, well-being, or delinquent concerns that were not being managed in their home of origin. In general, acceptable Family Functioning is an “end-product” of our system involvement. As DCS has improved in preventing children who can receive services non-custodially from coming into care there may be some overall decline in the majority of the families’ baseline functioning, and opportunities likely still exist for our system of care to adapt to the needs of our current population, as illustrated in a case story from 2007-2008 describing a family where both the mother and child benefited from services addressing developmental delays.

“There is an acceptable level of resource availability and use in this case. The availability of services is considered excellent for [the child], especially given his needs and the proximity to a university with expertise and resources in the area of genetics and medical care for these children. The availability and use of services for [the child] is balanced by a lesser degree of identification and use of services at the level needed for the mother. While at first it appeared that availability of services that meet the mother’s need was a problem it became more apparent as the review progressed that getting the right people to the table to identify those services is key.
Overall the availability and use is acceptable, with identified services being modified as needed to fit mother’s abilities. The family has expressed opinions about service providers and the available array does allow for their preferences to be taken into account.” Knox-06

Additionally, since the last CFSR, the average length of time to reunification has declined, suggesting that children whose families are functioning adequately do not remain in custody for extended periods of time. In the 2005-2006 QSR year, 71% of the children with an acceptable rating on Family Functioning also had an acceptable rating on Permanency, meaning that a safe reunification or exit from custody is likely and imminent. In the 2007-2008 QSR reviews, 93% of the children with an acceptable rating on Family Functioning had an acceptable rating on Permanency.

In December 2007, two versions of a community stakeholder survey were conducted for Needs Assessment IV to evaluate perceptions of the Department’s ability to deliver services, as well as to identify gaps in the availability of services for families. One survey was designed for service providers only, while the other was for an assortment of community partners, such as Juvenile Courts, Resource Parents, birth parents, and other state agencies.

The total survey population for the December 2007 survey was 10,658, the sample size 1,123 (11%), and the total responses received 206 (18%). The results from the survey indicate an overall satisfaction rate of 56% for birth parents, as compared with a 64% satisfaction rate for a May 2007 birth parent survey. The overall satisfaction rate for the broad stakeholder group was 54%, with a 69% satisfaction rate for service providers. Identified service gaps included substance abuse counseling, mental health services, tutoring services, and more secure facilities for Juvenile Justice youth.

Regarding the overall satisfaction rate for all stakeholder groups, the results included the following:

- An array of services that assess the strengths and needs of children and families and determine other service needs - 63%;
- Address the needs of families in addition to individual children in order to create a safe home environment - 57%;
- Enable children to remain safely with their parents when reasonable - 51%;
- Help children in foster and adoptive placements achieve permanency - 53%; and,
- Services are easily accessible and convenient - 66%.

The survey results indicate that the Department still faces many challenges in its efforts to reform the family preservation/reunification system. It should be noted that, as a group, the service providers tended to rate the Department the highest for any given question, while Juvenile Court judges tended to reflect the lowest satisfaction rates. One hypothesis for this contrast is that the Department works more closely with providers through Cross Functional Teams (CFTs) and performance based contracting, but has historically not communicated as well with the courts. In addition, the providers may be more positive because they have a personal stake in the family preservation/reunification services.

By providing quality FCIP/Unruly intervention services, the Department has significantly reduced the number of children in custody with an unruly adjudication, as reflected in the September 2007 Bryan A. Monitoring Report, in January 2002 there were 390 unruly children in custody,

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
- 51 -
representing 5% of the total in custody, while, by January 2007, that number had fallen to 185 unruly children (2%).

**Barriers**
The State as a whole continues to struggle with service gaps in certain categories, including alcohol and drug abuse services, affecting DCS’ ability to ensure provision of appropriate services. In addition, many families face multiple issues that can affect access to services including poverty, mental illness, parents' lack of education and job skills, and parents' lack of understanding of effective parenting skills.

The stakeholder survey results indicate that many stakeholders have a lack of confidence in the Department’s ability to provide quality family preservation/reunification services. This may be in part because the Department truly does struggle with delivering quality services, but it also may be due to poor communication about the availability of these services between the Department and its community partners. While the Department has some strategies in place to address these critical issues, including MRS and use of the CQI and Cross Functional Team processes, this issue clearly remains worthy of continued work.

**Strengths and Promising Practices**
The Department is working in conjunction with the Department of Finance and Administration (F&A), the Division of Alcohol and Drug Abuse Services (DADAS) of the Department of Mental Health and Developmental Disabilities (DMHDD), the Administrative Offices of the Courts (AOC), and the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ), the Tennessee Commission on Children and Youth (TCCY), and various providers and case management agencies to strengthen existing teen drug courts and to help establish new ones. These partners have identified a site to develop an enhanced program in order to divert from custody juveniles whose involvement with alcohol and drugs is the primary causal factor in their contact with Juvenile Court.

DCS also for the first time participated in the annual conference of drug court professionals held in Chattanooga in October, 2007 and has visited with representatives of six of the seven existing teen drug courts. Efforts to partner with and enhance drug courts are currently being coordinated with the goals of the Tennessee Substance Abuse Collaborative which operates with support of the T-ACT grant and an infrastructure grant program awarded by SAMSHA.

The Tennessee Substance Abuse Collaborative is a comprehensive review of the administration and funding of adolescent substance abuse services. This initiative is being coordinated by the GOCCC, with support from T-ACT (an infrastructure alcohol and drug treatment grant through SAMSHA) and in collaboration with DMHDD and DCS. The principle goal of this collaborative is to form recommendations to align financial resources and administrative practices that will result in quality services to more Tennessee youth. It is also hoped that this effort will help to achieve greater integration of community based treatment and prevention services and expand resources within and across sectors.

Tennessee utilizes five Centers of Excellence for Children in State Custody (COEs) that provide medical and behavioral supports to children served by DCS. These services are coordinated through a division of TN-Care and the GOCCC. The centers are generally associated with a teaching hospital and employ several psychologists experienced with child development and family dynamics. The COEs provide consultation and evaluation for children who have complex
behavioral and medical problems, and provide direct services to these children including psychiatric and psychological evaluations and medication management. For children with complicated medical problems, the COEs coordinate referrals and services to medical subspecialties and hospital services to meet the child's needs.

As part of a collaborative effort with DCS and other state agencies, DMHDD has received a grant to administer the Building Strong Families in Rural Tennessee, an initiative to provide integrated services to children in or at risk of being in an out-of-home placement as a result of parental substance abuse. Funding will support therapists to provide intensive, in-home crisis intervention, counseling, life skills education, referrals for substance abuse and/or mental health treatment, as well as other support services.

In 2006, the Tennessee State Legislature passed Senate Joint Resolution 799, which directed the Select Committee on Children and Youth to study the mental health needs of children in Tennessee and develop recommendations to improve the state’s system of mental health care for children. The Final Report, issued in April 2008, recommended legislation for a coordinated system of mental health care for children. The Select Committee noted that interagency coordination in caring for children’s mental health needs is weak and suggested that legislation should include statutory mandates for state departments to coordinate to design and maintain a comprehensive system of care. The 105th General Assembly passed a bill to create a council led by the Tennessee Commission on Children and Youth to develop the system of care for the mental health care needs of children.

**Item 36: Service Accessibility.** *Are the services in Item 35 accessible to families and children in all political jurisdictions covered in the State’s CFSP?*

**Summary Response**
The Department is committed to ensuring that the services described in item 35 are available in all political jurisdictions. The Child and Family delegated purchasing authority (DPA) was developed to accommodate the needs of all twelve DCS regions. There are currently 185 approved vendors that can be accessed through this DPA, and these services are divided into twenty different service categories ranging from such concrete needs as transportation assistance and sitter services to therapeutic counseling services. The regional Fiscal Directors and their associated fiscal teams take much of the responsibility for keeping in touch with program staff in order to identify service needs, or gaps in existing service availability. This information is then shared with Central Office fiscal/contract management staff who can provide additional technical assistance for developing solutions for these service gaps. This strategy has helped to develop some new resources, although service gaps still remain in some areas. For example, the Northwest region reports that as a result of the Resource Linkage strategy associated with MRS, they have identified some 60 additional community resources scattered across their region that were heretofore unknown to them. However, they still have difficulty accessing certain counseling services for families in some parts of their region.

**Performance on Round 1 CFSR**
Item 36 was rated as an Area Needing Improvement during the first round because all services were not accessible to children and families throughout the state. Fewer services were available in rural areas, and children and families often had difficulty accessing services in these areas. There were also concerns that accessing flexible funds was often difficult and cumbersome and resulted in less appropriate services for children and families.
Policy and Practice
Based on a series of August 2006 meetings involving DCS regional program and fiscal staff and providers, consensus was reached that, under the then-existing Child and Family DPA, some regions were overstocked with certain types of services, while other regions (especially in the rural areas) had some significant gaps in service availability for specialized services such as counseling and other forms of therapeutic services. Certain vendors indicated that they were not confident enough under the then-existing DPA system to expand their services into the areas with service gaps even if they thought they might have the capacity to do so. They expressed that they would be much more likely to take a chance at expanding the availability of their services into new areas if they had an individual contract with the region. As a result, DCS issued a Request for Proposal (RFP) in November 2007 for two pilot regions (Northwest and Upper Cumberland) identified as having a critical need for family support services, therapeutic visitation, and family crisis intervention. Contracts were successfully awarded to a single provider for each pilot region in January 2008. This strategy for developing service provision will be monitored and, if it proves effective, likely replicated elsewhere.

Measures and Assessment of Performance
QSR data and stories sometime identify gaps in services but have not demonstrated glaring differences between urban and rural regions. As noted in Item 35, for the 2007 - 2008 review year, Resource Availability was 66% acceptable in urban regions and 62% in rural regions. Case story MC-02 explains a situation in which proximity to services was a primary barrier:

“Plan implementation and Resource Availability and use are unacceptable. DCS reported that it is very difficult to acquire services in the area where the parents live. The non-offending parent group counseling is offered through RASASC and is not available in the family's home county. The only local psychologist recently refused to appear and/or report to the court which makes her unacceptable as a provider for DCS. An intake was scheduled with a behavioral specialist but due to a conflict with scheduling appointments this was no longer on the table at time of review. The clinical intake/psychological evaluation have not been scheduled and is not noted as a goal/need. Services provide meet short term goals but do not sufficiently address the long-term goal of reunification.”

Several stakeholders from agencies outside DCS were engaged as workgroup members focused on service array as part of the Department’s CFSR Self-Assessment; representatives were from the Governor’s Office, the Department of Human Services, the Tennessee Commission on Children and Youth, the Tennessee Center for Child Welfare, the Administrative Office of the Court, as well a DCS Resource Parent. Their responses, reflected just below, echo some of information in the Needs Assessment IV stakeholder surveys in identifying service gaps and areas of needed improvement.

Barriers
The CFSR Service Array workgroup identified some key issues that believed to have a negative impact on the overall quality of the family preservation/reunification system. The group felt that poor communication, both internal and external to the Department, was one of the key barriers to the accessing services. Too often information exists in silos and is not shared between divisions and from Central Office to the regions. Communication with outside stakeholders, such as legislators and other state agencies, could also help strengthen service array and accessibility in
Tennessee. A number of workgroup members also expressed the view that a significant number of the frontline workers do not have an up-to-date understanding of policy and procedure, and that they often are not aware of the many resources available to children and families within their jurisdiction. Several informants in the May provider focus groups, as well as legislators in the May 2008 legislative/liaison focus group, cited communicated problems with the Department, in terms of DCS’ internal communications from top to bottom and across the state, communication with external partners and clients and communication with the public at large.

**Strengths and Promising Practices**
The CFSR workgroup acknowledged some strengths of the Department, such as collaboration between DCS and DHS on child support issues. This collaboration has allowed the two departments to share data and certain reports across the two agencies as per a Memorandum of Understanding (MOU) that has benefited the work of both. Another strength identified was the Department’s collaboration with the Governor’s Office of Child Care Coordination, which has helped to improve the Department’s relationship with Juvenile Court, helped to identify weak areas within the network of care, and led DCS to work with Dr. John Lyons of Northwestern University in the development of the CANS and FAST assessment tools according to the Department’s needs.

Needs Assessment IV is expected to drill even deeper into these issues and produce additional specific action steps before it is completed later in 2008.

From the CFSR workgroup Service Array workgroup, specific contacts were identified for areas of particular areas of need so that networking strategies could be explored. In addition, it was recommended by the workgroup that these issues be placed on the agendas of the various task force committees that already exist, and for which the Department is a standing member, as a way of engaging other community partners in problem solving.

Evaluation & Monitoring staff and others, including a university partner, have explored mining of QSR stories for trends and themes underlying QSR scores in order to gain a better understanding of practice and systemic barriers, including how those barriers play out in different parts of the state for different service populations.

**Item 37: Individualized Services.** *Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?*

**Summary Response**
Although there are still opportunities for improvement, the Department has made great strides towards improving the assessment process and changing the agency’s culture from being child-focused to being family-focused. DCS also has a much improved assessment process in place and decisions regarding appropriate services are made in the context of the child and family team.

**Performance on Round 1 CFSR**
This area was rated as needing improvement in the 2002 CFSR assessment. Specifically, it was noted that services were not adequately individualized to meet the unique needs of children and families served by DCS, and that the assessment process was child-focused rather than family-focused.
**Policy and Practice**

The Department has developed a Practice Model that is clearly family-focused, and incorporated this philosophy into the DCS Practice Wheel.

The assessment tools and the overall assessment process utilized by the Department have also been completely redesigned since 2002. The agency uses the Family Functional Assessment (FFA) as its sole qualitative assessment. The FFA includes the four main “domains” of the Department’s work: safety, well-being, permanence, and resource linkage. The FFA should include information gained from other professional and DCS specific assessments. The FFA is intended to be updated on at least a quarterly basis through the life of a case by the staff person(s) that is currently working with the family. It is unique in the fact that unlike other assessments, the FFA follows the family through all agency involvement despite custodial status or multiple encounters. When used correctly, the FFA documents all assessment information in a concise and organized manner so a full understanding of the family is available. Implementing the FFA to its fullest capacity is a work-in-progress, and it has yet to be utilized to its fullest potential as an informant to best practice.

DCS is piloting the Family Advocacy and Support Tool (FAST), a quantitative tool used to determine the strengths and needs of a family, and when re-administered over time can show the effectiveness of service interventions. The FAST is currently in a pilot stage in the Southeast and Upper Cumberland Regions.

The CANS assessment is used first at the time of custody to determine the needs of the child when assessing for the most appropriate placement. Similar to the FAST, the CANS tool is to be re-administered at specific, predetermined intervals to measure the effectiveness of the service intervention. It can also be used to justify changes in service level as well as the appropriateness of discharge from custody. Not unlike the FFA, these assessments are being used, but staff still struggles to utilize the information to its fullest value in the casework process.

The Division of Juvenile Justice (DJJ) is implementing the Youth Level of Service/Case Management Inventory (YLS) assessment tool. The YLS is a strength-based scientifically developed instrument that identifies specific criminogenic factors that research has proven to be reliable predictors of delinquent behavior. The YLS results are useful in assessing whether the child is at low, moderate, high or very high risk of re-offending, and in the development of case plans that specifically target the identified risk factors and the associated action steps needed to reduce them. The YLS is intended to be a living and dynamic document that will change over time as the child’s behavior and circumstances change. Using the YLS will allow case workers to make better informed placement decisions based on a standardized, objective instrument.

For youth that are fourteen years and older, the Ansell Casey Life Skills Assessment is used to help older youth identify barriers and needed skills as they progress towards independent living. Based on the recommendations of the assessment, an Independent Living Plan is developed in conjunction with the youth that will help focus on deficiencies or areas for growth that have been identified. The ILP will also help the youth understand their unique strengths and how to utilize them as they move closer to independence.

**Measures and Assessment of Performance:**

The stakeholder survey sent out in December 2007 produced the following results:
Question # 2- Services are focused on the family as a whole; instead of services focusing on family deficits or dysfunctions, family strengths are identified, enhanced, and respected; service providers work with families as partners in identifying and meeting needs. Overall satisfaction: 63%

Question # 4- Services are flexible, are crucial to and respond to real family needs, and are linked to a wide variety of other concrete services, such as housing, substance abuse treatment, mental health, health, job training, and child care. Overall satisfaction: 59%

The results of this survey indicate that about 6 out of 10 responders are satisfied that the Department is meeting the service needs of families. As the regions become more adept at utilizing the available assessment tools, their casework results should become more successful.

One way to measure the progress that the Department has made toward shifting from being child-focused to being family-focused is to track the utilization of the FFA by its caseworkers. The Department continues to provide technical assistance to the regions in order to imbed the FFA into practice. As a result of these efforts, roughly 8 out of 10 new custody cases in the first eight months of 2007 have had FFAs initiated in the TN Kids database. The Department will continue to monitor the use of this assessment tool and to provide additional technical assistance where it is needed until it is used to inform case plans and services for 100% of the cases.

**Barriers**

While the tools that make up the assessment protocol are in place, staff is having a difficult time viewing them as a continuous process as opposed to singular tools. In addition, the assessments are not routinely being used by staff to inform case practice. The information gained by the assessment is not consistently addressed when discussing planning and service provision to the child and family. The Department’s training curriculums (both pre-service and in-service) are currently undergoing revisions in order to address the need for training on updated policy and procedure, and to find more effective ways to train the assessment process.

**Strengths and Promising Practices**

The state is currently in the design phase of a new Statewide Automated Child Welfare Information System (SACWIS), which will integrate all current assessment tools into one “comprehensive assessment.” This comprehensive assessment will help streamline the assessment process for staff.

The Department has in place a policy that requires Case Process Reviews (CPR) to be conducted by the Team Leaders on a quarterly basis. The CPR is a random sample of assigned cases that is designed to assist the Team Leader to check the accuracy, completeness, and timeliness of the activities and documentation of the casework.
AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, the juvenile court, and other public and private child and family serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Summary Response
In order to effectively serve children and families, it is vital not only that DCS meaningfully engage a broad array of professional partners (other state departments, private provider agencies, community-based providers) but also that the voices of youth, birth parents, kin and informal supports, resource parents and community members resonate to inform DCS practice. With an explicit focus on treating children within the broader context of the family system, and with the implementation of a Multiple Response System, the Department places a great deal of emphasis on fully understanding and utilizing family and community assets. Since the last statewide assessment, several pieces of infrastructure have been put into place to bolster heightened involvement of consumers, as well as providers and other partners. This work is beginning to reap dividends.

Performance on Round 1 CFSR
Item 38 was rated as a Strength during the previous CFSR. DCS was engaging in ongoing consultation with providers and agencies to set goals and objectives for the child welfare system. Although the Department maintained positive relationships with other child-serving departments and community agencies, stakeholders commented that DCS did not have such a strong relationship with the community at large.

Policy and Practice
The Children’s Services Advisory Committee (CSAC), further discussed in Item 39, has become functional in the last couple of years as DCS’ oversight council. It is a broad-based group with representation from the legislature, other child-serving agencies (e.g., DHS, Education, MHDD), Juvenile Courts, CASA, the AOC, the Community Advocacy Centers (CACs) and numerous other partners. It also includes a birth mother, as well as a resource parent representative. Within the last several years (since the last round of CFSR), DCS has focused a great deal on outreach to the community. CSAC and other multi-agency, -disciplinary teams, described in Item 39 and elsewhere support achievement of core goals. Progress has been made to integrate the thinking and the work of these various groups, though continued improvement is needed in that regard.

Along with the work around the MRS-driven Community Advisory Boards (referenced in Item 39 and elsewhere), the Division of Community Partnerships and Support Services (CPSS) was created with a focus on promoting collaborations and partnerships with local communities and stakeholders, as well as to strengthen statewide faith-based collaborative efforts. While recruitment is a key focus of CPSS, the work has broader effects. The CPSS Division has provided a substantial amount of technical assistance to the Shelby, East, Upper Cumberland, Knox, Smoky Mountain, South Central, and Southwest regions, providing support and help with skill building around community engagement with private providers, judges and court staff, schools, faith communities, district attorneys, law enforcement, local attorneys, legislators, guardian ad litem, and court directors. CPSS has supported some regions in conducting community strategy meetings related to DCS’ need to increase the number of homes for teens.
and sibling groups and also has worked on developing mentoring services for teens. Campbell, Scott, Blount, Sevier, Monroe, Jefferson, and Loudon Counties have conducted community strategy meetings to identify gaps in services and brainstorm solutions for providing resources to local families. CPSS and the regions have partnered to do specific work on improving the Department’s efforts at engaging birth parents in the planning process.

Gaining a better understanding of youth needs, building an infrastructure for youth voice within the Department and heightening opportunities for permanency for older youth have been areas of considerable focus over the last several years. In addition to Needs Assessment III’s look at the needs of older youth (discussed more fully infra), a number of strategies have sought to raise the degree to which the perspective of the foster or at-risk youth informs DCS practice. As part of a Departmental effort to support community engagement, the Division of Community Partnerships and Support Services and the Office of Interdependent Living hosted five regional Youth Permanency Convenings around the state in 2007 and 2008. Participants included DCS staff, private providers, court staff, foster and adoptive parents, and faith-based leaders, as well as former foster youth. The CPSS Division presented strategies for establishing forever relationships with youth and stressed the importance of community engagement in achieving permanency for youth. Participants heard testimonies from youth and committed to take the testimonies back to their respective communities. Youth and former foster youth have become increasingly involved in Departmental planning over the last several years, including by reviewing policy and by former foster youth being employed as advocates for in-care youth.

Significant work has been devoted to and implemented by the regions to create open forum opportunities to allow consumers to participate in dialogue with staff. These forums have been convened in every region several times in the last two years. The regions provide outreach on the Department’s Mission and data to describe the DCS population of children. Locations for these forums have been strategically chosen within communities, during hours convenient to the consumer. In some regions, invitations were extended to local courts and legislators.

Work with courts and legislators remains fundamentally important. Each Regional Administrator is expected to establish a working relationship with his/her respective legislator and provide an overview of the region’s work and responsibility, staff, local data, and any additional pertinent information. To an even greater extent, each Team Coordinator (who reports to the R.A. and oversees a particular geographic or program area within a region), along with the R.A., should have a collaborative relationship with the judges and court staff in his/her area. At a minimum, monthly contact for the purpose of planning and problem-solving is the expectation.

Service Providers, the Administrative Office of the Courts (AOC), youth, Tennessee Commission on Children and Youth (TCCY), and Education staff were engaged in creating the Department’s Mission, Vision and Values statements. This process allowed the Department to include the perspective of external stakeholders in the agency’s strategic planning work. DCS also use these statements to communicate DCS’ purpose and goals to the broader community. A broad array of stakeholders was engaged in the CFSR Self-Assessment process, as noted in the Overview to this document. The goal is not to treat CFSR or other DCS initiatives or planning requirements as separate strands of work for which outside entities are called in for one-time consult. Rather, these individual pieces of work should fit within the larger picture of an ongoing, dynamic, organic relationship, and DCS and its agency partners do work in tandem on a routine, regular basis.
Tennessee does not have any registered Indian tribes, but the Department has identified a contact person with the North Carolina Bureau of Indian Affairs for on-going assistance. If a child of Native American heritage is the subject of a child custody hearing, the Department must determine if the child falls under the jurisdiction of the Indian Child Welfare Act and if so, must notify the tribe as outlined in DCS policy 16.24. The Department has made contact with the Eastern Region Bureau of Indian Affairs to gain technical assistance as needed.

The agencies with whom DCS contracts for or otherwise relies for services also are instrumental to building and sustaining a high-functioning child welfare system. While holding providers increasingly accountable for outcomes for children and families, as is discussed throughout this Self-Assessment, DCS and its provider community also are communicating more openly and working more collaboratively, including in terms of revising the Private Provider Policy Manual (PPM) that dictates placement providers’ work and in holding several regular forums with key agency leadership.

**Measures and Assessment of Performance**

As referenced throughout the Self-Assessment, DCS utilizes surveys, QSR results and other mechanisms to better understand needs and strengths related to partnership with and outreach to various agencies, to those involved with the system and to the broader community.

One example of achievement in this area involves one of many community initiatives: The Mid Cumberland region has developed a strong collaboration with the Trinity Coalition, five local churches that are committed to work in partnership and collaboration with the Department in an effort to prevent custody, as well as recruit and train resource parents. The coalition assists with PATH (Parents as Tender Healers) training for resource parents. In addition, coalition members are responsible for writing resource parent home studies and convening an annual youth conference on violence. For the past 3 years, the Trinity Coalition presented the youth conference at a local church in Montgomery County that attracted over three hundred youth, children, private providers, court staff, Resource Parents, and regional staff. These conferences focused on stopping the violence, gang prevention, youth adoptions, a fatherhood initiative, and many other social concerns.

**Barriers**

On the individual community partner level, a partner in Shelby County, the Cathedral of Faith, reports experiencing challenges in working with the Department, reportedly due to a lack of follow through from DCS. Similarly, the South Memphis Alliance (SMA) indicate that they experienced a lack of front-end information regarding times and the name of families for CFTMs.

Despite the Department’s focus on youth engagement, there have been challenges getting youth involved in CFTMs, recruitment, and mentoring.

An area of weakness, and an area of considerable concern, is identifying and employing more effective measures to include birth parents, and especially fathers.

Although the CPSS Division has begun the work of engaging stakeholders, there is a need to identify regional community liaisons to maintain the continuity and contact with the community and other partners. The fit between the work of CPSS and the CABs needs to be better defined.

Based on the May 2008 CFSR legislative-agency liaison focus group, several legislators seemed
to have questions about basic DCS processes and concerns were expressed about information sharing and communication with the public at large.

**Strengths and Promising Practices**

Youth and birth parent engagement has been identified as a challenging area statewide. To address this concern, the Department has partnered with the Tennessee Center for Child Welfare (TCCW) and the Center for Non Profit Management to develop a curriculum focused on birth parent engagement. Birth parents who have been successful working with the Department will be paired with other birth parents to offer mentoring and collaboration towards working effectively with the Department. DCS plans to issue a Request for Proposals (RFP) for the Birth Parent Engagement initiative in July 2008, with roll out expected in three regions starting in Fall 2008.

Through the Annie E. Casey Foundation, Shelby County has created partnership opportunities with two collaborative community groups, Cathedral of Faith and South Memphis Alliance, both of which were awarded $30,000. While these initiatives involve recruitment, training for youth and other programmatic thrusts, both involve innovative and deep support of the CFTM process.

The Department recognizes the importance of incorporating youth voice into policy and practice decisions. The Office of Interdependent Living has focused on improving youth leadership across the state by developing four regional and one statewide Youth for Youth (Y4Y) Boards. Members of the Youth for Youth Boards have the opportunity to engage community and agency leaders regarding services, legislation, and other issues affecting their lives. Youth also advocate for community resources for foster youth and participate in peer mentoring. Interdependent Living is working with the National Resource Center for Youth Development to build an infrastructure for the statewide youth board as well as develop youth boards in all thirteen regions.

The Department is involved in many promising community partnerships that have been established to support working with children and families. For example, the Pharmacy and Therapeutics Committee is comprised of physicians of pertinent specialties (e.g., child and adolescent psychiatry, general psychiatry, pediatrics, and family practice), nurse practitioners, and pharmacists, both within the practicing community as well as within state administrative functions. The DCS Consulting Child and Adolescent Psychiatrist chairs this committee, and other agencies represented include DMHDD, DOH, Bureau of TennCare, Center for Excellence, the Governor’s Office of Child Care Coordination (GOCCC), and private provider agencies. The committee advises DCS regarding policy and procedure development, as well as identifying potential barriers to quality medical and behavioral health care for children in custody. One particular issue pertains to oversight of psychotropic medication usage of children in state custody and the development of educational processes to assist community providers.

In order to support a better understanding, knowledge base and sense of ownership by Juvenile Court judges, DCS is supporting AOC CIP in its work with Fostering Court Improvement, a national court-child welfare data sharing initiative. Since January 2008, data supplied from DCS on removals, foster care population and discharges from foster care is broken down at the county, regional and state level, displayed on the Fostering Court Improvement website and shared with Tennessee’s Juvenile Court judges. Also at the state level, the CIP Workgroup, which involves judicial, legislative and executive branch representation, as well as advocates and youth, has been instrumental in drafting and supporting passage of legislation that has promoted better outcomes for DCS-involved children.
Item 39: **Agency Annual Reports Pursuant to the CFSP.** *Does the Agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

**Summary Response**
The Department has improved in this area since the last CFSR assessment, but there is still work to be done to improve the effectiveness of engaging stakeholders in departmental planning. DCS solicits recommendations from stakeholders such as the Children’s Services Advisory Council (CSAC) and the Child Abuse Prevention Advisory Committee for planning consideration. The Children’s Justice Task Force (CJTF) provides oversight for the Multiple Response System (MRS) and produces a report biannually which is used for planning purposes. The new Community Advisory Boards (CAB), mandated by the Multiple Response legislation, will help to improve the communication between the Department and local stakeholders. DCS has also successfully engaged outside stakeholders in its strategic planning process over the last year.

**Performance on Round 1 CFSR**
Item 39 was rated as an Area Needing Improvement in 2002 because stakeholders indicated that DCS did not adequately consult external stakeholders in developing annual reports.

**Policy and Practice**
As a recipient of Title IV-B and IV-E funds, the Department maintains plans for each of these funding streams, has created controls to reduce duplication of services and does not receive federal funding outside those noted in the Annual Progress and Service Review (APSR), with the exception of those which are targeted for specific services. As mandated by state law, those plans are available to the public through Annual Reports and the Strategic Plan.

The Tennessee Children’s Trust Fund takes a leadership role in ensuring that statewide child abuse prevention efforts have coordination and support, reflect evidence based practices, involve both public and private community partners and are available to all Tennessee children. The Trust Fund is advised by a citizen’s committee.

Pursuant to TCA 37-5-105, the Department has an Advisory Council which acts in an advisory capacity to the Commissioner. This Committee of citizens and agency representatives meets quarterly and advises the Commissioner on various issues of concern related to the safety, permanency, and well-being of children.

**Measures and Assessment of Performance**
DCS has consciously engaged outside stakeholders in many aspects of the work, including the strategic planning process. DCS is proud of the important work that was accomplished by the strategic planning committee, which included participation from many different agencies and individuals. As a result of this collaborative effort, the group created new Mission, Vision and Values statements and identified the key indicators for the strategic plan. Community partners also joined in the development and review of the service array items contained in the strategic plan. These partners also pledged their continued participation in the Department’s efforts to realize this new vision to provide safety, well-being, and permanency in the lives of children and families.

**Barriers**
Discussions centered on improvement of the child welfare system can generate passionate conversations. Individuals who work in this field are very committed to their work and driven to...
move forward to resolve system deficiencies, and may not always focus on initial collaborative planning. It is often difficult to identify the correct individuals from other agencies who should be involved in the planning process. In addition, the Department is sometimes not as diligent in efforts to engage other child welfare partners as they should be. However, it is anticipated that the Department’s recent increased focus on engagement will allow for more collaboration, especially when planning involves a close examination of areas of need.

The Department also faces challenges with internal and external communication. At any given time within the child welfare system, there are multiple projects and initiatives. The difficulty of communicating clearly and timely with internal staff can lead to gaps of information and in some cases redundancy in external communication. These communication issues can create frustration for willing community partners and delay the coordination and expansion of the service network.

DCS has struggled at times to effectively engage partners in the development of statewide plans. However, there is a structure in place to receive reports, oversight reviews and other feedback from various sources. In fact, the Department has integrated some feedback from the Comptroller’s Office, TCCW and the CJTF into its planning and policy development. Since the completion of the last CFSR, the Brian A. Monitors have provided direct influence into policy development and practice planning. Also, as a result of a desire to become COA accredited, the Department has modified policy and practice to meet best practice standards.

**Strengths and Promising Practices**

The DCS Strategic Planning group has been meeting for the past year. This group, made up of DCS staff, fellow state agency representatives and private community partner agencies, has helped define the Department’s current Vision, Mission and Values Statements. DCS wanted to have a document that more accurately reflected the Department’s current evolution and direction, and since community partnerships is an identified Departmental value, it was only natural to ask for the support of those partners in the development of these statements. The Department’s goal will be to use the principles of the Vision, Mission and Values Statements as the foundation for a strategic plan, which will ultimately serve as the revised Child and Family Service Plan. The Department has a long-term commitment from these stakeholders to continue the work to develop a central Department strategic plan.

The passage of the MRS legislation in Tennessee has further emphasized the critical importance of staying engaged with community partners. Some Citizen Review Panels (CRPs) have reviewed policies and provided feedback which can be used in Departmental planning. Some CRPs have given recommendations on training enhancements which could be provided to community partners relevant to determining what constitutes an appropriate CPS referral. CRPs also assist DCS in communicating information about MRS to the general public. The Community Advisory Boards (CABs) are providing true local level, community consultation so that the Department can respond more quickly to the trends in specific communities and adjust regional plans accordingly.

**Item 40: Coordination of CFSP Services With Other Federal Programs.** *Are the State’s services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*
Summary
It is of critical interest to the Department to ensure that local, state, and federal initiatives are coordinated effectively in order to enhance the quality of the services available to the families in Tennessee. The Department has established many longstanding partnerships with a variety of state agencies in order to meet the needs of children and families in Tennessee.

Performance on Round 1 CFSR
Item 40 was rated as a Strength because the DCS services were coordinated with the services of other Federal or federally assisted programs that serve the same population.

Policy and Practice
The Department has fiscal and other program policies and procedures designed to ensure the appropriate use of federally funded programs and maximize the resources available to the children and families. As a recipient of Title IV-B and IV-E funds, the Department maintains plans for these funding streams, has created controls to reduce duplication of services and does not receive federal funding outside those noted in the APSR, with the exception of those which are targeted for specific services. Please see Item 35 for more specifics on various partnerships.

The DCS Commissioner serves with leaders of other child service agencies on the Governor’s Children’s Cabinet to strengthen families and improve outcomes for children.
DCS works in partnership with a number of state agencies and community stakeholders in its efforts to ensure the safety of children, improve the well-being of children and families, and expedite permanency for children in state custody.

TennCare and DCS have an Interagency Agreement, as both departments share a common interest in assuring that their eligible enrollees and clients gain access to medical services and attain or maintain favorable physical and mental health by assisting them in identifying and understanding their health needs, or in securing and using needed services. Until March 2008 the Bureau of TennCare, Tennessee’s Medicaid program, provided funding for DCS targeted case management to children and families through non-custodial prevention case management. When non-custodial children and their families are not enrolled in TennCare, DCS provides families with information regarding enrollment, refers them to DHS, and provides information on safety net provisions when applicable. DCS assists families in accessing TennCare covered medical and behavioral health services and coordinates referrals for TennCare mental health case management and in home mental health services.

DCS custodial youth who are TennCare recipients access prescribed medical, dental and behavioral health services through the Managed Care Companies’ network of providers contracted with TennCare. If these services are denied, delayed, suspended or terminated, there is an appeals process that will allow services to be continued or restored if they are determined to be medically necessary

DCS has an MOU with the Division of Mental Retardation Services (DMRS) to work together in transitioning DCS custodial youth with a diagnosis of Mental Retardation into their Medicaid Home and Community Based Waiver Program adult services as priority clients when these youth reach adulthood and exit custody.

DCS funnels Title IV-B money to the Department of Health (DOH) to support the Healthy Start program, an intensive home visitation program for first time parents with the stated goal to
promote health and prevent child abuse, with services available for up to five years. DCS also uses IV-B funds to purchase brokered daycare services, which support on both custody and non-going to custody population. Eligible families may begin the program anytime between the third trimester of pregnancy and the child turning four months of age. Families may remain in the program until the child is five years of age.

DCS collaborates with the Administrative Office of the Court (AOC) in the Court Improvement Program (CIP). Through this collaboration, training presentations are conducted to ensure Foster Care Review Board members and Guardians Ad Litem are appropriately trained. There is also a Law Committee, with members appointed by the State Supreme Court, on which DCS also serves as a member. This committee makes recommendations to the court regarding rules and codes of law, particularly in the area of child welfare legislation.

Building on the Youth Villages (YV) Transitional Living Program established in 1999, initially funded by the Day Foundation, YV & DCS entered into a public/private partnership in 2006. This partnership blends foundation and Department funding to expand the Department’s ability to provide life skills, employment training, and housing for youth transitioning to adulthood. Other goals of the program are to foster adult connections and whenever possible to expand permanency options to include relatives. The program also seeks to expand the eligibility criteria for youth exiting custody and can be utilized to supplement service options while still monitoring to control for duplication or misuse of funding. Most youth served through this program do not have an open DCS post-custody case, but because of this program are still receiving critical services. At any given time, over 400 youth can be served by this program.

DCS and the Tennessee Department of Education (DOE) collaborate in a number of ways. The director of the DCS Education Division serves as a liaison to DOE’s Division of Special Education. The DCS state-operated school programs are recognized by DOE as a local education agency (LEA). DOE monitors and provides technical assistance to both DCS and provider agency schools. In addition, DCS receives federal funding from Titles I, II, IV and Special Education as well as state funding from attendance formula appropriations. These monies are used to support the school programs in the LEA and in the provider agencies. Tennessee has not provided funds to try to cover the problem.

**Measures and Assessment of Performance**

For the period of December 1, 2006 through November 30, 2007, DCS served 21,478 children through targeted case management to non-custodial children. In addition, data from September to November 2007 indicated that over 95% of children in custody are receiving face to face visits every 30 days.

During the week of September 25-29, 2006, the Administration for Children and Families (ACF) conducted a secondary eligibility review of the Department’s Title IV-E foster care eligibility program, which required a coordinated effort with multiple state agencies. ACF determined that DCS' Title IV-E foster care maintenance program was in compliance with the eligibility requirements as outlined in 45 CFR 1356.71 and Section 472 of the Social Security Act. The final report from ACF states in part: “We also commend the State for its excellent efforts to improve the Title IV-E foster care eligibility program since the primary review was conducted in January 2004. We particularly note the collaborative efforts made with the Tennessee courts and the Court Improvement Program, which resulted in much improved court orders seen in the secondary review.”

*Statewide Self-Assessment: Tennessee Department of Children’s Services*

*June 2008*
Barriers
Tennessee is a rural state overall and it has been difficult building a network of long term, intensive service availability, particularly in the areas of mental health and substance abuse. Like all states, managed care also limits the duration of the services that are available which impacts the sustainability of progress.

Internally, with so many departments and agencies drawing from the same resources, there are struggles with territory that can slow collaboration efforts. Fortunately, most partners are able to compromise for the greater good of our community’s vulnerable families.

Strengths and Promising Practices
Tennessee’s Strengthening Families through Early Care project was initiated and is being led by the Tennessee Children’s Trust Fund in the Department of Children’s Services.

Key aspects of the state approach include:

- Enhancing collaboration between early childhood professionals and programs, i.e. state programs providing services to young children and their families, child abuse and neglect prevention programs, and nonprofit agencies.

- Integrating key elements of the approach into existing pre-service and in-service training opportunities for early childhood and/or child welfare professionals within the state.

This collaboration includes Departments of Health, Mental Health, Education, Head Start, Prevent Child Abuse Tennessee, the Tennessee United Ways, the Governor’s Office of Children’s Care Coordination, University of Tennessee, and the Child Care Resource and Referral agencies. The Trust Fund participates in the Early Childhood Comprehensive system initiative in the Department of Health and in the Center for the Study of Emotional and Social Early Learning initiative in the Department of Education, and serves on the Department of Education’s Tennessee Early Intervention System, Interagency Coordinating Council.

DCS is collaborating with the Department of Human Services (DHS) to develop the interface capacity within the two information systems: the Statewide Automated Child Welfare Information System (SACWIS) and the Visions Integration Platform (VIP). The objective is to automate Title IV-E eligibility determinations for Adoption Assistance, Foster Care, Subsidized Permanent Guardianship and Child Care.

In September 2007, the Department of Mental Health and Developmental Disabilities (DMHDD) was awarded a grant from the Administration on Children and Families (ACF) as a result of a collaborative effort between DMHDD, DCS, the Governor’s Office of Children’s Care Coordination (GOCCC), and the Administrative Office of the Courts. The initiative, Building Strong Families in Rural Tennessee, will ensure integrated services are provided to children, from birth to age 18, who are currently in or at risk of being in an out-of home placement as a result of a parent or caretaker’s methamphetamine or other substance abuse.

DCS has a contract with the Social Security Administration, allowing interface with their system to cross check for available client benefits, reduce duplication in payments and identify potential overpayment risks.
Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonable in accord with recommended national standards?

Summary Response
Tennessee DCS’ standards for resource and adoptive homes and for group homes and residential facilities are consistent with national standards. Resource and adoptive home standards are clearly established and written in policy, both DCS policy and the DCS Provider Policy Manual (PPM). Appropriate licensure standards, relevant accreditation standards and, for private providers, the PPM clearly set forth minimum requirements for group care facilities. All homes and facilities, whether DCS or private provider, must be re-licensed or re-approved on an annual basis, and a monitoring system, described below, is in place to ensure the standards are maintained.

Performance on Round 1 CFSR
This item was considered a Strength during Round 1 because: DCS had established detailed standards for the approval and re-approval of foster homes, and for ongoing monitoring of group homes and other residential facilities, with review and corrective action processes in place.

Policy and Practice
Approval of Foster-adoptive homes
Tennessee has a dual foster-adoptive home approval process. Policy 16.4, Resource Home Approval, which requires that all resource parent applicants and any adults over the age of 18 living in the household having a significant parenting role must complete PATH (Parents as Tender Healers) training and a home study that includes all background checks. Private provider resource homes providing a higher level of care must receive additional, specialized training. Policy also mandates that a decision regarding approval should be made within 90 days of the completion of the PATH training for DCS homes and within 90 days of PATH and the therapeutic training for private provider agencies. Resource homes may have up to 3 foster children with a maximum total of 6 children including birth children. Exceptions are rare, but are granted in order to keep siblings together.

All foster homes in Tennessee are required to be certified IV-E homes. However, a 120 day waiver period is allowed so that kinship placements can be made on an expedited basis. It has been long-standing DCS policy that kinship homes be treated identically to - and meet the same requirements as - non-kinship homes. All relative and kinship homes for custodial children are required to complete the entire approval process including PATH training within the expedited approval period. If the relative assume legal custody of the child(ren), they are referred to DHS for TANF benefits and are not required to complete the approval process. DCS’ performance in verifying key IV-E requirements has improved significantly over the last several years, particularly since 2005. The FHACP (Foster Home Application and Child Placement) system was improved, and its functionality eventually was combined with TNKids, allowing more accurate tracking of key approval requirements. Although challenges remain regarding staff’s acceptance of these databases, DCS is in the process of further strengthening the home study process.
Approval of Group Care facilities

DCS-run group homes will be transitioning to accreditation by the Council of Accreditation (COA) and are subject to licensure approval and monitored regularly by DCS Division of Licensure through routine unannounced visits to ensure that all requirements are being met. A monitoring report is completed and the Division tracks the progress of issues identified during the monitoring visit.

The Department's Provider Policy Manual requires that provider agencies adhere to all DCS policies and the mandates set forth by the Provider Manual. All provider agencies contracting with DCS for the child placing services are licensed by DCS or the Department of Mental Health and Developmental Disability (DMHDD) and many are accredited by organizations such as the Joint Commission (formerly JCAHO), Council for Accreditation of Residential Facilities (CARF) or COA.

Monitoring

In order to ensure that every contract agency has a current license, the DCS Licensure Unit collaborates with the Child Placement and Private Providers (CPPP) unit and the other licensure entities (DMHDD and Department of Health). DCS Licensure verifies licenses for all DCS placement providers and subcontractors. DCS' contract oversight unit, Program Accountability Review (PAR), audits for private provider resource background checks and home studies.

Beginning in July 2007, the newly-established Resource Home Review Team (RHET) began reviewing and maintaining IV-E eligibility documents on each provider resource home, both at the time of initial approval (new homes) and annually. Providers will be assessed penalties for non-compliance.

Information gained from licensure (DCS or other), PAR, Resource Home Eligibility Team (RHET), Special Investigation Unit (SIU), and the SIR system is submitted to a multidisciplinary DCS team (the Placement Quality Team - PQT), which evaluates, recommends and takes action when significant problems with providers arise.

Measures and Assessment of Performance

Timeframes to Approval and Use of Expedited Homes

DCS has made great strides in hastening the time from PATH completion to approval. The statewide average for the three months ending July 31, 2007 was 60 days, with the quickest region at 40 days and the slowest at 77 days. Similarly, TNKids data shows that, for the twelve month period ending March 10, 2008, the statewide average from expedited approval to full approval is three months. For the same period, expedited placements account for 5.8% of all placements and 8.9% of all resource home placements.

Preliminary RHET findings from the review of documentation for homes up for approval or annual re-approval between October 2007 and February 2008 indicate that approximately 4% of homes have findings warranting penalties.

While QSR is not designed specifically to - and does not - measure IV-E compliance, it does give a much deeper look at how caregivers are functioning and how well placements are being supported. In the six (of twelve) regions for which there is data this review year, 91% of cases scored in the acceptable range (compared with 88% for the full 2005-2006 review year), while 80% of cases were deemed acceptable on placement supports (compared with 80% in 2005-2006).
Barriers
The sheer number of homes, potential resource parents and facilities that require careful scrutiny make Item 41 a challenge to implement. Procedures are in place to ensure more timely approval, with more certainty that requirements have been met, and the Department has improved its ability to track identified issue. While DCS is in accord with recommended federal requirements in this area, a deeper, more systematic look at the quality of DCS homes, private provider homes and group care facilities remains a goal. As described below, DCS has implemented Project ASK to address this issue.

Strengths and Promising Practices
DCS is committed to making every effort to ensure that prospective resource parents are able to provide safety, permanency and well-being and that these persons are fully prepared to serve in this capacity. In the last eighteen months, DCS has undertaken a number of initiatives that are designed for that purpose:

- SAFE (Structured Analysis Family Evaluation) tools to evaluate family strengths and issues, to be used with both DCS and private provider homes. Eight regions currently are using the tool, and the remaining four regions are projected to implement SAFE in October 2008.
- RHET protocol described above, with full implementation expected by July 2008.
- Resource Home Dashboard, which provides real-time data to the regions to inform placement decisions and provide information about the status of resource homes.
- Project ASK (Accountability, Support and Knowledge) began in March 2008. The purpose of ASK is to re-examine the resource home approval/retention process to determine if the process is working effectively. ASK’s focus is to ensure that both DCS staff and private providers are adequately equipped with knowledge, resources, and supports to meet the needs of the children/youth in the system. The Department is partnering with the private providers to complete a review of both DCS resource homes and provider homes. The two pilot locations in the South Central and Upper Cumberland Regions each reviewed five (5) DCS home and five (5) provider homes by examining the paper/system home study file and visiting the home. The ASK Planning Committee evaluated the results of the pilot in both regions and made recommendations to the regional administrators regarding the state wide implementation of this review.

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

Summary Response
In the state of Tennessee all resource homes and residential facilities must meet the same criteria for approval.

Performance on Round 1 CFSR
This item was reviewed in the last CFSR and was rated as a Strength for approved resource homes or child care institutions receiving title IV-E or IV-B funds and applied equally. The information gathered during the review indicated that the state does equitably apply standards to all relevant parties.

Policy and Practice
The Department of Children’s Services (DCS) is subject to the rules and requirements set forth in Title IV-E of the Social Security Act (SSA). This statute sets forth standards for federal payments.
for foster care and adoption assistance (sections 470-479a of the SSA). Failure to comply with
these standards can result in the loss of federal funding for a limited period of time or for the
duration of the foster care placement.

Although this item was noted to be a strength, the most recent review of state policy for title IV-E
and title IV-B funding in 2006 found the need for improvement in the area of placing custodial
children in fully approved resource homes. The Department closely reviewed and revised existing
policies and protocols to ensure that custodial children were only placed or remained in (as in the
case of expedited placements) fully approved resource family homes or child care institutions.
Policy changes in July 2007 ensured that a standard expectation for approval of resource
placements was consistent throughout the state. For example, the revised policies clearly states
that resource homes will not be approved unless all criminal/perpetrator background checks are
completed. This standard also applies to resource homes that were previously approved prior to
the state requirement for criminal/perpetrator background checks.

All information needed for a fully approved resource home must be received and placed in
individual resource home files prior to approval. Every resource placement for the Department of
Children’s Services is now expected to comply with the same requirements that any new resource
placement must follow in order to be an approved resource placement. According to policy, no
resource placement is eligible for Federal reimbursement without meeting the requirements set
forth in policy.

In response to these Federal requirements, and to serve as a more effective steward of public
funds, DCS has chosen to develop an internal infrastructure that will provide oversight for the
eligibility of all DCS and provider resource home files.

In accordance with DCS and provider policy, private providers have full responsibility for ensuring
the approval and continued eligibility of their resource homes. Providers also must adhere to all
other applicable DCS policies, as well as the Provider Policy Manual, which outlines professional
best practice. A provider’s resource home is not considered approved and eligible to receive
children for placement until all the requirements are met.

In addition to the approval requirements mandated by both Tennessee Code Annotated as well as
DCS policy and procedure, resource homes must also meet all applicable Federal requirements
for eligibility. The implementation of the Resource Home Eligibility Team (RHET) will allow the
Department the ability to maintain all documents relating to the IV-E eligibility of provider resource
homes in accordance with Federal statute surrounding the State’s draw-down of IV-E funding.

Required Documentation for DCS Resource Home’s and Private Provider Home’s for both the
initial approval process and for the annual re-evaluation process are:

- Provider Resource Home Checklist
- Home Study and Reassessments
- Original provider Home Study
- Resource Home Mutual Reassessment
- Home Study Addendums/Updates (re-evaluation)
- Previous or other agency studies (If applicable)
- Background Checks
- TN Kids person search to include Social Services Management System (SSMS)
Measures and Assessment of Performance

During the last state audit, there were 137 foster child files and 120 resource parent files that were audited. During this audit (July 1, 2006 to June 30, 2007), there were inappropriately allocated IV-E funds. The sample represented approximately $583,000. A total of $7,369 was paid from inappropriately allocated Title IV-E funds. This was approximately 1% of the homes represented in the audit.

Barriers

Although all the standards are applied equally across resource homes and institutions, communication involving this compliance is sometimes the biggest barrier. Payments to DCS resource parents are made through the ChipFins system. Updates in the system are dependent upon staff communicating changes that have occurred in the resource homes. When communication does not happen in a timely manner, unwarranted payments can occur. Although communication is improving, the various divisions involved in the ChiPFins system have struggled with effective communication.

Strengths and Promising Practices

Proposed automation built into the new SACWIS system is expected to help identify IV-E eligible children and placements in a more timely and accurate manner.

A recently developed tool for more accurately identifying children who are eligible for Adoption Assistance, completed collaboratively by Family Service Workers and Child Welfare Benefits staff, provides guidance to better ensure determinations are made based on federal IV-E Rules. This tool can help expand the availability of Adoption Assistance for children who might not be IV-E eligible by determining if state funds might support those children.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Summary Response

DCS has made significant strides in the past several years in this area and is in compliance with federal requirements.

Performance on Round 1 CFSR

This item was rated a Strength, with a finding that DCS staff, volunteers, and foster and adoptive parents were required to complete numerous specific background checks. The existence of a monitoring system also was noted. Since the time of the last CFSR, the federal Adam Walsh Child Safety and Protection Act was passed requiring background checks for foster and adoptive parents. DCS has required fingerprinting since 1996 and the passage of Adam Walsh legislation did not directly impact licensing requirements. In addition, the use of a central CPS registry check was also in place prior to the new requirements.

Policy and Practice

Tennessee law (T.C.A. 37-5-511), DCS policy (16.4) and the Provider Policy Manual reinforce the federal requirement of criminal background checks for those wishing to serve as foster or resource
parents or for those adults residing with the prospective foster or adoptive parent. Policy 16.4 states that all adults living in the prospective adoptive or foster home must complete a release by the conclusion of the first PATH session and that the criminal background checks must begin immediately following PATH session one in order to help reduce the wait for a placement of a child in a newly approved resource home. Although the policy clearly states when fingerprinting should be completed, some families do not follow this guideline. However, the home study is not approved until the fingerprinting clearance has been received and verified. The family is not eligible for placements until the home study has been approved by two levels of supervision beyond the home study writer.

A criminal background check includes local records, TBI/FBI fingerprinting, an internet records check, and a DCS records review. A check must be completed on each applicant, as well as any other adult member of the household, and documented in the resource home case record. By Tennessee law, an adult is defined as any adult 18 years of age or older. If the resource parent has not been in residence in the county for a period of five (5) years, any criminal record must be determined by a records check in his/her current place of residence and any other previous place(s) of residence for no less than five (5) years back.

No applicant may be approved or waiver request made for anyone who has a felony conviction involving Child Abuse/Neglect, spousal abuse, a crime against a child (including pornography), or any crime involving violence including rape, sexual assault, or homicide. No applicant may be approved or waiver request made for anyone who has been convicted of physical assault, battery or a drug/alcohol related offense in the past five years. Currently, there is no data to show the number of waivers that are granted or the type of waivers that are requested. Some of the most common waivers that are requested include DUI 15 years ago; theft charge when applicant was 19 and is now 45; misdemeanor assault charge during college days for an older applicant or two misdemeanor bad check charges. The Regional Administrator reviews each waiver based upon the charge, the conviction, the number of years since the charge, and the likelihood that this could have any detrimental effect on children potentially placed in the home today. Such waivers must be documented, signed and filed in the resource home file.

Except for expedited placements made pursuant to Policy 16.20, no child may be placed in a resource home that has not been fully approved. Expedited placements (placement with a relative or a person who has a significant relationship) are used to minimize trauma to the child. If the expedited placement is in the best interest of a child, DCS staff must secure a release from all adult household members and conduct an expedited placement assessment. The assessment must include a criminal records check (form CS-0751). The expedited placement resource and all adult members of the home must agree to be scheduled for their fingerprinting immediately after placement. Finger printing must be completed for expedited placement resources within 15 days. Failure to comply with this requirement will result in child’s removal from the placement.

In October 2007, DCS began working with DCS Internal Affairs (IA) to develop a reliable, uniform, centralized way to gather background check information, including fingerprint submissions, electronic registry checks, CPS verifications, local background checks, reference checks, for DCS homes. Heretofore, with the exception of IA’s coordination of and sign-off on fingerprint checks for DCS employees and foster-adoptive parents and for provider employees and foster-adoptive parents, background checks have been coordinated regionally, with no centralized point of contact to verify the results.
DCS was audited by the FBI in March 2007 and found not to be in compliance with federal mandates regarding Purpose Code X III name checks completed under exigent circumstances. The Department was not completing the fingerprints in accordance with the fifteen day requirement and in some cases not completing fingerprint submissions due in part to confusion between the Department and local law enforcement regarding coordination of requests for name checks and fingerprinting. In addition, there was no mechanism to track the process. DCS Internal Affairs was granted direct access to the National Crime Information Center in January 2008 and now completes all Purpose Code X III name checks. Agreements with local law enforcement for name checks were terminated. Internal Affairs now tracks each requested background check to insure compliance with federal guidelines. If fingerprint samples are not provided by 15 calendar days after the Code X was requested, the child is removed from the placement. Internal Affairs sends out messages to the requesting case workers throughout the fifteen day period and finally notifies the case worker, team leader, team coordinator, deputy commissioner and commissioner when not in compliance with the fifteen day mandate and the child must be removed.

While front-end gathering of background check information has been decentralized, DCS monitoring of background checks is extensive and largely centralized, though some work is still needed on information sharing across DCS units. As described in Item 41, RHET now scans all IV-E related documentation for provider foster homes, while PAR and Licensure both monitor for compliance with background check compliance. The RHET system, instituted in July 2007, is the comprehensive tool for gathering information on background checks for resource homes. The RHET team is responsible for reviewing and maintaining IV-E eligibility documents of each provider resource home both initially (new homes) and annually through the re-evaluation process. PAR and Licensure monitor reviewed files for background checks. PAR specifically reviews for a fingerprint check sign-off from DCS IA, and the lack of such documentation constitutes a finding. As discussed in Item 41, information from PAR, RHET, Licensure (DCS and other), the regions and numerous other sources is brought to the multi-disciplinary Placement Quality Team when there are notable concerns about an agency.

**Measures and Assessment of Performance**
During the three (3) month period from October 1, 2007 through December 31, 2007, Internal Affairs (IA) learned, through gathering centralized background check information, that DCS completed 2,381 fingerprint checks on DCS homes, DCS employees, provider homes, provider employees. Therefore, it could be estimated that DCS runs 9,500 to 10,000 background checks/year. Although IA does not track fingerprinting by type, it is estimated that roughly 80-90 percent of those background checks are for foster and adoptive placements, both DCS and private providers.

For the fiscal year ending June 30, 2007, 137 foster child files and 120 resource parent files were reviewed during the state audit. There was only one audit finding, indicating that there was not adequate evidence that a local background check was done on a provider’s resource home. On previous IV-E audit reviews, the State of Tennessee was lacking in the area of having all background checks completed and in the file of the resource parents. In the past, DCS did not have a standardized way of documenting the results from background checks. DCS has created a standardized form to be included in every file. Although the most recent IV-E review in 2007 showed that DCS has made major improvements, because this process was recently implemented it may take some time for significant improvements in this area.
**Barriers**

As a relatively new program, the work of the Resource Home Eligibility Team (RHET) needs to be better coordinated with that of Provider Accountability Review (PAR) and Licensure in order to avoid unnecessary redundancy and, more importantly, in order to share and compare significant pieces of data. PAR’s data has not been aggregated comprehensively or systematically. Additionally, while the current PAR finding and report structure contains a great deal of useful detailed information, PAR reporting could be done in a way that provides more context and nuance.

Although the Department is not experiencing delays in background checks due to the Adam Walsh provisions, the family’s willingness to complete the fingerprinting process can be a barrier. The Department recognizes the need to be more diligent in assisting family members with transportation to fingerprinting sites so that children do not have to be moved from quality relative homes.

**Strengths and Promising Practice**

Among the strengths of the Resource Home Eligibility Team (RHET) is the use of technology to support enhanced information-sharing and accountability. RHET worked closely with the Department’s Office of Information Systems (OIS) to develop and implement a system which generates an alert to all RHET members once a contract resource home is initially approved or re-approved. The system also notifies the private provider when it is approving or re-approving a resource home that it has ten (10) business days to submit supporting resource home approval documentation to DCS. If the documentation is not received within the 10-day period following the date the provider marked the home approved or re-approved, penalties will accrue starting with the date the provider declared the home approved in the web application. Upon the discovery of an unapproved home during this process, RHET staff access TNKids and suspend any new admissions to those homes until such time any and all issues of non-compliance have been rectified.

**Item 44: Diligent Recruitment of Foster and Adoptive Homes.** Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

**Summary Response**

Despite focus on this item and a number of innovative strategies, DCS continues to struggle with recruiting and maintaining a sufficient pool of resource parents to match the needs of children and youth in custody. Tennessee has a high number of teenagers (approximately 51% at any given period) and large sibling groups in custody, and as such, there is a constant need for resource homes to accept these populations. Although the Department has an adequate number of homes to reflect racial and ethnic diversity, certain areas of the state do not have enough homes to meet individual needs.

**Performance on Round 1 CFSR**

Item 44 was rated as an Area Needing Improvement during the first CFSR because DCS did not appear to be making diligent efforts to recruit a diverse pool of resource homes to meet the needs of the children in care. DCS included several strategies in the Program Improvement Plan to address this area, including developing and implementing regional recruitment and retention plans. These plans continue to be in place and are updated every six months based upon an assessment of the needs and resources available in each county/region. In addition, each region...
has dedicated staff assigned to the recruitment and retention of resource parents. DCS has made a focused effort to create a new data system for resource home information in order to make informed decisions on the regional recruitment needs.

**Policy and Practice**

According to policy, the Department must provide diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial composition of the children in the state for whom foster and adoptive homes are needed. Each region must maintain a regional recruitment plan that is developed in collaboration with the community and private providers and updated every six months. The plans include demographic information about the children and families served in the region, a summary of the region’s general, targeted, and child-specific recruitment efforts, a summary of planned general and targeted community awareness activities, a strategy for engaging community partners, a projection of the number of home expected to be gained from each recruitment event, the technical assistance and resources needed from Central Office, a strategic plan to support and maintain current resource parents, and a plan to increase relative placements. These plans should reflect keeping children within their neighborhoods whenever possible.

All inquiries received should be responded to within seven (7) calendar days. Tennessee has a statewide hotline for resource home inquiries that is answered in Central Office. All inquiries are entered into the TNKids database. Each Friday, an inquiry packet, including a DVD with testimonies and comments from Tennessee resource parents and former foster youth is mailed to inquiries from the previous seven (7) days.

As described in Item 38, the Division of Community Partnerships and Support Services (CPSS) was created to develop partnerships and collaborations with consumers, stakeholders, and private providers, in large measure to support recruitment efforts.

Recruitment is also conducted through the Community Advisory Boards (CABs). If a CAB identifies the need to recruit more resource homes, then they would agree to partner with DCS in reaching out to the community. DCS provides data to the CAB’s on the number of children that are currently in state custody per county, which can be used to develop a plan for recruitment if the community identifies the need. The Upper Cumberland and Davidson County Regions have been successful in presenting regional needs for recruitment to the local CABs. Although specific plans have not yet been developed, ideas for recruitment have been generated from the discussions.

Policy 16.7 addresses the individual or child-specific recruitment plan. Any child in custody for more than 12 months who has a goal of adoption and no identified placement should have a child-specific recruitment plan developed and implemented. As discussed in Item 9, Any child entering full guardianship without a permanent family is referred to the Focus Team within 60 calendar days.

Policy 16.48 addresses the diligent search process and is an important part of recruitment for relative/kin placements. The Department of Children’s Services will assist all children/youth and families in a careful search for known and unknown parents, along with relatives and significant kin who may provide a support to both the child and family. This search will begin with the child/youth’s first contact with DCS, will include a thorough search of all potential resources, and will continue throughout the child/youth’s involvement with DCS.
Measures and Assessment of Performance

The charts below show the stability of DCS’ performance around the diversity of resource homes over the past 15 months:

### Table: Custody and Primary Caretaker Race Comparison as of 7-2-07

(DFS and Private Provider Homes)

<table>
<thead>
<tr>
<th>Race</th>
<th>Custody</th>
<th>%</th>
<th>Primary Caretaker</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5352</td>
<td>62.6%</td>
<td>3169</td>
<td>63.1%</td>
</tr>
<tr>
<td>African American</td>
<td>2710</td>
<td>31.7%</td>
<td>1695</td>
<td>33.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>16</td>
<td>0.2%</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>2</td>
<td>0.0%</td>
<td>6</td>
<td>0.1%</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>237</td>
<td>2.8%</td>
<td>7</td>
<td>0.1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>9</td>
<td>0.1%</td>
<td>12</td>
<td>0.2%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>225</td>
<td>2.6%</td>
<td>130</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8551</td>
<td>100.0%</td>
<td>5024</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table: Custody and Primary Caretaker Race Comparison as of 2/29/08

(DFS and Private Provider Homes)

<table>
<thead>
<tr>
<th>Race</th>
<th>Custody</th>
<th>%</th>
<th>Primary Caretaker</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5286</td>
<td>64.6%</td>
<td>2845</td>
<td>64.0%</td>
</tr>
<tr>
<td>African American</td>
<td>2390</td>
<td>29.2%</td>
<td>1434</td>
<td>32.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>18</td>
<td>0.2%</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>6</td>
<td>0.1%</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>236</td>
<td>2.9%</td>
<td>7</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>8</td>
<td>0.1%</td>
<td>10</td>
<td>0.2%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>242</td>
<td>3.0%</td>
<td>138</td>
<td>3.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8186</td>
<td>100.0%</td>
<td>4442</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Data from TNKids*

The data chart below shows the outcome of the recruitment efforts, which includes DCS and private provider homes, for the period July 1, 2007 - November 30, 2007 through the following: the resource parent inquiries received, the resource homes approved during this period and the target number of homes needed per the regional recruitment plans. The results of this data reveal that the regions are either under-estimating their recruitment efforts or they have approved more relative homes than they accounted for in their targeted goal.
Region | Inquiries | Homes Approved | Target Goal
--- | --- | --- | ---
Davidson | 129 | 54 | 18
East | 222 | 95 | 20
Hamilton | 21 | 45 | 13
Knox | 101 | 56 | 20
Mid Cumberland | 226 | 94 | 30
Northeast | 232 | 76 | 21
Northwest | 28 | 25 | 39
Shelby | 187 | 74 | 30
South Central | 90 | 49 | 14
Southeast | 85 | 28 | 10
Southwest | 93 | 33 | 12
Upper Cumberland | 136 | 32 | 14
**Statewide** | **1550** | **661** | 

**Barriers**

COA standards require resource parents to be visited in the resource home one time per month by the resource parent worker. It can be a challenge to meet this standard without diverting undue attention away from the recruitment efforts. The roles of staff, time available for recruitment activities, time needed for resource home visits, staff allocation for completion of home studies, etc. are all factors that play into the success of the recruitment and retention of resource parents.

Although the Department has made major improvements within numbers of adoptions over the last several years (as reflected in Item 9), this presents a challenge for recruitment. As more and more of the resource parents choose to adopt the children placed in their homes, the need for additional resource homes increases.

**Strengths and Promising Practices**

DCS has developed a strong relationship with Tennessee Foster Adoption Care Association and has assisted with strengthening the local associations within each county. Currently, there are approximately 90 local associations that cover the 95 counties in Tennessee. The TFACA manages the statewide Advocacy Program funded by the state and has 30 or more advocates across the state to assist with resolving issues within the resource homes. In addition, the Advocacy Program began operating a Mentoring Program for the state to match new resource parents with an experienced resource parent upon their approval, but before the family accepts their first child. This has been very successful in the regions that have implemented it and it will be rolled out statewide by July 2008. Beginning with the July 2007 year, the contract with the TFACA has been managed through the ASAP (Adoption Support and Preservation Program), and this has been received with much enthusiasm.

The Department has invested in several statewide recruitment activities, including the Adoption Bike Tour, National Adoption Month, National Foster Care Month, Home for the Holidays, AdoptUsKids, and the Heart Gallery. All of these efforts should be reflected in the data captured in the near future, as a new TNKids revision will allow documentation of the referral source within the system.
Recently, the resource home data has been placed on a user friendly dashboard that allows the regions to manipulate data in order to complete a resource homes needs assessment. This should increase the ability of the regions to keep a daily watch on their needs and make timely adjustments to their recruitment strategies.

**Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.**

*Does the state have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?*

**Summary Response**

Since the last State-wide Assessment, the Tennessee Department of Children’s Services has made deliberate efforts to integrate the statutory requirements of the Interstate Compact on the Placement of Children (ICPC) and the Safe and Timely Interstate Placement of Children in Foster Care Act of 2006 into the Department’s foster and adoption policies, including Provider and Contract Agency practices, contract agreements, practice models and training curriculums to facilitate timely, consistent and effective application.

**Performance on Round 1 CFSR**

During the last round of CFSR, Item 45 was rated as a Strength. According to the information provided by stakeholders, DCS adoption workers were regularly using cross-jurisdictional resources to facilitate timely adoptions or permanent placements for children. However, there were some ICPC issues noted, including difficulties obtaining home studies, and problems with finalization and legal fees.

**Policy and Practice**

In February, 2006, the DCS ICPC office adopted the Regional Team Excellence Model. The purpose of the team was to (1) establish Regional level competency and technical consultation and expertise in the application of child welfare policy, procedures, and case-management practice to benefit children involved in an inter-jurisdictional placement subject to compliance with TCA 37-4-201 et seq.; and, (2) establish a partnership/collaboration with the Regions with the State Office of the ICPC. The 12 member ICPC Team Excellence provided technical consultation in the development of and release of the ICPC Practice and Procedure Manual in Oct. 2007; served as the core group who participated in the “T for T” ICPC presentation in Nov., 2007 which required each Region to develop and implement at least one ICPC orientation training program in their Region by June 2008. Training evaluations will be reviewed to determine necessary corrections or modifications in the ICPC Practice and Procedure Manual. The results from the evaluations will also be provided to the DCS Training Consortium, who are in the process of developing curriculum regarding ICPC training for inclusion into the DCS Pre-Service Training and Specialty Week Training provided to DCS.

Since 2006, the Department’s Foster and Adoption Program and ICPC have collaborated in refining and enhancing policies and procedures for Expedited Custodial Assessment and Resource Home Study. The goal was to identify and approve an increased number of resource homes that provide safe and appropriate placement for custodial children in a more timely manner, which positively affects ICPC. There are several promising activities which have resulted from the collaboration, including the identification of Permanency Support Team personnel to conduct studies/assessments; specific identification of internal and external background checks, specifically Internet Background checks for all resource homes; developed protocol for use of the Live Scan for FBI/ TBI clearances necessary for the approval of resource homes; support to train
DCS and Provider Agency personnel on the use of the SAFE document for home study presentations, inclusion of resource homes approved for the placement of children from another State on the TNKids Resource Home Listing as placement options for children in DCS custody, implementation of a State-wide Contract with AGAPE to conduct PATH (Parents as Tender Healers) trainings and complete resource home studies on Tennessee families within 60 days, pursuant to the requirements of P.L. 109-239, to ensure more timely placement and permanency.

**Measures and Assessment of Performance**
The placement of children into safe and appropriate resource homes in other jurisdictions in a timely manner does not happen consistently. The enactment of the Safe and Timely Interstate Placement of Children in Foster Care Act of 2006 has provided federal statutes, which identify study procedures and timelines to be clarified within Federal Regulations; however, those regulations have not been promulgated. Each state child welfare agency has altered policy and practice to address the proposed intent of the law, however consistency across 52 different jurisdiction continues to be a barrier. Delays in service provisions under ICPC, including placements and other services, continue to be addressed on an individual case basis through the State offices of the ICPC.

For the period from October 1, 2006 to October 1, 2007, DCS received a total of 201 requests for Interstate Studies from other states: 33 adoption, 54 foster home, and 114 relative. During that same time period DCS sent 13 adoption requests, 36 foster home requests, and 86 relative requests.

Although the Department uses several instruments to measure the effectiveness of foster care and adoption practice, none of these tools are specifically geared toward ICPC cases. Permanency Reviews conducted through the Commissioner’s Office will often address delays in ICPC for children placed in another state.

**Barriers**
The Department often has trouble obtaining a complete referral packet with adequate information regarding the child, specifically medical and financial information. It is also difficult to identify and complete the correct study in a timely manner. Limited staffing in other child welfare agencies nationwide can affect the provision of required study and supervision within required timeframes.

The Department has a limited ability to assess performance in the use of cross-jurisdictional placements due to limited ICPC data management. In addition, although ICPC resource homes appear on the Resource Home Listing data as ICPC approved, the list does not indicate whether a child from out of state has actually been placed in the home. This can create problems when workers are attempting to place Tennessee children.

**Strengths and Promising Practices**
DCS recruits nationwide through the web-based Wednesday’s Child programs. In October, 2006, the TN Department of Children’s Services established a contractual relationship with AdoptUsKids to feature TN DCS children on their Website. Since that time, over 1,845 inquiries have been made as a result of the AdoptUsKids site. Unfortunately, the Department does not have the capability to link inquiries from AdoptUsKids to TNKIDS placement data to determine how many children were placed as a result of an inquiry.
CHILD AND FAMILY OUTCOMES

SAFETY

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Summary Response
Changes in response times of investigations and closer monitoring by supervisors have improved the Department’s time to initiate investigations.

Performance on Round 1 CFSR
Item 1 was an Area Needing Improvement in Round 1 because the Department did not initiate investigations in a timely manner in 29 percent of the applicable cases.

Policy and Practice
In 2002, allegations of child abuse and neglect were reported to the local DCS offices in each of the 95 counties in Tennessee. This reporting system was inefficient and cumbersome. Individual counties developed their own procedures for receiving, screening, prioritizing reports, and assigning cases. This practice led to inconsistencies in the quality of information collected, screening decisions made, and the assignment of response priorities.

In Fiscal Year 2003, the Department began the implementation of the Centralized Intake System. The hotline is available to receive reports twenty-four (24) hours per day, seven (7) days per week and was fully implemented in 2005. All calls are audio recorded for training and information accuracy purposes. Central Intake received 149,760 calls in 2006 and increased to 159,592 in 2007.

For the Program Improvement Plan (PIP) in 2002, percentages of compliance with state policy timeframes for initiating investigations for all three Priority responses were based on the Shelby, South Central and Southeast regions. The goal was to reach 50% by June 30, 2005 statewide. The average compliance ratio for the three priority response times for January 2007-December 2007 were: Priority 1—53%; Priority 2—64.5%; and Priority 3—65.6%, however, the Priority 1 percentages have shown improvement over the past 3 months (December 2007-February 2008) to 77.6%, with Priority 2 and 3 responses remaining the same. By reviewing individual cases, the Department determined that case workers were initiating contact at a higher percentage, but were failing to document timely. The Department also learned that in severe abuse cases, law enforcement may contact a case worker directly for an immediate response to a situation, and the call to central intake is made at a later time, which is reported as a negative percentage in the data system.

As of January 1, 2008, a more restrictive policy for response times was implemented to meet the requirements of compliance for COA Accreditation.
Screening and Response Priority according to 2005 policy:

- Priority 1 (P-1) was initiated immediately with face to face response within two hours of referral.
- Priority 1(P-1R) In rural areas must be initiated with a face to face contact within 3 hours. Exceptions to this rule applied to four (4) regions: Davidson, Hamilton, Knox and Shelby.
- Priority 2 (P-2) was initiated with a face to face contact within 2 days (48) hours after the referral was assigned to the county.
- Priority 3 (P-3) was initiated with a face to face contact within 5 working days after the referral was assigned to the county.

Screening and Response Priority according to January 1, 2008 policy:

- Priority 1 (P-1) are initiated by a face-to-face contact immediately, but no later than 24 hours. P-1 reports allege that children may be in imminent threat of danger or they have injuries requiring immediate medical attention or evaluation.
- Priority 2 (P-2) are initiated with a face-to-face contact within forty-eight hours. Priority 2 reports allege injury or risk of injuries that are not imminent or life threatening.
- Priority 3 (P-3) are initiated by a face-to-face contact within three business days. Priority 3 reports allege situations or incidents considered to pose low risk of harm to the child.

The timeframe for responding to calls was also adjusted to begin calculating the response time when the call was actually received in Central Intake rather than when it was assigned to the county office.

Measures and Assessment of Performance
Tennessee has improved by 54% in the investigation initiation since FY 2005.

According to the Child and Family Services Review Data Profile, Tennessee’s median time for initiating an investigation is10.9 hours, which is a marked decrease from 23.7 hours in FY 2005. This improvement resulted from a renewed focus on timely documentation and a concentrated effort by supervisors to track and monitor compliance. Monthly data reports are an asset and are reviewed by all levels of management.

Barriers
A challenge for the Department is that Tennessee has two time zones. The Eastern part of the state lies in the Eastern Standard Time (EST) zone whereas the western and middle parts of the state are in the Central Standard Time (CST) zone. The Automatic Call Distribution System I-3 tracks calls in CST making calls sent to the EST zone difficult to incorporate into the database. An additional challenge in meeting response times has been the geographical and topographical differences. The time required in reaching rural families is sometimes quite lengthy.

The differences in philosophy of the many law enforcement agencies statewide regarding the investigation of severe child abuse cases often poses a challenge to the CPS staff. State statute requires a joint investigation of severe abuse cases, to be completed in sixty days. DCS staff are monitored and held accountable for completing investigations based upon this timeframe; however, there is no consistent means of holding various law enforcement agencies accountable to that same time period. To improve this issue and other investigative tasks, the Department implemented Child Protective Investigative Teams (CPIT), which must include a CPS staff
member, a representative from the District Attorney’s office, a Juvenile Court officer, and a county law enforcement officer. Some teams may also include medical and mental health representatives and a Child Advocacy Center (CAC) employee. Funding has been secured by some of the CAC’s to employ a CPIT coordinator; however it is too early to document an improvement in outcomes. A subcommittee from the Children’s Justice Task Force will send a survey to all CPIT members to analyze the team’s functionality. A program coordinator from Central Office is responsible for observing CPIT meetings and compiling summaries to assist in strengthening this process statewide.

Timely documentation of contact with the child contributes to the appearance of missing response times for initiation. CPS supervisors are monitoring data entered within 24 hours of a response.

**Strengths and Promising Practices**

At the time of the last CFSR review, CPS caseload numbers were quite high which resulted in response times being missed. The Department instituted a plan of 11 referrals per month per caseworker, with a cap of 30-35 cases per case worker and each region is creating overflow teams to assist when CPS case workers reach the cap.

Central Intake has created uniformity in the decision making process for priority assignment and for monitoring appropriate response times.

Child Advocacy Centers now exist in 30 of the 31 judicial districts across the state. There are presently 30 forensic interviewers located in the Child Advocacy Centers to provide child victim interviews. The Child Advocacy Centers promote the team approach for conducting severe abuse investigations, resulting in a more comprehensive and timely disposition of a case.

Since the implementation of Central Intake, personnel receiving calls have been trained on Departmental policies, cue questions, and the use of the structured decision making model.

The Department has instituted monthly supervisory reviews on CPS cases. This review covers issues such as compliance with response time, reduction of risk factors and closure or transition of the case. The conferences also serve as a learning opportunity for supervisors and staff to discuss best practice to achieve high quality casework. These reviews are documented in supervisory notebooks for each worker.

In conjunction with ongoing supervisory reviews, Case Process Reviews (CPR) are conducted on a 10% sample of cases to ensure that all case tasks are being conducted in a timely manner. Included in this review is response time. These reviews have increased staff’s awareness of casework practices and prompted them to focus on areas needing improvement.

The Department’s data tracking system, TNKids, produces and distributes monthly reports broken down by region, county and worker (team) regarding compliance with response times. These data are used to identify the need for technical assistance to improve practice.

The Department is working with the Tennessee Center for Child Welfare to revise the training curriculums to focus more on proper handling of a case, including response time. The revised curriculum is being designed to improve overall practice and quality of new staff trainees. On-the-
Job Training (OJT) is also being revamped to better model job duties in a “real world” setting for new staff.

Ongoing support and technical assistance is offered by Central Office staff when referral numbers and caseload numbers become high or a specific issue is identified. This support includes assisting with case consultation, reviewing cases for closure, and identifying training needs. The assistance from Central Office staff is an opportunity for coaching and mentoring to the field supervisors. One area currently being revised is the review of child fatalities. Representatives from different programs in Central Office currently review all child fatalities with the regional staff 60 days after the incident occurred. In the past, the sharing of information and lessons learned was not incorporated into this process or shared with other regions. Future planning for child fatality reviews includes identifying patterns and trends and sharing with CPS staff statewide. A process to debrief a child fatality with the regions sooner than the 60 day timeframe is also being developed. This will assist the frontline staff with the ongoing investigative work and provide a teaching opportunity and support to the field staff.

**Item 2: Repeat maltreatment.** How effective is the agency in reducing the recurrence of maltreatment of children?

**Summary Response**
The Department is committed to reducing the recurrence of maltreatment to children. The Department has implemented an assessment process to child safety at every stage of intervention and is currently working with communities across the state to improve the safety of children.

**Performance on Round 1 CFSR**
Item 2 was rated as a Strength during the 2002 CFSR review. In the majority (97%) of the cases reviewed during the review period, no new allegations of abuse or neglect were received. The 2002 CFSR final report attributes this rating of strength to the Department’s use of Safety and Risk assessments, and the community’s involvement following Departmental intervention. *At the time of the 2002 CFSR, this information was gathered by a hand count. Since this time, the Department has developed automated methods of reporting that have resulted in much more accurate information.*

**Policy and Practice**
Protecting children from abuse and neglect continues to be the Department’s primary objective and is incorporated into all areas of practice. To ensure the achievement of this goal, the Department utilizes uniform assessment instruments to make structured decisions, engage families, and decrease those contributing factors that may threaten the safety and well-being of children.

To reduce rates of maltreatment recurrence among cases in which an emergency removal is unwarranted, an Immediate Protection Agreement (IPA) is developed with the family. The Safety Assessment tool is used to determine whether immediate harm factors exist. Should one or more harm factors exist, the Case Worker will make a decision to place the child in protective custody or develop an IPA with the family to discuss alternative protection interventions. In conjunction with the Structured Decision Making (SDM) Safety Assessment, the IPA outlines specific interventions that are to be immediately implemented in order to ensure the safety of the child during the
investigation or assessment. The Department is also piloting the Family Advocacy and Support Tool (FAST) as a measurement of specific strengths and needs of a family. Family Service Team Meetings (FSTM) are also utilized to create a plan to address changes, needs, strengths and concerns throughout the life of the case. This allows the worker to discuss strengths and issues for the child and family that could threaten the safety of the child.

FSW’s utilize a Permanency Plan for those cases in which protective custody is necessary to ensure the safety of the child(ren). The Permanency Plan serves as a mechanism to support and monitor a family’s progress and mobility toward specific goals and outcomes. Based upon the family’s cooperation, court involvement, and completion of the Permanency Plan, a determination will be made regarding the child(ren)'s release from protective custody. The Child and Family Team Meeting (CFTM) process is also utilized to monitor the family’s compliance and progress with the Permanency Plan and assess the long-term safety needs of the child prior to returning home. Prior to placement into custody, a pre-custodial CFTM is held with the family involving other professionals such as an MSW, medical or psychological professionals, community partners, extended family friends, and law enforcement personnel to explore the possibility of less drastic alternatives to keep a child safe.

FSW’s typically receive subsequent referrals on active cases and a cursory review from the TNKIDS data system is included with the referral to inform them of past involvement with the child and family. In order to assess outcomes, the Department is currently working with Chapin Hall to analyze repeat maltreatment data. Trending and patterns will be reviewed and addressed with regional staff.

**Measures and Assessment of Performance**
The national standard for absence of maltreatment recurrence is 94.6% or more. For FY 2007, Tennessee’s rate of 92.9% was below the national standard by 1.7%. The rate of absence of maltreatment recurrence through the report period 4/1/07 to 3/31/07 (which is NCANDS/CFSR BA period) is 94.2%; when the "risk of sexual abuse or risk of physical abuse" finding(s) is excluded, the rate is 95.0%. These finding(s) were eliminated in February 2008.

**Barriers**
Several challenges continue to prevent the Department from achieving positive safety outcomes. Case managers attending to numerous families are more likely to develop insufficient assessments, participate in less follow up with families, delay referrals to services, and reduce the overall engagement of the child and family. Placing services in the home with inadequate assessments of the family’s underlying needs often results in a failure to adequately address the situation. In the past, high caseload numbers have decreased the ability of front line staff to adequately work with families to reduce the recurrence of maltreatment. Most regions have reduced caseloads to a manageable size, with only a few counties still struggling with elevated caseloads due to staff turnover. The Department anticipates that with this reduction in caseloads repeat maltreatment may continue to decrease.

Tennessee’s SACWIS system, TNKIDS, cannot track repeat maltreatment of children. Once the new SACWIS is developed and data is compiled in a comprehensive manner, trends can be seen and interventions utilized to address items of need.
Strengths and Promising Practices

The Multiple Response System is a promising approach by the Department to reduce the recurrence of maltreatment. DCS and the legislature designed MRS after an internal evaluation of the previous child protection system and studying successes in other states with a multiple track system. This new system has required the Department to respond in a more strength based supportive to families in need of assistance manner. MRS encourages staff follow-up on all cases and engages families to participate in the development of non-custodial permanency plans to address their needs. Engaging the family in resolving their issues is a core value in the MRS approach. Identifying the resources necessary to strengthen the family and creating a team to support the family are critical components on reducing the incidents of repeat maltreatment.

CPS policy has been revised to recognize the resource linkage track of MRS linking families to resources within the community when involved in an investigation or an assessment. Specifically included in the resource linkage track is the creation of Community Advisory Boards (CABs) in each county across the state. These boards identify both formal and informal community-based resources that may be needed by families. The Children’s Justice Task Force, which is a statutorily mandated multidisciplinary group, is serving as the State Advisory Board. They partner with DCS to assist in identifying gaps in services in local communities and present recommendations of possible solutions to address the identified needs, review MRS outcomes and make recommendations to improve statewide implementation.

The expansion of contracts with private providers has aided in stabilizing families and reducing the risk of further harm. These services are often provided to families during a CPS investigation or assessment case with the intended outcome of keeping the child within the family and minimizing the likelihood of continued abuse or neglect. Adequately assessing the family’s needs and stabilizing the family with appropriate services and community support should reduce the incidents of repeat maltreatment. In areas where this has not shown to be true, an analysis is needed to determine if there is a need for additional resources, type of resources needed, staff training, or other scenarios that are contributing to the outcome.

The Department is currently conducting Needs Assessment IV, which is focused specifically on in-home support services. This assessment includes an analysis of statewide service gaps, the implementation/use of family functioning assessment tools, and assessing the quality of the current family preservation/reunification services as reported by families and stakeholders.

Some regions have reported difficulty finding providers for certain services offered under the child and family Direct Purchase Authority (DPA). Consequently, in November 2007, the Department issued a Request for Proposal (RFP) for two pilot regions (Northwest and Upper Cumberland) identified as having a critical need for certain therapeutic services.

An MSW consultant contracted through the Tennessee Center on Child Welfare (TCCW) is consulted when a child enters custody through a CPS investigation or assessment case. The purpose of their involvement ensures that proper measures have been taken to reduce the trauma to the child and that less drastic alternatives are explained. Discussions are also held at this juncture regarding relative placements and diligent search efforts. These same MSW’s are also involved in regional case reviews at 60-100 days of custody. Information from these reviews can
be used to identify trends or patterns and assist the region in the decision making process used when a child enters custody.

Incorporating the data from Chapin Hall and fully utilizing the data available within the TNKIDS system is key to analyzing trends and patterns. The Regional field staff in child protection have not routinely and consistently used data to identify areas for improvement. Making data available and providing technical assistance to understand the implications of the data can be valuable to determine problem areas. Once completed, Tennessee’s new SACWIS system will also be able to provide a deeper and broader data environment that will allow the Department to track trends and plan strategically to reduce maltreatment.

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR OWN HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.** How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

**Summary Response**
The Department’s increased use of Child and Family Team Meetings (CFTM) prior to children entering custody has helped identify needs and implement services to prevent removal. However, there are still gaps in the service system.

**Performance on Round 1 CFSR**
Item 3 was rated as an Area Needing Improvement because the Department did not make diligent efforts to maintain children safely in their homes.

**Policy and Practice**
During Tennessee’s first statewide assessment, the Department launched the Family Support Services (FSS) program to meet the needs of non-custodial and pre-custodial children to keep children safe in their homes and to prevent removal. Tennessee is currently in the process of a system reform in child protective services. The Multiple Response System (MRS) was legislatively mandated (TCA 37-5-602) in 2005, with a statewide implementation deadline of 2010. It is currently implemented in 8 of the 12 regions, with the remaining 4 regions at various stages of implementation. It is anticipated it will be fully implemented by the end of 2008. This paradigm shift allows for more than one approach to responding to child abuse and neglect reports. It moves the system from investigating in an incident based manner to a more strengths-based, family assessment approach. This model embraces the engagement of parents, involving families in protecting their children and reaching out to the community in addressing the needs of children and families. There are 3 tracks to the MRS system which include investigation, assessment and resource linkage. Safety for the child is first and foremost and considered throughout both the investigative and assessment track. The tracks are assigned based upon risk to the child with severe abuse always assigned as an investigation. Assessment cases can be reassigned as an investigation if the situation presents a higher risk than initially known at the time of assignment.

The development of the Community Advisory Boards (CAB) offers active supports to children and families. The intent is to leverage community resources to provide the necessary services to
strengthen the family and provide them the tools necessary to keep the child safe and within the family setting. The CAB’s are at varying stages of development statewide and a subcommittee from the Children’s Justice Task Force is working closely to further develop the CAB’s with the assistance of a national consultant, Susan Notkins from the Center for the Study of Social Policy in New York.

The Immediate Protection Agreement (IPA) is one element of the state’s Structured Decision Making process and it documents the specific interventions that will be taken immediately to ensure child safety. Current policy provides an outline for utilizing an IPA, however, additional training and oversight needs to occur to ensure it is appropriately used by staff.

Child and Family Team meetings are one strategy that has proven beneficial for all regions, with many experiencing a reduction of children entering custody. According to recent data, 77% of the CFTMs that occurred before a custodial episode resulted in the child not entering custody.

**Measures and Assessment of Performance**

Since the initial implementation of MRS, service plans are developed with the family using a coordination of community agencies to meet the identified needs and reduce the likelihood of removal or out of home placement. This holistic approach utilizes team meetings to identify the concerns within the family and determine the most effective intervention to stabilize the family and protect the children.

Regions have realigned staff to accommodate the work from the assessment and the investigative track. After some initial stabilization, most regions are finding approximately 25% of the reports are assigned to the investigative track while 75% are assigned to the assessment track. Policy changes took effect in February 2008, eliminating the allegation of substantial risk of physical and substantial risk of sexual abuse, which will have an impact on data. A clearer definition in policy on the allegations of drug exposure to a child also impacts the track assignment of a case and will result in more of these cases being assigned to the assessment track.

Presently, assignment of case tracks does not occur at central intake but after the referral reaches the region. Obtaining an appropriate assessment screening tool and incorporating this function into the SACWIS system will enable central intake to assume this responsibility.

Communication between the courts and the local DCS staff are ongoing in addressing specific issues that have arisen since the implementation of MRS.

**Data Elements III and IV**

The Family Crisis Intervention Program (FCIP) focuses on immediate problems of unruly children and families who are in crisis and mobilizes resources to meet the immediate needs and issues. FCIP meets statutory requirement TCA 37-1-102(23)(A). Very little data relevant to FCIP is captured in TNKIDS, which makes is difficult to draw any significant conclusions.

**Data Element IV**

The chart below shows re-entry rates for 2005 through 2007 and corresponds to the Safety Data Profile element IV. Hamilton is the only region where re-entry rates increased in 2007. All other regions steadily declined. The three initial regions that implemented MRS, Northwest, Southeast and Upper Cumberland, show the greatest decrease over the 3 year period, underscoring the need to work with families more intensively prior to entry into care.
There appears to be a direct correlation with the relationship between the region and the local Juvenile Court to the entries into custody. In Davidson County, teens were historically entering custody from the detention docket. Collaboration with the courts to offer CFTMs and in home services prior to custody has resulted in a reduction of teens entering custody.

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<thead>
<tr>
<th>Re-Entry Rates</th>
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<tbody>
<tr>
<td>2005</td>
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<td>2006</td>
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<td>2007</td>
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Barriers
Resource Issues – Identifying the appropriate staffing needs and referral patterns to successfully implement the investigative, assessment, and resource linkage teams for MRS makes additional demands on regional leadership. Constant monitoring of caseloads must occur to ensure appropriate staff are allocated to meet the needs of the region.

The availability of community based services in rural areas has been a barrier to providing timely and appropriate resources to families. CAB’s have the primary role of identifying the needs and working with the community to develop the services. Cross functional teams have been developed to address this issue.

Cultural awareness continues to be a struggle and relates directly to the disproportionality of children in custody. A new cultural diversity curriculum was developed to address this need and has recently been offered to Central Office staff for feedback. This training will be provided to all DCS staff and is scheduled to begin in Summer 2008.

The need to effectively communicate with the courts prior to the implementation of MRS and throughout the process is critical to ensure the court supports this process and does not unnecessarily place children in DCS custody services. In a May 2008 CFSR focus group with legislators and legislative liaisons for child-serving organizations, several members stated that the Department needed to work with the courts to emphasize the importance of intervention prior to removal.

While provider representatives in several focus groups indicated that communication between providers and DCS is improving at the upper levels, concerns remain regarding day-to-day
information sharing at the direct service level. Focus group participants noted that early communication between providers and the DCS is crucial to addressing issues to prevent custody.

Strengths and Promising Practices

DCS’ organizational structure has changed over the past year resulting in CPS positions being realigned in the regions through an annual right sizing effort by the regions. Caseloads have been reduced to no more than 11 new referrals per month per case worker and maximum caseloads to no more than 35 cases per case worker.

As a result of MRS, collaborative partnerships have been formed statewide to expand the services available to prevent children from entering custody. Collaboration with external partners has aided in the development of instruments to effectively measure if a child can remain safely in their own home. Such partners include the Annie E. Casey Foundation, Children’s Research Center, Child Welfare League of America, Citizen's Review Panels, and Children’s Justice Task Force.

Child Advocacy Centers play a valuable role in the investigative process and in supporting the family. Thirty-one (31) CAC’s are located across the state and offer a variety of services to assist the family during and subsequent to a CPS investigation. Such services may include non-offender support groups, victim support groups and counseling for the child victim.

A system to provide third party reviews for CPS cases was implemented in March 2008, utilizing a team from Tennessee Commission on Children and Youth. Independent reviews are requested from legislators or parties involved in an investigation and information gleaned from the reviews will be shared to resolve case specific issues or improve casework practice.

A CQI workgroup was established to discuss the MRS process and the issues related to implementation. Members of this group represent both safety and permanency and focus on the integration of various initiatives to support positive protection and permanency outcomes for children.

During a May 2008 CFSR focus group with service providers, as described in Item 38, participants noted that the Department’s increased focus on preventative services and relative placements have had a positive impact on preventing custody. The Kinship Support Program, which endeavors to keep children with relatives, is responsible for working with community providers and other agencies to develop non-custodial services to support children who are placed with relatives. These services include the Relative Caregiver/Kinship Support Program and Families First Kinship Care, which is a pilot program currently operating in the Shelby, Davidson and Upper Cumberland regions. The Relative Caregiver/Kinship Support Program is operating in all twelve regions of the state.

The expansion of private providers in the area of prevention and intervention has proven beneficial in a number of regions. One successful example occurred in Davidson County. Intercept, a program developed by a well established provider, committed to providing intensive in home services with teens in detention and at risk of entering custody due to unruly behavior. Intercept drastically reduced the number of youth that entered and exited custody within a short period of time. It also offered parents another alternative to address the needs and supports for their children.
Item 4: Risk assessment and safety assessment. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Summary Response
The Department maintains that keeping a child safe is paramount to good practice. The Department has developed a comprehensive assessment process that looks at the safety of the child at all levels of involvement. While committed to high quality assessments, the integration of various assessment tools throughout the Department’s involvement with a child or family remains a challenge.

Performance on Round 1 CFSR
This item was rated as an Area Needing Improvement during the 2002 CFSR. Reviewers rated the item as such because DCS had not made diligent efforts to reduce risk of harm to children. A key concern identified was an inconsistency among caseworkers with respect to conducting comprehensive risk/needs assessments, monitoring families on an ongoing basis to ensure children's safety, and assessing change in risk factors prior to reunification.

Policy and Practice
DCS is currently using the Structured Decision Making (SDM) assessment process, which includes a field tool for Safety Assessment, Immediate Protection Agreement, Family Risk Assessment and Family Risk Reassessment for non-protective custody cases. These tools assist field staff in determining the level of risk and safety to children. The utilization of these tools also provides guidance to the investigator and assessment worker on open cases for services and assists in ranking priority for the Family Services Worker of the needed frequency of worker contact and services intervention. In the near future, the Department is looking to replace the Family Risk Assessment and Risk Reassessment with the Family Advocacy & Support Tool (FAST) which the Department believes will provide more direction and support in identifying strengths and needs for non-custodial service delivery. The Child and Adolescent Needs and Strengths (CANS) is a tool used to identify the strengths and needs of a child in relation to placement. This ensures that children are appropriately matched to out of home care setting that will be able to meet their unique needs and keep them safe. The Family Functional Assessment (FFA) is a comprehensive assessment that studies the family’s functioning related to safety of all family members, well-being of the children and family, permanency, and available resources. The use of the FFA is outlined in policy 11.4, and the use for all assessment tools is outlined in policy 11.1. Both polices were updated late in 2007 and are current with practice and Departmental goals and objectives.

The Non-Custodial Permanency Plan (NCPP) was created to mirror the existing Permanency Plan for custodial children and will be utilized with families to outline services, expectations and timeframes. This plan will be created during Family Services Team Meetings prior to or at the 30 day interval when services are provided to a family. The plan identifies the necessary actions to reduce risk factors and support the family in maintaining the child in the family setting. The NCPP is referenced in policy 14.26 and in the FSW policy 16.60, which was effective May 15, 2008.

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
- 92 -
Measurements and Assessment of Performance

Discussion of Data Elements VII, XIII and XI

The national standard for the absence of child abuse and /or neglect in Foster Care for a 12 month period is 99.68%. In 2005, the Department was at 99.16%, in 2006, 99.27%, and 2007, 99.20%. The Department is not in compliance with this standard, however, effective February 2008, the allegations of substantial risk of physical abuse and substantial risk of sexual abuse were eliminated. This indication is no longer in effect due to the high number of cases being overturned in review for lack of evidence. This will lower the percentage of indicated cases. The Department’s percentage totals for the year 2007 are below.

All Children/All Allegations - 99.47%
Brian A./All Allegations - 99.46%
All Children/No "Risk of" - 99.65%
Brian A./No "Risk of" - 99.67%

Data from Element XI is currently unavailable to the Department. The AFCARS ID reported in the Child File was unable to be linked with Safety NCANDS data.

Barriers

Challenges exist within the Department in relation to case workers’ ability to make a thoughtful and thorough assessment of safety and risk. Often, workers fail to recognize factors that place a child at risk of harm while at home or in foster care. Barriers to greater understanding and skills in this area may be based, in part, on the lack of training or understanding of the assessment tool and an ingrained approach to practice that reflects the prior incident-driven model rather than the current risk-based, family-centered approach. Appropriately understanding the complexities of familial relationships and parenting challenges also affects the ability of some staff to thoroughly and thoughtfully assess family and children’s strengths and needs.

Areas that lack services present challenges to the Department because they tend to have limited resources to keep both custodial and non-custodial children safe. When these services are available, they provide an extra set of “eyes and ears”.

Strengths and Promising Practices

Pre-service and In-service trainings are being revised and redesigned to enhance learning of new workers’ understanding of a comprehensive and integrated assessment process. Professional development of workers will not only cover awareness, assessment and understanding but also application and skill development enabling workers to build confidence in their job skills and be better able to assess safety and risk to children and families. The redesign will provide classroom training and on the job opportunities as well as a comprehensive knowledge test and a skills assessment to ensure the worker can perform best practice.

The Special Investigation Unit (SIU) cross functional team has members from Child Placement and Private Provider (CPPP), Foster Care, regional representation, Resource Parent Advocates, Central Office Evaluation and Monitoring and the Brian A. Monitors Office. The team has been a valuable resource as it has given the Department an opportunity to engage with internal and external stakeholders to share information and make the best decisions for children served.
The advent of the Multiple Response System (MRS) in Tennessee is building the capacity of communities to support children in their home through the development of Community Advisory Boards (CABS), which were previously defined in Item 3. MRS also allows the worker to spend more time with the family and support and monitor the family's progress toward goals. During this time, the case worker also assists the family in becoming more self-sufficient ultimately leading to families addressing their situation without the ongoing need for Departmental intervention. Collaboration with community partners and other entities in the delivery of services help families to remain intact and to improve outcomes for children.

The Commissioner's Case File Review Process provides a mechanism for a case review prior to returning a child to their family when there was an indication for severe abuse or neglect. Safety factors are reviewed and future harm is assessed to ensure that when a child returns home all necessary steps have been taken to ensure safety. This review is conducted by Central Office staff to ensure an unbiased review and consistency in the review process.
PERMANENCY

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care.

Summary Response
The Department has made a practice of returning children home to their parents as soon as safely possible. Although reunification is successful in many cases due to the provision of supportive services, parental substance abuse and mental health issues can present a challenge to preventing re-entry into state custody. The Department has focused on team decision-making and careful monitoring upon return home to ensure successful reunification and prevent multiple custody episodes.

Performance on Round 1 CFSR
Item 5 was an Area Needing Improvement in Round 1 because in 25% of the cases reviewed, children re-entered foster care within 12 months of exiting custody. According to FY 2000 data reported in the Data Profile, 10.1% of children had a prior custody episode within past 12 months, which did not meet the National Standard of 8.6%. The Department reported in the Statewide Assessment that 72% of the re-entries were children 13 years and older. In addition, it was noted that the unruly and delinquent populations had higher rates of re-entries than the dependent/neglected population due to their behavioral issues. DCS instituted Family Support Services in July 2000 to provide in-home services to families, especially families with teenagers, to prevent re-entry and promote stability in the home.

Policy and Practice
DCS strives to ensure that children discharged from custody return to safe and stable family placements. Policy 31.7 Engaging Families details the process for Child and Family Team Meetings (CFTM) and outlines the importance of having the family fully involved in the custodial episode, emphasizing the requirement to hold a CFTM at two critical decision-making points in the case: prior to entering custody and prior to exiting custody. During the pre-custodial meeting, the team attempts to place services in the home to prevent removal. In practice, the pre-custodial CFTM appears to be the key to stabilizing many of these cases. When the appropriate services are placed in the home prior to the family situation reaching the crisis point, the family is able to utilize the services to keep the family together. At the discharge CFTM, the team determines additional supports and services needed by the family to maintain reunification and prevent the child from re-entering custody.

During the life of a custodial case, Child and Family Team (CFT) members meet on a regular basis or as necessary. The goals, action steps, and services needed by the family are agreed upon during the CFTM and team members work together to help the family accomplish these goals so that the permanency goal can be achieved as safely and as quickly as possible. When the CFT determines the family is ready for reunification, the child is returned home, upon court
approval, for a trial home visit, which lasts 90 days unless extended by court order. The services to the family can be extended on a non-custodial basis for as long as necessary to ensure the success of the family placement.

The discharge CFTM is held within 60 days of custodial discharge to address the on-going and individualized needs of the child and family. The same FSW will carry the case as a non-custodial case so that if the family experiences problems in the future that could lead to another custodial episode, they will be comfortable enough to ask for assistance from the Department. If so, the FSW would convene a CFTM and services could be placed in the home without requiring removal from the home.

**Measures and Assessment of Performance**

The Program Improvement Plan (2005) for Tennessee showed the baseline for re-entries at 11%. On the CFSR 2007 Data Profile Measure C1 -4, Permanency of Reunification, the national median for re-entries to foster care within 12 months is 15%. In 2006, DCS scored at the national median of 15%. For the 12-month period ending 3/31/07, Tennessee scored slightly better than the national median at 14.9%.

According to Chapin Hall data, 13% of children in care on January 1, 2005 re-entered custody within two and a half years. For all children placed during 2005, the re-entry rate was 11% over a two and half year period. For children placed during 2006, the rate dropped 7%. The drop in the percentage rates may be in part due to the differences in the time periods for the data - 2005 data based on actual discharges for a 2.5 year period and goals for 3 year period and 2006 data based on actual discharges for an 18 month period and goals for 2 year period. The improvements may also be a result of the various initiatives across the state to improve casework, increase services to families and hold contract agencies more accountable for their outcomes.

The Department also utilizes TNKids reports to evaluate re-entry rates. Unlike Chapin Hall data, which includes all kids in custody, the current TNKIDS reports were designed for the purpose of responding to the Brian A Lawsuit and do not include the delinquent population. The delinquent population also makes up a portion of the teenage population and re-entries are highest among the teenagers with chronic behavioral issues. TNKIDS data from August 2007 showed that the statewide re-entry rate for Brian A. class members exiting between July 1, 2005 and June 30, 2006 was 6.8%. The following three regions demonstrated the highest re-entry rates:

- Davidson 11.3%
- Northwest 9.1%
- Southwest 11.2%

Because Davidson is a large urban county, it is not surprising to see a high re-entry rate. However, the rates in Northwest and Southwest are surprising. Northwest could be experiencing a higher percentage due to the low number of children in custody in that region. Southwest’s reunification numbers are high, making it easier for re-entry percentage to be high. In addition, regional leadership indicates that the majority of reunification cases are within the teenage delinquent population. As seen statewide, this is the toughest population to avoid re-entries due to the repeated delinquent acts.
The CFTM data results have recently been released but remain in the preliminary stages for data accuracy and possible data entry problems. Data from October 1, 2007 thru December 1, 2007 showed only 29% of children that entered custody had a pre-custodial meeting prior to the entry into custody. However, 77% of children had a meeting within 7 days of entering custody. Of the 29% that had a pre-custodial meeting, 77% of those did not enter custody. The pre-custodial meeting appears key to averting custody and preventing re-entries into custody. The data does not reveal how many of those that were averted from custody were potential re-entries into custody.

**Barriers**

Although DCS has made progress in partnering with the court system to improve outcomes for children, some courts still ignore FSW assessments and return children home. In these situations, families often will refuse services. In those cases, families may be reluctant to work with the Department, in part because of a lack of trust toward the Department or because of poor communication with the public. As noted by two legislators in the May 2007 CFSR legislative focus group, the Department is still perceived with a lack of trust by the general public, and people sometimes find it difficult and frustrating to be connected with proper DCS personnel to address their particular questions or issues. In other scenarios, courts place children back into custody without allowing the Department a chance to work with the family to prevent removal.

As noted above, pre-custodial CFTMs facilitate the identification of services to prevent removal. However, services must be available and accessible. According to a recent survey conducted with regional DCS Fiscal Directors, some parts of the state (mostly rural areas) continue to have problems accessing services such as A&D, mental health, and transportation. Furthermore, even when services are available, accessing them on a timely basis can also be problematic. The Department is working with the regional fiscal and resource linkage teams to develop new resources.

**Strengths and Promising Practices**

The Youth Villages Intercept Program looks to be a promising approach to working with youth transitioning from the Youth Development Centers back to their communities in middle and west Tennessee. Intercept provides intensive in-home services with the family prior to the youth’s discharge from the facility and then for several months upon release. Families learn about setting boundaries, peer issues, and any school related issues that need to be addressed in order for reunification to be successful. Youth Villages also provides Intercept to youth from Hamilton County as well as those in Northeast Tennessee. EXIT, a program for children in the East and Knox region, provides similar services to youth returning home from the Youth Development Centers.

Since the transition of the CSAs into DCS and the implementation of MRS, the Department has come closer to its goal of achieving seamless casework, meaning that (under MRS) cases are not transferred to another caseworker at discharge. The FSWs have taken on blended caseloads that include children in custody as well as those receiving family preservation or reunification services. The overarching goal of MRS is to reach children and families upstream of problems that warrant

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10 While it is recognized that not all youth exiting from Youth Development Centers would be counted in AFCARS data, the Department feels that this is an innovative approach to preventing re-entry for older youth.
custody, thus allowing custody to be avoided. A projected ancillary benefit of MRS is that it will bolster DCS’ ability to build more effective and trust-based and less adversarial relationships with families, thus supporting stronger teaming and increasing the chance that families will be able to successfully maintain once children return home.

Item 6: Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

Summary Response
DCS continues to be committed to improving placement stability for children in the state. Data indicates that a high percentage (88%) of children in care at the beginning of 2006 had two or fewer placement moves during that same year. Of the children who came into care sometime during 2006, 85% experienced two or fewer placement moves. In the most recent report by the Brian A Technical Assistance Committee (September 2007), 83.9% of children had two or fewer placement moves. The Department is striving toward improving this upward trend through a number of initiatives which will be explained below.

Performance on Round 1 CFSR
During the 2002 CFSR, was an Area Needing improvement because in 34% of cases, children experienced moves that were not in their best interest. According to the state data profile, only 61.1% of children in foster care for 12 months or less during FY2000 had no more than 2 placement settings. This did not meet the national standard of 86.7%

Stakeholders commented that some children were placed on the basis of availability rather than appropriateness due to a lack of placement resources. They also voiced concern over children being placed in residential facilities or therapeutic foster homes when they did not require that level of care.

Policy and Practice
The Child and Family Team Meeting (CFTM) process is being utilized by all regions across the state to ensure that informal and formal resources are used to increase the stability of the resource home. Several regions have specific resources that are available for the resource family that include a 24 hour hotline, in-home counseling and enhanced training such as Cultural Awareness, Parenting with Positive Discipline, Parenting the Sexually Abused Child, Working with Birth Parents, Working with the Education System, Engaging and Parenting Teens, Parenting Youth with Gang Involvement and Parenting the Delinquent Youth.

The ongoing assessment of child and family functioning (reflected in the Family Functional Assessment or FFA), with the help of decision support tools such as the Child and Adolescent Needs and Strengths (CANS) and YLS (Youth Level Service) provide more data to enhance placement selection. Partnering more closely with private providers and with the local courts is adding yet another link to the Child and Family Teaming process that will also help improve placement stability.

Initial shelter placements, assessment centers or other temporary placement settings are now used sparingly in the state, and the maximum stay is no more than 30 days. If a youth’s stay
extends beyond the 30 days, a team conference is initiated to develop a targeted plan to move that child to the best appropriate placement.

**Measures and Assessment of Performance**
The Department uses qualitative data from TNKIDS, reports issued relative to the Brian A. settlement, Chapin Hall data, case file reviews and QSR to understand stability for children in a number of different entry and exit cohorts and over time.

Chapin Hall analysis explores placement moves for all custodial children from various angles at both the state and regional level. The Chapin Hall provides a look at placement stability for the in-care population and for the admissions population over time.

**Chapin Hall data for in-care population**
The data in the chart below examines children who were already in care on January 1 of the observed year and experienced one, two, and two or fewer placement moves during that same year.

<table>
<thead>
<tr>
<th>In Care Population (Statewide)</th>
<th>One</th>
<th>Two</th>
<th>Two or Fewer Place in Previous 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1, 2002 (observed through 12/31/02)</td>
<td>59%</td>
<td>29%</td>
<td>88%</td>
</tr>
<tr>
<td>Jan. 1, 2003 (observed through 12/31/03)</td>
<td>58%</td>
<td>27%</td>
<td>85%</td>
</tr>
<tr>
<td>Jan. 1, 2004 (observed through 12/31/04)</td>
<td>62%</td>
<td>24%</td>
<td>86%</td>
</tr>
<tr>
<td>Jan. 1, 2005 (observed through 12/31/05)</td>
<td>70%</td>
<td>17%</td>
<td>88%</td>
</tr>
<tr>
<td>Jan. 1, 2006 (observed through 12/31/06)</td>
<td>71%</td>
<td>17%</td>
<td>88%</td>
</tr>
</tbody>
</table>

The number of children who were moved two or fewer times during a given year has remained steady from 2002-2006.

**Chapin Hall Data for Admissions Populations**
The data in the chart below examines children who entered care at any time during the observed year and experienced one, two, and two or fewer placement moves during that same year.
The data shows steady improvement over the observed period. In 2002, 80% of children had two or fewer placements. By 2006, the percentage had steadily improved to 85%.

**Technical Assistance Committee (TAC) Reporting**

The *Brian A.* Settlement Agreement has set a statewide goal of 90% of D&N children experiencing two or fewer placements in the previous 12 months. Data used for the most recent monitoring report (released by TAC in September 2007) is shown below by DCS region.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>79.0%</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>84.2%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>85.2%</td>
</tr>
<tr>
<td>Knox</td>
<td>83.2%</td>
</tr>
<tr>
<td>Mid Cumberland</td>
<td>82.8%</td>
</tr>
<tr>
<td>Northeast</td>
<td>85.2%</td>
</tr>
<tr>
<td>Northwest</td>
<td>83.7%</td>
</tr>
<tr>
<td>Shelby</td>
<td>88.2%</td>
</tr>
<tr>
<td>South Central</td>
<td>79.7%</td>
</tr>
<tr>
<td>Southeast</td>
<td>86.4%</td>
</tr>
<tr>
<td>Southwest</td>
<td>87.3%</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>83.7%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>83.9%</strong></td>
</tr>
<tr>
<td><strong>Outcome Measure Goal</strong></td>
<td><strong>90%</strong></td>
</tr>
</tbody>
</table>

The statewide data indicate that 83.9% of children have fewer than three placements in the previous 12 months. Quarterly reports are also produced tracking this outcome; the most recent reports note that 84.1% of all children adjudicated D/N or Unruly have had 2 or fewer placements in the previous 12 month period.

**Stability due to family or kinship placements**

Data collected by the agency over the last 5 years through TNKIDS reports, Chapin Hall and AFCARS data indicates that children initially placed in family settings are less likely than children...
initially placed in non-family settings to experience a placement move. Since the last Statewide Assessment, the Department has made improvements in the percent of children whose first placement is in a kinship or family setting across all age groups. Currently, approximately 90% of children are first placed in family settings. The most recent longitudinal data used in the Brian A. monitoring report shows that, of children first placed in 2005, 47% of those whose first placement was a non-kinship family setting and 69% of those whose first placement was a kinship home had experienced no moves as of March 31, 2007.

**QSR Data**

A number of QSR indicators relate to placement stability. Acceptable Caregiver Functioning, Appropriate Placement, and acceptable Placement Supports all contribute to stability in placements. In the 2005-2006 review year, 88% of cases rated acceptably on Caregiver Functioning, 84% of cases rated acceptably on Appropriate Placement, and 80% of cases rated acceptably on Placement Supports. In the data finalized from 2007-2008 review year, 91% of cases rated acceptably on Caregiver Functioning, 89% of cases rated acceptably on Appropriate Placement, and once again 80% of cases rated acceptably on Placement Supports. Additionally, there is an indicator for Stability used to capture the consistency and predictability of children’s daily settings. The rating for this indicator is not based on placement moves exclusively; changes in school settings and changes in primary caregivers in residential settings may have a profound impact on the stability of care the child experiences. The possibility of a disruption and the effectiveness of supports to manage causes of disruption are also captured in Stability. In 2005-2006, 53% of cases rated acceptably, and in 2007-2008, 54% of cases rated acceptably on Stability. Although ratings for Stability also are correlated with Caregiver Functioning and Placement Supports, it is more highly correlated with Appropriate Placement than the other two. Strategies designed to enhance assessments designed to maximize the likelihood of making a "best fit" placement for children may have a positive impact on the stability of children in care.

**Overall improvement since PIP Implementation**

During the course of the PIP implementation, Tennessee was one of the most improved states in the country on placement stability. Between FY 2002 and 2004, Tennessee experienced a 13.4% increase in the data indicator measuring the percent of children in care less than 12 months with no more than two placements.

**Barriers**

The Department has noted that when issues threatening to disrupt the placement are not addressed in a timely manner, it can lead to placement moves that could have been avoided. Placements are often disrupted because problematic issues have not bee identified and children are not initially placed in homes to match their needs. The Department hopes that by focusing on accurately assessing the needs of children and providing services in a timely manner, including appropriate placements, placement stability will improve for children in care.

A lack of resources in some areas of the state can lead to placing too many children with the same behaviors in the same home. The Department recognizes that recruitment of quality resource homes should be a priority.

More resource homes are needed for teenagers, especially those with behavior problems. Resource parents are often very reluctant to accept troubled teenagers due to the media coverage.
of teen violence in resource homes. Other resource parents, who have children of their own, are not willing to take teenage mothers and their babies. Targeted recruitment of quality resource homes and placement based on appropriateness rather than availability are crucial.

**Strengths and Promising Practices**

All regions, most notably the Upper Cumberland region, have formed Cross Functional teams formed of DCS staff and service provider staff. These teams meet monthly to share current data and survey information to problem solve regarding various issues, including placement stability. The state’s overall placement processes is undergoing changes which may contribute to increased stability in the future. The Unified Placement Process (UPP), which is described in the overview section, began as a pilot project in Rutherford County and has shown promise.

The implementation of SAFE, the new home study model described in Item 17, which will highlight family strengths and identify areas of concern, should improve the matching of children to families at the first placement.

**Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?**

**Summary Response**

DCS Policies have always required that, whenever appropriate and possible, concurrent planning be instituted with the families. However, more recent policy revisions and case reviews have increased the commitment to concurrent planning. Case reviews have been used as a behavior change strategy; to reinforce the idea of having a “Plan B”, instead of linear planning. This has resulted in a shorter time to permanency and a reduction in the number of youth in custody since the time of the previous statewide assessment.

In establishing appropriate permanency goals Tennessee’s rate of permanency for children in care has improved significantly over the past 12 months. Specifically, Tennessee completed 1216 adoptions in the last federal fiscal year and was able to achieve great success in achieving permanency for those youth who have been in care 24 months or longer. Increased focus on family involvement and kinship placements has contributed to the decrease of children and youth in foster care.

**Performance on Round 1 CFSR**

Item 7 was rated as an Area Needing Improvement. There were concerns regarding appropriateness of permanency goals in 41 percent of the applicable cases reviewed. Of particular concern was the practice of establishing a goal of long term foster care leading to emancipation without exploring alternative goals, such as adoption or guardianship. In addition, reviewers and stakeholders indicated that caseworkers did not implement concurrent planning on a consistent basis. Cases often had two written goals with no evidence of concurrent work to achieve those goals.

**Policy and Practice**

Policy 16.31, which was redrafted and implemented in August 2007, identifies the requirements of permanency planning for youth in care. With the exception of severe abuse cases, Return to Parent is the preferred goal for children in custody. When a child is unable to return to parent, Exit
Custody with Relative or Adoption can be utilized. In order to establish Permanent Guardianship as a goal, all efforts must be made to obtain permanency in one of the three established and generally accepted permanency goals of Reunification, Exit Custody with Relative, or Adoption. Eligible youth can exit care to the permanent guardianship of a connected adult with ongoing financial support under the Department’s current federal IV-E waiver for Subsidized Permanent Guardianship.

When children may not return to the parent(s), concurrent goals are often established. Policy 16.31 articulates expectations regarding the practice of concurrent planning, which is defined as the identification and active pursuit of more than one permanency goal.

Policy requires that the initial Permanency Plan be established within the context of the Child and Family Team Meeting within the first 30 days of a custody episode. Within 60 days of the date of custody, the case management team should submit for approval, the completed Permanency Plan to the appropriate Court for ratification and approval.

All permanency plans are reviewed by regional teams at the six and nine month custody marks at a minimum. Permanency plans and their goals are also reviewed by Foster Care Review Boards or the Court at least every six months to determine the progress of the parents, as well as the appropriateness of services provided by DCS and the Permanency Plan goal.

**Measures and Assessment of Performance**

Data reflects the Department’s emphasis on Reunification or Placement with Relatives, representing 65.4% and 9.6%, respectively, of the current assigned goals. The Department’s focus on creating permanency for youth in care is further illustrated by the establishment of adoption in 20.5% of cases. One significant note in regards to the data is the slight increase in “Long Term Foster Care” (Planned Permanent Living Arrangement) as a goal in the state. The goal of Subsidized Permanent Guardianship is identified in TNKids as Planned Permanent Living Arrangement (PPLA). Efforts in the state under the federal IV-E waiver for subsidized guardianship have yielded 203 exits to permanency with relative and fictive kin from January 2007 through April 2008.

The Quality Service Review data can be used to indicate at a case specific level the appropriateness of permanency goals and the effectiveness of the planning process. The measures for these outcome data are assigned through targeted review and intensive interview and follow up for all members identified as a part of the family team for particular cases. Of particular interest in evaluating this data are the improvements over the course of the reviews in the areas of Teaming (an increase of 4% from the 2005-2006 review year to the 2007-2008 review year), Child and family planning (which increased by 3%), and tracking and adjustments (with a 7% increase). Other indicators in the Practice Wheel either remained static or declined.

Based on story mining by DCS Evaluation & Monitoring, QSR finds that permanency plans are not “living” documents adapted when circumstances for the child and family changed but, rather, required documents updated at prescribe intervals. Plan development often includes what will be needed to get the child home or to permanency but does not always include what it will take to keep the child in the home or with permanency resource, as evidenced by numerous failed trial home passes.
Barriers
Interdependent Living leadership indicates that in some areas of the state, the court has been a barrier to providing appropriate permanency goals. The local courts do not always uphold the agency’s limited use of PPLA goal in permanency planning for youth. Often, courts will disregard the agency’s work with the Child and Family Team in establishing goals by superimposing the use of the PPLA goal, particularly for older adolescent youth. This creates an inability for the Department to control the limited use established by practice and policy in assigning this goal. It also impacts the true teaming process established in planning for permanency for these youth.

One key to supporting the attainment of permanency for older youth is the belief of the caseworker and other involved professionals that such an end is possible. Needs Assessment III made clear that many DCS staff working with older youth focused heavily on helping them attain tangible independent living skills, while minimizing emphasis on permanency. As such, the permanency planning process, including setting and working toward a true permanency goal (as opposed to aging out of care), was not the priority for older youth in many instances. As with any change in a system, reluctance to embrace new ideas is inherent and remnants of past work remain. Through continued outreach and work to garner support, the Department is expects that these challenges can be overcome as well.

Strengths and Promising Practices
During the preceding five years, the Department has made great strides in developing a system of supports, staffing and success for our youth and families. Partnerships and improvements in service delivery have directly affected the outcomes of youth and families.

The Department has instituted the use of Cross-Functional Teams, composed of regional DCS staff, community representatives, private provider staff, which meet regularly to discuss any issues or current areas of concern. Partnering with some Courts has brought about an increased sense of trust and joint responsibility for helping families and youth through these difficult situations.

The Office of Permanency and the Interdependent Living Program have partnered with Sarah Greenblatt of Casey Family Services to focus efforts on the permanency goals and planning for adolescent youth, who currently represent 51% of the custody population in Tennessee.

Strategies to address the difficulty of securing resource placements for adolescents and the opposition of many older youth to adoption or permanent guardianship is a key focus of this partnership.

The Department conducts internal case reviews and 15 month reviews within each region. These reviews are designed to assess the appropriateness of the child’s permanency plan goals, and to make specific recommendations regarding possible changes to those goals. These reviews have been successful at ensuring that permanency plan goals are appropriate earlier in the lifetime of the case.

Item 8: Reunification, guardianship, or permanent living with relatives. How effective is the agency in helping children in foster care return safely to their families when appropriate?
**Summary and Response**

The Department emphasizes finding permanency for all children in the shortest amount of time possible. The Child and Family Team identify the strengths and needs of the family to determine the appropriate permanency goal and review the goal every three months. Legislation has been passed to allow the goal of permanent guardianship to be added in Tennessee and the Department has received the Federal Waiver Demonstration Project to establish subsidized permanent guardianship in Tennessee.

**Performance on Round 1 CFSR**

Item 8 was identified as an Area Needing Improvement during the 2002 review because the Department had not made diligent efforts to bring about permanency for children with a goal of reunification, permanent placement with relatives, or guardianship. According to the Data Profile, the percentage of reunification occurring within 12 months of entry into care was 61.3, which did not meet the standard of 76.2 percent.

**Policy and Practice**

The Child and Family Team is responsible for formulating the Permanency Plan. The plan must be built on the child and family’s strengths, address the child and family’s needs, and designate timeframes for the completion of actions that will help the child and family to achieve permanency and stability as soon as possible. If there are parents or relatives who are unidentified or can’t be located; the Department will conduct diligent searches.

Once children come into custody, every effort should be made for them to return safely home. The preferred goal for children in DCS custody is reunification, if the conditions that led to the child’s removal can be remedied and it is safe for the child to return home. The goal of reunification is utilized when the parent(s) is/are working to resolve the issues that led to the removal of the child. If the child is unable to return to his parent(s), then efforts should be made to achieve permanency through a legal relationship with a relative or other person with a significant relationship with the child. If reunification is not appropriate and all efforts have been made to reunify the child and parent(s), the goal of Permanent Guardianship can be used.

During the first round of CFSR, it was noted that timely reunification was hindered by the high caseloads of the front line workers. The Department has worked diligently to reduce the caseloads and monitors the caseload sizes on a monthly basis. Smaller caseloads have allowed workers to concentrate on the needs of the families and to provide the services needed early in the custodial episode. As a result of the reduced caseloads and the focus on the teaming around the family, the length of time in custody has been reduced. The Department has changed the focus of the child welfare practice in Tennessee from a child-focused approach to a family-focused approach.

Tennessee gained waiver authority through the Children’s Bureau to implement the Subsidized Guardianship Pilot Initiative in December of 2006. The Initiative provides subsidies to certain, identified relative and kinship caregivers in the pilot areas of Davidson County, Shelby County and the Upper Cumberland region. The goal of Tennessee’s Subsidized Guardianship Initiative is to improve permanency and safety outcomes for children and families in approved relative and kinship settings. The state has utilized information gained from the pilot regions to determine whether the introduction of a subsidized guardianship subsidy will result in an increase of
permanence and safety for children. Improvements in ranges of child outcomes such as reduced length of stay in foster care and improved stability of family care are also being studied in the pilot regions.

The Subsidized Permanent Guardianship target population consists of all title IV-E eligible and non-IV-E eligible children in Tennessee, aged 0 to 18 years old, who meet the following criteria: (1) have been in foster care for at least nine out of the last 12 months; (2) live in an approved resource home setting; (3) resided with the same relative or kin caregiver continuously for at least six (6) months (allowing for absences from the home); and for whom reunification and adoption are not viable permanency options.

Although the Relative Caregiver, Adoption Support and Preservation and the Subsidized Guardianship Programs were envisioned in the 2002 Self-Assessment, they were not available to children and their caregivers throughout Tennessee. Policies relating to these programs have now been either completely revised or created since that time to better meet the needs of the families being served. Tennessee was also not operating under one, approved and uniform Practice Model as it now is.

Measures and Assessment of Performance
Discharge Reasons for Children Exiting Custody – Fiscal Year 2006 through 2007

<table>
<thead>
<tr>
<th>Discharge Reason</th>
<th>Number of Children</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification with Parents or Primary Caretakers</td>
<td>4,176</td>
<td>52.1%</td>
</tr>
<tr>
<td>Living with Other Relatives</td>
<td>1,474</td>
<td>18.4%</td>
</tr>
<tr>
<td>Adoption</td>
<td>1,182</td>
<td>14.7%</td>
</tr>
<tr>
<td>Emancipation</td>
<td>785</td>
<td>9.8%</td>
</tr>
<tr>
<td>Guardianship</td>
<td>188</td>
<td>2.3%</td>
</tr>
<tr>
<td>Transfer to Another Agency</td>
<td>109</td>
<td>1.4%</td>
</tr>
<tr>
<td>Runaway</td>
<td>94</td>
<td>1.2%</td>
</tr>
<tr>
<td>Death of Child</td>
<td>12</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>8,020</td>
<td>100%</td>
</tr>
</tbody>
</table>

On the Permanency Composite 1: Timeliness and Permanency of Reunification in the data profile showed Tennessee obtaining a standard score of 118.1 for FY 2006ab and a standard score of 119.4 in the 12-Month period ending 3/31/07. Although this is a slight improvement, Tennessee did not meet the national standard of 122.6 or higher and ranked 29th of the 47 states. On individual measures, the Department scored above the national median (69.9%) in FY 2006 and the 12-month period ending 3/31/07 with 71.5% and 71.2% respectively of all children discharged in less than 12 months. The median length of stay for children exiting to reunification in Tennessee was 7.5 months and 7.6 months for the same two time periods listed above, which is slightly above the national median of 6.5 months. For all children entering foster care for the first time in the 6 month period from October 1, 2005 to March 31, 2006, 55.4% were discharged to reunification in less than 12 months, which exceeds the 75th percentile of 48.4%.
On the Tennessee Data Profile for the First-Time Entry Cohort Group, the median length of stay in foster care improved from 10.3 months in FY 2005 to 6.2 months in FY 2006. The intense reviews that take place at the 60 or 100 days (varies according to regions) appear to be making a positive impact on moving the children to permanency in a more timely manner.

**Subsidized Guardianship**
The latest TNKids data extract for December 2007 shows a 12.9 percentage point higher rate of discharge to permanent homes in the experimental group compared to the control group. This is an important and statistically significant difference that replicates results previously reported for Illinois and Milwaukee, Wisconsin: the two jurisdictions operating IV-E waiver programs similar to Tennessee’s program. Preliminary results from a December 2007 study by Mark Testa and Leslie Cohen indicate that the availability of federally supported guardianship subsidies significantly boosts permanency rates and reduces length of stay among children who otherwise would have remained in foster care in Tennessee.11

Of the 78 guardianships finalized in the demonstration group, 28 were completed in the first quarter of 2007, 22 in the second quarter of 2007, and 20 in the third quarter of 2007. So far 8 guardianships have been completed during the fourth quarter of 2007.

Due to the preliminary results and the increase in permanency at 12.9% the Department has been granted the ability to enhance the SPG project into 4 additional regions of Tennessee. The Northeast and East region will be phased into the SPG project by July 1, 2008, with Mid Cumberland & Knox being included by Dec. 1, 2008. The remaining five (5) regions will be added to the project by April 1, 2009.

**Barriers**
Often the mindset of child welfare partners can be a barrier to achieving timely reunification for children and their families. In certain areas of the state, courts and other community partners believe that when children have been abused or neglected they need to be far removed from their parents and their extended family. If that is the case, the Department may be attempting to discharge the child to the home of a relative, but the court is refusing to allow this to happen. In addition, some court staff and community partners are still opposed to extended families receiving government support to care for their own related children. There is still a belief that family should just take care of each other and not ask the state to pay for it. Tennessee has been attempting to educate the courts and the public about the relative caregiver options and the financial hardship this creates for some families to take on other family members. This requires a shift in the mindset of many people and that is a slow process.

**Strengths and Promising Practices**
Several regions have developed contracts with local agencies to prepare families for reunification and provide intensive family supports during reunification, which could include parenting skills training to financial planning with the family. The goals can be tailored to the needs of each individual family.

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The Department recognizes the need to improve practice regarding the early and ongoing identification of relatives and kin, the approval of relative and kinship homes in a timely manner, and the provision of needed ongoing support. Therefore, the Department has asked for technical assistance through the Annie E. Casey Foundation to assist. Mary Bissell and Jennifer Miller, both of Child Focus with a long and respected history in this area of practice, are ready and able to begin working with the Department. The goal is to increase the diligent search for relatives early in the custodial episode to provide possible placements and/or to provide additional support to the family so reunification can occur more quickly.

**Item 9: Adoption.** How effective is the agency in achieving timely adoption when that is appropriate for a child?

**Summary Response**
Timely achievement of adoption has been an area of significant improvement for Tennessee. At the time of the 2002 CFSR, Tennessee had begun to develop the infrastructure to support procedural changes to decrease time to adoptive placement and adoption finalization. DCS has continued to make improvements to the timeliness of adoption and the delivery of adoption services by using data to make practice related decisions. The noteworthy state ranking of 45 out of 47 for Permanency Composite 2 reflects this best practice effort.

**Performance on Round 1 CFSR**
Out of the ten applicable foster care cases only one case was rated as a Strength, causing this item to be an Area Needing Improvement. Although none of the cases had a finalized adoption, one was scheduled to be finalized within a few days of the review. According to reviewers most of the delays in adoption were due to poor casework practice.

**Policy and Practice**
According to DCS policy, as soon as the permanency goal for a child changes to a dual goal or a sole goal of adoption, the case worker should begin discussing adoption with the current resource family. Resource parent involvement in the Child and Family Team often means that pre-adoptive homes can be identified early in the case. If a child has been in custody for 12 months with a dual or sole goal of adoption and the current resource family is not willing or appropriate to adopt (or the child is in a congregate care setting) and no adoptive placement has been identified, the Settlement Agreement requires that the Department convene a Child and Family Team Meeting (CFTM) to write an Individualized Recruitment Plan (IRP).

Within 60 days of a child entering full guardianship (i.e. parental rights have been terminated) without a permanent family identified, the Child and Family team is to submit an updated IRP to the Finding Our Children Unconditional Supports (FOCUS) Team. The FOCUS Team reviews the IRP, ensures that time frames, roles and responsibilities are set forth in the plan, and ensures that the child is registered on both REACT and ADOPT US Kids. The FOCUS Team also assists with conducting archeological digs, family searches, interviews, and the building of a permanency focused Child and Family Team. FOCUS teams have been implemented statewide and over 300 children have been served as of March 1, 2008. Harmony Adoption Services documents case referrals and tracks and reports on actions taken by the FOCUS teams.
In November 2006 the Department began monthly reviews of children who have been in foster care for 15 of the last 22 months without a TPR filed. Through this review process, the Department has reduced the number of children in custody over 15 months with no TPR from over 2,000 to less than 500.

The Department also conducts backlog reviews of children in care at three benchmark points: six-nine months, nine-twelve months and over 12 months with no TPR.

An important part of the PIP was the implementation of One Worker One Child, a structural redesign to improve permanency planning, implemented from May 1, 2004 to October 1, 2004. One primary Family Service Worker partnered with the child and family, remaining with the case until the child achieved permanency.

Initial focus was on an identified population of 1,868 children who were in full or partial guardianship who had no family resources identified or who had not been placed for adoption. National consultants modeled case specific recruitment, including the “archeological digs” to develop permanency resources. Child specific conferences calls were held on a regular basis with DCS Central Office and regional staff to track success in achieving permanency.

DCS has implemented a single resource parent approval process which qualifies resource parents as both foster and adoptive parents.

Each Region has developed and implemented reviews to take place at regular intervals for all children in custody. The reviews have allowed the Department to identify cases early in which termination of parental rights is likely and ensure sound casework practices are being followed when a case plan has concurrent permanency goals. Regular reviews have kept new children entering state custody from becoming “stuck” in the system. DCS Legal Staff are often active members of case review teams resulting in expeditious legal activity.

Two changes since the first round of CFSR have helped increase the agency's effectiveness in providing timely adoptions. In 1999, there were 16 attorneys for the entire state. Currently, there are 76 attorneys for the state. In addition, via a collaboration between DCS and the Supreme Court of Tennessee, the Court of Appeals, the Administrative Office of the Courts, the Office of the Attorney General, the Tennessee Council on Juvenile and Family Court Judges, and the Advisory Commission on the Rules of Practice and Procedure, Rule 8A of the Tennessee Rules of Appellate Procedure (TRAP) was added to expedite the TPR appeal process. Rule 8A shortens timeframes for procedural steps along the appellate route (e.g., decreasing the time for filing the transcript from the 90 days allowed to 45 days in TPR cases, trial judge must approve record within 20 days instead of usual 30 day time period or record is deemed approved). At the time of the last assessment, appeals could take up to 2 years, while they now typically can be completed within 8 to 10 months.

The Brian A. settlement agreement requires that diligent searches for parents and relatives be conducted by the case worker prior to the child entering custody or no later than 30 days after the child enters custody. Diligent searches must be updated within three months of a child entering custody and when a child has been in custody for six months. If a previously absent parent is located, reasonable efforts and engagement of that parent are to occur and evidence should be
reflected in the permanency plan. Although these requirements are set forth in DCS policy and the Department has created protocols for conducting diligent searches and developed forms and form letters to assist case workers in conducting diligent searches, the Department still struggles to identify birth parents and relatives, particularly fathers, in a timely manner.

In the past, diligent searches focused on the identification of parents and the legal requirements of that search for purposes of serving process by publication. As the term is presently used, diligent search is not primarily a search for an absent parent to meet a legal requirement, but an effort to identify potential placements and sources of support from a child’s relatives and other with whom the child has enjoyed a family like connection (fictive kin), even those with whom the child has not had recent contact.

The Department contracts for post adoptive placement services with ASAP (Adoption Support and Preservation), which offers intensive in-home services, support groups, educational forums and training opportunities, and help lines for adoptive parents. The program served over 636 clients in FY07 with a disruption rate of 11% and a dissolution rate of less than 1%. A disruption is when the adoptive placement experiences problems and the adoptee is moved from the home with the goal of returning to the adoptive parents. A dissolution is when the parental rights of the adoptive parent(s) are surrendered or terminated and the adoptee returns to the custody of the state.

Like most other states, Tennessee has difficulty recruiting families for special needs children. Currently, there are less than 400 children without a permanent family in Tennessee. The FOCUS Team works diligently to locate potential placements for these children. The majority of adoptions in Tennessee are Resource Parent adoptions and many of them are special needs adoptions as well.

**Measures and Assessments of Performance**

The Tennessee score for Permanency Composite 2: Timeliness of Adoptions is 136.7. Measure C2-1: Exits to adoption in less than 24 months exhibits steady growth. The Tennessee score of 29.8% is higher than the national median of 26.8% and higher than performance for FY 2005. One factor contributing to this steady increase in exits is the continued increase of resource parents adopting their foster children and an increase in legal risk adoptive placements. As part of UPP, DCS has prioritized making the first placement the best placement, which often means that children are already placed with families who are approved for adoption.

Measure C2-2: Exits to adoption, median length of stay indicates the Tennessee measure of 30.8 months is lower than the national median of 32.4 months. This can be attributed to the increased understanding of the Child and Family Team Process. The CFT process makes it possible for various members of the Child and Family Team to simultaneously approach multiple action steps leading to goal achievement. Team members are encouraged to engage in case planning, which results in stronger communication and expeditious case activity. The increase in resource parent adoption also impacts this number. The Department’s attention to case review at critical points, as noted above, has helped achieve timely permanency through adoption.

The attention that Tennessee has given to case reviews regarding length of stay has directly influenced Measure C2-3: Progress toward Adoption for Children in Foster Care for 17 Months or Longer and Measure C2-4: Children in care 17+ months achieving legal freedom within 6 months.
Regular review of length of stay by both program staff and legal staff keeps a sense of urgency for permanence for all parties involved in case planning. This has contributed to Tennessee’s improved performance of 17.5% on this measure.

The 69.2% ranking for Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption is a result of multiple factors such as the seamless case management (no time wasted in transferring a case to an adoption unit), the addition of a Permanency Specialist to the Child and Family Team to facilitate the adoption process and the high number of adoptions by resource parents.

According to the February 2008 Brian A. Monthly Summary Report, the Department is filing TPR within 90 days for 81.7% of children who had the sole goal of adoption established for more than three months during the reporting period.

According to outcome data for the Brian A. settlement agreement, of the children whose parental rights have been terminated or surrendered during the reporting period (those in full guardianship), 73% had their adoptions finalized or permanent guardianship transferred within 12 months of being in full guardianship. This is just below the target goal of 75%.

According to the most recent Brian A. outcome data, the statewide percentage of children with sole goals of adoption who had TPR activity within 3 months of the goal change is 82.9%. Of the remaining children, 61.5% had TPR activity within 6 months.

**Barriers**
As more resource parents adopt, the pool of approved resource homes needs to be replenished. Ongoing recruitment efforts continue to be a challenge statewide. Although the Department has made substantial progress, identifying fathers early and working with them continues to be a challenge.

**Strengths and Promising Practices**
Tennessee DCS offers to adoptive families the ASAP program (Adoption Support and Preservation). This resource is a collaborative effort of Harmony Adoption, Catholic Social Services and Agape-Memphis that originated in 2004. The state has a contractual agreement with ASAP to provide post placement services statewide to families after adoption finalization.

Because of outstanding delivery of adoption services, Tennessee has received federal funding through the Adoption Incentive. A portion of this money was made available to the 12 regions through grant opportunities for community partners/private agencies to develop additional innovative regional collaboratives to assist each region in achieving permanency goals.

**Item 10: Other planned permanent living arrangements.** How effective is the agency in establishing planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship or permanent placement with relatives, and providing services consistent with the goal?

**Summary Response**
The Department has established a process for review and approval of PPLA as an appropriate permanency goal. That process has led to a decrease in the number of children with a goal of PPLA. In 2002, approximately 10% of the population exited custody to a goal of emancipation.
Today, emancipation is not recognized as a permanency goal and DCS believes that every child deserves a connection to a permanent family.

**Performance on Round 1 CFSR**

Item 10 was rated as an Area Needing Improvement in the first CFSR. During the 2002 review, five (5) of the 9 cases revealed issues related to the following: other permanency options were not explored fully prior to changing the goal to PPLA, children were not provided adequate services to prepare them for independent living, and the Resource Parents who were willing to adopt were not provided with the information needed about this option. Many changes have been implemented since 2002 to directly impact these concerns.

**Policy and Practice**

Policy 16.31 addresses the general requirements and conditions under which PPLA can be used as a goal for children in DCS custody. In 2005, Commissioner Viola Miller instituted a policy that no child could be assigned a permanency goal of PPLA (sole or concurrent) without written approval by the Commissioner or her designee, the Assistant Director of Permanency Planning.

The conditions under which Planned Permanent Living Arrangement (PPLA) can be identified as a sole or concurrent permanency goal for youth in Tennessee are:

- The Department has made reasonable and appropriate efforts to return the child to the child’s parents, to place the child with appropriate family members or to place the child for adoption and has been unable to do so;
- The person to whom the Department proposes to assign permanent caretaker status has demonstrated a commitment to assuming long-term responsibility for the child;
- The person to whom the Department proposes to assign permanent caretaker status has been fully informed about the options of adoption and, if applicable, permanent guardianship, and expresses a reasoned judgment for not pursuing adoption or permanent guardianship;
- It is in the best interest of the child to remain in the home of the proposed permanent caretaker rather than to be considered for adoption by another person;
- The Child and Family Team has carefully considered all of the permanency options for this child and recommended PPLA as a sole or concurrent goal; and,
- The approval for the goal of PPLA has been requested and granted from the Commissioner or her Designee in Central Office.

In addition to the PPLA protocol, the Department has clear policies on the requirements for providing Independent Living services to all children in care beginning at age 14, regardless of the goal. Youth with a goal of PPLA work intensively with the Interdependent Living Specialist to ensure they are prepared for the transition into adulthood.

**Measures and Assessment of Performance**

Of the 287 children with a sole or concurrent goal of PPLA as of November 30, 2007, 285 had their goals established after January 1, 2005 and therefore should have had Central Office approval. Of those 285, 206 had their goals established during 2007 and the Assistant Director of Permanency Planning was responsible for receiving, reviewing, and approving PPLA requests. The Office of Child Permanency reports that there are currently only 12 dependent/neglected children that have a PPLA goal without Central Office approval. The Assistant Director will now be
able to monitor the regions on the monthly basis to ensure that new goals are PPLA are not added to Permanency Plans without prior approval from Central Office.

The TAC monitoring staff reviewed 49 cases with a goal of PPLA. All but ten of those children were sixteen or older. The assignment of PPLA to nine of those ten children under the age of sixteen appeared to be appropriate – four recently exited to subsidized permanent guardianship.

The primary recommendation from the TAC is that there should be a well-functioning Child and Family Team for any child who is assigned a PPLA goal and that the Child and Family Team first determine that PPLA is the appropriate goal. The TAC monitoring staff noted in their review of children with sole goals of PPLA that there appeared to be a correlation between a well-functioning team and the apparent appropriateness of the PPLA determination. PPLA should not be approved unless there is documentation that was the goal recommended by such a team.

The TAC also recommended that the PPLA goal be reviewed at least every six months by the Child and Family Team and, if still appropriate, re-approved by the Commissioner’s designee at least annually. In addition, whenever there has been a placement disruption, the goal cannot remain PPLA unless the Child and Family Team makes a determination, based on the new circumstances, that PPLA is an appropriate goal and the Commissioner’s designee reviews and approves that new determination.

In addition, the TAC recommended that PPLA should not be considered a permissible goal for a child under the age of sixteen years unless the permanent placement is in a kinship resource home or there are extraordinary individual circumstances that warrant an exception to the strong presumption against approving PPLA for younger children. PLA may be permissible as a permanency goal if it is necessary to make the child eligible for subsidized permanent guardianship and subsidized permanent guardianship is potentially an appropriate goal for the child.

**Barriers**
Although the state has shown great progress in the area of appropriate utilization of PPLA as a stated permanency goal, some barriers remain. One of the most challenging barriers to address is the practice of some local courts assigning the goal of PPLA without the inclusion of the child’s team. The Department is continuing to educate judges and court staff regarding the limited use of this goal.

Ongoing regional training of front line workers and permanency team members will be essential in order to provide a clear understanding of the use of the PPLA goal for children with long term commitments of their resource families and for those who reunification may not be appropriate.

**Strengths and Promising Practices**
The Subsidized Permanent Guardianship (SPG) IV-E waiver Project was implemented on December 7, 2006 in the three pilot regions of Davidson, Shelby and the Upper Cumberland. The remaining non-pilot regions included: East, Northeast, Knox, Mid Cumberland, Southeast, South Central, Southwest, Hamilton, and Northwest. These 9 regions were provided the opportunity to participate in the SPG Project via the use of the PPLA goal in TNKid.
PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Summary Response
The Department has been reasonably effective in placing children in state custody close to their own birth parents or in their home communities.

Performance on Round 1 CFSR
Item 11 was identified as a Strength in the previous CFSR. Reviewers report that, in 85% of applicable cases, children had been placed in resource homes that were in close proximity to their parents or, when children were placed out of their communities of origin, the placement was necessary to meet the special needs of this child. This has remained an area of strength for Tennessee, with state data showing improvement over the 85% benchmark set in the last CFSR.

Policy and Practice
At the time of the last CFSR, the Department had recently instituted a policy requiring that children be placed within their home regions or within 75 miles of their homes of origins. This policy remains in place, with exceptions allowed only for individual situations and for children with unique and extensive treatment needs. There is a strict approval process for placing children outside of their home region or greater than seventy-five miles from their home, requiring the review and approval of the administrator for the child’s home region.

Measures and Assessment of Performance
According to the February 2008 Brian A. mid-month report 90.4% of children adjudicated dependent/neglected and/or unruly were placed within 75 miles of their home. Regional statistics for this point in time on this indicator range from 84.7% for the Northwest Region to 93.9% for the Southeast Region.

According to Chapin Hall data, 55% of children who entered care in cohort year 2005 were placed within their home county. In cohort year 2006, this had improved to 58%. In each of the state’s four urban regions, the Chapin Hall data indicates over 90% of children and youth are placed in their home county.
Statewide

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In the Mid-Cumberland Region, the first to implement the Unified Placement Process, initial in-county placement rates grew 13%, from 50% to 63% for entry cohort year 2006 (the first full year following full regional implementation).

The Department has also made considerable efforts to imbed the Quality Service Review into both practice and evaluative standards for regional performance. Improvements in this practice area are further reinforced by the most recent statewide August 2007 QSR data, as compared to the August 2006 QSR, which indicates 86% of the children included in the review were placed appropriately.

As reported in the 12/31/07 mega report, there were only 177 (2.05%) children placed outside of the state borders. Of those 177 children, 55 were placed on trial home visits or in in-home placements.

**Barriers**

Barriers for Tennessee remain in the development and distribution of placement resources in the state to match the location and needs of children. Much of the state’s resource home development has been based on the interest of a family in partnering with the Department or contract agency, rather than an analysis of child specific needs followed by targeted recruitment. As a result, matching the needs of a child with the strengths of the resource home can conflict with placement in a child’s own community.

Congregate care facilities are clustered in the urban and surrounding areas, making it a struggle for rural regions to keep children close to home when they require congregate care. Specialized programs are often limited in scope and physical proximity to children’s families as well.

The availability of resources homes to serve specific populations is also a continuing challenge for our State. There is an ongoing need for families able to competently serve larger sibling groups (3 or more) and older children. In Tennessee, there is a large percentage of older youth in care. According to the January 2008 Mega Report, 53.5% of the children in care on 1/16/08 were age 13 or above, which represents a significantly higher number and proportion of older youth in custody than most other states and jurisdictions.

A process is in place to identify gaps in and secure resources for communities throughout Tennessee. Examples include recent contract expansions for the provision of enhanced treatment.
for sex offenders as well as alcohol and drug treatment for youth in need of these more intensive services. While these efforts have begun, the availability of a full array of resources in all regions remains an opportunity for further improvement.

**Strengths and Promising Practices**

The Unified Placement Process remains a promising approach to addressing this permanency outcome. Resource parents, private provider agencies, community members, as well as internal staff and youth contributed to the development of the Unified Placement Process by sharing their experiences and ideas on how it could have been improved. These ideas were gathered in workgroup and focus group settings and incorporated into a set of guiding principles.

The implementation of UPP has led to regional recruitment efforts which include an analysis of county and neighborhood specific data and more specific plans about the kinds of resource homes needed and the children they need to be able to serve. The Department has also partnered with private provider agencies to achieve recruitment goals.

Community partnership efforts continue to enhance recruitment efforts and resource development. These have been further enhanced with the development of community advisory boards in the sites that have implemented the Multiple Response System (MRS).

The use of Child and Family Team Meetings as a decision making model is yet another opportunity for increasing family and community involvement in the placement decisions of the agency and increasing the opportunities for children to be placed with relative and fictive kin caregivers, as opposed to stranger care.

**Item 12: Placement With Siblings. How effective is the agency in keeping brothers and sisters together in foster care?**

**Summary Response**

The Department has focused on placing children and youth in the least restrictive placement by engaging the child and family team in improved investigation of relative and kin resources to enhance the opportunity of placing siblings together. The ability to track this goal with reliable data has also contributed to marked improvement. Some barriers continue to impact this item, including the inability to identify when it is “best practice” to separate siblings within their placement and the number of resource homes that will take larger teenage sibling groups.

**Performance on Round 1 CFSR:**

In the first round of CFSR, Item 12 was rated overall as an Area Needing Improvement. The final report indicated that 67% of the applicable cases reviewed revealed that the agency had made diligent efforts to keep sibling placed together, while 33% resulted in an opportunity for improvement in this area. Strategies EF1.1 and EF1.2 from the PIP describe efforts to improve the Child and Family Teaming (CFT) process as well as creating a protocol for on-going Child and Family Team Meetings (CFTMs). One of the particular CFTMs identified was at the point of the child’s placement into foster care so that appropriate relative/kinship placements could be identified and accessed as quickly as possible.
Policy and Practice
The Department’s expectation of sibling placements is clearly outlined in Policy 16.4 and Policy 16.42 Sibling Visitation. The expectation is that whenever multiple sibling groups are brought into the care and custody of the agency that every effort will be made to place children together in the same setting. Whenever this is not possible, is contrary to the best interest of the children or a home is not available due to the size of the sibling group, the Family Service Worker is expected to work with the Placement Services Division to identify, locate, or recruit a family in whose home the siblings can be reunited. Subsequently, if one child is currently in care and a sibling, at a later date, is in need of out of home care, efforts are made to place all siblings together as long as their needs can be met in the same setting. If one sibling requires a higher level of care and a different setting, the siblings will not be placed together in order to meet the unique needs of each child. In these cases, the Department continues to assess the needs of each individual child so that steps can be made to reunify children in placements.

Whenever children are not placed together, a plan for visitation between siblings is developed at the Initial Child and Family Team Meeting and documented in the case file. DCS policy outlines that sibling visitation should occur in the most home-like setting as frequently as necessary to preserve the on-going relationship of the children but no less frequently than once a month. If this visitation is contrary to treatment, best-interest of the children or restricted by the court; specifics concerning sibling visitation will be documented in the case file.

The Child and Family Team Meeting process allows the agency to identify any kinship caregivers that serve as a placement resource for siblings. If the team is unable to identify any relative caregivers, the Placement Services Unit has a reporting mechanism built into the State Automated Child Welfare Information System (SACWIS) system (Resource Home Availability Report) that identifies resource homes available within each region. In addition, this report also identifies available placements within the resource home for sibling groups. Whenever a placement referral is made, the Placement Services Worker assigned to that specific county will review the list of available placements and contact is made to the appropriate foster home.

Measures and Assessment of Performance
Overall, the number of children/youth placed with siblings has improved over the last 5 years. In 2002, 76% of siblings were placed together. Since 2003, the number has been at 83% or higher each year. One year ago, the agency had placed its highest percentage of children/youth in care with their siblings (85%), since this qualitative data measure was established. The most recent data available for 2007 suggests a decrease of 1%, but with 6 months remaining in this year this figure is still vulnerable to change. At this time, our SACWIS system does not allow the agency to identify the situations where it is in children’s best interest or a court’s recommendation for sibling placement not to occur; otherwise, this data could possibly indicate further improvement in this outcome.

Other data available tracks the placement of sibling together based on race. Data over the last 5 years indicates a trend of white sibling groups being placed together more often than African-American siblings. In response to concerns regarding racial disparity, the Department completed a self-study to evaluate why more minority children were in care and receiving services. As a result of the assessment, the Department has made improvements in placing siblings together within African-American families. The most recent data indicates that sibling placement has...
drastically improved over that 5 year span and that there is currently only a 1% difference in the placement of these siblings.

**Barriers**
The lack of resource homes to accommodate large sibling groups, across the state, continues to be a challenge. There is often conflict between placing sibling groups outside the county/region to keep them together or splitting them up between homes that are in a closer proximity to their home communities. Often resource homes are being utilized for other children. This presents a barrier for placing sibling groups of 3 or more children together; because most resource homes are rarely unoccupied.

Another barrier is the lack of resource homes willing to take the teenage population. Over the last few years, the foster care population in Tennessee has shifted with a result of 53% of the children in care being 13 years and older. This change has precipitated a need for more resource homes willing to take this population of children.

Other challenges to placing siblings together exist when one of the siblings has a need for a different level of care. If it is in the best interest of a member of a sibling group to be separated from siblings for therapeutic or congregate care, the only logical choice is to arrange the needed care, separate the siblings for the period of time necessary, and work hastily towards reunifying the children as soon as possible.

**Strengths and Promising Practices**
The implementation of the Multiple Response System, Unified Placement Process as well as the Child and Family Team Process are all efforts aimed at increasing the number and proportion of children and youth who are placed with their own siblings while in state custody.
Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Summary Response
After a rating in the first CFSR round as Area Needing Improvement, the Department implemented therapeutic visitation services and promotion of better teaming between parents and placement providers (provider agency, DCS resource homes, and kinship homes). Rates of parent-child visitation with the removal parent and sibling visits have all increased in recent years. Some barriers continue to impact this item, including limited engagement with fathers and non-custodial mothers, children placed distantly, and poor quality tracking and in sufficient documentation of these contacts. While there has been an increase in visits between parents and children, most parents only receive the minimum required visitation. DCS has an opportunity to improve the frequency and quality of visitations for children in out-of-home care.

Performance on Round 1 CFSR
In 2002, Item 13 was rated as an Area Needing Improvement. Of the cases reviewed, 70% were rated as Strength, while 30% were rated as an Area Needing Improvement. Findings indicate that mothers had more frequent visits with their children than fathers and other paternal family members. In addition sibling visits (for children not placed together) also needed greater improvement. Visitation may have occurred, but was not frequent or sufficient enough to meet the needs of the family. As part of the PIP the Department developed contracted therapeutic visitation services to improve the quality of parent-child visitation and provide additional support to parents in improving their parenting skills.

Policy and Practice
DCS policy requires Family Service Workers, supervisory staff and Private Provider agency staff to ensure that any children or youth, regardless of adjudication, who are in the legal custody of the Department have the opportunity to visit their families and/or siblings unless there is a court order that limits such visitation or it is not in the best interest of the child.

Preliminary visitation schedules are discussed during the Initial Child and Family Team Meeting. Issues that may compromise child safety or well-being must be considered when decisions are made regarding supervised or unsupervised visitation. Circumstances under which visitation may be suspended or cancelled in the best interest of the child (for example, therapeutic or safety needs) are also explained at the Initial Child and Family Team Meeting. When visits are to be supervised, the supervision may be provided by the FSW, resource or kinship care parents, Departmental case assistants, private provider agency staff, therapeutic visitation contractors, or other key team members identified through the Child and Family Team process.

Policy also dictates that parent/child visitation, as well as visitation with siblings placed separately or remaining in the home, are clearly established to include dates, times and plans of supervision. Visitation between siblings placed separately is required to occur no less than one hour per month. However policy recognizes that visits may need to take place more frequently to support the sibling’s relationship. For siblings placed separately in foster care, the Department encourages and facilitates a relationship between the resource home placements so that they may coordinate the sibling’s visitation schedule.
Visitation with removal parents or caretakers is required to occur no less than four hours every month. There is no waiting period before visitation can be initiated. Children and parents have a legal right to visitation; therefore, denial of visitation should not be used as a form of behavior management.

Typically visits would only be supervised when necessary for example, when there are safety concerns, if court ordered, or when parenting capacity needs to be assessed. When visits are supervised, the Family Service Worker arranges the visits with the parent and children in an environment that is conducive to protecting the child from harm or abduction. The individual supervising such a visit must be able to exercise control and intervene if necessary.

The Department expects more visits to take place within the family home or if that is not possible, in the most family-like setting available. Family Service Workers are encouraged to work diligently to solve transportation issues and help plan activities that will allow parents to demonstrate their improved parenting skills during visitation. Support for the family continues until reunification takes place or the goal of reunification is no longer appropriate.

**Measures and Assessment of Performance**

TNKids reporting documentation indicates that practice is improving in both areas of parent-child visitation and sibling visitation, with documented family (parent) visitation twice per month increasing from 17.1% in December 2006 to 22.3% in September 2007, with highs in March and July of 2007 past the 27% mark. Siblings not placed together make up 19.52% of the children in foster care, and their monthly visitation rates were 44.76% for month of July 2007, as well as visitation occurring once every two months at a 50% rate in the July-August 2007 report.

The Quality Service Review process assesses these visitations along with other means of supporting family relationships with parents, siblings and extended family in the Family Connections indicator. This indicator is designed to address not only the frequency but also the quality of the relationships maintained between children in custody and their birth families and important fictive kin. Scores on Family Connections from QSR Year One (2005-2006) were 40% acceptable, with the six reviews so far this year (Year 3, 2007-2008) yielding a score of 39.

Some narratives from the QSR stories highlight the variance in frequency and quality that can occur in the area of parent-child and sibling visitation:

“Substantially unacceptable maintenance of family connections is present. K has not visited her mother prior to her mother’s incarceration. K’s mother said she asked to see her children and DCS would not allow visits. K has one [full] sibling however she is part of a much larger sibling group consisting of four half siblings. Visits with her half siblings are inconsistent.” (KC-21)

And

“This family has optimal family connections as they are being well maintained for all children and the parents. Visits are regular and increasingly frequent. The parents attend all appointments, medical, educational and therapy for all their children. Very specific visitation is occurring.” (KC-16)

These examples originate from the same county, indicating difficulty in maintaining consistent practice may exist at the case worker level rather than a county or regional level.
Barriers
When visits are coordinated between the biological parents and kinship or resource parents, they may be underreported in the TNKids system, depending upon the level of communication with the FSW. Other barriers to parental and sibling visitation arise from placement issues with children, especially those with higher level needs. Children who require Level III and Level IV placements may be placed a great distance from their families and home community. These and other children may also be separated from siblings in placement due to therapeutic reasons. The current visitation reports do not take into account that on occasion visitations cannot occur due to “No-Contact Orders” between parents and sibling issued by Court. Another barrier may be regional differences in the implementation and use of improvement strategies such as therapeutic visitation.

Additionally, parental disengagement with the Department and/or transience or homelessness can impact the ability to provide consistent and quality family visitation. Fathers who are not known or whose whereabouts are not known are either not included in visitation planning, or visitation with these fathers is unknown to the FSW when it occurs through kinship or foster care provider arrangements. The Department has made efforts to address this concern through the use of genograms and the diligent search process. A genogram or another pictorial tool, such as an eco-map, is required to be completed on custodial cases. The FSW is able to use this information to complete a diligent search for missing family members as required by policy. A diligent search for absent family members begins at the beginning of a case and is on-going throughout the custodial episode. Although the use of pictorial tools and diligent search is still inconsistent, its continued implementation will positively impact the maintenance of family connections. The Department’s TNKids system should also be updated when parents move once the new address is known. Currently, the TNKids system makes it difficult to ascertain the level of quality of the visitation that does occur between parents and children or siblings placed separately. Use of the narratives and final reports from the Quality Service Review process highlights areas of strength and concern related to quality visitation between parents and their children as well as between siblings placed separately in foster care, as indicated in the narratives above.

Strengths and Promising Practices
Continued improvements in the areas of relationship-building that support visitation between biological parents and kinship or resource parents have occurred. Even though some resource parents remain ambivalent about facilitating visits between children and their birth parents, more resource parents are maintaining contact with the birth family outside of DCS meetings. In addition, there are numerous agencies across the state providing contracted visitation services that not only increase visitation time and frequency between parents and their children, but that also provide individualized therapeutic or parenting skills training intervention.

Tennessee DCS has developed a new Visitation Protocol outlining the visitation expectations between parents, children, and siblings. This protocol emphasizes that visitation is essential to encourage reunification of families and that DCS’ practice must reflect this philosophy.

The Department encourages the use of flexible scheduling to enable families to visit at times and locations that are convenient and comfortable for them. Additionally, the Department makes an effort to assign siblings to the same caseworker, unless the children are adjudicated differently. For example, in a sibling group of four: if one sibling is adjudicated Juvenile Justice, that one child
would have a separate caseworker assigned, while the three Social Services children would be assigned to the same FSW. The information in CFSR Item 12 below gives an indication of the Department’s efforts to first have siblings placed together and if not possible, support their continued contact.

Previously, a barrier to documenting the number of successful visitations between families and their children, including sibling visitation, was receiving documentation from Private Providers regarding their agency visitation of families and children served by their contract. As of July 1, 2007, a web application for documenting contacts and visitation was implemented that allows Private Provider agency staff to record visitation and contacts in the TNKIDS data base. This will allow visitation reports to capture visits that are offered through private provider agencies that may not have been entered into the TNKIDS data base by a Family Service Worker. Although the year end report has not been received, the Face-To-Face application initiated July 1, 2007, is expected to improve the number of reported visitations that have taken place between families and their children and as well as visitation between siblings.

**Item 14: Preserving Connections.** How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

**Summary Response**
After being identified as an area Needing Improvement from the initial round of the CFSR, the Department implemented many different strategies to improve practice in this area including: strategies within the Program Improvement Plan (PIP- P1.1, P1.4, P2, EF1.1 and EF1.2), establishing Community Advisory Boards, implementation of the Unified Placement Process (UPP), development of Regional Cross Functional Teams with private providers, and revisions of child placement, Indian-Child Welfare, and MEPA/IEPA policies. Specifically, PIP strategies EF1.1 *Develop a protocol for child and family team meetings* and EF1.2 *Introduce the concepts of Engaging Families to regional staff through training* have been the best contributors to improvements in practice in this area. The Department recognizes that preserving connections for children requires a sustained effort and that there will always be continued opportunity for improvement. Some barriers that continue to exist are limited placement resources within rural areas of the state, missed opportunities of engagement with family and kin who could serve as supports, and continued training with staff on new initiatives and policy revisions. Currently, the Department tracks progress in this area by the CFTM data report and QSR Results. These data sources provide a glimpse of regional and county practices contributing to success in this area.

**Performance on Round 1 CFSR**
During the initial round of CFSR in 2002, reviewers identified that maintaining child’s connections to family, community heritage, faith, and friends as a strength in 64% of the cases reviewed; however, it was identified as an Area Needing Improvement in 36% of the applicable cases. Outcome P.2, in particular, of the PIP describes efforts to develop strategies and implement plans for improving the continuity of family relationships and preservation of connections for children while in care. There were several strategies in this outcome that have been successfully implemented. The creation of the permanency goal of subsidized permanent guardianship is proving to be fruitful. Other key PIP strategies focused on the increase of support of children.
placed with relatives, creating an informational medium regarding available support, and implementing a statewide relative caregiver program. As the Department moved forward in these practices, the strategies evolved into other initiatives and/or continued support in the areas of child and family teaming, placement practice reform (Unified Placement Process Initiative), and work in the Multiple Response System initiative.

**Policy and Practice**

The DCS Guiding Principles recognize the need to place children within their own communities and schools in which they resided prior to entering state custody. When children and youth are unable to remain within their own family and community, clear expectations are articulated that plans will be developed to preserve connections to family, community, faith, and culture. Departmental policies 31.7; Building, Preparing, and Maintaining the Child and Family Team, 16.46; Referral and Placement of Children, and 16.24; Children of Native American Heritage have either been newly developed or updated over the last twelve (12) months in order to reinforce practice changes within the agency. The policy revision to 16.46 provides a prioritized list of available placements beginning with investigation of placement within their community or with relatives and escalating to special needs, sub-acute hospital settings. This practice ensures consistent exploration of placements close to home that affords preservation of connections to supports of all types of relationships. Revision to the policy that addresses the Indian Child Welfare Act (ICWA) gives staff key information on addressing this population. The content of the policy did not change significantly, but the addition of work aides and addresses to the recognized tribal reservations will improve communication and identification of family affiliation. With the support of the Multi-Ethnic Placement Act, the Department has statewide uniform expectations related to the preservation of these relationships.

**Measures and Assessment of Performance**

The Department utilizes the CFTM data reports, Chapin Hall data, and the QSR to assess the Department’s success in preserving connections for children.

**CFTM Data Reports**

The Department has recently completed the build of a data report that will help assess the participation of biological parents, other family members and community and other supports identified by the family in the Child and Family Team Process. In the chart below, it easy to assess that the teaming process has positively contributed to the consistent engagement and connection of children to their parents and other family members. In addition, the CFTM data report allows the Department to understand how involved Community Support persons are with the children in care. Shelby County has shown significant improvement involving community partners through Community Support contracts with the South Memphis Alliance and the Cathedral of Faith. These agencies are committed to providing community representatives to CFTMs and supporting the families involved when children come into care from their community. Representatives from these agencies are contacted when children are identified as possibly entering custody so that they can build relationships with families, share local resource/support information, and become active “team members” with families during the custodial process. Further data analysis may be required to get a full understanding of the impact of the work in that area.
### Regional Data Table

<table>
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<tr>
<th>Region</th>
<th>% Attended by the Child’s Father</th>
<th>% Attended by the Child’s Mother</th>
<th>% Attended by other family members</th>
<th>% Attended by Community Support Person (invited by parents)</th>
<th>% Attended by Community Support Person (invited by agency)</th>
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***CFTM Report October-December 2007***

**Quality Service Review**

The Quality Service Review (QSR) process also gives helpful information on how the Department is achieving the goal of maintaining/preserving connections of children and families to their communities and culture. The most relevant QSR indicators on preservation of children’s connections include: Engagement, Family Connections, Appropriateness of Placement, and Teaming. Due to the uniqueness of each child, there is not any one indicator, of these four, that gives a clear picture of how connections of children to their communities is addressed and maintained. The QSR indicator Appropriateness of Placement assesses placements based on being the least restrictive environment appropriate to the child and the ability for connections to the home community, culture, and personal identity to be maintained. An example of a placement that rated as substantially acceptable in “Appropriateness of Placement” notes that not only is the level of care appropriate to the children and a kinship placement with all siblings, but it is also located just blocks from the child’s home of origin:

“This is a substantially appropriate placement for DL and her siblings, as she is able to maintain community ties and family connections. The grandparents have extended family members that spend time together on the weekends, and with the support from a support group they joined for grandparents raising grandchildren and their Resource Parent support worker, are receiving substantially acceptable resource family supports. They are willing to become permanent caregivers for the girls, and at this point, believe that this would be the best thing for the girls. DL is doing very well in school academically and...
socially. She has a strong identity and a cohesive peer group that the teachers in the school praise. Living with her grandparents also provides her with increased opportunities to socialize with friends. When DL entered custody, she was able to stay at her school and this was very important for DL. She has maintained her friends and positive relationships with teachers at the school.” (K-13)

Even without such ideal circumstances, Appropriateness of Placement rates acceptably in the majority of cases.

**Chapin Hall Quantitative Data Analysis**

It is a general assumption that when children are placed with relatives and kin there is better opportunity to preserve the connections to faith, relatives, school, and other significant relationships. As outlined in other sections of Tennessee’s Self-Assessment, the Department has seen some modest improvements statewide in the number of children and youth initially placed in family settings who are with relatives or kin from 20% in 2005 to 22% in 2007. A few regions, such as Northeast, have been able to place 35% of their first admissions children with kin.

Although the data related to county placements in Item 11 reveals that over the last 5 years the agency has been able to maintain a trend of over 50% of children in care being placed within their own county, it does not accurately reflect whether their was actual work on maintaining children’s connections to communities, schools, neighborhoods, or cultures. This percentage leaves plenty of area for improvement. The trend within the data on placement of children within their own county over the last 5 years reflects consistency with limited improvement. Looking specifically, at the percentage of children placed within their own county during 2007, the most successful regions, naturally, were those that were geographically located within a single urban county. It is the urban areas that tend to have a myriad of resources that allow for more support and opportunity for connections to their families, neighborhood, community, faith, family, tribe, school and friends. These data reflect that it is those regions that include multiple counties and are primarily more rural that continues to struggle with keeping children within their own communities and providing more opportunity for preservation of their significant connections.

**Barriers**

The barriers to improving practice in preserving connection for children deals directly with the length of time that it takes to implement large scale system reform. In order to substantially achieve systems improvement focusing on connections for children, the agency focused time and energy to improve the Child and Family Teaming and placement processes. With the implementation of UPP and continued support of the Child and Family Team process, the regions are at different levels of integration at this time and experiencing differing levels of success and challenges. Specific challenges include the recruitment of resource parents and engagement of family supports in addition to kinship or relative.

There are limited child specific situations when it is not the child’s best interest to be placed within his/her home communities.

**Strengths and Promising Practices**

The practice reform efforts, improved policy and work aides, new assessment tools, improved outreach to communities, and QSR are all strengths to this practice; while the implementation of
the Unified Placement Process and the practice of Child and Family Teaming have all been assets to system improvement.

The newly, re-drafted policy on ICWA will be a helpful area for FSWs who deal with these unique cases. Tennessee does not have any recognized federal tribes within its state borders, so a limited number of cases require this type of special attention. In the most recent state census, less than .01 of 1% of the state population is identified as having Native-American descent. Many of the cases that this law applies to come from the East and Southwest areas of the state that are close in proximity to Cherokee and Choctaw reservations. The new policy continues to include practice structure that is supportive and compliant with Federal ICWA standards. This structure includes newly developed work aides that provide tools to field staff supporting easier communication between tribal representatives and governmental professionals that might need to be involved.

Another strong improvement to practice has been the use of the Child/Adolescent Needs Strengths (CANS) assessment and other newly developed assessment tools. These tools are designed to give a global assessment of child and family strengths and needs, as well as evaluating behavior and other treatment needs. After these assessments are completed, they are reviewed with the family in the context of the child and family team so that appropriate placement and treatment can be identified. With the re-structuring of the Placement Services Division during the implementation of UPP, a person from that unit is able to attend CFTMs and present potential placement options to families so that a placement can be selected. This has been quite a change from working within a “bed driven” system where placements were primarily made on availability and not what best fit the child’s needs. It is from this set of assessment information that teams can plan on preserving connections and when it may or may not be in the child’s best interest to maintain connection to others or communities.

The incorporation of QSR has been the single greatest tool for feedback on how the agency is progressing in maintaining connections for children. Quantitative measures alone cannot clearly assess success. With QSR, regions have the capacity to evaluate on a case-by-case basis and hear directly from the individual team members about the efforts that have been made to preserve children’s connections to community, culture, and significant others.

**Item 15: Relative Placement.** How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

**Summary Response**
The number and percent of children and youth in state custody being cared for by their relatives has significantly increased since the 2002 CFSR. Subsidies are available to support guardianship as well as adoption. Information and support services are also available to relative and kin caregivers through the Relative Caregiver Program. Policies and training curricula have been developed to ensure that DCS and other partner agencies understand the requirement to explain to relatives and kin all of the support available to them.

Despite these dramatic improvements, the Department has relatively few kinship resource homes compared to many other child welfare systems. There is a recognition that outreach to relatives is not as consistent as it needs to be and that communication issues, inconsistent responsiveness,
and court decisions have been obstacles to increasing kinship resource homes. There remains some concern regarding our support and monitoring of the placement process for children who are placed with relative and kin who are not brought into state custody.

**Performance on Round 1 CFSR**

Item 15 was rated as an Area Needing Improvement during the previous CFSR because the Department had not made diligent efforts to locate and assess relatives as potential placement resources.

According to the previous Statewide Assessment, only 4.6% percent of all children in state custody were placed with relatives. That Statewide Assessment described a belief system shared by some Department and Court staff persons that if family was available and able to care for their own children and youth, these families should do so without extensive government support or intervention.

**Policy and Practice**

DCS policies set uniform statewide expectations regarding when and how relatives are identified and assessed, their engagement in the permanency planning process, the type of support that is available to them based on a variety of legal options and other guidance related to the placement of children with relatives and kin.

Relatives and kin should be the priority placement for children and youth who have been removed from their own parents or caregivers. Relatives are defined by blood, marriage or adoption. Kin are those persons with a significant relationship to the child or youth such as a fellow church member, friend, godparent, minister, neighbor, or teacher.

As outlined in the Diligent Search policy and protocol, relatives and kin should be identified as soon as a child comes to the Department’s attention. They should immediately be engaged in the Child and Family Team process in order to assist in making critical decisions regarding the child’s placement and progress towards permanency. The child’s team should meet at least every three (3) months during the period of time that the child remains in state custody.

Once a child is placed with relatives or kin through an expedited placement, policy allows for a timely placement following a satisfactory interview, home visit, reference and records check. These persons must become fully approved resource parents within 120 days of the child’s placement.

Relatives and kin should be fully informed of all of the legal options and types of support available to them, including options for guardianship and adoption. Options to be discussed during the Initial Child and Family Team Meeting include: the possibility of relatives gaining temporary legal custody or guardianship of the child or children, serving as fully approved resource parents or becoming adoptive parents for their related children. Information and supportive services can be made available to relative and kinship families in all twelve regions outside the formal system of foster care through the Relative Caregiver Program as well as the Adoption Support and Preservation (ASAP) program.

The Relative Caregiver Program began serving children and their relative caregivers in 2001 in the pilot regions of Davidson County, Shelby County and the Upper Cumberland Region.
Statewide implementation of the Relative Caregiver Program was completed in 2007. The target population has been all children and youth placed with relatives or kin who are in need of information and/or other support services.

The Adoption Support and Preservation Program (ASAP) began serving families in May, 2004. Statewide rollout of the program was completed by the end of that same year. The target population of the ASAP Program has been all children and youth who are being or have been adopted by relatives, kin or other non-relatives who are in need of information and/or other support services. Currently, almost nine (9) percent of the families served by the program are kinship families.

Measures and Assessment of Performance

Utilization of Relative Foster Care Using Tennessee’s AFCARS Data Over Time

- **FFY02** - DCS reported 663 (7%) children placed with relatives in state custody.
- **FFY03** - DCS reported 1333 (14%) children placed with relatives in state custody.
- **FFY04** - DCS reported 1369 (14%) children placed with relatives in state custody.
- **FFY05** - DCS reported 1260 (13%) children placed with relatives in state custody.
- **FFY06** - DCS reported 1055 (12%) children placed with relatives in state custody.

Proportion of Children Placed Initially with Relatives

According to Chapin Hall data, the proportion of children and youth initially placed with relatives has decreased from 19% during calendar year 2002 to 17% during the calendar year 2006.

Generally, the regions have dramatically increased the percentage of children initially placed in family settings. Of those, there is wide variance among the regions in terms of children initially placed with relatives. In the east region, 26% of children were placed in a family setting with relatives, while in the Hamilton region only 5% were placed with relatives.

Timelines for the Approval of Relatives as Resource Parents

The availability of data to inform the timeliness of approval of relatives and kin to become resource parents in Tennessee is new to the Department, so there is not reliable data available to understand how much this timeline has improved over time. However, the statewide average of 208 days is significantly over the standard of 120 days.

QSR Stories

The QSR has revealed some of the ambivalence within the Department and public child welfare community related to the definition of permanency for children and youth placed with kin. The story outlined below was written following a review in Davidson County.

Factors Contributing to Favorable Results:

Custodial child is placed with a relative resource parent. He has been stable in the home since July of 2005. The youth is excelling in school and has plans to attend college. He has a group of friends and likes to play sports. The therapist has developed a good relationship with the family members, the guardian ad litem and the CASA volunteer. The Family Service Worker is new and has only been with the family a few weeks. The kinship resource

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
- 128 -
parent is a strong advocate for the youth and wants him to receive all the benefits for a college education.

While there may not be a lot of informal supports for the youth and the family, they are a close family and all look out for each other. The youth has maintained a relationship with his biological parents and kinship resource parents take him to see his mother each week. The youth is a hardworking, easy going, teenager who takes his school work seriously and wants to go to college.

**Factors Contributing to Unfavorable Results:**

The goal on the permanency plan for the youth is Planned Permanent Living Arrangement (PPLA). This has caused a lot of contention between the Department, the resource family and the guardian ad litem. The resource kinship family believes that the youth will only be able to get benefits and money for college if the plan continues to remain PPLA. The Department would like to meet with kinship resource parents to talk about the plan, but the family is hesitant to meet with the Department because they think they will be misled. There is a lack of trust on the part of the kinship resource parents regarding the Department motives. The guardian ad litem is adamant that the youth’s plan remain PPLA. She (the GAL) indicated that the youth does not want to be adopted. The kinship resource parents are willing to care for him and everyone should listen to the youth and what he wants.

**Barriers**

Through training, support and accountability measures, the Department continues to work to ensure consistent application of its’ polices and procedures related to the early identification and support of relatives and kin.

Cultural beliefs continue to impact relative placements. There are those who hold fast to the belief that abused or neglected children need to be far removed from not only their own parents but extended family. Secondary to this issue of placement and removal is the notion that extended families should not receive government support to care for their own related children.

**Strengths and Promising Practices**

Out of a recognition that there is a need to improve practice regarding the early and ongoing identification of relatives and kin, the approval process of relatives and kin in a timely manner and the provision of needed ongoing support, the Department will receive technical assistance through the Annie E. Casey Foundation.

The Department has convened a workgroup to begin discussing kinship care practice in Davidson County. Areas of vulnerability have been identified in our current system such as criminal background checks for expedited placements, breakdowns in the full approval process and the need for business process mapping and assignments of clear roles and responsibilities, and the need for accurate easy to follow information on available supports.
The Department offered all twelve regions the opportunity to submit a very short proposal for a position to be devoted 100% FTE to kinship care. The Northeast and Davidson Regions have been selected to pilot the Kinship Improvement Project. The goal of this project will be to:

- Increase the rate of placement of children with kin from the first placement decision;
- Decrease time it takes to fully license and approve kinship homes;
- Provide increased and better coordinated support to kinship caregivers to be partners in reunification and other permanency options;
- Experience greater involvement of kin in the permanency planning process, even when placement of the child with kin is not a viable option;
- Increase worker support and appreciation for the importance of kinship care;
- Increase caregiver satisfaction with the regional kinship system;
- Develop mutual understanding with courts about kinship placements; and
- Increase uniformity in how kinship care policy and practice is applied across the regions.

**Item 16: Relationship of child in care with parents.** How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

**Summary Response**
Although the Department has implemented strategies that have been effective in improving parent-child relationships, data on parent-child visits and family connections indicates that the Department has more work to do to ensure that these relationships are sustained during foster care.

**Performance on Round 1 CFSR**
Item 16 rated as an Area Needing Improvement in the last CFSR, when only 61% of applicable cases showed sufficient efforts to support or maintain the bond between parents and their children in foster care. The following actions steps are outlined in the Program Improvement Plan (P2.2) to improve outcomes in this area:

- Develop new contracts to make services available regionally
- Utilize CSA purchasing to provide services where no state contracts are in place
- Develop statewide network of agencies available to provide services

As part of the PIP, the Department developed new contracts in several regions to provide visitation services that are both educational and therapeutic in nature. Services were also developed through the flexible funding mechanisms of CSA purchasing. When the CSA’s were integrated into the Department’s formal structure, these services continued to be available through the Department’s Delegated Purchasing Authority (DPA). As of the 7th quarter in 2005, eleven of the twelve regions had therapeutic visitation contracts available. Permission was given to roll the P2.2 outcomes into the WB1.2 outcomes. This included developing initial guidelines for quality visitation and an implementation plan. These guidelines were compiled into a short laminated document and sent to all regions for distribution to front line staff. On-going training and consultation continues with improvement and modifications being made to the visitation plan document. In addition, DCS has several promising initiatives outside the Program Improvement Plan that will support the improvement of maintaining the parent-child relationship for children in foster care.
out-of-home care. These initiatives include the Unified Placement Process, the expansion of TNKids to allow service providers to enter visitation data, and some innovative transportation solutions for parents needing assistance to visit their children.

**Policy and Practice**
The Department recognizes the importance of maintaining and promoting the relationships between children and their parents when children are placed in out-of-home care. This is reflected in the policies regarding child and family team process, permanency planning, and the placement of children.

In the best of situations, birth parents and resource parents are encouraged to partner in the parenting of the child. An informal, but consistent, visiting arrangement can be made that provides the flexibility that most families desire. This is accomplished through the Child and Family Teaming Process. Policy 31.7 outlines the importance of building a team that includes the parents and child respecting the importance of the parent-child relationship. In addition, teaming allows the parents to continue to be a part of decision making process for their child. Child and Family Teams are asked to develop visitation plans together from the very beginning of the child’s custody episode and revisit these plans every three months. The child and family team identifies any supports that might be necessary to maintain the identified schedule, including transportation needs, back up plans, and needs for supervision. Relatives and other family friends are considered to meet the support needs for visitation.

As a result of the last CFSR and Program Improvement Plan, areas of the state have developed innovative supports to encourage the relationship of children with their families, including therapeutic visitation, supervised visitation, and transportation grants, which provide a stipend to volunteers and resource parents to transport children and/or parents to visits. The Southwest Region implemented a transportation initiative utilizing resource parents and community volunteers to provide transportation for children and their families for a variety of reasons including family visitation. Mid-Cumberland Region implemented this concept in Dickson, Houston and Humphreys Counties. Since 2002, all but one region has contracted with community based service providers to provide an array of therapeutic and supervisory visitation services. For children placed far from home, regions have access to funds for transportation assistance to families, including payment for gas, public transportation tickets, hotels, and food.

The Department supports parental involvement beyond the traditional visitation process. Parents can attend doctor’s appointments, school activities and other activities with their children when it is appropriate. Resource Parents are encouraged to engage birth parents so that information about their children can be freely shared. Decisions about these types of contact are made by the Child and Family Team based on the circumstances of the individual case.

**Measures and Assessment of Performance**
QRS rates the status of Family Connections for children that are living away from their families. Reviewers assess if children and their family members are having frequent and appropriate opportunities to visit to develop and maintain family ties. 2005-2006 and partial 2007-2008 data shows a slight drop (from 40% to 39%) on this indicator. A Spring 2008 analysis by Middle Tennessee State University graduate students focused on the content of 87 2006-2007 QSR cases stories (including some JJ children), particularly in regard to family connectedness. Using a
"constant comparative qualitative method," the researchers identified seven themes that "seemed to reflect family connection dynamics and the resultant score." These are:

- distance issues that detracted from the family's ability to interact efficiently and effectively, while it also was noted that there were (reverse) distance issues in that the 'problematic' parent lived too close to the child;
- family dedication to the child and to change;
- quality of multiple supports;
- visitation issues either positive or negative;
- sibling involvement as positive or negative;
- financial constraints; and,
- organizational obstructions.

Maintaining the relationship between parents and children is closely related to the frequency of visitation. The policy and practice of visitation is thoroughly explored in CFSR Item 13.

As part of Needs Assessment III, the Department conducted focus groups with youth who had been involved in the child welfare system in Tennessee. Findings included the following:

“Several youth and former foster youth stated that the inability to maintain contact with birth families directly influenced their sense of well-being, their progress toward forming trusting relationships and, in some incidences, had the effect of encouraging them to run from placements.”

These youth have articulated how crucial the child and family connection is, and that failure to support that has far-reaching effects. Their sentiments underscore the importance of the previous data that demonstrates the opportunity to promote family relationships more widely and consistently within the State system.

**Barriers**

In some cases, the geographical distance between a child and his or her parents is a barrier to maintaining a relationship. Having a variety of resource homes and therapeutic placements in all regions would enable DCS to make appropriate placements available to youth in every community, including rural areas where resources are limited. CFSR Item 11 reviews DCS' practices and barriers related to placing children in homes close to their family. Geographical distance also becomes a barrier when a parent moves out of state while the child is in custody. DCS has provided funding to allow parents who live out-of-state to visit their children, but typically these visits are not frequent due to the nature and expense of long-distance travel.

Although the Department has shifted from child-focused practice, the transition to family-focused practice is still in progress. To support this effort, DCS has implemented ‘Good to Great’ training, a region-led initiative designed to provide direct instruction, support, and coaching to supervisors.

The State’s purchasing processes do not allow the Department to respond quickly to the needs of parents and children as it relates to visitation. Current purchasing is limited to interventions that are well-planned in advance and lack the capacity to address last minute planning or emergencies that may arise. In addition, a significant reduction in funding sources may limit the availability of therapeutic and visitation services that promote parent-child relationships.
There remains a lack of clarity between the Department and many contract agencies about their role in supporting family relationships. When children are placed with a private provider the responsibility of visitation and maintaining family connections is shared with the provider and DCS. While some providers are very forthcoming with resources to support family connections, others are less so. Providers and DCS staff also experience confusion in setting up visits when the responsibilities of the provider and worker are not very clear. The inconsistency in the services provided by private agencies and the vague responsibilities between the FSW and the agency case worker create an environment where visitations and family relationships are not always fully supported. The evaluation of current visitation practice is explored in CFSR Item 13.

Case reviews have shown a pattern of difficulty maintaining parent-child relationships when a parent cannot be located. Often parents will not notify their caseworker if they have moved. In addition, the parent from whom the removal occurred may not have contact information for the non-custodial parent. Diligent search policy addresses these situations by requiring the FSW to make efforts to locate all missing parents.

**Strengths and Promising Practices**

The role of the resource parent was expanded to include serving as a support to the birth family and encourage reunification when appropriate. Resource parents are educated to encourage children to maintain a supportive relationship with their birth family. A continuum of relationships can be seen in Tennessee between birth parents and resource parents. There are examples of resource parents developing healthy support and mentoring relationships with the birth parents. However, other resource parents remain reluctant for the birth family to even know who they are and where they reside.

DCS has implemented the Unified Placement Process (UPP) statewide. Once UPP is fully implemented this should allow children to be placed in resource homes that are close to their birth families and home communities, creating fewer barriers for visitation. Family members are a part of placement decisions, which will encourage visitation and family connections to grow.
CHILD AND FAMILY WELL-BEING

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.

Item 17: Needs and services of child, parents, Resource Parents. How effective is the agency in assessing the needs of children, parents, and Resource Parents, and in providing needed services to children in foster care, to their parents and Resource Parents, and to children and families receiving in-home services?

Summary Response
The Department has made significant strides toward the formation of a streamlined assessment process. When fully realized, the assessment process will produce comprehensive plans for children and families that address underlying needs identified during the assessment. The Quality Service Review (QSR) in 2007 reported that only 30% of cases scored in the acceptable range under the assessment indicator. Plan implementation in 2006 and 2008 scored at 37% for both years. These QSR results underscore the need for the Department to improve its assessment process and implementation of the necessary services to address families’ needs.

Performance on Round 1 CFSR
In the 2002 CFSR, this item was found to be an Area Needing Improvement. In only 56% of reviewed cases were the services being provided adequate or appropriate. This left 44% of cases in need of thorough assessment and proper service provision. Concerns were specifically noted in the areas of resource parent assessment and services and assessment and service provision to children in the Independent Living Program.

Policy and Practice
The Tennessee Department of Children’s Services has invested in updating and improving the assessment process for all families and children that it serves. The first step in providing appropriate services involves a clear understanding of what needs and strengths exist, so that services can be concisely matched to the child and families’ unique situation. DCS has implemented quantitative and qualitative assessments with a family focus for both non-custodial and custodial clients to collect the critical information for the provision of services.

Quantitative Assessments
- Structured Decision Making (SDM) Child Abuse/Neglect Screening Criteria: A tool used immediately upon receipt of a report of abuse/neglect to gather all available information to determine whether the report meets DCS criteria to initiate an investigation.
- Structured Decision Making (SDM) Response Priority Decision Trees: A tool used to determine how quickly face-to-face contact must be initiated for assigned investigations.
- Structured Decision Making (SDM) Safety Assessment: A tool to guide the decision to leave children in the home or protectively place children out of the home based on observed threats of immediate harm and the availability of interventions to mitigate safety concerns.
• **Structured Decision Making (SDM) Family Risk Assessment**: A tool to estimate the likelihood of future maltreatment. Guides the decision for whether or not to open a case for on-going services.

• **Structured Decision Making (SDM) Family Risk Reassessment (for Non-Protective Custody Cases)**: A tool to guide the decision to close a case and, for cases that remain open, the minimum contact standards.

• **Youth Level of Service/Case Management Inventory (YLS/CMI)**: A tool to identify both risk and protective factors that are present in a child’s life that either promote or prevent delinquent behavior.

• **Family Advocacy and Support Tool (FAST)**: A family planning tool for understanding family circumstances and assisting in the development of non-custodial services.

• **Child and Adolescent Needs and Strengths (CANS)**: A tool that provides a context for communicating and making decisions about care. The CANS consists of approximately sixty-five (65) items to evaluate how the Department can best provide the resources and services for the child and family.

• **Ansell Casey Life Skills Assessment (ACLSA)**: An assessment for youth that are fourteen years and older to identify barriers and needed skills to successfully function as young adults. The assessment results are useful for goal setting, program planning, and for measuring progress on life skill acquisition.

• **Structured Analysis Family Evaluation (SAFE)**: A tool designed to evaluate families for adoption, resource home approval, concurrent planning, and relative placement.

**Qualitative Assessment**

• **Family Functional Assessment**: An inclusive, living document that captures the results of all other assessment tools and provides historical information from the family, child, and other team members. The FFA continually evaluates a child and family’s strengths and needs as well as offering an explanation as to why those strengths and needs exist.

**Integration of Assessments and Case Planning**

Historically, there has not been standardized case planning for non-custodial cases which created inconsistency in how assessment results were used. In May 2008, DCS deployed a non-custodial permanency plan to be used with all non-custodial families. This will allow CPS and FSW staff a common place to compile assessment results and plan the process of meeting the needs that are identified by the various assessments.

The custodial permanency plan has also been revised to reflect DCS’ current system of assessments. The Family Functional Assessment and the CANS are broken into the three core areas; safety, well-being, and permanency. The custodial permanency plan is now divided into the same three mission areas, so the translation from the CANS and the Family Functional Assessment to the actual planning document will be more consistent for the FSW’s.

Utilizing the ACLSA and creating case plans that include interdependent living goals has been inconsistent in the past. The new custodial permanency plan now incorporates a section specifically for interdependent living goals. This section requires the FSW to complete Interdependent Living goals for all youth in custody that are fourteen years old and older following the same format as the ACLSA. This will ensure that a plan to assist youth in the transition to adulthood is fully developed within the context of the child and family team.
DCS policy 16.31 requires that the custodial permanency plan be reviewed at least every three months by the child and family team. This allows all team members to assess the progress towards permanency, ensure that service implementation has been successful, and make adjustments as needed to meet the changing needs of the child and family.

**Measures and Assessment of Performance**

DCS’ performance is derived in part from compliance data. Compliance data includes reports that monitor if assessments have been completed within the time frames established by policy. The data indicates that from January 2007 through July 2007 92.9% of children who entered custody had a Family Functional Assessment (FFA) initiated. It is evident by this report that every child does not have a comprehensive FFA; but a significant majority of children have had an FFA initiated. Due to problems with accessing the FFA online, the website was dismantled in August 2007. This could contribute to the decrease in of percent of FFAs reported.

The CANS was implemented statewide with full support from the Vanderbilt Center of Excellence in October of 2007. In January 2007, DCS began tracking the percent of custodial children with a completed CANS. Of the children who entered care in January 2008, 71% of them had a CANS assessment completed, and February 2008 the percentage had risen to 73%. By April 2008 (after the deployment of the CANS web application) the percentage of completed CANS had increased to 92%. As Family Service Workers become more familiar with the CANS, it is expected that the consistency of its use will continue to increase.

The Quality Service Review includes a rating of the assessment process in the Ongoing Functional Assessment indicator. In reviews during 2005-2006 and 2007-2008, 28% of Ongoing Functional Assessment scores were in the acceptable range. Plan Implementation rates how well the services are being used and can also be influenced by the child and family’s daily functioning. The QSR indicator of Plan Implementation demonstrated 35% acceptable in 2005-2006, and 32% acceptable in 2007-2008. While no improvement was indicated in these two areas, and in fact reflects a slight decline in the percent of cases rating acceptably on Plan Implementation, DCS data indicates that a significant number of cases had acceptable scores for Resource Availability and Use. This indicator reflects DCS’ ability to provide services that are necessary for children and families. In 2005-2006, this indicator was rated acceptably in 52% of cases and 64% of cases in 2007-2008.

Compliance data such as the CANS tracking and FFA initiated reports reflect increased use of some of the assessment tools that DCS has put in place. Developmentally the first step for an agency is to provide the tools and the timeframes for their use. This step has been achieved, and FSW’s are using the tools. In addition the services that DCS’ families need are available and accessible according to QSR. However the QSR data reports developing quality assessment and linking the appropriate services to meet the needs of families continues to be a challenge.

**Barriers**

While the tools that make up the assessment protocol are in place, frequently many Family Service Workers have a difficult time seeing them as an integrated process rather than singular tools. Because of this limited view, the information gathered through the tools and the assessment process has not been synthesized consistently into individualized case plans to address the unique needs of the child, family, or resource family. Training has been piloted with
Central Office staff that involves mentoring field staff with an active case. The FSW and Team Leader receive feedback on the quality of the assessments and are given specific examples for the assessments that will assist in creating the permanency plan goals. DCS has contacted the Tennessee Consortium on Child Welfare regarding the development of a full curriculum, and implementation of this training statewide.

Communication between private providers and the Department is also an issue affecting assessment and service provision. During a May 2008 focus group with service providers in Hamilton and Shelby counties, participants voiced the concern that in many cases assessment information is not shared between DCS and providers. In addition, providers do not receive the necessary information from the Department in order to provide appropriate services.

The lack of integration between assessment and case planning is also impacted by the limitation of the current computer system, TNKids. While TNKids does provide a database to enter case information, the system does not allow information from one assessment to automatically link to a different assessment or the case plan. It is the responsibility of the Family Service Work to recognize the connections and manually enter them in each form. DCS has contracted to build a new SACWIS system to better meet current practice needs. A piece of this will include the capacity to link assessments and case plans together to help maintain the flow of the assessment and service process.

The final potential barrier is the current state of Tennessee's economic status and new federal changes in funding. This has created a climate in which the budget for DCS has been significantly reduced posing the potential that funding for specialized services might be limited.

**Strengths and Promising Practices**

The Department is very proud and fortunate to have developed strong partnerships with Dr. John Lyons, the creator of the CANS and FAST instruments, the Centers of Excellence Staff across the state, and Masters of Social Work representatives from the Middle Tennessee State University Consortium Program. Through these partnerships, a system of external stakeholders assists staff with making thoughtful and accurate assessments which will enable proper service delivery. Though still in early stages, these partnerships will grow over time and will help ensure that staff are providing the best possible services to families across the state.

DCS is in the process of moving to statewide implementation of a home study practice that will improve the home study and approval process. SAFE (Structured Analysis Family Evaluation), which was created by the Consortium for Children in San Rafael, California, consists of a comprehensive set of home study tools, techniques and values for the evaluation of would-be resource or adoptive parents. Currently SAFE is implemented in all but four regions, which are East, Davidson, South Central and Shelby. Full statewide implementation of SAFE will take place by the end of 2008.

A Continuous Quality Improvement (CQI) workgroup was formed around the Statewide Family Functional Assessment. This group has representatives from each region that meet regularly to discuss strategies for improvement for the use and quality of the FFA. In addition this group shares feedback to each region on methods to improve the integration of the FFA with other assessments.

*Statewide Self-Assessment: Tennessee Department of Children’s Services*
*June 2008*
The Department has developed a non-custodial permanency plan that was implemented statewide on May 12th, 2008. The Non-Custodial Permanency Plan is a plan for families who are working with DCS to prevent the removal of their children. This Plan has been designed to offer a standardized planning process for families and workers to delineate what services are needed and how they will be implemented.

DCS’ commitment to reporting and reviewing of data and cases provides an avenue to monitor and understand the compliance and quality of assessments and services. A Child and Family Team Report has been developed and data will be available for the first quarter of 2008. This report will indicate if Child and Family Team Meetings are being held at regular intervals to assess the current status of the family and review the quality and effectiveness of services. A series of internal case reviews has been instituted in all regions to continually monitor assessments and services. MSSW’s participate in an exhaustive review of every case by the 100th day of custody. Supervisors are required to meet with their FSW’s monthly to review cases to ensure that services have been implemented and assist the FSW in assessing the continued need for services. Regionally, cases are also reviewed at the six, nine and twelfth month of custody to determine whether assessments have been updated and the implementation of services delivered in a timely manner.

Resource parents receive a variety of services and support through the Department of Children’s Services. All resource parents complete the PATH (Parents As Tender Healers) training before a child placed in their home. In addition resource parents can find support and advocacy by joining Tennessee’s Foster and Adoptive Care Association. Case management services provided the Resource Parent Support Worker and the Family Service Worker are available as well as concrete services such as daycare vouchers, reimbursement for extraordinary transportation costs, clothing when children first arrive at the home, and in-home counseling or “wrap-around” services, based upon the needs of the children placed in the resource home.

DCS has developed Well-Being Unit Meetings to assist with assessments and service planning. These meetings include the MSSW consultant, Education Specialist, nurse practitioner and staff psychologist. These specialists review the assessment tools available to ensure that the best placement for the child was made in addition to the identified needs and services are being addressed. This review process has averted many potential crises with clients.

The Office of Interdependent Living has established and expanded a grant contract with Youth Villages to provide Transitional Living Services to eligible youth and young adults. This program is open to youth exiting state custody to adulthood. Services include the identification of housing resources, employment, educational attainment, life skills preparation, and the enhancement of permanent adult connections. Currently, there are 261 youth and young adults receiving services.

Currently, the Department is serving 573 youth through Voluntary Post Custody services, including funding for education through the Chafee Education and Training Voucher system and a compliment of 127 who are receiving direct housing support to maintain an independent living arrangement. Moreover, these youth receive ongoing case management support and ongoing planning through regional staff and the staff of the Interdependent Living Program.
Item 18: Child and family involvement in case planning. *How effective is the agency in involving parents and children in the case planning process?*

**Summary Response**
Involving families and children in the case planning process was an area identified as needing improvement in the last CFSR. The DCS Practice Wheel has at its core Child and Family Teaming. This model is family focused, strengths based and culturally responsive. While the Department has made significant progress in many areas and engaging parents and youth throughout the planning process and has significantly improved, these remain continuing challenges.

**Performance on Round 1 CFSR**
Item 18 was rated as an Area Needing Improvement because in 35% of the cases reviewed, there was insufficient family and youth involvement in planning. The PIP outlined a variety of training initiatives as part of our strategy to improve in this area. DCS has completed extensive training and policy development and revision, but Quality Service Review data indicates there is still work to do to consistently engage parents, youth, and their families in the planning process. The CFTM data will add significantly to the information available for evaluation and planning.

**Policy and Practice**
DCS policies in the areas of Permanency Planning and the Child and Family Team (CFT) process, updated in October 2007, emphasize the importance of child and family involvement. A train-the-trainer program for these policies was developed and delivered to every region. DCS’ model of family group conferencing, called the Child and Family Team Process, requires that staff have an Initial CFT meeting whenever there is a risk of a child entering custody, with the hope of finding alternative ways to meet the family’s needs while ensuring the child’s safety. If a preventive CFTM did not take place, staff must convene a CFTM no later than 7 days after the custody date. Child and Family Team Meeting are also required for permanency planning and quarterly progress reviews, to stabilize placements and facilitate smooth transitions when moves occur, discharge planning, and for any other purpose requiring the team’s input.

DCS has recently changed the policy on Permanency Planning to allow staff more time to do a thorough assessment prior to convening the Initial Permanency Planning CFTM. This also gives staff more opportunities to seek out family members and build the child and family team. Prior to the October, 2007 revisions, DCS required this meeting by the 15th day after custody, but learned that with more time for the Family Service Worker (FSW) to engage and team with the family and children, the quality of the assessment information was greatly improved. Now staff are required to conduct the Initial Permanency Planning CFTM and have a completed plan, signed by the parents, submitted no later than 30 days after custody.

The Permanency Plan is developed in the context of a Child and Family Team Meeting, with the active involvement and input from everyone present. At the conclusion of the meeting, participants are given a hand-written copy of the permanency plan that everyone signs. Permanency Plans are reviewed every three months in a Progress Review CFTM. Statewide.
Policies and protocols around the child and family team process were revised to emphasize the role of the FSW in ensuring that families are meaningfully engaged in all decisions regarding their children and family, and in all planning, placement and progress review CFTMs.

The CFTM process is strengths-based and family-focused – staff are encouraged to schedule CFT meetings at the family’s convenience and in community-based settings when possible. Youth and family members are encouraged to invite extended family and informal supports to participate. The meeting is structured to reinforce the concept that it is the “family’s meeting”, including steps to begin the meeting with the “Family Story”; ensuring the family and child’s strengths are elicited; encouraging the child/youth, family members and informal supports to contribute their ideas to ensure that the safety and permanency of children is provided in the least intrusive, least restrictive manner possible. Finally, clarifying the decisions made as well as the next steps by identifying responsible persons and timeframes for completion. A CFTM Summary Form is completed and all team members receive a copy before they leave the meeting. This form recaps much of the discussion, the strengths and needs identified, any decisions made and the next steps to be taken. Youth and family are informed that any member of the team can request a child and family team meeting.

According to DCS policy, the incarceration of a parent should not be a barrier to participation in the CFTM and permanency planning process. By law, DCS must create opportunities for all parents to participate in the plan and to meet their parental responsibilities. This may be accomplished by having meetings where they are located, or by arranging for them to participate by telephone. All parental participation (even if they are incarcerated) is essential to planning and achieving permanency for a child. There is no policy that prohibits visits with a parent who is incarcerated.

For children who are not in foster care, in-home services may be arranged and provided to help maintain them in their own homes. The Department is implementing a Multiple Response System (MRS), which screens referrals and assigns them to one of three tracks: investigation, community linkage, and assessment. The assessment track provides for an extended (120 day) period in which staff work intensively with the family to resolve any safety issues and prevent out-of-home placement. This program utilizes a family team conferencing model that is somewhat less formal, but qualitatively mirrors the CFTM process for foster care cases. These meetings frequently take place in the family’s home, and are held at least monthly. They do not require a trained, skilled facilitator unless removal appears to be imminent. A service plan is developed for each non-custodial case and updated regularly until the services are no longer needed. These services are offered as recommendations that are voluntary in nature, unless DCS feels it necessary to seek a court order requiring the family to accept the services. If it appears the family will need continued support without entering state custody, the case is referred to a Family Service Worker who will continue to work with the child and family to resolve their issues.

**Measures and Assessment of Performance**

DCS has made great strides in gathering and utilizing data to inform practice and guide improvement efforts. Until August of 2007, data on the quantity (and some quality indicators) of CFTMs was only captured by Full-Time Facilitators who maintained a separate database. The Department produced quarterly reports on this data from July 2006 until March 2007. The report format was modeled after the Annie E. Casey’s report. One significant shortcoming of this method...
was that the data did not capture information on those CFTMs conducted by an FSW or Team leader. Relating the data to the information in TNKids system was also problematic. The database included information on pre-custodial CFTMs, and if custody was prevented, there would be no record of that case in TNKids. It was impossible to link the numbers of CFTMs recorded in the database to the number of children who had entered care during that quarter.

As of August, 2007, the capacity was built into TNKids to capture information on all CFTMs, regardless of who facilitates them. This will enable the Department to produce more meaningful and reliable data about CFTMs. It will also provide a picture of family and youth participation in the meetings. The first release of this report will be produced by June 1. A test report was conducted for the quarter of Oct. – Dec., 2007, with these results related to family and child participation in CFTMs:

<table>
<thead>
<tr>
<th></th>
<th>Initial/Prevention CFTM</th>
<th>Initial Permanency Planning CFTM</th>
<th>Discharge Planning CFTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of CFTMs in which at least one mother attended</td>
<td>68.1%</td>
<td>37%</td>
<td>51.4%</td>
</tr>
<tr>
<td>% of CFTMs in which at least one father attended</td>
<td>30.2%</td>
<td>19%</td>
<td>16.5%</td>
</tr>
<tr>
<td>% of CFTMs in which youth over 12 attended</td>
<td>84%</td>
<td>89.9%</td>
<td>93.6%</td>
</tr>
</tbody>
</table>

The Department has focused on engaging and empowering youth to participate in their CFTMs and planning processes, which is reflected in the data. Clearly, DCS is not yet engaging parents as fully as needed in order to deliver truly empowering, family-focused services.

In October, the Department began to utilize a Child and Family Feedback Survey to gather more information on the quality of CFTMs. All team members are asked to complete these at the conclusion of the meeting. The preliminary goal of this project is to help DCS staff use these surveys to debrief CFTMs and discuss how they can be improved. Utilization of this tool is uneven across the state, but for those regions using it, valuable information is being gathered and shared with the DCS staff involved with those teams.

In 2007 the Office of Performance Measurement conducted satisfaction surveys with youth and parents. Although the sample size is small, it does demonstrate how families and youth feel about their involvement with DCS.

80 surveys were completed by youth and some findings include:

- 69% agreed with: “I help plan my services and set my goals”
- 59% agreed with: “Overall, I am satisfied with the services that I am receiving.”
- 41% agreed with: “DCS asks me about my ideas on how to improve its services.”
Some added comments indicating perceptions of poor communication and inaccurate information given. They felt that unrealistic goals were set and DCS caseworkers were hard to reach when needed.

There were 126 surveys returned by parents, with the following results:

61% agreed with: “I help plan my services and set my goals”
63% agreed with: “Overall, I am satisfied with the services that I am receiving.”
46% agreed with: “DCS asks me about my ideas on how to improve its services.”

The Quality Service Review (QSR) process uses an interview format to collect qualitative information about team members’ experience as a support to the family and how well the change process is working. The areas relevant to this item include Engagement, Teaming, Child and Family Planning Process, Plan Implementation and Tracking and Adjusting. Please note that 2007-2008 information contains data for six of the twelve regions that have completed QSR for this year.

Some regions have experienced more overt improvements than others. For example, in Davidson County (Nashville), Teaming improved from 7% of cases rating acceptably to 35% from 2005-2006 to 2007-2008. Engagement was rated as being acceptable in 29% of the cases in 2005-2006 and in 45% of the case in 2007-2008. This regional data also incorporates 2 children placed in a YDC at the time of Davidson’s review. Family participation in the teaming process is critical to these improvements, expressed in this narrative from Davidson’s review:

“Engagement of Child and Family is also substantially acceptable (5). The family expresses trust in the current team. The mother views the FSW and the in-home counselor as partners in working with her son. The mother has been involved in the change process from the beginning…She seems to understand that her son will continue to need help from all of the team members. The FSW reported that [the child] has also been willing to be a part of the change process and is responsible for
the work he has done regarding his behavioral issues….Most of the current team members are in agreement about [the child's] needs. The in-home counselor feels as if she is a team member as demonstrated by the fact that she recently called a team meeting in order to address the school issue…The team has identified some actions that need to be taken around this issue. Teaming and Coordination are in the acceptable range (4). The team has based decisions on some informal as well as formal assessment.” (DA-22)

**Barriers**
While DCS has made progress, there continues to be a need to ensure that the model of a strengths-based, family-focused practice is actualized in practice. Some Team Leaders may be so consumed attending to administrative functions that they do not provide sufficient attention to ensuring parents and youth are involved in planning.

The implementation of child and family teaming has been largely driven and supported by the pool of trained full-time facilitators. As articulated in the new child and family team policy, the Family Service Worker has primary responsibility for building, developing and maintaining the child and family team. This is a shift in emphasis for many staff and one being addressed through region-specific technical assistance and additional training.

Engaging parents continues to be difficult for FSWs struggling with competing demands, the complex needs of the children and families, and the access to and availability of services in some areas. Working in an empowering and inclusive way with parents requires a broader perspective on what is truly in the best interests of children, beyond their immediate needs for safety.

Focus groups convened for the 2006 Needs Assessment III revealed that for many youth, meetings were not being scheduled at their convenience; they were not always included; they were unaware that they could bring advocates with them; and they felt as if their voice was not being heard at the meetings.

**Strengths and Promising Practices**
At the time of the last CFSR, the implementation of a family conferencing model was noted to be a hopeful sign. DCS has made great progress in articulating and training a strengths-based, family-centered model of child welfare practice. DCS has a very talented pool of trained, skilled facilitators who are role models and champions of the Practice Wheel and the Guiding Principles. Numerous consultants have commented on the quality of the facilitation units. The Department has made great strides in gathering data and producing reports that will be easily understood by field staff and something they can use to discuss their practice. Through a close partnership with the training consortium and state staff, DCS training programs continue to develop and improve. Experienced staff comment frequently on the improvements in training.

The Department has revised the planning instruments to reduce duplication and make service plans more family-friendly and individualized. These include a Non-Custodial Permanency Plan, a Custodial Permanency Plan, the Interdependent Living Plan and the Youth and Family Intervention Assessment (for Juvenile Justice youth). These plans were effective statewide in May 2008, after being piloted in several regions over the past 18 months. Feedback from pilot sites indicated that families found the new plans easier to understand.
As referenced above, the 2006 Needs Assessment III revealed that DCS too often fails to involve youth in their own planning, particularly older youth at risk of emancipation without achieving permanency. The agency has expanded the role of Independent Living staff (now termed “Interdependent Living” staff), to provide more support for youth who accept post-custody services. In addition, the Interdependent Living staff are developing regional Youth 4 Youth Leadership Boards to involve youth in advocating for, and presenting on, the concerns of youth involved in DCS. These youth attend and present at training programs and conferences and in some regions, attend CFTMs with other youth to ensure the youth’s voice is heard.

For the past 12 months in Davidson County, a former foster youth has been working to provide advocacy and support to other youth in the region. He attends meetings, meets with other youth, and raises awareness of the need for DCS to listen to youth and involve them actively in all decisions regarding them and their families. This position was created through a partnership with a private provider and will continue for at least another 12 months.

The enhanced capacity to produce reliable data related to family and youth participation in the child and family team meeting planning process will provide valuable feedback on practice and guide efforts to address inadequate engagement and involvement.

DCS has worked closely with the training consortium to improve pre-service and has developed a training DVD reflecting a quality child and family teaming process that will form the basis of the Permanency Specialty week of pre-service. It follows one family over a 15 month period, providing a good demonstration of engaging families, informing relatives and families about their options, a quality permanency planning CFTM, engaging youth, and achieving permanency.

The Department is preparing for COA accreditation, which has involved the examination and the development of uniform practices and processes across the state. The values of COA emphasize family, child and youth inclusion and this effort substantially supports efforts to improve Child and Family involvement in case planning.

**Item 19: Caseworker visits with child.** How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

**Summary Response**
The first CFSR indicated caseworker visits with child were a Strength in Tennessee. Data supports that caseworker-child contact continues to occur at a high frequency and with positive impact on casework activities and outcomes. DCS has revised policy to require one of the two monthly visits to occur in the child’s home however, the Department does not have the capability to monitor quality of visits. Nonetheless, quality casework is a key focus of the Department.

**Performance on Round 1 CFSR**
During the first CFSR, in 92% of cases face to face visits were rated as a strength for Item 19. Caseworker visits with the child were occurring at an acceptable frequency and those visits adequately addressed relevant issues to move the child towards a successful outcome. In these cases rated as needing improvement, the main concern was insufficient frequency of caseworker contact with the child (less often than once per month).
Policy and Practice

Departmental policy and protocol outlines the minimum guidelines for maintaining contact between DCS Family Service Workers (FSWs) and a child placed in foster care. FSWs and supervisory staff shall contact custodial children in a new placement as follows: The first visit shall occur within the first 72 hours of a child’s placement and six times during the first two months and then no less than twice per month thereafter if placed in a DCS resource home or at least once per month if placed in a private provider resource home or facility. Policy was changed on January 1, 2008 to require at least half of all face-to-face visits by FSW’s to occur in the child’s current placement.

When dependent, neglected or unruly children are placed in a new Private Provider home, the Private Provider case worker’s visitation requirements are the same as for children placed in DCS resource homes. The child’s FSW should visit this child within the first 72 hours of placement and once a month thereafter. Additionally, policy requires one joint quarterly resource home visits by the FSW and Private Provider case manager. The resource parent/caretaker and child should be present for the visit.

Current policy for children receiving in-home services includes Child Protective Services policy, which details for case management and supervisory staff that children will be interviewed face-to-face at least once during an investigation of abuse or neglect and no less than once every two weeks following classification. New policies on Multiple Response specify that children receiving in-home services through Assessment shall be seen twice within the first month with at least one visit taking place in the home. Visitation for assessments continuing beyond 30 days shall take place no less than twice a month thereafter. Along with the prescribed visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are being met.

In addition to home visits, FSWs and Private Provider case workers are encouraged to visit children in a variety of settings, including school, after school and daycare programs, and in a variety of other locations/circumstances. During each face-to-face visit the caseworker, whether DCS or Private Provider, should speak with the child privately for at least some portion of the visit. Children who are placed out of state are seen by local caseworkers assigned by the ICPC process. The Tennessee DCS Family Service worker maintains contact by phone with the family and child at least once a month.

Measure and Assessment of Performance

Recent data (Table A) shows a positive trend in Family Service Workers (FSWs) meeting policy requirements for visitation (face-to-face contact) with children receiving custodial services. For children placed in foster care, FSWs increased contact that met policy requirements from 61.8% in September 2006 to 73.7% in July 2007. During this time period, children who received zero contact remained at a steady rate, at 2.8% in both September 2006 and July 2007. However, data from the month of March, 2008, indicates a decrease in face-to-face contact between children and FSWs, with 66.2% of children receiving two or more face-to-face contacts, and children who received zero contact increasing to 5.9%. It is unclear whether this current statistical decrease in contact is a reporting issue or an actual decrease in the contacts being made between FSWs and custodial children.

Table A
There is no historical data on children receiving in-home services from the date of the last CFSR; however, the current data (April 2008) indicates that practice has begun to improve in this area. In August 2007, 55.9% of non-custody children receiving services had at least one face-to-face contact with an FSW each month and 32.2% had two or more face-to-face contacts reported. In March of 2008, 84% of non-custody children received at least one face-to-face contact with an FSW, with 33.6% having two or more face-to-face contacts reported.

Although there is no particular QSR indicator within the scoring parameters to specifically address caseworker-child visitation, it may be included in case stories to indicate scoring rationale. The indication that a FSW is visiting a child “as often as needed” may be captured in the areas of Satisfaction and Engagement. Examples of caseworker-child visitation may be seen below:

“He [the child] said he likes the FSW because he asks him how he is doing and keeps him informed of ‘what is going on.’” And “Engagement is substantially acceptable…He likes and trusts both of them [FSW and facility therapist]. JM knows what he needs to do in order to go home and has accepted that he must change his negative behaviors.” (KC-15)

Opportunities exist to improve the quality of visits, as described here:

“There is substantial and continuing dissatisfaction (2) with current supports and services that the Department is providing. Respondents reported that the family service worker carries a high case load. There was report of unreturned phone calls and missed passes due to communication difficulties. The relationship between the Department and child and family team is strained. Disappointments are present and continuing over time. More contact face to face and by phone with the Department is desired by the team. More engagement is also desired from the team. A feeling of disrespect was also reported.” (East-13)

Face-to-face contact reports are reviewed at least monthly by CQI Coordinators and management staff and are used to follow-up with caseworkers regarding their visitations with children. In some instances, these reports are used to generate plans with specific FSWs or teams of caseworkers to improve practice or documentation of practice. However, because workers need sufficient time to enter the data, these reports are historical, and managers can only use them to address past
performance. The data is run at mid-month to address this particular issue. The implementation and ongoing development of the business management dashboards (online data management reports), may soon help managers to run these reports in real time assist staff in reaching a 100% face-to-face visitation rate with children.

Although not specific to visitation between workers and children, Chapin Hall outcome data may also be useful in extrapolating whether workers are visiting their children in a manner consistent with high quality casework leading to positive outcomes. According to Chapin Hall data the median length of stay in foster care for children adjudicated dependent, neglected, or unruly decreased from 274 days in 2002 to 223 days in 2006.

**Barriers**

Although the Department attempts to place children close to home, sometimes children are placed a great distance from their county of origin, making it difficult for FSW’s to maintain the frequency of visits. When a child requires more supports and services due to clinical needs, FSW’s must be diligent in assessing the needs of all children on their caseload in order to plan their visitation schedules.

There is some concern that caseworkers are not documenting their visits in a timely manner. Additionally, there is little systematic tracking of the quality of FSW visits with children; therefore it is difficult to ascertain whether those contacts made are quality visits. Recently implemented bi-monthly supervision meetings between FSWs and Team Leaders should begin addressing these concerns. As mentioned above, QSR stories may also address the quality of visitation between FSWs and children; however, this element may not be expressed specifically in every case story.

**Strengths and Promising Practices**

The Face-to-Face web application initiated July 1, 2007, integrates with the TNKIDS data base to add private agency family and siblings visitation contacts. With the addition of the documented contacts made by private provider providers through the Face-to Face web application integration, the number of documented caseworker visits should continue to increase. For the April 30, 2008 DCS and Private Provider Aggregate Face-to-Face Contacts report, Brian A. children Statewide were seen at least two times per month at a rate of 86.4%, and the number of children Statewide who had zero contacts were at only 1.8%. The Department is currently attempting to implement greater accessibility of Telemed and other videoconferencing equipment to facilitate contact between caseworkers and children placed great distances from their home county. However, access to Telemed is limited in some locations and there continue to be privacy and information security concerns that need to be addressed.

**Item 20: Worker visits with parents.** How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

**Summary Response**

As an Area Needing Improvement in the first CFSR round, the Department planned and implemented guidelines for quality caseworker-parent visitation and an evaluation plan to track progress in this area. Although caseworker visits with parents appear to have improved since the
first CFSR, continued barriers in the areas of systemic tracking and quality documentation of caseworker-parent contact, as well as engagement with non-custodial parents, exist.

**Performance on Round 1 CFSR**
Overall, Item 20 was rated as an Area Needing Improvement in CFSR Round One. For 68% of cases reviewed, this item rated as a Strength; however, the remaining 32% of cases rated as an Area Needing Improvement in this item. Issues identified in this area included fewer efforts to engage fathers in casework and planning visits than mothers, parents who were not visited by caseworkers, and visits with parents that did not substantially address the concerns related to custody and interventions to promote successful exit from the system. The PIP included several efforts to address worker visits with parents, including the development of initial guidelines for quality visitation to be piloted in identified regions as well as the development of an evaluation plan to monitor the quality of contacts between workers and parents.

**Policy and Practice**
Departmental policy and protocol specify for case management and supervisory staff the minimum guidelines for maintaining contact between the Department and parents of children who have a sole or concurrent permanency goal that includes reunification. These visitations shall occur no less than once per month in the parent’s residence. This guideline is generally followed with all parents of custodial children unless the Department has received a court order that no reasonable efforts are required or until parental rights have been surrendered or terminated, at which time visitation between FSWs and birth parents is optional.

Current policy for visitation with parents of children receiving in-home services is restricted to Child Protective Services policy, which details for case management and supervisory staff that the parent will be interviewed face-to-face at least once during an investigation of abuse or neglect and no less than once every two weeks following classification. Parents being served through the Multiple Response Assessment must be seen at least twice during the first month with at least one visit taking place in the home. Visitation for assessments continuing beyond 30 days shall take place no less than twice a month thereafter.

Caseworkers currently visit parents, in their homes, during CFTMs, at various medical and therapeutic appointments for both the children and parents, at work, in jail or prison if needed, and in a variety of other locations as is necessary and appropriate.

**Measures and Assessment of Performance**
There is some difficulty in gauging this item, as there is no systematic tracking of this item through the TNKids system or the Chapin Hall data that are used to inform casework decisions in the Department at this time. However, through the Quality Service Review (QSR) process, there is some qualitative documentation that may speak to the frequency and quality of caseworker visits with parents. Indicators within the QSR protocol that would most likely suggest caseworker visits with parents are occurring as often as necessary to produce positive outcomes for children would be satisfaction and engagement. According to Statewide QSR data, Satisfaction increased from 63% in 2005-2006 to 69% in 2007-2008 partial year data; however, Engagement decreased from 41% in 2005-2006 to 33% in 2007-2008 partial year data. The implementation of the Multiple Response System provides a greater level of accountability for FSW visits with parents of children receiving non-custodial services; however, these visits are also not being tracked systematically,
and these cases are not currently under review within the QSR model. Some QSR stories may indicate whether the caseworker visits with parents are “as often as needed”, as illustrated below:

“JMs mother is also very satisfied with the FSW and states he communicates with her on a regular basis and is always responsive to her when she has question.” (KC-15)

And

“Teaming is substantially acceptable as the parents know they are part of a team formed to support them in this change process and agree they are part of this team. CFTMs are held at critical times and all team members are kept current on the latest information. This team meets frequently as there are so many on the team (14) that this is required to keep everyone on track for positive movement according to the FSW. All recognize the FSW as the point of accountability and each understands their roles and responsibilities.” (KC-16)

According to the Brian A. Monitor’s Case File Review (October 1, 2005 – March 31, 2006), caseworker visits with the family of origin was documented as occurring at least once a month in 59% of the cases reviewed up from 53% in the 2005 review. An additional 36% of cases reviewed documented caseworker visits with the family of origin on a less frequent basis than once per month.

Upon further examination of documentation regarding the cases reviewed, there were certain circumstances under which caseworker visits with family of origin would not be a reasonable expectation (i.e. a parent incarcerated in another state). With consideration for these special circumstances, the Brian A Monitor’s Case File Review reported a 66% rate of documented caseworker visits with the family of origin at least once per month. An additional 31% of cases documented caseworker visits with the family of origin on a less frequent basis. The percent of caseworker visits with the family of origin appear to be fairly consistent across all regions.

Barriers
Similar to Item 13, parental disengagement with the Department and/or transience can impact the ability to provide consistent and quality parental face-to-face contact. Inconsistent diligent search efforts across the State often leave fathers listed as unknown or whereabouts unknown, contributing to lack of parental involvement and face-to-face contact with Family Service Workers. Inconsistent tracking of the visits that are already occurring between caseworkers and parents creates some difficulty around planning to increase or improve upon this item.

Strengths and Promising Practices
The Department has adopted a model that focuses on the six Practice Wheel indicators of Engagement, Teaming, Ongoing Assessment, Planning, Implementation and Tracking and Adjustment. A significant amount of training and focus has been placed on these Practice Wheel components, with the purpose of increasing the awareness of frontline caseworker staff regarding the importance of frequent, quality interaction with parents and other stakeholders. The implementation of the Child and Family Team model brings staff and team members together for the purposes of exploring family strengths and opportunities in order to more effectively plan for the child and family. These meetings provide increased opportunity for face-to-face contact between Family Service Workers and parents. Recent updates to policy regarding timely and ongoing diligent searches emphasizes the importance of beginning a thorough diligent search effort as soon as a child enters custody and continuing those efforts until the parent is located or until the child reaches permanence. The Northeast Region has made searching for absent
parents, especially fathers, a focus for quarterly Regional Administrator cluster visits, supervisory staff meetings, and monthly 100-day reviews. Multiple Response policy now emphasizes that face-to-face contact will take place regularly between parents and case workers when the child receives in-home services or if the child is removed from the parent’s home. Case manager contact with parents or during the initial assessment period is required and documentation of the assessment visits must be recorded into the TNKids data base. Although this information is not currently being tracked, there is potential for completed assessment visitations to provide an additional source of documenting the Department’s efforts to increase the frequency of case manager visitation with parents.

Additionally, development of the new SACWIS system will be a family-driven system rather than a child-driven system, which should provide greater ease in documenting and tracking visitation with parents as well as children. In the Northeast region, caseworkers and other staff are currently receiving training on Critical Documentation, a structured method of recording client contact that focuses on barriers and next steps towards permanence and the efforts of both the worker and the family towards permanent, positive outcomes. At this time, all regions except East Region have been provided the Training for Trainers on this new form of documentation. Regions are in various stages of disseminating Critical Documentation training to staff and implementing this documentation style. Those regions in the implementation stage report a positive impact on the quality of documentation using the new format.
**WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

**Item 21:** Children receive appropriate services to meet their educational needs. *How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

**Summary Response**

The Department of Children’s Services (DCS) generally is effective in addressing the needs of children in foster care and those receiving services in their own homes. The Department’s focus since the last CFSR review has been to educate more children in public school (rather than in-house schools) and to ensure that students - regardless of where they attend school - receive appropriate educational services. Since the last statewide CFSR assessment, there are fewer in-house school programs, more students attending public school, more educational advocacy for children in foster care and receiving in home services, more alternatives for suspended/expelled students, and better oversight of educational programming.

**Performance on CFSR Round 1**

In Round 1, addressing educational needs for child welfare-involved children was deemed an Area Needing Improvement. Some key issues included:

- the level and scope of advocacy around education-related issues;
- the existence and proper utilization of educational alternatives for expelled or suspended children; and,
- the adequacy of educational services in residential settings.

**Policy and Practice**

DCS staffs a twenty-five person Division of Education charged with supporting the provision of appropriate educational services to children in DCS custody. Regardless of the school setting, it is the policy of the DCS to ensure that students in state custody receive appropriate educational services, including special education when necessary. DCS’ presumption is that most children in custody, except those with the highest therapeutic needs, can and should be appropriately educated in public schools. As discussed in more detail below, the vast majority of children in DCS custody do in fact attend public school. The vast majority of children living in community-based resource homes attends public schools and receives the same educational services (including special education and related services) as other students. Resource parents or the FSW may enroll students in public school. The receiving public school assesses the needs of students through records reviews and any relevant evaluations. Youth who are placed in DCS operated group homes and in provider agencies may attend public school or an in-house school, depending on their treatment needs. Within 30 days of placement in a group home setting, youth are evaluated by his/her Child & Family Team (CFT) to make the school placement decision. If the team determines that a youth remain in the in-house school, a target date for public school attendance is set.
DCS is a recognized school system in Tennessee and operates schools in five (5) Youth Development Centers\(^{12}\), plus one (1) secure residential treatment facility for mental retarded delinquent youth, and seven (7) DCS group homes.\(^{13}\) All twelve schools follow the State Department of Education rules and regulations related to teacher certification, curriculum, graduation requirements, and other issues related to the governance of schools. In addition to the DCS schools, there also are approximately 40 contracted, non-public, in-house schools affiliated with treatment facilities in which youth may reside. In order to provide an educational program for students in state custody, these in-house schools not only must be approved by the State Department of Education, but they also must be formally recognized by the DCS Education Division.

**Key strategies since last CFSR**

Several action steps and pieces of infrastructure, undertaken in part to complete the first round CFSR PIP, have proved central to improving how DCS addresses the educational needs of children in foster care and being served at home:

- Full-time Education Specialists were hired in all twelve DCS regions of the state to advocate for both custodial and non-custodial children; the current roster of Education Specialists is fifteen.
- Every region has at least one intensively trained education attorney charged with supporting and advocating for the region on education issues involving custodial children. This attorney can also advise DCS employees who are working with non-custodial children. In addition, the Legal Division has designated a Senior Education Attorney to advise and support the DCS Legal field staff as well as the Division of Education. DCS Legal has begun to provide education law training to a broader pool of DCS attorneys so that local DCS attorneys can advise their clients on educational law issues for children on their regular caseloads.
- Specific procedures were implemented that outlined the standards and the recognition process for the contracted in-house schools;
- Specific procedures were implemented to ensure that students in contracted in-house school programs are reviewed for possible placement in public schools.

The Education Division implemented an on-going monitoring procedure to ensure the Education Work Plan continues to be implemented.

**Measures and Assessment of Performance**

The areas of focus of first round CFSR and *Brian A.* - providing education in the Least Restrictive Environment, education advocacy, and improved educational standards - moored DCS’ work around improving educational services to and outcomes for the children it serves.

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\(^{12}\) These hardware secure facilities serve youth adjudicated delinquent for serious offenses. Since YDC placements are not considered foster care, this assessment does not focus on educational services to youth in YDCs. However, description is given here to provide the reader with an understanding of the system’s structure.

\(^{13}\) Four (4) other group homes do not have a school component and those children attend public school. Three additional group homes will discontinue the school component effective summer/fall 2008.
**Reducing the number of students in in-house schools**

At the time of the last statewide CFSR assessment (2002), DCS reported that approximately 80% of children attended public school, while the other 20% of children attended in-house schools affiliated with placements where the children were housed. The *September 2007 Monitoring Report of the Technical Assistance Committee* reported significant improvement. In the Monitor’s sample of 188 school-aged children, only 7% were attending in house schools.

**Advocacy services for students**

The last CFSR indicated that a great deal of advocacy was needed to meet children’s educational needs, reflecting that Resource Parents often felt that they were expected to advocate for DCS-involved children on their own. Since completion of the PIP, the role of the 15 Education Specialists has expanded greatly. They now consult with FSWs, resource parents, and schools regarding any education issue, but especially issues related to enrollment, special education services, 504 planning, discipline, records, etc. They provide information for and attend Child and Family Team Meetings, IEP team meetings, and 504 meetings in order to ensure that students in custody are receiving appropriate educational services. Data for the last quarter of CY2007 show Education Specialist participation in 520 CFTMs, 332 IEP or 504 meetings, 116 monitoring visits, 343 visits to obtain records, 51 visits on suspension or expulsion and 356 other types, for a total of 1,718.

**Alternatives for students suspended or expelled**

The last CFSR report indicated that some stakeholders were concerned about the lack of educational alternatives for children with truancy or behavior problems who were suspended or expelled. While this was not specifically addressed in the PIP, the Education Division has recognized this as a significant issue. As a result, in the 2004-05 school year, the Education Division developed policy and procedures that require the Education Specialist to be notified anytime a child is suspended for 10 or more days or has a Juvenile Court petition filed against him/her. The Specialists advocate to try to ensure that the children’s educational rights are protected and assist in finding school placements. Since the 2004-05 school year, 170 suspension/expulsions/petitions have been reported to the Education Specialists. In all but one case (where the student ran away), alternative education placements have been located. Finding appropriate alternative placements is still quite challenging at times, but local alternative schools, private schools, home schools, and, most recently, state approved on-line schools have been utilized to keep students in an educational program.

**Provision of appropriate educational services**

The Quality Service Review (QSR), while not a measure of specific services provided, does capture a well-being indicator around children’s Learning and Development. This indicator measures the extent to which the child is performing at grade level or to the level anticipated in an IEP, is involved in educational, vocational, and interdependent living activities as appropriate, is enrolled in an appropriate educational program, and for very young children the extent to which they are meeting expected developmental milestones. In the first year of review, 65% of children reviewed were rated as having acceptable Learning and Development. In the 2007-2008 reviews, 81% of the children were rated as having acceptable Learning and Development.
Educational outcomes

Brian A. Outcome data indicates that 21.5% of Brian A. class members who exited care at age 18 and did not exit to permanency (Adoption, Live with relatives, Reunification) received a GED or High School diploma and 56.6% were enrolled in school.

Barriers

The following are still challenges for DCS:

- Finding alternatives education programs for expelled students (especially in rural areas and especially for students in high school);
- In rural areas, identifying services for special needs children and/or children with more intensive needs;
- Enrolling high school students promptly in public school systems;
- Specifically, getting resource parents to play an active role in education beyond attendance checks and report card checks;
- Deepening the level of attention of FSWs and front-line supervisors to education needs and issues, beyond doing checks on attendance and special education concerns;
- Transferring credits and dealing with scheduling issues (block vs. regular schedules);
- Promoting school stability by working with school systems to allow children to remain in his/her school upon entering custody or upon a placement move;
- Addressing transportation issues, particularly in alternative school situations or where youth are attending out-of-zone schools (for instance, to stay in previously-attended school).
- Developing a definition and form of measurement for a “stable educational placement;”
- According to several legislators and private agency liaisons, a great deal of distrust remains between school systems and DCS. Several private agency liaisons emphasize the difficult of - and importance - of getting schools engaged as supportive team members either at the system or individual case level, while a legislator noted that DCS is not trusted by many in the school community. (May 2008 CFSR focus group)

In its September 2007 report, TAC reported that a large percentage of children (61%) change schools as a result of coming into foster care. For children who experienced a placement change once in foster care, 55% had to change schools as a result of the placement change. The state education and child welfare departments have worked together on an innovative approach to the use of the McKinney-Vento Homeless Assistance Act to allow children in temporary or emergency placements to remain in their schools of origin. However, it is not clear how widely McKinney-Vento is being used for this purpose. Additionally, as currently conceptualized, McKinney-Vento does not pertain to custodial children who are no longer awaiting placements.

While DCS and the state Department of Education work well together on many issues, the lack of a clear Memoranda of Understanding around some of the issues articulated above, as well as around truancy issues, educational neglect and data sharing, potentially limit both agencies’ efforts to meet the educational needs of children in or at risk of state custody. The two departments are working together to revise the special education Interagency Agreement and to determine the types of information that can be legally be shared about custodial students.

Statewide Self-Assessment: Tennessee Department of Children’s Services
June 2008
- 154 -
**Strengths and Promising Approaches**

The addition of the Education Specialists has been essential to supporting DCS’ commitment to serving children in public school settings whenever possible and appropriate. The positive relationships formed between the Regional Education Specialists and the public schools are essential to appropriately educating students in state custody. They have enabled students to receive needed services and remain in school when circumstances might otherwise have led to suspensions or expulsions. Each DCS region has now implemented regular Well-Being Team meetings involving Education Specialist(s), the regional nurse(s), the regional psychologist(s), the regional MSW Consultant(s) and others. As part of the meeting, the team reviews “Well-Being Information and History” forms. These forms are completed when children enter custody. An education section of the form provides valuable information for any special needs that students may have accessed in the past.
**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

**Item 22: Physical health of the child.** How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

**Summary Response**

Historically the Department does a very good job of identifying children’s health and medical needs. With the integration of the Well-Being screening form, the CANS assessments and EPSDT screens, DCS has created strong data points which help to assess custodial children’s health needs on their initial entry into care. New processes and interface check points between the Well-Being support staff, regional FSW and supervisory staff have allowed for better sharing of information, resources and improved service delivery.

**Performance on Round 1 CFSR**

During the 2002 CFSR, reviewers found that in 89% of cases children’s medical and dental needs were being adequately addressed and therefore Item 22 was rated a strength. The only concerns identified by stakeholders were the lack of dental providers in some areas and the unwillingness of some medical professionals to participate in the health plan due to low reimbursement rates.

Since the last round DCS entered into negotiations with the provider of dental services in Tennessee and set up a system that has a provision to appeal when services are limited or denied. In the Southeast region of the state, DCS filed so many appeals that the provider added more dentists and alleviated the problem. Another element of the negotiations garnered mobile dentistry that now goes to group homes and detention centers in some regions to ensure that children are cared for appropriately.

**Policy and Practice**

*Initial review of available health information*

Medical information and history are requested from available caregivers as children enter into the care of the Department and are captured on the Well-Being History and Information tool. When children are a part of the prevention work either through FSS or FCIP, DCS coordinates physical and mental health assessments and services with local health care providers, but does not track service provision in the Health Icon (SACWIS) system. FSW staff record pertinent information in the system in the form of case notes. If children are part of JJ probation or JJ aftercare and they had a health care provision as part of their planned release, such as A and D counseling that would likewise not be tracked in the system. It too would be a part of case notes.

*Initial EPSDT screening*

Children entering care are assigned immediate eligibility and a PCP (primary care provider) for TennCare (Medicaid) services to facilitate immediate health service needs and the initial EPSDT screening. Final TennCare (Medicaid) eligibility is completed within 45 days. Policy (EPSDT 20.7) requires that the child be taken for a screening within 30 days of entry into care; appointments are made as soon as feasible, but no later than 7 calendar days after the child’s entry into care. ESPDT screenings are provided by the state Health Departments designated providers who are knowledgeable about foster care and Medicaid requirements of EPSDT screening components.
EPSDT findings and follow-up
A summary sheet indicating the completed components of the screening, and findings of the screening, is provided by the Health Department or designated provider to the child’s assigned PCP (primary care provider) with a copy to the Department’s Well-Being team. Well-Being teams review all screens with regional FSW staff, assist with plan development, make recommendations and track identified services.

Coordination with Resource parents and caregivers
Health information about children in care can now be provided to Resource Parents and to agencies caring for children. This can be accomplished via the EPSDT auto-populating to the permanence plan. Resource parents, Family Service Workers, and out-of-home providers share the responsibility for coordinating medical care. The technology is available for FSW staff to print the Well-Being screening form which has pertinent health information and have it available for review at the initial CFTM. This practice has is not currently being fully utilized however staff are being trained to routinely make this a part of their practice. Follow up health services are also identified at the CFTM and action steps are assigned as appropriate.

Accessing Health Services
All TennCare eligible children in care (virtually all children in care) are assigned to the same Managed Care Company (MCC) for medical health, the same MCC for behavioral health, and the same MCC for dental health. Nurse case management through the MCC is provided to medically fragile children as applicable. The MCC coordinates with the Department to educate Resource Parents regarding EPSDT services.

For Dental health needs, the children are assigned to the MCC, Doral Dental, where customer service is provided for Well-Being teams and Family Service Workers when they encounter concerns regarding coverage or access issues.

Quality Services Review
Physical Health indicator in QSR reports on the overall status of the child. EPSDT may be a component of the Physical Health indicator, but is not the sole Physical Health indicator. The Physical Health indicator for the six regions reviewed thus far in 2007-2008 is 97% acceptable.

Processes to Measure Screenings and Follow-up
Monthly EPSDT Reports
Each month DCS measures the percentage of children who have been taken for a health screening. Data indicated that the overwhelming majority of children in custody complete a health screening appointment on an annual basis. Regional detail indicates that nine regions are consistent with the statewide rate of 92.8% or above. In the month of November, six of the DCS regions Hamilton, Mid-Cumberland, Northwest, Shelby, South Central, and Upper Cumberland had over 95% screening appointments met. Shelby County has improved during the past year, from 89% in October 2006 to 95% in November 2007.

Tracking of Seven Components of EPSDT Screening
A report provides regional and statewide aggregate data. The average percentage of children documented as having received all seven components of the screening is 90.3% from January
2007 through November 2007. DCS has identified in the past nine months a slight downward trend in EPSDT screening compliance. Nine months to a year ago these percentages were averaging in the mid to high 90% ranges. Each region has a CQI process and those regions that were a part of this decrease were engaged as a part of the Well-Being CQI team in identifying the root causes and solutions. Based on the review, the team determined that in Davidson and Upper Cumberland regions one team or a team member who was doing poorly pulled the whole unit down. The CQI review also assessed as a factor that generally the immediate supervisor was not actively monitoring the data and did not have EPSDT as a priority in their supervisory reviews. Each region has a plan to address these issues.

**Barriers**
- The Department is not able to demonstrate on an aggregate basis the number of services identified for children that have not been coordinated and provided.
- The Department is not able to demonstrate that Well-Being teams are receiving needed initial clinical information at the earliest stage and providing input about well-being recommendations into permanency planning.
- The Department is not able to demonstrate that resource parents and caregivers are receiving all applicable health information regarding children in care.
- Some areas of the state still have difficulty accessing dentists who will take TennCare.

**Strengths and Promising Practices**
- The ability to track both identified and completed services has been expanded and in approximately six months will yield reports that regions can use to manage staff performance and track identified service needs for custodial children. This will offer some aid in alleviating the agency’s inability to aggregate data identified previously as a barrier.
- A regional well-being interface promoting follow up and team work has been implemented and is progressing well. There has been a significant increase in communication regarding front end assessments and professional recommendations by Education Consultants, Interdependent Living Specialists, nurses and psychologist, resulting in better health care for children and youth. This focus, as well as the 72-hour review of the Well-Being screen, should continue to improve initial assessments.
- Well-Being teams have been expanded to include additional professional staff, such as MSWs and CANS consultants who add to the teams’ ability to review assessments ensuring that the recommendation are child specific and indicated.
- Electronic health summaries can be pulled in a various ways from a full summary to one that isolates a specific area of concern such as immunization and psychiatric medication summaries. This information can be shared with resource parents and caregivers.
- Regions agree that quality healthcare has improved in their specific area. Some site an improvement with their individual health departments, i.e. Knox, North East and Upper Cumberland, others site their PCP and mental health providers, i.e. Shelby and Southwest, but nearly all note the exceptional relationship with their Center of Excellence.
**Item 23: Mental/behavioral health of the child.** How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

**Summary Response**
The Department strives to have a service delivery network that adequately addresses the mental and behavioral health needs of children.

**Performance on Round 1 CFSR**
This item was rated as an Area Needing Improvement because in 29% of the applicable cases, reviewers determined that DCS was not adequately addressing children’s mental health service needs. Stakeholder’s responses indicated that mental health assessments were not routine and that the decision to provide a mental health assessment was based on the child’s behavior. At the time of the last CFSR some stakeholders were under the impression that many children in care needed a mental health assessment but that routinely a full scale psychological assessments was requested, which often times labeled children unnecessarily. DCS staff agreed that had occurred in some cases. The Department has worked very hard with stakeholders and staff to move from this practice to one of a clinical interview where basic information can be garnered by a clinician who could seek a broader evaluation if necessary. If mental needs are identified in the interview those are now made part of the plan as well as any recommendations that arise out of an evaluation.

**Policy and Practice**

*Initial review of available behavioral health information*
As noted in Item 22, health information is requested as children come into care. The psychologist on the Well-Being team will review the Well-Being history and information tool and provide recommendations to address identified behavioral health needs. Added to the team have been the MSW and CANS consultant who each have specific data to review which is shared routinely with all Well-Being staff at regularly scheduled meetings. The information is entered into a document and shared with the FSW and TL staff by a specific member of the Well-Being team.

*Initial EPSDT screening*
All children coming into custody receive the EPSDT screening as described in Item 22. A behavioral screening tool is incorporated into the ESPDT screening provided by the state Health Departments or designated providers. For children age 4 and under, the PEDS tool is used; for children ages 4 and older, the PSC, Pediatric Symptom Checklist is used. All of this information is reviewed by designated members of the Well-Being team and shared with regional staff.

*Coordination with resource parents and caregivers*
Behavioral health information about children in care is provided to Resource Parents and to agencies caring for children, in the same way that physical health is shared.

*Accessing Behavioral Health Services*
For behavioral health, children are assigned to the Behavioral Health Organization (BHO). The BHO provides customer service to Well-Being teams and Family Service Workers to assist in coordinating health services. The BHO provides the Department with assessment information for children utilizing crisis services, as well as discharge summaries from inpatient hospital stays.
DCS Central Office is part of a collaborative with key stakeholders from the community that meet monthly to identify gaps in service and set forth statewide initiatives in the area of mental health. This team is comprised of senior level staff and consists of members of the GOCC (Governor’s Office of Care Coordination), TAMHO (Tennessee Association of Mental Health Organization), and Bureau of TennCare, COE (centers of Excellence), Division of Managed Care and senior members of DCS. Driven by reviews of case histories and problems; identified in the field this team works for example, on trauma reduction projects aimed specifically at the most venerable populations in the state.

DCS has done a significant amount of work around the utilization review process. Initially, the Department focused on those young people who were in sub acute hospital base setting and detention facilities where children were there 30 days or longer. The Department has seen a significant reduction and stabilization in both of these populations. The process has evolved to include children in the next highest level of residential facility care.

**Quality Services Review**
QSR has an indicator for Emotional/Behavioral Well-Being, applicable to all children ages 2 and older. Like the other well-being indicators in QSR, this indicator does not rate service provision, but rather provides a snapshot of how well children are doing behaviorally and emotionally and how well they function in daily settings. This rating also incorporates the effectiveness of any services being provided when applicable. Improvements were noted in this area of well-being, from 69% of children rating acceptably in the 2005-2006 review to 74% of children rating acceptably in the 2007-2008 reviews completed.

**Informed Consent**
For many years DCS was the major consenting authority on most medical and physical health decisions involving custodial children and did not work diligently enough to engage parents in the decision making process. A revision of Consent Policy 20.24, implemented in January 2008, placed a strong emphasis on family engagement in the treatment decisions for children in custody. Additionally, the DCS Medication Administration policy sets out guidelines regarding the five (5) rights of medication administration to be practiced by persons providing care for children in custody (Policy 20.15).

DCS nurses have demonstrated significant improvements in ensuring that they only consent to those items outlined in policy and push to engage parents in the process. Improvement has also occurred with FSW staff who more routinely follows policy in the engagement of caregivers. However, the Department has to focus next on the provider agencies and their compliance in actively engaging parents and caregivers in the consent process.

**Protection from Harm**
Since the last review all DCS providers completed a self-assessment that identified (via self-report) their level of compliance in the areas of psychotropic medication, restraint and seclusion. Providers were required to submit corrective action plans for any area of the protection from harm policies in which they deemed themselves as not 100% compliant. The results of the provider self-assessments and the corrective action plans were used by Program Accountability Review (PAR) monitors as the baseline for provider monitoring regarding protection from harm.
Under the direction of the DCS Child and Adolescent Psychiatrist, a Pharmacy and Therapeutics Committee was formed comprised of various medical and mental health providers both in the community and across state agencies. This committee has developed new medication monitoring guidelines to assist in the Department’s monitoring of the use of psychotropic medication for children in custody.

DCS also instituted a new system that integrates a utilization review which monitors psychotropic medication and incorporates identified guidelines that automatically trigger cases which fall outside the limits for a review by the DCS Child and Adolescent Psychiatrist.

**Preventing custody due to behavioral health needs**
The Department has a Central Office Crisis Management Team, established in 2006, which assists all regions throughout the state when children are identified as imminent risk of custody and in need of behavioral health services to prevent custody. These cases involve situations where advocates are having difficulty in accessing the services within a prescribed timeframe to avert custody. The crisis management team receives referrals from various partners and coordinates service needs with the TennCare (Medicaid) Behavioral Health Organizations. The team has the authority to authorize services pending a TennCare (Medicaid) appeal, if such service will prevent a custodial order.

**Transition of youth with mental retardation and mental health needs**
Historically, the Department struggled to find adequate services for young adults aged 18 and older. Efforts to transition these youth to adult services were often hampered by a shortage of community-based services for youth with mental retardation and these youth were often forced to stay within the Department and receive voluntary services. Over the past several years, the Department has enhanced its efforts to transition appropriate youth to adult mental retardation and behavioral health services. The Department collaborates in this endeavor with the Division of Mental Retardation Services (DMRS) and the Behavioral Health Organization to transition DCS youth from custody to adult mental retardation and behavioral health. (Policies 19.7/19.8)

Through regional liaisons and with Central Office coordination, the Department identifies and tracks youth who will potentially need these services. A joint DCS and BHO protocol was developed with the Behavioral Health Organization (BHO) and distributed to the BHO providers. Behavioral health case management is assigned and runs concurrently with DCS case management for 90 days before a youth’s transition from DCS care at the age of 18. It is appropriate to acknowledge that this process works more effectively and efficiently with DMRS than MH. The MH system in Tennessee has more of a silo approach thus; each region has to engage with each local mental health agency which has made the process more complicated.

**Psychiatric Acute Care Coordination**
In 2003, hospital providers identified concerns regarding communication internal to DCS, specifically case assignment and coordination. Subsequently, DCS developed an intake process, permitting hospitals to contact DCS during day, evening and weekend hours to obtain the name of the Family Service Worker assigned to the child, and to provide information to DCS that the admission had occurred. Utilizing the FSWs, TLs and Well-Being units coordination is achieved with the hospitals. The BHO additionally notifies DCS regarding the anticipated discharge 72 hours prior to release. This has resulted in fewer children remaining in the hospitals after
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Items 22-23

discharge, improved communications with local hospitals and enhanced discharge planning for children.

Barriers

- Behavioral health services are not sufficiently targeted to address the unique needs of children affected by grief, loss and attachment.
- While the Department has begun to track specific behavioral health services, the reporting to identify gaps is still under development.
- The state is lacking in quality Drug Treatment resources to address the needs of the number of clients.
- Ensuring that TennCare eligibility continues after discharge is a challenge.
- In-home treatment services lack sufficient coordination and monitoring after discharge to ensure stabilization.
- Resource parents can not view real time health updates similar to the shared health in the BC/BS system that is web based.

Strengths and Promising Practices

- CANS assessment process is geared toward identification of behavioral health needs has been developed and implemented addressing an assessment gap that was identified in the previous CSFR. It enhances the Department’s ability to identify and provide services to children that are experiencing trauma.
- Protection from Harm policies have been developed and implemented and have begun to show improvement in medication management, seclusion and restraint.
- The Department has a dedicated Central Office Transition Specialist coordinator who works with regional liaisons to manage the more difficult cases that are either DMRS or MH dependent thus youth transition out of care more successfully.
- DCS and MH reached an agreement that allows both agencies to have open cases for 30 days to facilitate smooth transitions on difficult cases.
- Provider agencies will be given access to the SACWIS system where the Health Icon is housed which will allow them a view of all health services and up coming appointments.
- The Health Icon within the SACWIS system has been developed to track and monitor service provision which allows staff to target noncompliance.
- Technology is developed that will allow staff to print portions of the Health Icon as a quasi health passport that can be shared at CFTMs, visits, etc.
STATE ASSESSMENT OF STRENGTHS AND NEEDS

SYSTEMIC FACTORS

Statewide Information System is a Strength for the Department. TNKids has the capacity to identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. TNKids data is currently used as a management tool to improve practice. The Department is developing a new SACWIS system that is projected to be implemented in 2010.

Case Review System is a Strength. The Department’s use of the Child and Family Teaming process has helped ensure that every child has a case plan that has been developed with the child and family. The Department has made progress in reducing the number of children custody for more than 15 months for whom TPR has not been filed.

Quality Assurance System is a Strength. The Department has established Standards for Professional Practice and monitors the quality of services through the Program Accountability Review (PAR) and Licensure. Through the Quality Service Review (QSR) and the Continuous Quality Improvement (CQI) process, the Department evaluates and monitors quality casework.

Staff and Provider Training is a Strength. In 2004 the Department designed a new case manager certification program in order to better prepare new workers. The Department established the Social Work Consortium to recruit social work students as well as provide initial staff training. Although Foster and Adoptive Parent Training was rated as a Strength during the first CFSR, the Department has since revised the Parents as Tender Healers (PATH) curriculum to incorporate training material on cultural issues for children and families in the public child welfare system.

Service Array and Resource Development is an Area Needing Improvement. The Department has significantly improved in regards to assessing the needs of children and families and providing needed services, although there are still challenges with access to particular services. In addition, it is a challenge to ensure that services are available across the state, particularly in rural areas.

Agency Responsiveness to the Community is an Area Needing Improvement. Although there are various ways the Department engages stakeholders to inform practice, these pieces are not always integrated. In addition, the feedback from stakeholders regarding DCS practice is not always used to inform agency annual reports.

Foster and Adoptive Home Licensing, Approval, and Recruitment is a Strength. The Department’s standards, set forth in policy, meet or exceed the federal standards and the standards are equally applied to all parties receiving title IV-E and IV-B funds. The implementation of the Resource Home Eligibility Team (RHET), which reviews and maintains IV-E eligibility documents, as well as Project ASK, which examines the resource home approval and retention process, are promising approaches in this area. The Department has a sufficient number of homes to reflect the racial and ethnic diversity of children in Tennessee; it is a challenge to maintain a pool of homes for the high number of teenagers in custody as well as large sibling groups.

CHILD AND FAMILY OUTCOMES

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect is an Area Needing Improvement, although significant efforts are currently being made towards improvement. A systemic reform in child protection is underway with the implementation of a statewide Multiple Response System (MRS). The infrastructure of centralized intake is in place and appropriate policies have been created however, the data indicates response times still are not consistently met. The Department anticipates that repeat maltreatment will decline as a result of the family-centered approach of MRS.
State Assessment of Strengths and Needs

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate is an Area Needing Improvement however, some strengths should be noted. There has been a reduction in the total number of children entering custody, which is largely due to concerted efforts to locate family members and resources to keep children within their homes or with relatives. With the implementation of MRS and the Community Advisory Boards (CABs), more collaboration is occurring between DCS, the community, and private providers. The Department’s ability to assess risk has been enhanced significantly by the implementation of the assessment tools. There has been an improvement in the utilization of these standardized tools but the regions need to integrate the tools at all the critical decision making points and ensure the tools are consistently used throughout the department's involvement with a family.

Permanency Outcome 1: Children have permanency and stability in their living situations is an Area Needing Improvement. The Department does not meet the national standard for Timeliness and Permanency of Reunification or Placement Stability. The Department exceeds the national standard for Timeliness of Adoption and Permanency for Children and Youth in Foster Care for long periods of time. Re-entry rates and placement stability have improved over the past several years, yet challenges still remain in these areas.

Permanency Outcome 2: The continuity of relationships and connections is preserved for children is a Strength. Although there are still opportunities for improvement regarding seeking out and engaging extended family members in the planning process as well as maintaining connections for children in custody, the Department has increased the use of relatives as placement options. Through the implementation of the Unified Placement Process (UPP), the Department has focused on keeping children in their home communities and making the first placement the best placement.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs is overall a Strength. Although the Department has focused on enhancing the assessment process, there are still challenges to providing comprehensive assessments. Through the CFT(M) process, the Department has made significant progress engaging families in case planning. Data indicates that caseworkers are making face to face contacts at a high frequency.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs is a Strength. The Department has focused on educating children in public schools and providing educational advocacy through the use of full-time Education Specialists.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs is a Strength. The Department does a thorough job of ensuring that children’s physical health needs are assessed and services provided. The Department has focused on improving the assessment process and providing appropriate mental and behavioral health services to children.
CONCLUSION

Over the last several years, Tennessee DCS has undertaken a significant redesign of its child welfare system. As manifested by MRS, the Child and Family Team focus and other initiatives, the reformed system is very much centered on family and community engagement and on teaming. The foundational pieces of the infrastructure supporting this change are in place, and heightened focus is being placed on development of high quality casework skills, with an emphasis on improving the quality of placements. Getting high quality placements necessarily contribute to improved placement stability, an area in which DCS continues to struggle. The Department's commitment to self-evaluate for continuous quality improvement supports continued refinement and, ultimately, supports still-better outcomes for children and families. The CFSR Self-Assessment has afforded DCS a rich developmental opportunity. The growth in self-assessment capacity experienced, as well as the information learned during, the Self-Assessment will fuel future improvement efforts.
DCS Practice Wheel

A child and family come to the attention of a DCS professional usually as the result of a breakdown in the family system that threatens the child’s well-being. In most cases, with caring and timely intervention, the family can be strengthened in ways that permit the child to remain safely with the family. In cases where this is not possible and a child must enter out-of-home care, DCS professionals diligently manage placements in ways that minimize, as far as possible, the pain and bewilderment of separation and assure that the child will be protected and well nurtured until permanency can be achieved.

In protecting the child while working to strengthen a family, the professional caseworker intervenes through the use of a model for family-centered practice that has at its core six key functions: engagement, teaming, ongoing assessment and understanding, planning, implementation, and tracking and adaptation.

- **ENGAGEMENT**: Engage family members with genuineness, empathy, and respect.
- **TEAMING**: Assemble a Child and Family Team that includes the child, birth parents, and family members as active partners.
- **ASSESSMENT AND UNDERSTANDING**: Assess and understand the current situation, family strengths, and underlying factors.
- **PLANNING**: Plan interventions, supports, and services with a long-term view for permanency and beyond.
- **IMPLEMENTATION**: Implement a permanency plan of interventions, strategies, and supports.
- **TRACKING AND ADAPTATION**: Monitor progress, perform ongoing assessment, evaluate results, and adapt plan and services to reflect changes in the child and family situation.
### TN CFSR Statewide Self-Assessment Team

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<th>Name</th>
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<td>Carla Aaron</td>
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## Permanency 1 / Case Review/ Foster & Adoptive Licensing, Retention, and Recruitment Team

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## Permanency 2 – Well-Being 1 Team

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## Well-Being 2 & 3 Team

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<td>Robert Matthews</td>
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<td>Jamie Perkins</td>
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<td>Charles Bryson</td>
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<td>Linda O’Neal</td>
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<td>Daryl Chansuthus</td>
<td>Executive Director, Tennessee Center for Child Welfare</td>
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### Information System / Quality Assurance / Staff & Provider Training Team

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# DCS Acronyms

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<td>AG</td>
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<td>BHO</td>
<td>Behavioral Health Organization</td>
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<td>CANS</td>
<td>Child Adolescent Needs and Strengths</td>
</tr>
<tr>
<td>CBT</td>
<td>Computer-Based Training</td>
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<tr>
<td>CFTM</td>
<td>Child and Family Team Meeting</td>
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<tr>
<td>CIP</td>
<td>Court Improvement Program</td>
</tr>
<tr>
<td>CO</td>
<td>Central Office</td>
</tr>
<tr>
<td>COA</td>
<td>Council On Accreditation</td>
</tr>
<tr>
<td>CRP</td>
<td>Citizen Review Panel</td>
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<tr>
<td>CSA</td>
<td>Community Services Agency</td>
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### D

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>D&amp;N</td>
<td>Dependent and Neglected</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>DMHDD</td>
<td>Department of Mental Health and Developmental Disabilities</td>
</tr>
<tr>
<td>DMRS</td>
<td>Division of Mental Retardation Services</td>
</tr>
<tr>
<td>DOC</td>
<td>Department of Correction</td>
</tr>
<tr>
<td>DOE</td>
<td>Department of Education</td>
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<tr>
<td>DPA</td>
<td>Direct Purchase Authority</td>
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### E

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<td>EPSDT</td>
<td>Early Periodic Screening, Diagnosis and Treatment</td>
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<td>Department of Finance and Administration</td>
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<td>Family Crisis Intervention Program</td>
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<td>FCRB</td>
<td>Foster Care Review Board</td>
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<td>FFA</td>
<td>Family Functional Assessment</td>
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<td>FSS</td>
<td>Family Support Services</td>
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<td>FSW</td>
<td>Family Service Worker</td>
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### I

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<td>ICJ</td>
<td>Interstate Compact on Juveniles</td>
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<tr>
<td>ICPC</td>
<td>Interstate Compact on the Placement of Children</td>
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<td>ICWA</td>
<td>Indian Child Welfare Act</td>
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<td>IEP</td>
<td>Individualized Education Plan/Program</td>
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<td>Juvenile Justice</td>
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<td>MCO</td>
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<td>MRS</td>
<td>Multiple Response System</td>
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### O

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<td>OIG</td>
<td>Office of The Inspector General</td>
</tr>
<tr>
<td>OIS</td>
<td>Office of Information Systems</td>
</tr>
<tr>
<td>OJT</td>
<td>On-the-Job Training</td>
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*Statewide Self-Assessment: Tennessee Department of Children’s Services*

*June 2008*  
* - 175 - *
PAR – Program Accountability Review
PATH – Parents As Tender Healers
PPLA – Planned Permanency Living Arrangement
PQI – Performance and Quality Improvement

QSR – Quality Service Review

RA – Regional Administrator
REACT – Resource Exchange for Adoptable Children in Tennessee
RFP – Request for Proposals

SACWIS – State Automated Child Welfare Information System

SAT – Services and Appeals Tracking
SDM – Structured Decision Making
SIR – Serious Incident Report
SIU – Special Investigations Unit

TAC – Technical Assistance Committee
TCCY – Tennessee Commission on Children and Youth

UPP – Unified Placement Process

YDC – Youth Development Center